

Health and Wellbeing Board - 9 September 2013

Review of Walsall Clinical Commissioning Group (CCG) Commissioning plans against Health and Wellbeing Strategy

1. Purpose

The HWB Board has a duty to provide an opinion on whether the commissioning plans of the Clinical Commissioning Group have taken proper account of the Joint Health and Wellbeing Strategy.

2. Recommendations

- 2.1 That the Health and Wellbeing Board considers the attached self-assessment reviews undertaken by the CCG
- 2.2 That the Health and Wellbeing Board agrees that the commissioning plans of the Walsall Clinical Commissioning Group have taken proper account of the Joint Health and Wellbeing Strategy.

3. Report detail

The CCG Programme Leads have completed a process of self-assessment against the ambitions and key priorities within each section of the Joint Health and Wellbeing Strategy, recording their assessment in the template provided. The self-assessments (**attached to the report**) cover the contributions that the CCG commissioning programmes, which include those of the Joint Commissioning Unit, are making and include:

1. Planned care
2. Mental Health
3. Primary and community services
4. Unscheduled care
5. Learning Disabilities
6. Older people and vulnerable adults

These self-assessments show that there is close alignment between the plans of the CCG (Integrated Plan) including JCU (submitted as part of the CCG Authorisation evidence) and the HWB strategy and that the actions being taken are in support of delivering the recommendations for each section of the HWB strategy..

Author: Phil Griffin, Strategic Lead for Service Transformation and Redesign, NHS Walsall Clinical Commissioning Group

Review of commissioning plans against key recommendations for 13/14 within Joint Health and Wellbeing Strategy (JHWS)

The Health and Wellbeing Board has the following duties and powers:

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The commissioning plan of which organisation/body is being reviewed?

Integrated Plan – response from Planned Care Programme lead, Walsall Clinical Commissioning Group

Name and role of person undertaking review: **Wendy Godwin, Lead Commissioner for Planned Care**

Section within JHWS	How does the commissioning plan contribute to achieving the ambition and key priorities within this section?	Where, in the commissioning plan is this referenced? (page no, section etc)	Expected impact?	Gaps identified? Future plans?
Section 5: Wellbeing in Walsall Page 16 (HWS)	Improved levels of well-being and self-reliance See also Mental Health and Learning Disabilities responses	Page 22 includes a table of the services commissioned Page 30 of the integrated plan references access to e-learning for dementia, mental capacity and older peoples mental health	Supporting people to maximise their independence	See Learning Disabilities and Mental Health self-assessments

<p>Section 6: Give every child the best start in life Page 19</p>	<p>The current draft commissioning framework for children and young people, that is currently out for discussion with members of the Safeguarding and Inspection Team (a young people’s forum) and the STAR Group focuses on the delivery of the children and young people’s health outcome forum success factors and addressing the needs of children and young people locally</p> <p>Whilst the commissioning of health visiting is lead by the Area Team, the CCG continue to work collaboratively through the Health Visiting Steering Group in order to monitor the local delivery of the HV Call to Action plans and continue to participate in the FNP agenda, liaising with both the area team and the national lead, including reviewing and contributing to the annual report. Maintain focus through the STAR group linking with public health in terms of the delivery school health nursing agenda</p> <p>The CCG recognise that all services aligned to the 0-19 Healthy Child Programme (HCP) including Health Visiting and School Health are Intrinsicly linked to the success of the current Paediatric Care redesign proposal. Collaboration throughout will assure us all that our actions will have positive outcome on the lives of CYP.</p>	<p>Section 3 page 12- 25 of the CYP commissioning framework</p> <p>Page 10 of the integrated plan outlines CCG focus on preventing poor health starting early with families children and young people</p> <p>Page 37 of the Integrated plan</p> <p>Page 53 of the integrated plan includes a specific section of children’s safeguarding</p>	<p>The STAR group are steering the work programme and focusing on a self evaluation against the RCP</p> <p>Intercollegiate standards and Back to Facing the Future documents that focus on a 3 year plan to redesign pathways of care and support a strategic commitment to providing responsive services at home or in the community, avoid admission to hospital and support timely discharge home</p> <p>The CCG proactively monitor maternity provision, to be assured that quality is foremost. The impact being that we give every child the best start in life i.e. that mothers have healthy pregnancies, and uncomplicated births. The CCG have also been instrumental in the success of Walsall’s Maternity Services Liaison Committee (MSLC). The MSLC is a user led forum that allows women from all areas in the community to comment on maternity services provided</p>	<p>Commissioning gaps are indentified on page 26-27 of the framework and form part of the work plan in terms of future ambitions</p>
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	<p>The CCG have (2nd year) commissioned the services of NCT to deliver their Preparation for Birth & Beyond (PBB) evidence based in improving birth outcomes and parenting.</p>		<p>locally. Changes and improvements to the service can be driven forward by their suggestions. The MSLC meet's four times a year in various community venues. Midwives and other senior staff from health & social care attend to offer support. The group are currently looking at the care provided to women expecting Twins</p>	
<p>Section 7: Enable all children and young people to maximise their capabilities and have control over their lives Page 22</p>	<p>Looking to review current transition services for young people with diabetes the intention is to explore alternate venues such as Walsall College and review how the current pathway is delivered with the potential to integrate more with the community service</p> <p>The CCG have ensured that the needs of pregnant teenagers are addressed within universal /targeted services: The maternity Specification states (Quality KPI) first time mothers, <20 years old and < 28 wks gestation must be referred to the Teenage Pregnancy team, and assessed for FNP (evidence maternity spec)</p> <p>The LAC specification: ensuring provision of health needs for looked after children is being reviewed in partnership</p>	<p>Page 35 IOPB addressing quality issues including improving access to services, understanding patient perceptions</p> <p>Page 29 references the JCU and the implementations of children with special educational needs strategy</p> <p>Page 53 of the integrated plan includes a specific section of children's safeguarding</p> <p>Maternity Specification (acute contract</p>	<p>Improve access and service responsiveness to 18-25 year olds who have type 1 diabetes</p> <p>Maximise children and young peoples potential Minimise risk to children Support young families FNP outcomes</p>	<p>Whilst the number of patients is < 300 and there is an existing MDT transition OPA clinic, it is currently held mid-day on a Wednesday and 57% DNA rate is significant with some patients not attending at all within the last 3 years, of these there is a correlated high attendance and admission from A&E</p>

	<p>with the local authority</p> <p>The CCG have commissioned a 'bespoke' PBB course via the NCT for 'teenage parents to be'. Evidence suggests that this vulnerable group fail to access universal provision for fear of being judged. The bespoke classes are being supported by the Teenage Pregnancy team, to ensure that any issues arising within the sessions can be managed.)</p> <p>Commitment to an integrated holistic approach to care provision</p> <p>WCCG member agency of WSCB and sub-committees; Commitment to WSCB Business Plan (taking account of the LA-led Improvement Plan in response to Ofsted findings); Role establishment and function of WCCG SC lead officers: Lead Nurse, Designated personnel (Doctor and Nurse); WCCG taking account of service provision to Looked After Children.</p> <p>See also Learning Disabilities</p>	<p>Draft LAC specification</p> <p>NCT 2013-14 contract</p> <p>Page 37 Commissioning intentions: 'Children Young People and Maternity' Maximise patient experience / Improved responsiveness/ Provide support for vulnerable groups and carers/ Reduce inequalities/ Contribute to the long term prevention of ill-health.</p> <p>Page 53 Section 18 'Safeguarding'</p>	<p>WSCB Business Plan objectives met in the interests of reduction in the harm, abuse and neglect as experienced by children and young people; early support for vulnerable children, young people and their carers.</p>	<p>Continue to strengthen local partnership working in the interests of children and young people in the context of both strategic and operational concerns.</p>
<p>Section 8: Employment and improving employability</p>	<p>See Learning Disabilities and Mental Health self-assessments</p>	<p>See Learning Disabilities and Mental Health self-assessments</p>	<p>See Learning Disabilities and Mental Health self-assessments</p>	<p>See Learning Disabilities and Mental Health self-assessments</p>

Page 25				
Section 9: Creating and developing healthy and sustainable places and communities Page 30	See Learning Disabilities and Mental Health self-assessments	See Learning Disabilities and Mental Health self-assessments	See Learning Disabilities and Mental Health self-assessments	See Learning Disabilities and Mental Health self-assessments
Section 10: Improving health and wellbeing through healthy lifestyles: Making 'healthier choices easier'	<p>Diabetes patients who are indentified as being at risk will have access to a educational programme to raise awareness about their condition and how by making simple choices about healthy eating, exercise, and weight loss may result in them not going on to develop the condition.</p> <p>we also commission alternatives such as educational films in primary care, carbohydrate counting patient books and diaries and carbohydrate and healthy portion plates and have coordinated a number of community events to raise awareness making every contact count (MECC)</p> <p>We would also need to include aspect of drug and alcohol management examples e.g. A&E pathway and also how we tackle risk of suicide</p> <p>See also Learning Disabilities and Mental Health self-assessments</p>	<p>Business case and specification for Diabetes Self Management Education</p> <p>Integrated plan page 7 national and local priorities and page 14 section on tackling long term conditions</p> <p>Page 22 integrated plans includes mental health service including funding for drug and alcohol team</p> <p>Page 34 outlines the development of the integrated plan over the next 3 years including the intention to reduce inequalities</p>	Reducing risk of patient developing diabetes by improving care pathways	Tackle reducing the national and local outcome indicators related to mortality from long term conditions
Section 11: Reducing the burden of	Building on Section 10 how we are managing people in terms of how we are optimising management of long term	Page 14 Integrated plan includes a section on long term conditions including COPD and Diabetes	Reduce rate of disease progress and risk of complications including	National Diabetic Audit has indentified that the number of diabetic

<p>preventable disease, disability and death Page 38</p>	<p>conditions examples; Patients with both Type 1 and Type 2 diabetes have a range of structured education programmes such as DAPHNE, Educare and DESMOD and in house Carbohydrate counting sessions available. We are also aiming to improve access to podiatry services for admitted patients in order to improve the identification and management of patients with diabetic foot problems</p> <p>See also Learning Disabilities and Mental Health self-assessments</p>	<p>Page 41 Included as a Diabetes QIPP scheme, supported by a Project Initiation Document</p>	<p>amputations, supporting patients independence to managing their own condition</p>	<p>patients who have had a foot assessment within 24 hours or during the period of their admission has decreased marginally over the last 2 years.</p>
<p>Section 12: Healthy ageing and independent living Page 41</p>	<p>Improved services for the elderly including integrated working to support timely discharge and admission avoidance</p> <p>See also Unscheduled care Learning Disabilities and Mental Health self-assessments</p>	<p>Page 23 -30 of the integrated plan highlight focus and importance of tackling dementia as a high priority and outline specific local initiatives</p> <p>Reference business case for FEP and any review/audit reports Dementia Strategy</p> <p>Page 7 and 34 improving standards of care and not just treatment especially for the elderly included as a key objective in the integrated plan</p> <p>Page 42 FEP QIPP scheme aim to create a medically and socially appropriate model of care to improve benefits and outcomes for patients</p>	<p>Improve the delivery of care in community settings, integrate to improve and improve patients experience and quality of care</p>	<p>See also Unscheduled care, Learning Disabilities and Mental Health self-assessments</p>

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The commissioning plan of which organisation/body is being reviewed?

Mental Health, Joint Commissioning Unit, Walsall Council and Walsall Clinical Commissioning Group

Name and role of person undertaking review: **Anet Baker, Commissioning Engagement Manager – Mental Health and Michael Hurt- Commissioning Manager: Older People’s Mental Health & Dementia**

Section within JHWS	How does the commissioning plan contribute to achieving the ambition and key priorities within this section?	Where, in the commissioning plan is this referenced? (page no, section etc)	Expected impact?	Gaps identified? Future plans?
Section 5: Wellbeing in Walsall	Improvement in mental health well being	Page 30 of the Integrated Plan references access to the following: e-learning for	Supporting people to maximise their independence, choice	Lessen demand for acute and residential services; support people to use

Page 16 (HWS)		<p>dementia, mental capacity and older people's mental health. This was linked from the previous NHS Walsall website and will be carried over to the CCG website. However, the free e-learning is available on the SCiE website.</p> <p>Low level support services are being increased with CCG quality funding to raise awareness of depression in older people across Walsall, to support wellbeing in day activity centres which includes software to plot improvements in a sense of wellbeing, and more physical activity which has been shown to improve mood and a sense of wellbeing. Existing services such as Dementia Advisors and Dementia Cafés continue to operate. These services were identified in the published dementia consultation and progress so far (August 2011) p 8, 14, & 15 and are in the National Dementia Strategy p41.</p>	<p>and control.</p> <p>Reduced carer stress</p> <p>Shorter duration required for secondary care input and length of stay in acute hospital settings by providing community based solutions to ensure people are treated and can access support in their place of choice.</p> <p>Prolong the move to long term care home care (if at all).</p>	<p>community-based resources and invest in better information and preventative services, whilst focusing on outcomes.</p> <p>Require plans and pathways to ensure people step down to service that meet their needs in a less restricted environment.</p> <p>Despite being informed of services, not all agencies are referring their patients/service users.</p>
Section 6: Give every child the best start in life	The current draft Commissioning Framework for Children and Young People (CYP), that is out for discussion with members of	Section 3 pages 12- 25 of the CYP Commissioning Framework	Children will have the best start in life.	Commissioning gaps are identified on pages 26-27 of the Commissioning Framework and form part of the work plan in terms of

	<p>the Safeguarding and Inspection Team (a young people's forum) and the STAR Group, focuses on the delivery of the children and young people's health outcome forum success factors and addressing the needs of children and young people locally.</p>	<p>Page 10 of the Integrated Plan outlines the CCG focus on preventing poor health starting early with families, children and young people. Pages 37 and 53of the Integrated Plan include a specific section on Children's Safeguarding.</p>		<p>future ambitions.</p>
<p>Section 7: Enable all children and young people to maximise their capabilities and have control over their lives.</p>	<p>We are supporting children with educational needs to maximise their potential/SEND, continuing healthcare for children with disabilities.</p>	<p>Page 29 references the JCU and the implementation of children with special educational needs strategy</p> <p>Page 53 of the Integrated Plan includes a specific section of Children's Safeguarding</p>	<p>Maximise children and young people's potential. Minimise risk to children. Support young families.</p>	<p>The Walsall Children and Young People's Mental Health and Emotional Wellbeing Strategy commits to:</p> <ul style="list-style-type: none"> •The delivery of emotional/mental health and well-being is everybody's responsibility •Agencies will work in partnership and coordinate services to ensure mental health and emotional well-being needs will be met and will respond in a timely manner adopting the approach of 'right time, right place, right service/person' •Capacity will be built within the Children's Services workforce so it has appropriate skills and

				<p>knowledge and staff are supported, trained and qualified to support children and young people.</p> <ul style="list-style-type: none"> •Services will be provided in a flexible way that is appropriate to children and young people's age and development and will meet individual needs. •Appropriate services will be provided to meet the needs of vulnerable children and young people •Children, young people and families will be actively involved : in developing solutions to their own needs & in decisions around service priorities and delivery •Services will be provided that are based on evidence and supported by existing research
Section 8: Employment and improving employability	Increased focus on employment opportunities through tackling unemployment and reducing sickness and absence from work.	<p><i>we commission a vocational service from DWMHPT specifically for adults with MH</i></p> <p>Page 37 Integrated Plan targets reducing inequalities for children, young people and</p>	Improving income, reducing poverty and enhancing self-esteem. Employment is the major contributing factor to good mental health.	Prevent, postpone and minimise people's need for formal mental health care and support. Promote people's independence and wellbeing. People should be in control

		maternity services.		of their own care and support.
Section 9: Creating and developing healthy and sustainable places and communities	Improving communities' environment through suitable accommodation and support in the community. This reduces vulnerability and supports people to be independent for longer.	<p>Page 16 of the Integrated Plan includes range of commissioned services within the community.</p> <p>Older People: Low level support services are being increased with CCG quality funding to raise awareness of depression in older people across Walsall, to support activity in day provision which includes physical activity, mental activity, healthy lifestyles, social interaction, self-help support and signposting.</p> <p>Existing services such as Dementia Advisors and Dementia Cafés continue to operate. These services were identified in the published dementia consultation and progress so far (August 2011) p 8, 14, & 15 and are in the National Dementia Strategy</p>	<p>Allowing people to remain in their own home and reducing the risk of people entering Secure Residential Care or Hospital.</p> <p>Promoting independence and wellbeing. Given people the tools to help themselves and each other.</p> <p>Supporting carers.</p>	<p>There is an insufficient amount of suitable accommodation, particularly in the West of the Borough. We are working with Housing developers, Registered Social Landlords and Providers to develop extra provision.</p> <p>No specific funding for these initiatives and funding is only time limited e.g. one year. Supporting the voluntary sector this way upstream will save the CCG and council money downstream, reduce admissions to hospital and care homes and allow people to remain independent for longer.</p>

		p39-52.		
Section 10: Improving health and wellbeing through healthy lifestyles: Making 'healthier choices easier'	The new system will focus on people's wellbeing and support them to stay independent for as long as possible. Commission a diverse range of care and well-being providers that currently offer care, well-being and support, including user and care led organisations, small and micro enterprises and social enterprises.	<p>Page 16 of Integrated Plan includes mental health service</p> <p>Page 48 outlines the development of the Integrated Plan over the next 3 years including the intention to reduce inequalities.</p> <p>Older People: The above services referred to in p29-30 of the integrated plan, support voluntary organisations through quality bids to carry out healthy lifestyle interventions.</p> <p>Two workers are in post to promote dementia awareness and healthy lifestyles to hard to reach groups in Walsall e.g. BME and sensory impaired.</p> <p>Furthermore, training for hospital staff and council staff in older people's mental health/dementia now includes a module on healthy lifestyles which is operational.</p>	<p>Keeping people healthy for longer e.g. increased life expectancy</p> <p>Improved awareness, health and wellbeing and raising awareness of, "look after your body, look after your mind".</p>	<p>Tackle reducing the national and local outcome indicators related to mortality from long term Mental Health conditions.</p> <p>No dedicated funding to support initiatives. Where funding is available, it is time limited. Perceived lack of joined up healthy lifestyles initiatives. Whose job is it?</p>
Section 11: Reducing the burden of preventable disease, disability and death	Managing people in terms of how we are optimising management of long term conditions. Examples include	Page 5 and 6 of Integrated plan includes a section on long term conditions.	Reduce rate of medical condition progress and risk of complications including Alzheimer's.	Increase Male life expectancy at birth in Walsall to 79 years.

	<p>Service Users with Dementia who now have a range of structured education programmes</p>	<p>Older people:</p> <p>Early diagnosis of dementia: Integrated plan (NHS Mandate 2012) p7.</p> <p>National Dementia Strategy (throughout).</p> <p>Prime Minister's Challenge of Dementia.</p> <p>CCG Priority</p> <p>National Mandatory hospital CQUIN (2013)</p> <p>Dementia directed enhanced service for GPs.</p> <p>NHS Operating Framework (2013)</p> <p>Walsall's dementia diagnosis rate has improved and was 43% for 2012-2013.</p> <p><i>(Integrated Plan p23 & throughout consultation</i></p>	<p>Supporting Service Users' independence to managing their own conditions.</p> <p>Early diagnosis, enabling people to self help, make their own decisions, plan for the future, apply for benefits, get support, remain independent for as long as possible.</p> <p>Support carers.</p>	<p>Further develop services as the numbers increase. Long term healthy lifestyles interventions may reduce the prevalence of dementia and improve diagnostic test may support an earlier diagnosis and developments in research may produce improved treatments (even a cure!).</p>
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		document) A new model Memory assessment Service with investment from the CCG will become operational autumn 2013 to diagnose people much earlier, quicker and with more support long term from Personal Assistants – Dementia (PADs)		
Section 12: Healthy ageing and independent living	<p>Through commissioning the Frail Elderly Pathway (FEP) particularly in relation to integrated working to support timely discharge from and admission avoidance to hospital.</p> <p>Providing assistive technology to demonstrate what is available and how this could maximise independence.</p>	<p>Pages 3 and 45 of the Integrated Plan highlight the importance of tackling healthy ageing, independent living and safeguarding as high priorities and outline specific local initiatives.</p> <p>Older people: A range of equipment is being purchased for inpatient wards, the ILC and Holly Bank for staff to demonstrate to patients view a view to this maximising independence where appropriate.</p> <p>Consultation p10 National Dementia Strategy p55</p> <p>This equipment was chosen by specialist Dementia Support</p>	<p>Improve the delivery of care in community settings, integrate to improve and improve Service Users experience and quality of care</p> <p>Maximise independence & to prevent unnecessary care home admissions.</p>	<p>Increase choice for people in terms of the services available to them, particularly at home, regardless of how those services are funded.</p> <p>Keeping up with the ever increasing gadgets available and their best use operationally. Suggest an assistive technology conference for staff, users, carers and providers.</p>

		Workers working in the acute hospital Integrated plan p30		
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Name and role of person undertaking review:

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Section 5: Wellbeing in Walsall	We commission a range of Local Enhanced Services to support wellbeing and self-management and these are in line with our strategy	Integrated Plan - Pages 48 and 49	Better access to primary care services Enhanced self-management	Review of Local Enhanced services commissioned by CCG on-going

Section 6: Give every child the best start in life	The CCG supports the Health Strategy programme for young children up to the age of 4	Integrated Plan P 45	Increased uptake of healthy start vitamins for children and pregnant women	Wider distribution via community pharmacy to improve uptake
Section 7: Enable all children and young people to maximise their capabilities and have control over their lives	There is a Joint Policy on Medicines Management for Children between CCG and the LA	Integrated Plan P 45	Safer management of medicines Improved access to medicines including those medicines required for emergency medical conditions Supports long term conditions management	There will be a review of the policy 2014/15
Section 8: Employment and improving employability	Primary care is a collection of front line services offered by GPs, Dentists, Pharmacists and Optometrists. Through contracts (that the CCG is responsible for Quality but funded through NHS England) a number of HC professionals and support staff are employed. The CCG is also a major employer providing opportunities and work based experience for apprentices	Integrated Plan, Provider landscape P 16	employment opportunities is one of the wider determinants of health	Work force development and collaborative working arrangements
Section 9: Creating and developing healthy and sustainable places and communities	Working collaboratively with NHS England and local contractors to enhance primary care infrastructure	Integrated Plan , Pages 48-49	Modern premises fit for purpose Services locally accessible near to patients homes	National Framework for Primary guidance on premises development awaited
Section 10: Improving health and wellbeing through healthy lifestyles:	Improving access to health trainers and MECC programmes Practice based Pharmacists GP Practices provision of some or	Integrated Plan , Page 30 and page 58	More people accessing lifestyle services	Review of Local Enhanced services commissioned by LA on-going

Making 'healthier choices easier'	all lifestyles services through LES with the LA			
Section 11: Reducing the burden of preventable disease, disability and death	LTCs management	Integrated Plan , Page 58	Reduced avoidable deaths Empowering patients to better manage their LTCs Reduced avoidable admissions due to LTCs	Better case finding in Primary care for LTCs Improved case management for patients with existing LTC Innovation such as pharmacy led clinics and telehealth embedded
Section 12: Healthy ageing and independent living	Disease registers in general practice and annual monitoring Improved access to psychological therapies Improved diagnosis rates for dementia	Integrated Plan , Page 48, 49 & 58	Reduction in health inequalities Better access to services	Better case finding in Primary care for LTCs Improved case management for patients with existing LTC Innovation such as pharmacy led clinics and telehealth embedded Partnership working

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Integrated Plan – response from Planned Care Programme lead, Walsall Clinical Commissioning Group

Name and role of person undertaking review: **Wendy Godwin, Lead Commissioner for Planned Care**

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<p>Section 6: Give every child the best start in life Page 19</p>	<p>The current draft commissioning framework for children and young people, that is currently out for discussion with members of the Safeguarding and Inspection Team (a young people’s forum) and the STAR Group focuses on the delivery of the children and young people’s health outcome forum success factors and addressing the needs of children and young people locally</p> <p>Whilst the commissioning of health visiting is lead by the Area Team, the CCG continue to work collaboratively through the Health Visiting Steering Group in order to monitor the local delivery of the HV Call to Action plans and continue to participate in the FNP agenda, liaising with both the area team and the national lead, including reviewing and contributing to the annual report. Maintain focus through the STAR group linking with public health in terms of the delivery school health nursing agenda</p> <p>The CCG recognise that all services aligned to the 0-19 Healthy Child Programme (HCP) including Health Visiting and School Health are Intrinsicly linked to the success of the current Paediatric Care redesign proposal. Collaboration throughout will assure us all that our actions will have positive outcome on the lives of CYP.</p>	<p>Section 3 page 12- 25 of the CYP commissioning framework</p> <p>Page 10 of the integrated plan outlines CCG focus on preventing poor health starting early with families children and young people</p> <p>Page 37 of the Integrated plan</p> <p>Page 53 of the integrated plan includes a specific section of children’s safeguarding</p>	<p>The STAR group are steering the work programme and focusing on a self evaluation against the RCP</p> <p>Intercollegiate standards and Back to Facing the Future documents that focus on a 3 year plan to redesign pathways of care and support a strategic commitment to providing responsive services at home or in the community, avoid admission to hospital and support timely discharge home</p> <p>The CCG proactively monitor maternity provision, to be assured that quality is foremost. The impact being that we give every child the best start in life i.e. that mothers have healthy pregnancies, and uncomplicated births. The CCG have also been instrumental in the success of Walsall’s Maternity Services Liaison Committee (MSLC). The MSLC is a user led forum that allows women from all areas in the community to comment on maternity services provided</p>	<p>Commissioning gaps are indentified on page 26-27 of the framework and form part of the work plan in terms of future ambitions</p>
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	<p>The CCG have (2nd year) commissioned the services of NCT to deliver their Preparation for Birth & Beyond (PBB) evidence based in improving birth outcomes and parenting.</p>		<p>locally. Changes and improvements to the service can be driven forward by their suggestions. The MSLC meet's four times a year in various community venues. Midwives and other senior staff from health & social care attend to offer support. The group are currently looking at the care provided to women expecting Twins</p>	
<p>Section 7: Enable all children and young people to maximise their capabilities and have control over their lives Page 22</p>	<p>Looking to review current transition services for young people with diabetes the intention is to explore alternate venues such as Walsall College and review how the current pathway is delivered with the potential to integrate more with the community service</p> <p>The CCG have ensured that the needs of pregnant teenagers are addressed within universal /targeted services: The maternity Specification states (Quality KPI) first time mothers, <20 years old and < 28 wks gestation must be referred to the Teenage Pregnancy team, and assessed for FNP (evidence maternity spec)</p> <p>The LAC specification: ensuring provision of health needs for looked after children is being reviewed in partnership</p>	<p>Page 35 IOPB addressing quality issues including improving access to services, understanding patient perceptions</p> <p>Page 29 references the JCU and the implementations of children with special educational needs strategy</p> <p>Page 53 of the integrated plan includes a specific section of children's safeguarding</p> <p>Maternity Specification (acute contract</p>	<p>Improve access and service responsiveness to 18-25 year olds who have type 1 diabetes</p> <p>Maximise children and young peoples potential Minimise risk to children Support young families FNP outcomes</p>	<p>Whilst the number of patients is < 300 and there is an existing MDT transition OPA clinic, it is currently held mid-day on a Wednesday and 57% DNA rate is significant with some patients not attending at all within the last 3 years, of these there is a correlated high attendance and admission from A&E</p>

	<p>with the local authority</p> <p>The CCG have commissioned a 'bespoke' PBB course via the NCT for 'teenage parents to be'. Evidence suggests that this vulnerable group fail to access universal provision for fear of being judged. The bespoke classes are being supported by the Teenage Pregnancy team, to ensure that any issues arising within the sessions can be managed.)</p> <p>Commitment to an integrated holistic approach to care provision</p> <p>WCCG member agency of WSCB and sub-committees; Commitment to WSCB Business Plan (taking account of the LA-led Improvement Plan in response to Ofsted findings); Role establishment and function of WCCG SC lead officers: Lead Nurse, Designated personnel (Doctor and Nurse); WCCG taking account of service provision to Looked After Children.</p> <p>See also Learning Disabilities</p>	<p>Draft LAC specification</p> <p>NCT 2013-14 contract</p> <p>Page 37 Commissioning intentions: 'Children Young People and Maternity' Maximise patient experience / Improved responsiveness/ Provide support for vulnerable groups and carers/ Reduce inequalities/ Contribute to the long term prevention of ill-health.</p> <p>Page 53 Section 18 'Safeguarding'</p>	<p>WSCB Business Plan objectives met in the interests of reduction in the harm, abuse and neglect as experienced by children and young people; early support for vulnerable children, young people and their carers.</p>	<p>Continue to strengthen local partnership working in the interests of children and young people in the context of both strategic and operational concerns.</p>
<p>Section 8: Employment and improving employability</p>	<p>See Learning Disabilities and Mental Health self-assessments</p>	<p>See Learning Disabilities and Mental Health self-assessments</p>	<p>See Learning Disabilities and Mental Health self-assessments</p>	<p>See Learning Disabilities and Mental Health self-assessments</p>

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Section 9: Creating and developing healthy and sustainable places and communities Page 30	See Learning Disabilities and Mental Health self-assessments	See Learning Disabilities and Mental Health self-assessments	See Learning Disabilities and Mental Health self-assessments	See Learning Disabilities and Mental Health self-assessments
Section 10: Improving health and wellbeing through healthy lifestyles: Making 'healthier choices easier'	<p>Diabetes patients who are indentified as being at risk will have access to a educational programme to raise awareness about their condition and how by making simple choices about healthy eating, exercise, and weight loss may result in them not going on to develop the condition.</p> <p>we also commission alternatives such as educational films in primary care, carbohydrate counting patient books and diaries and carbohydrate and healthy portion plates and have coordinated a number of community events to raise awareness making every contact count (MECC)</p> <p>We would also need to include aspect of drug and alcohol management examples e.g. A&E pathway and also how we tackle risk of suicide</p> <p>See also Learning Disabilities and Mental Health self-assessments</p>	<p>Business case and specification for Diabetes Self Management Education</p> <p>Integrated plan page 7 national and local priorities and page 14 section on tackling long term conditions</p> <p>Page 22 integrated plans includes mental health service including funding for drug and alcohol team</p> <p>Page 34 outlines the development of the integrated plan over the next 3 years including the intention to reduce inequalities</p>	Reducing risk of patient developing diabetes by improving care pathways	Tackle reducing the national and local outcome indicators related to mortality from long term conditions
Section 11: Reducing the burden of	Building on Section 10 how we are managing people in terms of how we are optimising management of long term	Page 14 Integrated plan includes a section on long term conditions including COPD and Diabetes	Reduce rate of disease progress and risk of complications including	National Diabetic Audit has indentified that the number of diabetic

<p>preventable disease, disability and death Page 38</p>	<p>conditions examples; Patients with both Type 1 and Type 2 diabetes have a range of structured education programmes such as DAPHNE, Educare and DESMOD and in house Carbohydrate counting sessions available. We are also aiming to improve access to podiatry services for admitted patients in order to improve the identification and management of patients with diabetic foot problems</p> <p>See also Learning Disabilities and Mental Health self-assessments</p>	<p>Page 41 Included as a Diabetes QIPP scheme, supported by a Project Initiation Document</p>	<p>amputations, supporting patients independence to managing their own condition</p>	<p>patients who have had a foot assessment within 24 hours or during the period of their admission has decreased marginally over the last 2 years.</p>
<p>Section 12: Healthy ageing and independent living Page 41</p>	<p>Improved services for the elderly including integrated working to support timely discharge and admission avoidance</p> <p>See also Unscheduled care Learning Disabilities and Mental Health self-assessments</p>	<p>Page 23 -30 of the integrated plan highlight focus and importance of tackling dementia as a high priority and outline specific local initiatives</p> <p>Reference business case for FEP and any review/audit reports Dementia Strategy</p> <p>Page 7 and 34 improving standards of care and not just treatment especially for the elderly included as a key objective in the integrated plan</p> <p>Page 42 FEP QIPP scheme aim to create a medically and socially appropriate model of care to improve benefits and outcomes for patients</p>	<p>Improve the delivery of care in community settings, integrate to improve and improve patients experience and quality of care</p>	<p>See also Unscheduled care, Learning Disabilities and Mental Health self-assessments</p>

Review of commissioning plans against key recommendations for 13/14 within Joint Health and Wellbeing Strategy (JHWS)

The Health and Wellbeing Board has the following duties and powers:

- Duty to encourage integrated working between commissioners of health services and commissioners of social care services
- Power to encourage close working (in relation to wider determinants of health):
 - Between itself and commissioners of health related services
 - Between commissioners of health services or social care services and commissioners of health-related services
- Duty to provide opinion on whether a commission plan from either the CCG, Local Authority, NHS Commissioning Board or Local Healthwatch has taken proper account of the Joint Health and Wellbeing Strategy

The commissioning plan of which organisation/body is being reviewed?

Learning Disabilities, Joint Commissioning Unit, Walsall Council and Walsall Clinical Commissioning Group

Name and role of person undertaking review: **Ian Staples, Commissioning Lead – Disabilities**

Section within JHWS	How does the commissioning plan contribute to achieving the ambition and key priorities within this section?	Where, in the commissioning plan is this referenced? (page no, section etc)	Expected impact?	Gaps identified? Future plans?
Section 5: Wellbeing in Walsall Page 16 (HWS) Ian/Mandeep/	The redesign of services helps to deliver on the changing needs of the learning disability population. As the health arena is changing, the way people	Page 30 of the Integrated Plan references access to e-learning for people with disabilities.	Supporting people to maximise their independence, choice and control.	Lessen demand for acute and residential services; support people to use community-based resources and invest in better

	access services is also changing. In order to facilitate initiatives like Personal Health Budgets, Winterbourne Concordat, the specialist learning disabilities contract will be re-modelled.			information and preventative services, whilst focusing on outcomes.
Section 6: Give every child the best start in life	Recent reports have uncovered premature deaths of children with learning disabilities within hospitals. We are reviewing the reports in order to look at how we can support colleagues within Children Services.	Page 10 of the Integrated Plan outlines the CCG focus on preventing poor health starting early with families, children and young people. Pages 37 and 53 of the Integrated Plan include a specific section on Children's Safeguarding.	Children will have a safe start in life.	Commissioning gaps are identified on pages 26-27 of the Commissioning Framework for Children and Young People and form part of the work plan in terms of future ambitions.
Section 7: Enable all children and young people to maximise their capabilities and have control over their lives.	<p>Development of 'Getting a Life' Pathway model with young people from year 9 (aged 14) upwards including Housing, Health, employment and Leisure</p> <p>Work with Children's Disability database to improve commissioning intelligence and reflect increase in population and those surviving into adult life with complex care needs as identified in the demographic data</p>	<p>Page 29 references the JCU and the implementation of children with special educational needs strategy</p> <p>Page 53 of the Integrated Plan includes a specific section of Children's Safeguarding</p>	<p>Improve people's life chances through better intervention by health & social care services</p> <p>To ensure a smooth transition from children to adult services. This will support people to be aware of the services available to them and maximise their life chances based on this. It will also support to set future commissioning intentions based on the type of need that is predicated to enter</p>	<p>Commissioning gaps are identified on pages 26-27 of the Commissioning Framework for Children and Young People and form part of the work plan in terms of future ambitions.</p>

			services.	
Section 8: Employment and improving employability	This focuses on increasing employment opportunities through tackling unemployment and reducing sickness and absence from work. Publish an Employment Strategy.	Page 37 of the Integrated Plan targets reducing inequalities for people with disabilities.	Support people with disabilities to access appropriate pre-employment training, skills development in order to lead into meaningful employment.	Prevent, postpone and minimize people's need for formal complex care and support. Promote people's independence and wellbeing. People should be in control of their own care and support.
Section 9: Creating and developing healthy and sustainable places and communities	Develop the care market to ensure there is a sufficient range of quality providers to deliver support to people living at home and in the community. Develop Carers strategy. Continue to develop engagement strategies with the Learning Disabilities Partnership Board. Commission the Community Hub in partnership with the third sector.	Page 22 of the Integrated Plan includes the range of commissioned services within the community.	Allowing people to remain in their own home and reducing the risk of people entering Secure Residential Care or Hospital.	There is an insufficient amount of suitable accommodation e.g. Dispersed Supported Living, particularly in the West of the Borough. We are working with Housing developers, Registered Social Landlords and Providers to develop extra provision.
Section 10: Improving health and wellbeing through healthy lifestyles: Making 'healthier choices easier'	Develop Black Country specifications for assessment and treatment, CQUIN, Quality Schedules, Forensic Step Down The new system will focus on people's wellbeing and support them to stay independent for as long as possible.	Page 22 of the Integrated Plan includes learning disability services. Page 34 outlines the development of the Integrated Plan over the next 3 years including the intention to reduce inequalities.	Outcome focused specifications for specialist Learning Disabilities to ensure that people's health and wellbeing is maintained and improved through every contact.	Reduce the national and local outcome indicators related to mortality from long term Complex Care conditions.

<p>Section 11: Reducing the burden of preventable disease, disability and death</p>	<p>Review all third sector contracts to ensure outcomes are being achieved and that people develop skills and independence to continue living as independently as possible. Re-design the complex care pathway to support people to access alternative least restrictive provision as opposed to in-patient services. Develop services to meet people's need within a community setting.</p>	<p>Page 14 of the Integrated Plan includes a section on long term conditions.</p>	<p>Reduce rate of complex condition progress and risk of complications. Supporting Service Users' independence to managing their own conditions.</p>	<p>Increase Male life expectancy at birth in Walsall to 79 years.</p>
<p>Section 12: Healthy ageing and independent living</p>	<p>Facilitate the development of a range of respite services to support carers to take a break. This supports carers to take time out of their caring roles in order to rest or pursue alternative interests. Joint working with colleagues from Older People and Dementia services to develop a range of services which better meet the needs of older people with learning disabilities.</p>	<p>Pages 23 -30 of the Integrated Plan highlight the importance of tackling healthy ageing, independent living and safeguarding as high priorities and outline specific local initiatives.</p>	<p>Improve the delivery of care in community settings, integrate to improve and improve Service Users experience and quality of care</p>	<p>Increase choice for people in terms of the services available to them, particularly at home, regardless of how those services are funded.</p>

Review of commissioning plans against key recommendations for 13/14 within Joint Health and Wellbeing Strategy (JHWS)

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The commissioning plan of which organisation/body is being reviewed?

Older People, Joint Commissioning Unit, Walsall Council and Walsall Clinical Commissioning Group

Name and role of person undertaking review: **Tracy Simcox, Commissioning Lead for Older People and Vulnerable Adults**

Section within JHWS	How does the commissioning plan contribute to achieving the ambition and key priorities within this section?	Where, in the commissioning plan is this referenced? (page no, section etc)	Expected impact?	Gaps identified? Future plans?
Section 5: Wellbeing in Walsall Page 16 (HWS)	Improved health and well-being and living in the community. We can reference the services commissioned e.g. reablement/rehabilitation and recovery.	Pages 27 and 28 of Commissioning Plan for Older People includes a table of the services commissioned.	Supporting people to maximise their independence, choice and control.	Generalised high level outcomes mentioned in the Commissioning Plan for Older People
Section 6: Give every child	<i>Not applicable as this self-</i>	<i>Not applicable as this self-assessment relates to Older</i>	<i>Not applicable as this self-assessment relates</i>	<i>Not applicable as this self-assessment relates to Older</i>

the best start in life	<i>assessment relates to Older People</i>	<i>People</i>	<i>to Older People</i>	<i>People</i>
Section 7: Enable all children and young people to maximise their capabilities and have control over their lives	<i>Not applicable as this self-assessment relates to Older People</i>	<i>Not applicable as this self-assessment relates to Older People</i>	<i>Not applicable as this self-assessment relates to Older People</i>	<i>Not applicable as this self-assessment relates to Older People</i>
Section 8: Employment and improving employability	<i>Not applicable as this self-assessment relates to Older People</i>	<i>Not applicable as this self-assessment relates to Older People</i>	<i>Not applicable as this self-assessment relates to Older People</i>	<i>Not applicable as this self-assessment relates to Older People</i>
Section 9: Creating and developing healthy and sustainable places and communities	Improving communities' environment through Extra Care Housing and Dispersed Supported Living. This reduces vulnerability and supports people to be independent for longer.	Page 4 of Commissioning Plan for Older People includes a section on Extra Care	Allowing people to remain in their own home and reducing the risk of people entering Residential Care or Hospital	There is an insufficient amount of Extra Care Housing, particularly in the West of the Borough. We are working with Housing developers, Registered Social Landlords and Providers to develop extra provision.
Section 10: Improving health and wellbeing through healthy lifestyles: Making 'healthier choices easier'	The new system will focus on people's wellbeing and support them to stay independent for as long as possible. Commission a diverse range of care and well-being providers that currently offer care, well-being and support, including	Pages 27 and 28 of Commissioning Plan for Older People includes a table of the services commissioned.	Keeping older people healthy for longer e.g. increased life expectancy	By April 2014 all community based Service Users will have a Personal Budget to spend on outcome based services, delivering healthy lifestyles.

	user and care led organisations, small and micro enterprises and social enterprises.			
Section 11: Reducing the burden of preventable disease, disability and death	Managing people in terms of how we are optimising management of long term conditions. Examples include Service Users with Dementia who now have a range of structured education programmes	Page 14 of Integrated plan includes a section on long term conditions.	Reduce rate of medical condition progress and risk of complications including pressure sores. Supporting Service Users' independence to managing their own condition	Increase Male life expectancy at birth in Walsall to 79 years.
Section 12: Healthy ageing and independent living	Through commissioning the Frail Elderly Pathway (FEP) particularly in relation to integrated working to support timely discharge from and admission avoidance to hospital.	Pages 23 -30 of the Integrated Plan highlight the importance of tackling healthy ageing, independent living and safeguarding as high priorities and outline specific local initiatives.	Improve the delivery of care in community settings, integrate to improve and improve Service Users experience and quality of care	Increase choice for older people in terms of the services available to them, particularly at home, regardless of how those services are funded.