ICU 2015-16 commissioning priorities

APPENDIX 1

Link to HWB priorities	Commissioning Workstream & Objective (plus Service Area & lead officer)	Commissioned by Council / CCG?	Milestones	Wider Impact/Implications on the H&S Care system
Integrated Commissioning - Children and Maternity				
Improve educational attainment in disadvantaged groups.	**1. CCG operating plan: Improve health outcomes for LAC** by strengthening service performance against an agreed outcomes framework. Implement referral pathway improvements. Agree outcomes framework with key stakeholders.	*Health service for local CLA commissioned by CCG* . Health service for UASC commissioned by Council.	• Implement and monitor improved health assessment process clarifying health service role and performance expectations - Oct 15 • Work with provider to strengthen service performance and with the provider and other partners to develop an outcomes framework and appropriate pathways for CLA health services – Mar 16	Improving health outcomes for CLA is a key contribution to achieving permanence.
Reduce overweight and obesity in children. Improve children's emotional and mental wellbeing. Improve the uptake of childhood immunisations	**2. Strengthen early intervention** by implementing commissioning strategy for school-aged nursing and taking steps to increase integration with other 5-19 health improvement services	School-aged nursing and weight management commissioned by Council.	• Identify and implement route map towards a 5-19 integrated service and closer integration with adult public health services –Dec 15 • Review weight management services and identify opportunities for greater integration with school aged nursing – Sep 15 - Implement commissioning strategy for 5 - 19 health improvement services (including school aged nursing) - Sep 16	Strengthened early intervention to divert CYP where possible from needing specialist and more costly services.
Improve children's emotional and mental wellbeing.	**3. CCG operating plan: Strengthen the contribution of commissioned health services to the local Autism Spectrum Disorder pathway** in line with best practice guidelines as part of a wider review of the Community Paediatric service.	*Community paediatric service commissioned by CCG*	• Complete and implement recommendations from community paediatrics service review. .Strengthen the evidence base to better understand the rate of ASD diagnoses and needs in the borough • Identify opportunities for increased integration between children's and adults' ASD services • Contribute to redesigning the ASD pathway in partnership with wider stakeholders – Sep 15 • Contribute to implementing new ASD pathway – Mar 16 • Implement improvement plan for community paediatric service in relation to ASD - Mar 16.	Strengthened early intervention to divert CYP where possible from needing specialist and more costly services.
Improve educational attainment in disadvantaged groups. Improve patient and service user satisfaction with health and social care services. Integrated care and support for people with long term conditions.	**4. CCG operating plan: Implement service development priorities for services supporting children with SEN and Disability** (special school nursing, paediatric OT and physiotherapy services) including preparation for child development centre and a service review for audiology. Implement recommendations from commissioning reviews of therapies and special school nursing including agreeing outcomes for special school nursing, paediatric OT and physiotherapy services. Preparation for child development centre progressed against agreed project timeline.	SALT commissioned jointly by CCG and Council. *Physiotherapy, audiology and Special school nursing commissioned by CCG* .	• Support implementation of service development objectives – Sep 15 • Review development progress and consider whether commissioning strategy is effective - Sep 15 • Identify further opportunities for greater integration between children and adults' services – Sep 15 • Refresh service specification for audiology – Mar 16	To ensure appropriate health contribution to Education, Health and Care plans.

Link to HWB priorities	Commissioning Workstream & Objective (plus Service Area & lead officer)	Commissioned by Council / CCG?	Milestones	Wider Impact/Implications on the H&S Care system
Integrated care and support for people with long term conditions. Rehabilitation and reablement to prevent repeat admissions to hospital. Self management and self care.	**5. CCG Operating Plan: Reduce avoidable A&E attendance for children by** realising benefits of new asthma service. - Analysis of differential paediatric referral rates across networks delivered for asthma and other conditions. Delivery a feasibility analysis of a rapid access service and phone clinic for paediatrics to improve the timeliness and appropriateness of referrals to clinics and outpatients and implement agreed approach. Service implemented in line with agreed project plan and collaboratively with SW London CCG wide training delivery.	*Children's Hospital at Home and Asthma team commissioned by CCG* .	• Transition new asthma service to business as usual as part of a wider review of Children's Hospital at Home service – Mar 16 • Review new service and identify opportunities for extending service model to other long term conditions which impact on A&E attendances – Mar 16	
Increase breastfeeding initiation and prevalence. Reduce overweight and obesity in children. Improve children's emotional and mental wellbeing. Improve the uptake of childhood immunisations. Improve educational attainment in disadvantaged groups.	**6. Strengthen early intervention** by assuring the smooth transfer of 0-5 public health services to local authority commissioning and ensuring they are optimised within the Best Start model.	Health Visiting and Family Nurse Partnership - commissioning responsibility transferring to Local Authority from NHSE from Oct '15	Novated contract in place for safe receipt of Health Visiting and FNP services - Oct 2015 Implementation Plan in place for Best Start including Health Visiting and Family Nurse Partnership - Jul 15 Best Start Service commences - Oct 15 Future Commissioning strategy for Best Start developed - 2016	Strengthened early intervention to divert CYP where possible from needing specialist and more costly services.
Improve children's emotional and mental wellbeing.	**7. Strengthen emotional wellbeing and mental health** by continuing to implement the Partnership strategy, strengthening support at tier 1 and recommissioning tier 2 and 3 support as required – in line with the YP Mental Health Taskforce.	Jointly commissioned	• Implementation plan in place for workforce development approach - July 15 • Recommission and mobilise voluntary sector open access counselling services - Apr 16 • Develop business case for Single Point of Access approach for consideration through governance routes - Aug 15 • Contribute to implementing new ASD pathway including role of SLaM – Mar 16	Strengthened early intervention to divert CYP where possible from needing specialist and more costly services.
Reduce low birth weight. Increase breastfeeding initiation and prevalence.	**8. Improve outcomes for expectant and young mothers** by delivering improved local maternity services in line with the SWL 5 year strategy.	*CCG*	South West London Maternity specification developed - Sept 15 Local implementation plans in place - Jan 16	Improving health outcomes for children and mothers through the achievement of the London Quality Standards across South West London.
Improve patient and service user satisfaction with health and social care services. Integrated care and support for people with long term conditions.	**9. Strengthen arrangements for agreeing funding (by LA or CCG) for support packages for children with complex needs (education, health and/or care) by implementing recommendations from reviews carried out in 2014-15.**	CCG & Council	All PHB development sessions attended and 1 PHB in place. 3rd Markers of Progress completed and submitted to NHSE. Complete implementation plan relating to the recommendations for the all client groups review of continuing health care (CHC) – June 15 Implement agreed recommendations from review of CHC relating to multi-agency decision-making processes – Sep 15 or TBC	Improving outcomes for children with complex needs, who are likely to require further education, health and care support.

Link to HWB priorities	Commissioning Workstream & Objective (plus Service Area & lead officer)	Commissioned by Council / CCG?	Milestones	Wider Impact/Implications on the H&S Care system
Integrated commissioning - Mental Health				
Redesign of mental health pathways. Integrated care and support for people with long-term conditions. Self management and self care. Improve patient and user satisfaction with health and social care services.	**1. Invest and redesign Adult Mental Health Services, (AMH) to focus on delivery in community settings, prevention, early intervention and integration. 2015-18. By investing in services and the new Adult Mental Health Model, there will be additional services and increased capacity in local services to meet peoples integrated health needs and keep people well and out of hospital.**	*CCG*	New services start date agreed & AMH implementation plan is in place May 2015	Strengthened community / preventive services will lead to reduction in urgent and crisis care as a result of mental ill health
		CCG	New services become operational Aug 15 - including; Assessment & Liaison Teams Promoting Recovery Teams Primary Care MH Support Services Home Treatment Teams Personality Disorder Services	New model will strengthen links and integration with primary and social care. This will enable more people to remain at home and live well with positive mental health and have their holistic health needs addressed. GP's will have improved easy in easy out approach to working with secondary care though dedicated assessment & liaison teams
Redesign of mental health pathways. Integrated care and support for people with long-term conditions. Self management and self care. Improve patient and user satisfaction with health and social care services.	**2. Strengthen the role secondary care have in supporting patients with their physical health**	*CCG*	Enhanced Physical Health CQUIN Agreed with SLaM - June 2015	This will achieve the NHS England objective "Parity of Need" aligning Physical health needs/checks into the Mental Health care pathway
Redesign of mental health pathways. Integrated care and support for people with long-term conditions. Self management and self care. Improve patient and user satisfaction with health and social care services.	**3. Support the understanding and link between MH and long-term conditions within front-line staff so that they can respond more effectively to people's needs and reduce stigma.**	*CCG*	HESL funded training begins to be delivered - “No Health without Mental Health” training for front line workers April 2015-Feb 2016	Across Croydon 800 Health & Social Care front line staff will receive Mental Health and Long Term Condition training to increase awareness and reduce stigma of MH conditions.

Link to HWB priorities	Commissioning Workstream & Objective (plus Service Area & lead officer)	Commissioned by Council / CCG?	Milestones	Wider Impact/Implications on the H&S Care system
Improve the early detection, treatment and quality of care for people with dementia.	**4. Strengthen Local Crisis Care Services and consistency of approach**	CCG/Council	Croydon signed up to Crisis Care Concordat in accordance to Mind & DoH - March 2015 Action Plan Submitted - March 2015 Action Plan updated Quarterly 15/16	Key local stakeholders will feed into action planning process and local actions identified and implemented to improve the crisis care response of local Croydon services
	5. Increase Access to Crisis Advice Services 24/7	*CCG*	The 4 Borough Crisis Line becomes operational and seamlessly replaces the current Street Triage Pilot - July 2015	Crisis Line will be open to other professionals involved in Crisis Care, expected to include, BTP, LAS, MPS, to enable greater access to advice and patient records at time of crisis. Service users and carers to have access to advice line 24/7 to obtain advice, signposting,
	6. Effective Liaison Psychiatry model in place (to be achieved by April 2016)	*CCG*	• Monthly monitoring of Liaison Psychiatry services between CCG / CUH / SlaM to commence from July chaired by CCG. • Changes made and agreed to existing PLN capacity - Sep 2015 • Progress against Crisis Care Concordat to be monitored monthly via AMH steering group- monthly 15/16	Patients presenting at A&E where primary needs are Mental Health are more effectively supported leading to better health care for them, and reduced pressure on A7E units and waiting times for people presenting with physical health issues..
	7: Secondary Care better able to meet needs of BME Users, Action Plan developed in conjunction with BME forum to improve BME inpatient experience, and Mind the Gap Recommendations addressed	*CCG*	Increased focus on Quality with regards to commissioned SLaM services and increased engagement with the BME forum and Hear Us - Sep 15 Increased engagement with BME Forum - June 2015 Mind the Gap Recommendations Actions are developed and agreed - Oct 2015	Aims to increase in BME service users accessing IAPT & a reduction in BME inpatients
Redesign of mental health pathways. Integrated care and support for people with long-term conditions. Self management and self care. Improve patient and user satisfaction with health and social care services.	**8: New service pathways developed that support early intervention / prevention,** including the development of an early direction service to support young people at risk of developing psychosis	*CCG*	OASIS Service agreed - Feb 2015 Service Promoted to GP's and Potential Users - March 15-June 15 Service operational- Summer 2015	Young People supported to avoid becoming unwell or to reduce the untreated duration of illness which is evidenced to led to better lifelong health outcomes
	9. Specialist Referral Pathways are reviewed and appropriate	*CCG*	Revised Tertiary referral process - July 2015	This will ensure that treatment pathways are scrutinised and the most appropriate treatment will be delivered.
	10. Early Intervention Services meet national targets	*CCG*	Early Intervention in Psychosis to be treated within two weeks (> 50% to be achieved by April 2016)	More people accessing services to promote positive mental health and live well in the community, leading to a reduction in specialist secondary care, crisis care, emergency care and better health outcomes

Link to HWB priorities	Commissioning Workstream & Objective (plus Service Area & lead officer)	Commissioned by Council / CCG?	Milestones	Wider Impact/Implications on the H&S Care system
Increased proportion of planned care delivered in community settings	**11. Increase take up of IAPT**	*CCG*	Increased access to IAPT – on trajectory to meet 8% target 15/16 March 15/16 Joint NHSE and Voluntary Sector IAPT Future Opportunities Event takes place to explore role Vol Sector can play in IPAT delivery - May 2015 Review of CIPS waiting list in train - July 2015	This will ensure that more people can access effective counselling treatment in shorter timeframes Reduce waiting times fro services
	12: IAPT Services Developed that meet National Standards	*CCG*	6. To achieve IAPT Access rate - 8.16% of Croydon Prevalence (42k) *n.b. National target is 15%* *To achieve IAPT recovery rate - 50%* *IAPT six week referral to first treatment appointment (75% to be achieved by April 2016)* *IAPT eighteen week referral to first treatment appointment (95% to be achieved by April 2016)*	More people accessing services to promote positive mental health and live well in the community, leading to reduction in specialist secondary care, crisis care, emergency care and better health outcomes
Improve early detection, treatment and quality of care for people with dementia	**13. To achieve the National Ambition Dementia Diagnosis rate - 66.7% of Croydon Prevalence by March 2016**	CCG	Pilot GPwSI project to Support Care Home Diagnosis - July 2015 All Croydon GP practices complete coding and memory clinic patient list review - May 2015	Earlier diagnosis allows forward future planning and decision making, and access to post diagnosis services.
	14: Mental Health Older Adults Services are redesigned, to increase access, choice, quality, deliver better outcomes for users / carers and use resources more efficiently.	Joint - CCG & Council	Development of Post Diagnostic Support, Dementia advisors. - June 2015 Agreement of single point of access for carers to access support - July 2015 Agreed service specification for Care Home Intervention Team and Home Treatment Team - Aug 2015 Revision to the CMHT service Specification - Aug 2015 Rescoping of memory service and future service change recommendations - Sep 2015	Increased post diagnostic support options available for patients, carers, to use and for GP's to make referrals into. Services developed to reduce hospital admissions and allow p[people to live at home for as long as possible whilst receiving treatment / support for dementia.
Working Age Adults and Contract Support Services				
Improve patient and service user satisfaction with health and social care services. Integrated care and support for people with long term conditions.	**1. Learning disabilities Transforming Care** - Strategic review & implementation of the Winterbourne View Concordat 2 in line with Transforming Care.	*CCG (NHS Operating Plan target)*	For the 2 patients in the original cohort: Submission of 2-weekly and monthly monitoring to HSCIS. Move on for one client secured by May 2015. Agreed move on plan for the second client by June 2015.	Potential transfer of liability for part of costs from health to social care, dependent on securing appropriate support and accommodation
			For the additional 6-8 clients subject to Transforming Care from April 2015: Submission of monitoring to HSCIS (to be confirmed). Move on target to be confirmed by NHSE.	Potential transfer of liability for part of costs from health to social care, dependent on securing appropriate support and accommodation
	1a NHS Operating Plan Winterbourne View Transforming Care targets - TBA	*CCG (NHS Operating Plan target)*	To be determined	There is likely to be an expectation of joint initiatives across health and social care, potentially also including criminal justice and housing agencies

Link to HWB priorities	Commissioning Workstream & Objective (plus Service Area & lead officer)	Commissioned by Council / CCG?	Milestones	Wider Impact/Implications on the H&S Care system
Improve patient and service user satisfaction with health and social care services. Integrated care and support for people with long term conditions.	**2. LD Strategic Review** **Review a**ll commissioned health & social care services for (a) people with diagnosis of LD and complex needs and/or challenging behaviour, and (b) for people diagnosed as having ASD/ADHD to ensure there are streamline pathways, quality outcomes and good value across the health / social care system.	Joiint - Council & CCG		
	3. Learning disabilities - continuing health care - complete assessments in line with national targets and review existing placements against quality, outcomes and value for money	*CCG*	Recruitment of nurse assessor and reviewer, Reviews completed	Ensuring fit with the Council's Independence Strategy, ensuring cost of care is met from appropriate budget may result in transfer of liability or agreement for sharing costs
	4. Learning disabilities - day services - conduct a review and develop a project plan to improve value for money, ensure services are of good quality, personalised and optimise people's opportunities for inclusion and citizenship	Council	Review completed. Implementation plan prepared.	Enabling people to be independent and live full and active lives
Support and advice for carers.	**5. Learning disabilities - respite services** - conduct a review and develop a project plan to improve value for money, ensure services are of good quality, personalised and optimise people's opportunities for inclusion and citizenship	Council	Review completed. Implementation plan prepared.	Supporting family carers
Reduce the number of households living temporary accommodation.	**6. Learning disabilities/ supported housing** - review housing options for supported living where service users have tenancies with private rented sector landlords and develop a plan to ensure accommodation is good quality, affordable and provides a reasonable level of security of tenure	Council	Review completed. Implementation plan prepared.	Enabling people to live independently, enabling throughput from residential care and other institutional settings, capital funding for housing development
	7. Supported housing - conduct reviews of the generic floating support service, the home improvement agency service and the shared lives/ supported lodgings services to assure quality, improve outcomes and enhance value for money	Council	Reviews completed. Implementation plans prepared.	Sustaining independent living, supporting people to achieve independent living
	8. Supported housing - improve outcomes for vulnerable single homeless people by implementing plans to improve throughput rates in short term supported housing services and to reduce the incidence of "revolving door" cases	Council	Convert fixed term mental health throughput post to permanent. Recruit specialist case worker to prevent revolving door cases.	Link to Council's Croydon Challenge People Gateway project, enabling independent living, reducing demand on range of services including MH, drug treatment etc
	9. Supported housing - new housing development - enhance the range of options available and improve outcomes for vulnerable adults by making significant progress in working with eligible landlords to secure capital resources for developing new supported housing including: an extra care sheltered housing scheme for older people, cluster flats for people with learning disabilities and for people recovering from mental ill health, extra care scheme for older people with mental health needs, emergency hostel for homeless young people, expanded range of move on options from short term supported housing	Council	Detailed work programme agreed for the new Senior Commissioner for Supported Housing. Monthly review with Places Department colleagues. Design briefs, sites and funding routes agreed for specific proposals.	Enabling independent living

Link to HWB priorities	Commissioning Workstream & Objective (plus Service Area & lead officer)	Commissioned by Council / CCG?	Milestones	Wider Impact/Implications on the H&S Care system
Improve patient and service user satisfaction with health and social care services. Support and advice for carers.	**10. Market management** - To meet the new duties under the Care Act, develop the approach to market shaping including (i) the Care Homes Market Management project, (ii) implementation of the Integrated Framework Agreement for home care and support services, (iii) implementation of the Dynamic Purchasing System for residential care services, review and (iv) update the Market Position Statement, contract monitoring, liaison with CQC and market failure contingency planning	Council	Integrated Framework procurement and spot purchase procedures finalised and in use across all lots. Dynamic Purchase system in use for all residential placements. Editions 2 and 3 of the Market Position Statement published. Market risk analysis completed.	Better match between local supply and local demand for the range of care and support services, managing costs, improving outcomes, minimising safeguarding risks,
Reduce smoking prevalence. Reduce overweight and obesity in adults. Reduce the harm caused by alcohol misuse. Early diagnosis and treatment of sexually transmitted infections including HIV infection. Self management and self care.	**11. Substance misuse - implement phase 2** of the substance misuse recommissioning project including consultation on service redesign proposals for rehab and detox services, needle exchange and prescribing, and GP shared care	Council	Completion of consultation on redesign proposals. Dynamic Purchase system in use for residential detox and rehab services. Approach to recommissioning primary care services agreed.	impact on primary care providers, managing demand for acute hospital services
	12. Substance misuse - complete phase 1 of the substance misuse recommissioning including implementation of the contract mobilisation plan, reset the baseline for performance improvement plans using cleansed data and positive trajectories in the rates of engagement and recovery with the treatment system across the range of substances including alcohol	Council	Baseline for measuring performance improvement agreed. Quarterly monitoring through the PHE national data monitoring system for substance misuse. Quarterly contract monitoring.	improved rates of engagement with the treatment system, improved rates of recovery
	13. Sexual health services - consult on the redesign proposals and recommission services	Council	Consultation on redesign proposals completed. Recomissioning completed.	impact on related health services
	14. Public health contracting with primary care - scope implement a new dynamic purchase system to contract for public health services supplied by primary care providers	Council	Design the proposed contracting model. Consult providers. Procure and establish new contracts. Design and implement new contract monitoring and payments systems.	reduced administrative burden for primary care providers
	15. Healthy lifestyles - support recommissioning of public health funded preventive services including smoking cessation and weight management	Council	Service redesign proposals finalised. Consultation on proposals completed.	needs to be linked in with wider preventive role envisaged for the NHS in the Stevens' 5 year forward view

Link to HWB priorities	Commissioning Workstream & Objective (plus Service Area & lead officer)	Commissioned by Council / CCG?	Milestones	Wider Impact/Implications on the H&S Care system
Integrated commissioning - Old people/End of Life/Carers/Long-term conditions				
Prevent illness and injury and promote recovery in the over 65s. Improve end of life care. Improve patient and service user satisfaction with health and social care services. Support and advice for carers. Rehabilitation and reablement to prevent repeat admissions to hospital. Integrated care and support for people with long term conditions.	**1. Outcomes Based Commissioning** - Contribute to this major transformation programme including outcomes developed; Draft financial model; Confirmed outcomes and indicators; Implementation approach developed.	Joint Council & CCG	Support to "sign off" governance arrangements; legal agreements between CCG and Council established tender and evaluate Provider Alliance options shadow operation of Provider Alliance commissioning in place by Spring 2016	a major transformation programme to deliver system-wide changes and better outcomes for people with health and social care needs
	2. End of life programme. Approach agreed between Council and CCG, End of Life specialist care delivered as part of Integrated Framework Agreement for Care & Support (See Domiciliary Care); review of St. Christopher's pilot. Reduce avoidable non-elective admissions by re-prioritising community-based medical and non-medical approaches to supporting people at the end of their lives to enable them to die in the place of their choice. Improve GP & care home use of Advanced Care Plans through training programme. Implement culture change programme through delivery of community-based 'death cafes', 'doulas for the dying' promotion and publicity	Council	Ensure framework delivering value for money in End of Life care	Quality improvement - people enabled to die in the place of their choice; significant savings should be achieved from acute system through lower use of hospitals as place of death
		CCG	Coordinate my Care used consistently in all Care Homes - reduced number of deaths in hospital from Care Homes by 111 (15/16)	
		Joint - Council & CCG	Death café' and discussion groups provided - regular events occurring in Croydon	
		Joint - Council & CCG	End of Life care "everyone's business" communication events - Dying Matters week promoted, GP training events held with positive outcomes, other training events held	
		CCG	GPs and all health professionals using Coordinate my Care consistently - target all GPs using CMC - reduce hospital deaths from patients own homes by 222 (15/16), 480 (16/17)	
		CCG	GPs holding regular MDTs for patients identified at the end of Life	
		CCG	Train GPs around how to have difficult conversation - ACP (Currently less than 5% of people at end of life have an ACP)	
		CCG	GP scheme to monitor Coordinate my Care and Advanced Care Plans	
		CCG	Train cohort of 'doulas for the dying' in Croydon - 10 Doulas trained & delivering support	
		Joint - CCG& Council	Hold regular End of Life care events and training in Croydon among staff members and all stakeholders	
		CCG	Close work with CHS palliative care team to help embed & integrated services, strengthen Marie Curie provision	

Link to HWB priorities	Commissioning Workstream & Objective (plus Service Area & lead officer)	Commissioned by Council / CCG?	Milestones	Wider Impact/Implications on the H&S Care system
	3. Care Homes management - Ongoing management of cost and quality of provision across this service area. Commercial negotiations with providers to achieve efficiencies.	Council	Refreshed contract management arrangements in place for £8.5m block contract with Care UK;	
		Council	Provider quality and market management;	
		Council	development of extra-care schemes to meet demand and reduce costs of residential care	
		Council	Review of PFI scheme to achieve savings	
		Council	Implement a preferred supplier system to ensure best value services used	
		CCG	To review all current support services to care homes (more than 22 support services have been identified) and ensure no duplication. To target high users of 999 and hospital services, and through aligning appropriate support services, including GP cover, to reduce these significantly.	Improved management of care homes through better GP allocation and clear pathways for support to care homes will improve quality of life for people living in care homes, and reduce use of LATC and hospital.
		CCG	Ensure 121 GP cover for care homes (nursing esp.) across Croydon to reduce care home use of ED, LAS = target 45% reduced use of ED and LAS by care homes	
	4. Pooled Equipment budget: To manage this pooled budget effectively and ensure local people obtain the equipment they need to live safely and independently at home for longer. Improve hospital discharge.	council	• To review current spend by partners and re-negotiate arrangements based on ordering patterns. • To review pathways and ordering patterns and ensure optimum value and quality of delivery achieved. • To review current telecare/health purchasing and identify future opportunities for improvement	Equipment provision reduces DTOCs and enables people to live in their homes safely for longer. At present it appears that demand outstrips budget, and this needs reviewing.
	5. Falls programme. To provide a robust specialist Falls and Bone Health Service in line with current NICE, DH and NSF Guidelines, and agreed service specification providing high quality, personalised care, as close to home as possible.	*CCG*	Falls Programme expansion business case focusing on prevention and early identification to be agreed	a comprehensive preventative programme providing early prevention, and early identification of those already at high risk will lead to reduced hospitalisation from falls
		CCG	Reduce hospital attendances due to Falls by preventative exercise, nutrition & other community based programmes	
		CCG	Target at-risk patients using GP lists for preventative services	
	6. Domiciliary Care. To implement the Integrated Framework Agreement (IFA) for care at home; to expand use of Domiciliary care to deliver health benefits ('eyes and ears') Lead officer: CCG PM lead: Lucky Hossain; Council BAU: Olufunke Oluwafemi	Council	• Review the quality of specialist care (re-ablement, end of life) to ensure that appropriate services are in place for people at the end of their life. • Continue to work with providers on the framework to improve the quality of services which support people to live safely at home.	Good quality provision of domiciliary care service ensures that people can leave hospital to return home at increasing levels of need. Higher needs levels are being seen in social care with costs rising and 2-hander care packages increasing.
		CCG	Development of 'Captive Audience' programme to achieve health benefits ('eyes and ears' approach)	Will upskill staff to enable wider prevention of healthcare issues such as pressure sores, falls, UTIs
	7. Carers support. To provide support to unpaid carers to enable them to continue meeting their carer's roles for as long as possible. To meet Care Act requirements in this regard.	Council	Review both existing service provision and assessment process and re-commission to meet Care Act requirements and needs of carers in Croydon.	Ensuring adequate support for carers to reduce their reliance on health and social care systems at crisis points. Can mitigate against CHC costs and social care costs, and reduce impact on hospital/care home/dom care/other services

Link to HWB priorities	Commissioning Workstream & Objective (plus Service Area & lead officer)	Commissioned by Council / CCG?	Milestones	Wider Impact/Implications on the H&S Care system
	8. Physical Disabilities & Sensory Impairment commissioning. Review and implement service redesign for physically disabled adults to provide appropriate support solutions that promote and support independence, as an alternative to residential and nursing care.	Council	• Improve outcomes for people with a physical disability by strengthening service performance against agreed specifications. • Renegotiate contracts in terms of service delivery models	Joint commissioning is likely to lead to reduced costs where CHC required, by ensuring that prices paid are equivalent. Could help streamline negotiating processes within agreed rates.
	9. Care Act - Information, Advice & Advocacy. To ensure that the Council's offer on Information, Advice and Advocacy meets the requirements of the Care Act and the needs of local citizens.	Council	• Implement CarePlace, an online directory of care services, linked with NHS Choices to provide guidance on health and social care issues. • Ensure wide-ranging support for access to information such as mobile information bus, library-based volunteer services and other ways for people to access information and advice which are not internet-based.	Links with CCG PSS programme to encourage prevention, self-management and self-care. Reduce reliance on statutory services.
		Joint Council & CCG	Review of current Advocacy commissioning across all areas; re-commissioning where needed	result of care act may be higher demands for this service on both health and social care
	10. Community Resources. To facilitate the prevention of children and adults requiring statutory social care services by strengthening and promoting preventative and community support. To do this the project will (a) facilitate culture change within care management to encourage wider use of community resources; (b) expand the use of Community Navigators to increase participation in community groups, volunteering programmes etc.; (c) promote the use of information and advice, which will be designed to encourage people to self-help; (d) links with existing carers programme.	Council	• Implement a multi-faceted programme to deliver the efficiencies and changes set out in the programme brief. • This programme also supports the CCG QIPP programme to deliver Prevention, Self-Management and Self-Care	Links with CCG PSS programme to encourage prevention, self-management and self-care. Reduce reliance on statutory services.
	11. Contract management - a range of smaller contracts are being managed, including delivery of services to provide: reablement, vision and hearing support, stroke services, OT services, nursing services, interpreting, wheelchairs, meals on wheels and lunch clubs.	*CCG Principally (some Council)*	• Ensure value for money being achieved, and services delivered and monitored • Ensure that there is not duplication of commissioning across organisations	Analysis of contracts across health and social care will lead to improved outcomes for local population and better management of service outcomes.

Link to HWB priorities	Commissioning Workstream & Objective (plus Service Area & lead officer)	Commissioned by Council / CCG?	Milestones	Wider Impact/Implications on the H&S Care system
Strategic Integrated Commissioning Projects				
Integrated care and support for people with long term conditions. Improve patient and service user satisfaction with health and social care services.	**1. Learning Disability Development Fund (Mansell)** Access capital funding from NHS England for the development of an assessment and training service for adults with learning disability and complex needs.	Council / CCG	• Business Case sign off by NHSE • Legal agreements completed and funding transferred to LBC • Design and build contract tender and award via Croydon Capital Delivery Hub • Service specification development and contract award for service delivery	Reduce/eliminate the need for out of area placements. Contribute to Winterbourne requirements. Reduction in overall costs for residential through providing training for supported living.
	2. Autism Development of services for adults with autism across all care pathways in line with the Autism Act 2009 and Statutory Guidance.	Council	• Re-establish Autism Reference Group • Develop and deliver workplan based on the 2015 Autism Self Assessment	Improved diagnostic and care pathways which support adults with Autism and ASD will potentially increase demand. Improved support services available to people with Autism and their carers leading to reduced reliance on statutory services.
	3. Co-location of ICU. The colocation of the ICU in a single shared space to enable fully integrated working across health and social care commissioning.	Council / CCG	• Business case development and sign-off • Identification of space • Agree lease and financial arrangements • Agree and deliver any pre-move construction, ICT and security requirements • Agree move-in timetable including FM input	A fully integrated service which enables joined up commissioning within health and social care both within customer group and across them. Greater opportunity for innovation and creative service development/provision. Improved effectiveness and efficiencies in commissioning, procurement, monitoring and reviewing of contracts and services. Major risks to business effectiveness if colocation is not achieved as soon as possible.
Reduce the number of people seeking job seekers allowance.	**4. Employment Support Services.** Undertake a review of employment support services funded by the council and NHS for people with disabilities, to ensure in line with Strategic priorities & offer good value	Council / CCG	• Review of existing services which are joint funded by NHS and Council	improve the social inclusion of adults with disabilities through the mainstreaming of provision with Universal services. Enable customers to move into, return to or remain in employment. Increase financial activity within the customer group. Studies show positive links between work and good mental health. Increase opportunities for therapeutic work to support recovering and reablement.
	5. Supporting the Voluntary Sector. Oversee the work of the Invest to Save Officer in the delivery of a number of projects which have clear and identifiable benefits to the health and social care economy.	Council / (Potential CCG Opps)	• Develop a voluntary sector funding group consisting of commissioners from the ICU and CCG to appraise funding opportunities and align them with current or potential workplans and desired outcomes.	Improved commissioning and procurement relationship with Vol Sector, council and NHS. Vol Sector aligning to meet shared council and NHS objectives. Increase sustainability of Vol Sector.