#healthyplym

Democratic and Member Support
Chief Executive's Department
Plymouth City Council
Ballard House
Plymouth PL1 3BJ

Please ask for Helen Rickman
T 01752 398444
E helen.rickman@plymouth.gov.uk
www.plymouth.gov.uk/democracy
Published 12 July 2017

HEALTH AND WELLBEING BOARD
TO FOLLOW

Thursday 13 July 2017
10.00 am
Warspite Room, Council House

Members:
Councillor Mrs Bowyer, Chair
Councillors Beer and Tuffin.

Statutory Co-opted Members: Strategic Director for People, NEW Devon Clinical Commissioning Group representatives, Director for Public Health, Healthwatch representative and NHS England.

Non-Statutory Co-opted Members: Representatives of Plymouth Community Homes, Plymouth Community Healthcare, Plymouth NHS Hospitals Trust, Devon Local Pharmaceutical Committee, University of Plymouth, Devon and Cornwall Police, Devon and Cornwall Police and Crime Commissioner and the Voluntary and Community Sector.

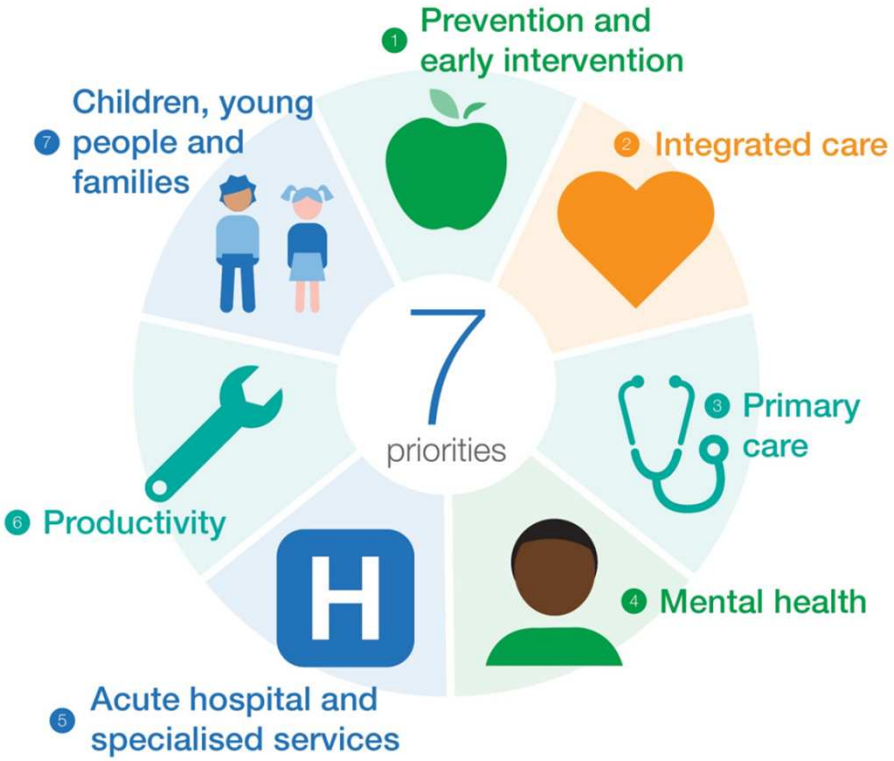
Please find enclosed additional information for your consideration under agenda item numbers 8, 9 and 10.

Tracey Lee
Chief Executive

Health and Wellbeing Board

Shaping Future Care

Acute Services Review
13 July 2017



Summary background

- Case for change driven by:
  - Growth in demand
  - Significant workforce issues
  - Difficulty meeting national service quality standards

- Over 25 clinical workshops to discuss how to resolve
- 100+ clinicians, managers, patient reps involved
- Unprecedented level of partnership working
- Reviewed three priority services and a range of other ‘vulnerable’ services
- Presenting today the clinical recommendations – which is the first stage of the Acute Services Review

What was reviewed?

- The three main service areas under review are as follows:

  - Urgent and emergency care: led by Adrian Harris, Medical Director, RD&E

  - Stroke: led by George Thomson, Medical Director, Northern Devon Healthcare

  - Maternity, paediatrics and neonatal: led by Rob Dyer, Medical Director, Torbay and South Devon

1. Urgent and emergency care

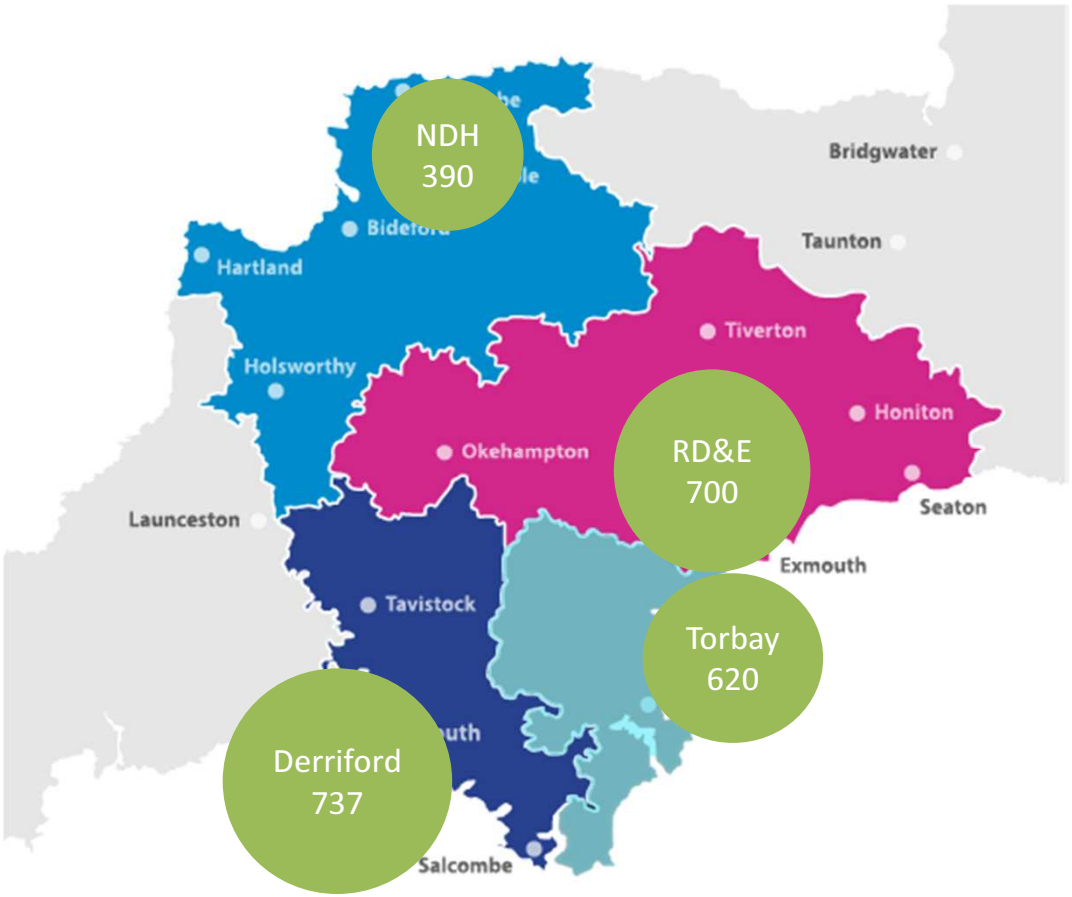
- Proposal to keep 24/7 ED services at all 4 Devon hospitals
- This ensures that key emergency services for the population of Devon continue to operate at our four main hospital locations
- How these urgent and emergency services operate in a sustainable way needs to be enhanced
- In particular how the four sites are better networked with workforce solutions required to ensure that we have enough nurses, other clinical staff and doctors at junior, middle grade and consultant levels to provide safe, reliable care 24 hours a day, 7 days a week

2. Stroke

- We will continue to provide first-line emergency response for people experiencing symptoms of a stroke at all four hospitals. This will include rapid stroke assessment, diagnostics and thrombolysis
- These services will be supported by ‘Acute Stroke Units’ (ASUs) at all four sites, and will ensure rapid intervention and aftercare for those with a stroke
- We will work towards clinical best practice to improve outcomes for stroke patients by developing two specialist ‘Hyperacute Stroke Units’ (HASUs) in Exeter and Plymouth

Levels of hyperacute activity across Devon

Demands and costs of the service



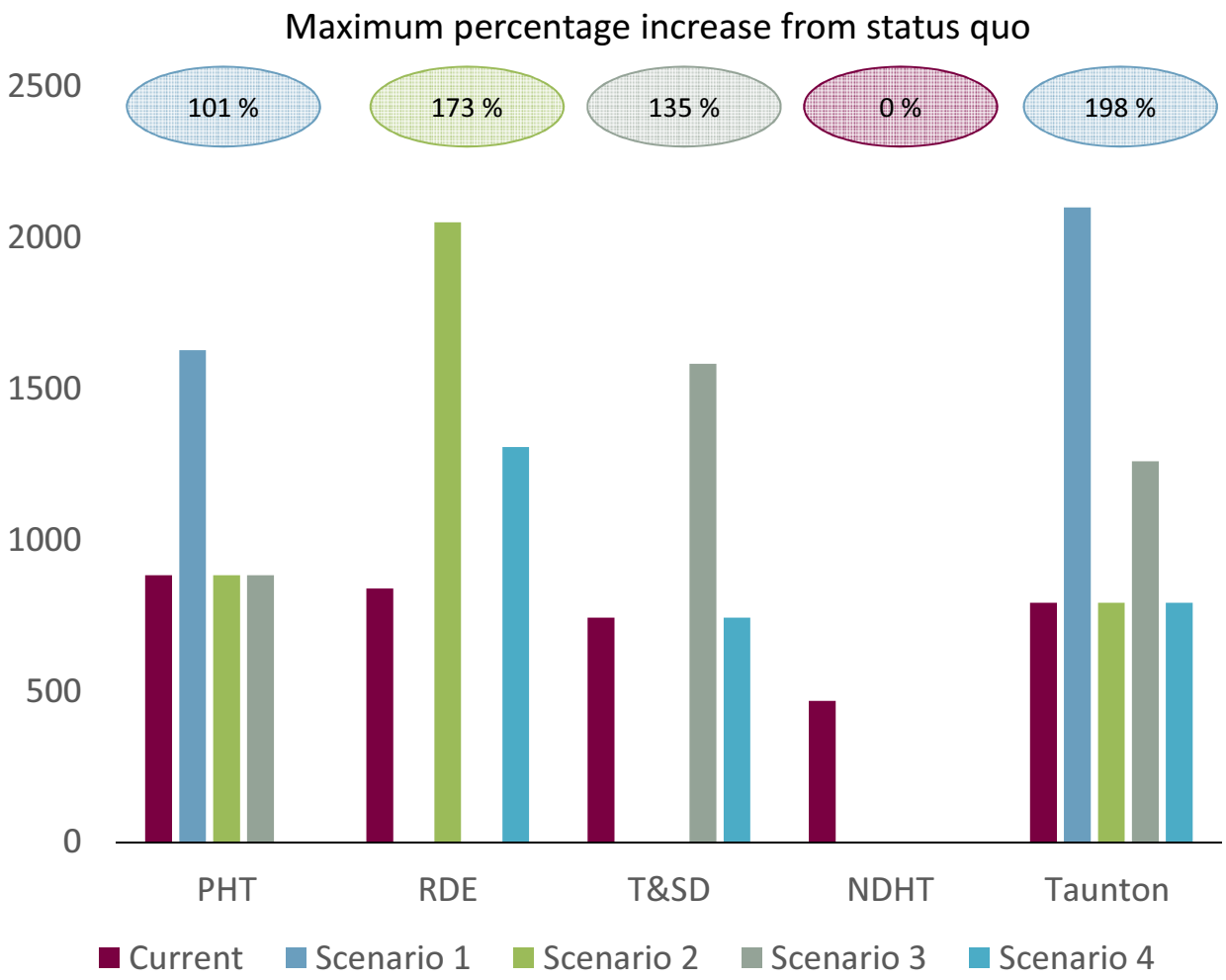
- Across Devon there were 2,450 stroke admissions
- Plymouth Hospitals, the Royal Devon and Exeter and South Devon and Torbay Hospitals see around 2 people per day
- Northern Devon has a lower volume of activity (around 1 per day)

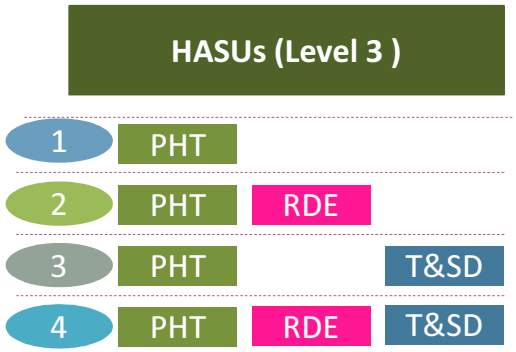
Source: Trust data returns, April 15/March 16, Carnall Farrar Analysis

Stroke: Admissions to HASU, including stroke mimics

Number of stroke admissions to HASU at each trust

Number of admissions (2015/2016)





- Scenario 1: Patients from T&SD go to PHT, patients from RDE and NDHT go to Taunton
- Scenario 2: Patients from T&SD and NDHT go to RDE
- Scenario 3: Patients from RDE go to T&SD, patient from NDHT go to Taunton
- Scenario 4: Patients from NDHT go to RDE

SOURCE: AHSN analysis of DFT data (June 2016), AA routeplanner, November 2015, Carnall Farrar Analysis (2017), Trusts data returns 2015-16

Stroke pathway: Required staffing for 7 day service

	HASU WTE per 5 bed	ASU WTE per 5 bed	Rehabilitation Unit WTE per 5 bed	ESD WTE per 100 referrals
Physiotherapist	1.1 WTE	1.18 WTE	1.18 WTE	1 WTE
Occupational therapist	1.0 WTE	1.18 WTE	1.18 WTE	1 WTE
Speech & Language therapist	0.6 WTE	0.6 WTE	0.6 WTE	0.4 WTE
Dietitian	0.15 WTE	0.1 WTE	0.1 WTE	
Rehab support worker	The split between trained therapist and rehab support workers will depend on the size of unit and the number of assessments needed, the numbers above include trained and untrained			1 WTE
Medcial	2*daily stroke consultant ward rounds	Daily consultant ward rounds	Assess to medical decisions	Assess to GPs and stroke consultant
Nursing	2.9 WTE/Bed	1.35 WTE/Bed	1.35 WTE/Bed (40:60, reg/unreg)	0 – 1.2 WTE
Psychology	It is recommended that psychology staff are based in community stroke services with the ability to in reach to inpatient parts of the stroke pathway as and when required. The BPS has recommended staffing levels of 2 registered psychologists and 1 non registered assistant for populations of 500,000			

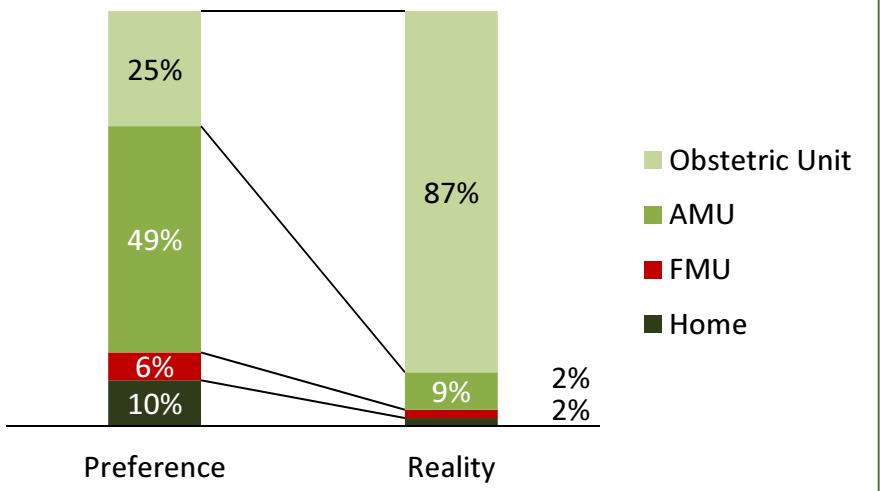
Source: Stroke workshops, Dec 2016/ Jan 2017 RCP stroke 2016 guidelines, Fisher R, Gaynor K, Kerr M & and Walker M. (2010). Stroke Early Supported Discharge Consensus Activity, National Stroke Nursing Forum. (2010), Rhoda Allison, Carnall Farrar Analysis

3. Maternity, paediatrics and neonatal

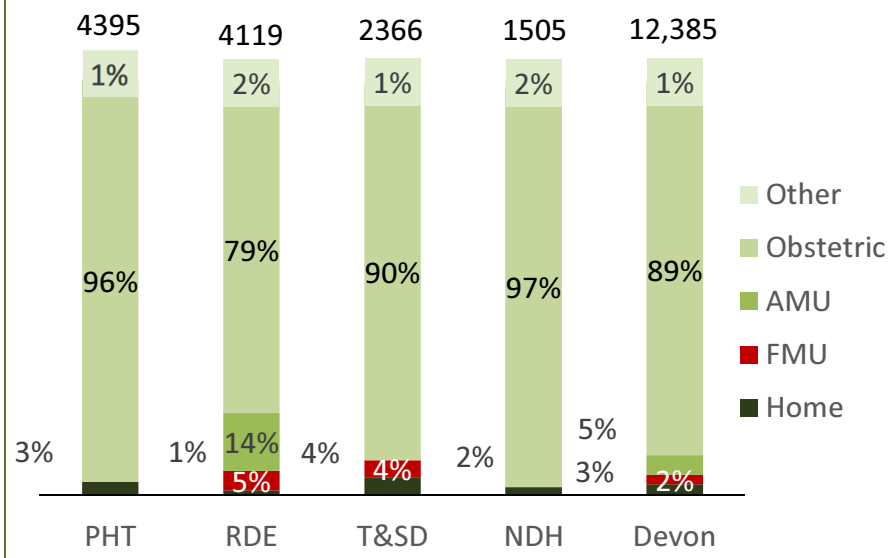
- Retain four sites for maternity, neonatal and paediatric inpatient care
- Doing so in a way that is safe and resilient in and out of hours is a challenge, given our current and predicted workforce constraints
- Maternity:
  - Retain consultant-led maternity services at all four main hospital sites
  - Clinicians have recommended that we adopt the strong evidence base for midwifery-led units co-located with consultant-led units
  - Of the 12,285 births in Devon last year, 89% took place in the main specialist hospital maternity units, with a further 5% at the Alongside Midwifery-led Unit at the Royal Devon & Exeter. Only 2% of births in Devon took place in the four standalone midwife-led units, with 4% of births supported at home or in other settings

Clinicians indicated a preference for alongside midwifery-led units (AMUs)

Nationally indicated birth place preferences and reality



Place of birth, Devon



- Standalone midwifery-led units are deemed a safe option to provide service and choice for multiparous, low-risk mothers. Alongside units are preferred through evidence of improved safety and uptake by women.
- Throughout the workshops it became clear that patient choice about place of birth is of great importance it was however also agreed, that choice should always be second to patient safety
- If a four site option is adopted, all four providers should offer giving birth at an alongside midwifery led unit (AMU)
- The option for a standalone MLU in North Devon without NDDH obstetric support has been ruled out due to travel times to the nearest providers and due to the expected negative impact on workforce
- The extensive travel times from North Devon to an alternative provider would also mean that home births would no longer be possible if the obstetric service was to be stopped. Therefore, no one would be able to give birth in North Devon, which makes the option unviable.

SOURCE: King's Fund (2014), *Reconfiguring maternity services;* Better Births (2016), South West Maternity Dashboard (2016)

3. Maternity, paediatrics and neonatal

- Retaining neonatal services at all four main hospital sites is also recommended, further developing the networking arrangement between neonatal services across Devon – move to ANNP staffing model
- Propose to expand ambulatory paediatric assessment units, which provide a responsive alternative to hospital admission, and will provide the necessary number of inpatient beds on all four hospital sites
- Review paediatric surgery across devon
- Address the requirement for CAMHs admissions to acute beds

Vulnerable services

- Histopathology: accessed through local hospital, reported through 2 or 3 new specialist digital labs
- ENT: Services will be delivered in all 4 acute hospitals in Devon with comprehensive services being retained in Torbay, Exeter and Plymouth hospitals and a satellite service in North Devon building on the successful partnership between the Royal Devon & Exeter and North Devon District
- Neurology: Devon-wide referrals and networked delivery
- Other reviews still underway (breast surgery, dermatology interventional cardiology, interventional radiology, vascular)

Next steps

- Modelling clinical and financial sustainability
- Detail for workforce and networking solutions
- Recommendations to CCG Governing Bodies and Trust Boards
- Informing wider staff, stakeholders and public
- Consultation - where significant change proposed

This page is intentionally left blank

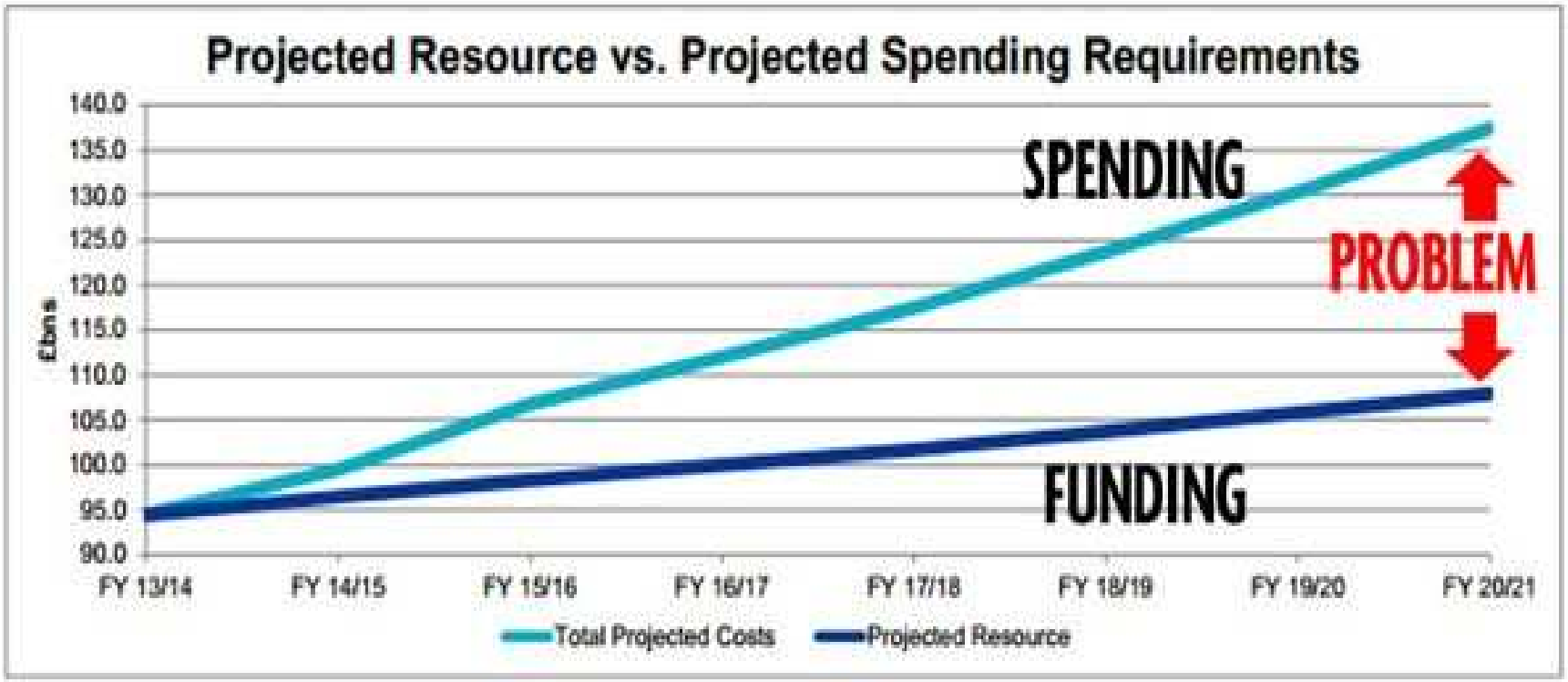

Shaping Future Care
A Sustainability and Transformation Plan (STP)
for Devon

Context

- We are all proud of the NHS
- However, the service is facing a number of significant challenges
- Therefore, we have to change to ensure we are fit for the future
- Devon has developed a Sustainability and Transformation Plan (STP)
- Ours is one of 44 plans in England

HEALTH FUNDING VS HEALTH SPENDING IN THE NEXT 10 YEARS

The funding gap is projected to be around £30bn by 2020/21.



1 in 3 people live with one or more long-term conditions. Health and social care services must better support their needs

2 in 3 people would prefer to **die at home** but only **1 in 4** are able to do so

There is a **15 years' difference in life expectancy** between some areas

We face a **deficit of more than £550m by 2020/21**, if nothing changes

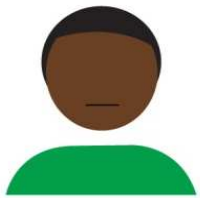
Difficulties in recruiting and retaining staff make it hard to provide comprehensive and high-quality services. **1 in 4 GPs plan to leave the NHS in the next five years**

600 people in hospital beds don't need to be there. This can cause health to decline

Care home sector is struggling to meet **increasing demand** and **complexity** of need

Stroke, maternity, A&E and **children's services are unsustainable** without changes

Less money is spent on health and social care in the **most deprived areas**



Over 95,000 people with a long-term condition have a mental illness. We spend a great deal of money on their care, but they often achieve poor outcomes. They deserve better

All organisations in Devon are signed up to the **STP**…

NHS Devon Partnership NHS Trust

NHS Royal Devon and Exeter NHS Foundation Trust

Devon County Council

NHS Northern Devon Healthcare NHS Trust

NHS South Devon and Torbay Clinical Commissioning Group

Livewell Southwest

NHS Northern, Eastern and Western Devon Clinical Commissioning Group

NHS Torbay and South Devon NHS Foundation Trust

Torbay Council

NHS Plymouth Hospitals NHS Trust

NHS South Western Ambulance Service NHS Foundation Trust

Plymouth City Council

What the STP will do…

- It will test current thinking
- It will help us shape how health and care services need to change to meet the future
- The STP has a clear vision, and three areas of focus
- Work taken forward in seven priority areas

Aims of the STP

We will focus everything we do on:

Improving **health** and **wellbeing**

Delivering **safe** and **high-quality care**

Providing **cost-effective care**

Health and wellbeing	Care quality	Financial sustainability
Needs of ageing and growing population	Variability of quality in different areas	'Do nothing' means a £557 million gap by 2020/21
Rising demands on the care system	Mental health as important as physical health	Huge impact across our services
Health inequalities across Devon	The best bed is your own bed	Fair resource allocation

Financial stability: STP addresses need for Devon to live within its means

- Devon 2017/18 opening deficit position against control total is £229 million – 15% of turnover
- Our STP plan, submitted in Dec 2016, moves Devon system to financial balance over a 3 year period:
  - Year 1 (2017/18): Planned deficit of **£78 million**
  - Year 2 (2018/19): Planned deficit of **£36 million**
  - Year 3 (2019/20): **Breakeven**
- We have been asked to accelerate these plans
- Delivery requires large scale service redesign and change


1 Prevention and early intervention
2 Integrated care
3 Primary care
4 Mental health
5 Acute hospital and specialised services
6 Productivity
7 Children, young people and families
7
priorities

Strong progress in working as a system

- First year as STP has seen great progress and achievement
- System working has led to:
  - Real progress in tackling the money, with in-year savings of £66 million. Year-end system deficit was £80 million
  - Improvements to service performance, notably urgent referrals for cancer treatment within two-weeks, psychological therapies for mental health, and improvements to A&E despite huge pressures
  - Reduction in elective activity, with routine referrals down by 3.4%
  - Two major public consultations on new models of care
- More change to come, such as focus on accountable care systems and working in more integrated ways
- Further challenges on ensuring Devon lives within its means

Strong progress in working locally; Plymouth and Western

- Leadership team of Taking Change Forward – linking STP and its application for our local system, including the four integrated commissioning strategies
- Plymouth and Western delivery Board – focusing on development and delivery for the wider footprint
- Integrated health and wellbeing commissioning budget
- Livewell Southwest – an integrated community, mental health and social care provider
- Commitment to an integrated urgent care system through the local A&E Improvement Board
- Plymouth Hospitals NHS Trust – Peninsula provider of specialist services and committed to the health and well being priorities of staff and local population
- Livewell and PHNT working together with Primary care
- Commitment to our local communities and improving Health and Well Being

Development of Accountable Care Systems

July 2017

What are Accountable Care Systems?

- The development of Accountable Care Systems are part of a national approach, led by NHS England. According to its Chief Executive, Simon Stevens: “We are embarking on the biggest national move to integrating care of any major western country.”
- **Accountable Care System. An ‘evolved’ version of an STP that is working as a locally integrated health system.** They are systems in which NHS organisations (both commissioners and providers), often in partnership with local authorities, choose to take on clear collective responsibility for resources and population health. They provide joined up, better coordinated care.

What are Accountable Care Systems? (2)

- **Accountable Care Organisation-** This is where the commissioners in that area have a contract with a single organisation for the great majority of health and care services and for population health in the area
- An ACO brings together a number of providers to take responsibility for the cost and quality of care for a defined population within an agreed budget. ACOs take many different forms ranging from fully integrated systems to looser alliances and networks of hospitals, medical groups and other providers. (Kings Fund)

Why Accountable Care Systems?

- Despite significant progress we still face performance, financial, workforce and system challenges.
- The move will greatly enhance how health and social care services are delivered to those living in our communities – and reduce the administration involved in managing these services.
- For those receiving primary, secondary or social care, the move will result in services that are far more joined up, less confusing and better coordinated.
- Through greater whole system working Accountable Care systems can more effectively provide placed based integrated care

The Approach in Devon

- Partners across Devon are planning to develop ‘Accountable Care Systems’ as part of plans to better integrate health and wellbeing services.
- The work to date is at an early stage, although partners have already agreed several key elements that will be developed:
  - A single strategic commissioner: a single organisation responsible for resource distribution, setting strategic direction and planning.
  - A number (yet to be defined/agreed) of Accountable Care Systems within the Devon footprint, with responsibility and accountability for local populations.
  - An Accountable Care System for mental health services.
- Partners have agreed to establish five streams of work to look at the options in more detail. Plans will be shared with regulators and key stakeholders later this month

Considerations for the Board

- Does the development of Accountable Care Systems support the HWB Vision of an Integrated System of Wellbeing?

- What is the Board's role in the development of an Accountable Care System?