



Talking to you about local care



Introduction

Laura Nicholas
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What is the 'Success Regime'?

- North, East and West Devon have been put into the Success Regime (SR), along with two other areas in the country (Cumbria and Essex).
- This is enabling a particularly challenging set of local issues to be tackled, led by a strong clinical case, to deliver services that are of a consistent high quality and are clinically and financially sustainable in the longer term.
- The SR has been working collaboratively as one system, with a new leadership and governance framework to design and deliver a transformed sustainable financial and clinical health and care system.
- There are three phases of work:
 - Phase 1: diagnostic phase to understand the issues
 - Phase 2: design & discussion of possible options for change, inc. any consultation
 - Phase 3: implement changes to services

PLACEHOLDER FOR VIDEO

Drivers of the north, east and west Devon challenge

Continuing Health Care

- Continuing care spending is c. 50% higher than areas with a similar population elsewhere in England
- High levels of community services spending compared to peers

Bed based care

- Every day 500 people are in a hospital bed awaiting discharge
- 40% of all acute bed days are occupied by patients aged 70+ with stays in excess of 10 days
- For patients in community beds long lengths of stay for elderly patients are an even bigger issue (in Northern Devon 86% of beddays are for 70 years olds staying 10 days or more)

Elective care

- 12% more patients are referred to hospitals in Devon this is higher activity than similar populations elsewhere - top quartile
- High levels of variation at practice level (77% between top and bottom decile)
- Activity in Eastern locality is higher than expected for almost every age group and higher than other parts of Devon

Acute standards

- National standards for acute care where are not fully met in all our hospitals
- Less than 65% of the standards are being met for stroke, emergency medicine and older persons care in each of the three Trusts

Productivity

- Trust level productivity analysis suggests opportunities across staffing, procurement and agency spend, totalling between 6% and 21% (of operating costs) compared to the 'best' Trust in each peer group

Unequal spending

- The total CCG commissioner spend per capita is highest in Eastern Devon (£1,333), closely followed by Northern Devon (£1,322); spending in Western Devon per capita is noticeably lower (£1,162)

The twenty transformation opportunities identified by senior clinicians and managers

<p>1</p> <p>Prevention</p>	<ul style="list-style-type: none"> A. Healthy start for children B. Supporting vulnerable children C. Living well for adults D. Ageing well
<p>2</p> <p>Excellent care</p>	<ul style="list-style-type: none"> A. Proactive care and support planning in primary care with access to specialist opinion B. Reducing the reliance on bed based care in all settings C. New models of care for people with dementia D. Optimise elective care pathway E. End of life pathways F. Better care for mental health patients who also have one or more long term condition G. Optimise spending on continuing care
<p>3</p> <p>Productivity</p>	<ul style="list-style-type: none"> A. Optimising the use of clinical and non-clinical staff B. Reduce agency spend C. Improved procurement D. Optimising the use of estate
<p>4</p> <p>Optimising service configuration</p>	<ul style="list-style-type: none"> A. Delivering high quality, accessible emergency services (stroke, CVD, heart attacks) and urgent care services B. Maternity and paediatric inpatient services C. Reconfiguration of elective care D. Improving the cancer pathway E. Consolidation of specialised services



Some of these opportunities build on work already under way in Devon and these activities will need to be brought together in an appropriate way

Next steps

- As a whole system, we will jointly develop our Sustainability & Transformation Plan (STP) for the NEW Devon and South Devon & Torbay footprint – with DCC PCC & Torbay Council- by the end June 16
- The five opportunities prioritised to deliver benefit in 2016/17 (the first year of our STP) will be delivered
- Phase 2 takes the opportunities identified in phase 1 and develops options for change; the first part of this looks at the future delivery of care, where this care could take place and identifies a sensible list of options for further work
- Some of the changes identified could require consultation. Our current thinking is that where consultation is required, this could begin late summer/early autumn. Changes to services could happen as early as March 2017 – but there is much to do before then
- This phase of work needs to engage people and patients appropriately, and running a process that meets the many requirements for making substantial change in the NHS.

One system one plan one approach

- Key Issues

- North east and western Devon health and social care system is living beyond its means
- Care is not integrated with siloed working and duplication
- Some services are not meeting national standards
- Recruiting and retaining staff is an increasing problem and
- Some service are vulnerable and unlikely to be clinically sustainable in the future

- Key Action areas

The 5 NHS organisations in north east and west Devon are working together to deliver a single programme of work. During 2016/17 the focus of our work will secure improvements in the following areas:

- Bed based care
- Elective care
- Continuing care
- Procurement
- Agency spend

What

The 'I' statements

Laura Nicholas
Programme Director, Success Regime

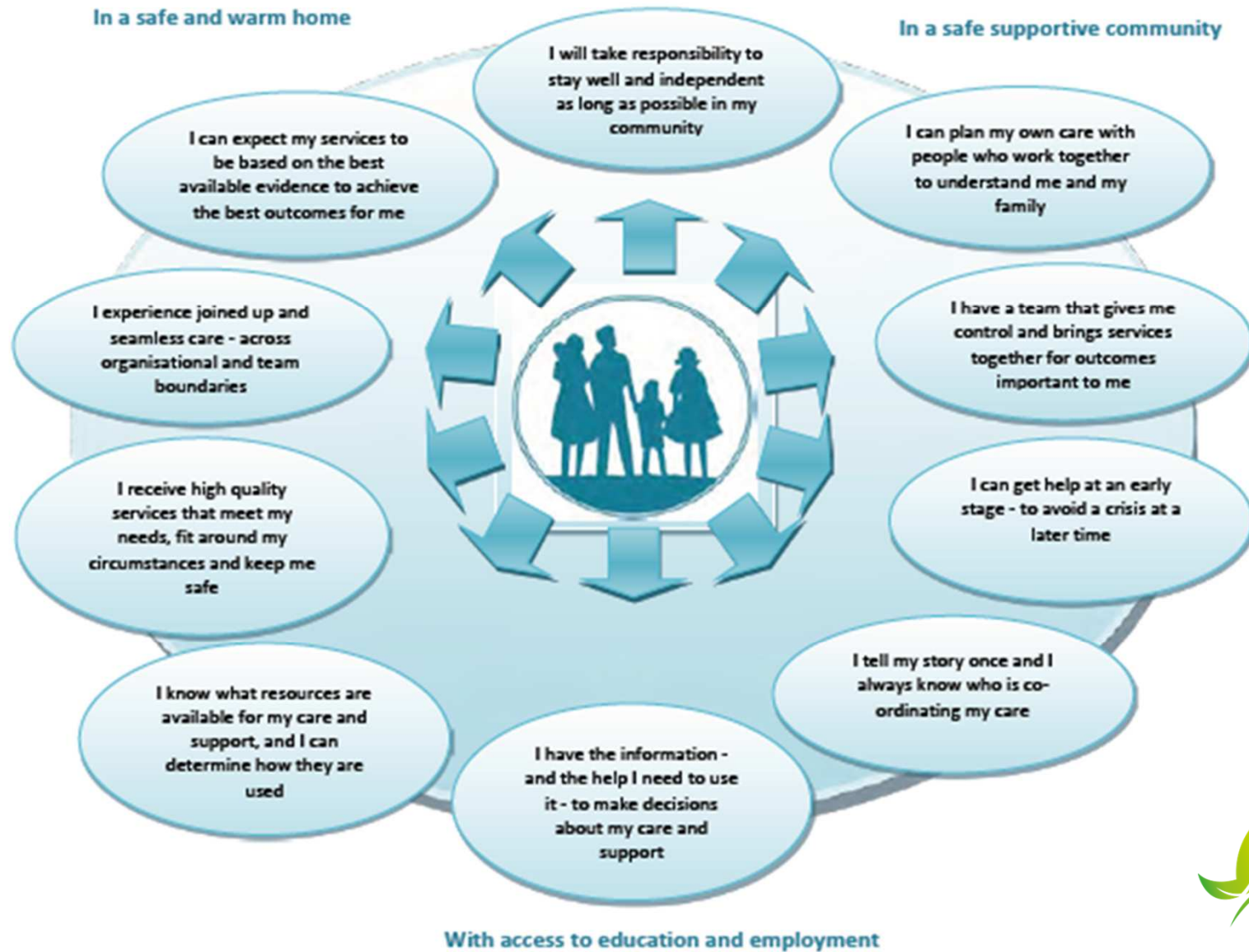
Developing the 'I' statements

- Process for public engagement – launched 2013 with the TCS programme
- Feedback collected and stakeholder reference group set up to develop a set of 10 principles that would underpin future community services commissioning

1. **Integrated and seamless delivery**
2. **Clear pathways and access**
3. **Consistent outcomes**
4. **Evidence based foundations**
5. **Individuals and carers at the centre**
6. **Personalised and localised models**
7. **Honest and open relationships**
8. **Care that reflects health needs**
9. **Sustainable, agile and flexible responses**
10. **Shifts resources and innovates**

- Principles were developed in to 'I' statements, approved by CCG Governing Body and Health and Wellbeing Boards

Developing the 'I' statements



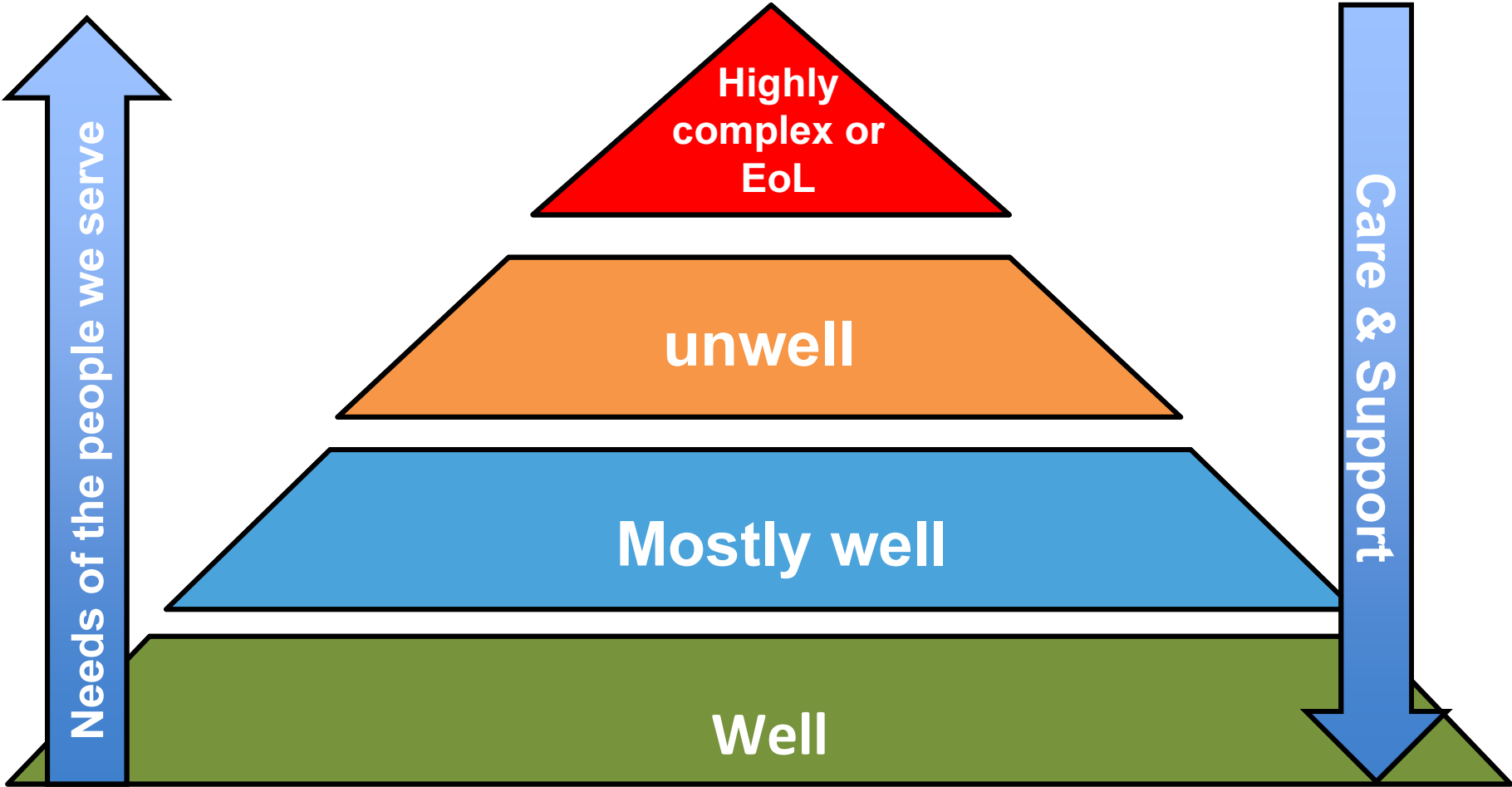
Our clinical vision will mean that people, patients and staff across Devon will see

- Care that is more person-centred and co-ordinated for people with more than one long term condition
- New services, provided as close to home as possible
- Fewer people remaining in hospital beds who don't need to be there
- Services provided in the most appropriate place, allowing for the highest quality care which meets standards
- Services run more efficiently across North, East and West Devon

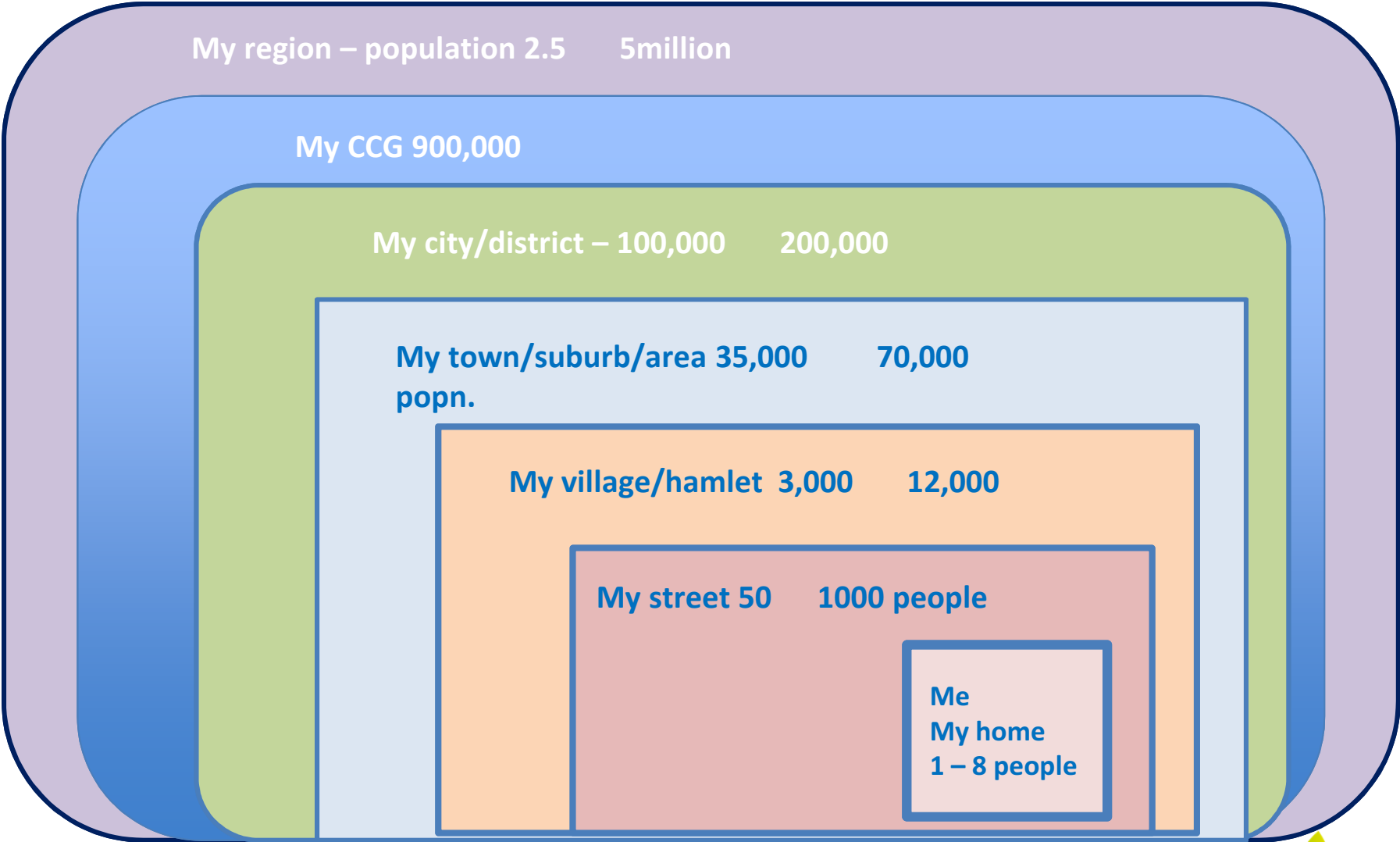
Our vision for transformed care

- From patients to.... people
- From care settings to... places and communities
- From organisations to... networks of care & support
- From what's the matter with you? to...what matters to you?
- From illness management to... Wellness support

We will develop a new model of care focused on meeting the needs of whole people, not specific conditions



And we need to plan care delivery in a way that makes sense for people in their communities and for the health & social care organisations in Devon



Thank you. Your questions please.

