The NEW Devon Success Regime

Plymouth Health & Wellbeing Board
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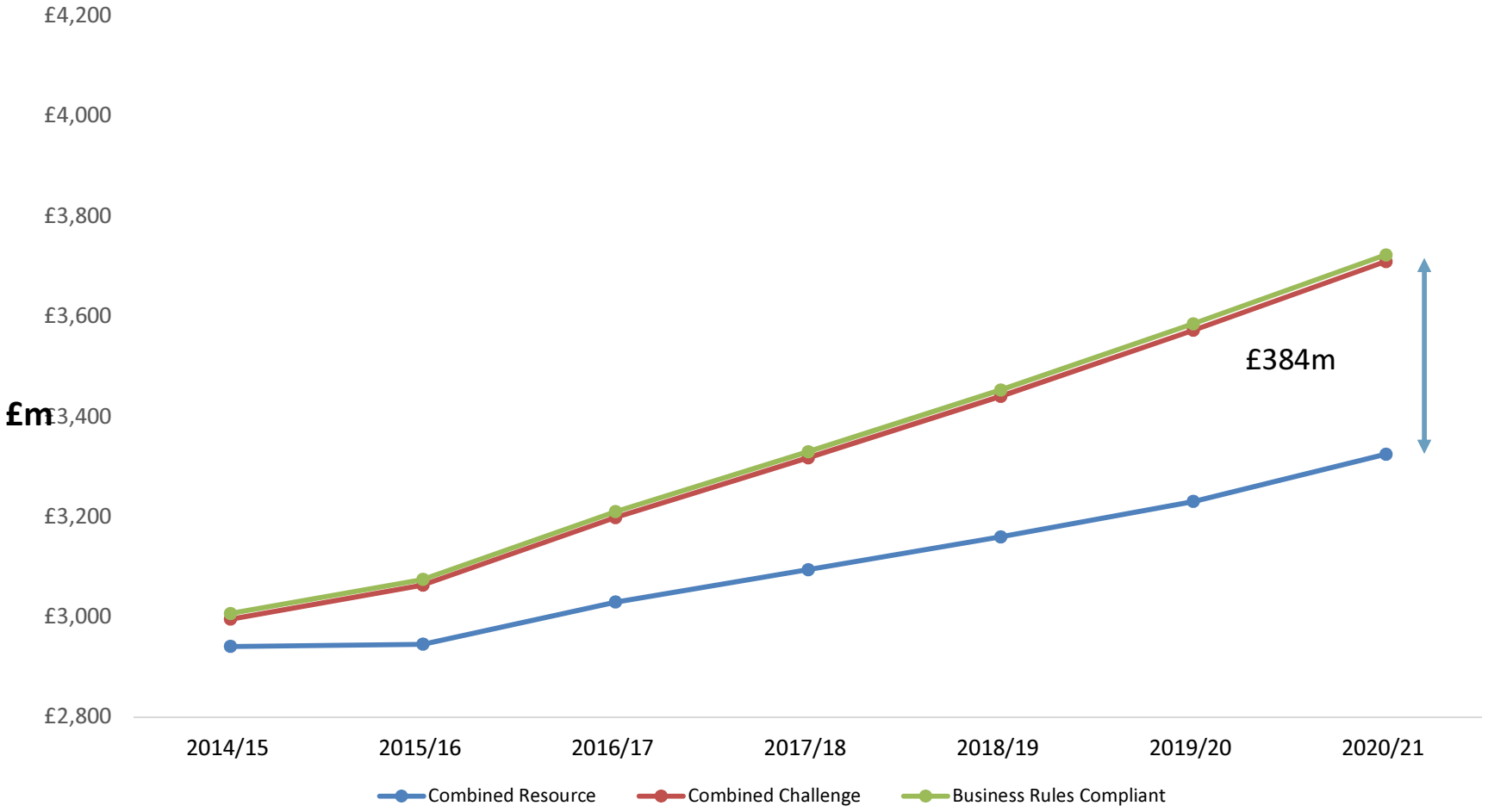
The cumulative challenge for NEW Devon is now calculated at £384m, or £399m to meet business rules

A combined system-wide challenge of £384m is forecast by 2020/21



When the RAB effect is included, the total challenge amounts to £744m.

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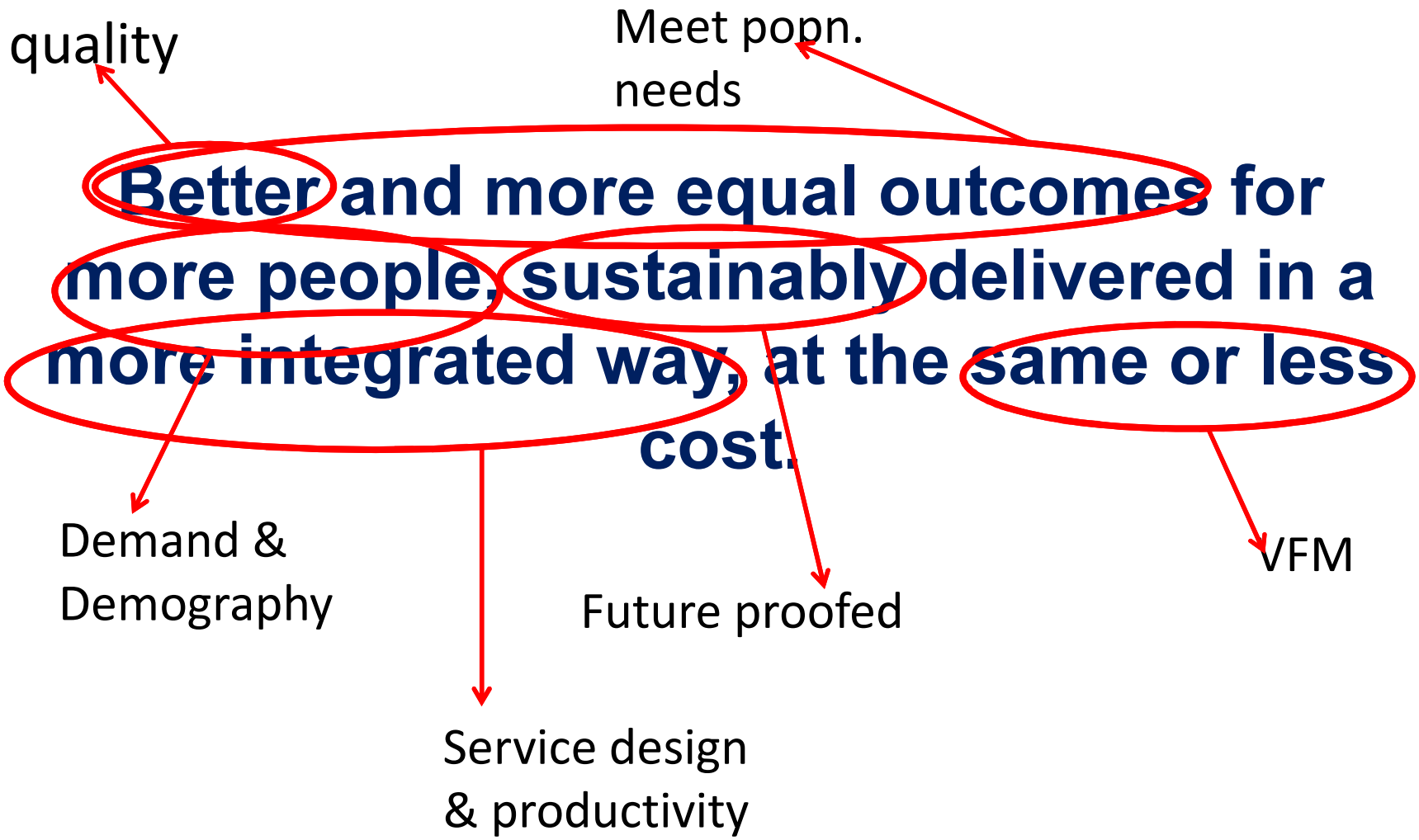
What is the ‘Success Regime’?

- 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

Your future care

The Task in Devon



HEALTHY PEOPLE
living healthy lives in healthy communities

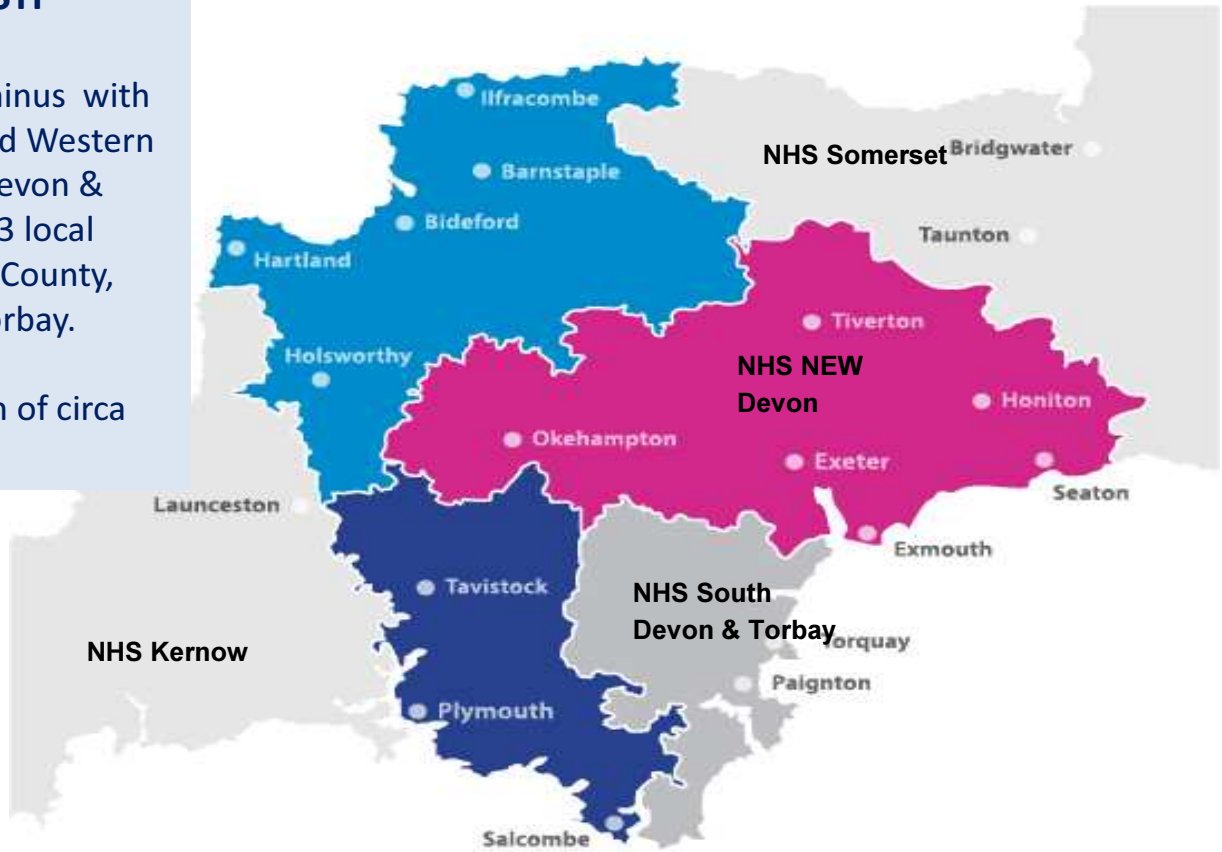
NHS
Northern, Eastern and Western Devon Clinical Commissioning Group

NHS
South Devon and Torbay Clinical Commissioning Group

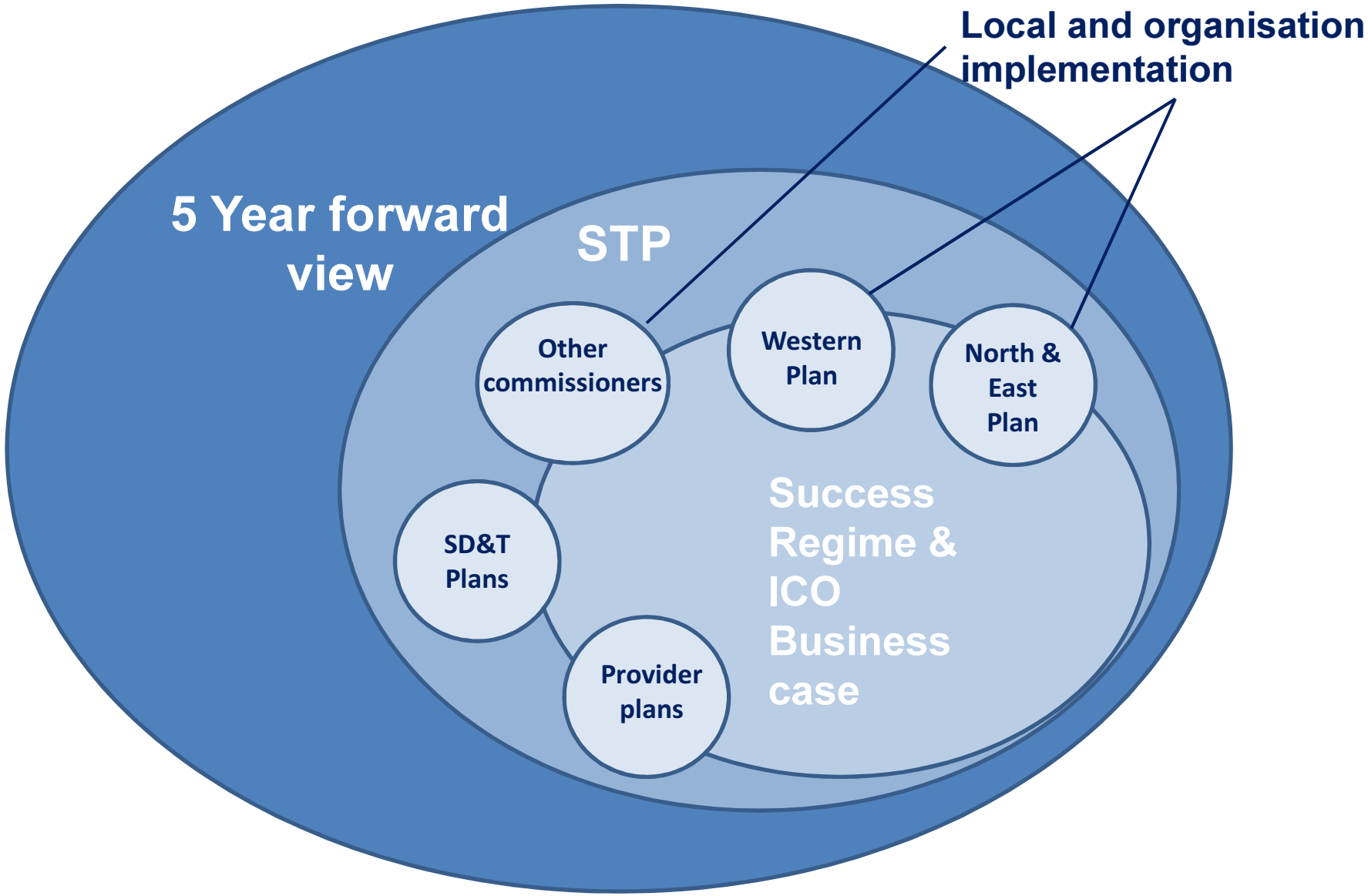
Wider Devon STP Footprint

The wider Devon STP footprint
covers and is co-terminus with Northern, Eastern and Western Devon CCG , South Devon & Torbay CCG, and the 3 local authorities of Devon County, Plymouth City and Torbay.

It covers a population of circa 1.2m people



Translating the five year forward view into local plans



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)

Health and wellbeing opportunities are based on our understanding of targeted population segments

Health and care segmentation 2014/15

Population, k | Total spend, £m | Spend per head

	Mostly Healthy	Chronic conditions	SEMI	Dementia	Cancer	High needs	
Children 0-16	Mostly healthy children 550 128.9 70.9	Children with chronic conditions 1,384 13.0 18.0	Children with SEMI 3,815 1.2 4.5	- - -	Children with cancer 11,199 0.1 1.2	Children with PD/LD[1] 11,526 2.3 26.0	Vulnerable children 22,922 2.9 66.8
Adults 16-69	Mostly healthy adults 569 372.6 212.1	Adults with chronic conditions 1,379 194.4 268.0	Adults with SEMI 7,052 7.8 55.1	Adults with dementia 6,539 0.4 2.8	Adults with cancer 2,764 18.8 51.9	Adults with phys. disability 12,422 3.1 38.9	Adults with learn. disability 29,767 2.7 80.9
Elderly 70+	Mostly healthy elderly 1,679 15.4 25.8	Elderly with chronic conditions 3,193 74.1 236.,7	Elderly with SEMI 13,465 1.0 13.5	Elderly with dementia 15,264 5.6 84.7	Elderly with cancer 4,089 20.7 84.5	Elderly with phys. disability 18,595 12.2 226.8	Elderly with learn. disability 32,717 0.30 9.8

Source: Monitor Ready Reckoner, Carnall Farrar analysis

1. Children with LD/PD figure does not include spend on education

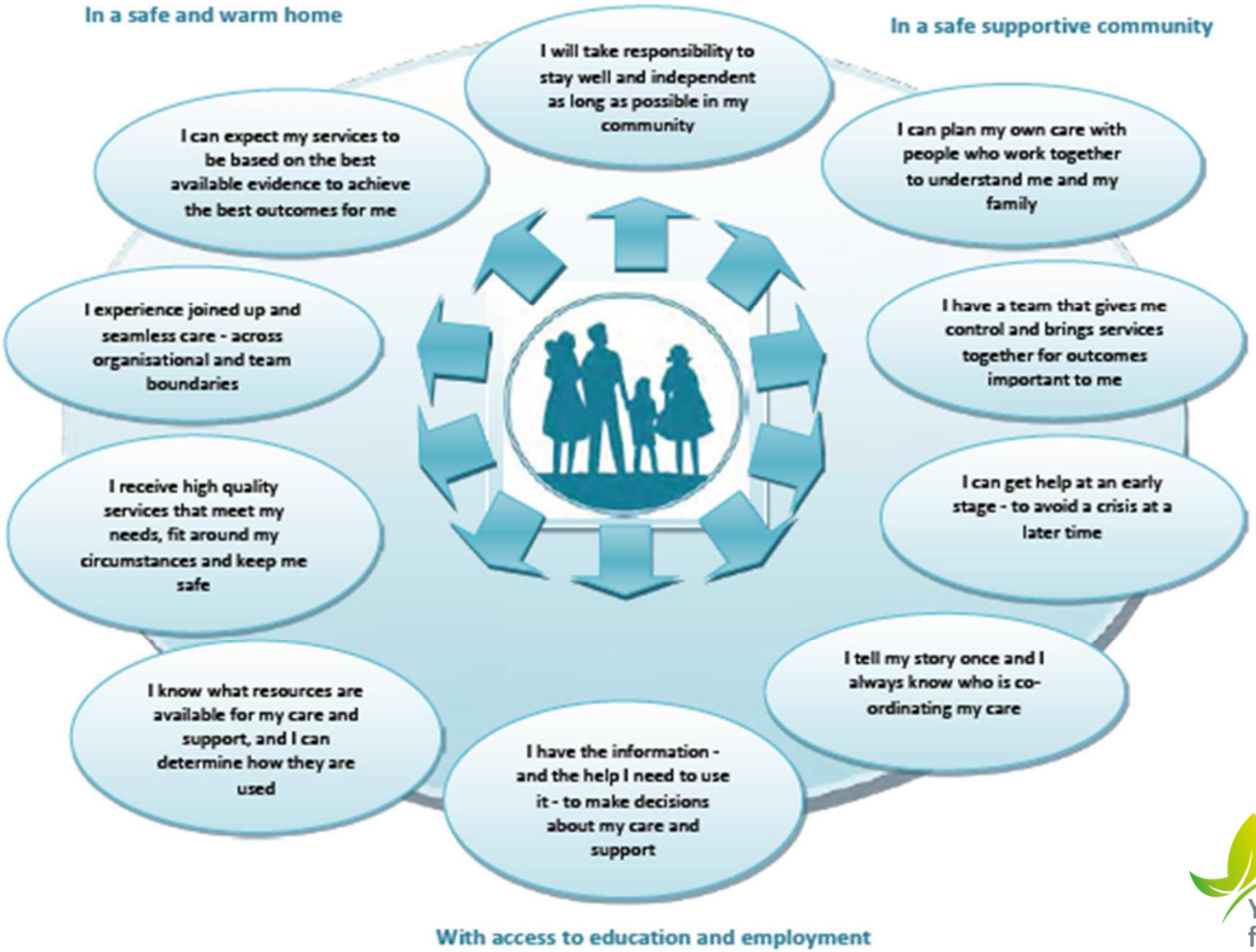
20 segmented analysis improvement opportunities have been identified to address the health and wellbeing gaps and public health and JSNA priorities (We are updating this to include South Devon & Torbay – it is unlikely to change the key findings)

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

Your future care

Developing the ‘I’ statements



Your future care

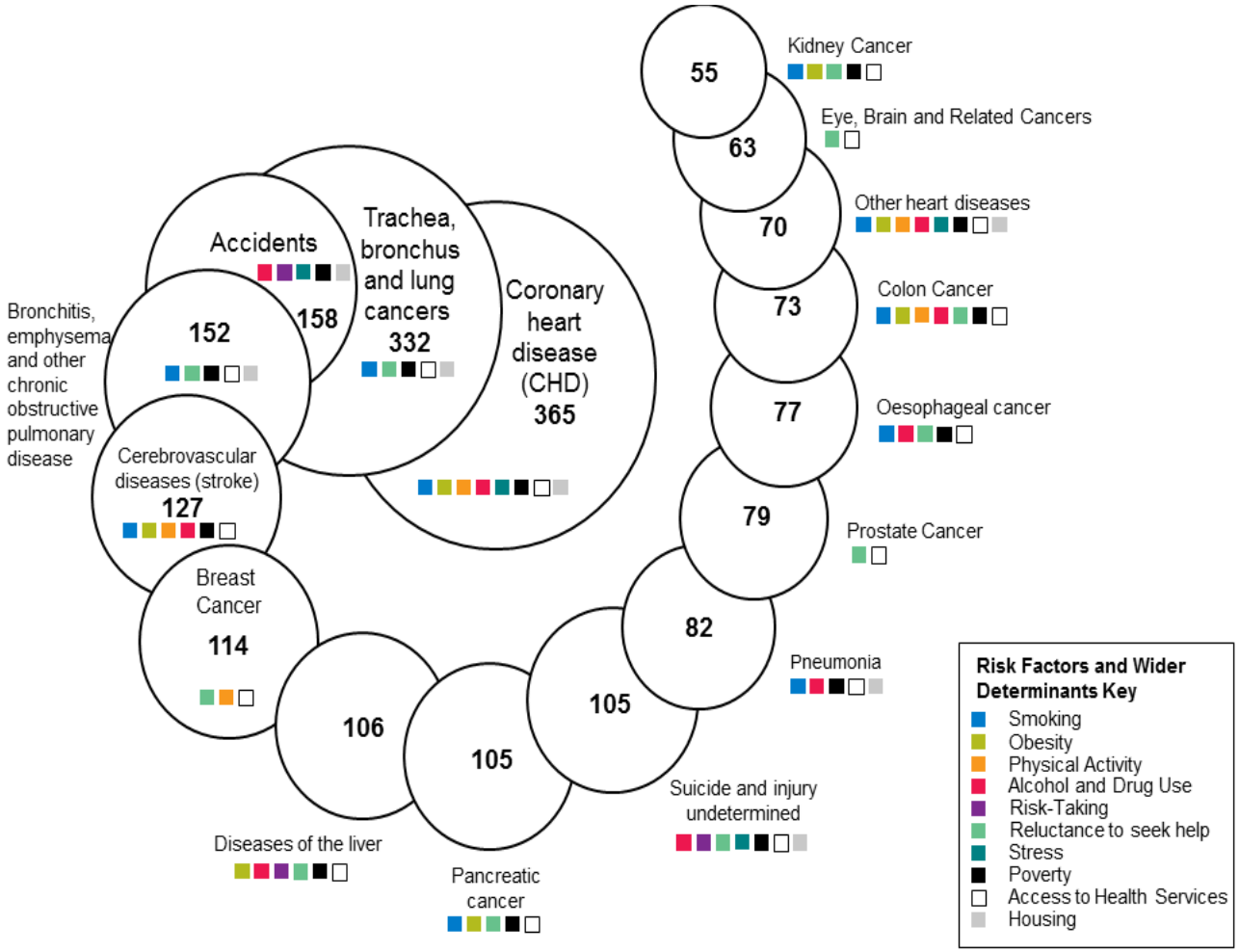
Our clinical vision will mean that people, patients and staff across Devon will see

- 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

Your future care

Prevention agenda

Causes of death in under 75s by main cause and risk factor – 3,411 Deaths (2014)



Delivered through the new care model, We will bring renewed focus on prevention. Immediate priorities:

- smoking cessation
- alcohol control
- Healthy eating,
- moving more
- social connectedness and combatting loneliness
- mental health gap as well
- addressing wider social economic, environmental and cultural factors.

Interventions for transforming care

Prevention and early intervention	• Healthy start for children – Promoting healthy lifestyles • Supporting vulnerable children and families - targeting early support for the most deprived and in need • Living well – promoting healthier lifestyles to support mental and physical well being and intervening earlier when needed • Ageing well – supporting people to live independently and rehabilitating after illness • Proactive care and support planning linking risk stratification to Experion data
Excellent Care	Develop new models of care to: • Support sustainable primary care at scale • Support people with dementia and multiple comorbidities • Secure equality of access for populations and optimise elective pathways for all mental and physical health care • Reduce reliance on bed based care – reducing length of stay and system failure emergency admissions • Providing better access to a full range of services locally for patients who experience mental ill health and reducing out of area placements; providing for the mental health needs of patients during physical illness and in the management of their long term conditions • Enable people to die in their place of choice • Provide fair and equitable access to continuing health care and reduce spend • Exploit the gains from research and the application of personalise medicine associated with the genomics

Service Configuration	Delivery of the new models of care and securing clinical and financial sustainability will require some reconfiguration of services the priority changes are:
	• Securing sustainable & accessible:
	  • emergency services and urgent care services (delivering the urgent & emergency care review)
	  • maternity obstetric and paediatric inpatient services
	  • smaller specialist services eg vascular & ENT surgery
	  • cancer pathways to improve prevention and survival rates
	  •
	• Reduce system bed numbers by circa 500 `(check number to incorporate SD&T) by 20/21- this will be a combination of community hospitals and acute beds
	• Improving cancer pathways to improve prevention and survival rates

Effectiveness & Productivity	Through collaborative effort and the application of evidence based best practice ensure provider productivity(Carter) and clinically effective care (NICE) is secured. Dealing with potential increases in costs through improved models of care and management of demand

Translating opportunities into priorities for action

1 Prevention and early intervention	Health promotion and disease prevention need to be a common element of all services, helping to optimise health and decrease the long term burden of disease. Maximisation of social capital and building healthy communities to develop a multiagency risk stratified prevention plan which will be supported by new models of care. Exploring the use of Experion data to target preventive interventions at an earlier point
2 Bridging the financial gap	Delivery of the actions required and the supporting financial plan will secure system financial balance by 2021.
3 New models of care	Transformation of provision will significantly change where health and care is delivered in the future. Greater integration across health and social care will mean that more care will be delivered closer to peoples' homes, preventing avoidable admissions and clinically unnecessary long stays in hospital. Bed-based activity will decrease and fewer beds will be needed in acute hospitals or community hospitals. This will require a recurrent investment in integrated services of around £60m to deliver new models of care and will reduce unnecessary recurrent costs by £180m. Ensuring that integrated care services are connected to local communities and meeting the needs of the people they serve, is fundamental to their success.
4 Mental Health	A shared cross Devon plan for Mental Health which supports transformative new models of delivering care, promotes mental health and wellbeing and is ambitious in improving outcomes, addressing inequalities and achieving national standards
5 Primary Care	Primary care will be a key and integral part of the emergent new model of care. The footprint will learn from experience of developing strategy in SD+T to produce a NEW Devon primary care strategy.
6 Acute and specialist care	Secure a system of clinically sustainable mental health, acute and specialist services to ensure that the population is served with safe, sustainable, quality services which meet national standards. The initial focus will be on services which are most "at risk" in terms of sustainability. For more specialised services wider Devon will work closely with the Somerset and Cornwall STP footprints
7 Children	Targeted plans around addressing the key issues in health and social care for children and families especially children's emotional health and wellbeing and early help offer

Developing a new model of care

Over the next year, further work will take place in four phases

	May 2016	June 2016	July 2016	Aug 2016	Sept 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017
	Phase 2B			Phase 2C			Phase 2D		Phase 3		
1 **In year (16/17)**	• 16/17 implementation • System accountability framework			• In-year monitoring of progress against plans • Remedial action to address any shortfall					• Update financial forecast • 2017/18 implementation planning		
2 **Transform-ation**	• Develop clinical strategy • Model enablers • Finalise proposals			• Develop business case • Financial analysis • Review enablers			• Refine business case		• Implementation plans		
3 **Consulta-tion**	• Evaluation criteria • Model options • Pre-consultation business case			• Consultation period led by comms and engagement			• Decision making business case		• Implementation plans • Options for future consultations		

One system one plan one approach – delivering in 2016/17

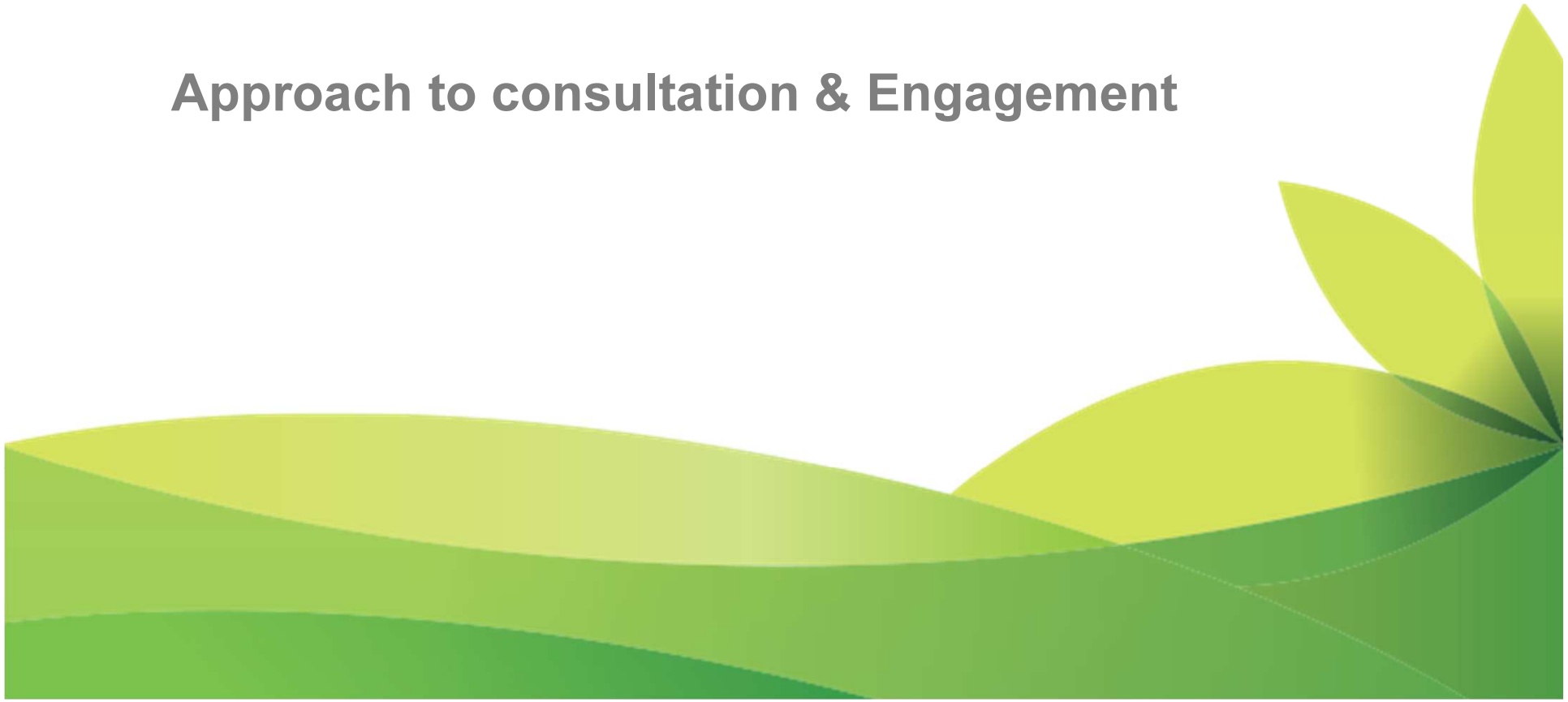
- Key Issues
  - North east and western Devon health and social care system is living beyond its means
  - Care is not integrated with siloed working and duplication
  - Some services are not meeting national standards
  - Recruiting and retaining staff is an increasing problem and
  - Some service are 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

Your future care

Talking to you about local care

Approach to consultation & Engagement



Transformation planning timeline for 2016/17