Wider Devon Sustainability & Transformation Plan and NEW Devon Success Regime Update and proposals for public consultation

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HEALTHY PEOPLE
living healthy lives in healthy communities

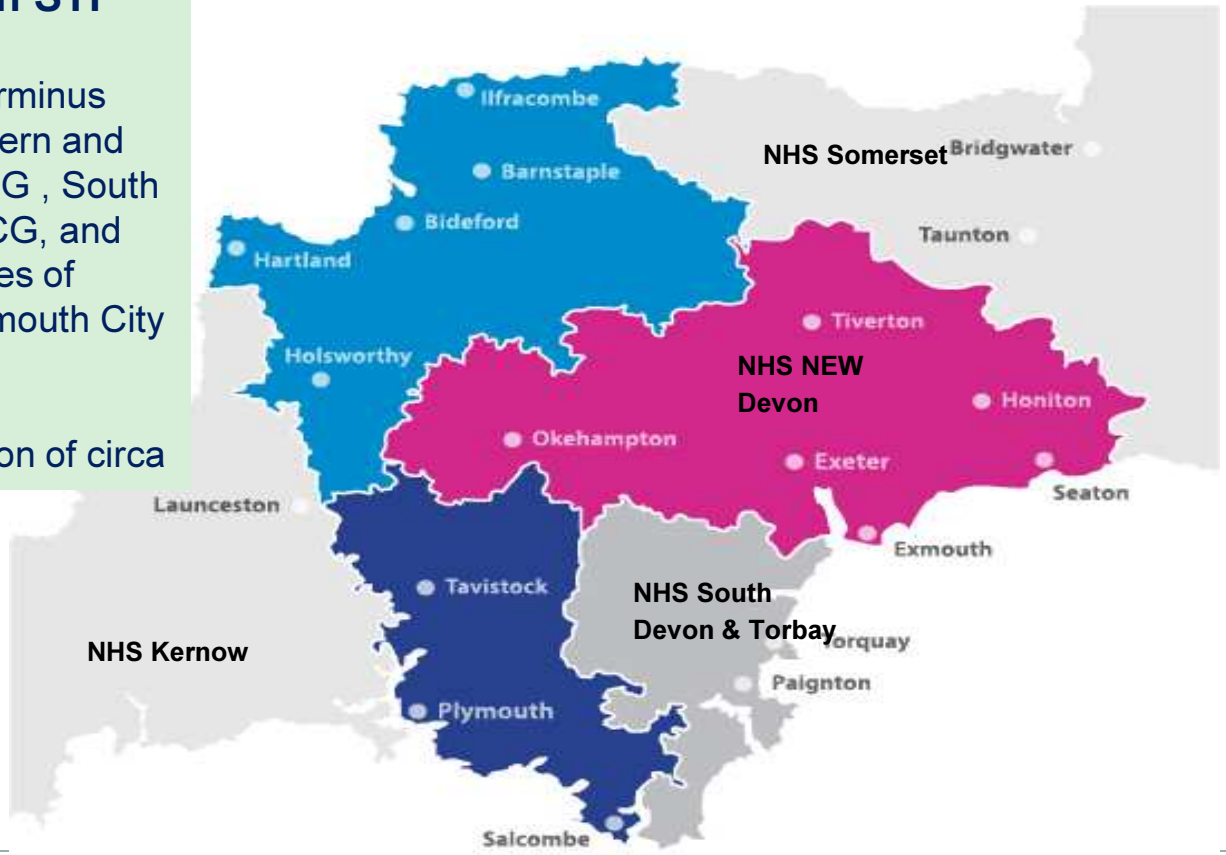
NHS
Northern, Eastern and Western Devon Clinical Commissioning Group

NHS
South Devon and Torbay Clinical Commissioning Group

Wider Devon STP Footprint

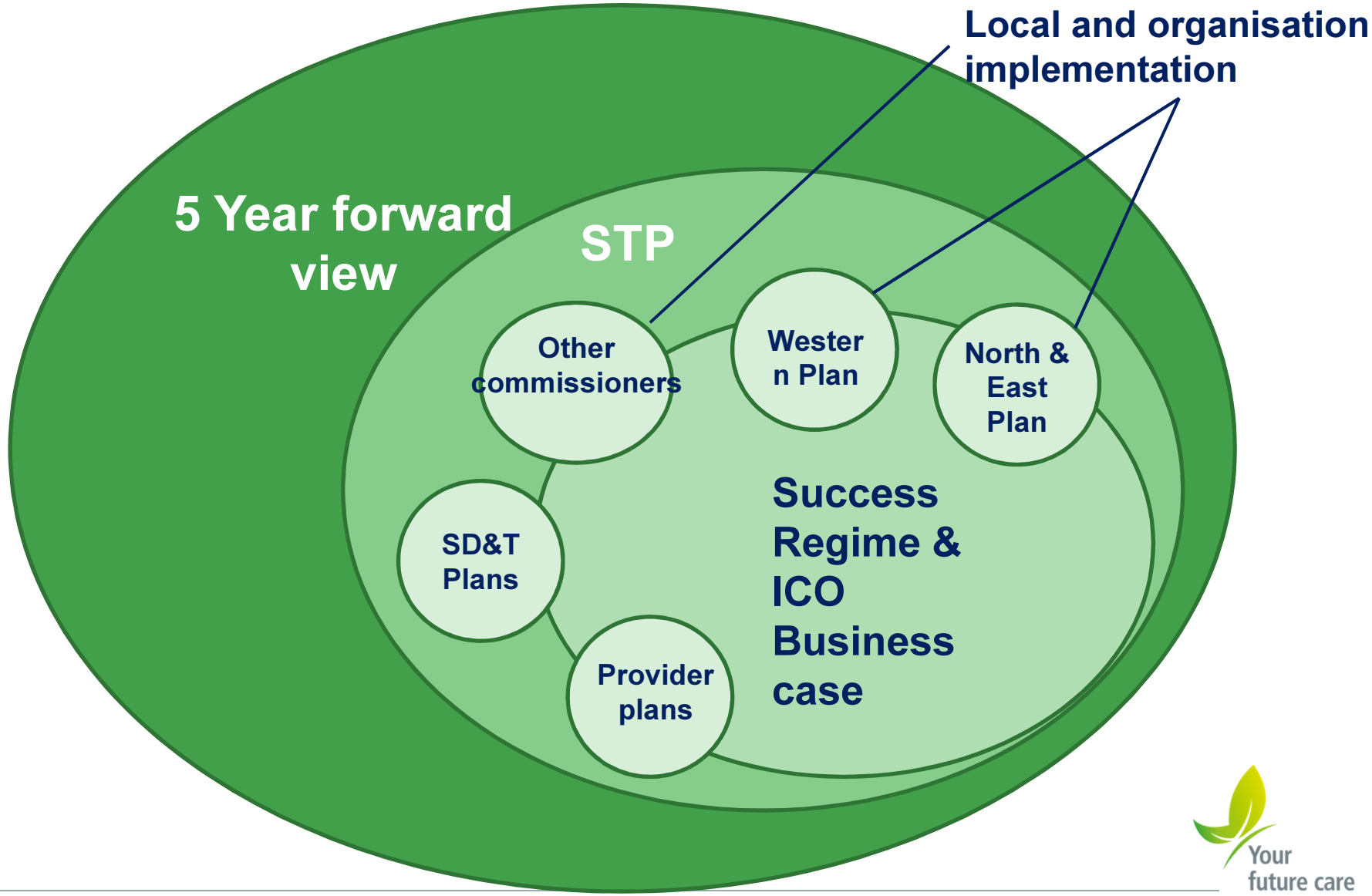
The wider Devon STP footprint
covers and is co-terminus with Northern, Eastern and Western Devon CCG , South Devon & Torbay CCG, and the 3 local authorities of Devon County, Plymouth City and Torbay.

It covers a population of circa 1.2m people



Your future care

Translating the five year forward view into local plans



Your future care

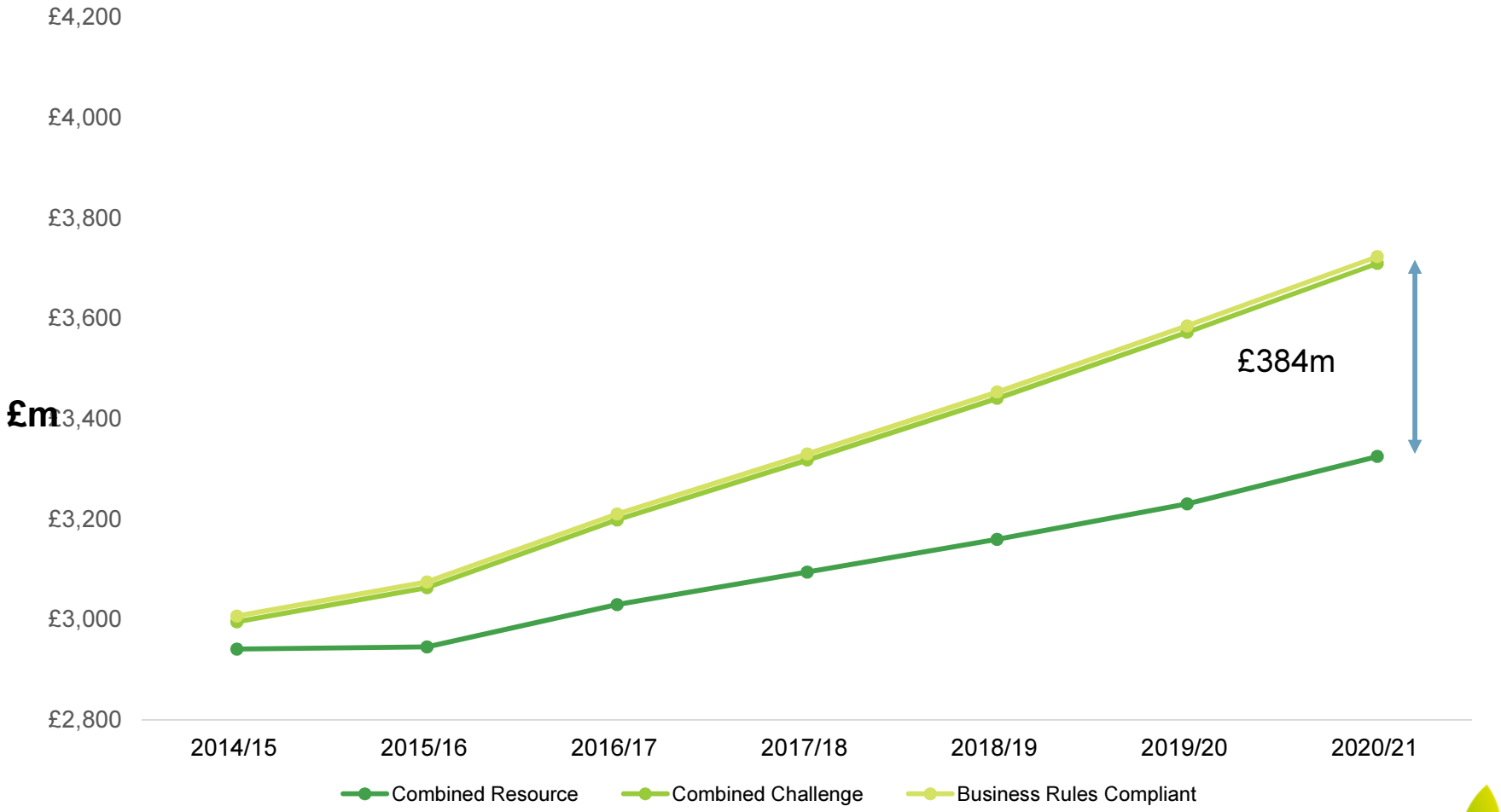
What is the ‘Success Regime’?

- 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 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.

Your future care

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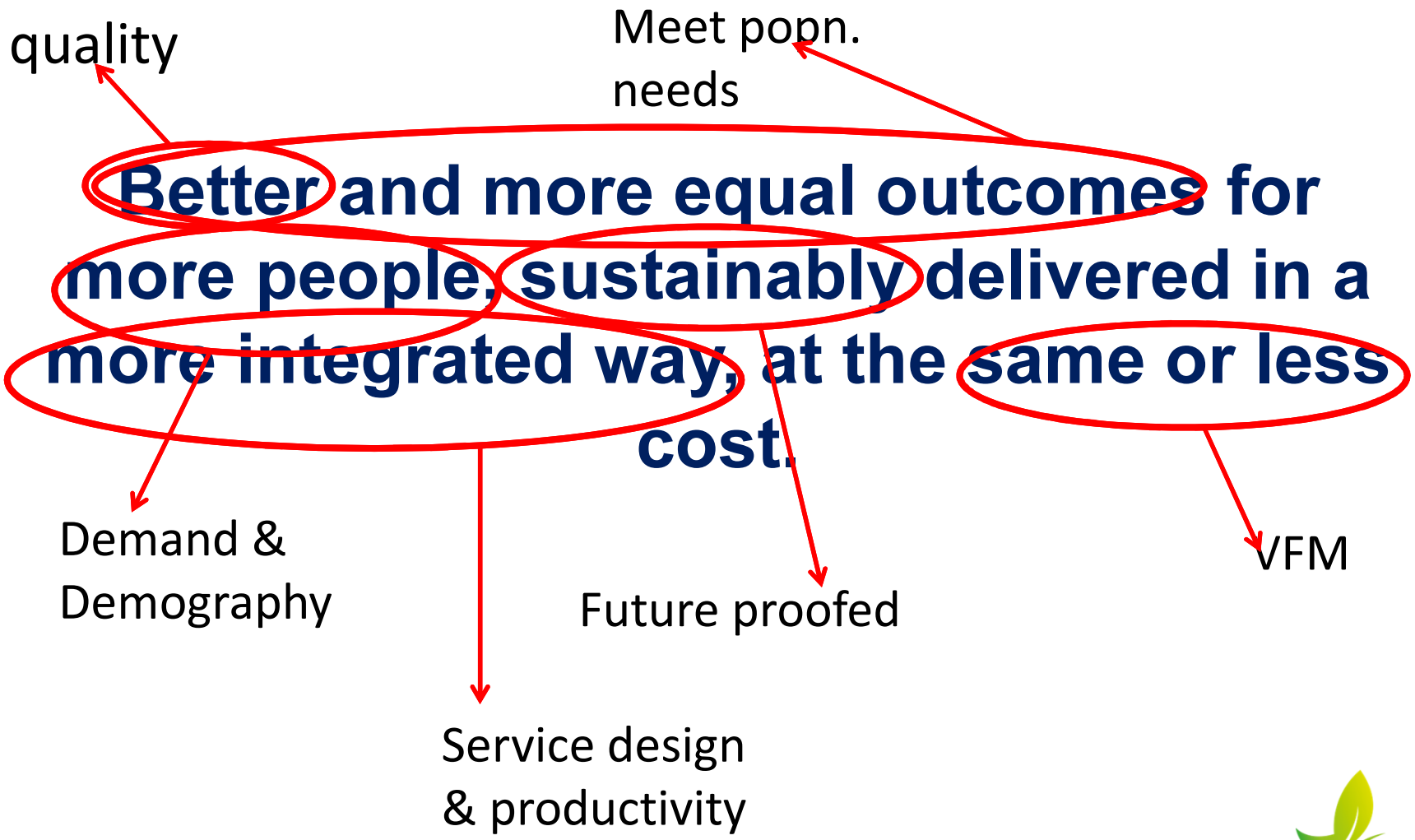
Drivers of the north, east and west Devon challenge

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 Task in Devon



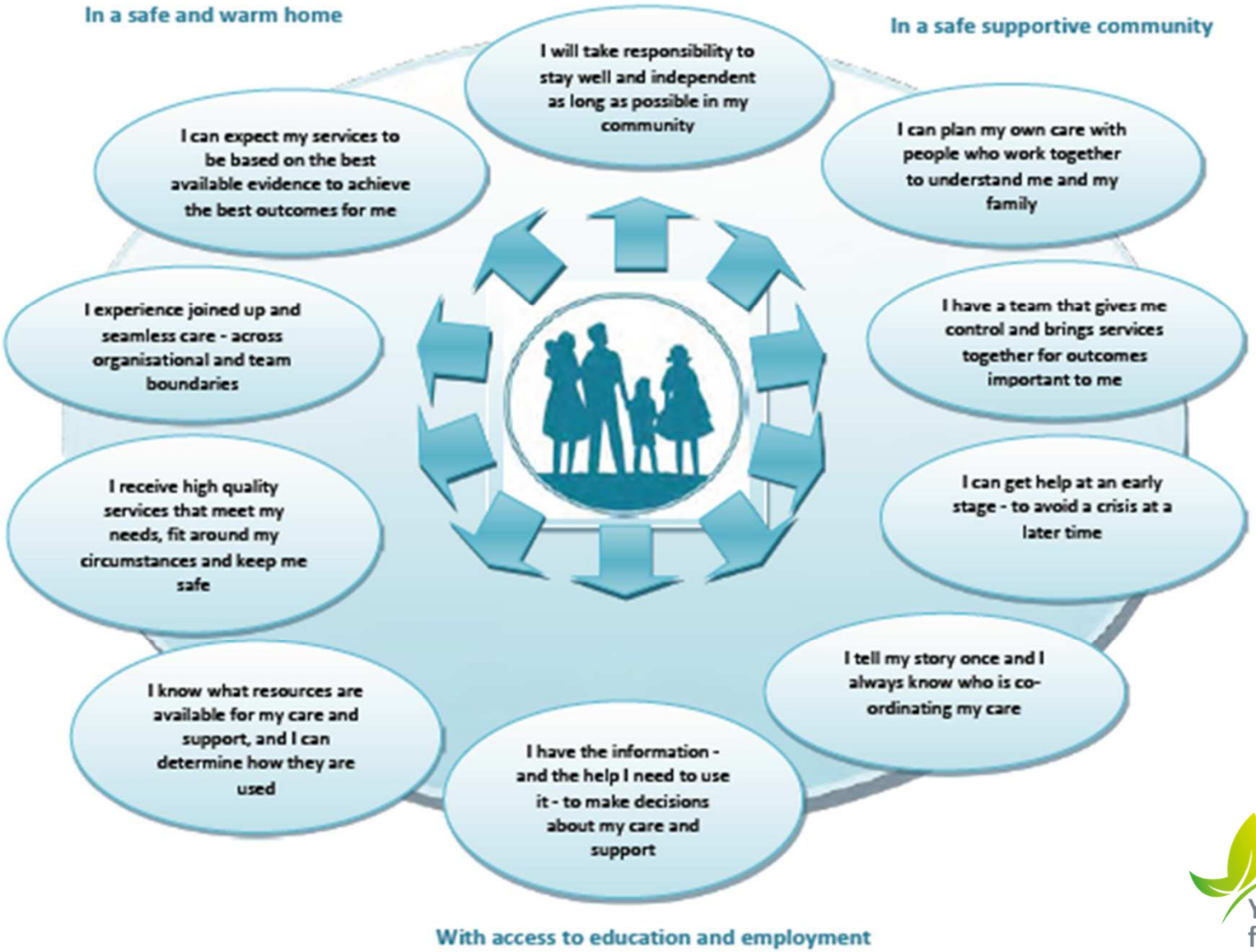
Your future care

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

Developing the ‘I’ statements



Your future care

Our vision for transformed care

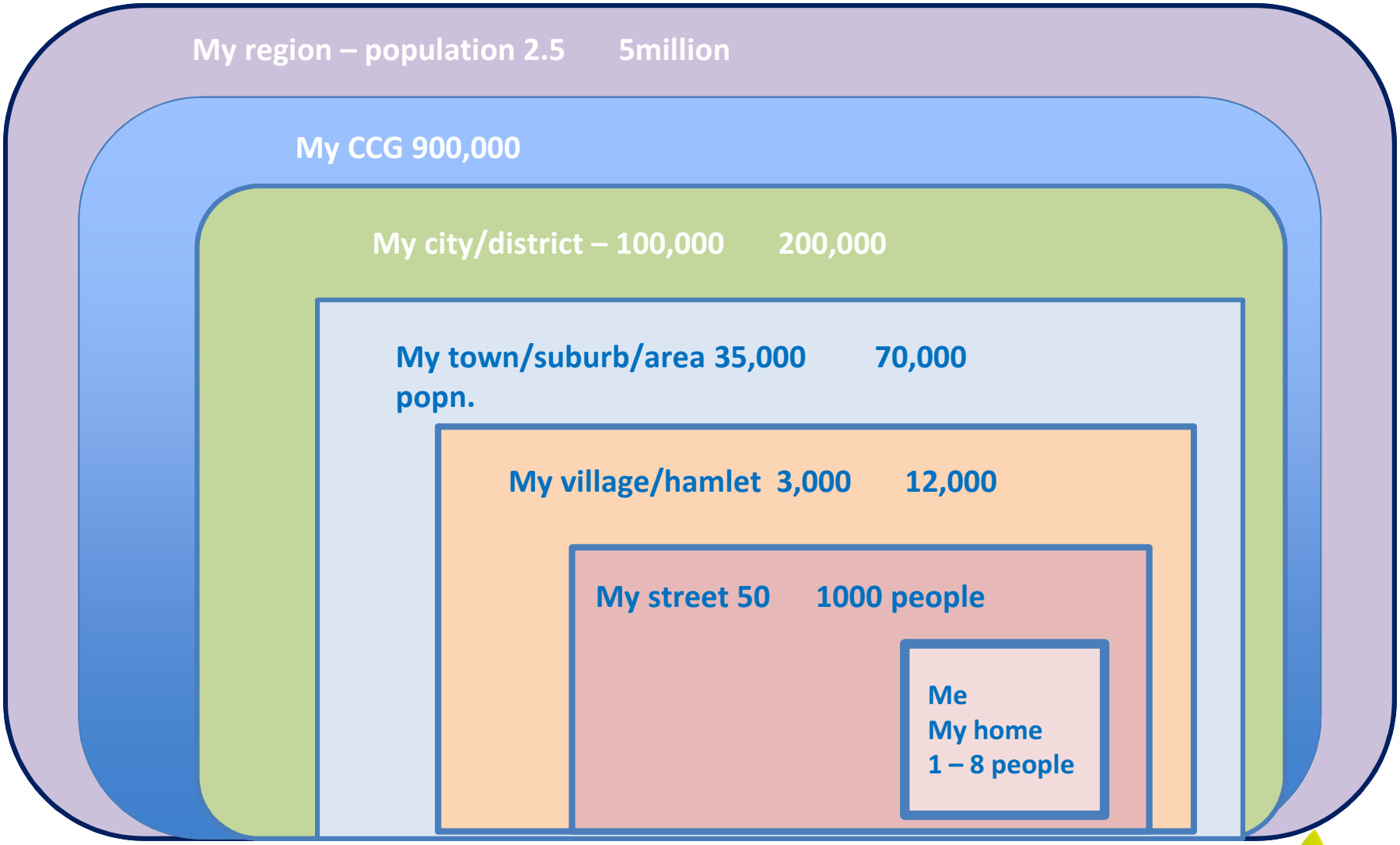
- From patients to…. people
- From care settings to… places and communities
- From organisations to… networks of care & support
- From what's the matter with you? to…what matters to you?
- From illness management to… Wellness support

Your future care

Developing a new model of care

Your future care

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



Your future care

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

Ten design principles have been developed to guide the development of service models for Devon

1. Have collective ownership of delivery as a system
2. Focus on prevention, health and well being, individual responsibility and support
3. Organise services around the needs of individual as identified in collaboration with them
4. Regard an inappropriate referral as well as an inappropriate place of care as a failure of the system
5. Strive to treat people in the lowest intensity setting, minimising the use of beds by eliminating periods of stay that add no value to the individual and gearing towards getting people home
6. Observe consistent standards across 7 days for emergency NHS care in hospital and community settings
7. Maintain a safe level of staffing in all care settings to ensure effective acute services
8. Make use of a flexible workforce working at as high a professional level as possible
9. Deliver services as locally as practicable within the constraints of quality and affordability
10. Live within our means to deliver financial balance

SOURCE: Devon Success Regime workshop: 15 April 2016, NMoC Group 7th June 2016, Amended and Agreed by Clinical Cabinet, 16th June 2016

Options will be evaluated based on objective criteria

Differentiating
Not differentiating

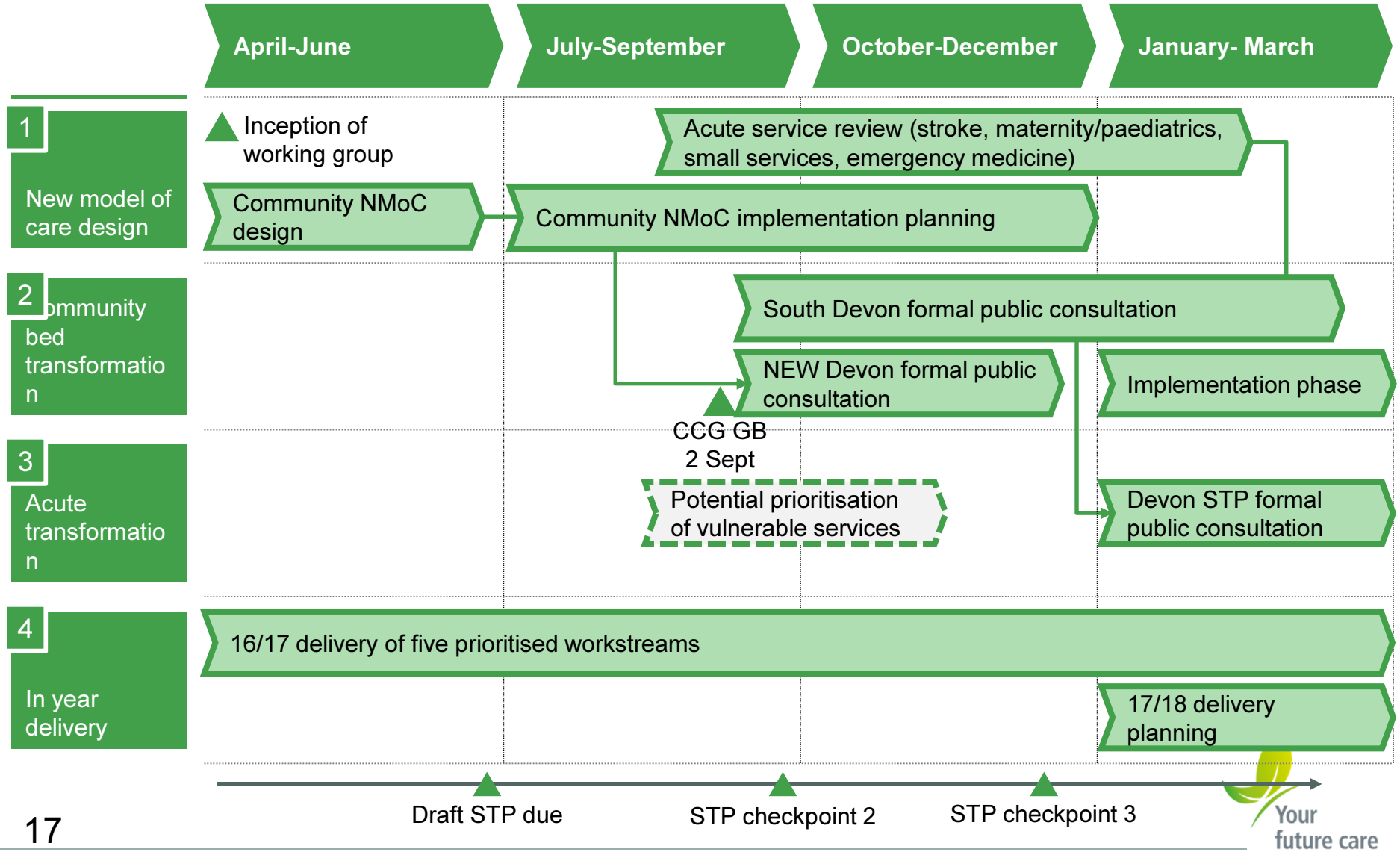
Quality	Clinical quality	As future standards will be defined by the new care model, and this will apply to all units equally, quality will not be a differentiating criterion between options
	Patient experience	
Patient access	Average travel times	As patients requiring bedded care will be conveyed to the site, this is not a differentiating criterion
	Longest travel times	
Access for carers	Average travel time	These will additionally be tested for equity for those with protected characteristics
	Longest travel time	
	Parking availability	
Finance	Impact on income & expenditure	If all options have units of the same sizes this will not be differentiating
	Impact on capital costs	Capital investment may be required to deliver some options
Implem-entabilit y	Ability to implement the new model of care in option configuration	This will not be differentiating as the hurdle exclude introducing beds to sites that do not currently have them; workforce is therefore in place. Capital implications of implementation are considered in the finance criterion Any other considerations are addressed by the NMoC
Whole system impact	Effect of this option configuration on wider system	This will measure the wider impact of community beds on the new care model, including colocated and interdependent services

Engagement Activity

- Case for change published February 2016 Regular updates to HOSCs and HWB Boards
- Success Regime Programme Board included key stakeholders including LAs.
- Build on "care closer to home" engagement linked to Transforming community services strategy
- X3 pre-engagement events during June with key stakeholder groups
- Strong clinical group set up to support design work
- Newly established Patient & Public engagement group as a formal sub-committee of the CCG governing body
- Consultation and engagement plan in development to support first phase
- Programme governance includes a broad Devon transformation forum and a care reference group
- Currently in pre-engagement with key stakeholder groups including staff.

Your future care

Transformation planning timeline for 2016/17



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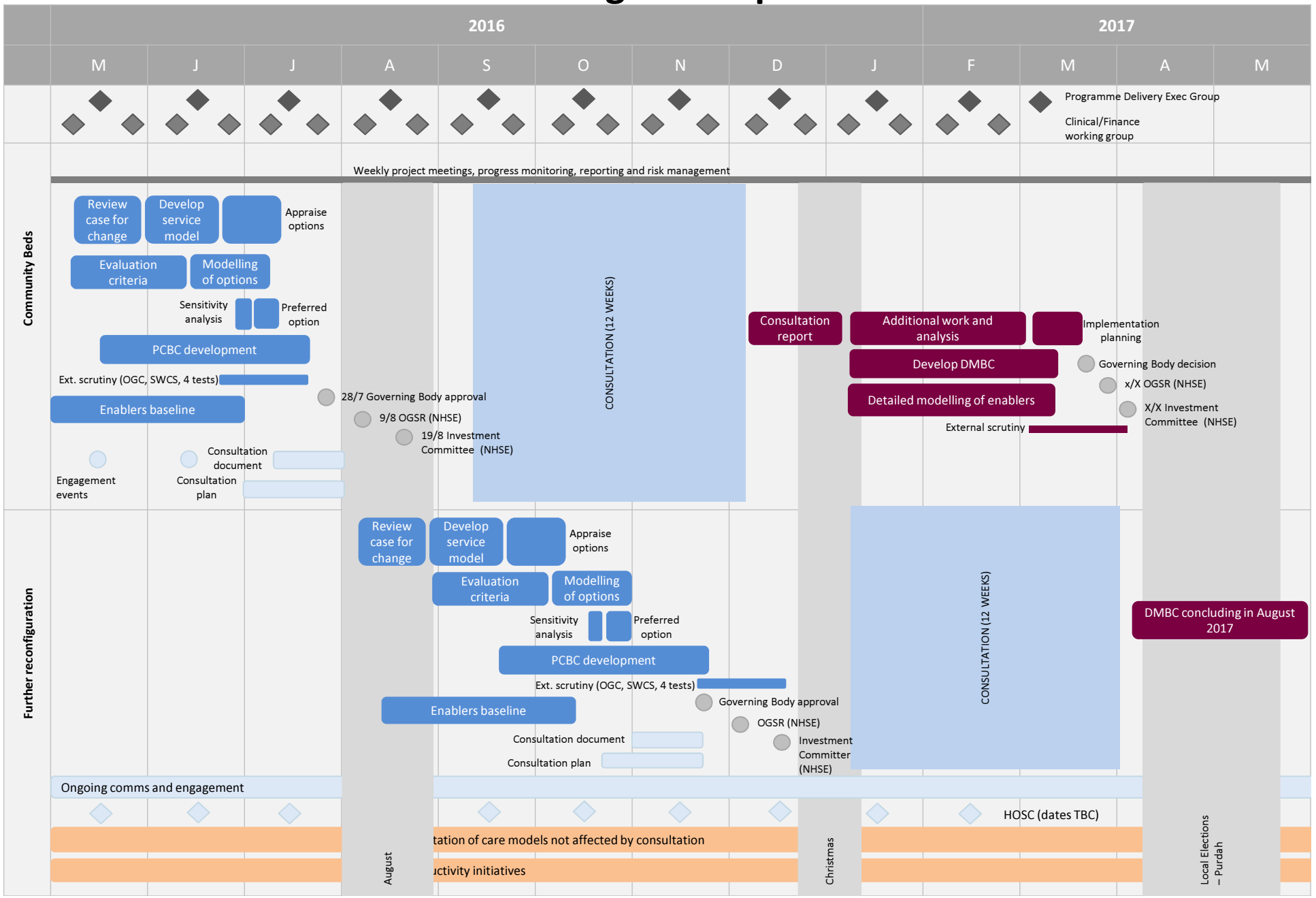
2 Phase Consultation Commencing Mid September



Questions