

Update to	Boards, Governing Bodies and Local Authority meetings of Devon STP partner organisations
Date	November 2017
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Title	Monthly Update on Devon's STP

Introduction

In October 2017, the first **Update Report** for Boards, Governing Bodies and Local Authority meetings of Devon STP partner organisations was produced. Feedback was very positive.

The purpose of the Update Report is to:

- ❖ Provide a **monthly update** that can be shared with Governing Bodies, Board and other meetings in STP partner organisations.
- ❖ **Ensure everyone is aware** on all STP developments, successes and issues in a timely way.
- ❖ **Ensure consistency of message** amongst STP partner organisations on what has been endorsed at the Programme Delivery Executive Group (PDEG). All partner organisations in the STP are represented at senior level at PDEG.

This is the second Update Report, and covers developments from the PDEG meeting held on Friday, 17 November 2017.

Items included in this Update Report are as follows:

1. New Clinical leader for the Devon STP.
2. Progress in Devon – top 10 messages on successes and developments.
3. Feedback from Devon STP stocktake with NHS England and NHS Improvement.
4. STP Strategy into action and the Collaborative Board.
5. Integrated Care Model recommendations and action on system-wide frailty tool.
6. Mental health – progress update and project mandate.
7. National messages from the Secretary of State and Simon Stevens, Chief Executive of NHS England.

1. New Clinical leader for the Devon STP

Dr Rob Dyer, Medical Director at Torbay and South Devon NHS Foundation Trust, will succeed Dr Phil Hughes, Medical Director at Plymouth Hospitals NHS Trust, as Lead Medical Director for the Devon STP.

Dr Dyer's appointment was formally endorsed by the Programme Delivery Executive Group (PDEG) and commences on 1 December 2017. He will continue to hold his role as Medical Director with Torbay and South Devon NHS Foundation Trust while committing two days a week to his STP role.

The Lead Medical Director plays a key role in influencing and shaping the STP's strategic direction and in making sure that quality, safety and sustainability improvements are shaped by local clinicians and based on best practice to benefit people in all areas of Devon.

STP Interim Strategic Chief Executive, Mairead McAlinden commented: "It has been a real pleasure working so closely with Phil over the past year as we have developed our STP Plan and reviewed our first tranche of acute hospital services. He has brought experience, credibility and clinical expertise to a very challenging role and built strong relationships with his Medical Director and clinical colleagues across Devon to bring about a new approach to how hospital services are delivered in Devon.

"I am delighted that Phil is handing over to an equally skilled medical and system leader. I know Rob will continue Phil's good work in supporting the STP plans for safe, sustainable, high quality and affordable health and care services for the people of Devon."

2. Progress in Devon – top 10 messages on successes and developments

To increase understanding of the positive work being undertaken across Devon, an 'at a glance' view of the top ten developments and successes has been produced.

The aim is to update these monthly so we expand the knowledge of the outcomes being achieved through the good system working across Devon.

It has been designed to be printed in A3 format, but a smaller version is enclosed overleaf.

The top 10 messages can be used in presentations and briefings with staff, as well as in meetings with key stakeholders locally.

Devon STP – top 10 developments and successes

- 1** **'Best care for Devon'**: good performance against national NHS standards sees **Devon in top 25% nationally** on urgent care, mental health and 52 week waits
- 2** **Ground breaking collaboration**: all four organisations providing acute hospital services have agreed a 'mutual support' approach to benefit patients. NHS England say it is an **"exemplar of joint working"**. *Acute Services Review* has developed 'Best care for Devon' standards for urgent and emergency care, stroke and maternity services, with clinical recommendations to provide services at all four of Devon's major hospitals if these standards are met. Approach supported by new clinical networks
- 3** **Reducing delayed transfers from hospital**: joint work between NHS and local authorities sees delays fall in August from 6.6% to 5.6%. **Devon on track to reduce delays to target levels**, freeing up 79 hospital beds and supporting winter plans. South Devon already in top 20% in England
- 4** **'The best bed is your own bed'**: We are enhancing community services to support thousands more people to live independently at home. This has led to **a reduction in acute and community hospitals beds by 213 over the past two years** whilst at the same time improving service performance
- 5** **Integrating services to benefit patients**: Devon is moving to a new **Accountable Care System** from 1 April 2018. First phase will establish a single strategic commissioner. New system will include 'place based' Local Care Partnerships, further development of acute networks and a single mental health system. Approach builds on learning from many parts of Devon that has seen benefits of integrating health and social care services for local people
- 6** **No health without mental health**: Devon leading the way with **innovative mental health services**. Includes liaison psychiatry in each A&E to ensure people get the right help when they need it, psychological therapies for people with long-term conditions, specialist support for women with postnatal depression and new specialist unit opening next year so women can stay near their families
- 7** **All GP Practices in Devon rated 'Outstanding' or 'Good'**: according to the CQC's latest assessment of primary care
- 8** **Managing service demand**: Devon has taken action to prioritise clinically appropriate referrals into hospitals. This has **reduced elective activity last year by 5.37%**, compared to a 1.25% increase nationally
- 9** **Our Regulator's view**: both CCGs have improved their annual ratings, and Devon STP rated as 'making progress'. Devon moves out of three most challenged areas to **one of 14 systems making real progress**
- 10** **Living within our means**: overspending reduced from £229 million to £61 million in past two years. Includes saving £25 million on agency spend. **Devon system is aiming for financial balance in 2019/20**

3. Feedback from Devon STP stocktake with NHS England and NHS Improvement

A range of senior representatives from the Devon STP met with NHS England and NHS Improvement on 18 October 2017 as part of a formal 'stocktake'.

Following the meeting, Jennifer Howells, Regional Director South West, wrote to all participants on 8 November 2017, thanking them for the presentation and discussion.

The letter, which was shared at the Programme Delivery Executive Group (PDEG), highlighted the encouraging progress being made by the Devon STP to improve services, restore financial balance and deliver the *Five Year Forward View*, although further progress is required.

Feedback was provided in the letter on the common themes facing all STPs in the South West, which included:

- Workforce – recruitment, skills mix and turnover issues.
- Reconfiguration of services.
- Enhancing the use of digital technology.
- Knowledge management – identifying and sharing good practice and learning, locally and nationally.
- The journey to accountability.

The key issues raised that were specific to Devon included:

Headline points

- The STP works as a coherent system with a collaborative board and shared leadership that operates through an established governance structure.
- Recruitment underway for a lead Chief Executive for the system.
- The Devon system is signed up to the plan and committed to improving the financial position, performance and outcomes.
- The system is committed to single, strategic commissioner from April 2018.
- There has been solid engagement with Local Authorities.

Next steps

- Further development of the integrated Accountable Care System (ACS).
- Plan for putting 'strategy into action' to be completed in December 2017.
- Following the strategic refresh and recognition of service change options, formal engagement and public consultation in 2018, prior to reconfiguration.
- Articulation of the financial strategic plan, alignment of control totals and the use of STF as an incentive.
- Seek national support for accessing commercial market expertise to develop domiciliary services and care homes facilities.
- Support from NHS England and NHS Improvement to access capital funding.

4. STP Strategy into action and Collaborative Board

Work is progressing to highlight in detail our plans as a system for 2017/18, as part of the refresh of the STP strategy. The work will articulate the key building blocks of the strategy to deliver key financial and service plans.

The strategic refresh is to be completed by December 2017. It will highlight any proposals that may need formal 'public consultation', although this is likely to be a very small part of the overall strategy. Views on the strategy will be sought at the Collaborative Board meeting on 28 November 2017, attended by senior leaders from all NHS and Local Authority organisations across Devon.

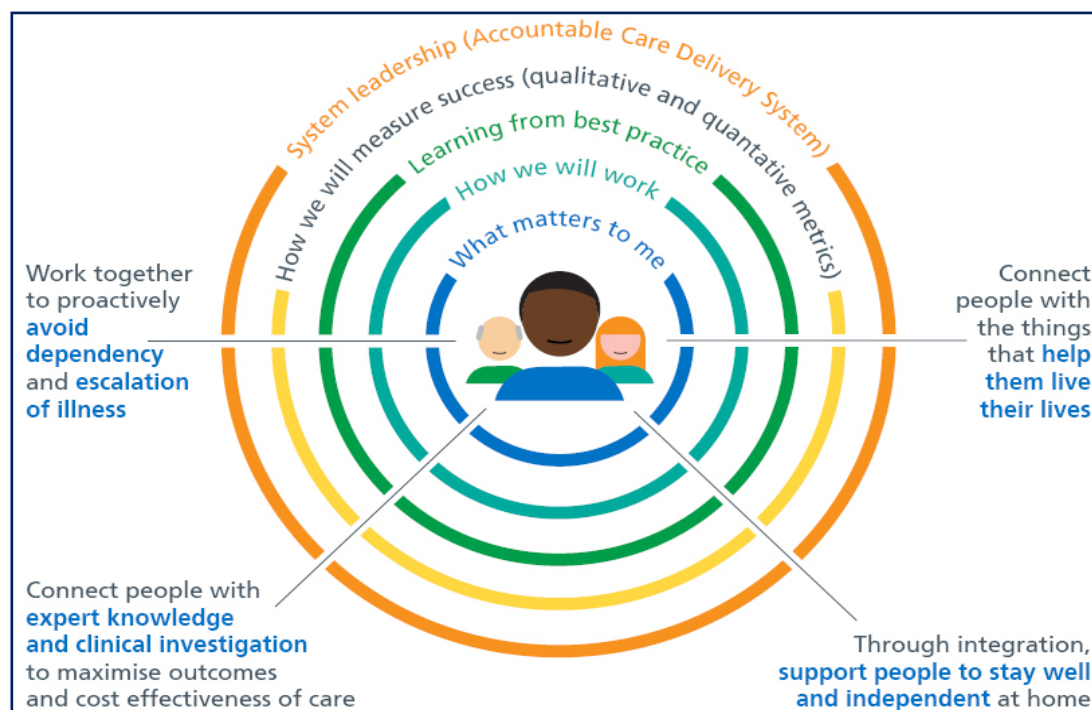
5. Integrated Care Model recommendations

The Programme Delivery Executive Group (PDEG) endorsed the work of the Integrated Care Model STP workstream, which has brought clinicians, professionals, partners from the voluntary sector and patients from across Devon together to identify and agree a Devon-wide framework for an integrated model of care.

This has involved peer reviews of community health and care service delivery across Devon to identify best practice and successful outcomes that can be drawn from. The team also drew on the latest research and successes from other health systems.

The goal was to agree how to build on the integrated working already in place in different parts of Devon to achieve consistent, effective and affordable systems of integrated care that deliver consistent outcomes for the people of Devon, irrespective of where they live and use services.

An emerging model of integrated care was presented to PDEG:



The workstream identified a number of 'non negotiables' for the care model, including the importance of:

- Improving health and wellbeing.
- Promoting independence.
- Delivering safe, high quality care.
- Providing cost effective and sustainable care.
- The reduction in total length of stay (taking account time spent, in acute, community or care home).
- Mental and physical health as one approach.
- Transforming our workforce.
- Less reliance on statutory services.

The importance of frailty as a key indicator of risk of declining health and wellbeing was highlighted, and it was stressed that this was not necessarily age dependant, with frailty issues being experienced by all ages in our population.

The importance of prevention and non-'health' determinants (for example, housing) was also recognised and it was agreed that the adoption of a common 'risk stratification' approach would be beneficial across Devon which would support individual care plans and inform the commissioning of services.

Em Wilkinson Brice, Deputy Chief Executive at the RD&E, was thanked for her leadership of the workstream and appreciation was expressed for the commitment of all contributors from across the health and care sector in Devon in delivering this important project.

Some of the ideas in the workstream are evident in a separate project that Em has been involved in. The Integrated Care Exeter Wellbeing programme won a prestigious *Health Service Journal 2017* award for adopting best practice. Participants showing improved mental health, decreased loneliness and increased levels of social inclusion.

PDEG endorsed the recommendations below and asked that the workstream undertakes two additional pieces of work on risk stratification and social prescribing.

The recommendations

- Local delivery systems to implement the integrated care blueprint.
- Acknowledge locality starting points and develop from there.
- Care system must be affordable within a capitated 'fair shares' budget for each locality (to be developed).
- A series of assumptions are made, including better demand management across the system.
- Standardised risk stratification tool and development of roll out plan by January 2018.
- Consistent access to social prescribing is in place, taking account of local delivery systems.
- A pan-Devon approach to workforce development, which meets the needs of the new care model.

6. Mental health – progress update and project mandate

The Programme Delivery Executive Group (PDEG) was given an update on two key elements of the mental health STP workstream.

Progress on the mental health strategy

The workstream is focused on developing a strategy with four main objectives:

- To improve mental health outcomes for the population of Devon.
- To ensure that there is sufficient capacity within the system to support individuals where required, including through a sustainable workforce as well as working closely with voluntary sector organisations.
- To develop the structure for a high functioning sustainable mental health commissioning and delivery system for Devon by April 2018.
- Full engagement and ownership of all participating organisations and other stakeholders including people who use the services and primary care

The work on the strategy is now accelerating, thanks to the combination of greater support from the CCGs and a new core programme team.

The team are engaging with a wide range of service users and partners between now and January 2018 to better understand the mental health needs of our population. This is being undertaken as part of a series of events held across the county.

Finally, key elements of work to enhance mental health services are making good progress. 24/7 liaison psychiatry provision is now available in Exeter and Torbay, with investment agreed for services in Plymouth. Plans for a new £5.5 million Psychiatric Intensive Care Unit are also underway to provide specialist care for people with mental health needs closer to home.

The development of a single mental health 'Accountable Care System (ACS)'

A single mental health 'ACS' for Devon has been agreed. The team overseeing this work are liaising closely with Michael Macdonnell from NHS England, who is leading on how services, such as mental health, are integrated across the country.

It is likely that the term mental health 'ACS' will be revised in due course, given national developments.

The rationale for a mental health 'ACS' is to ensure that there is specialist knowledge at scale – and across the health and care system – to offer support for the management of highly complex patients.

The Devon STP is committed to integrating the local delivery of mental and physical health services.

The developments in Devon have attracted international interest, and discussions have now been held with Vince Barry, Chief Executive of Pegasus Health, who has transformed primary and community services in New Zealand.

7. National messages from the Secretary of State and Simon Stevens, Chief Executive of NHS England

More than 600 NHS leaders came together at the recent NHS Providers annual conference. A range of critical issues were discussed relating to quality of care, NHS finances and workforce challenges. Keynote speeches were given by the Secretary of State, Jeremy Hunt MP and Simon Stevens, Chief Executive of NHS England.

From both speeches, one of the overriding messages focused on the ***expectation that the NHS will maximise opportunities to improve efficiency.***

Examples were given on the areas the NHS should focus on, such as corporate services, the importance of benchmarking and how we should utilise approaches such as the GIRFT programme and 'model hospitals'.

All of these examples are being taken forward in a very positive way across Devon, and relevant excerpts from the two speeches are highlighted below for information.

The Secretary of State, Jeremy Hunt, MP

- “The NHS is efficient, but more focus is needed on corporate savings, such as e-rostering/job planning, another £0.9 billion from estates/facilities management, £1.5 billion on GIRFT, £0.8 billion from medicines management, £0.2 billion on pathology, £0.2 billion on corporate services and £0.8 billion on procurement.
- Recognise that the NHS has saved £700 million on agency spend in 2016/17.
- If the NHS can realise more efficiencies, it would help win the funding debate with the Treasury.
- NHS Trusts will be put into a new procurement league table to help them compare prices and save money.
- On pay cap, it is not fair to stick with 1%, but Treasury will consider funding pay if NHS delivers long-term productivity improvements.”

Simon Stevens, Chief Executive, NHS England

- “All the international comparisons show that we’re an incredibly efficient health service. Like every other country we’ve still got waste that we’re going after.
- The GIRFT programme, Rightcare, model hospitals and the new care models are all now having an impact – we are driving efficiency hard.
- NHS productivity – as the Kings Fund, Health Foundation and the Nuffield Trust show – has been increasing *faster* than the rest of the UK economy.
- We have some enormous challenges that we need to square up to, and face in to, looking out over the next 5 and 10 years.
- We need to reinvent the district general hospital, the model of hospital care that has served our communities since at least 1962 and the hospital plan for England. We are doing so through: networking hospitals; through hospitals with their neighbours sharing services.
- We are also doing what most other industrialised countries are doing, which is recognising the clinical and the financial logic for integrated care, rather than fragmented competition. We are driving that through the Accountable Care Systems, and we are seeing the benefits where that is deployed.”