Northern, Eastern and Western Devon
Clinical Commissioning Group

11 January 2017

Dear Mr Hollis,

Thank you for your letter on behalf of Torridge District Council's Overview and Scrutiny (External) Committee.

I need to highlight that the current Your Future Care (YFC) consultation is predominantly focused on future inpatient arrangements in the Eastern Locality of the CCG and the proposed delivery of a new model of integrated care in that area. Whilst we are engaging throughout the CCG area on the new model of care, in this context YFC does not make any specific proposals in relation to health care services in North Devon and Torridge.

Future health services in North Devon are however part of the Wider Devon Sustainability and Transformation Plan (STP), which is setting out ambitious plans to improve health and care services for people across Devon in a way that is clinically and financially sustainable

Health and care organisations as well as local authorities across Devon have been working together to create the shared five-year vision to meet the increasing health and care needs of the population - while ensuring services are sustainable and affordable.

The STP provides the framework within which detailed proposals for how services across Devon will develop between now and 2020/21.

A key theme throughout the STP is an increased focus on preventing ill health and promoting peoples' independence through the provision of more joined up services in or closer to peoples' homes.

Seven priority areas have been identified as key programmes of work:

· Ill health prevention and early intervention

- Integrated care model
- Primary care
- Mental health and learning disabilities
- Acute hospital and specialist services
- Increasing service productivity.
- Children and young people

The strategy to achieve this is set out in our published STP, but there remain a number of decisions still to be made which will be subject to rigorous engagement and, where required, formal consultation processes. We look forward to your full and active participation in these processes so that we can collectively achieve the very best outcomes we can for our population.

The STP framework document is to be presented to all partner organisation boards or equivalent bodies for consideration and endorsement. This process has already begun and is planned to conclude over the next six to eight weeks. Following this, the organisations involved will then undertake an engagement exercise involving citizens, patients, service users, their representatives and voluntary sector groups. Feedback will further help shape the plans. The NHS and its partners will then use the STP framework to develop proposals to improve care.

For clarification, it must be noted that the STP is a dynamic, developing framework and no discrete proposals have yet made been made relating to the priorities that are highlighted on page 10 of the STP.

I have attached with this email a copy of the latest STP document, the STP Briefing document, the Acute Services Review briefing document, and the Case for Change document. If they have not already received and read them, please feel free to circulate these attachments to the members of the committee.

I have addressed your 10 questions below, but if you have further questions following my response please do not hesitate to contact me.

1. What impact will proposed service changes have on resident's life expectancy (in relation to the Torridge District)?

Services in Devon must change in order to become clinically and financially sustainable, and the key reasons for this are highlighted in the case for change published in February 2016. There is a difference of 15 years in life expectancy

across wider Devon and differences in health outcomes – or 'health inequalities'. The emerging Wider Devon Sustainability and Transformation Plan (STP) will highlight proposals to tackle this crucial issue.

The integrated care proposals would not be anticipated to materially impact on overall life expectancy as they only relate to a small component of the health and care system. We do however expect better outcomes for patients across all areas of Devon through the new model of care and this will improve individuals' experience of living with and managing their health issues.

2. What is being done to address health inequalities?

The Case for Change document and the STP describe the challenge of, and highlight the emerging proposals that are focused on addressing health inequalities. There is substantial information on this issue in both documents, so rather than extract sections, the full documents have been attached to this email.

3. If a service is significantly changed or shut down, what is proposed to replace it?

Where there are proposals to significantly change or close any service then the clearly defined requirements of formal consultation placed on commissioners would apply and the CCG would undertake an appropriate process such as the recent Your Future Care consultation.

Your Future Care consults on the potential delivery of a new model of integrated care and the potential reduction of inpatient beds in community hospitals in the Eastern Locality and it seemed appropriate in this context to detail some background to this by way of illustration of the CCG approach.

By consolidating our community hospital inpatient services and shifting some of the funding we currently spend on beds into better services for people in our communities, we have determined we can provide safe alternatives to hospital and make sure they are always available for patients who are not acutely unwell. Multidisciplinary teams in the community, working alongside social care professionals, will be able to provide a more proactive, personalised care service.

The model has three key aspects to it:

- Comprehensive assessment – this identifies people who are frail or becoming frail, and therefore are at risk of being admitted to hospital, and puts a care plan in

place for them, owned by the individual, which sets out possible routes for escalating care when needed.

- Single point of access – when additional support is needed, a single point of access, connected to a comprehensive care at home service, will help people to remain at home with support, rather than being admitted to hospital.

- Rapid response (care at home) – When someone does need to go to hospital they will be helped to leave as soon as it is clinically safe to do so, with additional support provided at home including health and care workers delivering rehabilitation alongside traditional care.

The aim is to join up care more effectively across all parts of Devon, so that people are not being sent to hospital just because the relevant services are not available to safely keep them at home. Implementing these changes means there will be less need for community hospital beds and the enhanced service in the community will improve the health outcomes for patients, given what we know about the potential detrimental effects of unnecessary and / or prolonged hospitalisation.

Health services in North Devon, which are already operating on a more integrated basis, are not affected by the proposed changes as part of the Your Future Care consultation.

4. Are there any identified gaps in the present service provision? e.g. mental health

We are undertaking a current (we are mapping all of our community resources by locality-area) position analysis across all localities of the CCG to ensure that Out of Hospital services can be in place as required to deliver the new components of the model of care. This will ensure that we address any gaps or inequity in current provision, recognising that different areas start from differing positions in terms of community based teams, including mental health. We are not currently aware of any significant service provision gaps in the Torridge area.

5. Is there a record of 'unmet need' when an individual has either a health or social care assessment?

Whenever a health or social care assessment is undertaken the professional will make a judgement around the needs of the individual - sometimes this can identify needs that have previously not been met which would be recorded. This is

undertaken on a case by case basis. The professionals will then agree a care plan to address those needs in collaboration with the patient.

6. Are there clear, simple written guides available to all service users of the pathways encountered when receiving either health or social care?

There are many different components of Health and Social Care and some of these services have more formal pathways than others with clear guidelines for professionals and information for service users detailing service intentions and pathways. Additionally there are written, online and telephone based information systems operated by local care providers (for example the patient information webpage from North Devon Healthcare Trust) and nationally people can get information via for example NHS Choices.

As a CCG we require our service providers to provide their own information about their services using clear, simple language that adheres to the Equality Act. All information managed by individual providers must be in line with the NHS England Accessible Information Standard.

For more generic care such as district nursing or primary care, services can cover a very broad remit where there will be specific reference to potentially a number of pathways but also the ability to act on professional assessment so that care co-ordination is appropriate. All relevant professionals are expected to work within their scope of practice and to the specifications that are set for their services providing appropriate information and signposting to service users.

7. Given the extent of unnecessary bed occupation in acute hospital treatment what is being done to produce a seamless service between health and social care to enable effective discharge?

The levels of bed occupancy vary significantly across Devon and are also sensitive to seasonal pressures. A clear objective of the new model of care and focus on Out of Hospital Care is to address over dependency on bed based care and to lower the number of delays and extended lengths of stay for patients in Hospital. The new model of care with joined up teams across community based health and social care will address the issue of unnecessary admissions and, where admission for acute care is required, facilitate discharge at the earliest opportunity.

8. Is there a role for community leaders (e.g. District Councillors) to encourage residents to consider future health and social care needs prior to when services are needed?

Yes, most definitely. We want to encourage all communities to build on community resilience and in particular work with public facing services to identify need and provide earlier preventative intervention. A key part of our new model of care is to provide better comprehensive assessment to identify future needs and provide signposting to relevant community support for our residents and we do believe that there are broader components of the community that can be developed to support these objectives. We work closely with community leaders on local steering groups, and would value discussions with the council to explore how we can further engage.

9. Is there enough being made of the third sector and voluntary sector to improve long term public health outcomes? E.g. walking groups, sitter services for carers, advice services in enabling vulnerable residents to maximise quality of life.

The third sector and voluntary sector can play an important role in improving long term public health. NEW Devon CCG is committed, where appropriate, to work with providers and stakeholders, including those from the third and voluntary sectors to ensure the best outcomes possible. We would welcome opportunities to discuss any proposals brought forward by community groups, charities or other voluntary sector organisations. We have examples such as the developing Health and Wellbeing Hub in Budleigh Salterton or the Westbank provision based in Exminster which can provide templates or learning for other communities.

10. How can effective outcomes be measured to ensure resources are used to achieve maximum effect?

We have a wide range of measures of performance and quality in relation to the services that the CCG commissions, some of these being NHS Constitutional measures. We report regularly both locally at our Governing Body meetings and nationally to NHS England on the levels of service delivery that local providers are achieving. Additionally all providers gain feedback from service users on their experience of the care they receive via the Friends and Family Test reporting. I would also highlight other ways in which individuals can provide feedback directly to any provider or through the CCG – these can be accessed by clicking here.

We are aware that outcomes for individuals may not always be captured by the measures we report but we are developing an increased focus on what matters to individuals and the “I” statements on page 7 within the STP are very much as the heart of this.

In relation to current proposals, for patients, the main impact of the new model of care will be to enable them to live more independently with fewer occasions of being admitted to hospital and stays that are reduced in length to the absolute minimum required for medical reasons. Delays in discharge returning to their own beds will be eliminated. A greater proportion of those who have been admitted to hospital will return to full functioning.

As the new model of care is developed with communities and local clinicians specific impacts and improvements in outcomes will be measured. These ‘to be developed’ KPIs will form a fundamental part of the gateway process for implementation. They will include the national and local outcomes in line with the health and wellbeing strategy and CCG plans, as well as delivery in relation to the local system ‘I’ statements, developed jointly for health and social care across what is now the STP area, which set out the experiences individuals should be able to expect when using health and care services.

There will also be specially identified Benefits Criteria and KPI’s for the new model so that the impact of the change is clear and clinicians, patients, carers and the public can be assured the new model once introduced is meeting patient needs and achieving quality, efficient and value for money services.

I hope the above addresses the important issues you have raised. If you have further areas that it would be useful for your members to have information on please let me know.

Yours Sincerely,

Dr Tim Burke

Chair
Northern, Eastern and Western Devon Clinical Commissioning Group
Newcourt House|Old Rydon Lane|Exeter|EX2 7JU