

2015 Stakeholder Roadshow – North

Briefing on our vision, our quality and
finance strategy and a look ahead to
what's coming

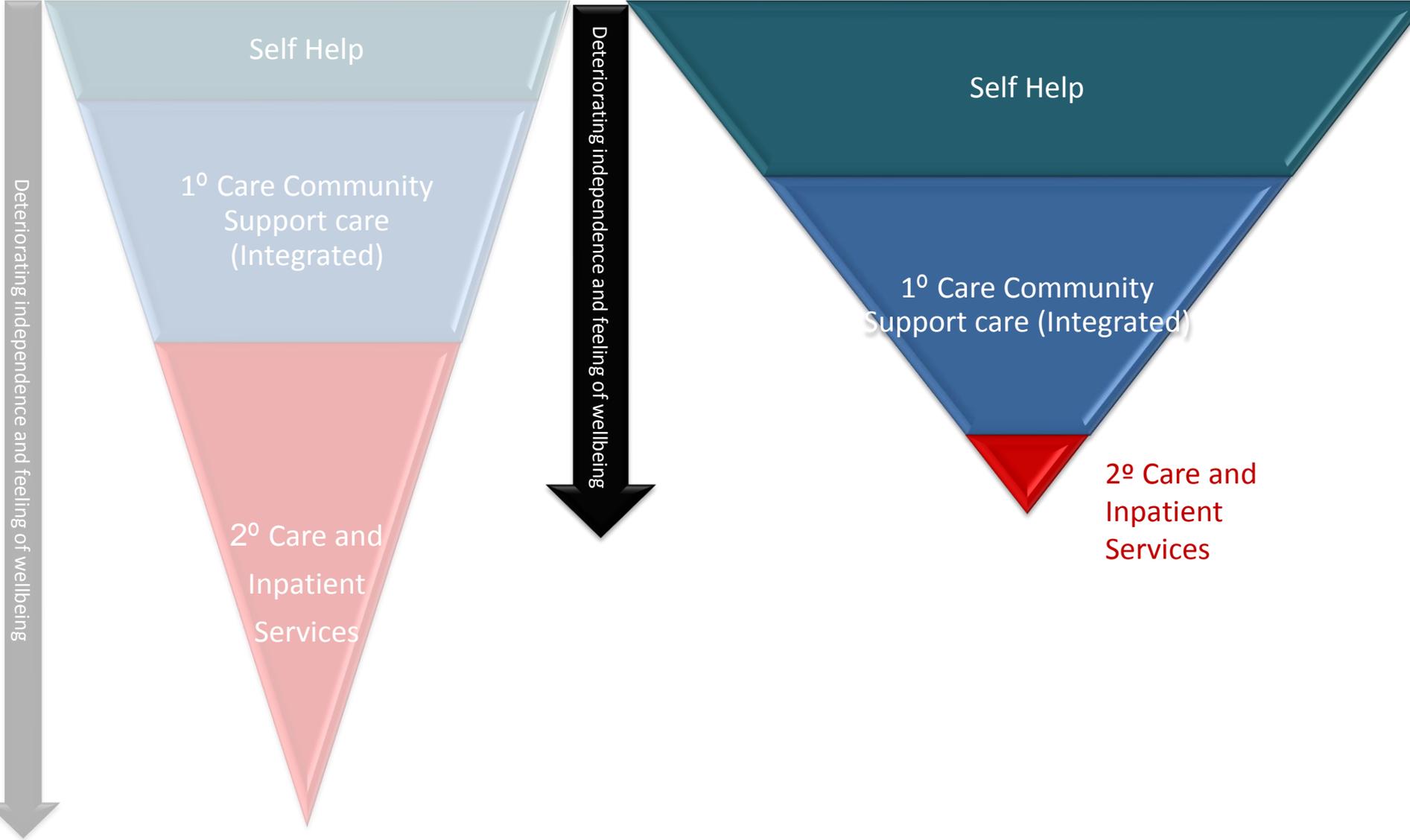
The purpose of today

To share with you:

- Our vision
- Success Regime and Devon's £430million
- This year's contract
- Early heads-up. As important stakeholders to us, we will also be giving you information on the way we plan to work with you to identify the location of the inpatient beds (as per CCG consultation)

Mrs Andrews

I'd like to start by sharing the story of Mrs Andrews as it will help you start to think about what we need to do to continue improving care for patients.



Our vision

Delivering high quality and sustainable services that support your health and wellbeing

It aligns with the CCG's vision: healthy people living healthy lives in health communities

What does our vision mean

We have been following our vision of providing more care outside of hospital because it offers better, more modern care for patients.

Independence not illness service

For our clinicians this is not a difficult direction of travel as we've been doing it for years and changing our services through:

- Innovation and technology
- Adapting to the national staffing shortage
- Staying within our £ envelope

Our successes

- CQC inspection where inspectors ‘wished they lived in Devon’
- National (Guardian and HSJ) awards for lots of services and teams
- Starting to provide domiciliary care
- Torrington / Budleigh / Moreton – shifting care out of hospital
- Safer staffing / lone working. Really difficult for public but the right thing for patient care
- Staff survey ranked us 4th in England

Success Regime and Devon

Devon's NHS has a projected £430million shortfall over the next five years.

Success Regime

- Involves all providers, even those in financial balance
- We welcome system support and leadership
- Very little detail at the moment
- NHS England view that old ways of tackling challenged healthcare systems not enough

Our contract this year (2015/16)

- Gap in funding of £11million this year
- Confident we can make savings and improve patient care (do it every year 2014 = £11m)
- £5million saving has been allocated to our community services budget
- Contract signed in month 3 so we need to act

Where does our vision and the finances take us?

- An independence service, not an illness service
- Reduce length of stay across NDDH and CHs
 - Over 11 days starts to cause harm
- Reduce costs of agency
 - £11 million last year – unaffordable and clinically not best way to care for patients
 - Need to put services where we can staff them
- Acuity audit – 40% of patients shouldn't be in our beds on any given day

Care Closer to Home

Incorporating community services in Exeter, East and Mid Devon

- NEW Devon CCG (north) announced reduction in CH inpatient beds
- Where beds are reduced, local community will benefit from enhanced home-facing health & social care services and a local hub
- Our clinicians support this direction of travel – remember Mrs Andrew’s story about doing things better
- The CCG has asked us to decide where the beds should go. It is likely that there will be only **2 inpatient units**

We plan to work in partnership with our stakeholders and local communities to consult on the best locations for these beds.

Bed locations in North Devon

Incorporating community services in Exeter, East and Mid Devon

Criteria for decision-making

The CCG has already worked with community to develop criteria (see next slide)

Stakeholder involvement

We are setting up a stakeholder reference group to:

- Review and weight criteria
- Discuss how these criteria will be used to develop the options

Consultation

We will then hold a public consultation on the option(s)

Must-do criteria (from NDHT)	Criteria suggested through CCG consultation
Finance – within budget and sustainable	Reducing inequality +ve impact on protected groups
Quality – safe with good experience	Environment Care environments in hospitals Quality of housing (non-hospital care environment)
Workforce – safe employer, not reliant on agency	Transport, distance and travel times - Access to NDDH - Proximity to other hospitals
Aligned to CCG strategy <ul style="list-style-type: none"> • Shift care out of hospitals • Focus on prevention • Integrated, personal and sustainable 	Operational considerations - Flexibility for ‘surge’ periods - Medical cover for inpatient beds - Recruitment and retention of NHS staff
	Disease and health Life expectancy, Dementia, Demographic
	The community People living alone, carers, car ownership Support for local facilities Local health and social care market – care hms

Timelines

June / July: Pre-engagement with stakeholders

- Ensuring all our stakeholders are aware of consultation
- Request someone from your organisation to be a representative on the stakeholder reference group

August: Stakeholder reference group meeting/s (attendance by invitation and nomination only)

- 1st week August

August/September: Public consultation

End September/October: NDHT Board decision and final recommendations proposed to CCG northern body

Over to you....

- Please familiarise yourself with the criteria so you can start thinking about possible options
- We will provide a full fact file which outlines how the criteria are reflected at each hospital
- Questions, hopes and fears

Contact us

For all information and queries please contact us
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