

Success Regime

Briefing to Torridge District Council
13 April 2016

Dr. Alison Diamond, Chief Executive

Background

- Northern, Eastern and Western Devon is one of three areas in the country to be put into an NHS Success Regime
- In Devon: 16 NHS organisations, healthcare bodies and councils working together to tackle a challenging set of issues
- Devon heading for a **£442 million overspend** within 5 years if no action.
- This means services that are good now will not remain so
- Devon's health and social care services need to be sustainable

We will focus everything we do on improving:

Population health

Experience of care

Cost per person

Overview of the NEW Devon health and care landscape

NEW Devon CCG:

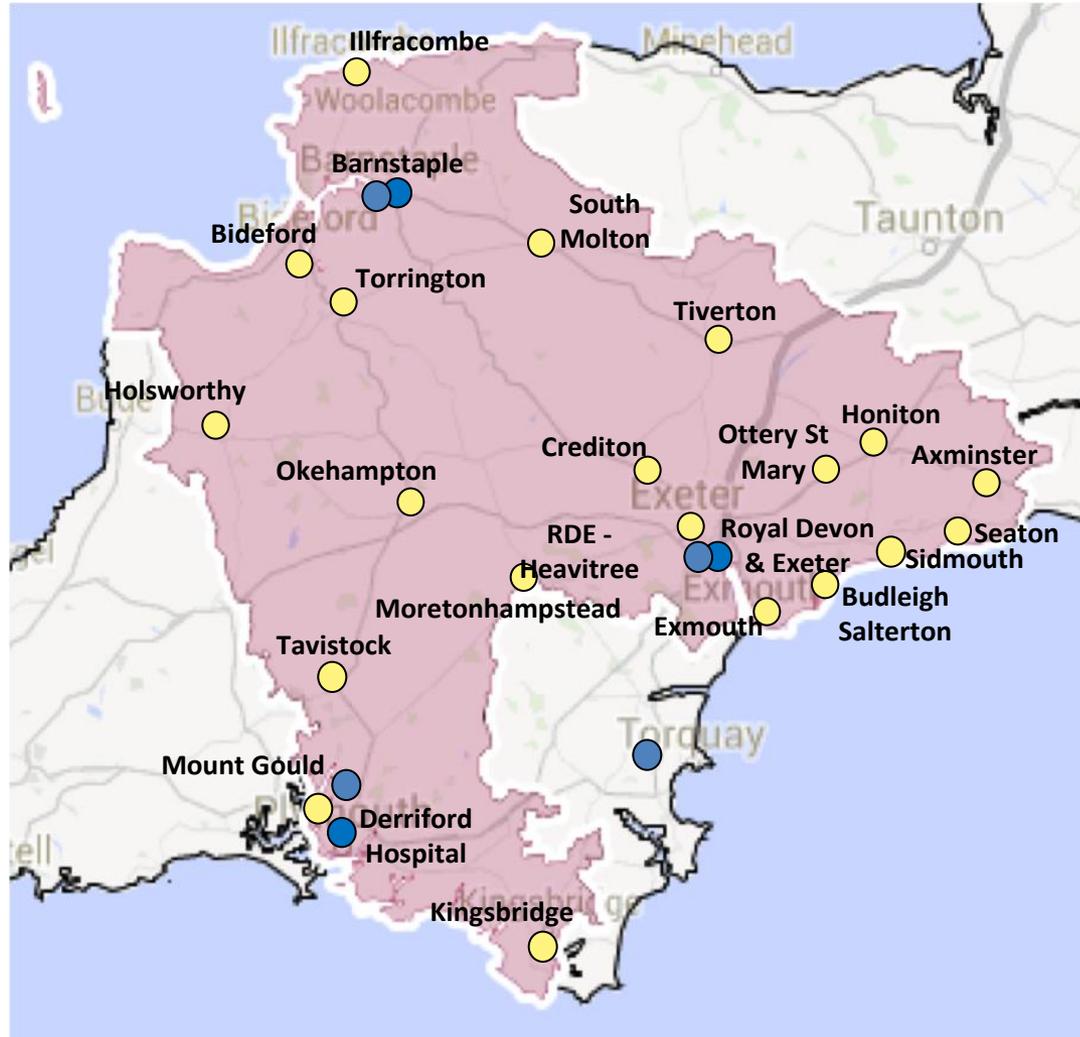
- Oversees £1.1bn healthcare spending
- 121 member practices
- 3 localities: Northern, Eastern, Western (which includes Plymouth)
- Covers a population of 883k
- Largest CCG in England

Local Government:

- Devon County Council
- Plymouth City Council

Neighbouring areas:

- There are flows of patients in and out of the county
- Plymouth Hospitals receives patients from Cornwall and there are flows in from South Devon and Torbay



In north, east and west Devon, there are:

- 2 mental health providers.
- 121 GP practices
- Three community providers running 20 community hospitals
- 3 acute hospital trusts running three acute hospitals
- An ambulance service
- An out-of-hours GP provider

- Acute trust sites
- Community hospitals
- Mental health main sites

Who's who in the Success Regime: Commissioners

- Responsible for identifying needs and then purchasing this from providers
- NEW Devon Clinical Commissioning Group
 - Commissions health services (e.g RD&E, NDDH)
- Devon County Council
 - Commissions social care (e.g. domiciliary care)
- NHS England
 - Commissions primary care (e.g. GP practices) and specialist services (e.g. sexual assault and specialist care)

Who's who in the Success Regime: Providers

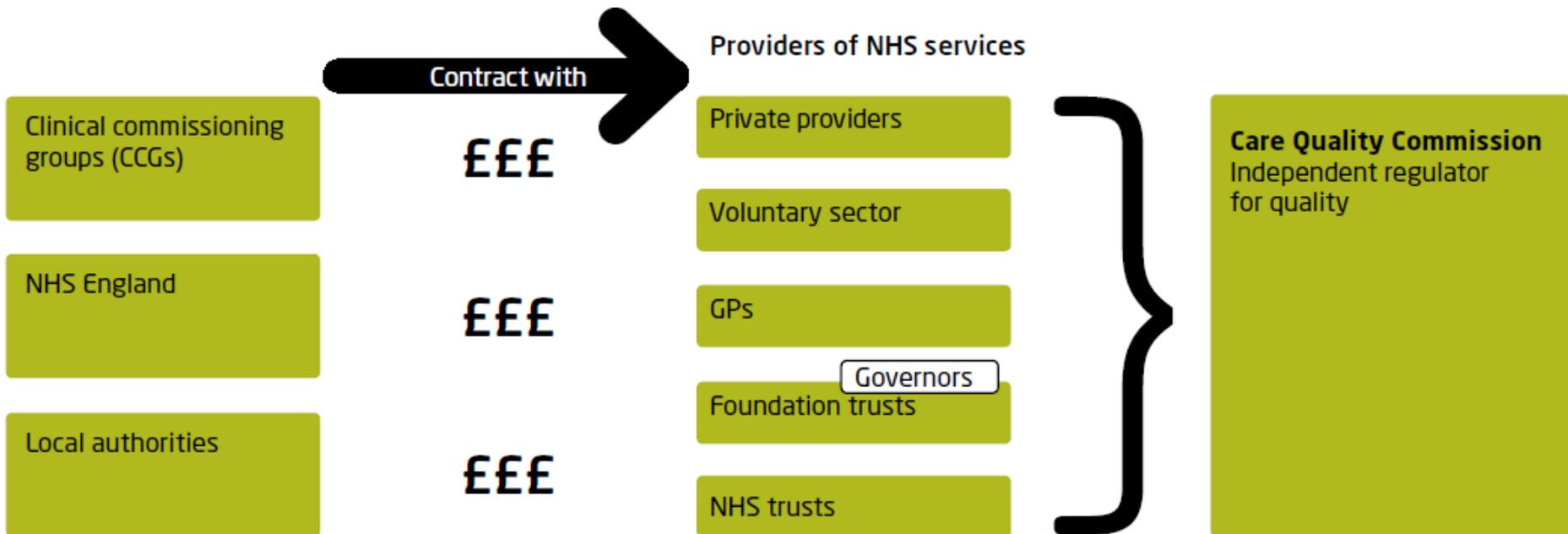
- Deliver services in hospitals, people's homes and other community settings
- NHS Providers
 - Northern Devon Healthcare NHS Trust (north)
 - Royal Devon & Exeter NHS Foundation Trust (east)
 - Plymouth Hospitals NHS Trust (west)
 - Devon Partnership Trust (mental health over all areas)
- Other Providers
 - Virgin Care (children's services)
 - Livewell Southwest (Plymouth community health and social care)

Who's who in the Success Regime: Other organisations

- Ambulance service (SWASFT)
- Devon Doctors (out of hours doctors)
- Healthwatch (voice of the patient/service-user)
- Public Health England

- We are overseen by and accountable to:
 - NHS England
 - NHS Improvement
 - The Government/Department of Health

Structure of health services



3 phases of work

- **Phase 1** – Diagnostic phase to understand the issues
- **Phase 2** – Design and consultation on options for addressing the challenges
- **Phase 3** – Implement changes to services

Phase 1 is complete and sets out a compelling Case for Change and a long-list of transformation opportunities

Phase 2 is now under way

We are engaging with you now to ensure that you understand the challenges and also what NDHT is doing in the coming year

Case for Change headlines (1/2)

- People in Devon are living longer, with increasingly more complex care needs that require more support from health and social care services.
- Some people have more health and social care needs than others. In North, East and West Devon, 40% of local people use almost 80% of health and social care.
- Doing nothing is neither affordable nor clinically sustainable.
- There are health inequalities across the region.
- There is less money spent overall on health and social care in the most deprived areas across North, East and West Devon.
- Care needs to be more person-centred and co-ordinated especially for people with more than one long-term condition.

Case for Change headlines (2/2)

- Around 95,000 people with a long-term condition also have a mental illness. These people consume a large proportion of the health and social care budget but still achieve poor outcomes.
- There are too many people in hospital beds who don't need to be there: every day 500 people in a bed who do not need to be there.
- Local people are waiting too long to access some cancer services.
- Local hospitals are finding it difficult to deliver services for some of the most seriously ill people.
- Services could be run more efficiently across North, East and West Devon.
- There are difficulties with recruiting and retaining staff at all levels, making it hard to provide comprehensive and high-quality services.

20 transformation opportunities

1

Prevention

- A. Healthy start for children
- B. Supporting vulnerable children
- C. Living well for adults
- D. Ageing well

2

Excellent care

- A. Proactive care and support planning in primary care with access to specialist opinion
- B. Reducing the reliance on bed based care in all settings
- C. New models of care for people with dementia
- D. Optimise elective care pathway
- E. End of life pathways
- F. Better care for mental health patients who also have one or more long term condition
- G. Optimise spending on continuing care

3

Productivity

- A. Optimising the use of clinical and non-clinical staff
- B. Reduce agency spend
- C. Improved procurement
- D. Optimising the use of estate

4

Optimising service configuration

- A. Delivering high quality, accessible emergency services (stroke, CVD, heart attacks) and urgent care services
- B. Maternity and paediatric inpatient services
- C. Reconfiguration of elective care
- D. Improving the cancer pathway
- E. Consolidation of specialised services



Some of these opportunities build on work already under way in Devon and these activities will need to be brought together in an appropriate way

Actions for Devon in 2016/17

Devon's NHS must save £130 million in the financial year.

This is challenging. Councils are facing similar.

Local NHS organisations - working together - have prioritised five transformation opportunities in 2016/17 that will bring most benefit to patients:

- 1. Bed-based care – reducing length of stay in hospital**
- 2. Elective care – referrals and follow-up appointments**
- 3. Continuing care – packages of care funded by NHS**
- 4. Agency spend**
- 5. Procurement**

Areas of focus for 2016/17

1. Reduce length of stay in hospital
 - Fewer people in hospital when they could be at home. People retaining more independence for longer.
2. Reduce unnecessary referrals and follow-ups
 - More standardisation
 - Follow-up appointments based on clinical need not time

Areas of focus for 2016/17

3. Continuing health care – reduce Devon’s spend to the national mean average
 - Provide improved assessment and support
 - Change the model of care from dependency to enablement
4. Agency spend
 - Reduction in agency = safer patient care + more £sustainable services

Areas of focus for 2016/17

5. Procurement

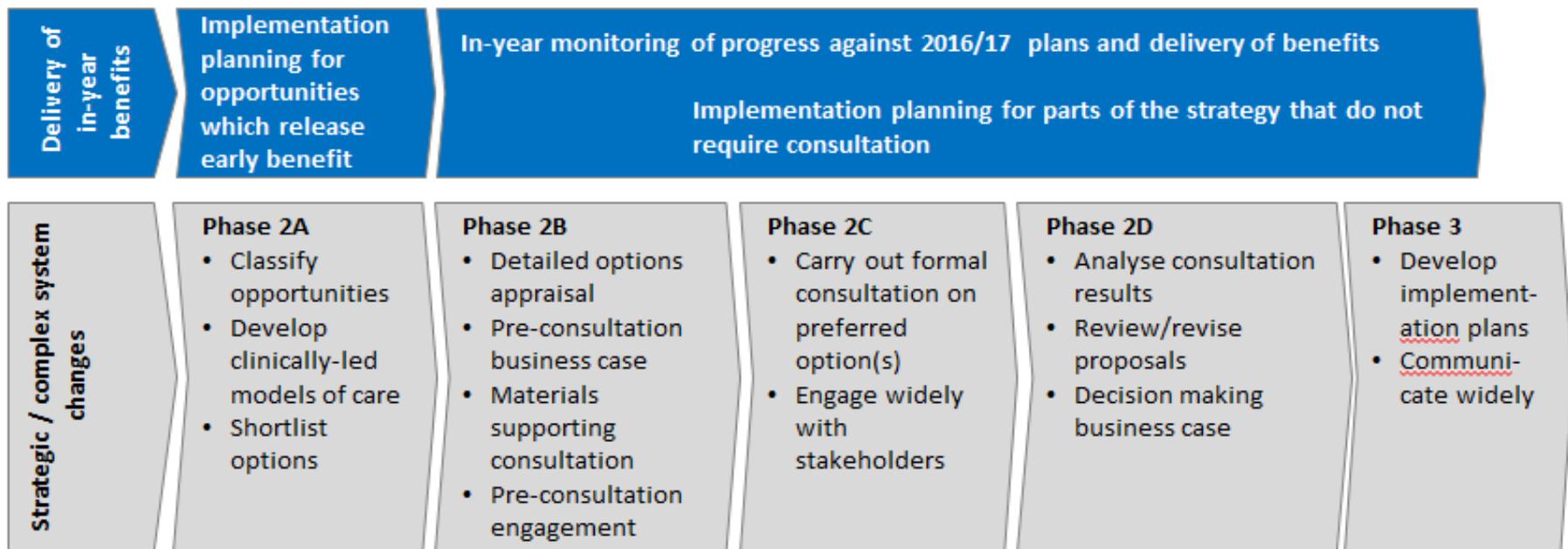
- Better buying decisions to get value for money from our buildings, clinical resources, equipment and utilities

**These five workstreams will get us close to
£130m savings**

Timeline for 2016/17

Some of the changes identified could require consultation; where this is required, implementation is planned to start by March 2017

Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	June 2016	July 2016	Aug 2016	Sept 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017
----------	----------	----------	----------	----------	-----------	-----------	----------	-----------	----------	----------	----------	----------	----------	----------



By the end of phase 2b there will be a short-list of options for consultation

The good news

- NDHT provides high quality services for patients
- We hit our targets – waiting times, cancer etc.
- High levels of patient and carer satisfaction
- We manage our pressure well – returning from red escalation to green within hours
 - This winter with 47 fewer beds
 - Now advising eastern system on patient flow
- We are committed to supporting people's independence at home.

What does this mean for Torrridge?

- Northern Devon needs to work together to ensure our voices are heard – your voice and our voice.
- We need to change – doing nothing is not an option
- This means consultations and engagement are likely to happen every year for the foreseeable future
- You will be asked for your views on how these changes will impact you and for a rural area like Devon it will nearly always boil down to the choice between creating efficient centres of excellent clinical skills and how far people have to travel

More information

- Case for change video –
https://youtu.be/cYvqRUWL0_M
- Visit our website –
www.northdevonhealth.nhs.uk
- We can come back to brief you but also appreciate your help taking the message to your constituents.

Your questions.....