

**Report to Devon Health and Adult Care Scrutiny Committee**  
**19<sup>th</sup> June 2017**

**Your Future Care**

**Recommendation**

The Devon Health and Adult Care Scrutiny committee is asked to note the content of this report which provides an update in relation to the Your Future Care consultation.

**1. Context**

This paper has been prepared for the Devon Health and Adult Care Scrutiny Committee. It provides background information to the *Your Future Care* programme and decisions made by NHS Northern, Eastern and Western Devon Clinical Commissioning Group (CCG) Governing Body of 2<sup>nd</sup> March 2017, following public consultation, to reduce community hospital inpatient beds and units in the Eastern locality in the context of developing a new model of care for the area.

This programme is designed to deliver improved outcomes and experiences for patients, improved experiences for staff and clinical and financial sustainability of community services.

Since the CCG's Governing Body decision, the CCG has been working closely with colleagues at the Royal Devon and Exeter NHS Foundation Trust and Devon County Council to prepare for effective and phased implementation of the changes.

The CCG recognises that the Devon Health and Wellbeing Scrutiny Committee raised specific questions and concerns through a resolution made on 7<sup>th</sup> March 2017. The CCG has responded to correspondence from that Committee. In the intervening period progress has been made in the detailed preparations and engagement for implementation as described in this paper.

## 2. Background

The CCG originally began reviewing community services in North, East and West Devon in 2013, developing and approving 'Integrated, personal and sustainable: Community services for the 21<sup>st</sup> Century' in 2014. This strategic framework was based on engagement throughout the area and set the early foundations for changing the model of care towards preventive, pro-active and co-ordinated care outside of hospital, where possible.

Building on this, in 2016 further engagement of clinicians resulted in recommendations to further shift the emphasis from bed based care to more effective, reliable and sustainable models of home-based model, which is designed to offer:

- Comprehensive assessment:
- Single point of access:
- Rapid response:

Comprehensive assessment identifies people who are at risk and assesses and plans their care with them when they are not in crisis. The single point of access provides a contact point for professionals to achieve an urgent response for the patient. Rapid/urgent response, which includes rapid access to a specialist opinion, institutes a package of care for the person to help them remain at home where possible.

The level of community hospital inpatient provision is notably higher in Eastern Devon than in Northern and Western and key to the proposal was that inpatient beds in Eastern Locality reduce from 143 to 72, a level more comparable with current inpatient levels in Northern and Western Localities. Public consultation took place between 7<sup>th</sup> October 2016 and 6<sup>th</sup> January 2017 (13 weeks).

In preparing for public consultation, the CCG's process was subject to external assurance by NHS England, in accordance with the four tests of service change and requirements set out in '*Planning, Assuring and Delivering Service Changes for Patients*'<sup>1</sup>. As part of this external assurance the proposals were reviewed by the South West Clinical Senate, who also supported the decision to proceed to public consultation, whilst noting areas for attention in implementation.

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<sup>1</sup> Planning, assuring and delivering service changes for patients: NHS England (2015) <https://www.england.nhs.uk/wp-content/uploads/2015/10/plan-ass-deliv-serv-chge.pdf>

The outcomes of public consultation report have previously been provided to the Scrutiny Committee including the full post-consultation report in March 2017. There was considerable feedback with recurrent themes incorporating: local impact; travel; rurality; staffing the new model; quality and safety; impact on individuals; finance; future proofing of services. The post-consultation report is available on the CCG website [here](#).

Whilst the consultation sought feedback on the four most viable inpatient configuration options (with the option to suggest alternatives to meet the decision criteria), the process that followed included further review and analysis in light of public consultation before making the recommendation to the CCG's Governing Body to close inpatient beds in Exeter, Honiton, Seaton and Okehampton community hospitals and to proceed to develop the new model of care.

The consultation and subsequent decision took place soon after the CCG finalised the re-procurement of community services, including services in community hospitals. Royal Devon and Exeter NHS Foundation Trust started running the services from 1<sup>st</sup> October 2016 following a process designed to strengthen community based services for the population in Eastern Locality. RD&E has been engaging with local stakeholders, consulting with their staff and actively preparing for implementation by autumn 2017.

### **3. Governing Body decision**

As well as recommending the locations for inpatient beds, the CCG's Governing Body also identified the importance of ensuring readiness for implementation. Therefore, the following arrangements have been put in place:

- **CCG/RD&E Clinical and Professional reference group:**

This group is designed to bring together clinicians and professionals to support the detailed planning of implementation, in particular by seeking to understand the particular needs of communities affected by the changes and clarifying the future provision in these towns. Particular focus and work on understanding the needs of the populations of Okehampton and Axminster is being undertaken.

- **CCG Implementation Assurance Panel:**

This clinically chaired group is mandated by the CCG's Governing Body to assure readiness for implementation. It is a formal group reporting back to the CCG Executive and onward to the CCG's Governing Body. It will meet three

times ahead of implementation in September and October this year to review the implementation plans against a series of gateway questions, which span the following parameters:

- Pre-implementation
- Workforce
- Governance, communication and engagement
- Implementation
- Post implementation

The questions identified for each of these parameters are designed to achieve safe and quality implementation. Examples of these gateway questions are:

- Implementation: Are the needs of people requiring palliative and terminal care planned for? What is the availability of alternatives and impact on social care?
- The workforce: Is there a clear understanding of and plan for the workforce and any changes required in ways of working?
- Governance: Is there a clear roll out plan for implementation that has due regard to the operational issues of managing change?

These and other gateway questions take into account key themes raised by clinicians and the public and include: readiness of the workforce; preparedness of the new model; implications for social care; and end of life care. The panel will also consider the recommendations of the South West Clinical Senate for implementation.

**The CCG has been clear that no beds will permanently close until it is assured of readiness. This panel process is designed to provide this assurance.**

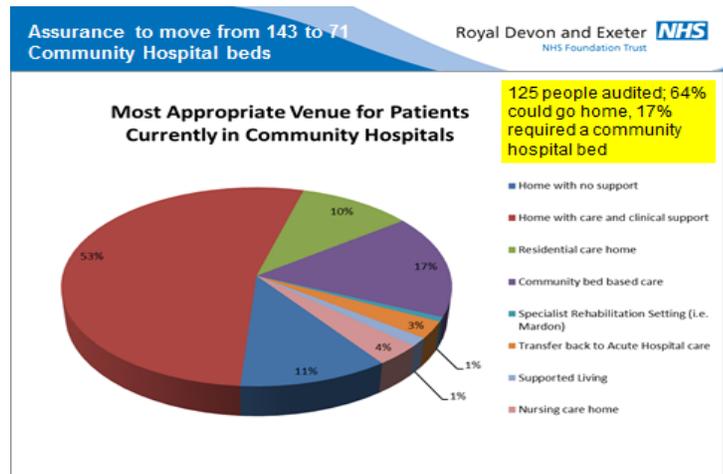
#### **4. Implementation to date**

The decision making business case (DMBC) considered by the CCG's Governing Body (available [here](#)) estimated that in a given week about 30 patients are admitted to the seven community hospitals with inpatient beds in the Eastern Locality.

For all four hospitals that will no longer have inpatient beds, this is 15-20 admissions a week, of which two thirds are expected to be treated at home once the new model is in place. Where patients have a clinical need for a hospital inpatient stay, this will continue to be available to them.

Since then the following additional work has been undertaken:

- An audit conducted in March 2017 of 125 patients in the 7 current inpatient units showed that 64% of these patients could be supported at home (11% without additional support and the remaining 53% with additional care). The percentage who were assessed as requiring community hospital care was 17%.



- Local community services managers and teams have worked with local stakeholders at workshops to model and explore the requirements for each area, in order to support people outside of these hospital settings. These workshops have been positively received. This modelling recognises that each local area is at different starting points and is tailoring services to address this. The detailed staffing structures to deliver the new model and how this works in practice are developing well.
- Workforce consultation commenced on 15th May 2017 for a three month consultation period, which is important in involving and preparing staff for the future. This process is being conducted by RD&E working with the staff side representatives. Staff meetings have started for groups of staff and also 1-1 meetings are being held to support staff in the transition. The change affects 200 directly affected and partially affected staff members and there are a variety of employment opportunities to ensure that we retain the skills of our valuable workforce within our health and social care system.

The change to each of the inpatient units and operationalisation of the new model will take place in a phased way. At the present time the indicative schedule, noting this may be subject to change, is that Exeter and Honiton inpatient beds will close in September 2017 and Seaton and Okehampton in October 2017.

The CCG and the provider are clear on the importance of effective measures to evaluate services post implementation and building on the advice of the Devon Health and Wellbeing Scrutiny Committee Quality Spotlight review (2017) from the point of implementation, the CCG and provider will ensure the services deliver the desired outcomes. They will share performance reports with the Committee.

## **5. Next steps**

This report is in addition to the CCG's responses to the Committee resolution previously provided and therefore does not duplicate the detail here, although the CCG recognise this will be discussed at Committee. As progress has since been made, the CCG asks the Committee to note this report, support the progress towards the implementation and engage in future evaluation of the new care model.

Given the nature of these changes, it is recommended that the CCG and RD&E report back to the Committee at an early stage post implementation in November 2017, recognising the Committee may wish an interim report before that date.

The Your Future Care programme forms the early stages of wider development through the Devon Sustainability and Transformation Plan (STP) Integrated Care Model (ICM) programme. Spanning the areas covered by both NEW Devon and South Devon and Torbay CCGs, this will build on these initial changes and collaborate with key stakeholders to drive forward future developments in delivering person-centred, integrated care in the community.

Sonja Manton  
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