

Transforming Community Services – NEW Devon CCG

Recommendation

That the Committee notes the report, considers decisions made and planned next steps in relation to inpatient services in community hospitals in the context of the wider commissioning intentions for community services.

1. Introduction

This report provides an update for the Committee on the Transforming Community Services Programme in northern, eastern and western Devon. In March 2015 the Clinical Commissioning Group reported on the commissioning intentions consultation and notified the committee it would report in June 2015.

Since that time, in Northern and Western Devon, Locality Boards have made decisions in relation to their proposed commissioning intentions. In Eastern Devon the Locality Board has considered the proposed intentions and key decisions will now be considered by the Clinical Commissioning Group Governing Body on 16th July 2015.

In addition to the work on the commissioning intentions the Clinical Commissioning Group has been progressing plans for the future delivery of community services following the approval by the Governing Body in November 2014. This paper also provides up to date information for the Committee in relation to this.

2. Northern

2.1 Commissioning intentions

Northern locality set out draft commissioning intentions for consultation on 17th September 2014. The Consultation report has been published and a summary was provided to the Devon Health and Wellbeing Scrutiny Committee in March 2015. As previously indicated a key next step in the work in Northern Locality was to consider the inpatient requirements in community hospitals for the future.

The CCG strategy, described in 'Integrated, personal and sustainable community services for the 21st century', home as first choice:

The growing understanding of the need to shift the emphasis to fewer beds but a greater number of more personalised and responsive care packages at home is now indicating a clear impetus to achieve this at the earliest opportunity.

Getting the right balance of care is central to this strategic framework and will be the subject of ongoing engagement in both the planning and evaluation of services.

In Northern locality the proposal in the commissioning intentions was to reduce the reliance on beds as a key enabler for changes in the community service design, which in the Northern Locality, is known as Care Closer to Home. In particular the locality recognised the importance of supporting people in home, particularly in such a rural geography and in recognition of the rising numbers of people with complex health needs.

Detailed bed modelling was undertaken to understand the need for inpatient care, with beds as the measure. At present there are 74 community hospital beds across North Devon and Torridge based in Ilfracombe, South Molton, Bideford and Holsworthy, although Ilfracombe is temporarily closed because of difficulties the provider has in meeting safer staffing levels.

The northern Locality Board considered the Bed Modelling information and as a result there was unanimous board support to shift from 74 to 40 beds, based on the national evidence and the outcome of consultation which supported more home based care. The Board recognised the positive impacts for the community in terms of safety, experience and effectiveness.

It is important that the Committee is aware that the Board notes that any reduction in inpatient beds must be balanced with an increase in community based services and the papers suggested for every inpatient bed removed from the system an indicative figure of £25,000 should be reinvested in the community services, in addition to redesigning the use of the existing community contract with NDHT.

2.2 Next steps

The next step is a process which brings together a community group to agree the criteria and the weightings of these to come to a conclusion with regards to the future locations of inpatient services. It is planned this will occur over the summer months followed by consultation. The aim is this next step will be conducted in partnership with the provider of services and any follow on implementation would need to ensure appropriate community services are in place.

3. Eastern

3.1 Commissioning intentions

In Eastern locality the consultation commissioning intentions, also published on 17th September 2014 and supported by a further supplementary consultation published on 20th January 2015, is now complete. A consultation update was provided for Devon Health and Wellbeing Scrutiny Committee in March 2015 and the consultation report was received by Eastern Locality Board in May 2015.

The Eastern Locality Board at its May 2015 meeting considered the commissioning intentions in two parts:

1. Prevention and Wellbeing Services for adults with complex needs and people requiring stroke care services where the focus of the commissioning intentions was primarily on the future model of care for patients
2. Urgent care and inpatient care in the community where the focus of services was also the model of care for patients and to achieve this would require consideration of reconfiguration of current services

In relation to Prevention and Wellbeing services the Locality Board the Eastern Locality Board:

- Adopted the proposed new model of care to commission a shift in emphasis towards prevention and wellbeing, including hub development, over a three year period.
- Adopted the integrated pathway for adults with complex needs commissioning to achieve this over a three year period.
- Adopted the proposal to commission stroke care through a single amalgamated site with early supported discharge services for the whole of the Eastern Locality.

In relation to stroke care the Locality Board also agreed to review the position towards achieving a long term solution for stroke rehabilitation by September 2016 noting that this will require continuation of the current interim amalgamated service in Ottery St Mary hospital for the foreseeable future.

In relation to the future of urgent care and inpatient care the locality Board discussed these items and agreed to contribute views to the Governing Body for decision making. The locality board considered the need for a clearer specification and service for urgent care and noted that the current procurement is underway, and confirmed that consultation outcomes and proposals would be taken into account in this procurement.

For inpatient services the strength of public opinion was discussed as well as the need to take a range of criteria and evidence into account in making decisions. The locality board received the independent report of Sir John Evans which included alternative options to the CCG proposals for the Wakley area and the Board agreed this report in full will also be received and considered by the Governing Body.

3.2 Next steps

Following the Eastern Locality Board discussion in May, further work will now be done to provide further narrative on each of the additional options received and presented to aid the Governing Body discussion. The Governing Body will now receive papers and consider this further at its meeting on 16th July 2015.

4. Western

4.1 Commissioning intentions

In the Western Locality, again the commissioning intentions were published for consultation on 17th September. Devon Health and Wellbeing Scrutiny Committee received a report in

relation to this consultation in March 2015. The proposed commissioning intentions were subsequently adopted by the Locality Board in April 2015 emphasising the general approval to support more locally based, integrated services including a whole pathway approach for co-ordinated care, making the best use of facilities in the community to bring care closer to home and increase the emphasis on health and wellbeing and in particular to consider the different needs of rural and urban populations when planning implementation.

The alignment of community services provision with secondary and primary care in the same geography will enable much strategic alignment, making the best of collaboration in provision and commissioning and operational pathway benefits for people using the services.

4.2 Next steps

The next steps will include working with the new community provider in the delivery of the locality commissioning intentions for community services. This will include a next stage of co-production for transformation of services, with integration of health and wellbeing and the other key principles of our strategic approach at the heart.

5. Transforming Community Services Procurement

5.1 Services for adults with complex needs

Following a procurement process and subsequent Governing Body decision in November 2014, preferred providers were identified for services for adults with complex needs in Northern, Eastern and Western localities.

West ern Loca lity	Plymouth Community Healthcare was identified as the preferred provider in November 2014. Following intensive due diligence the contract has been awarded and services have since transferred to the preferred provider as from 1 st June 2015 and this contract will be in place until 31 st March 2019, with the option of a further two year extension.
East ern Loca lity	In Eastern Locality In Eastern Locality Royal Devon and Exeter NHS Foundation Trust was identified as preferred provider in November 2014. Northern Devon Healthcare NHS Trust, the current provider, submitted a complaint to Monitor, the sector regulator. Following an investigation by Monitor, interim findings have now been reported and are available on https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/432792/NEW_Devon_provisional_findings_for_publication.pdf The CCG now looks forward to advancing the relevant due diligence in Eastern Locality.
Nort hern Loca lity	In the Northern Locality, Northern Devon Healthcare NHS Trust, was identified as preferred provider in November 2014. Initial discussions have now commenced with the Trust to prepare for the relevant due diligence in the northern locality as, although there is not a change in provider proposed, there is a change in the model to achieve the integrated care.

5.2 Additional information

In addition to progressing the transition of services for adults with complex needs, for urgent care the procurement is presently underway and for community speciality services further work is being conducted pending a procurement decision in the latter part of 2015.