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To: The Chair and Members of the Health and
Adult Care Scrutiny Committee

County Hall
Topsham Road
Exeter
Devon
EX2 4QD

Date: 7 September 2021

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HEALTH AND ADULT CARE SCRUTINY COMMITTEE

Wednesday, 15th September, 2021

A meeting of the Health and Adult Care Scrutiny Committee is to be held on the above date at 10.30 am at Council Chamber - County Hall to consider the following matters.

Phil Norrey
Chief Executive

SUPPLEMENT

7 Long Term Plan - Integrated Care System: Update (Pages 1 - 12)

Presentation attached.

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Induction Loop available



Together for
Devon

Health and care working in partnership with local communities
in Plymouth, Torbay and the rest of the county

The future for health and care services in Devon

15 September 2021

Six Key Ambitions – a reminder

- **Efficient and Effective Care** – ensuring evidence based care, tackling unwarranted clinical variation and improving productivity everywhere so that Devon taxpayer’s money is used to achieve best value for the population
- **Integrated Care**– enhancing primary care, community, social care and voluntary and community service to provide more care and support out of hospital care Including urgent response
- **Equally Well** – working together to tackle the inequalities in the physical health of people with mental illness, learning disabilities and/or autism
- **Children and Young People** – investing more in children and young people to have the best start in life, be ready for school, be physical and emotionally well and develop resilience throughout childhood and on into adulthood
- **People Led Care/the Devon-wide Deal** – nurturing a citizen led approach to health and care which reduces variations in outcomes, gaps in life expectancy and health inequalities in Devon
- **Digital Devon** – investing to modernise services using digital technology

What is different in our system? (1)

Updated needs assessment show underlying issues remain the same:

- **Incident driven demand** – temporary illness planned and emergency with **85% beds occupied by emergencies** growing at rate of 2.5% pa. Pandemic has led to significant growth in numbers waiting for elective care
- **Long term conditions** and multiple disease especially Mental Health, MSK, diabetes, CVD and respiratory conditions. Increasing numbers living with 3 or more LTCs.
- **Care required group** – by 2030 there will be 36.5% more people over 75 years. On average a third of lifetime health care costs are consumed in **last 2 years of life**
- **Health inequalities across Devon** exemplified by gap in life expectancy of 15 years
- **Amount of years living in good health decreasing** since 2012

What is different in our system? (2)

- **Workforce challenges** – by 2040 numbers of working age adults reduce by 50% compared with number in over 85 years of age.
- The **New Hospital Programme** investment in estates and digital is significant enabler of change
- **Impact of pandemic** on future demand – NHSE predicted worst case increase 40% MH and 60% CAMHS
- Significant **cross border** flows with Cornwall

The Long Term Plan

- Sets out **the transformations** that managed across system level will
 - **manage demand differently**
 - **improve safety, quality, and outcomes**
 - **support the delivery of the financial framework** in the longer term
- All transformations align with our agreed **key ambitions**
- Other priority actions to deliver LTP will be managed through existing workstreams
- Summarised in **LTP document** and full details available in supporting priority matrix

ICS system wide change

1. All ICS partners commit to **Equally Well** addressing differences in care (access, experience and outcome) by ethnicity, deprivation and other factors
2. Each LCP **addressing key health inequalities** within their locality
3. **All ICS organisations** sign up to addressing inequalities through their anchor role as an Employer, Purchaser and Provider
4. Development of a **'One Team' approach** that can be spread across Devon and potentially wider
5. **Reimagine approach to work** utilising new technology, new roles and working in networks and collaborations

Strategic Drivers of Change

Digital & Estates investment

1. **At the centre of all ambitions digital** becomes as a **route to care** based on shared records and electronic patient record
2. System wide initiative to develop **the digital citizen**
3. Delivery of **New Hospital Programme** critical infrastructure rightsized to support delivery of these ambitions

Transformed Care (1)

1. Cultural change to shift focus towards **supporting people closer to home. Fully integrated service** of all statutory and non statutory providers of health and care, working with communities to accept **managed risk, reducing reliance on any beds.** A strength based approach.
2. Year by year plan to implement **best practice pathways consistently** including end of life care, frailty, dementia, LD and MH. Adults and children.
3. **A "Thriving" PHM maturity across the System** supporting predictive and targeted personalised care for those with specific needs
4. Use of **virtual/digital initiatives** as enabler to maximise Out of Hospital opportunities supported by shared records & data

Transformed Care (2)

1. Delivery of the national LTP targets for Mental health with appropriate level of investment
2. Comprehensive drive focusing on **prevention and intervention for Children & Young people** including those with emotional needs, working with education and voluntary services
3. Optimised model for **community paediatric service** integrated with community teams
4. Redesign and redevelopment of **community urgent care** including mental health services
5. **Navigation of patients** to appropriate alternatives to Emergency Departments
6. Deliver a **personalised maternity experience** that allows women in Devon to choose where and how they give birth

Transformed Care (3)

1. Deliver system plan for **protected elective capacity** and **accelerator project**, reorganise highest complexity elective care linked to ICU expansion
2. Delivering the British Association for Day Surgery standard for level of **day case activity** – recognised system of excellence
3. Development of **Community Diagnostic Hubs** including broader primary care diagnostics
4. Fully implement **diagnostics plan** including image sharing network, workforce network, technological innovation
5. Implement **transitional care for 80% of Level 1 neonatal babies**, with an equivalent reduction in Level 1 Neonatal cot provision

Conditions for success

- **Seek solutions** that work for the system.
- **Standardise practice and services** where it makes sense to do so
- **Focus on quality, safety, access, cost reduction and cost containment.** The drivers of cost including growth, inflation and unwarranted variation in practice.
- **Commitment to adopt best practice at pace**
- Recognise that **participation will be required at system, locality, neighbourhood and organisational level** on the priority areas with **clear responsibilities**
- **Set out clear actions to deliver measurable impacts**
- **Share risks and benefits across the system** and ensure they are fully understood by all parties

Communication and Engagement

Meaningful involvement and cocreation with Devon’s population, partners and Health and Social care workforce will be critical to successfully develop and implement our vision for how health and care services will be delivered in the next five years. At the core of the LTP, is our goal to shape services around the needs of the Devon population.

From planning through to implementation, our mixed method approach will ensure staff and communities across Devon are meaningfully and safely involved throughout the LTP. This will happen in three phases:

- Conversations with staff, patients and communities about the challenges facing the Devon health system.
- Co-creation and engagement with informed staff, patients and communities to further develop each of the priority areas.
- Formal consultation, if required, to ensure any significant service change is undertaken in partnership with the people of Devon.

Options for any consultation will be developed from preceding engagement and involvement.

September – October 2021: Phase one - conversations

Phase 1 - involving the public – we will use our Citizen’s Panel and patient panels to launch our conversations. Specific actions include:

- Launch the public facing document and supporting survey
- Launch event / virtual public meeting with Virtual Voices Panel
- Partners will undertake feedback with specific groups
 - Living Options Devon – protected characteristics
 - Devon Communities Together – rural communities
 - Healthwatch – general population
 - Providers – staff

November 2021 – February 2022: Phase two – co-creation and engagement

Phase 2 – 12 week engagement period with the public and communities which will include:

- A series of questions that will help inform workstream plans.
- A system wide survey on key themes. This survey will be available in various formats.
- Series of supporting events with local politicians and stakeholders across all LCPs

Phase three: Public consultation Details and timeframes TBC