

Health and Wellbeing Scrutiny Committee

Clinical Commissioning
Group strategy
Spotlight Review

June 2014

1. Recommendations

The spotlight review looked at the concepts and timeframes invoked by the North East West Devon Clinical Commissioning Group. The review did not specifically review the CCG Strategic Framework for community services because it had not been published at the time of the meeting. Instead the scrutiny spotlight review focussed on understanding the direction and intent behind the CCG's work.

As such there are no specific recommendations, but requirements that the Committee has outlined as a result of this work.

	What does this mean?
Information	The committee requires clarity over what is currently proposed, whilst acknowledging that this would not be in the high level strategy.
Opportunities	The identification of positive developments the changes to strategy are intended to bring, including the Better Care Fund, care closer to home and the joining up of services.
Direction	Clarity over the strategic direction, what will the service look and feel like? What will patients experience? How will prevention be part of this agenda?
Developments	The committee would like to have oversight of future service changes and engagement/consultation arrangements. Committee to revisit the Community Hospital Task Group.

2. Introduction

- 2.1. Devon County Council Health Scrutiny committee has been actively interested in the development of the NEW Devon CCG programme of Transforming Community Services for some time. This reflects the high interest in community health services from constituents and all members of the committee. The value and local affection for community services was recognised by the Community Hospital Task Group.
- 2.2. Since the Community Hospital task group report was published in September 2012 there has been a series of instances where scrutiny has had input into the NEW Devon CCG strategy:
 - ❖ Nov 2012 Integrated Commissioning Plan Overview to committee and CCG response to the Community Hospital TG
 - ❖ May 2013 TCS programme
 - ❖ August 2013 seminar session with CCG
 - ❖ September 2013 TCS strategy and engagement

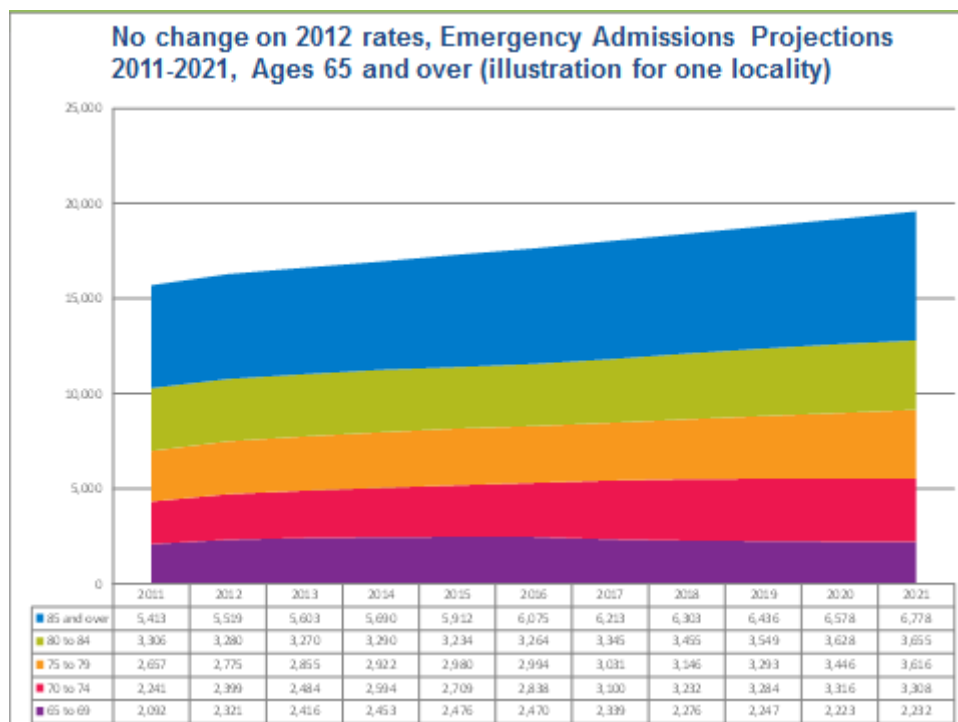
- ❖ November 2013 Transforming Community Services Programme and current progress and continue to engage in the co-production phase that will inform the vision, strategy, principles and outcomes for these important services.
 - ❖ Jan 2014 TCS Engagement and co-production
 - ❖ Spotlight review held on the 16th April
- 2.3. The Spotlight review heard about the stepped process from that point onwards. This is summarised as follows, until September:
- ❖ 18th April : TCS draft locality public engagement reports published on the NEW Devon CCG webpages
 - ❖ 14th May, Draft strategic framework published for 8 week period of comment
 - ❖ 16th June, Health and Wellbeing Scrutiny Committee
 - ❖ 8th July, End of period of comment strategic framework
 - ❖ 16th July: Governing body decision on next steps and confirmation of programme for locality specific proposals and associated engagement
- 2.4. The purpose of the spotlight review was twofold, firstly to enable the committee to have further opportunity to consider the key themes of the engagement process and understand how these were being reflected in the emerging strategy. In addition to this the Spotlight review was part of several opportunities that the committee has to contribute to the production of the CCG community services strategy.

3. The challenge

- 3.1 The number of people living in the county is predicted to grow by 20% over a 25 year period, from 747,000 (in 2008) to 899,000 (in 2033), an increase of 152,000. Rising population will intensify demand for services and infrastructure. People are also living longer. By 2031, over a quarter of the County's population will be aged 65 years or over, whilst the proportion of people of working age will have grown by very little. Although this trend could bring many benefits including higher levels of volunteering and a wealth of experience to the jobs market, it will inevitably increase pressure on health and social care services. For example, by 2025 it is estimated that the number of dementia sufferers will have risen by 18% and the number of people who cannot manage their own personal care will have risen by 14% (compared to 2010).
- 3.2 If there is no modification to the current admission rates then demand to the acute sector will steadily increase based on the current projection in the growth of the over 65 population. Combined with increasing financial pressures on the sector this projection of growth means that services cannot be provided in the way they historically have been.
- 3.3 The landscape of how and by whom health services are provided has also changed greatly in the last few years. This includes the introduction of Clinical Commissioning Groups, the evolution of NHS organisations into providers and commissioners, the creation of Health Watch and the introduction of Health and Wellbeing Boards, to name some of the developments. This change provides challenge but also revitalises a complex series of organisations enabling a fresh look at the way services have historically been provided. This is essential as the national financial situation is mirrored in local services.
- 3.4 These challenges are succinctly summarised in the Kings Fund report:

- ❖ The current NHS productivity challenge is uniquely different (and difficult) because funding restraint has been more severe and long lasting, and coincides with major reorganisation.
- ❖ 2015/16 is a possible financial ‘cliff edge’ for some providers, who plan to cut emergency and other elective work as part of the opportunity cost of diverting a further £1.8 billion of NHS allocations to consolidate the £3.8 billion Better Care Fund.
- ❖ NHS spending as a proportion of gross domestic product (GDP) will fall from its peak of 8 per cent in 2009 to just over 6 per cent in 2021 – equivalent to 2003 spending levels.
- ❖ Closing the ‘income–expenditure gap’ at local level requires significant efforts to increase income (not just reduce costs).
- ❖ Current productivity policy levers are not sustainable, even in the short term. Local health economies needed to think collectively (and with guidance) about how to provide services within budget. Politicians and the public need to acknowledge that this means major shake-ups in where and how services are provided.¹

3.5 This situation is further exacerbated by Devon having a significantly older population than the National Average. The chart below demonstrates the projected increase in emergency admissions in the over 65s.



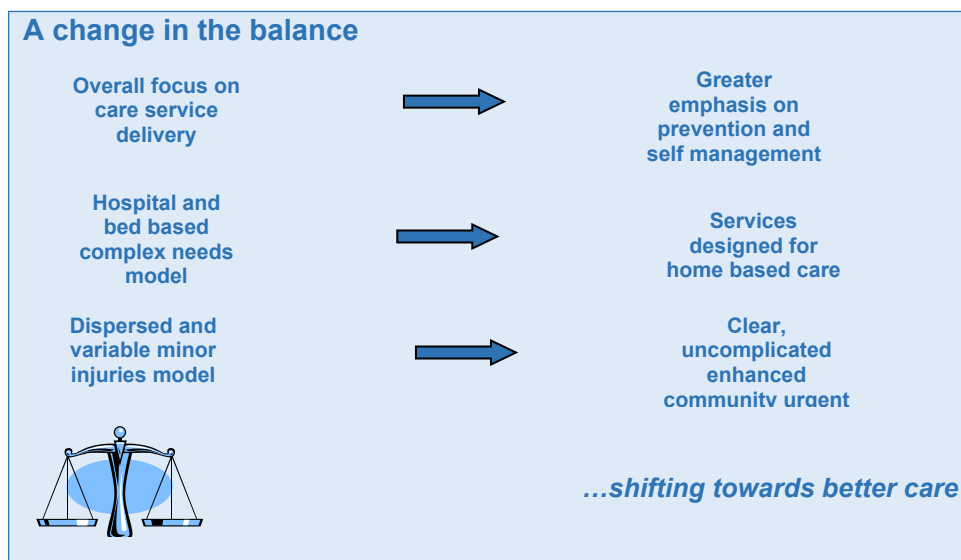
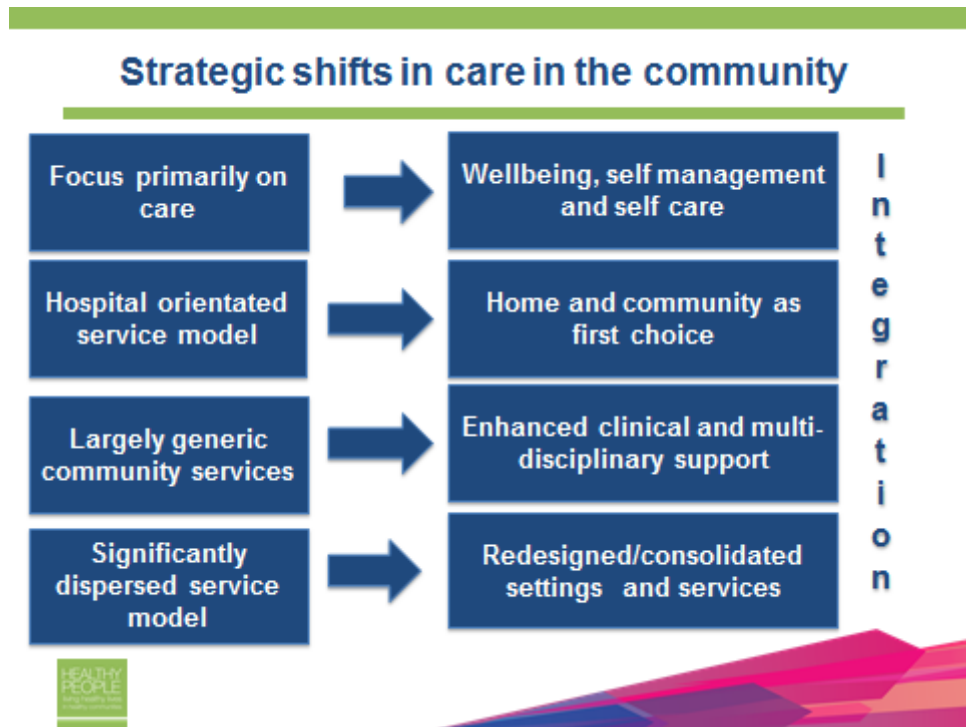
3.6 The combination of these challenges sets the scene for the NEW Devon CCG to develop a strategy to meet the health needs of the population.

4. Ideology

¹ The Kings Fund, The NHS Productivity Challenge, <http://www.kingsfund.org.uk/publications/nhs-productivity-challenge> June 2014

² Slide taken from CCG Presentation given on the 14th April to the spotlight review.

- 4.1 The starting point for reviewing the strategy must be a consideration of the thinking behind it. Underpinning the changes to the strategic are a different approach to health services. In part this need was recognised in the Community Hospital Task Group two years ago. The presentation that the CCG gave to the spotlight review recognised the shifts required equally from commissioners, providers and communities.



Tailored services

- 4.2 The Health and Wellbeing Scrutiny committee's Community Hospital Task Group

³ Information provided by NEW Devon CCG

recognised the need for change to the existing structure of service provision in their report and concluded:

'The challenge is to move the debate from the tangible 'bricks and mortar' of community hospitals to a discussion about the best possible treatment for patients in their community...

...The task group anticipates seeing the development of community hospitals into centres offering a range of health and social care services, and welcomes a change in focus from just those who are unwell. Preventative services and developing capacity in the community are very important.'

Community Hospital Task Group 2012

- 4.3 The task group reviewed the historical development of community services and concluded that as bewitching as it might be to favour the status quo, the patchwork of services had evolved over many years to the service it is today. If the whole of community provision had been designed to meet the need today it would look very different.
- 4.4 The benefits of treating people in their own homes, and where possible avoiding a hospital stay are well documented. The Cochrane institute have reviewed the National evidence and concluded that at six months outcomes are consistently higher for people who are supported to recovery in their own home compare with those who were admitted to hospital.
- 4.5 For the future decisions to be taken over localities may mean that the services offered might not be uniform in every area. However the most important aspect, as the spotlight review discussed, was the need for consistent outcomes with appropriate services.
- 4.6 The design of new or additional services has to be based on need combined with what people want. So for example designing a dementia café needs to have support from the local community in order to ensure that people who have dementia will actually make use of the facilities. Part of the co-design of services has to be an analysis of what patients are referred to hospital for.
- 4.7 To support this there does need to be reliable intelligence coupled with clarity over the outcomes sought. To achieve the best outcomes there will also need to be an understanding of which interventions offer the best results.

People at the heart of any change

- 4.8 The Health and Wellbeing scrutiny committee has previously commented on how essential it is for any changes to be developed together with the community. The Community Hospital Task Group called this having a 'mature discussion'. The intent behind this conclusion was that people need to be equal partners in the services that are provided in their communities. This means having honest conversations about the drivers for change and the realities on the ground.
- 4.9 Decisions on which services might be required in each area has to be done with a well developed understanding of need coupled with co-production from the community.

5. Proposed Strategy

- 5.1 The spotlight review appreciated that the strategy document would not contain specific proposals relating to each locality. The strategy would focus on principles rather than present a fait accompli of service change. The spotlight review understands that there will be a stepped programme of discussion, engagement and dialogue to develop specific proposals for each locality throughout the summer. The dual aims of the strategy are as follows:
- Develop community services strategy, principles and outcomes – ‘what’ should services focus on and be like in the future
 - Achieve sustainable delivery arrangements for community services – ‘how’ will services be configured or arranged and organised
- 5.2 The review discussed specific action in localities; this may mean that there is the development of new services such as dementia cafes, with the starting point being to review what services patients were referred for, dermatology is high on this list and maybe something that can be offered more locally. There is a long list of potential services that could be offered in a Health and Social Care hub, the challenge is to meet the needs of the community and to offer services that benefit the greatest number of people.
- 5.3 In some areas discussions between the community hospital and the community were already underway. In the Eastern Locality health summits have been held and well attended explaining what TCS is and exploring the process and potential outcomes with local people. In Moretonhampsted positive dialogue has taken place through the well developed community steering group. This is made up of a number of groups including local GPs, the league of friends and voluntary sector patient participation groups. This body is working to formulate ideas for what should be put into the community hospital. In Tavistock public health has access to the library and there are potential developments with the community safety partnership.
- 5.4 The scrutiny spotlight review has observed that there are a number of attributes that suggest successful engagement and dialogue within localities, these include:
- ❖ Support from Local GP
 - ❖ Co-location with other public services
 - ❖ Local variation according to need based on analysis of intelligence
- 5.5 The spotlight review also recognised the future developments that will have a bearing on whether or not these are successful. The first is the Better Care Fund. There are huge potential benefits to this programme as well as key questions that need to be answered. The fund will require commissioners to work together for the benefit of patients. Taking a whole patient approach that could have benefits such as a reduction in unplanned admissions.
- 5.6 As already highlighted in the introduction, there is a finite amount of money, and people living longer with more complex health problems is likely to stretch this budget even further.
- 5.7 The spotlight review also discussed Mental Health need. Currently only 7% of the budget is spent on Mental Health. However this is an area of growing need with a strong link between a person’s Physical and Mental Health.
- 5.8 Many of these challenges lie outside the influence of public services, yet it falls to them to promote health and prevent ill health. The spotlight review and the committee look with eager anticipation to the solutions that the NEW Devon CCG

offers to meet these challenges. The Spotlight Review also recognise the need for a significant paradigm shift where people to take responsibility for their own health and wellbeing.

6. Membership

The spotlight review was chaired by Councillor Richard Westlake and attended by the following members of the committee: Councillors Boyd, Clarence, Diviani, Gilbert, Sellis, and Wright.

7. Contact

For comments or further information regarding this report please contact

Camilla de Bernhardt, Scrutiny Officer

Camilla.de.bernhardt@devon.gov.uk

01392 38314

8. Sources of evidence

Expert Witnesses

The spotlight review heard testimony from a number of people from the NEW Devon CCG and would like to express sincere thanks to the following for their involvement and the information that they have shared as well as to express a desire of continuation of joint work towards the fulfilment of the actions in this document.

Rebecca Harriott

Dr Alex Degan

Dr Stephen Harris

Jenny McNeill

Caroline Dawe

Nicola Jones

Documents/Links

- ✧ <http://www.devon.gov.uk/loadtrimdocument?url=&filename=CS/13/37.CMR&n=13/WD1182&dg=Public>
- ✧ <http://www.devon.gov.uk/loadtrimdocument?url=&filename=CS/12/34.CMR&n=12/WD1292&dg=Public>
- ✧ Integrated, personal and sustainable: community services for the 21st century <https://www.newdevonccg.nhs.uk/involve/community-services/101039>