

Wider Devon Sustainability and Transformation plan and NEW Devon success regime Progress update

20th June 2016

1. Introduction

This paper provides an update to the Devon CC HOSC on progress with developing the Wider Devon Sustainability & Transformation Plan (STP) and the NEW Devon success regime. This brief update paper will be accompanied by a presentation at the meeting.

We have previously provided a briefing to Devon HOSC on the success regime. The success regime transformation planning process is now part of the process for developing the Wider Devon Sustainability & Transformation Plan. – This is the new strategic planning process for local health & social care systems (STP footprints).

NEW Devon and South Devon & Torbay CCGs came together in February 2016 to form the Wider Devon Sustainability & Transformation Plan footprint. – 1 of 44 such footprints across England. Angela Pedder, Chief Executive of the Royal Devon & Exeter NHS Foundation Trust, was appointed in April to the position of STP lead, which also incorporates leadership of the success regime, and she will take up this role on a fulltime basis from 1st July 2016.

Production of an STP by 30 June is a national requirement and provides the local strategic planning vehicle for delivering the NHS national strategy – The Five Year Forward View. CCGs were required to agree appropriate planning footprints and in dialogue with NHS England, NEW Devon CCG was requested to form an STP planning footprint with South Devon & Torbay CCG, and we have now begun the process of developing our joint STP.

2. Developing the STP

Sustainability and Transformation Plans (STPs) will be place-based, multi-year plans built around the needs of local populations. They will help ensure that the investment secured in the Spending Review is used to drive a genuine and sustainable transformation in patient experience and health outcomes over the longer-term.

STPs should not be seen as an end in themselves, but a means to build and strengthen local relationships, enabling a shared understanding of where we are now, our ambition for 2020 and the concrete steps needed to get us there. Plans will build on current strategies, but must achieve transformational change to achieve the required level of financial and service sustainability for the future

Key points to note from the planning guidance about STPs include:

Triple aim: STPs are about the holistic pursuit of the “triple aim” articulated in the Five Year Forward View – better health & wellbeing, transformed quality of care delivery and sustainable finances.

Place based planning: by embracing the STP process, planning by individual institutions will increasingly be supplemented with planning by place for local populations.

Partner involvement and engagement: success will depend on having an open, engaging, and iterative process that harnesses the energies of clinicians, patients, carers, citizens, and local community partners including the independent and voluntary sectors, and local government through health and wellbeing boards.

Services to be included : As a truly place-based plan, the STPs must cover all areas of CCG and NHS England commissioned activity including specialised services and primary medical care. The STP must also cover better integration with local authority services, including, but not limited to, prevention and social care.

Access to future transformation funding: The planning guidance is backed up by £560 billion of NHS funding, including a new Sustainability and Transformation Fund which will support financial balance, the delivery of the Five Year Forward View, and enable new investment in key priorities. The most compelling and credible STPs will secure the earliest additional funding from April 2017 onwards.

STP Content: local systems are asked to initially focus on creating an overall local vision and develop their response to three overarching questions – *how will you close the health and well being gap?*; *how will you drive transformation to close the care and quality gap?*; and *how will you close the finance and efficiency gap?* STP communities need to work together to set out their ambitions for their populations over the next 5 years including embracing new models of care, delivering against the Government’s mandate for the NHS and NHS Constitution as well as addressing the nine national “must dos” by the end of 2016/17, Namely:

- developing a credible STP;
- returning the system to aggregate financial balance by developing local financial sustainability plans setting out the mixture of demand moderation, allocative efficiency, provide productivity and income generation required for the NHS locally to balance its books;
- planning for sustainability and quality of general practice;
- achieving key access standards (A&E; ambulance waits; RTT; Cancer; new mental health standards;)
- implementing learning disabilities transformation plan actions; and
- delivering improvements in quality including publication of avoidable mortality rates by individual trusts

To be successful STPs will need to be underpinned by key enablers of change including harnessing technology and workforce redesign.

Progress to date

We submitted an outline draft STP to NHS England on 15 April. This set out our approach to developing the plan, leadership and governance arrangements and our early thinking on priorities. Feedback was positive.

A further draft submission will be made on 30th June 2016 which will reflect the progress made since April on the success regime transformation work, our ambitious plans for sustainability and financial recovery in 2016/17 (1st year of the STP) and how we are developing the broader strategic context around national and local clinical priorities.

The submission at end of June will still be at a relatively early stage and we will continue to develop the STP during 2016/17. This ongoing work will be supported by the structures and processes established by the Success Regime which are being adapted to accommodate the wider Devon footprint.

Key elements of plan content are developing as follows:

- i) Development of a clear vision and core strategic narrative describing our ambitions for the whole STP area.
- ii) The NEW Devon system the plans developing through the success regime will form 70-80% of the core content of the STP – the assumption being that financial recovery and future delivery sustainability are our system key priorities.
- iii) Transformation plans in South Devon & Torbay will focus on the key deliverables contained within the previously agreed ICO business case which also includes development of a similar new model of integrated care.
- iv) The three local authority public health departments have agreed to work jointly on two key elements of the STP - a common public health strategic narrative which captures the high level public health profile of the STP area population and the 10 main health improvement challenges. They are also working to develop a more comprehensive joint prevention strategy to meet the challenge in the Five Year Forward View.
- v) Stakeholder engagement plans and activities to support development of key change proposals
- vi) We are undertaking a full strategy stocktake across the two CCG areas as part of our planning work. We are aware that there is a significant number of separate strategic plans, some service-focused, some geographically / population focussed that are currently live across the STP footprint. We will review these plans and work towards ensuring that these are appropriately consistent and aligned i.e.:
 - Consistent with the Wider Devon overarching STP aims and objectives
 - Support delivery of the NHS five year forward view and in particular the “triple aim” ambitions for health & wellbeing, care & quality and finance and efficiency
 - Contribute to the locally prioritised health outcomes improvement of the population and address health inequalities
 - Deliver relevant clinical service / programme specific national and local requirements
 - Are capable of being delivered through the emerging proposals for a new integrated model of care which is more user focussed and less reliant on bed based care
- vii) We are establishing work streams to support development of key enabling plans – particularly workforce, IM&T and estates.

The draft plan will be shared with key local partners in July once we have developed the plan further in response to feedback from regulators.

3. Progress with the Success Regime

Background

The success regime was initiated in September 2015 to improve health, care, and financial sustainability in north, east and west Devon. Local clinicians and senior managers across health and care are developing an ambitious plan for major transformation and cultural change over the next five years.

Over the past six months, clinical leaders and managers in Devon have:

- Developed a new collaborative approach to working together that has enabled the NEW Devon CCG to be one of few organisations to achieve its financial control total in 2015/16. Developed and published the case for change that has widespread support
- Looked at different types of illness to understand what care support is needed for different people
- Looked at the quality and safety of current services and identified where they could be improved
- Identified 20 immediate ways in which the quality and delivery of services can be improved and selected 5 opportunities for accelerated implementation in 2016/17
- Understood where there are financial pressures in the local health and social care system and why
- Identified a list of potential options for service change
- Agreed and partially mobilised programme governance arrangements

Summary of the case for change

Services in Devon must change in order to become clinically and financially sustainable, and the key reasons for this are highlighted in the case for change:

- People are living longer and will require more support from the health and care system
- The system needs to respond better to the more intense needs of some parts of the population
- Some services such as stroke, paediatrics, maternity are not clinically or financially sustainable in the long term without changes to the way they are delivered across the system
- Local health and social care services are under severe financial pressure, and are likely to be £398m in deficit in 2020/21 if nothing changes

Much good work is already underway across Devon to address some of the challenges described above. Operating as a single system builds on this, supporting and accelerating it.

Approach to transforming care

Transformation of provision will change significantly where health and care is delivered in the future. Greater integration across health and social care will mean that more care will be delivered closer to peoples' homes, preventing avoidable admissions and clinically unnecessary long stays in hospital. Bed-based activity will decrease and fewer beds will be needed in acute hospitals or community hospitals. This will require some recurrent investment in integrated services to deliver new models of care but will reduce other unnecessary recurrent costs by a much larger amount. It is this shift in the model of care then, that will deliver a significant proportion of the financial savings and efficiencies that will close the system financial gap, whilst maintaining the quality and sustainability of services. Ensuring that integrated care services are connected to local communities, meeting the needs of the people they serve, is fundamental to their success.

Health promotion and disease prevention need to be a common element of all services, helping to optimise health and decrease the long term burden of disease. This theme will be developed further during the next phases of work.

The initial recommendations focus on five segments of the population, many of which have high needs and account for a significant proportion of the overall health & social care spend:

- Elderly with chronic conditions
- Adults with chronic conditions
- Adults with Severe and Enduring Mental Illness
- Elderly with dementia
- Mostly healthy adults

The clinical strategy group initially recommended thirteen interventions, which will provide better quality of care and access to services for these segments of the population:

- Health promotion & prevention
- Specialist input in the community
- Self-management
- Care coordination and care planning
- Integrated health and care hubs
- Improved access to mental health expertise
- Rapid response
- Rapid Assessment Interface and Discharge (RAID) & Integrated Psychological Medicine Service (IPMS)
- Multi-disciplinary teams (MDTs)
- Rapid access to specialist services
- Discharge support
- New model of community beds
- Seven day services in social care and community care

These interventions are being developed further in the next phase and more detailed information on populations will be used to design and plan how services can be delivered. The clinical group is currently exploring how the concept of locally based health & wellbeing hubs could be developed as vehicles for incorporating and integrating such a range of interventions.

Acute service considerations

Local clinicians have examined the potential options for making changes to the configuration of some services provided in acute settings. These changes are necessary to improve clinical quality, make best use of workforce, or efficient use of resources, or a combination of all three. The services under consideration are:

- Stroke
- Maternity services
- Paediatrics
- Emergency surgery
- Smaller vulnerable specialties e.g ENT.

Development of 2016/17 improvement opportunities and plans

Local clinicians and managers have prioritised five areas for accelerated implementation in 2016/17 which can quickly deliver clinical and financial benefits. These are:

- Savings from bed based care, especially reductions in acute length of stay.
- Savings from a reduction in elective care spend.
- Savings from continuing healthcare funding
- Savings from Procurement
- Savings from Agency staff spending in provider organisations in line with national expectations

In addition to this, the system has targeted some organization-specific productivity benefits.

As a result of these opportunities and other business as usual planning, Devon commissioners and providers have recognised the need to work to deliver a single system savings plan and the added benefits of doing so. Work is continuing to drive optimum benefit, through combined recurrent and non-recurrent measures in 2016/17. We expect this package of measures to deliver around £70m savings during 2016/17 (with a £100m full year effect in 2017/18)

The approach taken for 2016/17 is a test of the collaboration required over the longer term for the system to deliver benefits together. This allows the system to differentiate between what it would have been possible to deliver as individual organisations, and what is possible through working together more effectively.

Forward plan

To keep pace with the required progress timeline, a detailed plan has been set out for the next year. There are three key aspects of work which will need to be driven forward simultaneously:

- 16/17 priorities
- longer term strategic transformation
- formal consultation process.

A set of governance arrangements is being implemented to oversee this plan and the STP development. As a result of being in the success regime, NEW Devon has also benefitted from some additional external funding to meet costs of external management and technical support and the establishment of effective programme arrangements.

4. Stakeholder engagement & early thinking on potential consultation

Our working assumptions regarding consultation are:

- A common case for change to be agreed over north, east, west and south Devon (this requires input from South Devon and Torbay)
- A common vision for Devon to be agreed, reflecting the STP
- A common, overarching financial framework across the SR and STP will be developed and agreed by all organisations

These form part of important groundwork for consultation

It is envisaged a single comprehensive PCBC will cover the case for change, vision, new models of care and the options that flow from this. Consultation if needed is likely to cover stroke, maternity and paediatrics, and community hospitals, with different evaluation criteria being applied to each. In terms of the geographical areas needing to be taken into consideration in each case:

- Review of community hospital services is likely to cover North and East Devon. South Devon are currently preparing to go to consultation on this. In West Devon, a review may not be required.
- The review of stroke services is likely to cover the STP footprint
- The review of maternity and paediatrics is likely to cover the STP footprint

All of the above assumptions will be subject to professional legal advice.

NEW Devon CCG has already undertaken extensive engagement and consulted with the public and other stakeholders on a range of plans to transform community services. The dialogue on the context and specifics of these changes are continuing. We will though now build on and extend this engagement work as our success regime transformation proposals take shape. We are involving patient and public representatives in our planning and design work and we have undertaken 3 key public and community stakeholder group events – two took place on 18th May – one in Tiverton and one in Plymouth. A third took place in Barnstaple on 13th June. More engagement events and opportunities are currently being planned.

5. Recommendations

HOSC is asked to:

- i) Note progress with developing the STP in preparation for the further draft submission on 30th June.
- ii) Note progress on development of transformation plans under the success regime, including thinking on potential consultation
- iii) Consider how they would like to be kept informed and /or engaged in these plans as they develop

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