

SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP (STP) UPDATE AND INTEGRATED CARE SYSTEMS (ICS) DEVELOPMENT

Report of the Head of Adult Commissioning and Health, Devon County Council and Sonja Manton, Director of Strategy, New Devon CCG and South Devon and Torbay CCG

Recommendation: HWBB

- (1) Note progress on the STP and the ICS development
- (2) Consider and advise on Health and Wellbeing board involvement in future ICS design work

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### **1. Introduction**

This paper has been developed to create the opportunity for discussion and contribution from partners, stakeholders and communities as we work together on strengthening our existing partnership arrangements in designing and developing the next stage of our health and care integration. Health and Wellbeing Board members will note previous updates and discussions on partnership working across Devon, Plymouth and Torbay as part of the Sustainability and Transformation Partnership (STP) and the emerging Integrated Care System (ICS) in Devon.

The purpose of this paper is to:

- (i) Highlight the two-year STP report which has been recently published, providing the opportunity to reflect on the progress across Devon, Plymouth and Torbay over the past two years against our shared ambition
- (ii) Update on recent national developments in relation to Integrated Care Systems and local work on developing a strategy for our system
- (iii) Invite members to consider how they can be involved in the system development and design work over the Autumn in relation to the emerging ICS in Devon

An ICS is not the creation of a new organisation, but rather a strengthening of partnership working with health and care organisations working more closely together than ever before to the benefit of our population. The NHS Constitution and Local Authority Constitution will remain at the heart of everything we do, meaning anyone can receive high-quality NHS care, free at the point of access, whenever they need it. People will still see a GP when they need it and there will still be hospital care. Health and care delivery models are becoming more aligned and this will mean services are increasingly organised around the needs of individuals and not organisational boundaries. There is no change to legislation, statute or constitutions. The role of the Health and Wellbeing Boards will remain and options on governance of these strengthened integrated arrangements will need to be explored.

## **2. The Sustainability and Transformation Partnership in Devon**

Since December 2016, partners in the health and care system across Devon have been working with a shared purpose to create a clinically and financially sustainable health and care system that will improve the health, wellbeing and care of the population

Our four strategic priorities are:

- Enable more people to be health and stay healthy
- Enhance self-care and community resilience
- Integrate and improve community services and care in people's homes
- Deliver modern, safe and sustainable services

It remains an ambition in Devon to move towards fully integrating health and care services, organised around needs of individuals. Our aspirations for the Devon system are emerging from the STP process and are built on solid foundations of collaborative working and integration. We have recently reflected on our progress over the past two years (published in the two-year STP report<sup>1</sup> in July 2018) and used this as an opportunity to reflect on our strategy for our system, as we consider what the future of integrated care in Devon needs focus on. A copy is also attached at Appendix A

## **3. Integrated Care Systems – national thinking**

ICSs are those in which commissioners, NHS providers and Local Authorities, working closely with GP networks and other partners, agree to take shared responsibility (in ways that are consistent with their individual legal obligations) for how they work together for the benefit of local populations and improved outcomes.

Nationally, there is emergent thinking about how integrated care systems are agile in their ability to join up care provision and commissioning at both very local level in neighbourhoods and towns, place and at wider system levels.

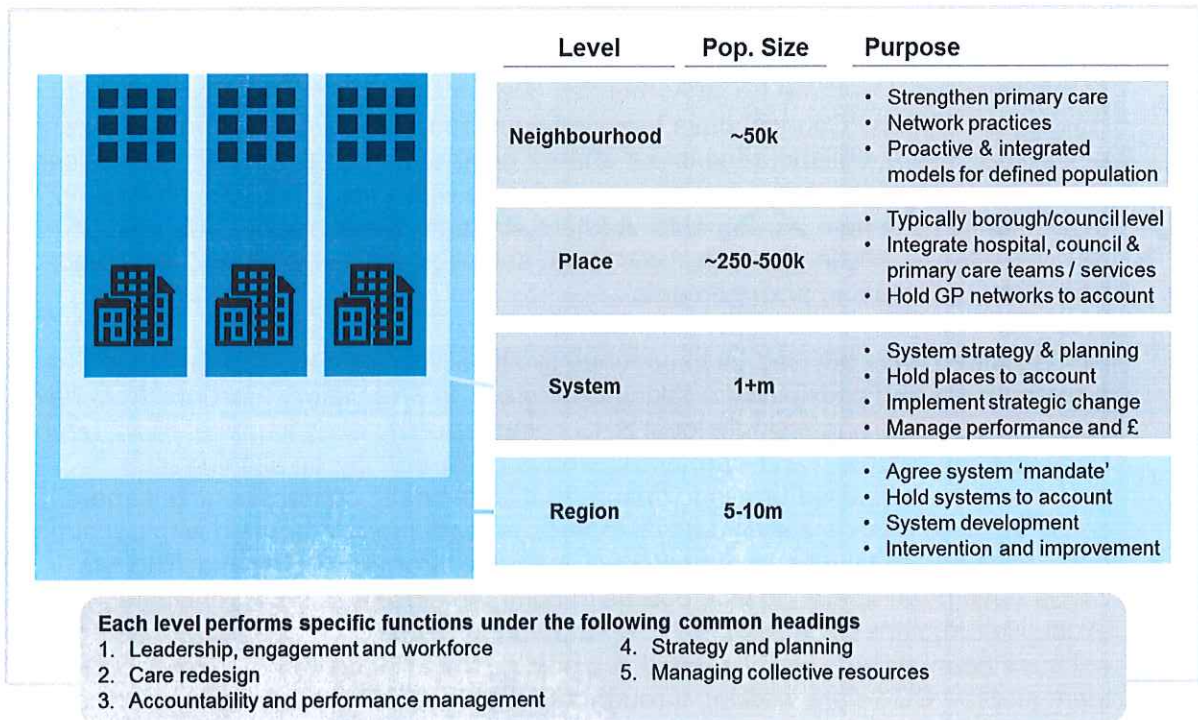
Whilst a national framework (see below) is available it will be for local areas to apply this in a way that best fits local needs. We are well placed in Devon with:

- (1) Coastal and market towns supported by primary care and our integrated health and care teams (neighbourhood)
- (2) Planning arrangements at 'place' with district/city councils and secondary care (Place)
- (3) System strategy and planning across Devon, Plymouth and Torbay (System)

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<sup>1</sup> <http://www.devonstp.org.uk/wp-content/uploads/2018/07/STP-two-year-report-05.07.2018.pdf>

Slide from presentation to National STP Leads (June 2018)



From the emerging national framework above, there is a strong emphasis of focusing the clinical and professional integration of care and how people experience care at a very local level (neighbourhood) and primary care is at the core of this. There are further opportunities from integrating networks of primary care and community health and social care services with hospitals and wider local authority functions at “place” and at system level opportunity to strategically plan for meeting the needs of populations, and deploying collective resources to meet these, addressing inequalities and ensuring efficiency and effectiveness in management and operational processes. The role of commissioning in integrated care systems is still evolving but will inevitably have to be able to operate effectively at all levels to maximise the benefits to our population and have a focus on primary care as a cornerstone of our care system.

Our experiences tell us that working together and integrating care at a very local level is important because it means we can be responsive to local needs, deliver rapidly to meet local and national priorities, ensuring that local voices are heard in developing ways of working and caring for people, leading to strong ownership of outcomes and good use of local assets and resources.

It is our ambition and intent that the benefits that we have reaped from working together locally, such as delivering innovative changes at pace to enhance care for the local population, are supported and enhanced with the advantages of being part of a wider Devon system and the resilience, sharing of good practice, and economies of scale that this has to offer. Historically, we have drawn much strength from our diversity, particularly in primary care, which has been able to develop local responses to specific issues. We want to build on this strength going forward, developing our local multi-agency delivery teams in parallel to designing our future ICS commissioning arrangements at scale.

A core element of the emerging approach is the development of integrated strategic commissioning, which can act across health and social care, and take on delegated commissioning from NHS England for primary care and increasingly specialised commissioning. The three Local Authorities (Devon County Council, Plymouth City Council and Torbay Council) have been active in approach to date; sharing elements of commissioning, collaborating in our shared geographies and delegating significant investment into joint commissioning arrangements with each CCG through section 75 agreements/ risk share agreements. A future strategic commissioner will need to recognise these existing joint arrangements, and align them with other clinical and council commissioning arrangements.

NHS England have advised us to continue to act as a system and work through the arrangements and possibility for taking on more of the regulatory functions from next year, subject to having a single local NHS commissioning body in place. NEW Devon CCG and South Devon and Torbay CCG have been working on aligning their resources and executive teams to ensure that local health commissioning is more consistent and there is a sound basis to become both more integrated with Local Authorities and to take on enhanced responsibilities from NHS England. The two CCGs have been operating with boards in common since autumn 2017 and a joint executive structure since April 2018. By the end of the summer, the CCGs' workforce will have been more formally aligned in a single structure to support this executive team and the CCGs are working through a formal process of applying to become one CCG from April 2019.

#### **4. Developing the Devon System**

To effectively evolve our current partnership arrangements to meet the needs of our population for the future, partners, stakeholders and communities are involved in system design and development work to create a high performing and sustainable integrated care system. Recent work by system partners (including representatives from NHS, Local Authorities, Public health, Primary care, Clinical and Professional leads and other system stakeholders) has led to the development of a draft ICS strategy on a page as set out in Appendix 2. Further work, as part of the overall system design and development plan, is needed to widen participation, engagement and dialogue with communities in these developments, and design the operating model for the integrated care system, including development at neighbourhood and place level. Members of the Health and Wellbeing Board are invited to discuss involvement in this design work over the coming months, in particular partnership working with the other two health and wellbeing boards in the Devon system to support the development of the integrated care system.

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LOCAL GOVERNMENT ACT 1972: LIST OF BACKGROUND PAPERS

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| <u>BACKGROUND PAPER</u> | <u>DATE</u> | <u>FILE REFERENCE</u> |
|-------------------------|-------------|-----------------------|
| Nil                     |             |                       |



# Devon Sustainability and Transformation Partnership (STP) plan

## Two-year report



July 2018



# Good progress made in Devon over the past two years

The Sustainability and Transformation Partnership (STP) has been a positive catalyst for Devon. It has helped leaders build a collaborative, system approach to the NHS and local government.

After two years of work, Devon is now in a stronger position to further integrate services for the benefit of local people. The collective work by leaders has helped us tackle the historical challenges we have faced, with our financial and service performance improving.

Working in partnership has enabled our local leaders to try new and different approaches.

The framework of the STP has also helped the NHS in Devon to move away from being one of the three most challenged health systems in England to one of 14 systems making progress.

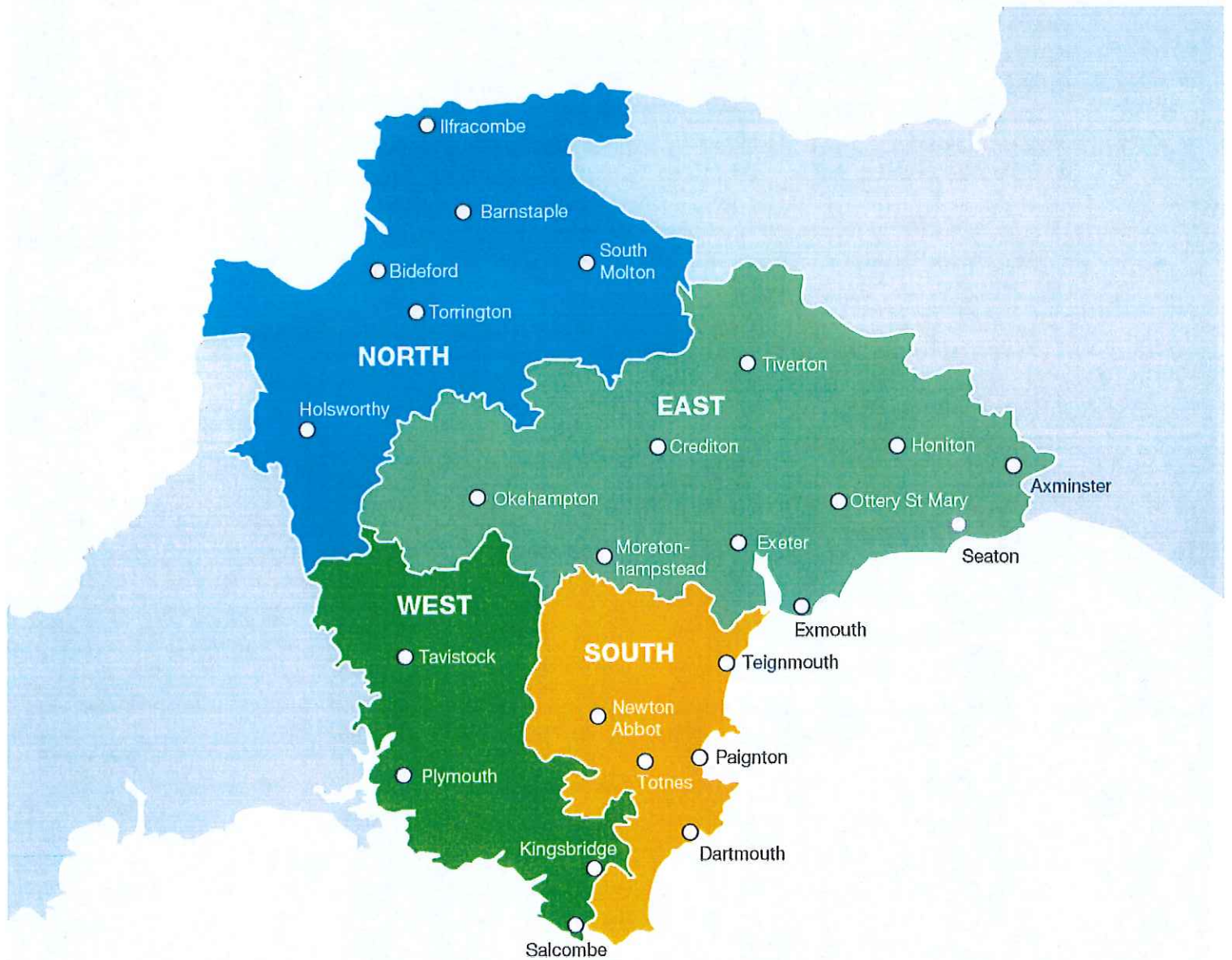
This progress is testament to the original plan that was put in place in 2016.



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# Introduction

Three local authorities, seven NHS organisations, and one Community Interest Company combined to form a single Devon Sustainability and Transformation Partnership (STP) in October 2016.

Devon was one of 44 STPs set up across England with the aim of encouraging all health and social care partners to work together to tackle historic challenges and put services onto a strong foundation for the future. Each STP put together a plan, with Devon's published in November 2016.

Considerable effort has been put into building relationships, and all partner organisations are members of a *Collaborative Board*. Members of this Board are wide ranging, and include all Chairs, Chief Executives, Accountable Officers, lead members for adult social care and political leaders.

Progress on the STP is monitored through a monthly *Programme Delivery Executive Group*. All partner organisations in the STP are represented at senior level on the Group to ensure strong governance. An operational meeting of the Group also reviews performance against national standards on health and social care services across Devon.

A *Clinical Cabinet* – made up of senior doctors and professionals from primary care, secondary care, mental health and social care – ensures a continued focus on professional best practice.

In addition, there are key STP workstreams – with representatives from the NHS and local authorities across Devon – to progress key priorities, such as prevention, mental health, integrated care, services in GP practices and pharmacies, and services for children and young people.

The STP has been a positive catalyst for Devon. It has helped leaders and staff build a collaborative, system approach across the NHS and local government to tackle the historical challenges we have faced. As a result, our financial and service performance has improved and, importantly, Devon is now seen nationally as a county making progress.

## The improvements we have made

Many of the developments in our first two years focused on ensuring our services were sustainable, driving more joined-up health and social care services, supporting more people with mental health problems, and enhancing the performance of services in hospitals, GP practices and care homes.

We have had some notable developments:

- Our **Acute Services Review** developed new standards for critical services, ensuring we maintain access to urgent and emergency care, and maternity services at all four of Devon's main hospitals.

- All four organisations providing acute hospital services agreed a ground-breaking **mutual support** approach to benefit our population.
- **Improved performance against national NHS standards** has seen Devon move into the top 30% nationally for urgent care and mental health services.
- Devon has many leading and **innovative mental health services**. These include liaison psychiatry in each A&E to ensure people get the right help when they need it and a new specialist unit opening next year so women can stay near their families and do not need to travel for treatment outside the county.
- In assessments by the independent regulator, the [Care Quality Commission](#), 86% of **adult social care providers** are rated as either 'Outstanding' or 'Good', exceeding the overall national average for England of 80%. And, all **GP practices** in Devon are rated 'Outstanding' or 'Good'.
- **Ten new housing developments** have been set up with NHS support across England to shape the health of communities. Cranbrook in Devon is one of these and is leading to a rethink in how health and care services are delivered locally.
- Many more patients are now **treated outside traditional hospital settings**. Community nurses, social workers and therapists play a vital role in supporting people to live at home. In north Devon alone every 24 hours, these staff visit around 300 people in their own homes, saving people from around 2,500 admissions to hospital every year.

The NHS will use new medicines, genetic research and digital technologies, like apps and artificial intelligence, to ensure people continue to live longer and healthier lives.

Where patients have serious illness, expert advice and cutting-edge treatments have become available to more people in specialist centres. In future, treatments could be tailored to an individual's DNA or surgeries be carried out virtually from remote locations.

Innovation sits at the heart of our next phase, and embracing it is critical to enable us to deliver even better outcomes for patients as close to home as possible.

## Our plans for the future

Our focus in the next three years will shift to support more people in Devon to live happy, healthy lives at home.

This will see the NHS work more collaboratively with local communities and partner organisations, like social care and the charity sector, to help people live healthier lives.

Our focus builds on the developments we have seen in the first 70 years of the NHS, where:

- **People now live 12 years longer** than in 1948, with the average life expectancy now at 80 years.

## This document

This publication sets out our aims in 2016, what progress we have made and, importantly, what we are now planning over the next three years.

# What the STP plan set out to achieve

This chapter sets out the aims, challenges and focus of the original STP plan, published in 2016.

## Our aims

We will operate as an aligned health and care system, to be an effective force and trustworthy partners for the continual improvement of health and care for people living in Devon, Plymouth and Torbay.

We will address the three key aims of the [NHS Five Year Forward View](#) to improve population health and wellbeing, experience of care and cost effectiveness per head of population.

Working as a collective, we will deliver better and more equal outcomes for more people in a sustainable and joined up way. We will do this as efficiently as we can, within the financial resources available to us.

## Our mission

We will focus everything we do on our 'triple aim' of improving:

1. Our population's health and wellbeing
2. The experience of care
3. The cost effectiveness per head of population.

## Our strategic objectives

We will deliver:

- Excellence in service delivery and performance.
- Improved health and wellbeing for populations and communities.
- Integrated care for people.
- Improved care for people.
- Empowered users who are experts in managing their care needs.

## Our commitment

Partners across the Devon community are united in a single ambition and shared purpose to create a clinically and financially sustainable health and care system that will improve the health, wellbeing and care of the populations we serve. Over five years, we will achieve improvements in clinical and financial outcomes.

## Our aspirations

We are committed to transforming care to deliver the best possible health outcomes for our local population. This will be achieved by having a greater focus on prevention, proactive care, and new models of care.

We will take an approach that links health, education, housing and employment through joint working of statutory partners and the voluntary and charitable sectors.

2016/17

### **Phase 1: clinical and financial recovery plan to reduce overspending**

Engage, design and consult on a new model of integrated care to ensure an equal spread of services across Devon and reduce reliance on hospital care. Deliver early win initiatives to progress first phase financial recovery.

2017/18

### **Phase 2: start planning and implementing the longer term clinically and financially sustainable models of care**

Engage, design and consult on reconfigured new models of care for mental health, acute and specialist services to secure clinically sustainable services, reduce duplication and variation and improve user experience.

2018/19

### **Phase 3: promote prevention and early intervention. Fully implement integrated care**

- Build equitable mental health and emotional wellbeing capacity.
- Mobilise new models of fully integrated health and social care, primary care, local community support in all localities and promote care closer to home.
- Realign use of resources to achieve population and service equity.
- Workforce redesign and capacity building to support care model delivery and to promote economic growth and resilience.
- Commence specialist and acute reconfigurations implementation.
- Reinforce service safety and resilience by reorganising across hospital sites.
- Increase the support available to people with learning disabilities and challenging behaviour. Develop an employment and housing strategy for those with learning disabilities and autism.

2019/20

### **Capture the benefits of reduced variations in care and provision, reduced health inequalities**

Enable people to access services that achieve better outcomes. Also enable care providers to better manage demand for their services – right care, right place.

2020/21

### **Clinical and financial sustainability secured**

Ensure improvements in health outcomes, patient experience and financial performance are made.

## The original case for change

Services in Devon must change in order to become clinically and financially sustainable. The key reasons for this were highlighted in a *Case for Change*:

- **People are living longer and will require more support from the health and care system.** More than 280,000 local people (23% of the population) including 13,000 children, are living with one or more long-term conditions.
- We need to **respond better to the high levels of need and complexity** in some parts of the population.
- **Some services such as stroke, paediatrics and maternity are not clinically or financially sustainable** in the long term without changes to the way they are delivered across wider Devon.
- There is a **difference of 15 years in life expectancy** across wider Devon and differences in health outcomes – or ‘health inequalities’ – between some areas. There are fundamental challenges too for people with mental health conditions.
- **Local health and social care services are under severe financial pressure**, and are likely to constantly struggle, if nothing changes.
- **Spending per person on health and social care differs markedly** between areas of Devon and is 10% less in the most deprived parts. There are also financial inequalities between Devon and other neighbouring counties.
- **Mental health services are not as accessible and as available as they need to be** which drives people to use other forms of care, which don’t always meet their needs. People with a mental health condition have poorer health outcomes than other groups.
- There is an **over reliance on bed-based care**: every day more than 600 people are medically fit to leave hospital inpatient care but cannot for a variety of reasons.
- Almost a **quarter of local GPs plan to leave the NHS in five years** and there are **significant pressures on primary care services**. Some other care services are particularly fragile due to high levels of consultant, nursing, social work or therapy vacancies.
- **Care homes are struggling** to meet increasing demand and need.

## STP priorities and solutions

Devon’s objectives focused on achieving financial and clinical sustainability and addressing key health and financial inequalities by 2021. The initial proposals overleaf come with a commitment to go further over time to make sure they achieve our key objectives.

## Prevention and early intervention

- Promote good health for everyone.
- Tackle the top five causes of death in under 75s.
- Ensure all plans and priorities have a focus on preventing ill health.
- Build community resourcefulness.
- Develop workforce skills in prevention.

## Integrated care model

- Promote health through integration.
- Empower communities to take active roles in their health and wellbeing.
- Locality-based care model design and implementation.
- Shift resources closer to home, or in people's own homes.
- Health and social care integration.

## Primary care

- Develop integrated GP/primary care.
- Deliver the *GP Forward View*.
- Support general practice development to be fit for the future.

## Acute hospital and specialist services

- Ensure clinical sustainability of services across wider Devon.
- Review high priority areas, such as:
  - Stroke services.
  - Urgent and emergency care services.
  - Maternity, paediatrics and neonatal services.

## Productivity

- Improve the cost-effectiveness of the care delivered per head of population.
- Rationalise 'back-office' services.
- Make procurement efficiencies across health and care.

## Children and young people

- Ensure seamless support and access.
- Ensure high quality, effective and rapid response of services.
- Enhance effective collaboration between adult and children's services.

## Mental health, autism and learning disabilities

- Continue to close the investment gap between mental and physical health.
- Improve physical health care for people with mental health problems.
- Improve provision for people with severe, long-term mental illness.
- Provide psychological support for people who have physical health problems.
- Reduce the number of people, living with a learning disability, who die prematurely and reduce the number being prescribed anti-psychotic or other medication to control challenging behaviour.
- Enable people with learning difficulties and autism to have the same opportunities as everyone else, including support for employment and housing

## Enablers

- **Workforce:** redesign to increase resilience and support development.
- **Estates** strategy.
- **Information:** Implement the [Local Digital Roadmap for Devon](#).
- **Engagement:** ensure staff, patients and the public are involved.
- **Organisational Development:** towards an integrated care system.
- **Information management/technology:** to improve clinical decision making and access to services.

# What we have achieved in the last two years

The STP has been a positive catalyst for Devon. It has helped leaders build a collaborative and system approach across the NHS and local government.

As a result, Devon is in a stronger position from which to further integrate health and care services for the benefit of local people.

And the collective work by leaders has helped us tackle the historical challenges we have faced. As a result, our financial and service performance has improved considerably.

The framework of the STP has helped the NHS in Devon to move away from the *Success Regime* – where NHS Northern, Eastern and Western Devon CCG was judged to be one of the three most challenged health systems in England.

Progress is evidenced in the latest assessment (July 2017) by NHS England and NHS Improvement, which rates the Devon STP as one of 14 systems ‘making progress’.

The focus of working as part of an integrated health and care system in Devon, and as an STP, has been the driver for developing innovative new approaches, as well as some major successes.

Overleaf are some of our key successes and achievements in the past two years.



### **'Best care for Devon'**

Improved performance against national NHS standards has seen Devon move into the top 30% nationally on urgent care and mental health.

### **Reducing delayed transfers from hospital**

Joint work between the NHS and local authorities has seen delays fall. Devon is on track to reduce delays to target levels, freeing up 79 hospital beds for those who need them. South Devon performance is already in the top 20% in England.

### **High-quality social care**

Across Devon, 86% of adult social care providers are now rated by the CQC as either 'Outstanding' or 'Good'. This exceeds the overall national average for England of 80%.

### **'The best bed is your own bed'**

We are enhancing community services to support thousands more people to live independently at home – in line with their wishes. This has led to a reduction in acute and community hospitals beds by 213 over the past two years while at the same time improving outcomes for people, service performance and releasing resources.

### **Managing service demand**

Devon has taken action to prioritise clinically appropriate referrals into hospitals – reducing unnecessary visits and anxiety for people. Last year, elective activity fell by 5.37%, compared to a 1.25% increase nationally.

### **Groundbreaking collaboration**

All four organisations providing acute hospital services have agreed a 'mutual support' approach to benefit our population. NHS England has highlighted it as an "exemplar of joint working". Our Acute Services Review has developed 'Best care for Devon' standards for urgent and emergency care, stroke and maternity services, with clinical recommendations to maintain services at all four of Devon's main hospitals where these standards are met. This approach is supported by new clinical networks.

### **Outstanding GP Practices**

All GP Practices in Devon rated 'Outstanding' or 'Good' in the latest CQC assessment.

### **No health without mental health**

Devon has many leading and innovative mental health services. These include liaison psychiatry in each A&E to ensure people get the right help when they need it, psychological therapies for people with long-term conditions, specialist support for women with postnatal depression and a new specialist unit opening next year so women can stay closer to their families and do not need to travel for treatment outside the county.

### **Proud to Care**

More than 100 ambassadors have been trained to promote careers in health and social care in schools, colleagues and universities throughout Devon, as part of Devon County Council's successful campaign.



### CCG ratings

Both CCGs have improved their ratings, as part of an annual assessment by NHS England.

### Children and young people

Outcomes for children and young people are strengthening and all services are improving. Children's community health services were judged 'Good' by the CQC.

### Living within our means

Historical overspending has been reduced from £95.4 million to £22.7 million in the past two years. This includes saving £25 million on agency staff spend. The Devon system is aiming for financial balance in 2019/20.

The STP has put great focus on driving clinical improvement, as well as productivity, efficiency and sustainability.

For example, STP leaders have signed up to the [Getting It Right First Time programme](#) and [The Model Hospital](#) initiative, in order that everything we do is based on national best practice.

This commitment to drive clinical quality was the focus of our collective work to look at acute services, vulnerable services (such as ophthalmology), and other developments, such as the Peninsula network approach to pathology, and our work as one of four national pilots for a radiology network.

The STP has also actively engaged with Healthwatch, MPs, Overview and Scrutiny Committees and local people on key elements of the STP. For example, Healthwatch representatives sit on the *Clinical Cabinet*, and patients and user groups were fully involved in the *Acute Services Review*, and the group involved in developing improvements to mental health.

Our collaborative and system approach has been the real drive behind helping the NHS in Devon to move forward from the *Success Regime* and to tackle the historical challenges we have faced. As a result, our financial and service performance has improved considerably.

**The latest assessment from NHS England and NHS Improvement marks a major shift from a time when the Northern, Eastern and Western Devon system was rated as one of the three most challenged performing health systems in the country, to one that is making real progress.**

# Our priorities and plans for the next three years

## What is shaping our priorities and approach?

While progress has been good, the original challenges set out in the *Case for Change* in 2016 still hold true. Issues like health inequalities, social isolation, mental health disadvantage, the needs of carers and the ageing population remain a reality.

We have now updated our analysis and reflected on our experiences over the last two years, which has allowed us to enhance how we address the needs of our population.

Over the next three years, our main focus will be on helping more people to live healthily and happily at home, with support and care from the NHS and social care services.

We also recognise there are individuals and teams in Devon who are doing great things. This creates the potential to **adopt tried and tested approaches quickly and more widely across Devon.**



Learning from initiatives such as, the [Vanguards](#), [New Care Models](#) and [Healthy New Towns](#) (including one in Devon), as well as many other national and local projects and initiatives. One of our biggest opportunities exists in using **digital technology** to encourage prevention and greater support for people.

Our **workforce is our greatest asset** and it is important to value and develop our staff in readiness for the future. Schemes like [Proud to Care](#) in Devon are showing the value of partnership and system working to address our recruitment challenges.





We will focus on four key shifts in the way we operate across all our services over the next three years:

**CARE SETTINGS** > **PLACES AND COMMUNITIES**



Recognising that traditional, building-based care focus will no longer serve today's population and their health needs and much more can be achieved in, and with, communities.

**ORGANISATIONS** > **NETWORKS OF CARE AND SUPPORT**



Working beyond and not being constrained by organisational boundaries and forming partnerships and networks for resilience and improvement in care.

**WHAT'S THE MATTER WITH YOU** > **WHAT MATTERS TO YOU**

Seeing things from the viewpoint of individuals and families and designing future health, wellbeing and care around the things that matter most to them.

**ILLNESS MANAGEMENT** > **WELLNESS SUPPORT**

Shifting our ethos from a system that reacts to illness to one that helps prevent or delay its onset and keeps people as well and independent as possible.



These key shifts represent changes to the way we operate and will be brought about by delivering a range of activities and initiatives, planned around our four strategic priorities:

#### **PRIORITY ONE**

**Enable more people to be healthy and stay healthy**

#### **PRIORITY TWO**

**Enhance self-care and community resilience**

#### **PRIORITY THREE**

**Integrate and improve community services and care in people's homes**

#### **PRIORITY FOUR**

**Deliver modern, safe and sustainable services**

## PRIORITY ONE

### Enable more people to be healthy and stay healthy

We aim to:

- **Harness the power of communities**, through our recent successful *Life Chances Fund* bid and, by being a key partner in working with voluntary and community leaders to build more resilient communities.
- Capitalise on the **interactions people have with health and social care** professionals, using trusted relationships for change, by training and supporting the workforce in listening to what matters to people through [Making Every Contact Count](#).
- Scale up lifestyle interventions using predictive modelling to identify and support people and communities most at risk. This is a key part of our aim to **reduce health inequalities**.
- Use **digital innovations** on prevention and health promotion to reach and influence more people.
- Ensure timely access to **early help** and **optimal treatment**, recognising that the path of frailty, cancer, cardiovascular disease, mental illness, and diabetes can be addressed.
- Incorporate **mental health** into **prevention** programmes at every opportunity and enhance positive health promotion for people with severe and enduring mental illnesses.
- Improve access to health care for people with **learning disabilities** or **autism** so they have improved physical and mental health outcomes and live longer as a result.
- **Work at scale**, for example, training clinicians as exercise champions, as part of the [Transforming Ageing](#) project.

## PRIORITY TWO

### Enhance self-care and community resilience

We aim to:

- **Work with other public services** such as fire, police and education services, and communities to support people with health and wellbeing needs.
- Adopt **digital solutions** to promote self-care, effective condition management and independence, and use the best new innovations.
- Shift the culture of care services to enable and support people to **take more control of their lives**.
- Widen access to **personalised services**, including integrated personal commissioning and personal health budgets, to better support children and adults with more complex needs and disabilities, such as those with multiple long-term conditions, frailty, severe and enduring mental illness, physical, sensory or learning disabilities, or autism.
- Scale up **targeted activities for people with more complex needs** and their carers, such as the [HOPE programme](#), which uses activities to build confidence, increase social support and improve happiness and wellbeing.
- Develop a framework for **health and wellbeing hubs** through a combination of digital hubs, health and wellbeing networks and new services and facilities.

## PRIORITY THREE

### Integrate and improve community services and care in people's homes

We will aim to:

- Ensure **general practice** is supported to enable the transformation set out in the [GP Five Year Forward View](#) to improve resilience and access.
- Facilitate **general practice federations** and alliances of providers to come together as partners with communities to respond to patient and population data sets and deliver effective change.
- Enhance our primary care offer by extending the range of, and access to, services so that by March 2019, everyone in Devon has access to **evening and weekend appointments**.
- Ensure when people contact us, we listen carefully to **what matters to them** and nominate a **dedicated member of staff to support them**.
- Identify people with complex needs who can benefit from proactive case management to prevent admission, escalation and dependency.
- View **community multi-disciplinary teams** as extended primary care teams, enabling them to take a whole person approach incorporating both physical and mental health, so people can remain in their own homes.
- Extend the membership of multi-disciplinary teams to include the **voluntary sector**.
- Offer **individual support to people with dementia and their families** and provide more targeted **mental health** support to people with long term conditions and medically unexplained symptoms who are suffering from anxiety and depression.
- Ensure that bespoke support is available for **children and young people**, while the principles of quality universal services and responsive support for the most vulnerable are consistent for all ages.
- Implement evidence-based interventions from the [Enhanced Health in Care Homes](#) model to better support **care home residents** and reduce hospital admissions.
- Use **electronic records** to support multidisciplinary working, enabling health and care professionals to be more responsive to people's needs.
- Recognise the important role played by **carers**.

## PRIORITY FOUR

### Deliver modern, safe and sustainable services

We will aim to:

- Develop **modern, safe and sustainable** primary care, community care, hospital care and mental health care.
- **Promote and protect core services at our four acute hospitals** so that they continue to provide safe, high-quality and effective care.
- Enable more **acute care in the community** through hospital teams in partnership with community-based services and primary care, to help more people stay out of hospital.
- Develop an **acute hospital system**, using clinical networks, to protect services and centralise some more specialised services.
- Use the [Getting it Right First Time \(GIRFT\) programme](#) and [The Model Hospital](#) initiatives to **identify and challenge variations in practice**, increasingly utilising national and local data to drive improvements in productivity and deliver better outcomes.
- **Integrate A&E departments with GP out-of-hours services, urgent care centres, NHS 111, and ambulance services**, ensuring that 90% of emergency patients are treated, admitted or transferred within four hours.
- Enhance rapid assessment and diagnostics, senior medical availability, and same day discharge to **reduce unnecessary hospital admissions**.
- Adopt **flexible working practices, new ways of working and new roles**, for example, advanced neonatal nurse practitioners and physician associates.
- Use our liaison **psychiatry services** to provide additional support and education to our workforce so that more health professionals have the skills and confidence to manage mental health appropriately.
- Continue to support the devolution of **specialised commissioning** budgets, seeking opportunities to align it with local strategic priorities to enhance place-based care.
- Make **end of life care** as good as it can be and work with professionals and organisations to support people and their loved ones in the last weeks, days and hours of life.



Through focusing on these four key priorities, over the next three years, we would expect to see the following benefits for the Devon population:

**Prevention**

More people choosing and enabled to live healthy lifestyles and fewer people becoming unwell

**Independence**

More people living independently in resilient communities

**Self-management**

People being supported to have the knowledge, skills and confidence to better manage their health conditions



**Integration**

People receiving joined-up care and support between services and organisations

**Early intervention**

The health and care system being ready and able to intervene early and avert deterioration and escalation of problems

**Specialist services**

People going into hospital only when necessary and being discharged efficiently and safely with the right support

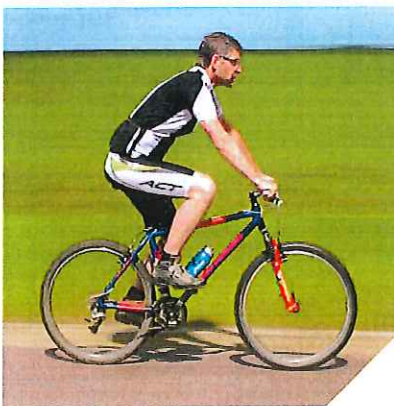
**Choice and control**

People having greater control over the services they use and being equal partners in decisions about their care



**Accessibility**

People who need treatment or care receiving this promptly and effectively in the most appropriate setting



**Care at home**

More care being available in the community and people's homes.

## Our approach

We have identified a number of areas for particular focus so that we continue to make changes and improvements over the next three years.

We aim to maximise the opportunities to be as productive as possible, making best use of our scarce resources through:

- **Sharing key corporate services.** The NHS in Devon spends around £87 million (5% of turnover) on corporate services including, technology, finance and HR. By sharing some services, we can reduce duplication and improve efficiency. The system delivered its target of saving £5 million in 2017/18, and there are plans to deliver savings of a further £12 million between 2018 and 2020.
- Utilising [The Model Hospital](#) programme improve productivity. Organisations in Devon will explore their comparative productivity, quality and responsiveness, making changes so that all benchmark favourably.
- Implementing the [Getting it Right First Time Programme](#), using national and local data, to **reduce variations** in the way services are delivered across Devon. We will use intelligence to deliver opportunities within each clinical speciality.

We will progress other transformational changes, including:

- Investing more in our community workforce so that we support people to live **healthier lives at home**.

- Adopting a broader focus on health and wellbeing to address wider factors of health, so that we **promote independence**, increase community resilience and reduce overreliance on services.
- Implementing a single framework for **identifying people at greater risk of ill health**, based on frailty.
- Improving the outcomes for people with **mental health** needs and those with **autism** and **learning disabilities**. We will enhance primary care and community services to provide a more appropriate response for people seeking help through their GP for depression, anxiety and other mental health needs. We will also care for more people with complex mental health needs closer to home and continue to reduce out-of-area placements.

For **children and families** in Devon, we will focus on:

- Giving children the best start in life by focusing on **speech, language and communications**.
- Strengthening the **emotional health and wellbeing** of children and young people with complex needs by building their resilience and working together better.
- Better managing **asthma** for children with additional needs.
- Helping children and young people who have suffered **adverse experiences**.

If we pay sufficient attention to children, we will prevent some of the challenges we see in adults.

We recognise the important role that our **independent sector** partners play, particularly in supporting people in out of hospital settings. But we recognise the potential vulnerabilities that affect care homes and domiciliary care providers due to the workforce challenges they face.

We will develop a specific and standard approach to support **care homes** to prevent residents experiencing avoidable crisis admissions to hospital and improve end-of-life care. The NHS England [Enhanced Health in Care Homes](#) framework and guidance is the preferred approach and could reduce emergency admissions from care homes by up to 30%.

More people in Devon could, and should, receive their hospital care through **'same day' admission and discharge** without the need for an overnight stay. We plan to enhance rapid assessments and diagnostics, senior medical availability, and same day discharge with planned follow-up treatment across our four acute hospitals in Devon. This will avoid unnecessary hospital admissions and release beds for the most acutely unwell.

We will continue to review our key hospital services across Devon, with a clear aim that all our hospital services deliver the same **high standards of care**, with a consistent workforce and in a way that makes best use of the funding available. The next phase of service reviews will be aligned to areas of national focus, and include cardiology, radiology, paediatric surgery and pathology. Additionally, ophthalmology and orthopaedics have been identified as priorities for improvement.

We know a large amount of space in our community hospital buildings is underused. The revenue cost of our community hospital estates is in the order of £20 million; money the NHS could use to improve other services. Working with other public sector partners, as part of the [One Public Estate](#) initiative, we will review the space that is required to deliver care, and plan to consolidate the number of sites to **free up estate and generate money**, which can be re-invested in technology and infrastructure.

We will prepare **'place-based' budgets** to reflect the needs of individual communities across Devon.

As part of this work, we will develop plans for **integrated working** and **place-based budgets** to address inequities and, importantly, ensure we return to living within the total budget we are given.

To support the most effective delivery of integrated health and care, partners in Devon plan to further develop **partnership working**. This includes:

- **Strategic commissioning of health and care services**, drawing on the skills and resources of the existing NHS organisations and three local authorities. This includes plans for taking on primary care and specialised commissioning from NHS England.
- Local Care Partnerships will work within budgets, look at how outcomes are met, and how services and resources are planned, and used, for **specific local populations** across Devon.

- **Mental health** services will be placed on an equal footing to physical health with specialist mental health services becoming more integrated within primary and secondary care. To support this, commissioners and providers will work with each other in a more joined up way through a mental health care partnership. This has been nationally recognised.

The health economy within the Devon STP has also formulated a **savings plan** that utilises the benchmarking opportunities identified through [The Model Hospital](#), [Right Care](#) and [Getting It Right First Time](#).

As part of our plans, Devon aims to be in **financial balance** by 2019/20. To reduce costs, the system will focus on reducing agency costs, optimising the use of medicines and standardising the range of products and services.

In developing our local plans, we have also taken account of the 2018/19 national priorities set out in NHS England's [Five Year Forward View Next Steps](#) and [Refreshing NHS Plans](#) for 2018/19:

- **A&E performance:** ensure that 90% of people needing care in emergency departments are treated, admitted or transferred within four hours.
- **Cancer services:** continue to improve cancer care throughout Devon and ensure that the 62-day national standard is achieved across our health system.
- **Mental health:** launch the Devon mental health strategy that sets the scene for treating mental health on a par with physical health and making sure the right support is available to people of all ages, including those with physical health problems.
- **Primary care:** progress the implementation of the primary care strategy, support vulnerable services and develop plans to make the most of digital solutions. This includes delivering extended and improved access to GP services.
- **Integrated care:** implement integrated working that brings the whole health and care system together, to benefit our population.

## The benefits for our population

Many of the changes we make will bring real improvements for local people, including:

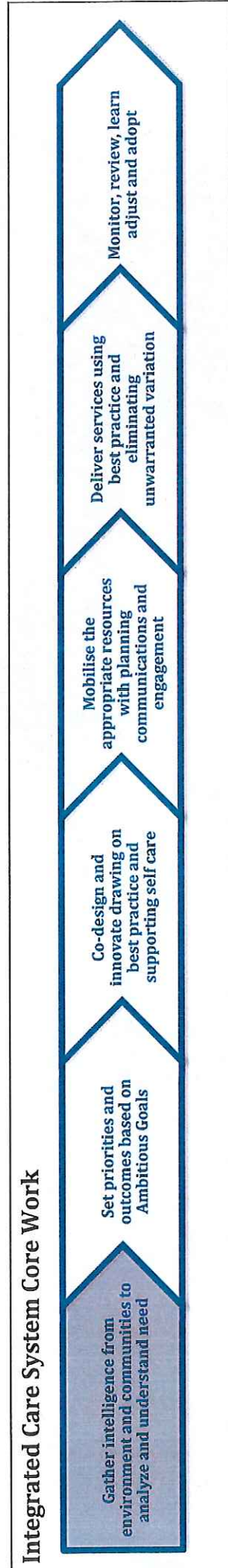
- Enabling more people to live **healthy and happy lives at home**, with support from health and care services.
- Delivering more **seamless services**, whether health or social care.
- Improving resilience and enhancing provision of **GP and pharmacy** services.
- Transforming **mental health** services so that people are given support when they need it.
- Better supporting people with **learning disabilities** and **autism**. In particular, offering better accommodation, housing and employment opportunities.
- Continuing to transform and enhance services for **children and young people**.



For further information,  
please visit:

[www.DevonSTP.org.uk](http://www.DevonSTP.org.uk)

| <b>Purpose</b> <i>Together, building thriving lives, support and services for everyone</i> |                                                                                                      |                                                                                                                |                                                                                                                                                        |                                                                                                                            |
|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <b>Ambitious Goals</b>                                                                     | A world class system that makes the best use of our resources to achieve great outcomes for everyone | <b>Eliminate inequalities in opportunity,</b> access and experience and improve outcomes for everyone in Devon | <b>Collaborate to connect all people</b> to build thriving, resilient and resourceful communities to prevent the causes and consequences of ill-health | <b>Provide outstanding services</b> that work with people to live their lives to the max                                   |
|                                                                                            |                                                                                                      |                                                                                                                | <b>Collaborate to connect all people</b> to build thriving, resilient and resourceful communities to prevent the causes and consequences of ill-health | <b>Inspire people</b> to join and stay in our workforce that is achieving excellence, innovation, ambition and joy in work |



|                                |                                           |                                            |                                                                     |                                               |
|--------------------------------|-------------------------------------------|--------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------|
| <b>Current Strategic Focus</b> | Enable more people to be and stay healthy | Enhance self-care and community resilience | Integrate and improve community services and care in people's homes | Deliver modern, safe and sustainable services |
|--------------------------------|-------------------------------------------|--------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------|

|                                               |                                                                                                                                                                                     |                                                                 |                                                                                                                                                                   |                                                                                                           |                                                                                                                              |                                                                                                                                                                                                                                                       |
|-----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>System Design Criteria</b>                 | ...make clear decisions"                                                                                                                                                            | ...be agile and adaptable"                                      | ...exercise good governance "                                                                                                                                     | ...operate and encourage innovation at neighbourhood, place and system level whilst embracing complexity" | ...deliver involvement and influence at every level"                                                                         | ...be digitally enabled"                                                                                                                                                                                                                              |
| <b>"We are creating an ICS that can....."</b> | So that resources can be mobilized to meet the needs of the people of Devon; improve performance; jointly risk enable; reduce inequality; drive prevention and put the system first | In order to operate dynamically and evolve to meet future needs | So that there is engagement; transparency; easily understood decision making; public and democratic accountability; shared risk and mutual support and innovation | In order to maximize the benefits of local and system working for optimal outcomes                        | In order to support selfcare; effective collaboration built on trust and ownership and to enable co-design and co-production | In order to drive change and innovation; offer more flexible services; allow staff to deliver care at the top of their skill set; address capacity shortfalls and improve quality and safety of care by sharing information that empowers the citizen |