

24 February 2020 Standing Overview Group - Long Term Plan

Report of the Health & Adult Care Scrutiny Members

Please note that the following recommendations are subject to confirmation by the Committee before taking effect.

Recommendation:

- (i) That the Committee shares the learning from the most recent Standing Overview Group meeting on the LTP to inform its future work programme.

Background

The Standing Overview Group of the Health and Adult Scrutiny Committee meets bi-monthly as an information sharing and member development session where issues are presented to members to raise awareness and increase knowledge. Any action points arising from the sessions are reported back to the formal Committee meeting. On 24 February 2020 the Standing Overview Group received presentations on work relating to the Devon NHS Long Term Plan.

Members in Attendance

- Cllr Randall Johnson (Chair)
- Cllr Ackland
- Cllr Asvachin
- Cllr Russell
- Cllr Saywell
- Cllr Scott
- Cllr Twiss
- Cllr Trail
- Cllr Wright
- Cllr Sellis (Member of Children's Scrutiny Committee)

During discussions with members the following key areas surrounding the LTP were raised:

The Integrated Care System in Devon

- We have; as defined by the Primary Care Networks (PCNs), 31 neighbourhoods of 20,000 – 60,000 people. At this level, general practice will be strengthened by working together in PCNs.
- There are five localities. At this level, health and social care will work together more closely
- There is one system with a population of 1.2 million. At this level, strategic planning and improvements can take place for the benefit of all as well as having an overview of system finance and performance
- There are 42 ICSs in England and the NHSE/I delivery structure will operate through the ICS as a “system by default” model

Challenges Faced

- If the use of our hospital beds is not changed, the number of beds available for planned, low-risk care will soon be zero
- Devon’s population will grow by 33,000 over the next five years, with a concentration in Plymouth, Exeter and the southern part of the county
- By 2030 there will be 37% more people aged over 75 compared to today
- The average annual healthcare cost of someone aged over 85 is £4,500: ten times that of a child under 10 years
- The amount of time people live in good health has been decreasing since 2012.
- 25% children in Devon are overweight or obese. This rises to 33% by the time they leave primary school
- There are significant workforce challenges in every sector
- There is a need to work differently and spend our money differently
- GP practices are facing a number of challenges: increasing demand, difficulties in recruitment and retention, and funding that includes estates and IT are areas that need us to find sustainable solutions
- “Population health management” approaches must be used to deliver better outcomes for patients
- There is a need to wrap current resources around PCNs and work in an integrated way with them
- Devon’s four ‘acute’ hospitals will remain, with a set of core services, including an accident and emergency department, but we need to fundamentally change the focus of what we do to provide as much care outside of our hospitals as possible
- What services will need to be in hospitals if a quantum shift to out of hospital care is made and should all services should to be in all hospitals
- Social care, the voluntary and independent sectors must be worked with in a much more joined up and integrated way
- Devon is one of the ten most financially challenged health economies nationally. Those 10 systems amount to £800M deficit – this is impacting on PCN investment nationally.
- There is a need to build a system for the future

Issues Identified by Members

The following issues were identified by members during their discussion with officers:

- The role of the Voluntary Care Sector, particularly surrounding developing a pre-care offer and a shifting away from commissioning and more seed funding
- The importance of continued involvement of members in the LTP
- The need to work closely with other neighbouring councils
- The importance of the democratic scrutiny process in the development of the LTP

- The need for a cultural shift in looking at the wider determinants of health with other levels of councils. Particularly considering inequalities in housing, for example
- The need to ensure that we are linking the strategic to the local. This will be key when developing place-based boards
- The difficulty in how some aspects of the LTP may be regarded by the public, such as having to travel longer distances for more specialised care
- Improving Digital infrastructure
- Prevention programmes and their importance
- A more holistic approach to transportation
- A single scrutiny for system issues could be explored with the relevant authorities

Officer comments

The following further comments were made by officers:

- There is a passive consumer approach to the health service
- The need for early help and prevention and addressing lifestyles
- The social care/community model could have big impact on reducing internal hospital referrals
- There will be a £30M shift in funding from acute to community services

Conclusion

The Committee thanked the presenters and the officers for attending this meeting and recognised the work they are undertaking to develop the LTP in the County.

Members look forward to further information including a financial breakdown on the savings of the LTP which will be presented to the Health and Adult Care Scrutiny Committee on 12th March.

**Councillor Sara Randall Johnson, Chair
Health & Adult Care Scrutiny Committee**

Electoral Divisions: All

Local Government Act 1972

List of Background Papers

Contact for Enquiries: Dan Looker / Tel No: (01392) 382232

Background Paper	Date	File Ref
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Nil

There are no equality issues associated with this report