Wider Devon Sustainability and Transformation Plan and NEW Devon Success Regime

Your future model of care report

1. Introduction

As previously reported to the Committee North, East and West Devon NHS is part of the national Success Regime Programme along with two other areas of the country, Cumbria and Essex. The Success Regime has enabled the local system to work together through a new leadership and governance framework to design and deliver a transformed sustainable financial and clinical health and care system.

The Success Regime Case for Change¹, published in February 2016 emphasised the need for change to a less reactive model of provision to one based on promoting independence, support at home and resilient communities. The Success Regime has since worked alongside clinical leaders, patient and public representatives and local authorities to consider future options for health and care services in the community.

As reported to the Devon Health and Wellbeing Scrutiny Committee in June 2016, accelerated improvement work is already underway in 2016/17 to bring early clinical and financial benefit. In addition the Success Regime Clinical Cabinet's first area of focus is on integrated community based care. This work will move on to consider acute and specialist care in the autumn.

A group focused on 'Your future care' has been established involving over 80 clinicians, social care staff and leaders in looking at how to best meet the care needs of communities, recognising that care is not yet integrated, recruiting and retaining staff is a challenge and there is a need to build on the Transforming Community Services work in 2014/15 and shift the emphasis from over-reliance on bed based care and increase investment in a model of care outside of hospital.

Following a range of pre-consultation meetings the CCG Governing Body on 28th September 2016 will be asked to endorse the commencement of public

¹ <u>http://www.newdevonccg.nhs.uk/case-for-change/101857</u>

consultation on 'Your future care' which has a particular focus on the model of place based care for community services. This paper for Devon Health and Wellbeing Scrutiny Committee sets out the overall purpose, scope and process for consultation. Specific details will be forwarded to the Committee when the full consultation documents are available.

Recommendation: It is recommended that the Committee notes this report; notes that the consultation is scheduled to commence in October 2016 once final NHS England authorisation has been received and the CCG Governing Body has confirmed consultation can start; and notes that the consultation results will be reported to the Scrutiny Committee in early 2017.

2. Context

The 'Your future care' model recognises that people are best supported at home with local, place based support from family, friends and communities when needed, with timely and short term interventions when needed. In this context, the focus is on establishing a minimum level of service throughout the area based on the following components:

- Comprehensive assessment where this is needed supported by plans to support people to remain as well and independent as possible. The assessment and plans would also connect or link people with wider voluntary and community support where appropriate and enable increases in resilience in communities.
- Single point of access for clinical care to enable care at home to be as accessible as care in hospital, with referrals made by any care service and reviewed by a clinician (nurse, therapist, doctor) with core knowledge and training in triage, access to the comprehensive assessment record and local services.
- Rapid response through a multi-disciplinary team that would support patients in their own homes and where necessary in residential and care homes in a timely way. The team based on an assessment of need would institute a package of care at home where this is possible.

Some aspects of these services are available now in some areas but the core offer would make these consistently available.

In relation to bed based care, the group involved in 'Your future care' has considered the fact that it is detrimental for older people, particularly those who are frail or have multiple conditions, to be admitted to hospital or to stay longer than their clinical needs require in terms of impact on their long term wellbeing and independence. In addition in community hospitals there are people in a hospital bed who could be cared for at home, as well as more than a third of beds not being used at all.

The 'Your future care' consultation will consider these points and the number and locations for future community beds, building on the learning from the previous Transforming Community Services consultation. The purpose is to take the next important step in both investing in a model of community based care and support to support people better in their own homes, and improving clinical outcomes and patient and carer experience, as well as addressing the local financial pressures for more resilient health and care services and community support for the population.

To ensure this is right and to give confidence in the future model before implementation, local clinicians are developing a number of tests to make sure community health services are safe and reliable and these tests will need to be passed to provide assurance to clinicians and through them to the public, of quality and safe care outside of hospital. Another key focus is on helping people to stay well and independent for longer working with local authorities and communities.

3. Process

In preparation for consultation there has been pre-consultation engagement building on the learning from the previous Transforming Community Services Consultation, to set the scene and hear views before consultation commences. As well as the engagement of clinicians through the new model of care group, there has been engagement of a range of stakeholders, public and staff and these events will continue in preparation for the consultation

Three engagement events in May and June 2016 involved a total of 265 people, many of whom represented groups who work with the health and social care system including local authorities, voluntary groups and charities. A further three events have been held in September. Messages from the initial events included the need to do things differently; to focus more on finances; to recognise the role of primary care; that the input of the voluntary sector is key; and that there needs to be a focus on prevention and signposting people to services.

It is proposed consultation for a period of 12 weeks commences in October 2016, the exact start date to be determined by the CCG Governing Body on 28th September 2016. The start of consultation will be subject to final authorisation by NHS England that the consultation meets a financial best practice check and the 4 test requirements

- Clear clinical evidence base
- Support from clinical commissioners

- Consistency with current and prospective patient choice
- Strong patient and public engagement

This will be central to assure the CCG Governing Body it can decide on 28th September to start the consultation.

A comprehensive consultation document-will be supported by a consultation plan, pre-consultation business case and other materials which will detail the current use of services, the clinical and financial case for change, and the detailed processes used in developing and proposing options for consultation.

Although the 'Your Future Care' model would apply to the whole area, the focus on beds is in the East where clinicians have recognised the case for change is greatest at this point in time. The Clinical Cabinet has identified a preferred option. The consultation will describe all options considered and set out those that are viable, therefore inviting views on more than one option and, should alternative proposals be submitted, these will be fully examined for clinical and financial sustainability.

The consultation plan and documents under development have included input and scrutiny by NEW Devon CCG Patient and Public Engagement Committee. Local Healthwatch continues to play a central role. The core consultation materials will be written as clearly as possible avoiding jargon and ensuring readability, although the pre-consultation business case which the consultation plan is based on, which will also be published is a technical document.

There will be a range of ways to access the materials and a range of ways to comment to create maximum opportunities for people to have a say, including for people who may need audio, translated, large print or braille versions and graphics and video may also be used to make concepts and information more accessible in meetings and events.

During the period of consultation there will be ongoing work on the detail of what the changes mean to each community as well as regular reporting back to those who express an interest in the consultation to keep them informed of activity and progress. The consultation analysis and decision making will be published and conducted in accordance with recognised market research guidelines. Leaders of discussions will be predominantly clinicians, supported where possible by lay personnel.

Conclusion

In developing the proposals the Success Regime has also worked with South Devon and Torbay CCG which reported their plans to consult to the Committee in June 2016 and has now launched their consultation. Consistent with this 'Your future care' recognises that modern, evidence based services that reflect people's priorities and are affordable and sustainable do mean change.

There has been considerable input to reach this stage, including external support through the Success Regime which has reported to the Committee on a regular basis since its introduction in Devon. The Committee is invited to support the recommendation to note the consultation in this paper which will enable a wide spectrum of views to be made by the public prior to decisions being made early 2017.

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