

Report on council plans to mitigate adverse impacts of STP on communities and any redirection of resources to deliver likely changes STP

The latest Draft Sustainable Transformation Plan was published on 4th November and is being developed as a framework document for the processes that will be needed to deliver integrated Health and Social care services by 2020/21. Local authorities across the country are supporting STPs because the public want to have better joined up services which enable them to live well and enjoy a healthier life for longer and to have more services available to them at home to minimise hospital visits. In a growing number of areas it is the local authority who is leading the development of their local STP. Here in Devon we have a dedicated leader to develop the plan which covers both CCGs as well as Devon, Plymouth and Torbay authority areas.

Plymouth City Council has unanimously endorsed the current draft and Torbay endorsed it on Tuesday. Devon has not yet determined its position. Because the STP has, at its heart, the development of more home based services it is relevant and appropriate if Devon were represented alongside the other authorities as one of a number of stakeholders on any workgroups and boards that are established because of the potential for the extra burdens that more home based services would place on the authority. It is only by being there that we will know first-hand what is being discussed and planned, and have the opportunity to influence direction and public participation to hear the views of local people.

The important role that scrutiny has to play in ensuring that the public voice is heard and represented is also essential. Because of the early recognition of the scrutiny role I hosted a meeting of scrutiny chairs and lead officers on 11th August. All the main political parties were included in the invite, because of the potential financial issues the Devon Corporate resources scrutiny chair and vice chair were included. At that meeting they had a briefing by the NHS leaders of the STP process and the contents of the plan. Following which, the scrutiny members met and agreed to form a joint scrutiny group made up of representatives from all the authorities and political parties. They have already had their first meeting and reported back to their scrutiny committees and will continue to meet as the plan develops. A spotlight review has been published by the joint scrutiny group.

There are potential adverse impacts for DCC which will need to be mitigated as part of our engagement with the NHS.

The first one is the effect of CHC (continuing health care) which can be found at triple aim 16 in the plan. There is nationally set criteria used by nurses to decide whether someone can have their health and care costs met in full by the NHS rather than by social care and the person themselves. CHC is for people with the most complex health needs and can be given whether someone lives in their own home or in a care home. There is an expectation CHC costs will reduce by improving the price paid for care and by reducing the number of people receiving CHC. The potential impact for DCC is that more people will have their care provided by DCC which will shift the cost rather make savings. The Council and the NHS use the same providers (mostly care homes) so working together is essential here.

To mitigate this we will need to ensure there is a rights based approach to assessment and not a budget led approach. A better solution would be to create joint teams, a pooled budget to support the needs of the most vulnerable and complex needs to ensure there is no incentive to move costs around the system between the NHS and DCC. There are examples where this has been done well

including Plymouth who report both improved practice and budget control for everyone. A single approach between the NHS and local government care homes is a key part of this.

The second main issue is the new model of care which can be found at priority 29. People tell us they want to be supported in their own home with the right care when they need it and prefer to only be in hospital or care homes when it is essential. Delivering what citizens say they want is a potential impact for DCC because it creates more people needing care at home. This potentially may lead to more people receiving care and support from the local authority in their own home.

As the NHS will have fewer people in hospital beds and fewer people unnecessarily using A&E services the mitigation has to be the transfer of money and other resources from NHS to social care in recognition of the additional pressures, and the focus across everything we do, on supporting people to be as well and healthy as they can be. To make the transfer of money possible the NHS has to be able to make savings. More people can be accommodated at home but it will need better approaches to community and voluntary support, pooling resources and joint commissioning of services such as personal care and voluntary and community support. The services will need to respond to different demands which will need more short term multi-disciplinary services to support people to get back to their level of independence after a health down turn in their lives.

By changing the way that care is delivered the STP can create opportunities for positive changes. These can be summarised:-

- Prevention which can be found at priority 24 and is key to promoting independence
- An Integrated care model can be found at priority 26
- Priority 33 is about delivering parity of access and priority for physical health by Transforming mental health, learning disability - including for young people Children and young people and families - including children in care. Priority 42

Another important opportunity is to have a Joined up approach to Workforce development, recruitment and retention across statutory health and care and voluntary and independent sectors. For the majority, if not all, providers this is a key issue for them. There are people to fill vacancies but they are not staying and there are high turnovers. This was especially highlighted at a Provider engagement event we held last week which was dedicated to workforce development and retention.

The local authority has a role to promote independence for its citizens and communities. Public Health have a role to play here. There are some good examples of community connectors and social prescribing (e.g. Integrated Care Exeter) in Devon and the new model of care. The STP (Priority 24) identifies prevention as key to the new model of care.

The cross party, cross council spotlight review shares some of the concerns in the SWOT analysis but supported the opportunities for better outcomes for people and asks Members to support the conclusions (section 4) which offers support for the new model of care whilst recognising the importance of appropriate resources being available to implement it at a local level.