Northern, Eastern and Western Devon
Clinical Commissioning Group

Cllr Sara Randall-Johnson
Chair
Health and Adult Care Scrutiny Committee
Devon County Council

06 June 2017

Dear Cllr Randall-Johnson

Your Future Care: Devon Health and Wellbeing Scrutiny Committee Resolution of 7th March 2017

I am writing in relation to the concerns raised and assurances required by the previous Health and Wellbeing Scrutiny Committee as set out in the Committee Resolution of 7th March 2017. The CCG initially responded on 7th April 2017 and the CCG received a follow up letter from Councillor Richard Westlake dated 24th April 2017. I hope this response to you in your role as Chair of the committee will be of assistance in addressing the outstanding points Cllr Westlake raised.

In summary, *Your Future Care* is focused on establishing a model of care that is designed to help people who have complex needs or are otherwise frail, to remain as well as possible for as long as possible at home. The model is focused on comprehensive assessment, a single point of access and rapid/urgent response in the community to reduce time spent in hospital and increase the likelihood of people being supported at home.

The detail is provided in previous Scrutiny papers and particularly in the CCG's decision making business case which underpinned the CCG decision to reduce inpatient beds in community hospitals in Eastern Devon from 143 to 72 and to

establish the out of hospital model of care across the area. This is the starting point to enable a shift in emphasis increasingly towards prevention, early intervention and integrated personalised out of hospital care.

Progress towards implementation is now well underway and the CCG is working closely with Royal Devon and Exeter NHS Foundation Trust, the Eastern Locality community service provider. As part of the detailed preparation for implementation the Trust recently conducted an audit that showed 64% of patients in community hospital beds at the time of the audit could have been at home (some without support but the majority with support planned in the new model).

The CCG has also engaged with Devon County Council adult social care commissioning colleagues who have responded directly to the Scrutiny resolution. We recognise changes to the care model bring uncertainty and as we have indicated in previous correspondence with the Committee the CCG is willing to fully engage in discussions and looks forward to working with you to resolve these matters.

Cllr Westlake has helpfully explained that where South Devon and Torbay CCG were able to assure the Committee, a similar set of proposals in NEW Devon did not achieve a comparable level of assurance. We greatly welcome this explanation and hope the additional information included in this letter will assist in providing further information that will assist the Committee to address the following outstanding points:

1) Implementation assurance
2) Northern Devon
3) Financial savings
4) Future of hospital buildings
5) Okehampton and Honiton Hospitals
6) Staff engagement

1) Implementation assurance: We were pleased to note that the Committee welcomed the implementation assurance process. The CCG promised during consultation that no beds would permanently close until there was assurance on readiness for implementation. 30 assurance questions were developed and approved by the Governing Body, spanning the following parameters:

- Pre-implementation
- Workforce
- Governance, communication and engagement
- Implementation
- Post implementation

The questions identified for each of these parameters are designed to achieve safe and quality implementation. A clinically chaired implementation assurance

panel, mandated by and reporting to the CCG Governing Body, now has the core responsibility to review implementation plans against the parameters. The panel will meet 3 times before implementation in September and October this year. In the interests of transparency, we would be pleased to invite you as Chair to be in attendance as an observer at panel meetings should you and the Committee consider this to be of assistance.

A copy of these parameters was previously published in the Decision Making Business Case and these are also appended to this letter (appendix 1).

2) **Northern Devon:** In relation to your question of measurable success, Northern Devon NHS Healthcare Trust has previously reported the following points of improvement: winter performance operating effectively with 47 fewer beds (across the acute and community system) in 2015/16 accompanied by fewer and shorter periods of escalation; improvement in clinical and cost efficiency, shifting resources into community services and caring for more patients; as well as demonstrating patient satisfaction. If it would be helpful to see more details of how this has been demonstrated, then please let us know and we can provide this.

3) **Financial savings:** The CCG recognises the savings proposed will be modest and agrees with the Committee's point that it is crucial to ensure the model of care can support an increasing elderly population. Building on the estimates made in your future care, RD&E has been advancing the detailed implementation planning for the new model. This plan has been developed by professionals, clinicians and managers leading or working within the services based on their assessment of requirements to implement an effective new model to support more people with complex needs at home.

In relation to your point that previously the Committee were told that changes to the model of care were relatively cost neutral, this is correct and reflects the assessment within the previous TCS process. At that time the focus was on consolidating services in fewer units with only minimal reduction in the overall bed stock as a first stage in service change. The current changes are different in that they do both reduce the number of beds and invest in the new model of care, something that was not possible in the earlier changes.

In relation to the current changes we acknowledge the understanding of the potential savings of £200-£300 per bed day which would result in gross savings of £4.7m - £7.0m. The lower end of savings represents the direct costs of the staffing and consumables to operate the inpatient beds. The upper end of savings would be available should we be able to mitigate the fixed costs of the building through alternative uses of the space freed up. Our projections for reinvestment are in the range of 20-40% and will be determined by the levels of demographic growth and complexity of need for each individual community.

These aspects are being considered by the RD&E in their detailed implementation planning which involves professionals, clinicians and managers to assess the levels of community resources necessary in each community.

With regard to the community hospital buildings and commercial property rents we can confirm that the movement to commercial rents has been fully funded by NHSE and has therefore not presented the local system with an additional financial burden. In terms of agency staff, there has been a determined effort to reduce agency use both to bring financial and continuity of care benefits. This was taken into account in contracting for Community Services with RD&E with the full year effect of savings exceeding £1m.

4) **The future of hospital buildings:** Thank you for outlining your concerns in relation to hospital buildings, many of which have benefited from financial assistance from communities. Whilst NHS Property Services owns and runs many facilities, declaration of a facility as surplus to requirements is the responsibility of the CCG. When wards are vacated of inpatient beds, the arrangement between RD&E and NHS Property Services is that responsibility for funding the void is time limited and is that of the CCG. We have planned for this. We have been clear that this particular consultation does not impact on other services in the hospitals; however we do recognise that people do want more clarity on the longer term. Although this is not available at the current time, a Devon strategic estates plan is expected to be developed in 2017/18.

5) **Okehampton and Honiton Hospitals:** It is helpful to understand the Committee's concerns in relation to the consultation document. Whilst the space on the document was short there was a clear invitation on the response form to add extra sheets if needed and many people did so. The point about other options linking to the strategic priorities was specifically intended to be of assistance to respondents. Now these specific concerns have been drawn to our attention, I can assure you they will be taken into account when preparing future consultation questionnaires and documents. We have been discussing greater collaboration between the two CCGs in future planning, engagement and consultation so there will be the benefit of shared learning. In addressing these learning points it is important to note that the CCG did receive responses for Okehampton and Honiton in the consultation as detailed in the consultation report previously submitted to the Committee.

6) **Staff engagement:** In responding to the specific point raised in the resolution I can see we have not fully explained the range of ways staff are engaged and supported. Whilst a small number of staff responded in writing to the consultation, more joined in the public consultation events and there was a range of other engagement events with staff. As you know, in 2016 the services

transferred from Northern Devon Healthcare Trust to Royal Devon and Exeter Foundation Trust. In summer last year in preparation for the transfer there were many meetings held with staff by the RD&E and these meetings did make staff aware of the Success Regime and the potential for change in community

hospitals. RD&E as employer has been engaged in the consultation and has continued to have regular communication with staff throughout the *Your Future Care* work. This has included: senior management visits to all directly impacted hospitals the day after the CCG decision; informal 1-1 meetings with staff to discuss concerns; staff meetings in hospitals; and locality workshops to work through the new model of care which have been well received.

The RD&E has now commenced the formal HR consultation process which is for a 3 month period. It is designed to provide more information and engage staff in shaping the changes as well as specifically supporting staff through the transition. This involves staff 1-1 meetings, group meetings, written materials all designed to ensure the wishes, ideas and concerns are heard. There is also emphasis on workforce in our Implementation Assurance process recognises the absolute importance of the staff team providing services now and in supporting them in the future. HR leads have also been actively working on setting out the competences needed for the future and supporting staff in the transition will be central to effective implementation.

I trust this letter is of assistance in addressing the outstanding points raised by Cllr Westlake, however as I have already indicated the CCG will welcome ongoing dialogue with you to bring these matters to a resolution. Please do not hesitate to contact me if you wish to discuss any of these points further.

Yours sincerely

Janet Fitzgerald
Chief Officer