Development of the Integrated Care System for Devon – One Devon

Devon Health and Adult Care Scrutiny Committee
21 June 2022

A report from the Deputy Chief Executive, NHS Devon Clinical Commissioning Group

1. Recommendation(s)

1.1 The Devon County Council Health and Adult Care Scrutiny Committee notes the content of this report and the continued development of the Integrated Care System in Devon.

2. Purpose

2.1 This paper aims to engage the Health and Adult Care Scrutiny Committee in the development of the Integrated Care System for Devon (which will be known as 'One Devon') and provide opportunities to influence, contribute and scrutinise.

2.2 This paper sets out the progress made so far to develop the Integrated Care System for Devon against Government requirements, building on a series of previous papers to the committee as the ICS has been developing, the latest of which was the report in March 2022, in order to gain welcomed and valued contribution, insight and challenge.

2.3 The report also sets out how One Devon is responding to financial and performance challenges.

Together for Devon

Health and care working in partnership with local communities in Plymouth, Torbay and the rest of the county

Development of the Integrated Care System for Devon – One Devon

Devon Health and Adult Care Scrutiny Committee
21 June 2022

1. Introduction: National and Local Context

1.1 In November 2020, NHS England and NHS Improvement published Integrating care: Next steps to building strong and effective integrated care systems across England. It described the core purpose of an Integrated Care System (ICS) being to:

- improve outcomes in population health and healthcare
- tackle inequalities in outcomes, experience and access
- enhance productivity and value for money
- help the NHS support broader social and economic development.

1.2 It emphasised that the next phase of ICS development should be rooted in collaboration. It described common features that every system is expected to have and develop, as the foundations for integrating care. It also highlights opportunities for local flexibility to achieve consistent national standards and reduce inequalities.

1.3 The Integrated Care System for Devon, 'One Devon', will ensure that:

- decisions are taken closer to, and in collaboration with the communities they affect and lead to better outcomes for people;
- organisations and communities work in partnership to address health inequalities, providing joined-up, efficient and effective services;
- improvements made to population health and wellbeing is informed and underpinned by consistent and coordinated data and information, to enable more effective decision-making.

1.4 Strong place-based partnerships (known as 'Local Care Partnerships' – LCPs) between the NHS, local councils, voluntary organisations, residents in communities, service users and carers will be key to the success of the One Devon ICS. At the March committee meeting a paper was provided that described examples of Local Care Partnership plans.

1.5 In addition, One Devon will create 'provider collaboratives' to bring together providers of NHS services to develop and improve services across the county – While providers have worked together for many years, the move to formalise this

way of working is part of a fundamental shift in the way the health and care system is organised, moving from an emphasis on individual organisational autonomy to collaboration and partnership working in order to improve outcomes, performance and to address workforce challenges. In Devon there will be a Mental Health, Learning Disabilities and Neurodiversity Provider Collaborative led by Devon Partnership NHS Trust; a Peninsula Acute Provider Collaborative of the acute Trusts in Devon along with the Royal Cornwall Hospitals Trust; and a Primary Care Provider Collaborative.

1.6 One Devon already has some good examples of collaboration and partnership working, for example, the One Northern Devon High Flow project, which provides personalised and holistic support for individuals with highly complex and multiple needs. By holding conversations to understand what matters to the person, the High Flow Caseworker co-produces a bespoke plan and co-ordinates the multi-agency support needed. This enables support to 'flow' around the person so services are better able to meet their needs and prevents the cycle of referrals onto other services.

1.7 Outcomes of the project are that individuals feel more in control, more able to live the life that they want, and have an improved experience of the system, while professionals are better able to provide holistic support. The project has also helped reduce demand in the system, with reductions in A&E attendances and days spent in hospital. In the first 15 months, it resulted in £200,000 saving to the public sector.

1.8 High Flow has brought together not just health services and local authorities but also the police, fire service and housing providers. The bottom-up approach has highlighted areas of duplication between services or gaps in provision and help to design services that fit the needs of individuals and target the causes of health inequalities.

2. Governance

2.1 The statutory ICS arrangements will comprise:

- The One Devon Partnership – a group of system partners, including top tier and unitary local authorities, promoting collaborative arrangements to address the broader health, public health and social care needs of the population
- NHS Devon Integrated Care Board (ICB) – a statutory NHS body that will be responsible for NHS strategic planning and financial allocation decisions, and which will be accountable to NHS England & Improvement (NHSEI) for NHS spending and performance within its boundaries.

2.2 These new arrangements will be legally and operationally established on 1 July 2022.

2.3 NHS Devon Clinical Commissioning Group has been working with NHSEI to ensure that the transition to an Integrated Care System is managed effectively, including the transfer of CCG staff to the Integrated Care Board. The transition process and the future governance arrangements for NHS Devon and the new One Devon Partnership have been documented via a System Development Plan which was approved by NHS Devon CCG and NHSEI. The NHS Devon Integrated Care Board Constitution is available on the NHSEI website at https://www.england.nhs.uk/publication/the-constitutions-of-integrated-care-boards/

2.4 All actions and documents have been completed in line with the national guidance and have met the NHSEI South West timetable. Feedback from NHSEI throughout this process has been very positive – and any points of clarification or suggested amendments have been addressed as required. No problems with the transition process or the establishment of the Integrated Care Board are anticipated.

2.5 While the development of NHS Devon and One Devon Partnership will provide a stronger, collaborative response to the financial and performance challenges facing Devon it will not, in itself, provide an immediate solution. This context is provided in the following sections.

3. One Devon financial overview

3.1 One Devon has managed within its allocated financial envelope in each of the last two years. This has been achieved with the benefit of significant additional funding made available on a temporary basis through the pandemic which has supported the underlying cost base.

3.2 From 2022/23, the national allocations methodology for NHS funding has been reset to move systems back towards a ‘fair share’ distribution of national funding at the levels affordable within the Spending Review 2021 (SR21) settlement. Recognising the current expenditure position of the NHS is higher than the revenue allocations, there will be a progressive reduction of resources (‘convergence’) from current levels to the published three year allocation. The three years provides a window for systems to adjust their expenditure to allocation levels during this period.

3.3 This process will move the entire NHS back to SR21 spending levels and will also move Integrated Care Boards towards a fair share funding distribution over the next three years 2022/23 to 2024/25. The convergence adjustment differs by

Integrated Care Board and depends on the distance from each Integrated Care Board's fair share ('target') allocation.

3.4 The formula that determines fair share target allocations has been updated. For Devon this shows that the Integrated Care Board is currently 7% above its fair share target. Therefore we should expect to see a greater than average impact from convergence, further squeezing the allocation we have over the next three year period.

3.5 The operational planning process for One Devon is still underway. Allocations in 2022/23 have seen the first year of convergence applied with a recurrent programme allocation for 2022/23 of £2.07bn compared to a recurrent baseline of £2.02bn in 2021/22; leaving only a 2.5% increase to manage population growth, increased demand for services, recovery of post-pandemic waiting lists, inflationary pressures and critical service investments. This is below our assessment of the unavoidable financial pressures, primarily:

- excess inflation – a total of £31.3m of costs in the current plan are driven by inflation running in excess of national planning assumptions. The main areas of pressure are gas, electricity and care market costs. A large element of this pressure is anticipated to be relieved by an additional allocation with the residual pressure estimated to be £4m.
- critical service investments – there are currently circa £40m of unfunded service investments required to deliver our strategic priorities and to ensure services meet clinical quality and safety requirements. All service investments have been through a review process to challenge the costs. Whilst these investments are currently unaffordable, they remain within our financial plan due to either clinical quality and safety requirements or because they are fundamental to delivering the long term aspirations for One Devon.

3.6 Financial efficiency savings. The COVID-19 period significantly impacted on delivery of potential savings and efficiencies. There are three main areas that are now the focus for delivering savings and improving productivity at an individual organisation level:

- COVID cost reduction – analysing the remaining impact of COVID on the recurrent cost base and ensuring that this is mitigated where possible.
- Baseline cost efficiency – procurement, medicines management, general financial housekeeping, agency reduction, reducing staff absences, improving staff retention.
- Productivity – delivering more within current baseline cost, including elective services recovery schemes to create additional capacity to address waiting list backlogs.

3.7 In addition, following the principles of collaboration that are fundamental to One Devon, there are two immediate system-wide efficiency programmes in place:

- Digital – rationalising digital infrastructure. A collaborative threeyear savings programme which aims to deliver £15m through moving from onsite storage to a cloud-based data centre solution.
- Workforce – managing agency staff costs. Collaborative work is in progress to secure delivery and reduce as far as is practicable with a forecast to reduce agency costs by £8.6m in 2022/23.

3.8 Elective Services Recovery. As we exit from the pandemic elective care backlogs have increased significantly. £50m of elective recovery funding has been allocated to Devon to help reduce these backlogs in 2022/23. Additional funding beyond this is also available if Devon can exceed a target level of elective work, which has been set at 104% of 2019/20 activity levels. However, should we fail to achieve this trajectory then an element of the £50m will have to be repaid.

3.9 Capital Investment. Nationally a significant amount of capital funding is being targeted at improving performance and productivity. The three most significant capital projects to be rolled out over the next three years in Devon are:

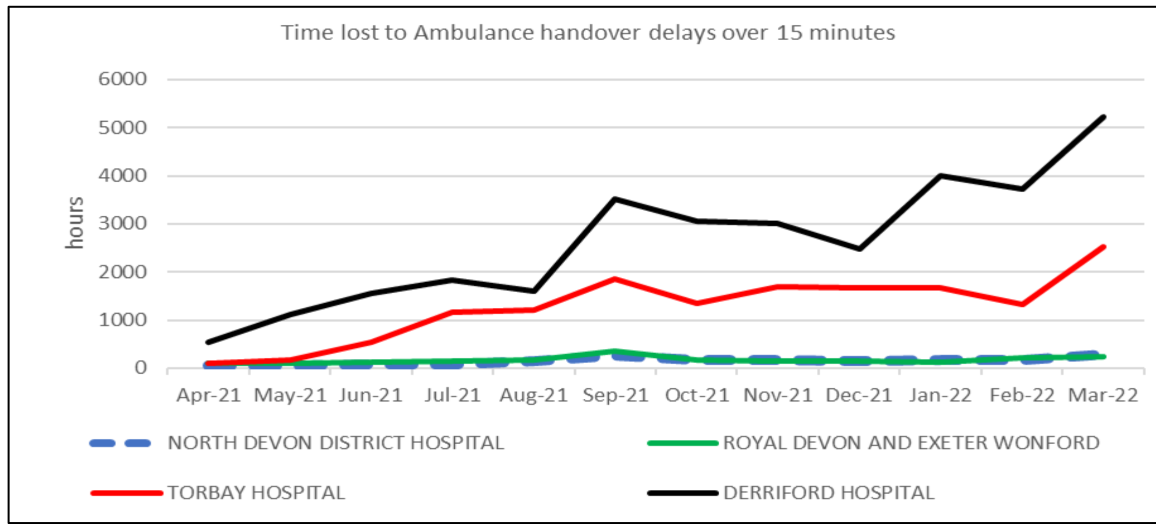
- Elective Recovery. Indicative funding has been awarded to Devon for three schemes that support elective recovery:
  - Orthopaedic theatre development (Plymouth), £15m
  - Cardiology day case unit (Exeter), £9m
  - Protective elective care (Torbay), £15m
- Community diagnostics. Indicative funding of £23m has been awarded for development of community diagnostic hubs providing a range of accessible diagnostic services across Devon.
- Electronic Patient Record (EPR). As a system, we are investing in digital technologies to help us improve care quality and resolve some of our challenges, including workforce shortages. A single shared EPR for acute services will enable us to share our specialist clinical workforce and service capacity across Devon and Cornwall, and give patients better access to high quality care, regardless of their location.

4. Performance

4.1 The NHS targets that are currently most challenged include those relating to ambulance services, A&E waits and elective waiting times.

4.2 The national target for handovers between ambulances and Emergency Departments (EDs) is that no-one should wait more than 30 minutes. Despite ongoing efforts over recent years by local hospitals and the South Western

Ambulance Services NHS Foundation Trust handover delays remain a significant problem in Devon in terms of the number of patients affected and the length of the delays. A handover delay does not necessarily mean that the patient waited in the ambulance – they may have been moved into the emergency department, but a complete handover was not able to take place due to pressures within the hospital.



4.3 Ambulance staff waiting longer to discharge their patients into emergency departments can be a symptom of high demand for hospital beds and onward care -for example, discharging patients into social care and ensuring the right packages of care are available. Pressures on staffing or capacity in one organisation will often have an impact on others.

4.4 Hospitals have been under significant pressure during the past year with more people needing emergency treatment, and until recently, an increase in prevalence of COVID-19 in communities, hospitals, and staff. This has had an impact across the health and care system on bed availability in hospitals and in care homes and fewer care staff to support people at home. This in turn makes it difficult to discharge people and means that sometimes patients being admitted to hospital from the emergency department will experience long waits before a hospital bed becomes available. Additional infection prevention and control measures that had been required throughout the pandemic have also impacted on capacity and throughput, as hospitals were required to create dedicated spaces and wards for the care of COVID-19 patientsThese factors have collectively impacted on ambulance handovers.

4.5 Ambulance handover recovery plans are currently in place. Additional information is included within the South Western Ambulance Services NHS Foundation Trust Spotlight Review report.

4.6 Emergency Department (ED) waiting times consistently rank as one of the public's key priorities. The operational standard is that at least 95% of patients attending ED should be admitted, transferred or discharged within four hours, but this target has not been consistently met in recent years across the NHS, including within Devon. The NHS is currently looking to replace this standard with a set of access standards, including average waiting time in emergency departments, time to initial clinical assessment, and time to emergency treatment.

4.7 Like ambulance handover delays, A&E performance is influenced by the flow of patients through the wider health and care system. There are ten workstreams across the Devon system to support improved performance in line with national priorities:

- Building the community urgent care workforce
- Developing the minor injuries enhanced primary care service
- Re-design of the Emergency Department (ED) front door for walk-in patients such that all patients can be streamed directly to the most appropriate service
- Development of co-located Urgent Treatment Centres (UTCs) on acute hospital sites
- Maximising the role of community pharmacy
- Standardising clinical practice
- Delivering the national UTC specification at the Cumberland Centre (Plymouth), Newton Abbot and Tiverton
- Understanding the ED case mix to inform the future model of care
- Travel time modelling to deliver equitable access
- Developing a costed proposed future model of community urgent care

These workstreams will require ongoing involvement with local people and communities to help shape and develop future plans

4.8 The number of patients waiting over 52 weeks and over 104 weeks for elective procedures has increased over the last 2 years. This backlog in treatment of patients is due to the impact of the pandemic and urgent and emergency care pressures on elective care capacity.

4.9 The national aim is that no patients will be waiting above 104 weeks by the end of June. , There were 1,181 people waiting two years or more for surgery at the end of May, down from a peak of 1545 in March. All patients who had not already had treatment dates were written to and telephoned in May to offer treatment at another hospital. Support is being sought from outside Devon (primarily in London and Middlesex) to provide treatment where the patients are happy to accept this alternative offer.

4.10 We are planning to reduce 104ww and 52ww over the coming months by building on the day case and ambulatory pathways which have already been pioneered in a number of our local hospitals – in order to reduce variation, improve quality and reduce length of stay. We have also been utilising the Exeter Nightingale Hospital to provide additional dedicated capacity for elective care. A key focus will be on increasing day case rates to allow greater throughput of cases and less risk of cancellations due to bed unavailability. Those services include: primary knee and hip replacements, laparoscopic hysterectomy, vaginal repair surgery, vaginal hysterectomy, trans-urethral resection of bladder, ureteroscopy, tonsillectomy, laparoscopic cholecystectomy and day case pathways for surgical emergencies.

5. NHS System Oversight Framework (SOF) Progress Update

5.1 The NHSEI System Oversight Framework (SOF) was established in 2021 and reflects the role of NHSEI as a national regulator of NHS provided and/or commissioned services. Its purpose is to:

a. Align the priorities of Integrated Care Systems and the NHS organisations within them.
b. Identify where Integrated Care Systems and NHS organisations may benefit from or require support to meet the standards required of them in a sustainable way and delivery the overall objectives for the sector set out in the 2021/22 Operational Planning Guidance, the NHS Long Term Plan and the NHS People Plan.
c. Provide an objective basis for decisions about when and how NHS England and NHS Improvement will intervene in cases where there are serious problems or risks to the quality of care.

5.2 To provide an overview of the level and nature of support required to systems, regional teams allocate CCGs (and future ICSs) to one of four ‘segments’ as outlined below. Devon is in the SOF4 segment.

Table 3: Support segments: description and nature of support needs

	Segment description			Scale and nature of support needs
	ICS	CCG	Trust	
1	Consistently high performing across the six oversight themes Capability and capacity required to deliver the ICS four fundamental purposes is well developed	Consistently high performing across the six oversight themes Streamlined commissioning arrangements are in place or on track to be achieved	Consistently high performing across the five national oversight themes and playing an active leadership role in supporting and driving key local place-based and overall ICS priorities	No specific support needs identified. Trusts encouraged to offer peer support Systems are empowered to direct improvement resources to support places and organisations, or invited to partner in the co-design of support packages for more challenged organisations
2	On a development journey, but demonstrate many of the characteristics of an effective, self-standing ICS Plans that have the support of system partners in place to address areas of challenge	Plans that have the support of system partners in place to address areas of challenge Targeted support may be required to address specific identified issues	Plans that have the support of system partners in place to address areas of challenge Targeted support may be required to address specific identified issues	Flexible support delivered through peer support, clinical networks, the NHS England and NHS Improvement universal support offer (eg GIRFT, RightCare, pathway redesign, NHS Retention Programme) or a bespoke support package via one of the regional improvement hubs
3	Significant support needs against one or more of the six oversight themes Significant gaps in building the capability and capacity required to deliver on the ICS four fundamental purposes	Significant support needs against one or more of the six oversight themes No agreed plans to achieve streamlined commissioning arrangements by April 2022	Significant support needs against one or more of the five national oversight themes and in actual or suspected breach of the licence (or equivalent for NHS trusts)	Bespoke mandated support through a regional improvement hub, drawing on system and national expertise as required (see Annex A)
4	Very serious, complex issues manifesting as critical quality and/or finance concerns that require intensive support	Very serious, complex issues manifesting as critical quality and/or finance concerns that require intensive support	In actual or suspected breach of the licence (or equivalent) with very serious, complex issues manifesting as critical quality and/or finance concerns that require intensive support	Mandated intensive support delivered through the Recovery Support Programme (see Annex A)

5.3 Once placed in a segment, a CCG/ICS must demonstrate that the exit criteria agreed with NHSE/I have been met. The exit criteria and current progress for Devon are outlined below.

SOF4 Exit Criteria Status as at 26th May 2022

Exit Criteria		Target to achieve exit criteria progress	RAG Rating
01	Development and delivery of agreed financial plan for H2 21/22	• Agreed within agreed timescales	
02	A shared list of Quick Wins to be realised in H2 e.g. Grip and Control areas such as sickness absence	• Outline programme of system wide schemes developed, but due to operational pressures/C19 schemes have been carried forward into 2022/23 as a programme of enablers to system working	
03	Financial planning framework developed and agreed by the ICS and all partner Trusts to include expectations regarding:	• System efficiency/productivity framework agreed • Expenditure reviews conducted for 2022/23 plan • Work on-going to develop a plan that improves the position by at least the requirement set • Final submission to be adhered to	
04	Financial recovery plan produced with clear trajectories that reduces the underlying deficit.	• Work on 5 year plan aligned to the national glide path approach has commenced but recent focus has been on operating plan for 2022/23	
05	Operational financial plan produced for 2022/23 in line with the agreed financial framework and the outline recovery plan	• Work is ongoing. Plan to improve the position by at least requirements set. Next submission 20th June 2022.	
06	Clear evidence of system working to deliver best use of existing and future resources	• Provider collaborative in place with two meetings held to date	
07	The ICS will have developed and agreed a case for change that is approved by all Boards and the regional team	• Full case for change drafted and endorsed by system CEOs and system Clinical and Professional Cabinet. • Change process being developed to ensure case for change updated as appropriate as data feeds change. • Information to be made available to organisational Boards to assist review of service change reconfiguration or business cases	
08	Building on the work of the previous reviews and the draft LTP, the ICS will have developed an outline clinical strategy and a clear timeline for approval by Boards which is agreed with the regional team	• Timeline for governance sign off - September 2022 • Clinical engagement commenced April 2022	
09	Significant progress made in improving the management of risk within the UEC system across Devon.	• Draft UEC improvement plan framework agreed by ICS Executive Team • 7 priority areas identified • Acute Medical pathway review in each Trust in progress • Revised governance arrangements agreed and being implemented • Risk framework being developed to inform the System capacity plan	
10	A joint decision-making framework (DMF) has been produced and agreed by all Boards as a key enabler for system-wide transformation	• This work is now complete and a system DMF has been agreed.	
11	An Intensive engagement exercise has been undertaken with CEOs, Chairs and Boards within the system to reposition and reinforce responsibilities for system working alongside organisational accountabilities	• A strategic System Leadership Development programme has commenced involving individuals within key stakeholder groups to receive 1:1 Coaching and take part in team development/Action Learning Sets aimed at strengthening collaboration, trust, System mindsets and 'System First' approach creating the right environment and tone to support a different way of System working. • Work has commenced to establish a quarterly 'Devon Conference' which creates an environment for the senior System leadership population (essentially the Executive leaders and above from all System Partner organisations)	

		to focus on System-wide challenges and opportunities; to undertake collective co-design and problem solving; to agree ways to reduce fragmentation and strengthen integration; to strengthen relationships between organisations and leaders etc. The aim is for the first Devon Conference to take place in June 2022,	
12	A refresh of the roadmap for delivery of the key components of the LTP and clinical strategy	The Clinical Strategy - now to be known as the Acute & Specialised Services Strategy, will be Peninsula wide and not just Devon ICS. Direction of travel and priorities shared with Clinical & Professional Cabinet and ICS Executives. Wider engagement on the draft document to take place from May 2022. The Devon ICS has identified 5 key priority focus areas: Planned Care, UEC Resilience, Children, Young People & Maternity. Diagnostics and Digital. The LTP team are working on a paper which will clarify the strategic areas of work which will underpin these priorities.	

6. Conclusion

6.1 The development of One Devon is on track, with a commencement date of 1 July 2022. One Devon is built on principles of collaboration across the NHS and with local authorities, communities and other partners. Local Care Partnerships and Provider Collaboratives are key foundations of One Devon and aim to deliver improved outcomes for the population.

6.2 One Devon has some significant financial challenges that are going to continue over at least the next three years as Devon's share of national funding gradually reduces.

6.3 In common with the rest of the NHS, One Devon faces some significant performance challenges. Collaboration across all partners across Devon will be necessary if these challenges are to be addressed.

Simon Tapley
Deputy Chief Executive
NHS Devon Clinical Commissioning Group