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Overview and Scrutiny  
Town Hall  
Castle Circus  
Torquay  
TQ1 3DR

Dear Member

**OVERVIEW AND SCRUTINY BOARD - WEDNESDAY, 30 NOVEMBER 2016**

Attached are the presentations which were made at the meeting of the Board.

<b>Agenda No</b>	<b>Item</b>	<b>Page</b>
6.	<b>Sustainability and Transformation Plan</b>	(Pages 2 - 8)
a)	<b>Acute and Specialised Services Review</b> Representatives from Torbay and South Devon NHS Foundation Trust to provide a briefing on the emerging reviews of acute and specialised services.	(Pages 9 - 16)

Yours sincerely

Kate Spencer  
Overview and Scrutiny Lead

# Sustainability & Transformation Plan (STP) Wider Devon 2016/17 – 2020/21

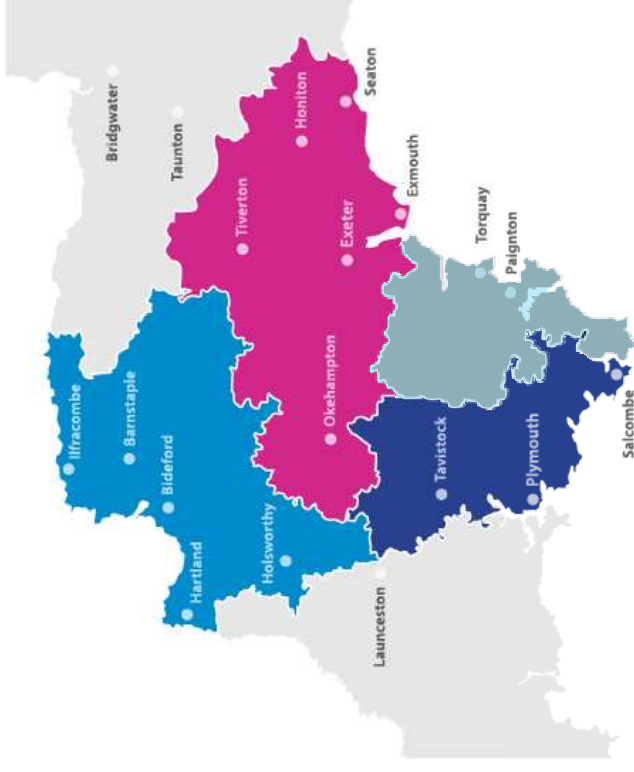
Torbay Council  
Overview and Scrutiny Committee

30<sup>th</sup> November 2016

Organisations in the footprint: NEW Devon CCG, South Devon and Torbay CCG, Plymouth Hospitals NHS Trust, Royal Devon and Exeter NHS Trust, Northern Devon Healthcare NHS Trust, Torbay and South Devon NHS Trust, South West Ambulance Service Trust, Devon Partnership NHS Trust, NHS England, Circa 160 GP practices, Virgin Care, Devon County Council, Plymouth City Council, Torbay Council, Liveness South West CIC, Devon Doctors Healthwatch (Devon, Plymouth and Torbay) and Care UK.

## The STP footprint and ambition

- ❑ Wider Devon is one of 44 strategic planning footprints in England
- ❑ Involves 10 statutory organisations working collaboratively for benefit of the whole
- ❑ NHS and local authorities focused on a common set of health and care challenges
- ❑ Plan activities to make biggest difference to both population health and financial recovery
- ❑ Plan will be presented to Governing Bodies, Boards and local authorities for endorsement of the framework within which detailed plans will be developed



Resident population of around 1,160,000 - just over half living in urban communities just under half living in rural communities. Spans 2 CCG and 3 local authority areas

Our unified ambition is to create a clinically, socially and financially sustainable health and care system that will improve the health, wellbeing and care of the populations we serve

# The Sustainability and Transformation Plan [STP]

Triple aim of the STP is to improve:

Population health and wellbeing  
Experience of care  
Cost effectiveness per head of population

## Health and Wellbeing

Impact of ageing and growing population  
Rising demands on the care system  
Health inequalities in Wider Devon

## Care Quality

Variability of quality across the system  
Mental Health Parity of esteem to be achieved  
Harm impact of current models of care – over reliance on bed based care

## Financial Sustainability

Do nothing scenario for wider Devon amounts to a £557 million gap by 2020/21  
Impact across the health and social care system  
Address equitable resource allocation

## The STP health and wellbeing challenges

An ageing and growing population

Giving every child the best start in life and ensuring children are ready for school

Complex patterns of deprivation linked to earlier onset of health problems in more deprived areas (10-15 year gap)

Balancing access to services in both urban and rural localities

Housing issues (low incomes / high costs/ poor quality in private rental sector)

Shifting to a prevention and early intervention focus

Poor mental health and wellbeing, contributed to by social isolation and loneliness

Poor health outcomes caused by modifiable behaviours

Pressures on services caused by increasing long-term conditions, multi-morbidity, mental health and frailty

Unpaid care and the impact of caring on carers' health and wellbeing

# The STP priorities

## 1 Prevention & early intervention

- Delivering transformational prevention model
- Building community resilience
- Addressing place based health
- Developing a preventive workforce

## 2 Care model integration

- Designing of integrated local care
- Implementing integrated local care
- Reducing hospital bed numbers
- Advancing health and social care integration

## 3 Primary care

- Developing integrated primary care
- Delivering the GP forward view
- Supporting general practice Organisational Development
- Progressing towards delegated commissioning

## 4 Mental health & learning disabilities

- Maximising the effectiveness of mental health spend
- Improving prevention in primary care
- Improving provision for people with SEMI and those with a dual diagnosis

## 5 Acute hospital & specialist services

- Reviewing stroke services (Nov 2016-Feb 2017)
- Reviewing Urgent and Emergency Care (Jan – March 2017); Maternity /Paediatrics/ Neonatal (Nov 2016- March 2017)
- Reviewing small and vulnerable specialities

## 6 Productivity

- Implementing Carter report
- Back office rationalisation
- Prescribing control
- Procurement
- CHC spending review
- Equitable population and service resource allocation

## 7 Children and young people

- Ensuring access and suitability
- Ensuring high quality, effectiveness and rapid response of services
- Enhancing effective collaboration between adult and childrens' services

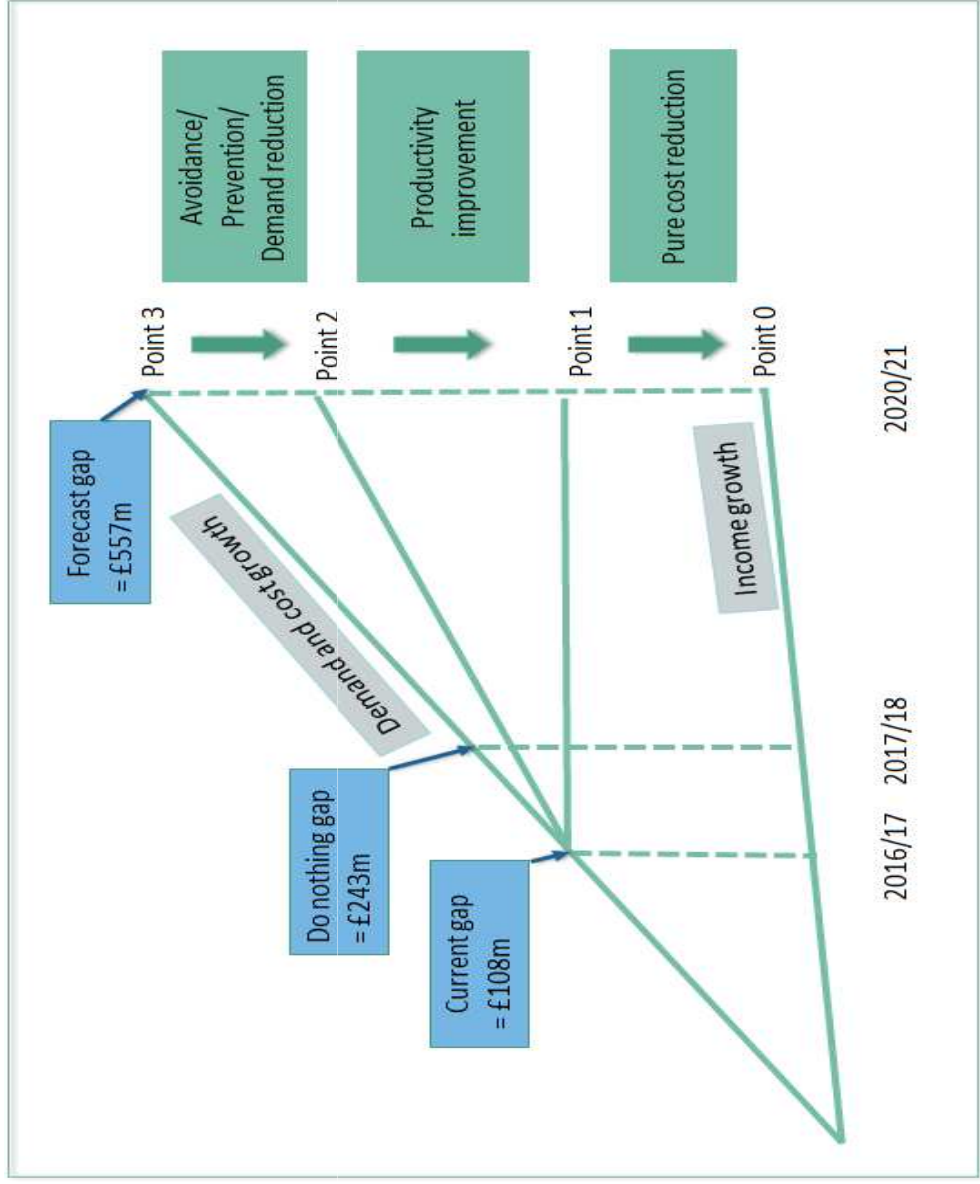
## Enablers

- Workforce stability, redesign, and development
- Estates Strategy
- Digital Road Map
- Communications and engagement
- Organisational Development

# The STP financial sustainability challenge

Unless we take action now wider Devon faces a financial gap of £557 million by 2021

- ### 6 Key Actions
1. Delivery of savings opportunities and “business as usual” efficiencies
  2. Promote independence and prevention reducing demand and shifting the setting of care closer to home.
  3. Additional productivity opportunities including rationalisation of estate and back-office
  4. Clinical sustainability of acute and specialist services and focus on health promotion
  5. Delivering benefits of integrated local care and minimise reliance on bed based care
  6. Detailed analysis of resource distribution, and address geographical and service inequities



## Next steps in the STP

Present to Governing Bodies, Boards and local authorities for endorsement (Nov-Dec 2016)

Design, agree with scrutiny teams and commence the wider Devon STP engagement plan

Continue with delivery of 2016/17 work streams and build operational plans for 2017/18

*Prescribing; Elective Care; Bed Based Care; CHC; Agency; Procurement*

Develop detailed plans across the 7 STP priorities

*Prevention; Integrated care; Primary care; Mental health; Children and young people; Acute and specialist services; Productivity*

Complete community service consultation

*Proposals to reduce community hospital beds in NEW Devon and South Devon and Torbay CCGs*

Commence the major acute service reviews

*Stroke (Nov 2016-Feb 2017); Maternity Paediatrics, Neonatology (Nov 2016 – March 2017); Urgent and Emergency services (Jan – March 2017)*

Work on the enablers

*Workforce; IM&T; Communications and engagement; Organisational development*

Address health funding inequalities

*Analyse CCG, Primary care, specialist commissioning and deficit support spend to build optimal resources distribution plan*





**Acute Services Review**  
**Devon Sustainability and**  
**Transformation Plan, 2016-21**

Dr Jonathan Andrews



## Case for change – why review our services?

Devon wide ‘case for change’ underpinning STP – specifically highlights concerns with regard to acute services:

Increased demand for treatment and care - longer waiting times

Current configuration of services designed for historical demand model

Ability to comply with rising standards, increasing need, new drugs, diagnostics, interventions

Fragility of current services – failure to delivery on key access and quality standards

Resilience and retention of work force, particularly at sub speciality level

Acute system in Devon costing more than funded levels

Some services are fragile currently, increasing the risk of providers being required to implement short term, unplanned change. There is therefore a risk to ‘doing nothing’

## Case for change – what will the review achieve?

- Improve inequalities in the health of the population of Devon through:



- Need to focus on improving service quality and sustainability in the interests of an equal standard of care for all in Devon
- Address any ‘postcode lottery’ where some people wait longer than others
- Ensure change is evidence based and that will result in improved clinical benefit and outcomes for patients
- Ensure any reconfiguration of acute hospital care will maximise benefit of integration with primary and community health and social care, mental health, disability and children's care

## Process for each review

- Define scope (inclusions/exclusions)
- Develop project mandate
- Appoint chair of review (medical director and GP)
- Appointment of small review team to support chair(s)
- Stakeholder identification – initially via intelligence from chairs
- Wider expressions of interest from provider and commissioner organisations in Devon
- Work with LMC to ensure ‘provider’ GP representation
- Work with Healthwatch to identify patient and service user representation
- Voluntary/community/3<sup>rd</sup> sector organisation engagement

## Acute Services Review: Identification of priority areas

- STP wide clinical review of services which are not currently delivering best possible outcomes for people of Devon and are not cost effective when compared with other models of care
- Medical Director review (all Acute Trusts in Devon) and identification of services where clinical sustainability was causing concern
- Acute providers have performed a self assessment (summer 2016) of a set of quality standards relevant to the service they provide
- STP wide 'Clinical Cabinet' review of summarised ratings from quality standards – consensus on three priority areas (these will be phase 1, but other services will be assessed for clinical priority in future)
- Clinical cabinet concerns around fragility of services currently (necessity for providers to implement short term, unplanned change)

## Acute Service Review – overall management

- Senior Responsible Officer agreed via STP Collaborative Board and Delivery Executive Group (Mairead McAlinden, CEO T&SDFT)
- Senior Clinical lead agreed via STP Collaborative Board and Delivery Executive Group (Phil Hughes – Medical Director, PHT)
- Further managerial and programme management support across entire priority programme including communications and engagement support
- Dedicated external support
- Common review criteria – agreed by STP Programme Delivery Executive Group
- Multidisciplinary clinical workshops to develop a clinical understanding of the changes needed, options for improving services and evaluating the options.
- Workshops underpinned by refreshed quality standards data from each provider, activity, performance and workforce data and structured interviews with key clinical staff

## Acute Service Review -criteria

- **Safety:** delivers improved patient safety
- **Quality and Outcome:** results in clinical benefit and improved outcome for the population, and that the treatment offered will be of proven benefit for the individual patient.
- **Access:** maximises the ability of patients and carers to access the service
- **Service sustainability:** results in improved service quality and sustainability and addresses known and/or imminent workforce challenges to the delivery of services both during and outside traditional working hours
- **Training:** supports the effective training and development of future clinicians and care professionals.
- **Cost effectiveness:** minimises the cost of service delivery relative to the alternatives.
- **Patient Choice:** promotes patient ability to choose provider or treatment
- **User experience:** delivers an improvement to the user experience

## Priority Review areas

### Scope

#### Stroke & cardiovascular

- The objective of this review will be to recommend options for service models within which hyperacute stroke and stroke rehabilitation services are commissioned

#### Maternity, Paediatrics and Neonatology

- Acute maternity, paediatric and neonatal services will be reviewed together given the interdependencies between them
- Clinical assessment is that gynaecological services can be out of scope for this review though that view will be tested with the specialist contributors

#### Urgent & Emergency Care

- The objective of this review will be to recommend options for service models within which acute emergency services are commissioned
- Services included in this review will be:
  - Emergency department
  - Acute medical take
  - Acute surgical take (emergency surgery)
  - Interdependent areas

**Each review will define a set of standards defining 'best care in Devon' which is supported by key stakeholders**