South West Clinical Senate Review of proposals for changes to community beds in NEW Devon CCG

15 September 2016

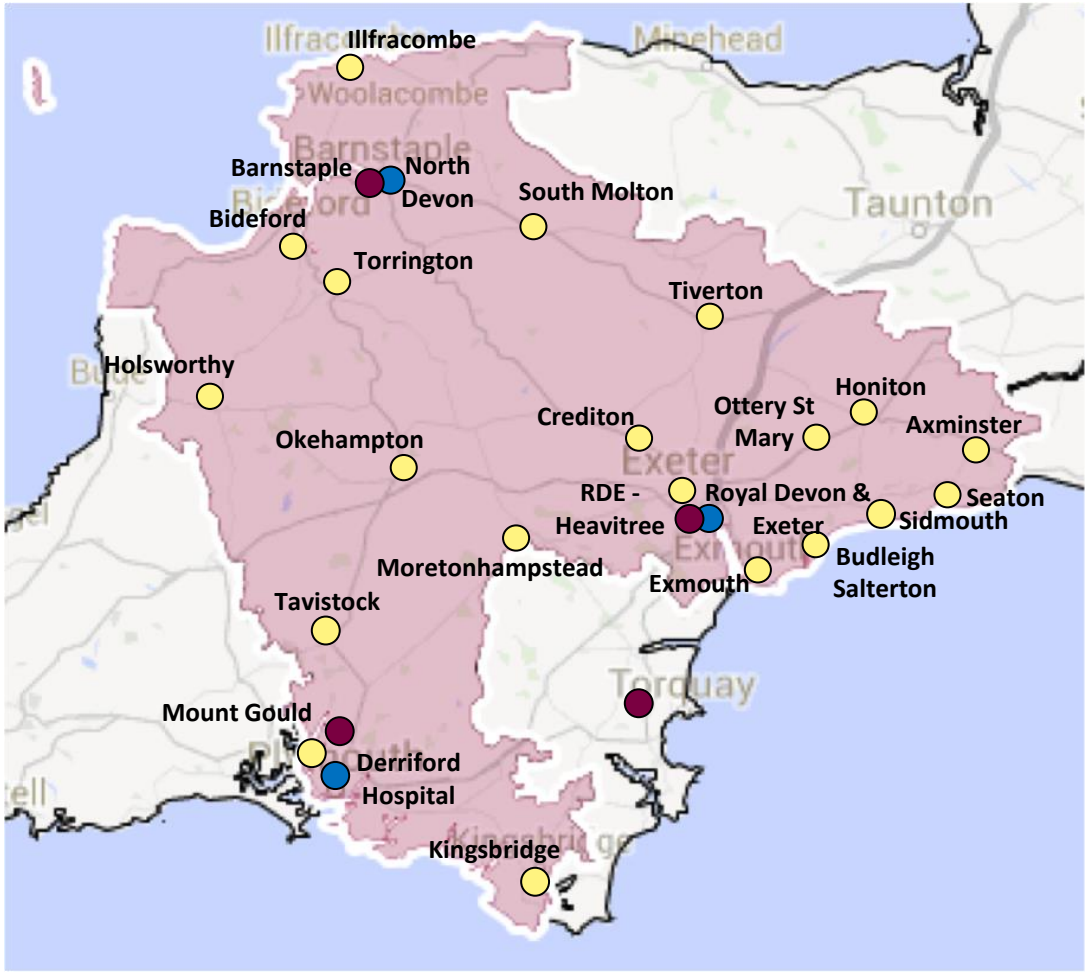
Overview of the north, east and west Devon health and care landscape

NEW Devon CCG:

- Oversees £1.1bn healthcare spending
- 121 member practices
- 3 localities: Northern, Eastern, Western (which includes Plymouth)
- Covers a population of 883k
- Largest CCG in England

Local Government:

- Devon County Council
- Plymouth City Council



In north, east and west Devon, there are:

- 2 mental health providers.
- 121 GP practices
- Three community providers running 20 community hospitals
- 3 acute hospital trusts running three acute hospitals
- An ambulance service
- An out-of-hours GP provider

Your future care

Summary and scope of today's review

- A reduction in community hospital bed requirements from 143 to 72 in Eastern locality only, by implementing the service model already implemented in Northern Devon, and applying the ratio of beds per head of weighted population there, saving around £6m
- Reinvest at least 20% (£1.2m) in community staff and services to provide care via three key components identified as necessary to support enhanced care at home:
  - Comprehensive integrated assessment and early identification of patients at risk
  - Single point of access
  - Rapid response service both to keep people at home and accelerate discharge
- A minimum reinvestment of 20% (£1.2m) delivers services to provide care to circa 60% more patients than the would have been cared for in hospital beds; further reinvestment, up to 40%, will enable further development and extension of the model, reducing demand for bed based care across the system
- This builds on the TCS process of vertically integrated care provided by RD&E to change the way staff and pathways work, and the model of care implemented in Northern Devon

Your future care

Case for change

- People in north, east and west Devon are **living longer**, with increasingly **more complex care needs** that require **more support** from health and social care services.
- There are **differences in health outcomes** between some areas, **particularly Plymouth**.
- There are **280,000** local people, including 13,000 children, **living with one or more long-term condition** such as asthma, diabetes, hypertension, cancer and mental illness.
- Local health and social care services are under severe financial pressure, and are likely to be **£400m in the red** by 2020/21 if nothing changes.
- Some acute services are sub scale.
- **Every day over 500 people** in north, east and west Devon **are medically fit to leave hospital but can't**.
- Some people, particularly the frail and elderly and those with dementia, experience long lengths of stay in hospital, which causes them harm
- The fragmented nature of community services results in duplication of effort and delay, adding to length of stay

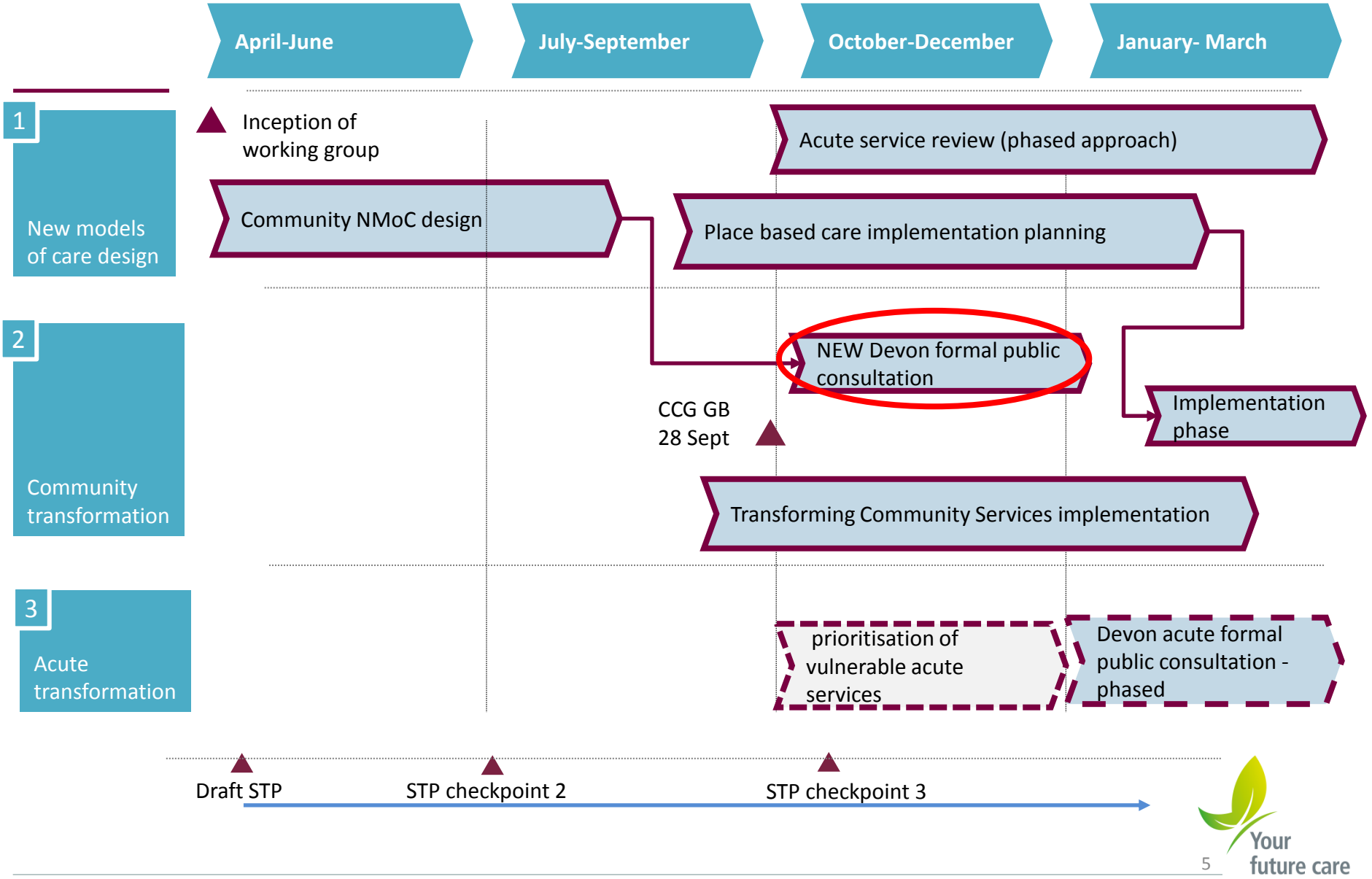
Your future care

This consultation

- Staying any longer than necessary in hospital causes harm to patients – muscle function reduction, reduced independence & risk of infection
- The proposed consultation addresses the issue of unnecessary and harmful hospital stays for the frail, elderly and those with dementia, by transferring resource and workforce from the provision of community hospital beds to the provision of enhanced home based care services
- The changes proposed in this phase build on an established strategy for transforming community services which is already in implementation and on work already undertaken in Northern Devon, where implementation of some elements of the model has reduced community bed requirements without adverse impact on the wider system
- Further work in the future will address other aspects of the case for change and the needs of other patient groups, transforming the whole health and care system across Devon

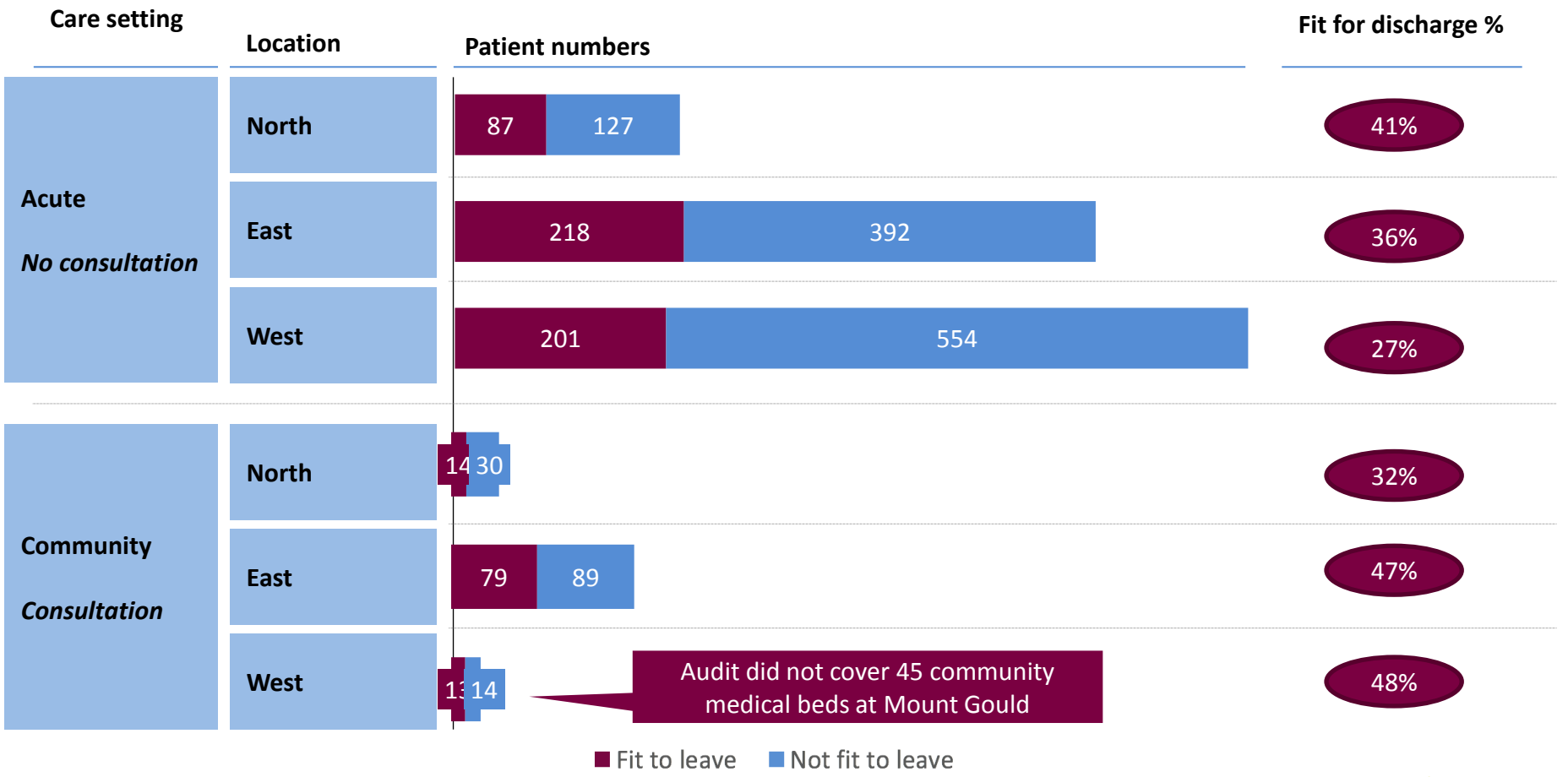
Your future care

Overall Transformation planning timeline for 2016/17



Your future care

The acuity audit in October 2015 showed there were over 600 people in acute and community hospital beds who were fit to leave



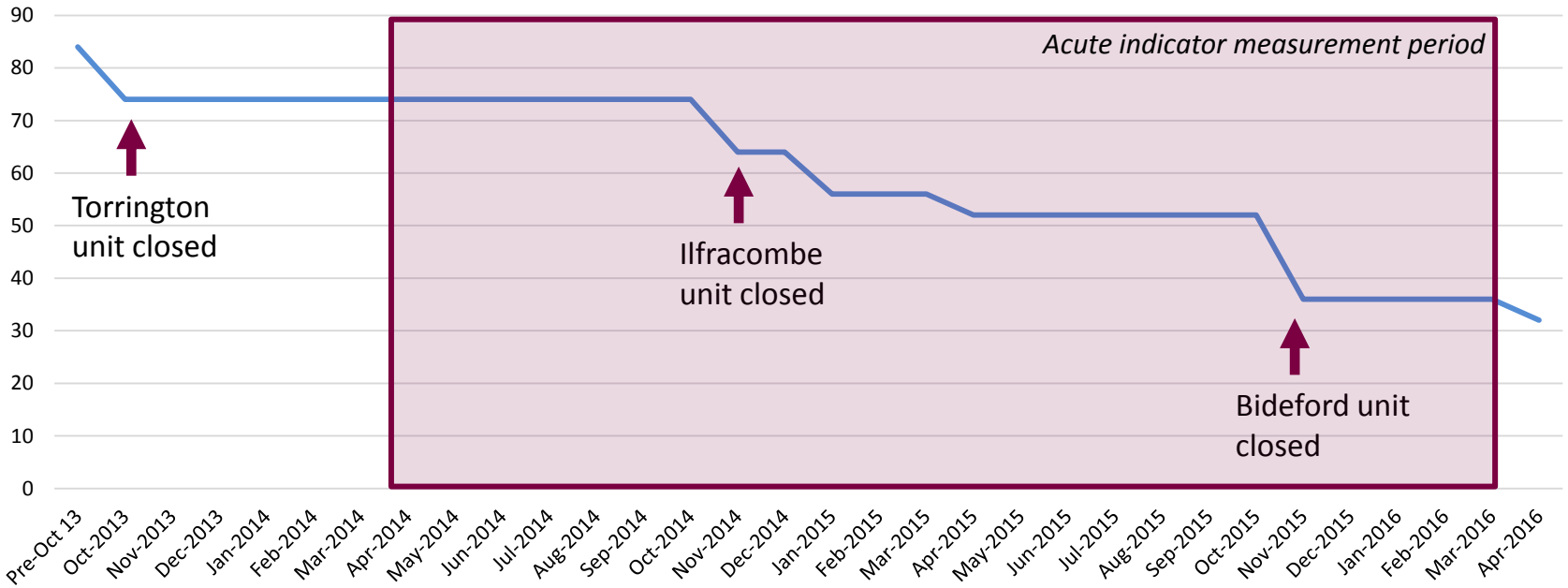
Your future care

SOURCE: Acuity Audit of Hospital Bed Occupancy in Devon: October 2015, Carnall Farrar analysis

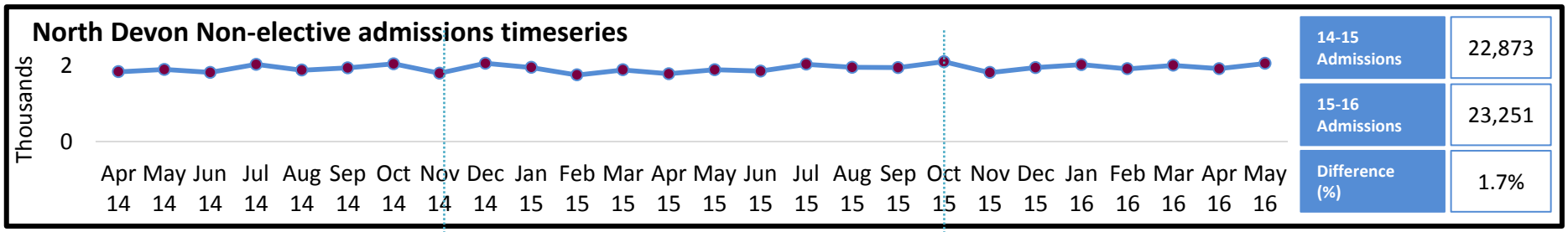
Devon experience in community bed closures through changing the model of care

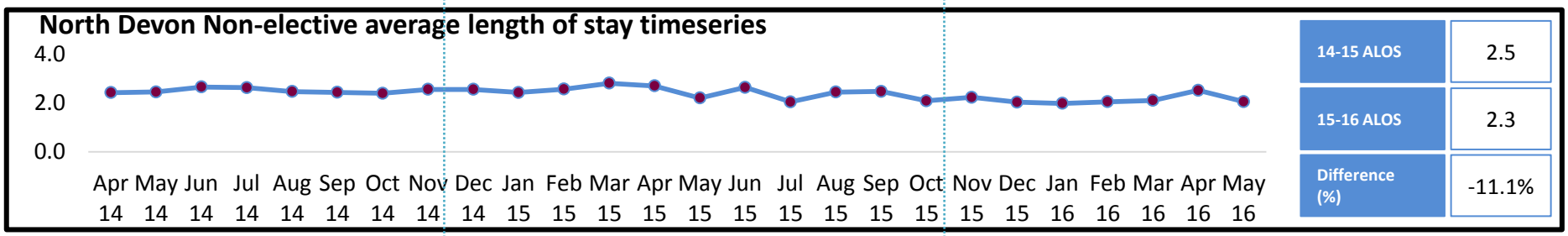
- In the 2.5 years from October 2013 to October 2015, 116 community beds in North & East Devon were closed
- 291 community beds → 175 community beds (84 → 32 in Northern Devon)
- 5 units closed (with Ottery St Mary due to close)
- £7.6 million / year has been saved through these closures
- £1.0 million has been reinvested to provide 31 whole time equivalent staff working in the community
- Data from North Devon has been used to demonstrate that the new model of care has not impacted local non-elective admissions, average length of stay or bed days
- Local GPs have not reported any increase in workload

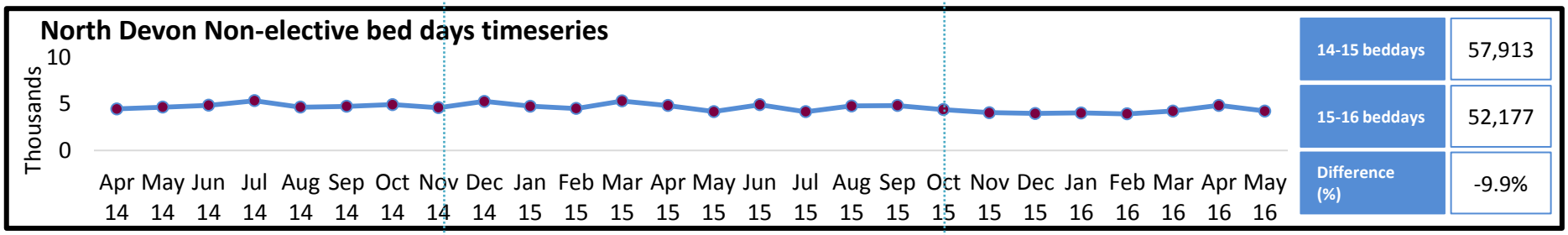
Community beds in the North

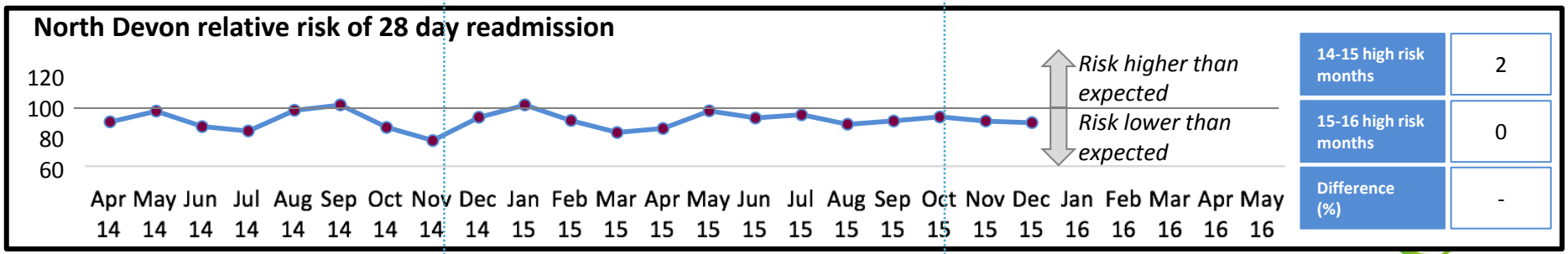


North Devon model of care has not negatively impacted the acute sector









-10 beds Ilfracombe

-16 beds Bideford

Your future care

NOTE: 28 day readmission represents most recent data available

Northern locality experience - Process Mapping & Findings

Previously…..	Revised experience…..
4 contact numbers	1 contact number
4 referrals	1 referral
2 day – 13 week response	2 hour response
4 assessments	2 assessments
4 care plans	1 care plan
9 daily visits	6 daily visits
4 contacts	1 contact
Unnecessary hospital admission / emergency placement	Remains at home with maximised independence

Your future care

Key Interventions: General Principles

- Single point of access and rapid response service - front and back end of the pathway - admission avoidance and expedited discharge
- Each intervention is an extension of work that is already taking place in parts of Devon
- Changes in system & process only part of the change – how we think and act
- In the short term - 'doing the same, better'.
- Over time - prevention, population health & wellbeing. New focus & roles that span health, care and rehabilitation = 'doing things differently'.
- Integration relies amongst other things on trust, mutual understanding of risk and ability to share information.

Your future care

Comprehensive Assessment

- Assessment would aim to identify all people at risk (the frail and pre-frail), using tools such as the Devon predictive score or electronic frailty score.
- Assessment and planning would be undertaken by trained staff who will work with Community Connectors.
- The plan would be developed with people and their carers.
- Plans would be geared to supporting people to remain well and retain their independence.
- Connectors would link with voluntary groups and work with social prescribing .
- By basing Connectors as part of a local community team they can bring together the assessment of need and the coordination of the local community activity that creates resilience.

Your future care

Single point of access

- The single point of access would make accessing care at home as easy as accessing care in a hospital
- It would be available 24/7
- Referrals could be made by any care service and would be a clinical conversation focussed on patient need.
- Referrals would be received by a clinician (nurse, therapist, doctor) with:
  - core knowledge and specific training in triage,
  - access to the comprehensive assessment record,
  - Knowledge of community based & voluntary sector services.
- The service would determine the most appropriate first responder for the patient, and ensure this is timely and within 2 hours of referral
- Once the referral is made they will assume responsibility for liaison with the patient and/or family

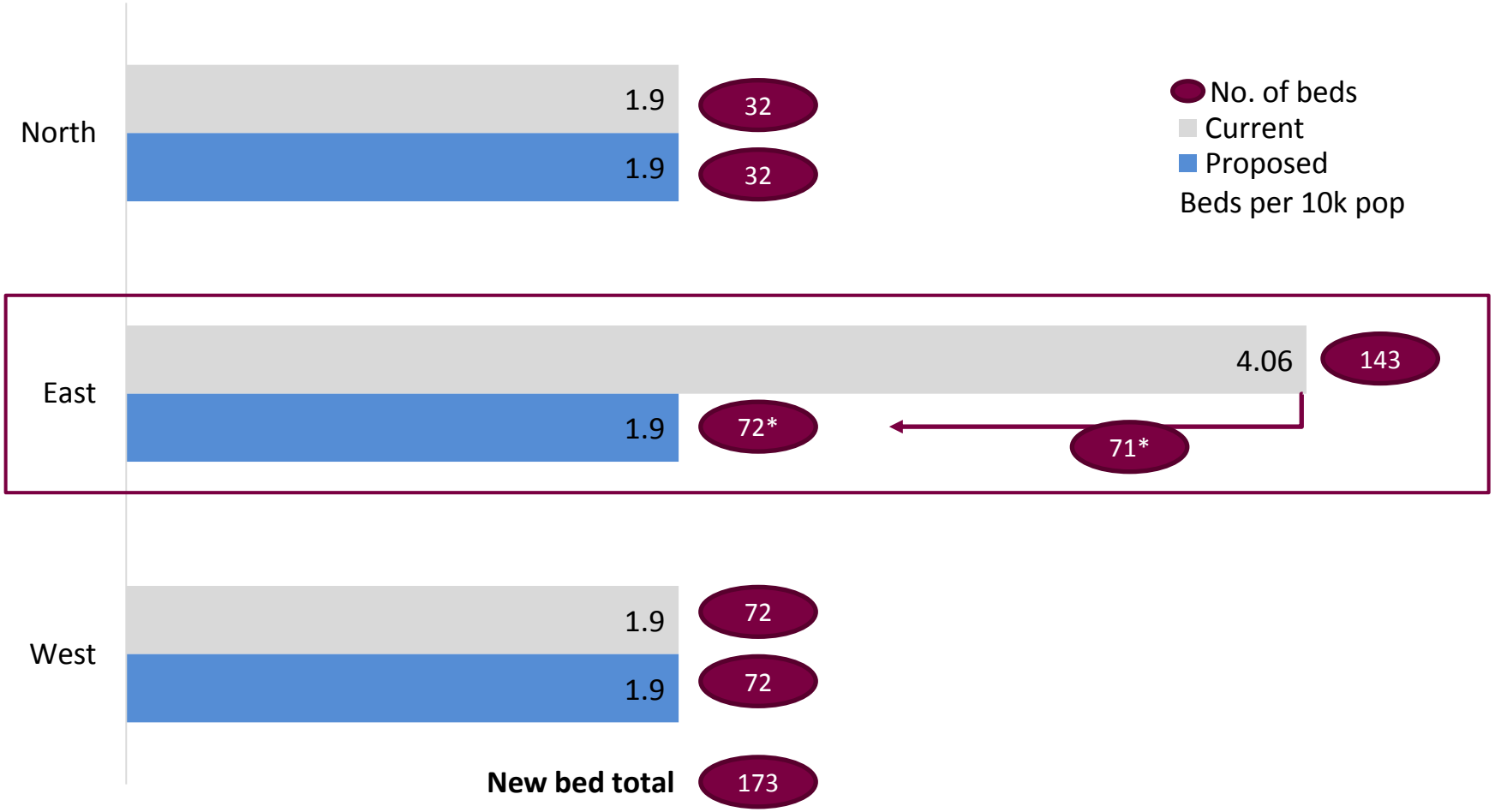
Your future care

Rapid response (Care at Home)

- The rapid response multidisciplinary team would include:
  - Community nursing
  - Therapists
  - Health and Care assistants
  - Voluntary sector agencies
  - Access to medical input
  - Prescribing appropriate to scope of practice
  - Mental health workers
  - Administration support
  - Domiciliary care workers
- Whilst most care will be delivered in patients' homes, the rapid response team will also support patients in residential and care homes
- The team will undertake an initial assessment of need and then institute a package of care at home including nursing, therapies, domiciliary support and night sitting
- Where care needs exceed the capability of the team they will escalate directly to the most appropriate level of care, including acute sector.

Your future care

Bringing the Eastern locality into alignment with the North by implementing the model there releases resource

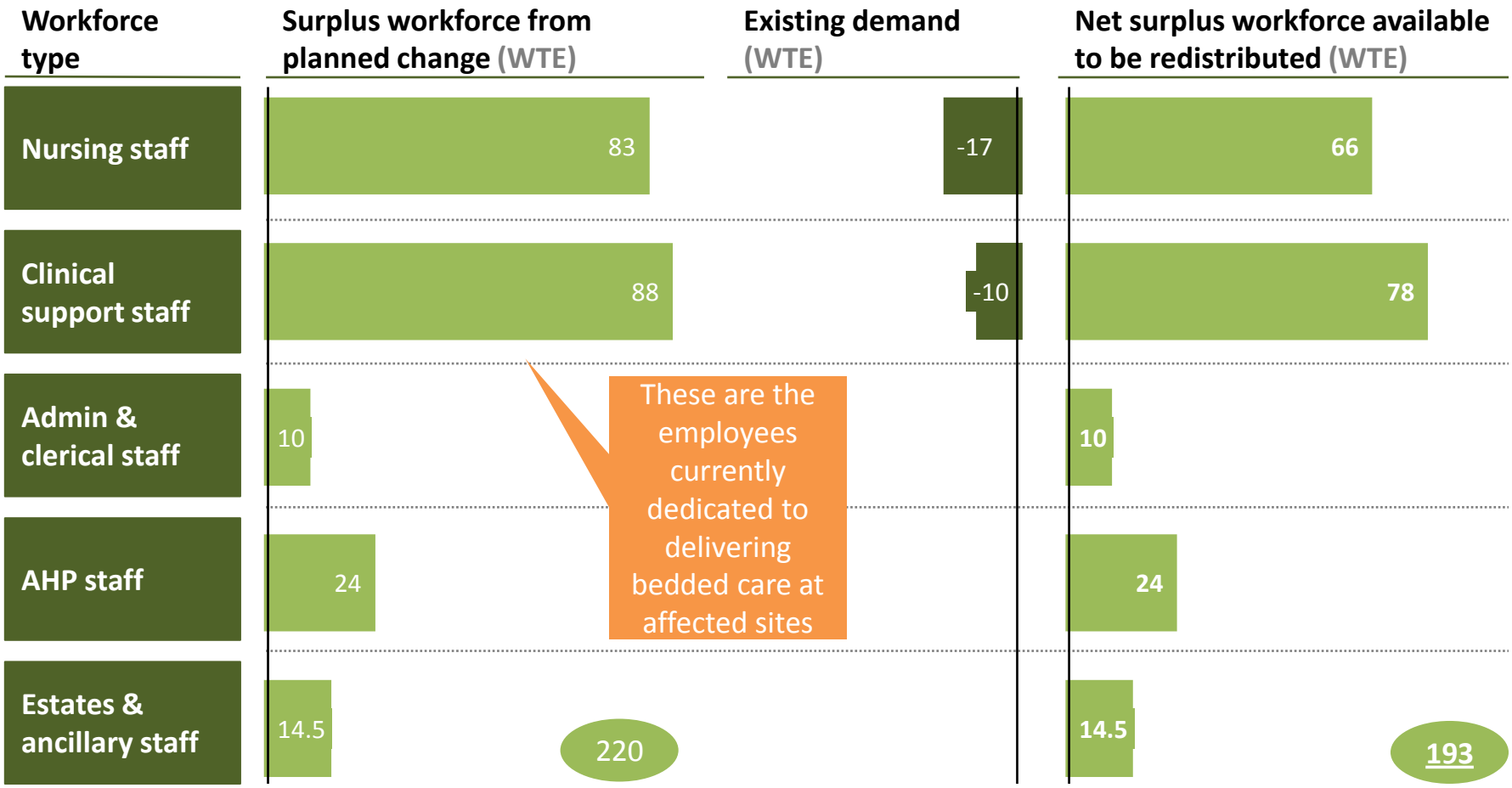


Beds in East Devon will need to be reduced by 54% to be in line with the rest of NEW Devon

Your future care

NOTE: *The clinical evidence suggests a need for 69 medical beds in the East, however to meet operational safety configurations, the minimum number is 72 (a reduction of 71 beds from today)

There are 220 WTEs who currently deliver bedded community care, who in the new model of care, will be redistributed to new roles



- Supply of workforce from the existing Eastern community model of care to the new care model is determined by: (1) identifying those employees who are currently involved in the delivery of bedded care, who won't in the future; (2) using this initial surplus to fill existing workforce shortages; (3) 193 net employees to be redistributed
- The programme has committed to no redundancies through this process

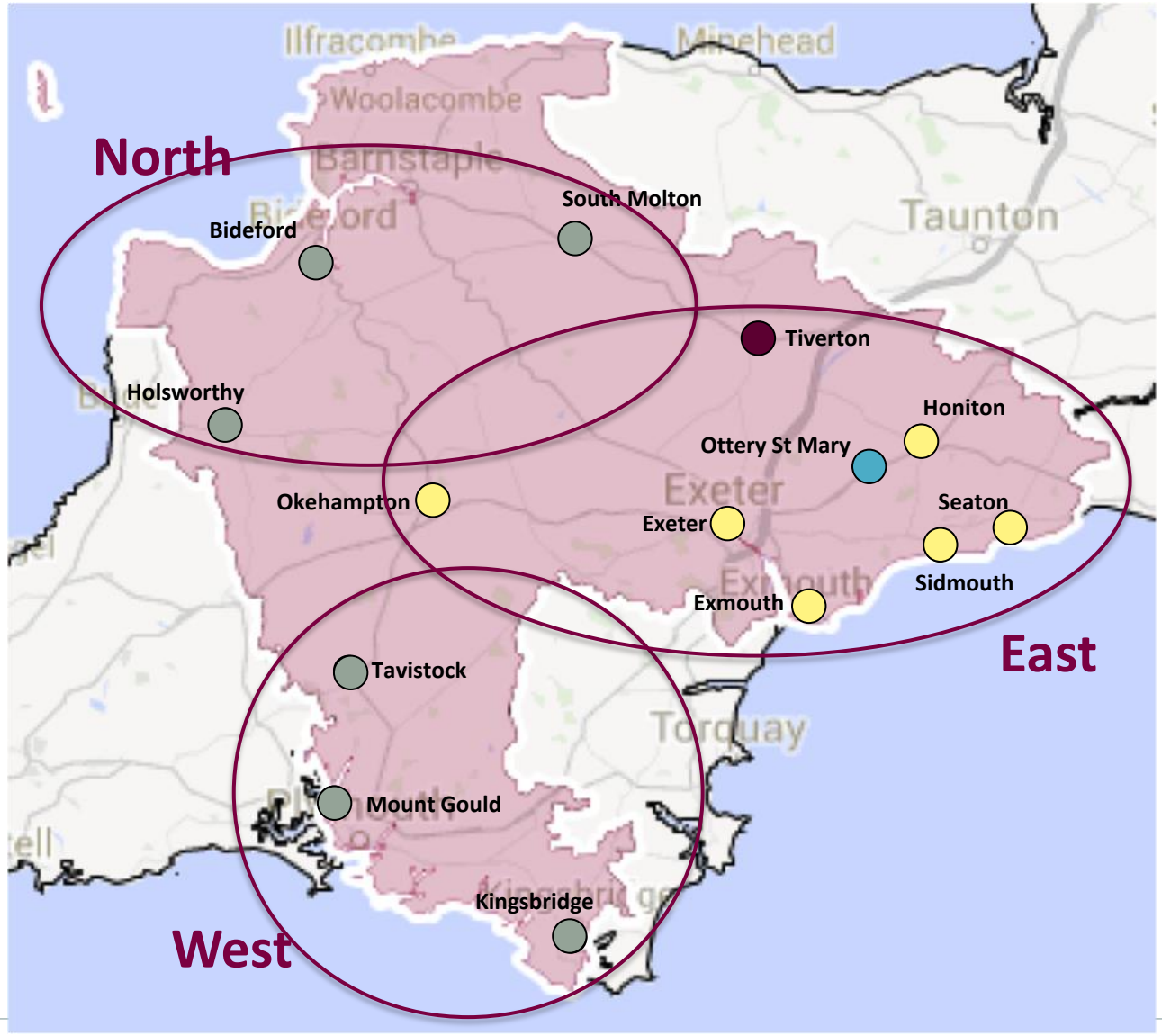
NOTE: Workforce figures relate to employees dedicated to delivering bedded care at: Honiton, Okehampton, Sidmouth, Exeter, and Ottery St Mary
SOURCE: North Devon community workforce data, 3 August 2016; Workforce strategy group, 4 August 2016; Carnall Farrar analysis

Generating a list of options

- Reducing community bed numbers while maintaining a safe and effective size of unit requires consolidation of the remaining beds onto a smaller number of sites
- The minimum effective size of unit is 16 beds to ensure safe staffing levels
- The optimum number of community units with beds across Eastern Devon is three, a 32 bed, a 24 bed and a 16 bed unit; this makes best use of existing PFI estate
- A set of hurdle criteria were applied to reduce the options for further evaluation**:**
  - Meets agreed minimum size of unit
  - Make best use of PFI/LIFT services
  - No new build due to cost and timescale
  - Requirement to honour previous consultation commitments

Your future care

The configuration options would have implications on where bedded community care would be delivered



- Fixed point for bedded care
- Option site for bedded care
- Previous consultation
- Northern/Western site

Your future care

SOURCE: North Devon: June 2016, LiveWell, May, 2016

Overview of process that has been followed to arrive at options

- Development of the proposals has been led by the New Models of Care Group (NMoC), a sub group of the Clinical Cabinet
- Over 80 clinicians have participated in the work of the Clinical Cabinet and NMoC group
- 6 NMoC Workshops have developed the model of care and the options for subsequent configuration of community beds in Eastern Devon, supported by fortnightly Clinical Cabinet meetings
- 15 options considered by the NMoC sub group; 4 emerged as viable based on the evaluation framework. All options reviewed by Finance Working Group with estates and operational leads
- Clinical Cabinet approved the approach and 4 options for recommendation to the Programme Delivery Executive Group (PDEG)
- PDEG agreed the proposals - asked for more analysis to enable identification of a preferred option.
- Clinical Cabinet then agreed Tiverton (32), Seaton(24), Exmouth(16) as preferred option.

Your future care

Options evaluated based on objective criteria

Differentiating

Not differentiating

Quality	Clinical quality	As future standards will be defined by the new care model, and this will apply to all units equally, quality will not be a differentiating criterion between options
	Patient experience	
Implem-entability	Ability to implement the new model of care in option configuration	This will not be differentiating as hurdle excludes introducing beds to sites that do not currently have them; workforce is therefore in place. Capital implications of implementation are considered by finance Criterion. Any other considerations are addressed by the NMoC
Patient access	Average travel times	As patients requiring bedded care will be conveyed to the site, this is not a differentiating criterion
	Longest travel times	
Access for carers	Average travel time	Travel time analysis has been performed, with differences between the possible options In addition, travel time has been particularly tested for carers who are elderly, have physical disabilities, and sufferer a level of deprivation, with minimal impact prevailing
	Longest travel time	
	Parking availability	
Finance	Impact on income & expenditure	If all options have units of the same sizes this will not be differentiating
	Impact on capital costs	Capital investment may be required to deliver some options
Whole system impact	Effect of this option configuration on wider system	This will measure the wider impact of community beds on the new care model, including colocated and interdependent services

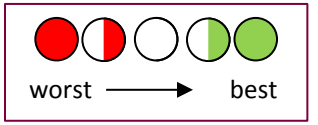
Overall rating of configuration options using evaluation criteria

- Financial evaluation criteria excluded five options that included Exmouth as a proposed 24 bed site
- 50% weighting was applied to each of the Access and Whole System Impact scores to produce an overall score for the remaining ten options
- Overall scores were ranked, producing top four options that contain:
  - Seaton or Sidmouth for the 24 bed unit, and
  - Exmouth or Exeter for the 16 bed unit
- The preferred option is Seaton for the 24 bed unit and Exmouth for the 16 bed unit

Your future care

Note: All options include Tiverton as a fixed point

Overall scoring of options using evaluation criteria



Option			Access for carers	Finance	Whole systems impact	Overall	
1	Seaton	24					
	Sidmouth	16					
2	Seaton	24					
	Honiton	16					
3	Seaton	24					**Preferred option to explore**
	Exmouth	16					
4	Seaton	24					Option to explore
	Exeter	16					
5	Seaton	24					
	Okehampton	16					
6	Exmouth	24					Excluded by financial criteria
	Sidmouth	16					
7	Exmouth	24					
	Honiton	16					
8	Exmouth	24					
	Seaton	16					
9	Exmouth	24					
	Exeter	16					
10	Exmouth	24					
	Okehampton	16					
11	Sidmouth	24					Option to explore
	Exmouth	16					
12	Sidmouth	24					
	Honiton	16					
13	Sidmouth	24					
	Seaton	16					
14	Sidmouth	24					Option to explore
	Exeter	16					
15	Sidmouth	24					
	Okehampton	16					

Your future care

Note: All options include Tiverton as a fixed point

Next steps

- Locality based implementation groups overseen and supported by a programme delivery board
- Local implementation planning will involve patients, staff and carers in determining how best to meet the needs of the locality, including range of provision, service opening times and proposed staffing levels to deliver the identified care model elements.
- Workforce group in place and developing the workforce development and implementation plans
- Ongoing staff engagement
- An implementation governance process has been agreed by clinical cabinet, and covers pre-implementation readiness, implementation planning and ongoing assessment of impact

Your future care