

# **Briefing presentation for the Clinical Senate**

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Transformation**

# Current service provision

- Most services affected by this consultation delivered through Integrated Care Organisation – South Devon and Torbay NHS FT
- Current provision (excluding coastal)
  - One acute hospital
  - Seven community hospitals (beds relocated temporarily from one)
  - Six minor injuries units (two currently suspended)

# Case for change

- Services not meeting current needs
- Current model not affordable
- Increasing demand:
  - People living longer, needing more health and care input
  - More people living with complex illnesses, long term conditions and disabilities e.g. diabetes
  - Pressure on A&E, GPs
- Too many people admitted to hospital unnecessarily and remain there too long
- Services need to keep pace with latest medical practices
- Need to be able to recruit and retain staff to maintain safe staffing levels
- Investment needed in services most people use

# Choices we face

- How to provide quality services to meet rising demand
- How to do more with less?
  - Traditionally spending greater than national formula states
  - Need to bring back into balance
  - In 2015/16 financial gap of £20.5m
  - By 2020 estimated to reach £142m if nothing changes
- How to overcome staff shortages - recruit and retain staff
- How to meet safe staffing levels?
- How do we invest in services that most people use

# Proposed solution

- Devote more resources to help keep people well
- Reduce unnecessary hospital admissions and speed up discharge
- Invest in services which support people at home
- Focus on people's strengths; help them to be more in control
- Enable staff to work closer together to support more people
- Reduce travel by having clinics outside Torbay Hospital
- Reduce A&E pressure through effective minor injuries units
- Build on existing good practice e.g. intermediate care
- Make best use of resources (people, money, places)

# Alignment with the STP

- A commitment to operate as an aligned health and care system across Torbay, Devon and Plymouth
- Greater integration across health and social care, more care delivered closer to home
- A reduction in bed based care, fewer beds in community and acute hospitals
- Investment in community based integrated services that are connected to local communities and meeting the needs of the people they serve



# New model of care..2

- GPs, community health and social care teams and voluntary sector working together
- Reduce reliance on bed based care
- Majority of care provided closer to home
- Single point of access
- Four core elements:

## **Clinical Hubs**

outpatient appointments, specialist conditions clinics and inpatient services

## **Health and wellbeing centres**

range of health and wellbeing services and community clinics

## **Health and wellbeing teams**

community health and social care staff, mental health professionals and voluntary sector partners

## **Increased Intermediate Care**

designed to help people recover more quickly, maximising their independence

## Model of care ...3

- Switch spend from hospital based care to community based care as people:
  - Do better mentally and physically if cared for at home
  - Currently in hospital don't all need to be there
  - More likely to lose independence the longer their hospital stay
- Same number of staff can support many more people in a community team than in a hospital

## **Minor injuries units**

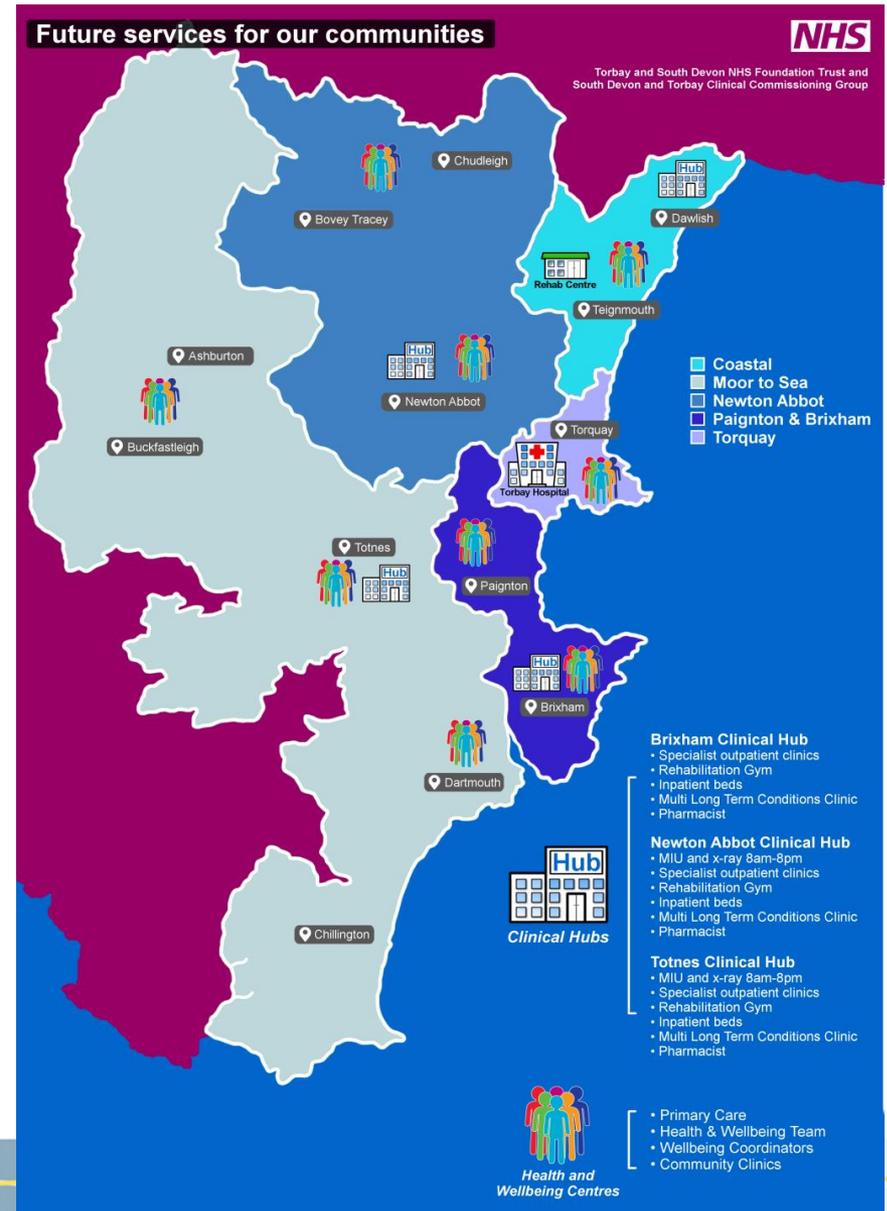
- Concentration of attendances in geographical locations
- Reduce pressure on A&E
- Consistent opening hours, 8am-8pm, 7 days a week
- Access to diagnostics e.g. x-ray

## **Community medical beds**

- Reduce reliance on bed-based care
- Minimum of 16 beds available in community hospitals
- 2 nurses covering at any one time
- More efficient and timely discharge

# Across South Devon and Torbay

- Single point of contact
- Fewer, safer community beds
- Effective alternative to A&E
- New personal care contract (Living Well at Home)
- CCG, Trust, local authorities, care and nursing homes discussing how best to support the care model.



# The investment and savings achieved

- Investment in community based services of over £5million per year
- Reduced reliance on bed based care with closure of Bovey Tracey, Ashburton, Dartmouth and Paignton community hospitals and escalation beds in Torbay saves £6.3million
- MIU activity concentrated in Totnes, Newton Abbot (and Dawlish in coastal) and closing Ashburton, Dartmouth, Paignton and Brixham MIUs saves over £237,000
- Overall this provides a saving of £1.4million

# Expected benefits..1

- Easier access to a wider range of community-based services to help people stay well and to support them when they are not
- Earlier identification of those at risk of becoming more unwell through focusing on prevention and self-help
- Properly staffed and resourced community hospitals able to deliver quality, safe care
- Safe, high-quality hospital care when needed but keeping people out of hospital when they don't need to be there
- Reduced 'bed blocking' in hospitals as a result of effective alternative community-based support

## Expected benefits..2

- Treatment and recuperation at home, recognising that ‘the best bed is your own bed’
- Reduced pressure on A&E by strengthening minor injuries units (MIUs) to treat a wide range of problems,
- keeping Torbay’s A&E service free to deal with life-threatening issues
- Greater investment in local services by switching funding from hospital to community-based care
- Closer working by different organisations which support people’s wellbeing to provide local, seamless care and to make services greater than the sum of their parts
- Reduced demand for services as a result of helping people live independent lives for longer.

# How did we develop our proposals?

- The proposals have been developed by SD&T CCG working with partner organisations (Torbay Hospital, Torbay Council, Devon County Council)
- Between September 2015 and April 2016, 26 patient and public engagement meetings across the CCG area,
- Input also from other groups, staff and health and social care representatives including GPs
- Discussed with Health Overview and Scrutiny Torbay and Devon
- On-going discussions with Healthwatch Torbay and Healthwatch Devon and Patient Participation Representatives

# Clinical engagement

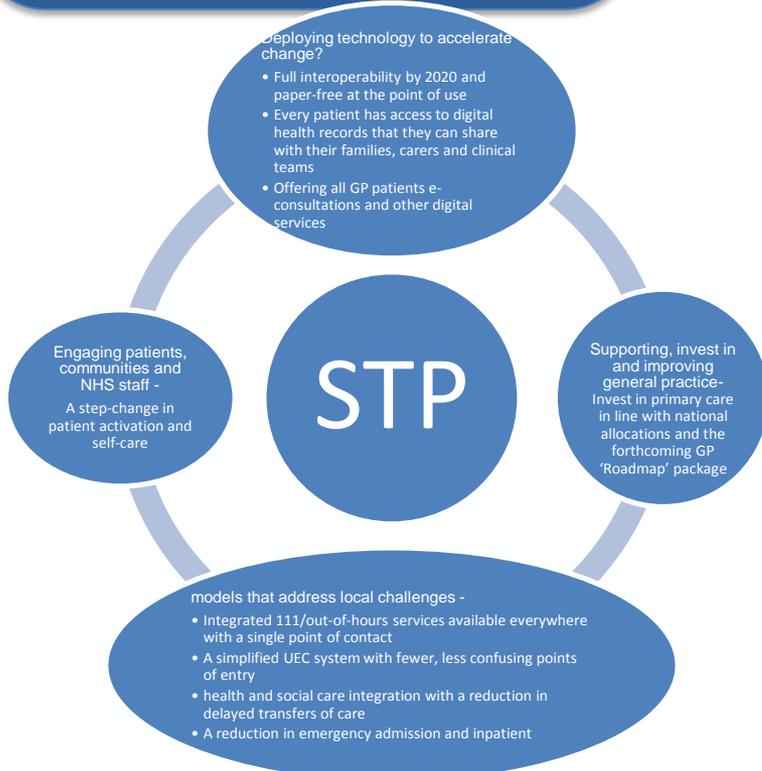
- Ongoing process of engagement since 2013
- GP leads within five localities involving clinicians in shaping proposals through Locality Commissioning Group (LCG) meetings
- Regular discussions at GP locality leads forum
- Trust clinicians involved in developing model with GPs via LCGs and work stream development groups e.g. Health and Wellbeing Team Implementation meetings
- Participation in Clinical Services Review Group, Community Services Transformation Group, System Resilience Group
- Clinical leads members of CCG and Trust Governing Bodies

# Workforce objectives to deliver the model of care

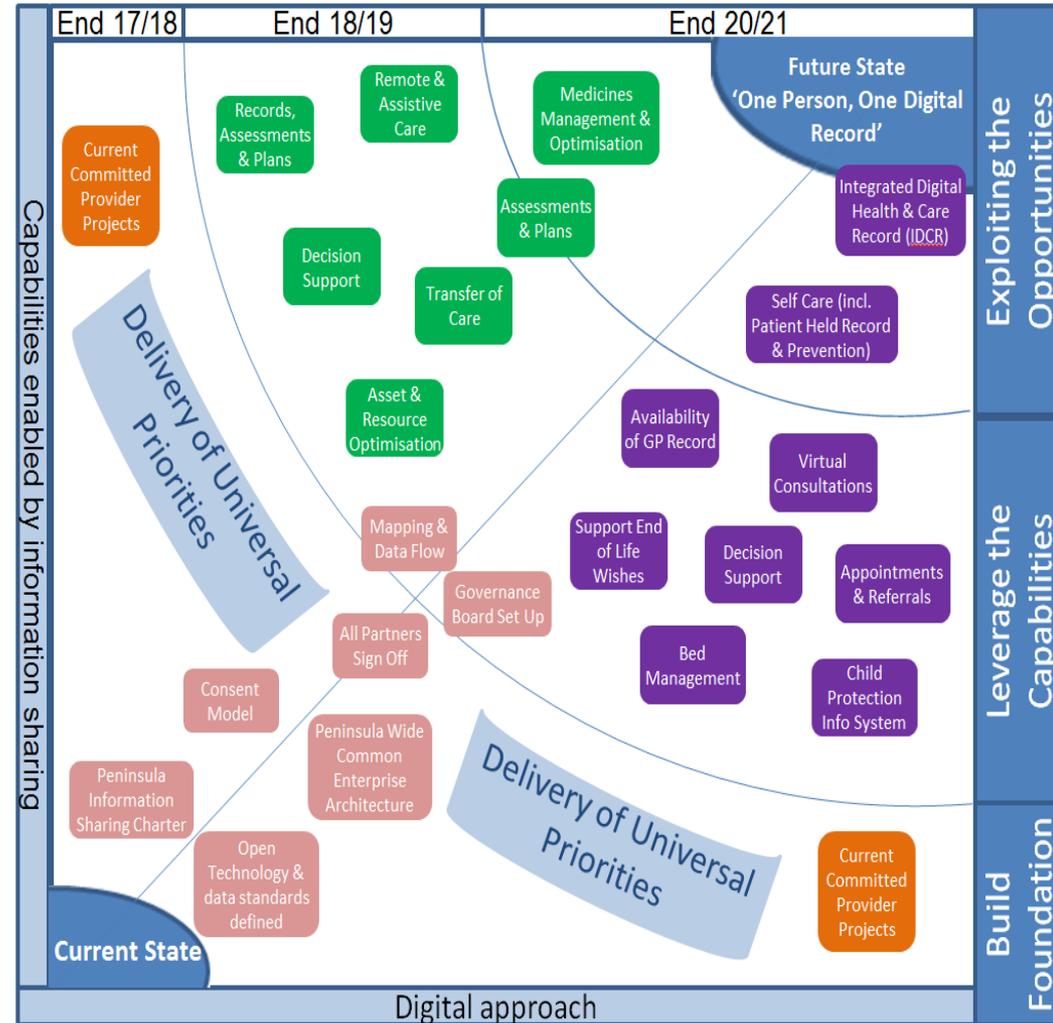
- Align the health and social care workforce with the third, voluntary and independent sector to deliver one model of care
- Embrace the creation of new roles and 'grow our own'
- Train and support workers and carers to undertake interventions using 3<sup>rd</sup> party delegation processes
- In the short and medium term modifying current Trust roles at junior and senior level, development of new roles, such as Physicians Associates and Surgical Care Practitioners
- Longer term: influence training posts and programmes by demonstrating provider need to enable services to evolve and deliver consultant grade staff with the required skills mix

# Digital Roadmap – IT as an enabler

The IT digital road map is a key strategic deliverable to support the proposed care model. The ability of patients to access and allow sharing of their information is key to catalysing a new compact with service users to take greater responsibility for and involvement in managing personal health & wellbeing. We will be providing digital information and tools to patients to enable them to contribute to their own self-care across pathways. We already know that there are likely to be significant estate implications related to delivering our intended strategy. The first stage of our estate strategy development is complete.



## One Person, One Digital Record Our Roadmap



# Implementation plan and pathways

- Workstream development groups established to design the offer and specification for each element e.g. Intermediate Care
- Health and Wellbeing Team Implementation meetings established in each locality
- Clear delivery plans with timescales and milestones for each locality
- Early adopter localities: Torquay and Coastal building on existing good practice to enhance the offer
- EQIA's completed for each locality

# Consultation process

- [www.southdevonandtorbayccg.nhs.uk/community-health-service](http://www.southdevonandtorbayccg.nhs.uk/community-health-service)
  - Full consultation; four localities; detailed support documents
    - The clinical case for change
    - Current use of the health service
    - Options and rationale
    - Population case for change
    - The financial case for change
    - Travel times
    - Summary of stakeholder feedback
  - Video, case studies, frequently asked questions, feedback questionnaire link
  - Ask a question online

## Taking part in consultation..2

- Paper copies on request; main documents available from GP practice and other local outlets
- Invite us to any community based meeting
- Engage on social media – twitter chats
- Complete the feedback questionnaire
  - [www.communityconsultation.co.uk](http://www.communityconsultation.co.uk)
  - Questionnaire part of consultation documents
  - Designed to get your views on different aspects of the proposals
  - Independently collated by Healthwatch
- Deadline 23 November

# Finding out more

- More information
  - [www.southdevonandtorbayccg.nhs.uk/community-health-services](http://www.southdevonandtorbayccg.nhs.uk/community-health-services)
- Email [sdtccg.consultation@nhs.net](mailto:sdtccg.consultation@nhs.net)
- Write to South Devon and Torbay CCG, Pomona House, Torquay, TQ2 7FF
- Call 01803 529745
- Complete the feedback questionnaire at [www.communityconsultation.co.uk](http://www.communityconsultation.co.uk)

# After consultation

- All feedback collated by Healthwatch
- All viable alternative ideas investigated
- Consultation report produced by Healthwatch and published
- CCG governing body consider the feedback report, alternative ideas at meeting in public  
January/February 2017
- Final decisions made