Case for Change
February 2016
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1. Summary

People in north, east and west Devon require health and social care services that are of the highest quality and are delivered as locally as possible. Local people should be supported to take responsibility for their own health as much as possible. If people do become ill, they should sit at the heart of a proactive person-centred care system. Achieving this kind of transformation with the funding that is available is not an easy task. But by working together, the NHS and social services, with other public, private and voluntary sector providers of care, can get the best possible outcomes for local people.

There is already much to be proud of about health and social care services in north, east and west Devon. Staff work hard to provide good care, local people are relatively healthy compared with other parts of the country and local organisations already work together to meet the needs of local people. However, in some cases staff are working in settings which are not sustainable in the longer term. This fact in no way undervalues the efforts that are made every day to make sure patients get as good a service as possible.

However, services are not keeping pace with the changing needs of local people and it is becoming increasingly difficult to make sure local people have access to consistently high quality care that are affordable and sustainable.

There are a number of reasons for this:

- **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.** More than 1 in 5 people in north, east and west Devon are over the age of 65 and this will be almost 1 in 4 by 2021. The number of very elderly people is also high, with 3.1% people in north, east and west Devon over the age of 85 compared to 2.3% on average across England. Although north, east and west Devon is generally affluent, it has deprived areas and there are quite big differences in health outcomes – or ‘health inequalities’ – between some of these areas, particularly Plymouth.

- **Some people have more health and social care needs than others.** In north, east and west Devon, 40% of local people use almost 80% of health and social care. 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 and their needs are complex. Around 150,000 people in north, east and west Devon have a mental illness, including 10,000 people with a serious mental illness who are three to four times more likely to die at an earlier age than the general population. And there are 40,000 people with cancer who need rapid access to high quality services.

- **Doing nothing is neither affordable nor clinically sustainable.** The cost of providing health and social care is increasing due to demand from the increasing ill health of local people and the costs associated with keeping pace with new technology. Funding for health and social care is limited, as it is across England. Local health and social care services are under severe financial pressure, and are likely to be £442m in the red by 2020/21 if nothing changes (note: this number may change when the baseline is updated for the latest allocations). An allowance is given to the NHS to reflect additional costs associated with elderly, rural and deprived populations – this is called the market forces factor (MFF). There is debate locally about whether the MFF in north, east and west Devon fully reflects local challenges; this is
something which will continue to be debated locally but there is currently no assumption of any additional funding from this source.

Although there have been some local successes in changing the way services are delivered, there are many challenges facing health and social care in north, east and west Devon:

- **There are health inequalities across north, east and west Devon**, particularly between Plymouth and the rest of Devon. For example, a person living in Ilfracombe Central is expected to die almost fifteen years earlier than a person living a two hour drive away in Newton Poppleford and Harpford. These inequalities need to be reduced, priority given to giving every child the best start in life and to preventing ill-health in the first place.

- **There is less money spent overall on health and social care in the most deprived areas** across north, east and west Devon. Over 10% less per year is spent on each person in west Devon compared to east Devon even after age and deprivation have been taken into account.

- **Care needs to be more person-centred and co-ordinated especially for people with more than one long-term condition.** People do not get enough support to be independent and are going into hospital when this could be prevented. There will be a predicted 37,000 more emergency admissions to local hospitals over the next five years, an increase of more than 30%, if nothing changes. Many of these admissions are preventable. This is particularly important for end of life care where most people would prefer to die at home but only a quarter are able to do so.

- **Around 95,000 people with a long-term condition also have a mental illness – these people consume a large proportion of the health and social care budget but still achieve poor outcomes.** People with a long-term condition and a mental illness spend longer in hospital, have more investigations and make a slower recovery. They are also more likely to die earlier in life compared to people without a mental illness.

- **There are too many people in hospital beds who don’t need to be there.** People in north, east and west Devon stay in hospital for a long time even though many are medically fit to leave hospital but can’t. Every day, over 500 people are in local hospitals when they could be elsewhere; most of them are old and many have dementia. The longer people stay in hospital, the more likely they are to get complications and it is also expensive to keep someone in hospital when they don’t need to be there. The main reasons for delay are people waiting for health or social care in the community.

- **Local people are waiting too long to access some cancer services.** When people are diagnosed with cancer, they need to be able to access high quality services as quickly as possible. Cancer waiting times are poor across all hospital providers in north, east and west Devon.

- **Local hospitals are finding it difficult to deliver services for some of the most seriously ill people.** This is because many services are small, and senior staff and specialist tests and equipment are not available 24 hours a day. These include stroke, maternity, A&E and children’s services. There is a particular issue for North Devon District Hospital which is one of the smallest acute hospitals in England. However all hospitals are impacted by this and in some services senior doctors are present for less than half of the time. Even if there were
unlimited funds, there are simply not enough qualified and experienced staff, and these staff will choose to work in places where there are enough cases to keep their skills.

- **Services could be run more efficiently across north, east and west Devon.** An estimated £85m is being spent on areas where staff may be able to provide the same quality of service but more efficiently. Over £30m was being spent on temporary staff in hospitals in 2014/15 who are more expensive than permanent staff and can reduce the quality of care and lead to a poor patient experience. Up to £25m could be saved on clinical supplies if hospitals work together to buy them. Up to £21m could be saved by matching spend on continuing care to best performing areas. A third of bed space in community hospitals is empty or under-used – the money spent on this space could be better used elsewhere.

- **There are difficulties with recruiting and retaining staff at all levels making it hard to provide comprehensive and high quality services.** Quality of care and patient/client experience is dependent on having a well-trained, motivated and experienced workforce and it is important that more of these staff are recruited and retained. Many staff are due to retire in the next 10 years and local organisations already have high levels of vacancies and staff turnover in many areas. For example, almost a quarter of GPs in north, east and west Devon intend to leave the NHS in the next 5 years.

These are not just issues facing health and social care services locally. Many national commentators have recognised similar issues and have said health and social care services need to change in order to tackle them. Many other parts of the country are starting to develop their plans for tackling similar problems, or have already taken action.

There are lots of great services in north, east and west Devon but things can be done better so that health inequalities will reduce, access to the best services will improve and services will become more joined-up and responsive. Financial pressures will also reduce, minimising the risk of local services failing. Staff will feel that their efforts are having more directly positive effects on patients and should find their workloads more manageable alongside seeing improved patient satisfaction.

This document sets out the local context, the changing needs of people in north, east and west Devon, the challenges facing local health and social care services, what great services could look like and what happens next.
2. Context

2.1. The local area

North, east and west Devon is located in the South West of England and covers a population of 883,000 people\(^1\). It includes the city of Plymouth (population c.250,000) in the west, the city of Exeter (population c.125,000) in the east and the large market town of Barnstaple (population c.50,000) in the north\(^2\). This large geographical area (2,330 square miles)\(^3\) includes many smaller towns and villages and rural areas including the Dartmoor National Park (369 square miles)\(^4\).

2.2. Commissioners of services

Health and social care spending on the residents of north, east and west Devon was £1.9bn in 2014/15. Of this, 29% of this was spent on hospital care, 20% on social care, 10% on community services, 20% on primary care, 9% on specialised services, 6% on mental health and 6% on continuing care\(^5\).
Health services in north, east and west Devon are commissioned on behalf of local people by Northern, Eastern and Western Devon Clinical Commissioning Group (NEW Devon CCG) and NHS England. NEW Devon CCG is the largest CCG in England, by the size of the local population. Since April 2015, health and social care services in west Devon have been jointly commissioned by Plymouth City Council and NEW Devon CCG. Social care services in north and east Devon are commissioned by Devon County Council. NHS England commissions specialist services such as major trauma, kidney transplants, eating disorders, plus primary care services whilst NEW Devon CCG commissions all other health services including mental health, hospital and community services (in partnership with Plymouth City Council in west Devon).

### 2.3. Providers of services

In 2014/15, in north, east and west Devon, there were around 5.5 million consultations at GP surgeries, 838,000 contacts with community staff, 190,000 attendances at A&E, 105,000 planned operations performed and 83,000 emergencies that required hospitalisation. There is a complex range of organisations providing these health and social care services in north, east and west Devon.
There are 121 GP practices, 130 dentist practices, 201 pharmacies, 112 opticians and many voluntary and community sector groups, which are all run independently and provide a range of primary care services. The GP out-of-hours service is provided by Devon Doctors.

There are three mental health providers which provide inpatient mental health facilities, community mental health teams, liaison psychiatry into hospitals and a range of specialist mental health services. These are:

- Devon Partnership NHS Trust – which provides services across Devon (including south Devon) in addition to regional and national specialist mental health services
- Plymouth Community Healthcare – which provides mental health, physical health, children’s and families health and adult social care services in Plymouth and community services in west Devon
- Virgin Care – which provides children and family health and social care services and community based mental health services for children and young people across Devon (including south Devon)

There are three community providers which deliver a range of services including inpatient community beds, stoke rehabilitation beds, urgent care, diagnostics, outpatients and minor surgery and community teams including community nurses, district nurses, health visitors and a range of therapists. There are also 20 community hospitals in north, east and west Devon. The providers are:

- Plymouth Community Healthcare – which provides mental health, physical health, children’s and families health and adult social care services in Plymouth and community services in west Devon
- Northern Devon Healthcare NHS Trust – which is integrated with the acute hospital provider in north Devon and currently provides adult community services across north and east Devon (adult community services in east Devon are due to be combined with acute services at Royal Devon & Exeter NHS Foundation Trust from April 2016)
• Virgin Care – which provides children and family health and social care services and community based mental health services for children and young people across Devon (including south Devon)

There are three hospital trusts providing acute hospital services including A&E, emergency and elective (planned) surgery, acute stroke services, consultant-led maternity services and inpatient children’s services plus a range of specialist services. The trusts are:

• Royal Devon & Exeter NHS Foundation Trust – provides acute hospital services from predominantly one site in Exeter, and some planned services at community hospitals in east Devon. It is a medical undergraduate teaching hospital and provides some specialist services for people outside north, east and west Devon.
• Plymouth Hospital NHS Trust – provides acute hospital services from Derriford Hospital in Plymouth. It is a medical undergraduate teaching hospital and provides some specialist services for people outside north, east and west Devon.
• Northern Devon Healthcare NHS Trust – which provides acute hospital services from North Devon District Hospital and is currently integrated with the community services provider in north and east Devon (adult community services in east Devon are due to be combined with acute services at Royal Devon & Exeter NHS Foundation Trust from April 2016)

The hospitals in north, east and west Devon are some distance from each other – and from other nearby hospitals such as Torbay Hospital and Musgrove Park Hospital in Taunton. For example, North Devon District Hospital is over an hour’s drive away from any other acute hospital\textsuperscript{10}. The distance between hospitals, and the time to access services, is a key consideration when planning services. Ambulance services are provided by South Western Ambulance Service NHS Foundation Trust.

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<tr>
<th>Travel times between providers</th>
<th>North Devon District Hospital</th>
<th>Torbay Hospital</th>
<th>Derriford Hospital</th>
<th>Royal Devon &amp; Exeter Hospital</th>
<th>Musgrove Park Hospital</th>
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<tr>
<td>North Devon District Hospital</td>
<td>90</td>
<td>106</td>
<td>77</td>
<td>68</td>
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<tr>
<td>Torbay Hospital</td>
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<td>51</td>
<td>34</td>
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<td>Derriford Hospital</td>
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<td>Royal Devon &amp; Exeter Hospital</td>
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<td>Musgrove Park Hospital</td>
<td>68</td>
<td>64</td>
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- There are long distances between hospitals, including those just outside north, east and west Devon

Source: Akerअप्पले, November 2011

People living in north, east and west Devon also go outside the area for some specialist treatments, for example, burns care in Bristol and liver transplants in London. These specialist treatments are not covered by this case for change.
2.4. The Success Regime

Commissioners and providers of health services in north, east and west Devon have recently become part of the Success Regime, a national initiative to “protect and promote services for patients in local health and care systems that are struggling with financial or quality problems, or sometimes both”\(^{11}\). In north, east and west Devon, this initiative will try to help solve local problems through short-term improvements in quality and finance, medium and long-term transformation of services and development of the local leadership to lead the challenging and necessary changes required.

2.5. Local successes

There are many services in north, east and west Devon that provide high quality services every day and will continue to do so. The NHS and social services in north, east, west Devon have also already had a number of successes making changes to local services to deliver the needs of the local population. There are many examples of how local services are starting to implement new ways of delivering care. Some of these changes are listed below.

**Example 1: SMART Recovery programme**

Devon Partnership Trust (DPT) have set up an ambitious 4-year programme called SMART recovery. This brings together the development of care pathways, mobile working and more efficient use of estates to allow staff to spend less time travelling and more time providing care. It is a transformational programme which aims to make using services simpler via creation of a single ‘front door’ for care. The number of sites the Trust works across is being reduced, and staff are being equipped with new technology to allow more efficient care provision. Setting up care hubs in Devon and Torbay is also being considered as part of the programme\(^ {12}\).

**Example 2: Early Help**

Devon County Council have developed a 3-year programme to deliver interventions to troubled families and children with the overall aim of building resilient, self-sustaining families. The qualifying criteria surround anti-social behaviour, children not in school, joblessness and widespread agency concern. Devon County Council established locality teams, who manage and deliver these interventions to families with a multi-agency approach. This is the first attempt to join up the agencies which regularly consult with troubled families into a single combined service\(^ {13}\).

**Example 3: Live Well, a health promotion hub**

Plymouth Community Healthcare have developed Live Well, an online health promotion hub. This provides a wealth of health information about lifestyle factors which lead to poor health, and information on how to make positive changes to prevent ill-health. There is a single online point of access which provides fact sheets, leaflets and self-help advice as well as details of stop smoking clinics, weight management programmes and chlamydia testing services. There is also a telephone advice line\(^ {14}\).

**Example 4: ‘One system, one budget’**

Plymouth City Council and Northern, Eastern and Western Devon Clinical Commissioning Group have created an integrated pooled fund of £480m covering the full range of health and wellbeing services: hospital care, adult social care, community health care, public health, services to children and families, housing, and leisure. Commissioners have developed four integrated strategies with action plans covering the entire health and wellbeing system: ‘Wellbeing’, ‘Children and Young People’, ‘Community’, and ‘Enhanced and Specialised’. The partners have also established integrated commissioning arrangements that allow the CCG and the City Council to work as one team\(^ {15}\).
Example 5: Integrated care for Exeter (ICE)
In Exeter, local government, public and community sector organisations and key NHS providers have come together to give residents a better experience of health and social care and support people to remain independent for longer. Multidisciplinary teams have been created to provide coordinated support in the community. People receive single, up front assessments and information is then shared across organisations. People then receive support to remain independent in their home from a single care coordinator, whom they come to know well. There is a single point of access for information. Community based well-being networks have been created to offer alternative and early interventions, alongside prevention services to promote healthy behaviours.16

Example 6: Integrated service for people with complex needs
Northern Devon Healthcare NHS Trust have developed their service for people with multiple long term conditions and complex needs. This includes increasing Rapid Response Nursing with an urgent response within 2 hours and visit within 4 hours to provide intensive and overnight care at home for short periods, developing Rapid Intervention Centres that are co-located with social care to provide a more streamlined and integrated response to urgent requirements for out of hospital care, introducing multidisciplinary weekly discussions for people with most complex needs, expanding the care homes nursing team and developing integrated health and social care teams at the ‘front door’ of the hospital to prevent an admission and at the ‘back door’ to facilitate timely complex discharges. This service predominantly supports admission avoidance and early facilitated discharge for patients.

Example 7: integrated children’s services
Virgin Care have developed, and are now delivering, a large scale service transformation programme across Integrated Children’s Services (ICS) enabling consistent and simpler access to services and freeing up clinical time to support more children and their families. This has introduced new IT systems and is empowering clinical teams with mobile technology to view and update records securely as they work in the community, allowing more time to be spent with families. A Single Point of Access phone line and website, which has been developed in partnership with young people and families who use ICS services, is being launched shortly. These will make it easier for children, young people and their families and other professionals to understand and access the support available, and ensuring co-ordinated multidisciplinary care for children with complex needs.

These kinds of improvements have helped the local health and social care system to change and adapt to provide good services for local people, but more still needs to be done to respond to local needs and consistently deliver the highest quality of care and ensure value for money.
3. The needs of local people

Everyone in north, east and west Devon has a different need for health and social care services. Some need intensive support and care (for example, in the final years of their lives) whilst others access services very infrequently (perhaps just to see a GP for common illnesses). Much of this need depends on demographic factors such as age and deprivation but it also depends on whether people are living with one or more long term health condition such as asthma, cancer, dementia or mental illness. To understand the changing needs local people in north, east and west Devon, it is important to look at the type of illnesses or conditions local people have.

3.1. 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 three distinct populations in north, east and west Devon17:

- In west Devon, people mainly live in and around the city of Plymouth and are relatively young (near the England average), more deprived and more urban than the people in the east and the north.
- The people in east Devon are comparatively much older, more affluent and live in more rural locations. East Devon has a higher proportion of very old people (aged 85+) than almost anywhere else in England.
- The people in north Devon are also comparatively old (although with a lower proportion of very old people than in the east) with pockets of deprivation, especially in Barnstaple. People in north Devon tend to live in more rural locations.

These different sorts of people means that there are different health needs and health outcomes across north, east and west Devon. Health outcomes are generally good in north and east Devon although vaccination coverage is poor and infant mortality is high. In west Devon, life expectancy is lower than the England average, mortality rates (number of deaths per thousand people) are high and smoking and alcohol consumption are higher than the England average18.

3.2. Some people have more health and social care needs than others

Different people in north, east and west Devon require different levels of health and social care.
The majority in north, east and west Devon are generally healthy and only need health and social care occasionally. However, some groups of people need more care than others - this is common across England and is influenced by factors such as a person’s age, underlying health and income. Consequently, around 40% of local people use almost 80% of health and social care in north, east and west Devon.

Looking at local people in this way means that health and social care can be targeted at those who need it most, and that services can be designed for people with different needs.
Over half of local people are generally well and only need care occasionally

Over half of local people are generally well and only need care occasionally, perhaps visiting the GP for a common illness, having a baby or having a minor operation. A range of health promotion services such as stopping smoking or alcohol awareness can be used to make sure people stay well as they age. Services need to be easily accessible and of a high quality when people do need them. People need to be given more information and support to be able to self-care for minor illnesses and injuries.

Those who consume the most health and social care are people with learning and physical disabilities, for example, a child with learning and/or physical disabilities costs an average of over £11,500 each year for health and social care. However, these groups of people are very small, for example there are only around 400 children with learning and/or physical disabilities in north, east and west Devon.

Local people are living longer which means they need more care and treatment

More than 1 in 5 people in north, east and west Devon is over 65, which is higher than the national average, and this will be almost to 1 in 4 people by 2021. The number of very elderly people is also high, with 3.1% people in north, east and west Devon over the age of 85 compared to 2.3% on average across England. More of these older people live in east Devon and fewer in west Devon but all areas are seeing growth in the number of older people, in common with the rest of England.

That people now live for longer than they have ever done before is a cause for celebration. However, for local health and social services, an ageing population is hugely significant because older people are more likely to develop long term health needs such as diabetes, heart disease and breathing difficulties, and are more at risk of strokes, cancer and other health problems – which together means people tend to need more care and more treatment as they get older. In north, east and west Devon, almost 40% of health and social care expenditure is used for people aged over 70, even though they represent only 15% of the population. One third of the hospital beds in north, east and west Devon are occupied by someone over the age of 80 and two thirds of the people staying more than 10 days in hospital are over the age of 70. There are also around 8,500 people in residential and nursing care homes in north, east and west Devon (half are aged over 85). An ageing population also means increasing incidence of dementia – there are an estimated 10,000 people in north, east and west Devon with dementia – although only half of these have a formal diagnosis. More than 2 out of 5 people over the age of 70 admitted in an emergency have dementia and over 45% of the hospital beds in Devon are occupied by someone with reported dementia who is medically fit to leave but has not been discharged. Given the number of people with dementia in north, east and west Devon, there is a real opportunity for local services to develop world class services to meet their needs.

Older people also find it difficult to access services (especially if they have to travel long distances), are likely to be living with more than one long term health need and may also be carers for another older person in poor health. So local health and social care services need to prioritise high quality and accessible services for the older population.

More local people are living with long-term conditions and their needs are complex

There are 280,000 people (including 13,000 children) in north, east and west Devon with one or more long-term conditions and a person with a long-term condition costs up to twice as much as a generally healthy person. A long-term condition is a health problem that is present for over a year. Many local people have one or more long-term conditions with high levels of asthma, chronic
obstructive pulmonary disorder (COPD), hyperthyroidism (metabolism), diabetes, chronic heart disease, atrial fibrillation (irregular heartbeat which can cause strokes) and hypertension (high blood pressure). Unsurprisingly, there are a high number of people in north, east and west Devon who have had a stroke – over 1,800 in 2014/15.

As the population gets even older, more people are likely to have these long-term conditions. This is a challenge for health and social care services because people with one or more long-term condition need high quality, consistent and integrated health and social care. Services are often not set up to provide this care – they are set up to care for separate illnesses rather than deal with people’s overall needs. People with a long-term condition are also likely to have a long-term informal carer (such as a spouse or grown-up child) and these carers also need to be supported.

People with one long-term condition can often live with it with only a little support from health and social care services. People with more than one condition, or who have a long-term condition and then something else happens to them (such as having a fall), have more complex needs. Health and social care services need to be designed to respond to these needs.

**Mental illness is common in north, east and west Devon**

It is important that mental health has equal priority with physical health, that discrimination associated with mental illness ends and that everyone who needs mental health care should get the right support, at the right time. More must also be done to prevent mental illness and promote mental wellbeing.

Mental illness is relatively common in north, east and west Devon with around 150,000 local people aged 18-64 having a common mental disorder such as depression or anxiety and some 10,000 people (including 1,200 children) having a more serious mental illness such as schizophrenia.

This is a problem because people with a serious mental illness in north, east and west Devon are between three and four times more likely to die at an earlier age than the general population, and this is higher than in other similar places.
There is also a lot of evidence that links poor physical health with mental illness. For example, having depression doubles the risk of developing coronary heart disease – and people with depression have significantly worse survival rates from cancer and heart disease. Compared to other places which have a similar age, deprivation and rurality profile, north, east and west Devon has very high numbers of people with depression. However, there is much less spent on mental health (when out-of-area placements are excluded) in north, east and west Devon than in other similar areas – this is an issue given the high number of people with a mental illness and the poor outcomes they achieve.

Local health and social care services need to prioritise high quality and accessible services for people with a mental illness, especially those who also have poor physical health. These services also need to prioritise the mental health needs of people with a physical health need.

**There are many people (including children) with cancer who need rapid access to high quality services**

More than 1 person in 3 will develop cancer at some time in their lives, and 1 in 4 will die of the condition. Cancer can develop at any age, but it is most common in older people – more than 3 out of 5 new cancers are diagnosed in people aged 65 or over, and more than a third are diagnosed in those aged 75 or over. There are 40,000 people with cancer in north, east and west Devon, including 1,000 children and the cost for each person with cancer is double that for a generally healthy person.

Local health and social care services therefore need to make sure that people and children with cancer have rapid access to high quality services.
4. Financial considerations

Although the Government’s pledge to protect health budgets means they have fared better than some other areas of public spending, increases in health funding in the coming years are likely to be flat, in north, east and west Devon as much as anywhere else\(^4\). In addition to this, the financial pressures caused by the increased burden of more ill health and the need to keep pace with new technology means that funding over and above inflation of 2.6% would be needed each year to deliver current services\(^4\). Local health and social care organisations are therefore facing a financial shortfall in 2015/16 of £122m (4% of funding), rising to £442m (14% of funding) in 2020/21 if nothing changes\(^4\) (note: this number may change when the baseline is updated for the latest allocations).

**Combined health and social care commissioner ‘do nothing’ financial challenge**

The scale of the financial challenge for Devon, if nothing changed, between 2015/16 and 2020/21 would be £442m (14% of funding)

- £76m of the £442m is NHS commissioner-driven
- £15m of this is local authority driven
- £351m of this is provider driven
- This is based on assumptions in the five year forward view.

**Note:**
- Provider income covers total organisation and not just income from Devon commissioners.

An allowance is given to the NHS to reflect additional costs associated with elderly, rural and deprived populations – this is called the market forces factor (MFF). Estimates show that the local acute hospitals receive about £17m less in total for the market forces factor compared to similar hospitals in other areas\(^4\). There is debate locally about whether the MFF in north, east and west Devon fully reflects local challenges; this is something which will continue to be debated locally but there is currently no assumption of any additional funding from this source.

The consequence of doing nothing is that local health and social care services would not be maintained. A new way of providing services is needed, that can be delivered within the funding available. This cannot be done by one organisation, but needs to be done across health and social care, with everyone working together.
5. **Key challenges**

There are challenges for health and social care services across north, east and west Devon. These challenges are in the reduction of health inequalities, in enabling people to take responsibility for their own health and care and in providing health and social care to those who need it.

5.1. **There are health inequalities across north, east and west Devon**

Although deprivation levels across north, east and west Devon are lower than the national average, there are startling differences between areas. West Devon (particularly Plymouth) has some of the most deprived populations in England, whereas east Devon has none. For example, a person living in Ilfracombe Central is expected to die more than fifteen years earlier than a person living a two hour drive away in Newton Poppleford and Harpford. People living in poorer areas not only die sooner, but spend more of their lives with disability – an average total difference of 17 years.

Not only is there a strong social justice case for addressing health inequalities, there is also a pressing economic case. It is estimated that the annual cost of health inequalities is between £36 billion and £40 billion through lost taxes, welfare payments and costs to the NHS (this equates to around £640m in north, east and west Devon).

Health inequalities are caused by many things – housing, income, education, social isolation, disability – and these are strongly affected by economic and social status. In Plymouth, there is lower levels of physical activity, higher levels of smoking, more children living in poverty and higher levels of alcohol abuse. Action on health inequalities requires action across all the social determinants of health, including education, occupation, income, home and community. Health and social care services cannot address all of these areas but can address some of them – and it is clear that as much needs to be done as possible locally to reduce inequalities. To reduce health inequalities, the Marmot review recommended that the highest priority needs to be given to giving every child the
best start in life and also to strength the role and impact of ill-health prevention\textsuperscript{48}. There is also evidence that increased investment in primary care can reduce health inequalities\textsuperscript{49}.

It is important that investment in health promotion continues, with a priority on giving children the best start in life.

5.2. Less money is spent on health and social care in the most deprived areas

In north, east and west Devon, the most deprived communities are in the west, particularly Plymouth\textsuperscript{50}. Over 10\% less is spent on health care for each person in west Devon compared to north and east Devon, even when age and deprivation is taken into account.

This may contribute to poorer health outcome for people in west Devon, particularly Plymouth. For example, there is one extra GP for every 7,000 people in north and east Devon compared to west Devon\textsuperscript{51}. Difficulties accessing GP care may explain the higher levels of emergency admissions to hospital in west Devon. There is also a big difference in the amount of planned operations that happen in different parts of north, east and west Devon - the number of planned operations are much higher in east Devon\textsuperscript{52}.

The spread of health and social care across north, east and west Devon needs to be made more equal.

5.3. Care needs to be more person-centred and co-ordinated especially for people with more than one long-term condition

Although emergency admissions to hospital are similar in north, east and west Devon compared to other similar areas, they are projected to rise by 30\% over the next five years, so that by 2021 there
will be 37,000 more emergency admissions to local hospitals\textsuperscript{53}, if nothing changes. Many of these admissions are preventable.

Advances in technology mean that people are increasingly more able to take responsibility for their own care. Information is much more available and technology means that treatments such as oxygen treatment, nutritional support (artificial feeding) and continuous glucose monitoring that used to require a hospital visit can now be done in the home. Assistive technology, from simple can openers to ‘high tech’ equipment that monitors vital signs, will play a major role in the future, helping to support people to live independently and communicate with care staff. When people are involved in managing and deciding about their own care and treatment, they have better outcomes, are less likely to be hospitalised, tend to follow appropriate drug treatments and avoid over-treatment\textsuperscript{54}. This is particularly important for end of life care where, in north, east and west Devon, only 25\% of local people die at home\textsuperscript{55} whilst research show that two thirds would like to do so\textsuperscript{56}.

Local services are also disjointed and not focused clearly and exclusively on the person. This creates unnecessary duplication, disjointed services, poorer outcomes and exhausted carers. People have to report what has happened to them as a result of their long-term condition many times over. They also receive multiple home visits from different care staff, when often one should be enough. It is difficult to share clinical information between teams meaning people are being seen and treated by care professionals who do not know their medical history and care professionals become frustrated at not being able to flexibly provide the care that is required\textsuperscript{57}.

Disjointed and reactive care is a particular issue for people living with a long-term condition. Moving constantly in and out of hospital means many are unable to lead normal lives. Around 1 in 3 of people with a long-term condition in north, east and west Devon report that they have not had enough support from local services to help them manage it\textsuperscript{58}. People find it hard to get the care they need when they need it, and this then has a knock-on effect on other services – for example forcing them to go to hospital as the only other option available to them. This is also true for children. There are high levels of demand for child and adolescent mental health services with increases in referrals, their complexity and risk. Self-harm is high and rising, the need for support for young people with eating disorders is significant, and there are still far too many children in care or in highly specialist placements - often many miles from home\textsuperscript{59}.

It is important to make sure that care is person-centred and co-ordinated for people with long-term conditions so they are prevented from going to hospital whenever possible. Commissioners of services also need to link together to fund joint packages of care.

5.4. Around 95,000 people with a long-term condition also have a mental illness – these people consume a large proportion of the health and social care budget but still achieve poor outcomes

An estimated one third of people in north, east and west Devon who have a long-term condition (such as diabetes, heart disease or cancer) also have a mental illness such as depression\textsuperscript{60} - this is around 95,000 people. People living in deprived areas, such as some parts of Plymouth and north Devon are more likely to have both a long-term condition and a mental illness\textsuperscript{61}.

Almost half as much again is spent on physical health care for these people compared to someone with a long-term condition but without a mental illness\textsuperscript{62} - around £66m a year in total in north, east and west Devon. People with a long-term condition and a mental illness spend longer in hospital, have more investigations and make slower recovery. They are also more likely to die – for example,
people with asthma and depression are twice as likely to die early as those without depression. Children with diabetes and depression are much more likely to get long-term damage to their eyes. People with a mental illness are also less likely to be able to manage their own illness and more likely to do things that will make their long-term condition worse such as smoking or drinking.

Given the number of people who have one or more long-term conditions and a mental illness, the amount of health and social care services they receive and their relatively poor outcomes, it is important that detailed consideration is given to new ways of promoting good health and treating people with poor physical and mental health.

5.5. There are too many people in hospital beds who don’t need to be there

When people go to hospital in north, east and west Devon, they tend to stay in hospital for a long time and have difficulty getting out of hospital and back home. Every day over 500 people are in local acute hospitals when they could be elsewhere. Half of all people admitted to local acute hospitals stay longer than 10 days and around one third of people are medically fit to leave hospital but can’t - this is a particular issue for people over the age of 70. It is the same in the community and in mental health hospitals. Over half the people in north, east and west Devon who are fit to leave the community hospital have been waiting to leave for at least four days.

When people are ready to leave hospital, local services are often not ready to look after them, so they have to stay in hospital longer. The longer people stay in hospital, the more likely they are to get complications. For example, one study has shown that every extra day in hospital reduces the muscle function of older people by 5%. It is also expensive – it costs £250 per day to care for someone in an acute hospital bed and this money could be better used elsewhere.
Some of the main causes of delay are people waiting for health care services in their homes, for a bed in a community hospital or for packages of social care. These services are often unable to accept transfers or set up care packages at weekends, so people who are medically fit are stuck in hospital. An estimated one third of the people experiencing delayed discharge also have dementia and care homes are often unable to accept people with dementia, especially at short notice.

Delays in discharge contribute to a poor experience for local people – especially at weekends – and can have a lasting negative impact on independent living. It also represents poor value for money because hospital services are being used by people who are medically fit to leave the hospital. There needs to be a focus on increasing and improving services in the community so that fewer people stay in hospital when they don’t need to be there.

5.6. Local people are waiting too long to access some cancer services

Improving outcomes for people with cancer is not just about higher survival rates. It is also about improving people’s experience of care and the quality of life for cancer survivors. It is important to promote lifestyle changes (such as stopping smoking, preventing obesity and reducing drinking) to reduce cases of preventable cancers. Around 1 in 10 people in north, east and west Devon are obese and almost a quarter of people in Plymouth smoke. Screening means that cancer can be found and treated early and it is important that GPs are able to identify potential cancer as early as possible. If cancer is suspected it needs to be treated as soon as possible, and people want rapid access to services to reduce their worry. If cancer is discovered then people need access to the best possible care.

Many cancer services in north, east and west Devon are good, with high quality screening services and GPs who tend to identify cancer early. Longer-term survival rates for cancer are also slightly higher than the national average. However, when people are ill they need to be able to access high quality services as quickly as possible. Cancer waiting times are poor across all hospital providers in...
north, east and west Devon. For example, a quarter of people with symptoms of breast cancer have to wait more than two weeks to see a hospital specialist in west Devon80.

![Cancer waiting times by provider](image)

The waiting times for cancer patients in hospitals are too long and need to be reduced.

5.7. Local hospitals are finding it difficult to deliver services for some of the most seriously ill people

Local hospitals are finding it difficult to provide care for some of the small number of most seriously ill people (around 10% of people who use hospital services81). Hospitals need senior doctors seven days a week to make sure that there is someone with sufficient skill and experience to spot problems and deal with them, and that care is effective when it is needed. Doctors, nurses and technical staff also need a minimum number of cases to maintain the high levels of expertise needed in these services. Specialist tests and equipment also need to be available 24 hours a day. Evidence shows that it is better to travel further for this more specialist care82.

Mortality rates at hospitals in north, east and west Devon are within the expected range during the week and at weekends. However, there is a higher risk of death associated with being admitted to hospital at the weekend because there is not the same level of service 24 hours per day 7 days a week. Nationally, there are an estimated 5,74583 additional deaths from people being admitted to hospital at the weekend. It is therefore vital that services for the most acutely unwell patients are consistently delivered 24 hours per day 7 days per week.

Everywhere within the NHS, hospitals are moving towards having more senior staff available more of the time. There are a number of services in north, east and west Devon that are small, and where senior staff and specialist tests and equipment are not available 24 hours a day. For example:

- In stroke, there is now strong evidence that people who have a stroke need to have rapid access to a range of specialist interventions within the first 24 hours, in order to improve
their chances of survival and minimise disability\textsuperscript{84}. National standards are that eligible patients should be thrombolysed within 30 minutes\textsuperscript{85}; this takes almost an hour in the best performing hospital in north, east and west Devon\textsuperscript{86}. National guidelines also state that patients should be scanned within an hour of arriving at hospital\textsuperscript{87}; in north, east and west Devon hospitals only do this for between 25\% and 40\% of patients\textsuperscript{88}.

- In \textit{maternity}, around 1,500 women currently give birth in North Devon District Hospital\textsuperscript{89}, this is one of the smallest maternity units in England. The unit provides a high quality service in many ways but finds it difficult to provide senior presence on the maternity ward. Senior doctors are currently only present on the ward for 40 hours a week (less than a quarter of the time)\textsuperscript{90}. At the Royal Devon and Exeter, senior doctors are present for 60 hours a week whilst at Derriford Hospital, they are present for 98 hours a week.

- In \textit{Accident & Emergency}, senior doctors are only currently present in A\&Es in north, east and west Devon for 12 -16 hours a day\textsuperscript{91}. National evidence shows that delays to consultant reviews and a lack of senior medical involvement in patient care are consistently linked to poor patient outcomes\textsuperscript{92}.

- In \textit{children}, the paediatric (children’s) unit at North Devon District Hospital is small with around 3,600 admissions a year, many of whom do not stay overnight\textsuperscript{93}. There is a wealth of evidence to suggest that larger volumes of paediatric admissions lead to better quality and reduced time in hospital\textsuperscript{94}.

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{chart.png}
\caption{Proportion of stroke patients scanned within an hour of clock start (\%)}
\end{figure}

There is a particular issue for North Devon District Hospital which is one of the smallest acute hospitals in the country\textsuperscript{95}. A number of its services are small without the presence of senior staff, or access to specialist equipment, 24 hours a day\textsuperscript{96}.

The answer is not simply to recruit more doctors, however. There is a shortage of doctors in some specialties such as paediatrics and A\&E\textsuperscript{97}, even if the workforce was available for paediatrics, local doctors would not see enough patients to maintain their skills\textsuperscript{98}. 

\newpage
Specialised services need to be configured so there is sufficient senior workforce to continue to provide high quality services. This needs to be balanced against the need to provide local access to services, where possible.

5.8. Services could be run more efficiently across north, east and west Devon

Although local providers have comparable levels of efficiency to hospitals of a similar type, all providers in north, east and west Devon could do more to reduce costs and run services more efficiently. However there appear to be inefficiencies in staffing, clinical supplies and agency spend, and these need to be addressed as soon as possible.

Workforce

The workforce is the single biggest cost in the NHS and social care – around three quarters of total costs\(^9\). So many things from the quality of the service to patient/client experience are dependent on the staff running services. And the staff in north, east and west Devon work very hard to deliver high quality services.

However, there are some areas where staff may be able to provide the same quality of service but more efficiently. Compared to the best performing hospitals of a similar type, hospitals in north, east and west Devon have a much higher numbers of staff to perform similar levels of activity. This costs an extra £85m\(^{100}\) and it is important to make sure that all these staff are working as efficiently and effectively as possible, for example through the use of information technology.

Locally, there is also a high spend on agency staff (staff used on a temporary basis to cover leave, sickness or vacant posts). Agency spend in local hospitals is between 5% and 10% of staff costs (£30m in total) for local hospitals and has been growing over the last few years\(^{101}\). Agency staff are more expensive than permanent staff and can reduce the quality of care and lead to a poor patient experience (for example, because the patient sees a different nurse every day).

![Agency spend as a percentage of staff costs 2012/13 to 2014/15](image)

- There is a 3 year upward trend in temporary staff spend for all local acute providers
- Northern Devon has the highest proportion of agency spend and this has also grown the most
- This represents a £30m cost

Source: Monitor FT Finance analysis of Trust Financial Statements, Sucess Regime data return from providers
Clinical supplies
The NHS buys lots of clinical supplies (such as pathology testing – the analysis of tissue and fluids) to use in its hospitals, GP surgeries and in the community. Because the NHS buys so many of these things, it can use its size to make sure that it gets good value for money, especially if organisations get together to increase their buying power. In north, east and west Devon, there is a big opportunity to do this. If they match the best performing hospitals of a similar type, hospitals in north, east and west Devon could potentially save £25m.

Community hospitals
Although the number of community hospital beds in north, east and west Devon are already being reduced, there is still a lot of space in community hospitals that is not being used. In many community hospitals, up to half the bed spaces are not used, and, overall, one third of the total bed space is either under-used or empty.

The cost per bed for community hospitals is higher than the cost per bed for acute hospitals (up to £750 per day) and higher than average costs for a community hospital bed elsewhere (around £285 per day). This space could be used for something else, such as other services or community spaces. There is also an opportunity to consolidate some of this space and spend the money elsewhere.

Continuing care
Continuing care is care that is arranged and paid for by the NHS for people who are not in hospital but have a “primary health need” (this is measured across a number of physical and mental health needs). In north, east and west Devon, the cost of these continuing care placements is £20,000 per person, which is much higher than in other similar areas. It is also much higher than the cost of caring for someone in a residential or nursing home locally and £5,000 per person more than the local council is paying for similar placements.
Reducing this cost to the same cost per person paid by the local authority for example, through better contract management, would save £7m per year, matching best performing areas with similar numbers of older people could save up to £21m.

5.9. There are difficulties with recruiting and retaining staff at all levels making it hard to provide comprehensive and high quality services

The quality of care and patient/client experience is dependent on having a well-trained, motivated and experienced workforce. Unfortunately, there are a number of issues around the workforce in north, east and west Devon which makes it harder for all providers to provide comprehensive and high quality services.

An aging workforce

The workforce in north, east and west Devon is getting older which is a problem because the NHS and social care lose trained and experienced workers when people retire. For example, 1 in 3 GPs and 2 out of 5 nurses in practices, the community, mental health and social care are over the age of 50. As a result the NHS and social care in north, east and west Devon is likely to lose many of its most experienced members of staff in the next five to ten years. This challenge needs to be urgently addressed by creating new roles and thinking about new ways of working.

High levels of vacancies, turnover and sickness

There are high levels of vacancies, turnover and sickness amongst the workforce in north, east and west Devon. This is a problem because of the costs of recruiting and training new people, and covering vacancies with temporary staff. It is also a problem because of the pressure it puts on other staff to fill gaps and train new staff members, and the issues that arise from new members of staff
who may not know local policies and processes. Sickness and turnover is particularly high for care workers and clinical support staff in north, east and west Devon with 1 in 5 leaving their job each year\textsuperscript{100}. There are high vacancy rates for registered nurses in the community with 10% of posts vacant whilst almost two thirds of GPs intend to quit the NHS in the next 5 years\textsuperscript{111}. There are also issues within acute hospitals – for example, in North Devon District Hospital, almost 12% of doctor posts are vacant\textsuperscript{112}. Vacancy rates for hospital nurses are as high as 9% in north, east and west Devon\textsuperscript{113}. This issue may in part be due to previous reductions in nurse training places\textsuperscript{114}. These problems may partly be the cause of the agency spend and workforce inefficiencies identified in section 5.8.

An additional allowance is given to the NHS to reflect the cost of employing staff locally (the market forces factor) – in north, east and west Devon. This may not reflect the difficulties in recruiting and retaining a skilled and experienced workforce in a rural and often remote area.

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Given the aging workforce, it is extremely important that everything is done to retain trained and experienced staff. The lack of experienced and trained staff means that careful thought needs to be given to how people work in the future.
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6. Opportunities for change and next steps

Local health and social care services cannot continue to provide care as they do now. The needs of local people are changing, the way in which health and social care is provided is changing and there are increasing financial pressures.

These are not just issues facing local health and social care services in north, east and west Devon. Recent reports identify similar issues nationally and call for standards of care to be improved 24 hours a day, seven days per week. The issues associated with an older population, health inequalities, increasing numbers of people living with long-term conditions, increasing complexity and changes in medicine and technology need to be addressed elsewhere, just as they do locally. Other places are developing plans to address these issues or have already taken action.

It is tempting to argue simply that an injection of money would solve all the problems, but it would not. Even good services now will not be sustainable without change, and redesign is essential to maintain and improve clinical safety and quality, recruit and retain a sufficiently skilled and experienced workforce, and maintain patient/client satisfaction. Some services need to be centralised to provide better access to highly trained specialists and specialist equipment but services also need to be provided as locally and accessibly as possible, given limited resources.

Health and social care leaders have therefore been working together to develop a vision for how they want health services to be designed and improved in a properly planned way. This vision of care is based on improvements and innovations which are already being made in many parts of the South West and in the rest of the country. So the changes are tried and tested ways of delivering healthcare – they work, they improve care and they can be delivered.

Specifically, this means providing high quality services as locally as possible for everyone, whilst meeting the specific needs of a growing elderly population, and those with complex needs, as well as tackling inequalities in access to services and health outcomes that exist across north, east and west Devon. All of this needs to be achieved within available funding.

Prevention is extremely important and investment in services that will stop people from becoming ill in the first place or that will intervene early and proactively to prevent further deterioration or more serious problems arising.

People expect to be able to access services quickly and conveniently. People are also able to play more of a role in managing their own health. They want information and help on staying well in the first place. They want help to prevent disease from progressing with simple, everyday measures.

People should be able to live as healthily and independently as possible and when they do need care, should be able to find out about available services easily, with the appropriate services then able to respond to their needs as effectively and efficiently as possible. Providing more care in the community, more proactively, can improve outcomes for local people and is a better use of limited resources.

Local clinical, health and social care leaders believe that people in north, east and west Devon deserve services that are high quality and delivered as locally as possible. Local people should sit at the heart of a proactive, person-centred care system. Local people should be supported to take responsibility for their own health as much as possible.

There are some things that can be done immediately. These are:
• **Reduce the amount of money being spent on continuing care** by continuing to closely manage the eligibility criteria for those applying for continuing care and working with providers of continuing care to reduce the cost per person. This will make sure people are receiving the most suitable care as locally as possible, in some cases avoiding people being cared for elsewhere in the country, which can be more expensive.

• **Reduce the differences in the levels of elective (planned) care** across north, east and west Devon by focussing on GPs who have high levels of referrals and specialties/providers where there are high levels of conversion from GP referrals to planned procedures. This will make sure that people are not undergoing potentially avoidable operations.

• **Joint procurement of back office supplies** by working across providers to identify areas where services could be quickly re-tendered and where joint procurement would lead to cost savings. This will make sure that there is best value for money for back-office services.

• **Reduction in spending on agency (temporary staff)** by developing joint processes for recruiting and deploying temporary staff and exploring possibilities for joint appointments. This will make sure that quality and patient experience are not compromised because staff are not permanent.

• **Reduction in length of stay in acute and community hospitals** by reviewing the existing and future use of dedicated discharge co-ordinators and reviewing admission/discharge processes at weekends. This will make sure people are not staying in hospital when they could be at home.

Health and social care leaders in north, east and west Devon are committed to working together more effectively to secure these improvements. This means that for 2016/17, there will be a clear set of shared plans in each of these areas which will be driven forward collectively. The Success Regime will not result in duplicated or inconsistent plans but will support processes already underway which are aimed at delivering real improvements immediately.

In the longer-term (over the next five years), local clinical, health and social care leaders believe that local services can be made sustainable by:

1. Promoting self-care and management, peer support, health promotion, education and individual responsibility. This means providing people with the information and tools to keep themselves healthy and to manage their own health. This includes a healthy start for children with a particular focus on vulnerable children, and supporting adults to live well and older people to age well.

2. Delivering excellent care as close to home as possible. This includes proactive support in primary care, less reliance on beds and more home-based services; a greater focus on people with dementia; more planned care provided outside of hospitals; better end of life pathways; better care for people with a long-term condition and a mental illness; and the very best specialist care, 24 hours a day, 7 days a week.

3. Having more efficient services which make the best use of all staff with an emphasis on workforce development including training and education, use information technology and data sharing to support the workforce in delivering services as efficiently as possible, spend less on temporary staff, work together to buy supplies at the best cost and make sure that all the empty and under-used space is better used (particularly community hospitals).

4. Making sure that there are high quality, accessible services for emergency and urgent care, women and children, planned care and cancer.
Finally, the success regime has so far focussed on organisations in north, east and west Devon but consideration must now be given to some key issues beyond these geographic boundaries. Any consultation process which aims to propose substantial changes to services must make sense as a whole and so the following issues will need to be considered in the next stage:

- Highly specialised services need to be planned for a much bigger population covering the whole of Devon and Cornwall, and possibly beyond.
- Some people from outside north east and west Devon use services from providers within and their needs will have to be considered.
- Some people who live in north east and west Devon go elsewhere including to neighbouring providers for their care and the services they receive will have to be considered.

These complex issues will need to be fully incorporated into the next stages of work.

There is much to be proud of in north, east and west Devon and there are many services that are already good. The next six months will be about local people and care staff working together to discuss and plan how services can be redesigned, and start to make changes where possible, so that there are great care services, across the board, for all local people. This may require formal consultation with local people and it might mean that organisations look different to what they are now. But if there is no change then the good services will become average and the problems that are already here will become worse. The reality is that vital NHS and social care services in north, east and west Devon need to undergo a major transformation and cultural change over the next few years to meet these challenges. This will improve outcomes for the population of north, east and west Devon, and provide people with the best possible affordable care available today, according to latest best practice, latest thinking and latest technology.
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NHS England Allocations 2014/15; NHS England Continuing Case benchmarking data for 2014/15; data provided by NEW Devon CCG

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