

Health and social care services fit for the future: the case for change

SUMMARY DOCUMENT

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.

Next steps

We are now asking people about their interest in helping to solve the issues in our part of Devon. We are committed to working together, as health and social care professionals, with our patients, carers and people right across NEW Devon to design services fit for the future.

Details of how you can get involved will be published in due course.

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