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NHS DORSET CLINICAL COMMISSIONING GROUP

GOVERNING BODY MEETING

CASE FOR CHANGE - CLINICAL SERVICES REVIEW

Date of the meeting	19/03/2014
Author	M Allen, Deputy Director of Review, Design and Delivery
Sponsoring Board Member	T Goodson, Chief Officer
Purpose of Report	To provide the case for change and to seek approval to progress with the Dorset Clinical Services Review.
Recommendation	The Governing Body is asked to **Approve:** **a)** the case for change **b)** the proposed approach to the Dorset Clinical Services Review (CSR) and **c)** the funding to engage an external partner to support the Dorset Clinical Services Review
Reason for inclusion in Part II	**N/A**
Stakeholder Engagement	To date the CSR has been the subject of discussions at Governing Body and Membership Events; discussed as an agenda item at Clinical Commissioning Programme Board Meetings; subject of internal assurance group meetings; discussed with local authorities and request for feedback on the concept from partner provider organisations. The context for the CSR has been informed by the 'Call to Action' response and the local 'Big Ask', a survey of the local population on health care provision.
Previous GB / Committee/s, Dates	None

Monitoring and Assurance Summary

This report links to the following Assurance Domains	• Quality • Engagement • Outcomes • Governance • Partnership-Working • Leadership

I confirm that I have considered the implications of this report on each of the matters below, as indicated:	**Yes** [e.g. ✓]	**Any action required?**	
		Yes Detail in report	**No**
All three Domains of Quality (Safety, Quality, Patient Experience)	✓	✓	
Board Assurance Framework / Risk Register	✓	✓	
Budgetary Impact	✓	✓	
Legal / Regulatory	✓	✓	
People / Staff	✓		✓

Financial / Value for Money / Sustainability	✓	✓	
Information Management &Technology	✓	✓	
Equality Impact Assessment	✓		✓
Freedom of Information	✓		✓

Initials TG

1. Introduction

1.1 A number of national reviews, vision documents and consultations have been carried out by Government departments and national bodies such as the Care Quality Commission, the NHS Foundation Trust regulator Monitor, and the Local Government Association amongst others to address the increasing challenges facing health and social care in England.

1.2 One such document is "NHS Call to Action" which notes, "… We know there is too much unwarranted variation in the quality of care across the country. We must place far greater emphasis on keeping people healthy and well, in order to lead longer, more illness-free lives, preventing rather than treating illness. There are a number of future pressures that threaten to overwhelm the NHS. The population is ageing and we are seeing a significant increase in the number of people with long term conditions. The resulting increase in demand, combined with rising costs, threatens the financial sustainability of the NHS. These issues will need fundamental changes to how we deliver and use health and care services…"[1]

1.3 Dorset health and social care services are facing the same pressures locally, and improving the current system will not be enough. We are expecting a 6% rise in population between 2012 and 2020; more importantly a 60% increase in over 65's in the same period. Currently we know that about 1 in 5 people in Dorset are living with a long term condition or disability that impact on their health. (Dorset Joint Strategic Needs Assessment).

2. Background

2.1 There are a number of areas that warrant a more detailed view and these are given below.

Urgent and Emergency care

2.2 Nationally if we consider urgent and emergency care services, the demands being placed on these services have been growing significantly over the past decade. Over the last three years alone, attendances at all types of urgent and emergency care facilities have risen by one million[2].

2.3 Locally, the same pressures are being evidenced across the county acute hospitals, and for example, there were approximately 71,000 attendances at A&E at Royal Bournemouth Hospital in the last year. This figure equates to almost 10% of the county's population.

2.4 We also know that if we do not provide an adequate or responsive service to those with less serious, but nevertheless urgent care needs, we risk allowing such problems to become worse. We also know that a failure to meet people's needs outside of hospital results in them seeking help from those services that are highly responsive – particularly A&E.

2.5 Most urgent care problems are not life-threatening, but for a number of people can be made worse by multiple long term conditions that can worsen over

time. For these problems, people may need help and advice or treatments delivered as close to home as possible.

Long term conditions

2.6 If we consider the 15 million people in England (one quarter of the population), that have at least one long term condition we can see that they use a significant amount of NHS resources: 50% of all GP appointments, 70% of all hospital bed days and £7 out of every £10 spent on health and care in England.[3] In Dorset, 57% of adults reported living with one long term condition. [4]

2.7 Similar levels of social care spend are also taken up supporting sizable numbers of people with long term conditions, and in Dorset we recognise that health and social care services need to come together in a more fundamental way to improve co-ordination and support for the population needs, as a way of maintaining the affordability of health and care provision.

2.8 People with multiple long term conditions must be managed differently. A hospital-centred delivery system made sense for the diseases of the 20th Century, but today, people could be providing much more of their own care, helped by technology and supported by professionals including clinicians, community nursing and therapy staff, social care staff, and voluntary organisations working together in a co-ordinated way.

Patient experience

2.9 Striving to deliver good patient experience and good outcomes for all health and social care users is a central feature of the system. In relation to this the UK rates high on patient experience compared to other countries. A 2011 Commonwealth Fund study[5] of 11 leading health services reported that 88% of patients in the UK described the quality of care that they had received in the last year as excellent or very good, ranking the UK as the best performing country. However, the data also show that the UK has improvements to make in the co-ordination of care and patient-centred support.

2.10 New thinking about how to provide integrated services in the future is needed in order to give individuals the care and support they require in the most efficient and appropriate care settings, across health and social care, and in a safe timescale.

2.11 Nearly two thirds of people admitted to hospital are over 65,[6] in Dorset the latest figures show that almost 55% of all adults admitted via A&E were over 65.[7]

2.12 There are over 1,700 beds in the county (in both acute and community hospitals), with only the Isle of Wight having more per head of population, in the Wessex region. Additionally, Dorset has significant levels of admissions to acute hospital care (even when standardised for age), and higher than many other parts of the country. This means that significant funding is currently spent on maintaining the provision of these bed-based services. We believe

that this contributes to the imbalance of community-based services across parts of the county.

Limited financial resources

2.13 In England, continuing with the current model of care will result in the NHS facing a funding gap of around £30bn (approximately 22% of projected costs), between 2013/14 and 2020/21[8] In Dorset the figure for the same period is calculated at around £167m.[9]

2.14 The above figures are compounded by increased efficiency targets; therefore the challenge to the NHS becomes significantly greater. Traditional productivity improvements (e.g. doing more for the same or less), will not be enough to plug the future funding gap. NHS England's analysis suggests that the overall efficiency challenge will increase to 5-6% by 2015/16, just to keep pace with reduced resources.[10]

2.15 Health care services in Dorset are subject to these national requirements and improvements such as better performance management, reducing length of stay in all hospitals, wage freezes or better procurement practices all have a role to play in keeping health spending manageable and showing value for money.

2.16 In addition, recent spending settlements for local government have not kept pace with demand for social care services. Unlike health funding, social care funding is not protected by a 'ring-fence'. Local authorities have to decide how much of their budget to spend on local need, and this competes with such things as street lighting, bin collection and housing services etc. As a result, financially challenged councils have (in some locations), felt compelled to reduce spend on social care.

2.17 Reduced social care funding and the pressure on social care due to increasing population needs can drive up demand for health services, with cost implications for the NHS. We therefore need to consider how health and care spending is best allocated in the round, rather than separately in order to provide integrated services.

2.18 We need to look at our health spending and how investment in prevention may be scaled up over time. Partnering with Public Health, working with local authorities, Health & Wellbeing Boards, and the Voluntary sector, refocusing the workforce on prevention (where we can), will help shape services that are better able to support people in primary and community care settings.

2.19 What is required?

2.20 In line with "A Call to Action", we need to:

- Build a common understanding about the need to renew our vision of local health and care services, particularly to meet the challenges of the future.

- Give people an opportunity to tell us how the values that underpin health and care services can be maintained in the face of future pressures.

- Gather ideas and potential solutions that inform and enable the CCG and its partners to develop clear, joint commissioning plans for the next 3-5 years.

2.21 We will analyse with our partners, the causes of these challenges and trends, and share more widely in order to generate potential solutions. Some of the potential solutions may come from reviews that are already under way such as, the Urgent Care Review, the Purbeck Project, the outcomes from the Better Together programme, Clinical Commissioning Programme developments, internal reviews being conducted within Health Trusts, and new strategies within Local Authorities.

2.22 We should work with the NHS England (Wessex Area Team), to construct with GPs, a Primary Care Strategy to underpin some of the system-wide changes that need to be considered.

2.23 **What are we proposing?**

2.24 We are proposing a Dorset Clinical Services Review that has no predetermined solutions or options. Bold, new thinking is needed and a wide range of options needs to be considered. However, there are two options that we will not be considering.

- **Do nothing.** The evidence (nationally and locally), is clear that doing nothing is not a realistic option, nor one that is consistent with our duties. If we are to ensure sustainable health and care services we cannot do this without fundamental change.

- **Assume significant increased NHS funding.** In the 2010 spending review, the Government reduced spending on almost all public services, although health funding was maintained. We do not believe it would be realistic or responsible to expect significant growth in funding in the coming years.

2.25 It is also clear that the scale of the challenges, and the system-wide services that will need to be included in the Dorset Clinical Services Review, will require expert involvement.

2.26 In order to ensure that the review and the “blueprint for Dorset”, are based on best practice and objective methodology, and to respond appropriately to Government direction on health and care services, we would aim to engage an external partner to conduct and facilitate the review on behalf of the health and social care community in the county.

The case for change

2.27 The following points succinctly outline the case for change and the need for a Clinical Services Review:

- The health needs of our population are significant and changing.
- We need to do more to support people to manage their own health and care requirements, in a way that is personalised and tailored to the individual's own objectives.
- Our services are not always organised in the best way for people. We need to ensure it is as easy to access support to maintain people at home (where clinically appropriate), as it is to make a single phone call to admit them to hospital.
- We need to do more to make sure that care is always provided in the most appropriate setting.
- There is growing pressure on primary and community services.
- We need to provide the highest quality specialist care.
- Increasing specialisation needs to be balanced with the need for co-ordinated health and social care, that takes an overview of the person's situation and needs.
- Healthcare is changing and we need to keep pace with best practice and standards.
- We need to support our workforce to meet future changes.

2.28 The basis of the review will be to engage with patients, the public, provider organisations and partner stakeholders to address some of the fundamental questions around the demand on, and supply of health services across the county.

2.29 In order to deliver a CSR in a timely and focused way, the internal capacity and capability of the CCG has been assessed, and it is believed that both of these domains will benefit from external, expert support.

2.30 Principles underpinning the CSR have been identified as:

- Putting Patients and the Public first: the review should provide proposals that lead directly to improved outcomes, reduced health inequalities and more efficient models of care.
- Change must be clinically led: Underpinned by a clear, clinical evidence-base. Clinicians have a key responsibility to build support within the local clinical community on the case for change.
- Each proposal or recommendation should be tailored to local circumstances.
- Commissioners have a leading role in the design and development of proposals coming from the CSR and must decide how best to secure services that meet patients' needs including whether to use choice and competition

- Local authorities are essential stakeholders; through Health & Wellbeing Boards, joint Health & Wellbeing Strategies, Health Overview Scrutiny Committees and the integration agenda (Better Together programme).

- Effective partnership working between commissioners and providers will underpin the success of the review.

2.31 The scope of the review needs to address three interdependent 'demand' questions and three interdependent 'supply' questions.

2.32 'Demand' questions – What are patient's needs? What services can meet those needs? How should those services be configured?

2.33 'Supply' questions - What is the existing pattern of provision? What is the potential future pattern of provision? How should future providers be identified?

2.34 It is anticipated that each of the above questions will constitute a workstream within the review, which will be programmed throughout the proposed 6 to 9 months timescale for carrying out the review.

2.35 Expected outcomes from the CSR include:

- A 'blueprint' for some major service reconfiguration across Dorset.

- Clinical Ownership of the 'blueprint' and subsequent decisions on implementation.

- Delivery of clinical and financial sustainability for the medium and long term.

- Maintenance of access to high quality services.

2.36 It is proposed subject to full market testing, that a range of between £2million and £4million be identified to fund external support and to provide additional internal capacity.

3. Conclusion

3.1 The above report clearly sets out the case for change and a proposed approach to delivery of the Dorset Clinical Services Review..

3.2 The Governing Body is asked to **approve**:

- the case for change

- the proposed approach to the Dorset Clinical Services Review; and

- the funding to support the Dorset Clinical Services Review.

References:

1 NHS England “NHS Call to Action” July 2013
2 NHS England (Nov 2013) “Transforming Urgent and Emergency Care Services in England: End of Phase One Report.
3 Department of Health (2012) “Long Term Conditions Compendium (3rd Edition)
4 Dorset CCG (Jan-Mar 2013 & Jul-Sep 2013) GP Patient Survey, aggregated data
5 Commonwealth Fund (2011) “International Health Policy Survey”
6 C. Imison, et al (2011) “Older People and emergency bed use: Exploring Variation” King’s Fund
7 Dorset CCG Admissions data for 2012/13
8 NHS England analysis
9 Dorset CCG (2014) cost drivers calculations
10 (This is the challenge for the NHS after national action to constrain wages and Other input costs. In recent years these have typically delivered c. 1% in savings Which over the period modelled would equate to c£8bn). NHS England

Author’s name and Title : **Margaret Allen, Deputy Director of Review, Design and Delivery**
Date : **3 March 2014**
Telephone Number : **01202 541913**