

Multi Provider Forum 15th November 2016



Welcome

- **Fran Mason**
Head of Partnerships, People and Housing, Torbay Council
- **Housekeeping**
- **Agenda**



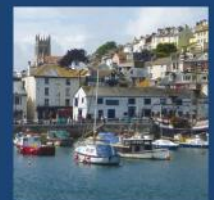
AGENDA TIME	MAIN AGENDA PRESENTER IN THE CHATSWORTH ROOM	ALTERNATIVE AGENDA ITEM OPTION IN THE ROUGEMONT ROOM
1.00	Welcome	
1.15	Current commissioner key messages for providers	
1.30	The State of Care 2016 – the CQC national view of the care sector and local implications	
2.00	South Devon & Torbay CCG update	Alternative agenda option What Housing Options does and links with other providers
<p>2</p> <p style="text-align: center;">NETWORKING HALF HOUR</p>		
3.00	New Model of Care update	
3.15	Learning from a recent Serious Case Review	
4.00	Learning for providers - from the recent Torbay Council Suicide Audit	Alternative agenda option Learning Disability Forum discussion
4.30	Creative commissioning – starting the conversation with providers about innovation in arts and health/social care in Torbay	
<p>4.45</p> <p style="text-align: center;">CLOSE</p>		

Commissioner key messages for providers

- **Judy Grant** Strategic Partnership Manager, Joint Commissioning Team, Torbay Council
- **Fran Mason** Head of Partnerships, People & Housing, Torbay Council
- **Sue Tapley**, Head of Commissioning Placed People, Commissioning South Devon & Torbay Clinical Commissioning Group



*South Devon and Torbay
Clinical Commissioning Group*



Commissioner key messages for providers

Partnership and engagement

- Independent sector providers are - and will be crucial to our success in transforming services in Torbay to meet future challenges
- We want to work in partnership with you and encourage partnerships between providers
- We are working to step up our engagement and market shaping work
- Get involved – provider reference group
- See our provider website pages – we are developing these - see <http://www.torbay.gov.uk/health-and-wellbeing/care-providers-information/>
- Please give us feedback on the forum – we are adjusting the format in response to feedback



Commissioner key messages for Providers

Partnership and market shaping

Working on

- Engagement
- Market shaping
- Market Position Statement
- Needs assessment
- Care and accommodation focus
- Getting the right care & buildings fit for purpose - for the future and new model
- More detailed conversations with providers needed





The state of health care and adult social care **2015/16**

Teresa Anderson
Inspection Manager
ASC – South Devon and Torbay

Our purpose



The Care Quality Commission is the independent regulator of health and adult social care in England.

We make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve.



Our current model of regulation



Register

We **register** those who apply to CQC to provide health and adult social care services

Monitor, inspect and rate

We **monitor** services, carry out expert **inspections**, and judge each service, usually to give an overall **rating**, and conduct **thematic reviews**

Enforce

Where we find poor care, we ask providers to improve and can **enforce** this if necessary

Independent voice

We provide an **independent voice** on the state of health and adult social care in England on issues that matter to the public, providers and stakeholders

A challenging environment

- Ageing population with complex needs, 85+ up 33%
- Greater demand for adult social care, but less access
- Two thirds of NHS providers recorded a deficit last year
- Shortage of GPs and increasing vacancy levels
- Improvement increasingly difficult

Figure 1.17 NHS trust year-end financial positions, 2012/13 to 2015/16

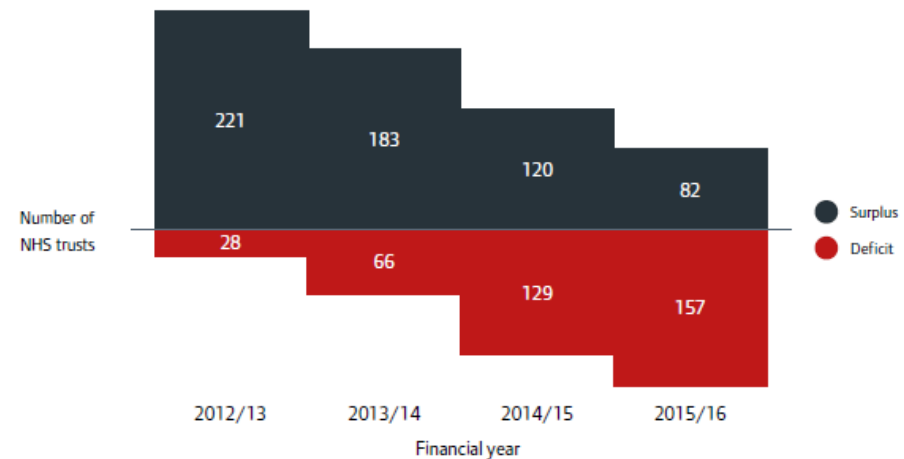
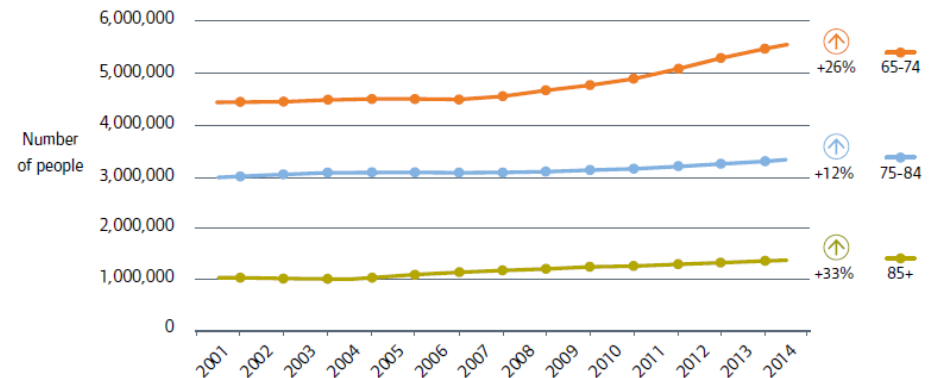


Figure 1.16 Population estimates for older people, 2001 to 2014

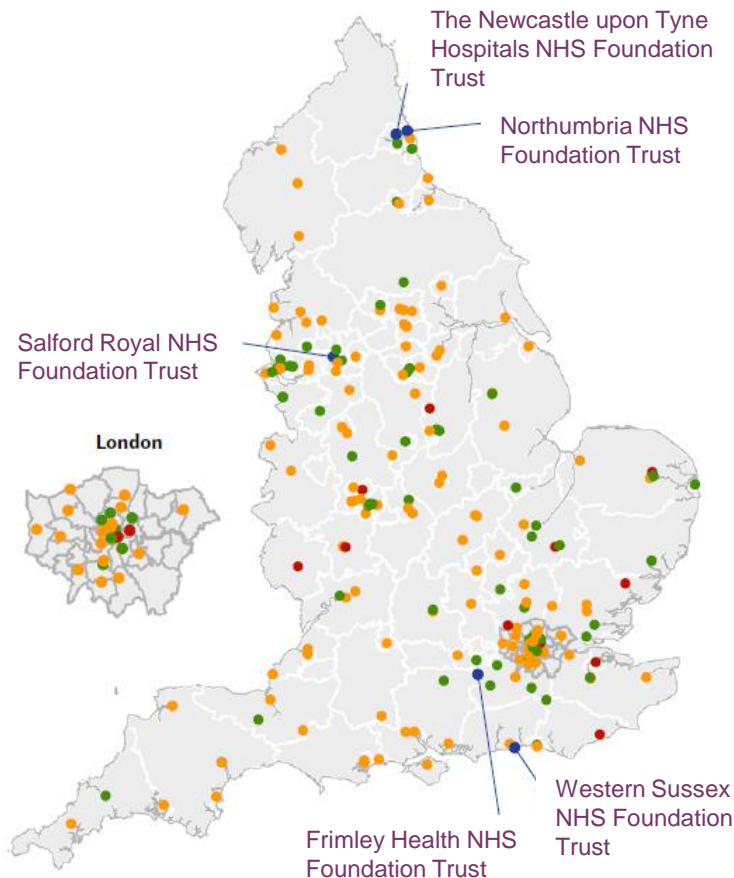


Source: Health Foundation: A Perfect Storm, NHS Improvement

Source: ONS mid-year population estimates

NHS hospitals

CQC found much good and outstanding care but hospitals are under increasing pressure



- Good or outstanding in core services – five outstanding acute trusts and two mental health
- 61% of acute trust rated requires improvement overall
- Several trusts improved through special measures, but some are static, and a small number got worse
- Over 80% in financial deficit – better ratings linked to better finances
- Good, stable leadership critical to maintaining quality and achieving financial control

Primary medical services

Most GP practices providing good quality care and leading the change in service design



- The majority of GP practices provide a good quality of care to their patients
- Three-quarters of practices improved on re-inspection – a quarter did not
- Success of the system relies on effective primary care
- GP practices are changing – forming federations to improve economies of scale, first multi-specialty community provider expected soon

Adult social care

Adult social care services maintain quality, but indications that sustainability is approaching a 'tipping point'

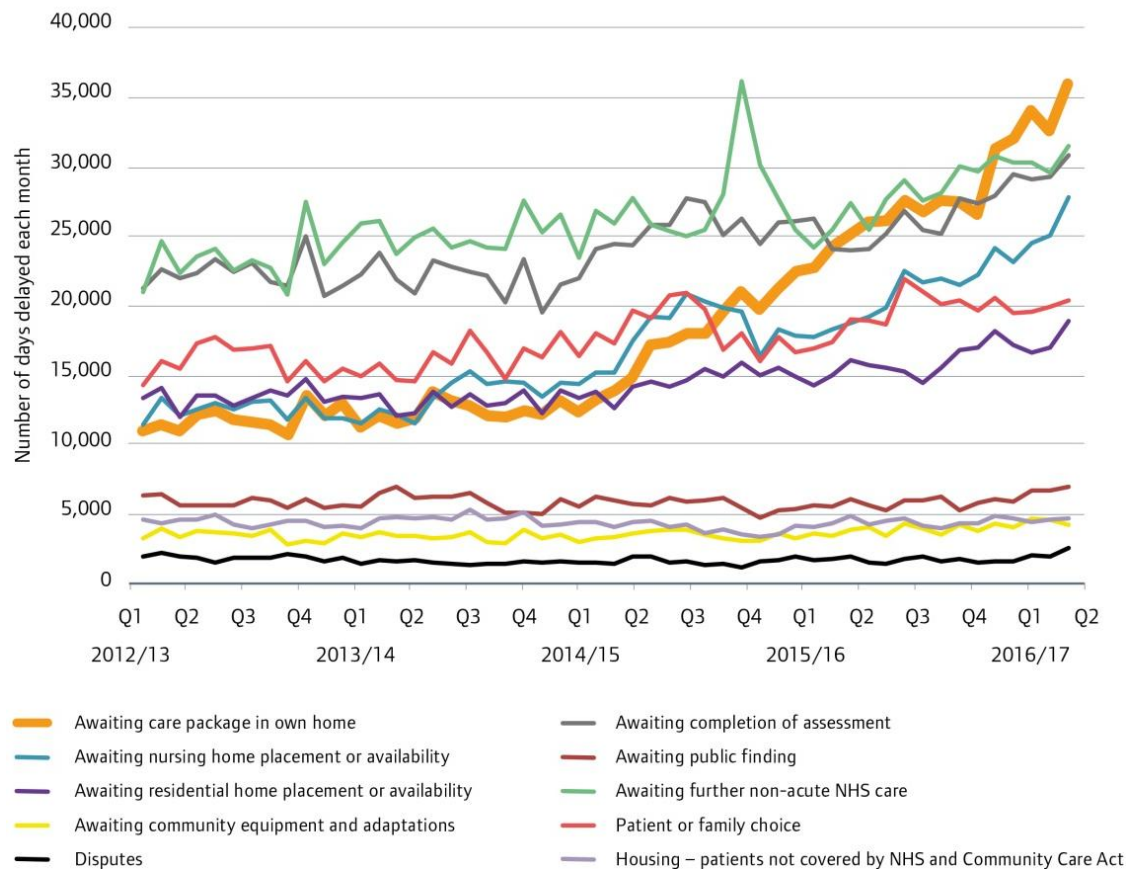


- Many services providing good quality care
- More than three-quarters of re-inspected inadequate locations improved
- Nearly a quarter of re-inspected inadequate services did not improve
- Half of services rated requires improvement did not improve on re-inspection – 8% became inadequate

Fragility impacts upon other services

Pressure building on health and social care system which will make improvement increasingly difficult

- Increased A&E attendances and emergency admissions
- Delays to people leaving hospital
- Growing number of trusts less able to meet performance and financial targets
- Effects on people using services



A tipping point for social care?



Some services are failing to improve, and some are deteriorating
Concern that ASC sustainability is approaching a tipping point

- Age UK estimated in 2015 over a million older people have unmet social care needs, up 800,000 from 2010
- 26% fewer older people receiving LA funded care – 81% of councils reduced spending on social care
- Five-year increase in nursing home beds now stalled
- Improvements are becoming harder to make
- Some providers resigning contracts, councils warn of more

Good and outstanding care



- Despite challenging circumstances, most people are still getting high quality care
- Many services improving and collaborating

Hospital core
services

51%

good

5%

outstanding

GP practices

83%

good

4%

outstanding

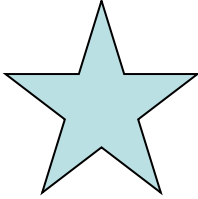
ASC

71%

good

1%

outstanding

- OUTSTANDING  0% (2 with OS key questions)
- **GOOD** 82.5%
- **REQUIRE IMPROVEMENT** 15%
- **INADEQUATE** 2.5%

ASC RATINGS LOCALLY - DEVON

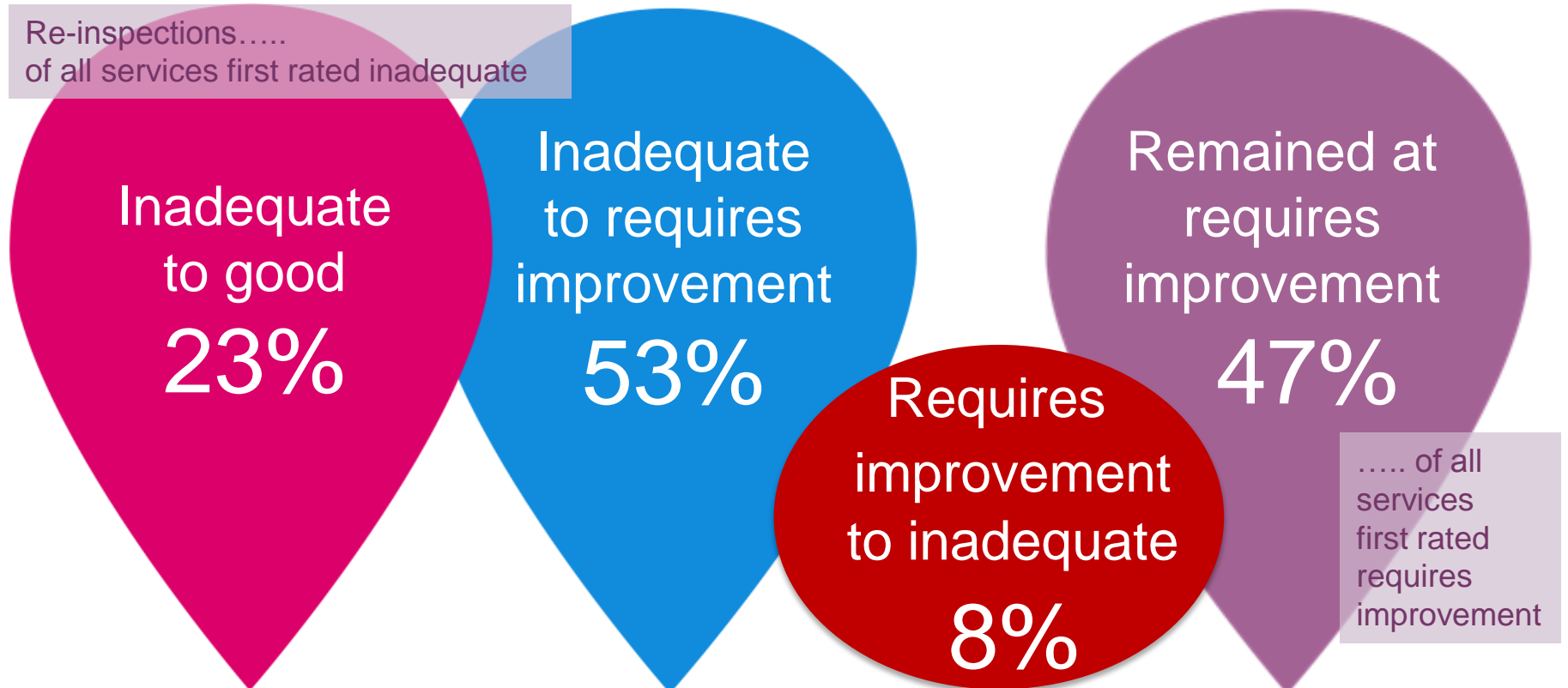


- OUTSTANDING  1.9%
- **GOOD** 78.8%
- **REQUIRE IMPROVEMENT** 17.5%
- **INADEQUATE** 1.9%

But some very poor care

- Wide quality variation continues with evidence of deterioration
- But some services are struggling to improve despite clear information on what is needed

Re-inspections.....
of all services first rated inadequate



..... of all
services
first rated
requires
improvement

- 12 services – published ratings Inadequate
- 5 improved (42%)
- 4 left the market (33%)
- 3 work on going (25%)

- Good leaders in care services have a big influence on the quality of care people receive.
- They have an important role in shaping a positive culture – including creating a supportive environment for staff.
- They listen and respond to people who use services and their families.
- They genuinely appreciate diversity and seek ways to meet equality, diversity and human rights.



- Engage with people who use services and their families
- Demonstrably improve the lives of people.
- Personalised care planning that focuses on the person and their history, preferences and wishes.
- Welcoming families and carers as partners
- Tailoring activities to suit people's wishes, aspirations, interests and bringing the community into homes.



Outstanding



Where we find outstanding practice we share this via our website www.cqc.org.uk

<https://www.cot.co.uk/living-well-care-homes>



Thank you



www.cqc.org.uk

enquiries@cqc.org.uk

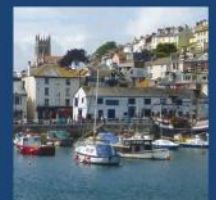
 [@CareQualityComm](https://twitter.com/CareQualityComm)

South Devon & Torbay CCG update (or see alternative agenda option)

- **Sue Tapley** Head of Commissioning Placed People, South Devon and Torbay Clinical Commissioning Group
- **Michael Haugh**
GP partner at Brunel Medical Practice, Torquay, Urgent Care Lead South Devon & Torbay CCG, NHS 111 Clinical Governance Lead for Devon, GP member of South Devon and Torbay CCG Vanguard Project



***South Devon and Torbay
Clinical Commissioning Group***





*South Devon and Torbay
Clinical Commissioning Group*

SOUTH DEVON AND TORBAY CCG UPDATE

SUE TAPLEY – HEAD OF COMMISSIONING PLACED PEOPLE
15th November 2016

Excellent, joined-up care for everyone

RE SHAPING COMMUNITY HEALTH SERVICES IN SOUTH DEVON AND TORBAY

Status quo is not sustainable

- Rising demand for services
- People living longer with more complex health needs
- Financial Pressures
- Responsible and safe services

- Proposal is based on less bed based care in Community Hospitals; increased investment in Intermediate Care and investment in more community staffing
Consultation to end November 23rd 2016.

- Over 1,500 people have been participating in public meetings and many hundreds attending meetings organised by community groups.

- Healthwatch have been present at all public meetings and been recording the discussions and views including alternatives to the proposals. These will be feedback in a report at the end of consultation.

Further Information: www.southdevonandtorbayccg.nhs.uk/community-health-services/Pages/default.aspx

Community services

- Invest £5.1 million per year
- Switch spend from hospital-based care to community-based care
- Majority of care provided closer to home
- GPs, community health and social care teams and voluntary sector working together
- Staff supporting many more people in the community than they can in a hospital
- Work closely with other providers of care
- Single point of contact

Excellent, joined-up care for everyone

What this means for Torbay

- Clinical hub in Brixham

- 16 community (+4 flexible use) inpatient beds
- Long term conditions clinic
- Specialist outpatient clinics



- Health and wellbeing centres in Torquay, Paignton and Brixham

- Local health and wellbeing team, pharmacist, enhanced primary care MIU services
- Community clinics

- Minor Injuries Unit at Newton Abbot and Totnes Hospitals

- Minor injuries unit (MIU) with x-ray
8am to 8 pm, 7 days a week

- Expansion of intermediate care

- Paignton hospital closes





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NEEDS ASSESSMENT – DEVELOPING THE MARKET POSITION STATEMENT AND COMMISSIONING INTENTIONS

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Estimated Burden of Disease

South Devon and Torbay Clinical Commissioning Group

Estimated burden of disease	2015	2020	2025	2015 to 2020 change	2015 to 2025 change
Number of patients with disease; known or not known to primary care					
Coronary heart disease	4,872	5,275	5,762	8.3%	18.3%
Chronic kidney disease	7,764	8,395	9,274	8.1%	19.4%
People aged 65 and over predicted to have:					
Type 1 or Type 2 diabetes	2,507	2,700	2,936	7.7%	17.1%
A longstanding health condition caused by a stroke	466	509	569	9.4%	22.1%
Dementia	1,440	1,613	1,882	12.0%	30.7%
Depression	1,737	1,862	2,032	7.2%	17.0%
Severe depression	552	594	672	7.5%	21.7%
A longstanding health condition caused by bronchitis and emphysema	340	368	403	8.2%	18.5%
A moderate or severe visual impairment	1,768	1,940	2,209	9.8%	24.9%
A moderate or severe, or profound, hearing impairment	6,230	6,852	7,848	10.0%	26.0%

Source: Registered populations applied to: CHD, London Health Observatory. CKD prevalence, Public Health England. People aged 65 and over, POPPI

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HEADLINE FINDINGS

- 884 Residential and Nursing Care Placements for Older People Aged 65 or Over.
- 37% of which are for Nursing Care. (as at June 2016)
- 52% are 85+ years old

CHC	143	16.18%	% of total
FNC Only	81	9.16%	placements
Intermediate Care	40	4.52%	

CHC Benchmark position - CCG as an outlier

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COMMISSIONING FOCUS

In line with 'The Framework for Enhanced Health in Care Homes.' Commission:

- Appropriate accommodation and support for those people with complex healthcare needs
- Appropriate accommodation and support for those people with complex Dementia
- Commission jointly a core service offer from accommodation providers
- Increased Numbers of Personal Health Budgets (PHBs/IPC) among people with CHC, LD and Children Transitioning

NETWORKING HALF HOUR



Multi-Provider Forum

Dawn Butler

Torbay and South Devon NHS
Foundation Trust

The New Care Model

ICO created 1st October 2015

Aims

- Provide the **best services possible** for our local population within the funds available
- **Secure the financial future** of South Devon Healthcare NHS Foundation Trust and Torbay and Southern Devon Health Care Trust
- **Protect existing services** and workforce
- Spearhead **new ways of working** that will reduce demand and improve people's experiences



Why is change needed?

- Too many people are admitted to hospital because there is **no better alternative**
- Services need to **keep pace** with latest medical practices
- Care needs to meet changing **quality standards**
- Need to be able to **recruit and retain** staff to maintain safe staffing levels
- Investment needed in services **most people use**





Promotion, prevention, treatment & rehabilitation...

Wellbeing

- **Wellbeing co-ordinators** employed by **voluntary sector**
- Embedded in locality teams
- Link people to **assets within their communities** which support their wellbeing
- Everybody trained in **wellbeing promotion** and ill-health **prevention**



Care Partnerships

- Integrated working with **primary care**
- Partnerships with the **voluntary sector** and **developing assets** in our community to help people live more fulfilled lives
- **Working more closely** and **aspire to integration** with partners who support the wellbeing of local people, including:

Mental health services

SWAST

Domiciliary care providers

Care homes

Housing services

Police

Schools

And many more...



Strengths-based approach

What does it mean?

This approach will ‘consider the person’s own **strengths and capabilities**, and what support might be available from their **wider support network** or **within the community** to help’ in considering ‘what else other than the provision of care and support might **assist the person in meeting the outcomes they want to achieve**’.

The approach ‘looks at a person’s life **holistically**, considering their needs in the context of their **skills, ambitions, and priorities**’.

Social Care Institute for Excellence



Specialist Care in the Community

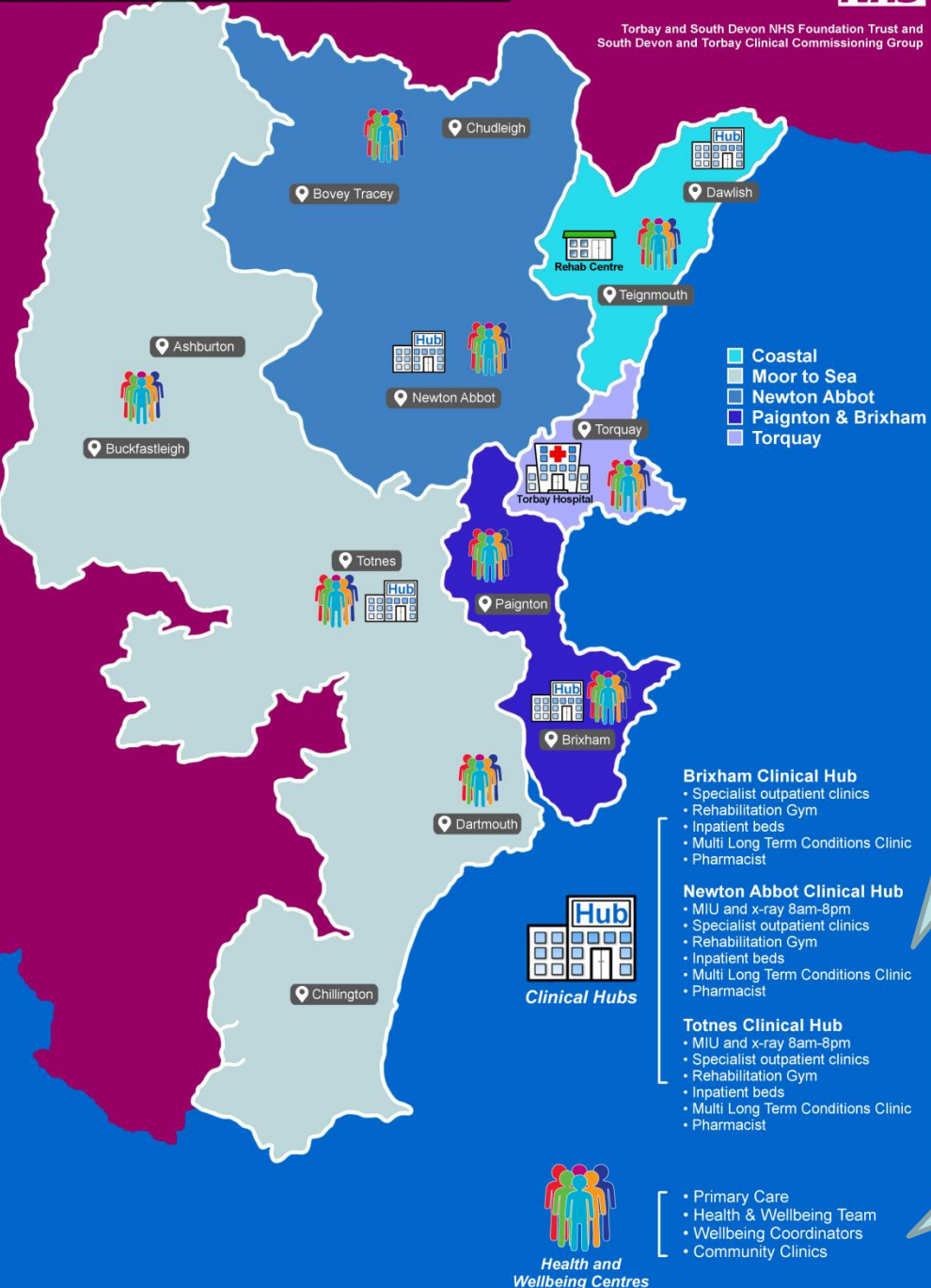
- **New ways of caring** for people with multiple Long Term Conditions
- **Accessing specialist expertise** in new ways
- Integrated **pharmacy** and **medicines management** support
- Links to **self care** and **voluntary sector** organisations
- **Accessing specialist expertise** in new ways using Assistive Telecare and Telehealth



Move away from bed-based care

- Reduce beds and **invest in our community** teams
- **Enhanced intermediate care** teams, with 7 day cover and input from doctors and pharmacists
- Wherever possible and safe, **“the best bed is your own bed”**





Brixham Clinical Hub
Specialist Outpatient Clinics
Rehabilitation Gym
Inpatient Beds
Multi Long Term Conditions Clinics
Pharmacist

Newton Abbot Clinical Hub
MIU and x-ray 8am-8pm
Specialist Outpatient Clinics
Rehabilitation Gym
Inpatient Beds
Multi Long Term Conditions Clinics
Pharmacist

Totnes Clinical Hub
MIU and x-ray 8am-8pm
Specialist Outpatient Clinics
Rehabilitation Gym
Inpatient Beds
Multi Long Term Conditions Clinics
Pharmacist

Health and Wellbeing Centres
Primary Care
Health and wellbeing Team
Wellbeing Coordinators
Community Clinics

What have we already achieved?

- **Health and Wellbeing Teams from 1st Oct in Torquay and Coastal Localities.**
- **Partnerships in place with umbrella voluntary organisations - implementation of Wellbeing Co-ordination service. (12WTE co-ordinators in place)**
- **New 7 day enhanced Intermediate care operational from 1st Oct with appointment of 60WTE additional IC staff in community**
- **New medical model developed including appointment of 5 Locality GP clinical directors and procurement underway for medical input to H&WBTs including enhanced IC.**

What have we already achieved?

- **Procurement process with care homes underway**
- **First appointment of locality pharmacist to support medicines optimisation in community settings.**
- **7 day rapid equipment delivery service commenced 1st Oct for South Devon.**
- **Roll out of 'Seeking Advice' consultant led service for GPs almost complete.**
- **MSK Service in place which has evidenced a reduced need for surgery**

Learning from a recent Serious Case Review

- **Julie Foster**
Independent Chair Torbay Safeguarding Adults Board
- **Jon Anthony** Safeguarding Adults Operational Lead, Torbay & South Devon NHS Foundation Trust



Learning from WR Safeguarding Adult Review



Please see Serious Case Review link here –
<http://www.torbayandsouthdevon.nhs.uk/uploads/serious-case-review-concerning-western-rise-residential-home.pdf>

Please also see notes from Torbay and South Devon circulated with this power point

Outcomes...

- Very strong smell of urine in communal areas
- Floors sticky underfoot
- Unidentified sticky substances on tables – turned black
- Cold food given routinely to residents
- Fluid not accessible – dehydration
- Nutritional Intake not monitored / safe
- No systems in place to manage challenging behaviour
- No hot water in many rooms
- Severe oral thrush / no toothbrushes / toiletries
- Rotting food and stench in the kitchen
- Serious breach of fire regulations (consideration of same day closure)
- No MCA awareness
- Staff not trained to deliver safe care

Review Report Themes

“There were significant misinterpretations of the nature of safeguarding, quality of care and whistleblowing across a wide range of health and social care staff who visited the home. It discusses how residents were left in a home with service levels that at the time were not fit to take care of them. Many professional staff visited the premises but most did not see anything that in their opinion merited a safeguarding alert, yet when such an alert was triggered in May 2014, very significant and widespread failings were found...”

“The key issue is a widespread culture of acceptance; accepting the situation in a home without probing further or challenging. That acceptance occurred within the staff employed within the home and within healthcare staff that visited...”

“When staff of all kinds see others accepting poor standards, then their own willingness to challenge can be blunted. Standards can deteriorate until someone calls a halt.”

Recommendations

- 26 in total. These include –
- Objective care home quality standards with checklists
- Better sharing of intelligence relating to care home quality
- Better capturing of soft intelligence relating to care home quality
- Duty of Candour built into care home contractual arrangements
- Additional quality assurance measures for ‘difficult to place’ people
- Introduction of dignity in care standards into contractual arrangements

Review is available at -

<http://www.torbayandsouthdevon.nhs.uk/services/safeguarding-adults/safeguarding-adults-board/safeguarding-adult-review/>

Group Discussion

1. What are three key actions which would prevent the situation recurring in future?
2. From the provider perspective, are there any obstacles in providing a safe service?
3. What action will you take in your organisation as a result of this serious case review?

SUICIDE

IS

PREVENTABLE

Gerry Cadogan
Public Health Principal
Torbay Council

“Mental health is defined as a state of well-being in which every individual:

- * realises his or her own potential
- * can cope with the normal stresses of life,
- * can work productively and fruitfully, and
- * is able to make a contribution to her or his community” (World Health Organisation)

What is Mental Health?

THE QUIZ!!

THE QUIZ!!

- 1 How many people will experience a mental health problem in any year?
- 2 How many people in England with a mental health problem receive no treatment at all?
- 3 What percentage of people over 65 suffer from depression?

**How much do you know about
mental health in older people?**

- 5 Why is suicide in older people such a problem?
- 6 In a 2013 Office of National Statistics survey, what percentage of older people reported being lonely?
- 7 How many of the five factors that affect mental wellbeing in older people can you name?

*** How much do you know about mental health in older people?**

8 Mental health problems are higher for those who suffer from chronic physical conditions.

How does this affect older people?

9 What percentage of the England and Wales population who live alone are over 85?

*** How much do you know about mental health in older people?**

1 How many people will experience a mental health problem in any year?

1 in 4

2 What percentage of people in England with a mental health problem, receive no treatment at all?

75%

*** How much do you know about mental health?**

3 How many people over 65 suffer with depression?

**1 in 5 people over 65,
and 2 in 5 people in care homes are depressed**

4 By how many years LESS, does research say, that a person admitted to hospital with a mental health problem will live?

15 to 20 years

*** How much do you know about
mental health?**

5 Why is suicide in older people such a problem?

They use more dangerous methods and are usually more successful

6 In a 2013 Office of National Statistics survey, what percentage of older people reported being lonely?

80%

*** How much do you know about mental health?**

7 How many of the five factors that affect mental wellbeing in older people can you name?

- 1 Age discrimination
- 2 participating in meaningful activities
- 3 Relationships
- 4 Physical health
- 5 Poverty

8 Mental health problems are higher for those who suffer from chronic physical conditions.

How does this affect older people?

Older people are 7x more likely to suffer mental health problems if they have two or more long term conditions

*** How much do you know about mental health?**

9 What percentage of the England and Wales population who live alone are over 85?

59%

**How much do you know about
mental health?**

COMMON MENTAL HEALTH PROBLEMS

- * Chronic sadness
- * Depression
- * Anxiety
- * Phobias

SEVERE AND ENDURING/CHRONIC

- * Bipolar Disorder
(Manic Depression)
- * Psychosis
- * Schizophrenia

* **MENTAL HEALTH
PROBLEMS**

- * Addiction
- * Alcohol Disorders
- * Anxiety
- * Attention Deficit Disorder
- * Autism
- * Bipolar Disorder
- * Delirium
- * Dementia

- * Depression
- * Eating Disorders
- * Personality Disorder
- * Psychosis
- * Schizophrenia
- * Self-harm

* Mental Health Problems

*Depression

Depression is a low mood that lasts for a long time, and affects your everyday life.

In its mildest form, depression can mean just being in low spirits. It doesn't stop people leading a normal life but makes everything harder to do and seem less worthwhile.

At its most severe, depression can be life-threatening because it can make people feel suicidal or simply give up the will to live.

*Definition 1

- * Around 10 to 20% of people over 65 living in the community suffer from depression, as do up to 30% of people in care homes and general hospital wards
- * Depression responds to medication similarly in older, as well as younger adults, but is under-diagnosed in older adults in primary care
- * 20% of men and 10% of women over 65 are drinking harmful quantities of alcohol

*** OLDER PEOPLE (over 65)**

* PREVENTING SUICIDE

- * Suicide is the biggest single killer of men under 45 in the UK (that includes cancer and heart problems)
- * Suicide was a crime until 1961 in England, and 1993 in Eire
- * Most people who take their lives have had no contact with mental health services
- * Torbay has one of the highest male suicide rates in England

*** Some facts about
suicide**

- * 'A did not turn up for her appt. No further arrangements were made for follow up'.
- * 'B had recently lost his mother and went through a severe depression'
- * 'Has several physical ailments. C knows the future will be difficult'
- * 'He was anxious about the possibility of moving to a new care home'
- * '...had made repetitive statements that she wanted to die.'

* Some learning from the Audit



* **FIVE WAYS TO
WELLBEING**

- *1 Connect *Talk to people, Laugh*
- *2 Learn *Read news, Game, Hobby*
- *3 Active *Walk, Yoga, Gym*
- *4 Notice *Sky, Parks and
Woods, People*
- *5 Give *Time, Food, Attention*

*New Economics
Foundation

- * Music that makes you feel good?
- * An activity that makes you feel good?
- * A place that makes you feel good?

* Wellbeing

*** Supporting good
public health in
Torbay and working
to prevent male
suicides - click on
film link below**

<https://youtu.be/NkwSVpvIgd0>

 **THANK YOU!**

Gerry.cadogan@torbay.gcsx.gov.uk

Mobile: 07825 861780

Creative commissioning – starting the conversation with providers about innovation in arts and health/social care in Torbay

- **Kate Farmery** Executive Director, Torbay Culture Board, Torbay Development Agency
- Film below about care homes in the US with a children's day care attached - developed from an innovative arts approach.
- <https://www.youtube.com/watch?v=6K3H2VqQKcc>



How to keep in touch

See the **Care Provider area** of the Torbay Council website -

<http://www.torbay.gov.uk/health-and-wellbeing/care-providers-information/>

Get involved tell us if you want to join the new Provider Reference Group

Torbay Council Joint Commissioning Contact information –

- Email: commissioning@torbay.gov.uk
- Tel: [01803 208729](tel:01803208729)
- Ask to join our newsletter contact list

And **South Devon and Torbay CCG contact information** link here -

<http://www.southdevonandtorbayccg.nhs.uk/contact-us/Pages/default.aspx>

