1. Introduction

Coastal Locality is part of the South Devon and Torbay Clinical Commissioning Group and comprises of the towns of Dawlish and Teignmouth with a population of about 35,000 people. The GP practices which form the locality are Barton Surgery in Dawlish and Channel View Surgery, Richmond House Surgery, Teignmouth Medical Centre and Teign Estuary Medical Group in Teignmouth. These practices work closely with partner organisations to plan and deliver high quality services to patients. This document outlines our plans for the next 5 years.

2. Context

This plan has been developed within the framework of a number of key points. These include the profile of our local population, the CCG priorities (which reflect the national NHS Outcomes Framework), outcomes of the community services public engagement process, Devon County Council Adult Social Care objectives and our healthcare community JoinedUp care objectives.
2.1 Locality Profile

People are living longer, which is a good thing. It also means that in the years ahead, we will have more and more older people dependant on care for longer. Growing numbers will have several long-term illnesses and increasingly complex needs.
2.2 South Devon and Torbay CCG Plans and Priorities

The CCG has developed its own Strategic Plan for 2014-19 which supports our vision of ‘Excellent, joined up care for everyone’. The commissioning priorities in this plan are:

- Promoting self care, prevention and personal responsibility resulting in less need for urgent care.
- Developing joined up patient centred community services (including mental health), closer to home.
- Leading a sustainable health and care system, encompassing workforce, estates and IT.

Meeting these priorities will be achieved through locality and workstream outcomes as outlined on our Plan on a Page (Appendix 1)

2.3 Community services Engagement

In October and November 2013, the locality held a public engagement process on the future of community services. This included 5 public events attended by 120 people, 4 meetings with individual groups and 3 community staff events. 34 additional written responses were received and 203 online responses were received for South Devon and Torbay.

The broad themes were as follows:

- Accessibility of services is important – opening hours, public transport, buildings that are fit for purpose. Includes access to information, linking to theme of communication
- Carers unpaid, informal carers (not social care) and the important role they play in supporting people in their own homes
- Need for better communication –to patients – how and when we talk to people and keep them informed throughout their care
• Consistency – includes equality and reliability, focusing on service provision and the importance of knowing what service people are going to get and when.

• Continuity of care, relationship building and having people who know them is vital to people to make people feel safe.

• Co-ordination is seen as vital with people from different services linking up and talking to each other, this also includes joined up information systems.

• Education, prevention & self-care. People want to know more about their condition, what it is, how to manage it but there was also a strong message of that prevention and education should start in early years and people should take responsibility for their health.

• Financial – there was some support for charging for NHS services especially where they are misused.

• Information – people felt that it was important to be able to access information about services in a number of ways and that it should be easy to find sign posting information.

• IT – much of this links with co-ordination as there was a strong feeling that the NHS should use IT available to makes systems work better.

• Quality – many people felt that all services should be of a high quality with staff displaying compassion and a high standard of customer service.

• Support to stay at home there is a great range and variety of services and support that people consider important to help them stay living in their own home.

• Waste – people wanted to minimise the waste that appears to happen in the NHS both in terms of recycling and reducing wasted time.

• Wellbeing people felt that the role of community (including voluntary sector groups) was important to people’s wellbeing. This included support people to reduce isolation and the concept of “neighbourliness”.

• Workforce – there was many comments on the need to make sure there were adequate numbers of staff who are suitably qualified and trained.

2.4 JoinedUp

In October 2013 the healthcare community of South Devon and Torbay was awarded Pioneer Status to further develop models of integrated care. The key objectives for the next five years are:

• Inequalities across children and young people’s care will be reduced

• Mental health will be ‘mainstreamed’ as part of overall wellbeing and health

• Frail older people – structural pathway problems and patient experience improved
• Seven-day services equally available for all, through a ‘broad front door’

• Community resilience and enhanced social fabric will form the basis for health and wellbeing

2.5 Devon County Council Adult Social Care Objectives

With a total budget of £202.5 million in 2013/14, the main challenges are:

• Meeting growing demand – including for services to help meet complex needs such as dementia

• Meeting the needs of people living in rural areas

• Speeding up the assessment process

• Ensuring a vibrant social care market able to meet the demand for more personalised community-based services

• Working more closely with our health partners to reduce demand and speed up discharge from hospital

• Increasing the alternatives to residential and nursing care to enable people to remain in their communities longer

3. Workstreams

Overall aim: To build on relationships, services and structures already in place making them work more effectively and efficiently improving services delivered to patients and reducing reliance on secondary care. The key objectives within this are to: develop more joined-up, co-ordinated community services, improve access to services and to improve the health and well-being of our population.

For the purposes of this plan community services include: primary care, community hospitals, minor injury units, community nursing, community therapists, private community providers, social care, mental health community services, leisure and housing services (that relate to health and well-being) and voluntary sector services.

3.1 Joined up, Co-ordinated Community Services

The aim is to create greater joint working between all organisations providing services in the locality including Devon Partnership Trust, Devon County Council, Teignbridge District Council, Torbay and Southern Devon Care Trust, Primary Care, the voluntary and community sector and private sector providers so that patients are able to receive a more seamless service. This will be achieved by:

a) Developing a locality planning and delivery group with representatives from all agencies to support the planning and delivery of high quality services.
b) Exploring ways of pooling resources to optimise patient centred care within the locality supporting the delivery of joined up services.

c) Developing an IT strategy that supports the sharing of information and patient records where appropriate so improving continuity of care and transfer of knowledge, allows patients to access information in a timely manner and supports the mobile delivery of services.

d) In partnership with Devon County Council further development of the single point of access for health and social care used by professionals.

e) Developing a single point of access for patients in improve access to information and co-ordination of care.

f) Creating a multi-agency community hub building on the work undertaken on developing a local falls pathway.

g) Developing a Care Home forum to support joined up working, provision of high quality care and a culture of shared learning.

h) Developing relationships with private providers of community care to improve co-ordination, quality, consistency and continuity of care.

3.2 Access

Aim to ensure that people have access to high quality health and social care services across the locality ensuring appropriate capacity and use of resources. This will be achieved by:

a) Reducing unnecessary use of acute hospital care including improved liaison with primary care regarding emergency admissions and improved referral management.

b) Improving access to community services to ensure patients can easily access services 7 days a week.

c) Reconfiguring primary care to have 3 primary care centres across the locality (1 in Dawlish and 2 in Teignmouth).

d) Identifying those community services that should be provided in both Teignmouth and Dawlish and ensuring that those services are both reliable and adequate.

e) Identifying community services that are most appropriate to be provided in 1 of the locality’s community hospitals (Dawlish and Teignmouth) by re-configuring those services to provide high quality care to the whole population. Note: these do not need to be provided in the same location and will include:

- Minor Injuries Unit
- Complex community hospital beds (Dawlish)
- Rehab/intermediate care beds (Teignmouth)
- Assessment centre for community services
- Specialist outpatient clinics
- Community Based clinics
- Identifying services that are most appropriate to be provided in each of the Locality’s Community Hospitals (Dawlish & Teignmouth) by re-configuring those services, to provide high quality care to the whole population.

f) Identifying those services that should be based within the community but can be shared with other localities, defining those services and agreeing the best location.
3.3 Education/prevention and wellbeing

The aim is to increase to reduce social isolation and improve well-being by ensuring people are supported to optimise and manage their own health building on the community spirit existing within the locality. This will be achieved by:

a) Mapping voluntary sector provision, undertaking a gap analysis and planning for future provision.

b) Developing a community hub and information centre as a focus for the community.

c) Working in conjunction with public health and education partners to ensure people are able to access healthy lifestyle advice and activities.

d) Creating a dementia friendly community

4. Next Steps

- To identify plans that will require public consultation.
- To develop priorities and milestones.
- To cost proposals and ensure fit within financial envelope.
- To set up multi-agency work-stream groups who will be responsible for developing more detailed work plans and delivery of plans.

March 2014