

## **SCRUTINY COMMITTEE**

### **15<sup>TH</sup> JANUARY 2018**

#### **Impact of Housing Development on the NHS and winter preparedness**

**Responsible Officer:** Kevin Swift, Public Health and Policy Research Officer

**Reason for Report:** To inform the Scrutiny Committee on what measures are in place to cope with the expected demand on hospital and GP services as a result of proposed housing development and for this coming winter.

**RECOMMENDATION:** The Committee note the NHS measures that are in place for winter 2017/18 and the initial joined up activity looking at the health needs arising from housing development planned for Mid Devon.

**Relationship to Corporate Plan:** Community, Priority 3, Aim 1 – Work with local communities to encourage them to support themselves

- Work with health partners and community groups to provide a stronger voice for health and wellbeing throughout the District

**Financial Implications:** None

**Legal Implications:** None

**Risk Assessment:** Increased demand for Council services (e.g. Private Sector Housing improvements) as Hospitals /Social Care look to maintain and treat people in their homes.

**Equality Impact Assessment:** No impact

#### **1.0 Culm Garden Village and the North West Cullompton development**

1.1 At the previous Scrutiny Committee meeting (4<sup>th</sup> Dec 2017) concerns were raised in relation to NHS capacity pressures that may arise as a result of housing development in Mid Devon and also more generally for the winter period. The scale of housing development and the increased population, particularly for Cullompton and the adjoining Garden Village, will undoubtedly bring challenges for the NHS, Social Care and Community Services. However, phased housing development should allow sufficient time to plan for and manage the additional demand through ongoing review and modelling. For Cullompton the GP surgeries will obviously play an important role in meeting and managing the future demand for primary care services.

1.2 Initial meetings have been held with representatives from the Cullompton surgeries, NHS and planning officers from Mid Devon District Council as part of the Culm Garden Village Project. Devon County Public Health has also expressed interest in assisting in providing expertise and review of any proposed health impact assessment (HIA). It is envisaged that Devon County Public Health consultants will form part of a Working Group with other key stakeholders to look at how best to meet the health and care needs of these new communities.

1.3 Devon County Public Health is holding a one day workshop in February 2018 to which District planning officers are invited. The event will provide a national update on Garden Villages, share learnings from the new developments of Sherford and Cranbrook, and discuss the next steps for the Culm Garden Village. Other stakeholders attending include the Culm Valley Integrated Health Centre, Taunton Deane Garden Town, Devon County Council Planning, Sport England and the NEW Devon and Torbay Clinical Commissioning Groups.

1.4 When the Community Infrastructure Levy is adopted it may be able to provide funds for health service facilities, however, the larger urban extensions are excluded from MDDC's proposed CIL. Section 106 agreements may also provide a source of funding to ensure on-site provision of facilities, or funding for improvement of existing facilities. Other south-west authorities may have some experience of this and it may be fruitful to research what obstacles, barriers and evidence is required to secure the developer's agreement to the planning obligations.

## 2.0 NHS Winter preparations

2.1 The North, East and West Devon Clinical Commissioning Group (NEW Devon CCG) were approached to provide a response to questions about clinical capacity/pressures during the winter period. The Eastern Urgent Care Lead, Martin Cordy, provided a copy of the Royal Devon and Exeter NHS Foundation Trust's Operational Capacity and Resilience Plan 2017-18. Within the document there are detailed plans for this winter period.

2.2 The plan recognises the key role that partner agencies such as social care and private providers of domiciliary care play in the resilience of acute and community services. It is widely acknowledged that in order to meet ongoing demand there needs to be greater emphasis on keeping people healthy and where possibly keeping people at home. Fewer and shorter hospital stays will help with this resilience.

2.3 Last year's approach delivered increased levels of patient flow, reduced hospital escalation levels and a considerable reduction in cancellations of elective surgery due to bed capacity. This year's plan will build on this knowledge and experience. The 17/18 plan also takes into account the changing local and national context, which includes the following key features:

- Year on year rising demand for emergency care
- An increasingly older, more frail population
- A constrained financial environment
- The shift in the care delivery model for community services from a bed based model to one delivered to a greater extent through community teams working together to keep people safe and well in their own homes. This includes the introduction of the "Single Point of Access" which provides a key role in co-ordinating community service delivery to avoid hospital admissions and support timely discharge.
- Greater understanding of and collaboration with the commissioning and provision of domiciliary care

- A growing evidence base that unnecessary hospitalisation can adversely affect patients through loss of independence, muscle atrophy and the risk of hospital acquired infections
  - Greater opportunities through collaboration with partner organisations, catalysed by the Devon System Transformation Programme
  - On-going changes to the commissioning of acute services, where finances are no longer linked to individual episodes of patient care for the majority of activity
- 2.4 The 2017/18 winter bed capacity plan aims to keep people healthy at home, maintain urgent care provision within the hospital and the wider system, especially domiciliary care provision, increase hospital resilience and improving operational efficiency and continue the journey of changing the culture and behaviours around discharge and keeping patients in hospital.
- 2.5 The plan also refers to a comprehensive communication package currently underway – the “**Choose Wisely**” campaign which informs patients of alternatives to the emergency department, especially the use of local pharmacies and primary care services.
- 2.6 The Public Health and Policy Research Officer has contacted Tiverton Hospital for a local response to winter preparedness and hopes to provide a verbal update at the meeting.

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**Circulation of the Report:** Leadership Team, Legal Services, Scrutiny Committee

**List of Background Papers:**

Operational Capacity and Resilience Plan 2017-18,  
Royal Devon & Exeter NHS Foundation Trust

<http://www.rdehospital.nhs.uk/documents/boardpapers/2017/25-october-2017/8.1-operational-capacity-plan.pdf>

Sustainability & Transformation Plan (STP) Wider Devon

<https://www.newdevonccg.nhs.uk/about-us/sustainability-and-transformation-plan-stp-102102>