

Letter 1.

Mr Simon Stevens,
Chief Executive NHS England,
PO Box 16738,
REDDITCH,
B97 9PT.
Cc Rt Hon Jeremy Hunt,
Devon MP's
Norman Lamb MP.

25th September 2016

Dear Mr Stevens,

I believe the Devon Success Regime project is now seriously compromised and it is not now safe to proceed to public consultation. Accordingly I would urge you to cancel this Project forthwith. I have already written to the Secretary of State to say this. In addition I do not believe NHS England can consider service changes until the issue of fair funding for the Devon CCG area is considered first. Failure to do so will lead to cuts in services which will be very damaging to already lowly funded NHS services especially at the North Devon District Hospital.

Elaborating on this introduction I would firstly raise the issue of serious leaks, in particular the draft STP document, which as given rise to much speculation as to what The final recommendations from the Success Regime will be to the extent that the rumour and speculation as become fact in the public mind. Therefore I believe it will not be possible to conduct a meaningful formal consultation. The project should be stopped!

Arising from a recent meeting the Success Regime team had with the Devon Health Scrutiny Committee it seemed to me and others present that Ruth Carnell expressed the view that NHS England believed that the Devon CCG area received too much funding. If this be the case then you have predetermined the proposed consultation. In such circumstances you cannot proceed with the Success Regime project.

Thirdly the position of the Success Regime Independent Chair Ruth Carnell.

According to information freely available on the internet I read "a team from Carnell Farrer, led by Ben Richardson and Ruth Carnell, was initially brought in to develop a detailed case for change which would set the scene for a programme of strategic change.". Further I read "following this initial phase Carnell Farrer secured the first part of the second phase of work.".

I really do not see how Ruth Carnell can be the Independent Chair of the Devon Success Regime project. Her involvement via her consultancy work has compromised her position. She has a clear conflict of interests. Another reason to scrap the Devon Success Regime project! As a matter of public interest how much as been paid to Carnell Farrer for their Devon Success Regime work?

The issue of fair funding. It is being claimed that without intervention there will be a deficit in Devon of some £400 m. However I would put to you does this take account of the additional £10 bn of funding the Government say they are giving to NHS England?

How much of this claimed deficit is due to spending or how much is due to the Devon CCG receiving low funding?

Looking through NHS funding tables for 2016/17 it seems to me that compared to Cumbria, an area similar to Devon, we in Devon receive £249.73 less per person than in Cumbria. Times the Devon CCG population of 906,428 means that we in Devon receive a massive £226,362,264 less in NHS funding than we would receive if we were funded at the Cumbria level. I am sending a copy of my workings with the hard copy of this letter.

There are other examples which show the Devon CCG is poorly funded compared to other CCG's but for the moment I am content to use similar Cumbria as a comparator.

This disparity in NHS funding cannot be fair. If Devon got funded at the Cumbria level then the issue of the claimed £400 m deficit would be radically altered. Before considering damaging changes to NHS services in Devon a proper evaluation of the issue of fair funding must be addressed first. This is particularly important to North Devon Hospital acute services because of the long distances to Exeter, Plymouth or Torbay.

Lastly I would ask what has been the cost of the Devon Success Regime to date and is there any truth in the allegations made to me that NHS Executives engaged in the Success Regime have had substantial pay rises to do the work?

Yours sincerely,
Brian Greenslade



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Dear Mr Greenslade,

Simon Stevens has asked me to respond to your email of 25 September about the NEW Devon Success Regime. I apologise for the time it has taken to get back to you.

Firstly, funding is set by a national formula, based on a wide range of factors to ensure that the distribution is equitable, fair, and based on up-to-date and detailed information. That means it takes into account, for example, the three main factors in healthcare needs: population growth, deprivation and the impact of an ageing population. These are applied to all CCGs, including Cumbria and Northern, Eastern and Western Devon.

This year, NEW Devon's allocation is a tiny fraction (0.1%) above its target level, so there is little further adjustment to come. Organisations in the Success Regime know this very well, which is why they estimate that they are likely to be well over £400m in the red by 2021 if nothing is done to change direction. The funding formula is not the main issue.

What the Success Regime has done, however, is to identify that there are significant variations within the CCG area, with the spend per head in western Devon around 10% lower than in eastern Devon. It has also shown that someone living in central Ilfracombe is likely to die 15 years earlier than someone living in the villages of eastern Devon.

All this tells me that the NHS organisations and local authorities in NEW Devon are only too well aware of the scale of the challenges they face.

That said, I am hugely encouraged by the close working arrangements that the Success Regime has been able to generate in the past year and a half. Organisations recognise that they cannot find solutions individually, but only by working together. The appointment of Angela Pedder to lead work has been a further important step, especially given her parallel role with the Sustainability and Transformation Plan for wider Devon.

These processes will now need to bear fruit, in the shape of proposals for genuine change at a strategic level. These will then be subject to extensive engagement with local communities, which I hope will generate a mature debate around priorities and how we all make the health and social care system work as well as possible for everyone, within the money available.

This will not be easy, but without transformational change we will have a local system that is unable to live within its means. Then we would face a scenario in which short-term cuts might be needed simply to balance the books, rather than as part of a strategic programme to improve the system.

Public consultation is already under way on community services in eastern Devon, as a result of work by the Success Regime. This will lead on to engagement with local communities on the final STP later in the year and then potentially to further public consultation in 2017.

As a result, any potential changes affecting northern Devon - or Plymouth, Torbay and Exeter, for that matter - will be fully discussed in the public arena before any decisions are made. Discussions will be on the basis of principles and detail, rather than a leaked version of an early draft, with a full opportunity to debate issues of safety, quality and access. And the decisions will be taken locally, not by NHS England. NHS England is looking at the funding allocation for remote locations and this may well play into the future picture.

I note your comment about North Devon Hospital acute services; this will be a feature of the work of the CCG's Acute Services Review and detail on this will be coming soon. Your MP, Peter Heaton-Jones is invited to have regular updates and will share any important information with you.

In terms of Dame Ruth Carnall's appointment, this was carried out formally and fairly. I have been impressed by the work that both she and Carnall Farrar have led, helping to identify the real issues to be tackled by local organisations. These are outlined in the Case for Change.

Responding to your question, the cost of the Success Regime to date is £2,702,063.55 which covers the period 1 April 2016 – September 2016. The appointments of both Angela Pedder and Andy Robinson have not led to any substantial pay rises; Andy Robinson had received a £5k increase in his salary range to reflect the size and complexity of the new role, whilst Angela Pedder remains on the same salary as in her previous role at the Royal Devon & Exeter. Further information on remuneration can be accessed directly from the CCG as part of the annual accounts process.

Overall therefore, it is clear to me that the Success Regime and the STP are essential in shaping proposals for strategic change on the scale that is necessary. Piecemeal adaptations are not adequate in the face of the workload and financial pressures on the system.

I hope this response has been helpful. Please do not hesitate to contact me if you wish to discuss further any of your concerns.

Yours sincerely



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Dear Mr Cooke,

Thank you for replying to my letter to Simon Stevens dated 25th September 2016.

I have had long experience of funding formula for public bodies which we in the far south west find disadvantages us compared to many other parts of the country. You do not appear to challenge my original

contention that NHS funding for the comparable area of Cumbria is far more generous in 2016 than for Devon to the tune of some £226 m. However you do not attempt to justify why Cumbria receives such an

advantage or my premise that if the Devon CCG received comparable funding then the forecast deficit would not be the issue the NHS attempts to suggest it is!

At Devon County Council we have set up a Scrutiny Working Party to look into NHS funding for the Devon CCG and it already seems to us, work to be completed, that your formula does not recognise rurality,

the significant over 85 population, and deprivation in terms of individual incomes as distinct from property values.

Therefore I reject your conclusion that the formula for funding Devon NHS services is not the main issue. You should not be proposing cutting services in Devon until the issue of fair funding for Devon is addressed first and we have an agreed and fair funding starting basis before considering services configurations.

I further put it to you that the real driver behind what the NHS is trying to deliver through its STP programme is the £22 bn of cuts Government is requiring you to make to NHS spending!

I note what you have to say about the Success Regime/STP process for Devon. I strongly urge that the NHS now abandons this because it is so badly flawed that a fair and honest consultation with the public is no

longer possible. If this were a trial the Judge would have stopped the trail by now. Your colleague Ruth Carnell has publicly admitted that the NHS believe that the Devon CCG gets too much funding, that is predetermination. The said Ruth Carnell was the consultant who produced a report, cost I understand £335,000, and then became the "Independent" Chair of the Success Regime. This is a clear conflict of interest

and the public can have no faith in any consultation as a result. She should be dismissed from her position forthwith! You clearly do not see this as a concern. Therefore I am writing to the Prime Minister urging she intervenes. Lastly the way the Success Regime has leaked information as completely coloured how the community understand the issues and they will be totally confused if a consultation is undertaken.

All in all this is a five star mess and the only way out is abandon the Success Regime/STP process, address fair funding for Devon and then if needs be start with a clean sheet of paper! Both Devon County Council and North Devon Council have voted in support of my motions to Council calling for the Success Regime/STP process to be halted.

Thank you for the information about individual Executives and the Success Regime costs for the six months to September. I would suggest £2.7 m that could have been better spent on direct services to the public.

If my information is correct the total budget for the Success Regime is £6 m?

Yours sincerely,

Brian Greenslade