Devon County Council

Phil Norrey
Chief Executive

To: The Chairman and Members of the Health and Wellbeing Scrutiny Committee

County Hall
Topsham Road
Exeter
Devon
EX2 4QD

(See below)

Your ref :
Our ref :

Date : 27 February 2017
Please ask for : Gerry Rufolo, 01392 382299

Email: gerry.rufolo@devon.gov.uk

HEALTH AND WELLBEING SCRUTINY COMMITTEE

Tuesday, 7th March, 2017

A meeting of the Health and Wellbeing Scrutiny Committee is to be held on the above date at 2.00 pm in the Committee Suite - County Hall to consider the following matters.

P NORREY
Chief Executive

A G E N D A

1 Apologies for Absence

2 Minutes

Minutes of the meetings held on 19 January 2017 and the Joint Scrutiny Budget Committee held on 30 January 2017 (previously circulated).

3 Items Requiring Urgent Attention

Items which in the opinion of the Chairman should be considered at the meeting as a matter of urgency.

4 Public Participation

Members of the public may make representations/presentations on any substantive matter listed in the published agenda for this meeting, as set out hereunder, relating to a specific matter or an examination of services or facilities provided or to be provided.

MATTERS FOR CONSIDERATION

[*NB. Please note that the times shown below are indicative and while every effort will be made to adhere thereto they may vary although, normally, items will be taken before the time shown*]

5 Your Future Care Proposals (Pages 1 - 94)

2.15 pm
Report of NEW Devon Clinical Commissioning Group, attached

6 Community Services Reconfiguration (Pages 95 - 100)

3.15 pm

Report of the South Devon and Torbay Clinical Commissioning Group, attached

7 Children's Services - Procurement of Services 0 - 19 Public Health Nursing (Pages 101 - 116)

3.40 pm

(a) Report of the Chief Officer for Communities, Public Health, Environment and Prosperity, attached;

(b) Report of the Joint Scrutiny Spotlight Review (CS/17/11) attached

8 Rota Review Project (Pages 117 - 118)

4*pm*
5
Report by the SW Ambulance Service Trust, attached

9 Spotlight Review of Impact of Health Scrutiny since Change of Legislation (Pages 119 - 128)

4.20 pm

Report of the Scrutiny Officer (CS/17/04) attached

10 Devon Success Regime Breakdown of Spending on the Project

In accordance with Standing Order 23(2) Councillor Greenslade has requested that the Committee consider this matter.

11 Work Programme

In accordance with the previous practice, Scrutiny Committees are requested to review the list forthcoming business (previously circulated) and to determine which items are to be included in the Work Programme. The Work Programme is also available on the Council's website at http://www.devon.gov.uk/scrutiny_programme.htm

The Committee may also wish to review the content of the Cabinet Forward Plan, available at http://new.devon.gov.uk/democracy/how-the-council-works/forward-plan/ to see if there are any specific items therein it might wish to explore further.

MATTERS FOR INFORMATION

12 Information Previously Circulated

Below is a list of information previously circulated for Members, since the last meeting, relating to topical Health and Wellbeing developments including matters which have been or are currently being considered by this Scrutiny Committee.

(a) RD&E Press Release: Move to improve stroke rehabilitation services in East Devon: Plans to integrate the stroke rehabilitation unit based at Ottery St Mary Community Hospital together with acute stroke services at the Royal Devon & Exeter Hospital at Wonford;

(b) DPT Publication: Mental Health Matters;

(c) Update briefings by the CCG: Re-shaping Community Health Services in South Devon and Torbay;

(d) Care Quality Commission regular monthly update publication.

PART II - ITEMS WHICH MAY BE TAKEN IN THE ABSENCE OF THE PUBLIC AND PRESS

Members are reminded that Part II Reports contain confidential information and should therefore be treated accordingly. They should not be disclosed or passed on to any other person(s).
Members are also reminded of the need to dispose of such reports carefully and are therefore invited to return them to the Democratic Services Officer at the conclusion of the meeting for disposal.

MEMBERS ARE REQUESTED TO SIGN THE ATTENDANCE REGISTER

Membership
Councillors R Westlake (Chairman), A Boyd, J Brook, C Chugg, C Clarance, P Colthorpe, R Gilbert, B Greenslade, G Gribble, R Julian, E Morse, D Sellis, E Wragg, C Wright and Vacancy Representing District Councils Councillor Diviani
Declaration of Interests
Members are reminded that they must declare any interest they may have in any item to be considered at this meeting, prior to any discussion taking place on that item.
Access to Information
Any person wishing to inspect any minutes, reports or lists of background papers relating to any item on this agenda should contact Gerry Rufolo on 01392 382299 Agenda and minutes of the Committee are published on the Council's Website.
Webcasting, Recording or Reporting of Meetings and Proceedings
The proceedings of this meeting may be recorded for broadcasting live on the internet via the 'Democracy Centre' on the County Council's website. The whole of the meeting may be broadcast apart from any confidential items which may need to be considered in the absence of the press and public. For more information go to: http://www.devoncc.public-i.tv/core/ In addition, anyone wishing to film part or all of the proceedings may do so unless the press and public are excluded for that part of the meeting or there is good reason not to do so, as directed by the Chairman. Any filming must be done as unobtrusively as possible from a single fixed position without the use of any additional lighting; focusing only on those actively participating in the meeting and having regard also to the wishes of any member of the public present who may not wish to be filmed. As a matter of courtesy, anyone wishing to film proceedings is asked to advise the Chairman or the Democratic Services Officer in attendance so that all those present may be made aware that is happening. Members of the public may also use Facebook and Twitter or other forms of social media to report on proceedings at this meeting. An open, publicly available Wi-Fi network (i.e. DCC) is normally available for meetings held in the Committee Suite at County Hall. For information on Wi-Fi availability at other locations, please contact the Officer identified above.
Public Participation
Devon's residents may attend and speak at any meeting of a County Council Scrutiny Committee when it is reviewing any specific matter or examining the provision of services or facilities as listed on the agenda for that meeting. Scrutiny Committees set aside 15 minutes at the beginning of each meeting to allow anyone who has registered to speak on any such item. Speakers are normally allowed 3 minutes each. Anyone wishing to speak is requested to register in writing with Gerry Rufolo (gerry.rufolo@devon.gov.uk) by 0900 hours on the day before the meeting indicating which item they wish to speak on and giving a brief outline of the issues/ points they wish to make. Alternatively, any Member of the public may at any time submit their views on any matter to be considered by a Scrutiny Committee at a meeting or included in its work Programme direct to the Chairman or Members of that Committee or via the Democratic Services & Scrutiny Secretariat (committee@devon.gov.uk). Members of the public may also suggest topics (see: https://new.devon.gov.uk/democracy/committee-meetings/scrutiny-committees/scrutiny-work-

programme/

All Scrutiny Committee agenda are published at least seven days before the meeting on the Council's website.

Emergencies

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Please switch off all mobile phones before entering the Committee Room or Council Chamber

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Induction loop system available

Report to Devon Health and Wellbeing Scrutiny Committee
7th March 2017
Your Future Care

Recommendation

In line with the Local Authority Scrutiny Regulations (2013), Devon Health and Wellbeing Scrutiny Committee is invited to consider Your Future Care and:

- Acknowledge the consultation process and post consultation report
- Respond to the outcomes of the CCG Governing Body decision to be made on 2nd March 2017

1. Purpose

The following paper represents the conclusion of a six month process since NHS Northern, Eastern and Western Devon Clinical Commissioning Group agreed to consult with the public in relation to Your Future Care on 28th September 2016. Following consultation and further work in preparation for decision making, on 2nd March the CCG Governing Body will be asked to make a decision regarding:

- The reduction of beds in the Eastern locality from 143 to 72
- The location of the remaining community hospital beds in the Eastern locality
- The further development of the new model of care.

The Post Consultation Report is attached to this paper. At the meeting of Devon Health and Wellbeing Scrutiny Committee on 7th March 2017, the CCG will present the decision making process and outcomes of the Governing Body meeting.

2. Background

Background
In response to the Success Regime Case for Change published in February 2016, a model of care is being designed with the objective of delivering clinically and financially sustainable services throughout the area and achieving:

- Improved clinical outcomes for patients
- Improved experiences for patients and carers
- Improved experiences for staff.

'Your future care' builds on the Transforming Community Services Programme and further shifts care closer to home with the emphasis from bed based delivery towards more integrated local services. Over 80 clinicians and health and social care professionals worked

together over summer 2016 to shape the model of care, focusing on community services as a first and pivotal part of a wider Success Regime programme of transformation.

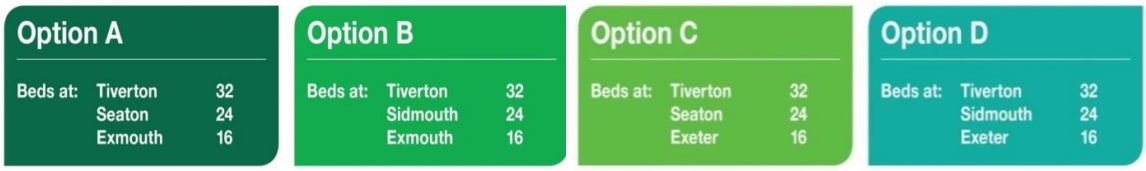
This model is designed to help people stay well and at home and further strengthen care outside of hospital with comprehensive assessment, a single point of access, and rapid response as core foundations of the future service offer. It is also focused on reducing the over-reliance on inpatient beds and in this context proposes change to community hospital inpatient services, specifically in Eastern Devon.

Consultation Process

Public Consultation commenced on 7th October 2016 and closed on 6th January 2017. Responses received following publication of the proposals and in advance of the start date, and those received in two weeks following consultation close were also considered in preparing the consultation report.

The consultation set out to understand views on the four proposed options for the location of a reduced number of inpatient community beds in the Eastern locality of Devon in the context of the new model of care. In terms of numbers the proposals set out to achieve 72 beds through this consultation as opposed to the current 143 beds presently in use.

The proposals were based on a three site option thus the outcome of a decision would be that four of the seven Eastern community hospitals with inpatient services would cease to provide these services.



Respondents to the consultation were invited to select a preferred option for the location of inpatient community beds, state the reasons for their choice, propose alternative options and outline how these met the six strategic priorities and how they met the criteria set out in the Consultation Document. Where requested the CCG team provided further information to individuals and groups making alternative proposals.

The consultation also invited people to feedback on their least preferred option, provide views on the proposed new model of care and provide comment on how limited NHS resources should be prioritised. This latter point was included due to the financial context of the local system where for the NEW Devon area there is a projected gap of £384m by 2010/21 and therefore a core feature of service planning.

Whilst consulting across a broad spectrum of interests, the consultation plan also targeted people most likely to be affected by the proposals (those in pre-retirement and retirement group, 45+). Healthwatch Devon was commissioned as delivery partners who organised focus groups and circulated information wider within their hard to reach networks.

76 events/meetings were held/attended, with 2202 attendees in total. Responses were also received using the response form, email, letters and petitions (a further 2218 responses in addition to the attendees and 15,186 petition signatures).

Incoming responses were grouped into themes on receipt and these were:

- Financial (local specific and general)
- Travel
- New model of care
- Staffing
- Rurality
- Future proofing/growing population
- Personal/lived experience
- Potential decline in patient safety
- Decision making process
- Consultation and engagement
- Comments unrelated to the consultation

The detailed analysis is contained in the Post Consultation Report (Appendix 1) and this has informed the preparations for the CCG Governing Body decisions. Healthwatch Devon provided an independent observation of the consultation on 23 February 2017. On review of the draft version of the post-consultation report, Healthwatch has observed that it offers a comprehensive account of the processes followed by the CCG, in terms of planning and running the public meetings, and analysing and reporting on the feedback gained.

The full report from Healthwatch '*Your Future Care: Independent observation of the consultation'* is available in the appendices of the post-consultation report appended. On 2nd March, members will receive further details in the form of the Decision Making Business Case and outcomes of the CCG Governing Body decision on that date. This will form the basis for the presentation to the Committee on 7th March 2017.

4 Recommendations

In line with the Local Authority Scrutiny Regulations (2013), Devon Health and Wellbeing Scrutiny Committee is invited to consider Your Future Care and:

- Acknowledge the consultation process and post consultation report
- Respond to the outcomes of the CCG Governing Body decision to be made on 2nd March 2017

Executive Leads: Laura Nicholas, Director of Strategy and Annette Benny, Interim Director of Corporate Affairs

Your future care

NHS
Northern, Eastern and Western Devon
Clinical Commissioning Group

Your Future Care

Post-consultation Report

23 February 2017

Executive Summary

In October 2016, NHS Northern, Eastern and Western Devon Clinical Commissioning Group (NHS NEW Devon CCG) launched a public consultation on the reduction of community hospital beds in Eastern Devon, accompanied by the development of a model of care throughout Northern, Eastern and Western Devon designed to shift the focus of services to integrated local care in people's own homes.

The 'Your Future Care' consultation ran for 13 weeks from 7 October 2016 until 6 January 2017, seeking views of people throughout the area on the proposed change to the model of care, and in particular the options for the remaining 72 inpatient beds in community hospitals in Eastern Devon.

The overall aim for the consultation was to understand:

- How the model can improve care for people
- Where inpatient beds should be located
- Which services should be prioritised when resources are limited

Throughout the consultation period there were: 16 public consultation events, 27 community roadshows and 18 pop-ins, designed to both give information and hear people's views. The CCG also attended 15 other council and community meetings. In total more than 2000 people attended these events and discussed the proposals. Local Healthwatch (Devon) in its role as independent consumer champion for health and social care attended the majority of these events, to observe the process and directly listen to what participants had to say.

The consultation documents were published on the Your Future Care web pages with 10,700 hits. More than 14,000 hard copy consultation documents and 55,000 summary consultation documents were distributed during the consultation period. In addition 200 copies of the consultation document were distributed in alternative formats including easy read, large print, audio and braille. A total of 2500 posters publicising events were sent to public places, community groups and others.

More than 20 releases were issued by the CCG to the local media, and the media carried many more articles stating views of local groups. Thirty-one media enquiries and 16 Freedom of Information requests (a total of 64 questions) were received and responded to in relation to the consultation. The CCG also

posted more than 400 tweets, a 500 per cent increase on its regular output and the regular Your Future Care newsletter was sent to more than 4000 people.

To reach out to those who may find it difficult to engage, focus groups were held with organisations working with people with protected characteristics. Healthwatch Devon co-ordinated focused engagement with their delivery partners.

Feedback was received from the following groups:

- Be Involved, Devon (disability – mental health)
- Living Options, Devon (disability – physical)
- Devon Link Up (learning disability).

Sixty-three people participated in these stakeholder workshops.

Feedback was provided on the following areas:

- Meeting specific requirements of protected groups
- Feedback about proposed consultation options
- Main reasons for concern about proposed model of care
- Main reasons for supporting proposed model of care
- Other feedback about principles of the new model of care
- Suggestions for saving money.

As well as the NHS-arranged consultation meetings and roadshows, a number of councils and community groups arranged their own meetings to discuss the consultation and the NHS participated in 15 of these meetings. Events and discussions with key stakeholders also included formal reporting to Health and Wellbeing Scrutiny.

The CCG received 1552 responses to its survey, plus more than 650 letters and emails in total, reflecting a wide spectrum of views from a range of stakeholders including; members of the public, voluntary and community organisations, clinicians and staff, elected representatives, statutory organisations and regulatory bodies. Responses were mainly but not exclusively from those areas potentially most affected by the proposals.

In light of the nature of the proposals, opponents campaigned throughout the period including making representations against the proposals to Scrutiny Committee. Five petitions were received by the CCG's Governing Body on 5

January 2017, as was an alternative proposed option. These have also been taken in to account in this report.

Responses to the consultation spanned: inpatient beds; the model of care; implementation; impact on care; and the conduct of the consultation. There were submissions from individuals, groups, organisations and scrutiny/ regulatory bodies. Whilst there was a broad range of views and perspectives, these fell into a range of themes and issues of common concern. Themes are fully examined in this post-consultation report.

This post-consultation report is in three parts:

Part A focuses on the process the consultation followed, explaining how the programme was designed and describing events and meetings including the levels of attendance and numbers of responses to the consultation. It also describes the process of collating and organising responses.

Part B analyses and summarises the responses received by theme, location and subject area. It also sets out the questions received and additional information supplied during the consultation process to further enable informed consideration of the materials and associated debate and feedback.

Part C sets out to assure decision makers and the public that the report provides a fair and complete summary of the consultation including explaining how objectivity, this has been achieved e.g. Healthwatch reports and review. It also notes how views could be taken into account and how the consultation can now be used to contribute to decision-making.

The ‘Your Future Care’ consultation was the latest in an ongoing process of engagement with the public and stakeholders in relation to community services. Whilst the purpose of this report is to ensure the views received are put before decision makers, the key messages will also inform ongoing work to achieve place based co-production of plans for Integrated Local Care.

Part A

Introduction

- Background to the consultation
- Rationale for consultation
- Pre-consultation process
- Post-consultation report
- Wider context of consultation

Design

- Scope and purpose of consultation
- What consultation sets out to understand
- Roles and governance
- Consultation plan and design
- Consultation timeline

Consultation

- Pre-consultation preparations
- Notification and activity
- Consultation materials
- Meetings and events

Responses

- Process – role of consultation response unit (CRU)
- Numbers
- Type
- Location
- Demographics
- Theme base

Decision-making

- Decision-making requirements
- Consultation – decision-making process
- Timeline and arrangements

Part B

Consultation overview

- Responses from individuals
- Responses from organisations
- Responses from meetings and focus groups
- Responses from scrutiny/regulatory bodies

Views on inpatient bed options

- Options scoring
- New options proposed
- Themed issue analysis
- Areas of common concern
- Implementation and impact

Views on proposed model of care

- Overall model
- Three interventions
- Themed analysis
- Areas of common concern
- Implementation and impact

Views on conduct of the consultation

- Consultation process
- Themed analysis
- Improvements during consultation

Part C

Preparing this report

- How this report was developed (how feedback reviewed)
- Role of local Healthwatch
- Publication of feedback and responses

Taking views into account

- Role of consultation in the four tests
- How the feedback will be used in this process/in future stages
- Approach re out of scope feedback
- Consistency and differences from prior consultation

Assurance and next steps

- Internal and external assurance
- Reporting to the CCG Governing Body
- Post decision pre-implementation gateway
- Appendix contents

Part A

1. Introduction

1.1 Background to the consultation

The North, East and West Devon health system became part of the Success Regime in 2015 – one of three areas in England where local health and care organisations would work together to make improvements. With the aim of creating the conditions for effective change in challenged areas the purpose was to protect and promote services for patients in local health and care systems struggling with financial or quality problems, or sometimes both.

Being part of the Success Regime meant increased support and direction, with the aim of securing change in three main areas:

- Short-term improvement in services and resource use
- Medium and longer-term transformation
- Developing and strengthening leadership

This built on collaborative work that was already underway between NHS organisations and their partners on planning strategically for the future. The support from NHS England, Monitor and the Trust Development Authority provided additional leadership and resources, working across organisational boundaries to help identify and make the changes needed towards a sustainable system that best serves patients and tackles the underlying financial deficit.

The Case for Change published in February 2016 highlighted the key challenges facing the NEW Devon system. People are living longer with increasingly more complex needs requiring more support from health and social care services. At the same time local health and social care organisations are facing a financial shortfall. The Case for Change set out the need for more person-centred care, a reduction in over--reliance on bed-based care and to address the gaps in community support to reduce the unnecessary time people spend in hospital.

As a result of the Case for Change, clinicians decided that an early priority was to achieve strong and resilient community services that would stand the test of time and unlock change in the wider health and care system. The New Model of Care work stream was established as the first of the Success Regime programmes

and during the summer of 2016 more than 80 clinicians and health and social care professionals worked together to shape the model of care.

Now described as *Your Future Care*, this developing model set out to further strengthen care outside hospital, whilst recognising that this would bring about a further reduction in the use of community hospital inpatient beds. It identified the need for further change to the number of community hospital inpatient beds in Eastern Devon and proposed options for the future location of inpatient beds in the context of the model of care.

This builds on the CCG's Transforming Community Services Programme which during 2013-2015 identified the importance of shifting care closer to home, moving the emphasis from bed-based delivery towards more integrated, personalised and sustainable local services to enable people to remain as well and independent as possible for as long as possible.

1.2 Rationale for consultation

The context, proposals and options for change were described in the *Your Future Care Pre-Consultation Business Case,* which is a technical and analytical document designed to assist in decisions to proceed to public consultations. Specifically this business case set out a reduction in community hospital beds in Eastern Devon (including Exeter, East and Mid Devon Districts) from 143 to 72, achieving a comparable level of community inpatient provision to that already in place in Northern and Western Localities.

This was in the context of a model of care based on three interventions: comprehensive assessment; single point of access; rapid response. The CCG Governing Body considered the *Pre-Consultation Business Case* (PCBC) and Consultation Document on 28 September 2016 and decided to proceed to public consultation. The focus of the consultation was to seek and obtain views on the future location of the remaining 72 inpatient beds.

Four options, including a preferred option, were initially proposed. However on the recommendation of Devon Health and Wellbeing Scrutiny Committee following representations, an opportunity to propose alternative options was also incorporated into the consultation. Whilst focusing on the inpatient bed configuration in Eastern Devon, the process also engaged people throughout the area on the model of care.

The overall aim for the consultation was to understand:

- How the model can improve care for people
- Where inpatient beds should be located
- Which services should be prioritised when resources are limited

The consultation also set out to hear as wide a range of views as possible, particularly from the population group which may be most affected by proposals and to gain insight into views, ideas and concerns associated with the proposals.

1.3 Reviewing previous feedback

In preparing for the consultation a number of steps were taken. Firstly there was a review of work of the CCG's Transforming Community Services programme which engaged many people in the future of community based services over a considerable period of time from 2013-2014and formed a basis for *Integrated, personal and sustainable: Community Services for the 21st Century*. This underpinned locality commissioning intentions which included the role of community hospitals.

Due to the time and commitment members of the public, clinicians, staff, and stakeholders gave to this previous programme it was important that the views already sought were well understood as a basis for *Your Future Care*.

Transforming Community Services consultation 2014/15

The Transforming Community Services (TCS) consultation followed an extensive period of engagement, which reached more than 2000 people through a series of clinically-led summits and events. This was followed by consultation in relation to commissioning intentions, which included community hospitals, during 2014/15. The consultation consisted of:

- 12 public meetings in towns in the Eastern locality of Devon
- 19 drop-in sessions in more rural areas and villages
- Four meetings with councillors
- Two events for staff working in community services
- Meetings with local MPs, Devon Health and Wellbeing Scrutiny Committee, Healthwatch Devon and other key stakeholders

More than 1500 individuals directly expressed their views providing important themes and salient messages to help to inform future commissioning. Within the wide spectrum of views there were a number of themes for the future planning of community services. These included the importance of:

- Importance of data and information
- Access for patients and visitors in relation to inpatient care
- Ensuring good and value for money home care
- The role of home care
- The value of local hospitals
- Taking views of service users into account
- Ensuring appropriate facilities for services.

1.4 Your Future Care pre-consultation

The next step was a period of pre-consultation which ran parallel with the clinical work on the *Your Future Care* model. The CCG worked with Healthwatch Devon and Healthwatch Plymouth to plan and deliver six pre-consultation engagement events with local stakeholders in May, June and September 2016, in order to understand their views and needs concerning local health and care services. Attendees represented health and social care, including local authorities, voluntary groups and charities from across North, East and West Devon.

Reports are available on the six events.

May/June 2016

- **18 May – Tiverton** - 107 people attended
- **18 May – Plymouth** - 83 people attended
- **13 June – Barnstaple** - 75 people attended

September 2016

- **2 September – Exeter** - 45 people attended
- **8 September – Honiton** - 31 people attended
- **9 September – Okehampton** - 25 people attended

The format of each event followed a similar agenda, consisting of an introduction by Dame Ruth Carnall, chair of the Success Regime, an overview from Healthwatch on its role as 'critical friends', a presentation by Angela Pedder and a clinician, facilitated table discussion with note takers and a question session. The events explained the *Case for Change* and why it was necessary to focus on the model of care.

Reports produced following the events outlined the themes and feedback received. These included:

- Feedback on the proposed new model of care and making better use of existing community resources
- Need for more NHS investment (locally and nationally) and integrated budgets for health and social care
- More focus on primary care needed
- Voluntary sector involvement is key
- The NHS needs to listen more
- Plans need to be scrutinised
- A need for transparent leadership and partnership working
- Comments on the *Case for Change*
- Recognition of different geographies and communities
- Transport needs to be taken in to account, including community transport providers
- Prevention is so important for future healthcare
- Concern about availability of workforce
- Use of technology needs to be considered as part of future planning

Feedback from the events also led to the development of a number of conclusions and actions in relation to planning for the public consultation process and these are listed in each of the engagement reports. The **May/June and September pre-consultation engagement reports** can be found on the CCG website here.

1.5 Post-consultation report

Following further work on the model, and preparing for consultation, the next step was to commence the public consultation. Whilst the proposals were made by the Success Regime, in line with NHS England guidance, statutory duties and the CCG constitution, the responsibility for consultation and subsequent decision-making lies with the Clinical Commissioning Group.

This post-consultation report is designed to provide a fair and comprehensive summary of the many responses received to the consultation, both on inpatient beds and in relation to engagement in the new model of care. It is designed for the following purposes:

- To provide the many people who took the time to respond, attend meetings or participate in other ways further information on the full range of activities and responses
- To provide decision makers with an understanding of the issues of importance, proposals and concerns raised in relation to future inpatient beds, the model of care, and the process itself
- To provide those seeking assurance that the consultation has been carefully and conscientiously taken into account and that the views have contributed to decision-making.

This report will be published and provided to the Governing Body in full before members make a decision. It will also be provided to Devon Health and Wellbeing Scrutiny Committee. In addition to the report- appendices will be made available providing further detail of meeting discussions, organisational responses and a summary of individual responses to ensure transparency.

1.6 Wider local context of consultation

Whilst the Success Regime focus, and therefore the *Your Future Care* consultation, related to the NEW Devon CCG area, since this work commenced, Sustainability and Transformation Plans (STPs) have developed throughout the

country in order to deliver the requirements of the *NHS Five Year Forward View.* The local STP footprint incorporates the areas covered by both NEW Devon Clinical Commissioning Group and South Devon and Torbay Clinical Commissioning Group.

Engagement in the STP began during the summer of 2015 in meetings with key stakeholders across the STP footprint. The draft STP was published on 4 November, 2016 and public involvement in the next phase of reviews began shortly after. Further engagement, and potentially pre-consultation, is planned in spring 2017 with consultation likely later this year. The STP incorporates seven priorities:

- Prevention
- Integrated local care
- Primary care
- Mental health
- Children and young people
- Acute hospital and specialist services
- Productivity

The changes set out in the *Your Future Care* consultation are an early part of the Integrated Local Care priority which will focus on a place-based approach to keeping people as well and independent as possible with wider engagement of communities and the voluntary, statutory and independent sectors including local authorities and primary care. These place-based conversations are due to commence across the whole STP footprint in 2017.

As for the consultation in relation to inpatient beds in NEW Devon CCG area, a similar but separate consultation, with an earlier timeline of approximately two months, has taken place into the community hospital configuration in neighbouring South Devon and Torbay CCG where decisions have now been made. Once NEW Devon decisions are made and implemented it is expected that the focus on the new model of care will continue as part of the wider STP.

2 Design

2.1 Scope and purpose of consultation

The geographical scope of this consultation focused on the Eastern locality of NEW Devon CCG, see below:

The population of the Eastern locality is approximately 380,800, and is expected to rise by 11.9 per cent by 2026. The population of the locality aged 65 or over is currently 84,000, which is 22 per cent of the total population, and 3.54 per cent above the national average. England, as a whole, is not expected to have the same proportion of people aged over 65 years until 2027.

The focus of the consultation was the location of a reduced number of community hospital inpatient beds in the Eastern Locality, within the context of the new model already described. The consultation proposed four options for the 72 inpatient beds, including a preferred option:

- Option A Beds at Tiverton (32), Seaton (24) and Exmouth (16)
- Option B Beds at Tiverton (32), Sidmouth (24) and Exmouth (16)
- Option C Beds at Tiverton (32), Seaton (24) and Exeter (16)
- Option D Beds at Tiverton (32), Sidmouth (24) and Exeter (16)

The preferred option A was set out in the consultation as resulting in the smallest changes in travel time and the greatest whole system impact.

The consultation document asked for views on whether respondents considered the proposed options would deliver the model of integrated care described and on the best locations for community beds in Eastern Devon. The CCG welcomed all views and all responses have been reviewed and considered in preparing this post-consultation report. This includes the options that were not offered in the consultation document, but that those providing responses suggest should be considered.

The nature of this change and the value communities place on community hospitals, as described in previous consultations, generated considerable volume, depth and comprehensive responses. Whilst many people used the CCG response form, many others chose to: write to the CCG to express their views; comment in meetings; petition the CCG; or make representation via other bodies and in particular the Devon Health and Wellbeing Scrutiny Committee – the insights of all of these responses have been considered.

Although the majority of responses were within the scope of the consultation the STP also featured as a subject of interest and discussion. This meant several responses related to the STP or other associated issues. For completeness and transparency, a summary of these responses is included in the Out of Scope section of this report and these points have also been passed on to the relevant leaders of the STP.

Similarly, responses about community inpatient care in northern and western localities were received. The consultation did not propose changes to inpatient services in either northern or eastern localities, however these are noted in the Out of Scope section of this report. The process did however engage all localities in the model of care and where views on the model were received these are included in the relevant section of this post-consultation report.

2.2 Reaching people and hearing views

The consultation plan outlined the need to reach as wide a range of people as possible, targeting people most likely to be affected by the proposals (those in pre-retirement and retirement group – 45+). The consultation plan also outlined the need for targeted engagement with hard to reach groups. This work was commissioned by the CCG from Healthwatch Devon.

The consultation was promoted through a number of channels, including the following:

- Local media, including newspapers, TV and radio
- Through the CCGs Your Future Care web pages
- To key local stakeholders, including GPs, MP, community representatives, Scrutiny Committee, Healthwatch
- CCG external newsletter
- Social media
- Support from councils and their clerks
- To staff, both in the CCG and in local providers.

Details of the consultation launch, copies of consultation documents and event posters were promoted through the following:

- GP practices
- Healthwatch
- Acute and community hospitals
- Local healthcare providers
- Libraries
- Leisure centres
- Royal Legion branches
- Pharmacies
- Community representatives
- Memory cafes
- Walk in centres
- Town and district council offices
- Leagues of friends
- MPs
- Devon Health and Wellbeing Scrutiny Committee
- Parish councils
- Voluntary sector organisations
- Community centres and village halls
- Hairdressers
- Garden centres
- Residential/nursing homes
- Post offices
- Places of worship

Parish councils supported the distribution of information out to smaller, more rural areas. Town council clerks also provided details on the best ways to

communicate with local people about consultation events in their area. Healthwatch Devon supported distribution of consultation documents directly to their members and delivery partners, including Citizens Advice Bureaux.

The consultation was planned in a way to ensure it would reach patients, carers, public, community leaders, local authorities, health and wellbeing boards, Healthwatch, MPs, media and organisations and staff involved in providing care. Regular updates were provided for CCG staff in newsletters and at face-to-face staff briefings however the focus of staff engagement was through the main provider of services that formed the basis of consultation - the Royal Devon and Exeter NHS Foundation Trust.

The Trust planned and delivered a staff communication and engagement plan, which detailed timelines for sharing consultation materials, staff briefings, emails to staff, management briefings, meetings with Staffside representatives for affected staff and online webinars. Staff from local provider organisations were also in attendance and welcomed to participate at many of the public events and roadshows bringing their expertise to the discussion.

2.3 What consultation set out to understand

The consultation set out to understand views on the four proposed options for the location of inpatient community beds in the Eastern locality of Devon in the context of the new model of care. The CCG also welcomed feedback or responses on other options or proposals which show that they can improve local care, while meeting the criteria described in the Consultation Document.

Respondents were invited to select a preferred option for the location of inpatient community beds, state the reasons for their choice, propose alternative options and outline how these met the six strategic priorities and how they met the criteria set out in the Consultation Document. Where requested the CCG team provided further information to individuals and groups making alternative proposals.

Respondents to the consultation questionnaire were also invited to feed back on their least preferred option, provide questions and feedback on the proposed new model of care and provide comment on how limited NHS resources should be prioritised. This latter point was included due to the financial context of the local system where for the NEW Devon area there is a projected gap of £384m by 2010/21 and therefore a core feature of service planning. Across the wider

Devon STP footprint (including South Devon and Torbay) this gap is even larger at £557m.

In order to gain a greater depth of understanding of views, experiences and concerns, the CCG set up and welcomed responses directly to the Consultation Response unit (CRU), where respondents could provide additional and supplementary information to the consultation questionnaire in the format of letters, emails, reports, statements and data.

2.4 Roles and governance

NHS and statutory requirements are that Clinical Commissioning Groups have lead responsibility for consultation and decision-making for major service changes in the services they commission. In this context the CCG received recommendations from the Clinical Cabinet and Programme Delivery Executive Group of the STP/Success Regime and following consideration in September 2016 decided to proceed to consultation.

This decision was based on an assurance process which checked views of key CCG Committees (Quality, Clinical Commissioning, Patient and Public Engagement, Finance) of readiness to proceed. There were also external assurance reviews by NHS England noting the four key tests as being met and the CCG could proceed to public consultation. The South West Clinical Senate panel recommended that with respect to the clinical basis for the model, the consultation should proceed; but with assurance provided to NHS England that certain criteria are met as part of its gateway process prior to implementation.

A similar internal assurance approach will also be followed in considering the Consultation and Decision-making Business Case prior to the CCG Governing Body making a decision. The value of this approach means issues are considered by local subject leads/experts across key assurance requirements to inform the Governing Body in preparing for decision-making. Whilst national policy does not require external assurance of NHS England in the decision-making phase, the CCG has provided this report to NHS England for advice and review which has been taken into account in this report.

2.5 Consultation plan and design

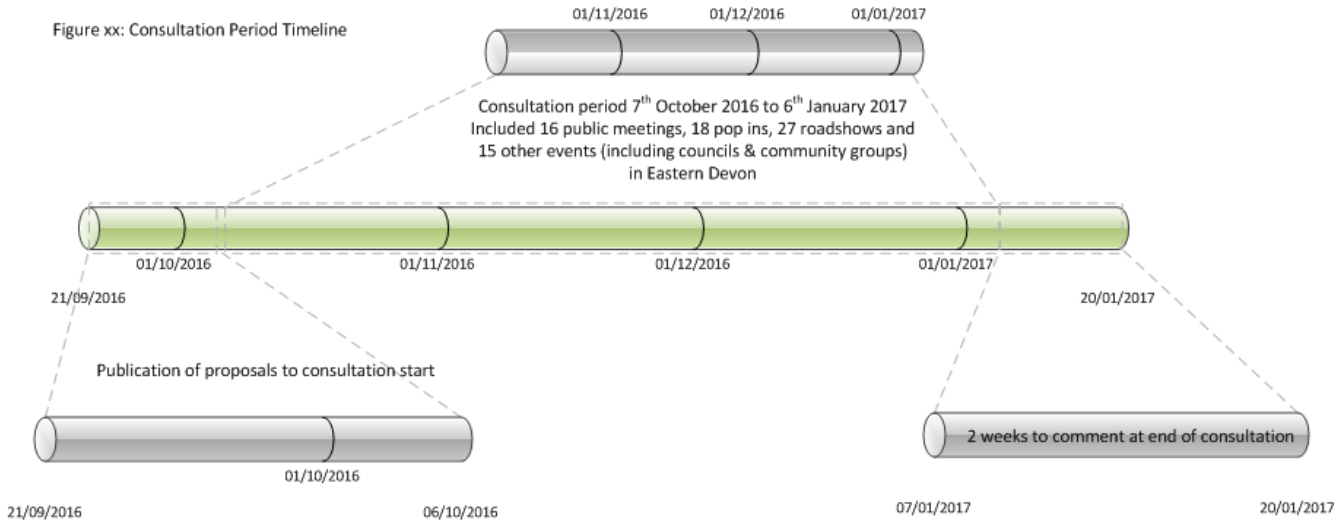
The purpose of the consultation plan was to set out how the consultation would be conducted. It was developed with the input and support of the CCG's Patient and Public Engagement Committee (PPEC) to ensure an effective plan. It also took into account NHS England guidance. As well as describing the overall approach to consultation, the Consultation Plan also dealt with specifics of how the consultation would run including:

- Approach to events
- Key stakeholders
- Scrutiny committee and council approaches
- Consultation responses
- Consultation documents and distribution
- Social media
- Website
- Operational briefing/s
- Launch plan
- Media plan

2.6 Consultation timeline

The consultation commenced on 7 October 2016 and continued until 6 January 2017, a total period of 13 weeks to allow for the fact that the consultation spanned the Christmas and New Year period. This period allowed sufficient time for a full programme of consultation meetings in every town in Eastern Locality (Exeter, East and Mid Devon) plus additional events and meetings in other communities and areas which are described in this report.

All public meetings were attended by senior leaders in the local NHS, mainly CCG but also the STP and Royal Devon and Exeter NHS Foundation Trust (RDEFT), the current provider. Every single event had clinical input, in the main from GPs and all but one had an independent chair. The timeline is summarised below:



From the point of publication of the Governing Body papers on 21 September 2016 and in advance of the consultation start on 7 October 2016, the CCG received a number of letters and representations from people concerned about the announcement of potential closure of beds in their areas. Theses initial responses have been incorporated into this report. Also at the end of the consultation, two weeks were allowed for final responses to be submitted and these have also been factored in the report.

3 Consultation

3.1 Pre-consultation preparations

In advance of consultation commencing, a paper was presented to the CCG's Governing Body on 28 September 2016, outlining the proposals, consultation plan and document, feedback on assurance and feedback from the CCG's Patient and Public Engagement Committee (PPEC). As already indicated, the CCG's Patient and Public Engagement Committee (PPEC) provided assurance over the consultation plan prior to launch, and was instrumental in helping to advise on its development. A working group of the PPEC also provided input and feedback on the development of the Consultation Document and other materials. Immediately in advance of publication of the Governing Body papers

GP member practices, council leaders, scrutiny chairs, Healthwatch chairs, leagues of friends, community representatives and MPs were offered a briefing under embargo.

On 7 October, the day of consultation start, a number of steps were taken to make people aware of the consultation at an early stage. These included:

- Publication of Your Future Care web pages on CCG website updated with supporting documents and materials
- Press release sent to local media
- Message sent to NHS NEW Devon CCG staff and Governing Body
- Your Future Care and Healthy People newsletters sent to 4000+ stakeholders
- Launch letter sent to key stakeholders from CCG Chief Officer
- Consultation information sent to local healthcare providers and partner organisations
- Information about the consultation published on the CCG's social media
- Consultation launch poster.

The following materials were developed and published on the CCG's Your Future Care webpages, as well as being available in hard copy:

- May/June 2016 pre-consultation events engagement report
- September 2016 pre-consultation events engagement report
- Consultation document
- Consultation document in alternative formats (large print, braille, audio and easy read)
- Consultation summary document
- Consultation questionnaire
- Consultation launch press release
- Healthy People newsletter (CCG public newsletter)
- Your Future Care newsletter (CCG public newsletter)
- Consultation launch stakeholder letter from CCG chief officer
- Consultation poster
- Public event poster
- Roadshow event poster
- Public event press release
- Roadshow press release
- Public event presentation slides
- Local community hospital factsheets
- Equality Impact Assessment (September 2016)

3.2 Meetings and Events

At four different types of meetings and events, 76 events in total, there were 2202 attendees. Steps were taken to ensure visits to towns and villages, and care in the format of events and in booking venues to meet requirements and particularly disabled access. Three types of event were planned:

- Public meeting format in cabaret style (independently chaired)
- Roadshow/s
- "Pop Ins" – inquisitive meetings with members of the public in public settings.

At least four events took place in each potentially-affected community (seven communities in total - Exeter, Okehampton, Honiton, Seaton, Sidmouth, Exmouth and Tiverton). The events focused on the consultation in the context of engaging in the new model of care. In all other communities identified outside Eastern locality, one roadshow was held, as a minimum with a focus on engaging in the new model of care which applies throughout the area.

In addition to the wide circulation of posters advertising public events and roadshows, the details were also advertised on the CCG's Your Future Care website and on social media. Paid-for adverts (public notices) also advertised the public events in the following newspapers:

- Express and Echo
- Okehampton Times
- Tavistock Times
- Exmouth Journal
- Midweek Herald
- Sidmouth Herald

Planned paid-for advertising of the full list of roadshow events appeared in the 26 November edition of the Western Morning News. The readership for this is 114,000. Press releases were sent out to local media regularly to ensure wide coverage of the public events and roadshows in local areas. These also featured local GP opinion pieces, tailored for each locality.

Public events

Sixteen public events were held during the consultation, with 804 attendees. These involved a priority booking system, so that attendees booked a place with

the consultation response unit to guarantee a place at the event. Public events lasting 2.5 hours, consisted of an introduction by an independent chair, presentation from a clinician on the new model of care, two short films, facilitated table discussion (with note takers) and question and answer (Q&A) sessions with a panel.

Each public event was filmed and we have received a transcription of the full set of Q&As for each event. Notes from each table discussion were also typed up and available for the final engagement report. These will be published on the CCG website. The numbers of attendees at each public event is set out below:

Date	**Venue**	**Number of attendees**
07/11/2016	The Knowle, Station Road, Sidmouth, EX10 8HL	77
07/11/2016	The Knowle, Station Road, Sidmouth, EX10 8HL	80
08/11/2016	Ocean, Queens Drive, Exmouth, Devon, EX8 2AY	74
10/11/2016	The Beehive, Dowell Street, Honiton, EX14 1LZ	66
14/11/2016	New Hall, Barrington Street, Tiverton, EX16 6QP	27
14/11/2016	New Hall, Barrington Street, Tiverton, EX16 6QP	8
16/11/2016	Charter Hall, Market Street, Okehampton, EX20 1HN	82
16/11/2016	Charter Hall, Market Street, Okehampton, EX20 1HN	66
18/11/2016	Whipton Community Hall, Pinhoe Road, Exeter, EX4 8AS	50
21/11/2016	St Lukes Science and Sport College, Harts Lane, Exeter, EX1 3RD	31
22/11/2016	Exmouth Community College, Gipsy Lane, Exmouth, EX8 3PZ	31
24/11/2016	The Gateway, Seaton Town Hall, Fore Street, Seaton, EX12 2LD	48
24/11/2016	The Gateway, Seaton Town Hall, Fore Street, Seaton, EX12 2LD	16
29/11/2016	The Beehive, Dowell Street, Honiton, EX14 1LZ	51

13/12/2016	Exeter Community Centre, 17 St David's Hill Exeter, EX4 3RG	16
21/12/2016	Markarness Hall, High Street, Honiton, EX14 1PG	81
	Total	**804**

Roadshows

During the consultation 27 roadshows were held with 354 attendees. There was no requirement to book a place beforehand. Roadshows gave the public an opportunity to find out more about Your Future Care, talk to staff from the NHS about the proposals, ask questions, pick up a consultation document and complete a response form. The roadshows operated as informal, drop-in sessions and various NHS staff from the CCG and provider organisations attended each of these. The number of attendees at each roadshow is set out below:

Date	**Venue**	**Number of attendees**
28/11/2016	The Plough Arts Centre, 11 Fore Street, Great Torrington EX38 8HQ	40
28/11/2016	New Hall, Barrington Street, Tiverton, EX16 6QP	0
29/11/2016	The Kings School, Cadhay Lane, Ottery St Mary, Devon, EX11 1RA	10
30/11/2016	The Watermark, Erme Court, Leonards Road, Ivybridge, PL21 0SZ	3
01/12/2016	Yelverton War Memorial Hall, Meavy Lane, Yelverton, PL20 6AL	3
02/12/2016	Jubilee Hall, 2 Gregory's Ct, Chagford, TQ13 8DP	6
02/12/2016	Moretonhampstead Sports Hall, Moretonhampstead, Newton Abbot, TQ13 8NZ	3
05/12/2016	The Windmill Function Rooms, Thurlstone Walk, Plymouth, PL6 8QB	1
08/12/2016	Caddsdown Business Support Centre, Caddsdown Industrial	21

	Park, Bideford EX39 3DX	
08/12/2016	Barnstaple Guildhall, Butchers Row, Barnstaple, EX31 1BW	25
12/12/2016	Devonport Guildhall, Ker Street, Plymouth, Devon, PL1 4EL	1
12/12/2016	Plymouth Guildhall, Plymouth, PL1 2AA	2
13/12/2016	The Town Hall, Bedford Square, Tavistock, Devon, PL19 0AE	17
14/12/2016	Landmark Theatre, Wilder Road, Ilfracombe, EX34 9BZ	55
14/12/2016	Methodist Church, North Street, South Molton, Devon, EX36 3AL	15
15/12/2016	Charter Hall, Market Street, Okehampton, Devon, EX20 1HN	17
16/12/2016	Seaton Gateway Theatre, Fore Street, Seaton, EX12 2LD	9
16/12/2016	Kennaway House, Sidmouth, Devon, EX10 8NG	25
19/12/2016	All Saints Church Hall, Exeter Road, Exmouth, EX8 1RZ	13
19/12/2016	Cullompton Community Centre, Pye Corner, Devon, EX15 1JX	9
20/12/2016	Alphington Village Hall, Ide Lane, Exeter, EX2 8UP	7
20/12/2016	Boniface Centre, Church Lane, Crediton, EX17 2AH	15
21/12/2016	Woodbury Village Hall, Flower Street, Woodbury, Exeter, EX5 1LX	1
21/12/2016	Town Hall, Station Road, Budleigh Salterton, Devon, EX9 6RJ	6
22/12/2016	Holsworthy Memorial Hall, North Road, EX22 6DJ	36
22/12/2016	The Beehive, Dowell Street, Honiton, EX14 1LZ	4
23/12/2016	Axminster Guildhall, West Street, Axminster, EX13 5NX	10
	Total:	**354**

Pop-ins

Eighteen pop-ins were held during the consultation, with 251 attendees. Members of staff went out to specific locations in the community and spoke to

people about the consultation, shared information and consultation materials and encouraged the public to respond to the consultation and attend planned consultation events.

The numbers of people we heard from at each pop-in is set out below:

Date	Location	Numbers of public
27/10/2016	St.Sidwell Street Community Centre, Exeter	17
28/10/2016	Exmouth Pharmacy	2
28/10/2016	Exmouth GP clinic	2
28/10/2016	Exmouth Hospital	14
28/10/2016	Exmouth Leisure Centre	25
28/10/2016	Ivybridge Watermark	7
28/10/2016	Plymouth Guild	5
28/10/2016	Tavistock Hospital	12
31/10/2016	Honiton Hospital	4
31/10/2016	Honiton GPs	2
31/10/2016	Tiverton Hospital	3
02/11/2016	Residents of Seaton	33
02/11/2016	Residents of Sidmouth	67
19/12/2016	Dunkeswell	0
21/12/2016	The Broadway, Plymstock	34
22/12/2016	Kingsbridge - Bus Station	17
03/01/2017	Plymouth - Derriford	0
03/01/2017	Princetown	7
	Total:	**251**

Council and community meetings

The CCG attended 15 town council meetings and meetings organised by other local community groups, with 793 attendees. An offer was made to all town councils in the Eastern locality for presenters from the CCG to attend town council meetings and provide an update on the Your Future Care consultation. All requests were responded to and the CCG provided speakers to attend each requested town council meeting. These meetings are set out below:

Date	Group	Venue	Number of attendees
04/11/2016	Citizens Advice Bureau Devon	Exeter Civic Centre Paris Street, Exeter, EX1 1JN	16
04/11/2016	Seaton representatives	Seaton Gateway Theatre, Seaton, Devon, EX12 2LD	250
04/11/2016	Honiton Senior Voice	Mackarness Hall, High Street, Honiton, Devon, EX14 1PG	150
07/11/2016	Exmouth Town Council	Holy Trinity Church, Exmouth, EX8 2AB	27
11/11/2016	Okehampton Town Council	Charter Hall, Market Street, Okehampton, EX20 1HN	120
17/11/2016	Okehampton Parish Council	Eastern Link, Endecott House, High St, Chagford TQ13 8AJ.	10
24/11/2016	Okehampton Parish Council	Northern Link, Village Hall, Church Lane, Monkokehampton, Winkleigh, EX19 8SF	18
24/11/2016	East Devon District Council Scrutiny Committee	Council Offices, Sidmouth, Devon EX10 8HL	30
24/11/2016	Town Council meeting	Cullompton Town Council, Town Hall, 1 High Street, Cullompton, EX15 1AB	15

29/11/2016	Town Council meeting	Braunton Parish Hall, Chaloners Road, Braunton, Devon, EX33 2ES	50
05/12/2016	Town Council meeting	Sidmouth Town Council, Woolcombe House, Woolcombe Lane, Sidmouth, EX10 9BB	31
05/12/2016	Town Council meeting	The Council Offices, 8 Broad Street, OTTERY ST MARY, EX11 1BZ	21
06/12/2016	Town Council meeting	Guildhall, West Street, Axminster, EX13 5NX	19
13/12/2016	Joint Engagement Board	Wonford Community Centre, Burnthouse Lane, Exeter EX2 6NF	21
13/12/2016	Woodbury, Exmouth, Budleigh (WEB) Reference Group	Brixington Community Church, Churchill Road, Exmouth, Devon, EX8 4JJ	15
		Total:	**793**

The CCG gave apologies for one community group meeting request received during the consultation due to the late notice of the invitation but requested notes of the meeting.

4 Responses

4.1 Consultation response arrangements

While the aim of the new model of integrated care is to provide parity of health outcomes across the NEW Devon CCG area, it has throughout the process been understood that members of the public and key stakeholders would have a wide range of questions about the proposed changes and improvements to out of hospital care as well as in relation to the specific hospital proposals.

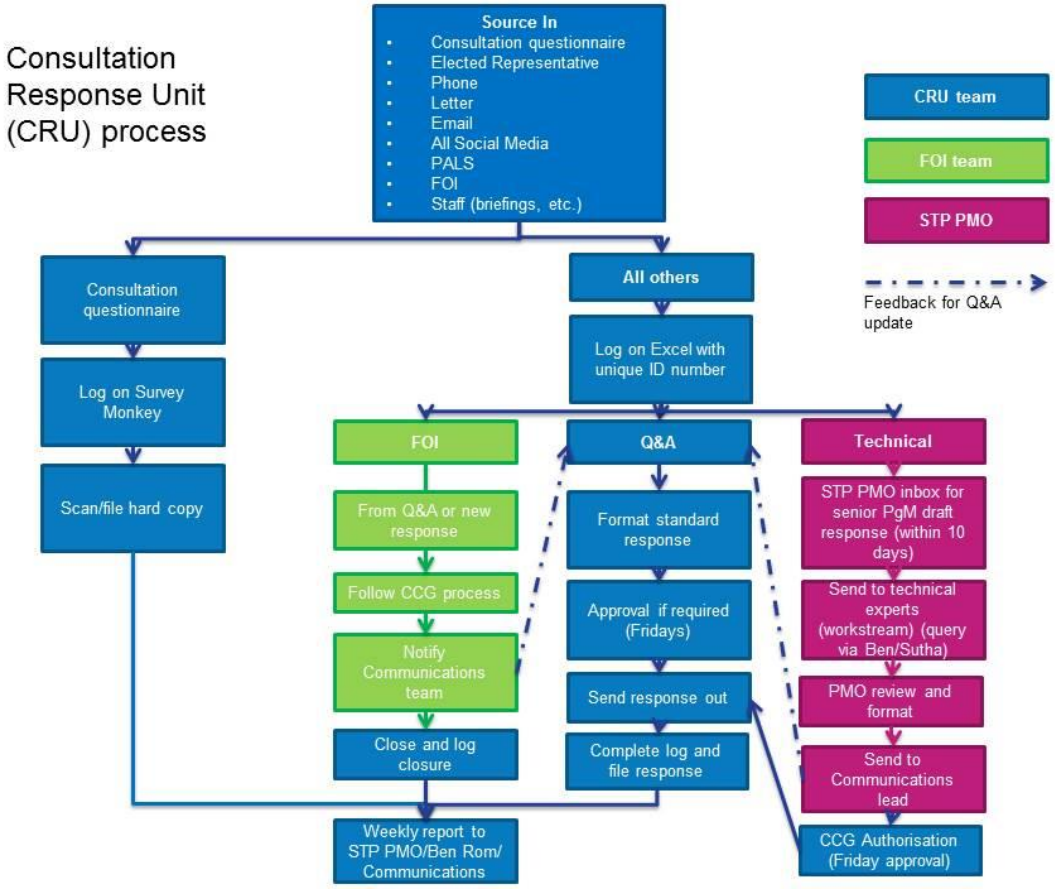
The consultation response unit (CRU) was established by the CCG to ensure consistency and a central location for dealing with correspondence, questions and responses to acknowledge and respond as appropriate to all sources of

incoming correspondence during the Your Future Care consultation period. Contacts with the CRU were made through the following:

- An advertised telephone number (01392 267642)
- Your Future Care mailbox (d-ccg.YourFutureCare@nhs.net)
- Freepost postal address (Freepost YOUR FUTURE CARE) no stamp required.

The CRU managed all incoming correspondence (letters, emails and telephone calls) and also responded to all requests from individuals and/or groups for documents to be posted out – the majority of requests being for consultation documents, response forms, event posters and supporting evidence documents, such as the pre-consultation business case (PCBC). The CRU was responsible for logging all received consultation responses through the postal survey on to the online Survey Monkey system so that all responses were collated in one place.

The CRU process for dealing with correspondence is outlined below.



Incoming correspondence was received through a wide range of sources. Each contribution was assigned a log number, and saved in both e-copy and hardcopy. All relevant data provided was recorded in a master CRU spreadsheet under the following headings:

- Date received
- Week commencing (Monday)
- Status (update on change)
- Title
- Name &/or Organisation
- Address
- Town
- County
- Postcode
- Telephone

- Email address
- Online name (twitter)
- Query source
- Themes
- Acknowledgement
- Preferred response
- Requested respond by date
- Closed date

In the early part of the consultation themes started to emerge and each item of correspondence was grouped into one or more of the initial themes below, with new themes being added when these were received:

Financial (Local specific)	**Travel**	
Financial (General)	**New model of integrated care**	**Decision-making process**
Staffing	**Rurality**	**Consultation and engagement process and timeline**
Future proofing / Growing population	**Potential decline in patient safety**	**Comments unrelated to consultation**
Personal / Lived experience	**Staff questions**	

Of course not all responses concentrated on only one theme so where they concentrated on several these were also cross-referenced to ensure a comprehensive picture of responses. Responses were sent and logged with the initial correspondence.

The CRU received 865 responses to the online response form, and 687 hard copy response forms which were reviewed and inputted online making a total of 1552 surveys. In addition a further 265 emails and 408 letters were received, acknowledged and responded to making the total electronic and written contributions to the consultation of 2225.

5. Decision-making

5.1 Decision-making requirements

NHS England document Planning, Assuring and Delivering Service Change for Patients sets out the statutory duties and NHS requirements placed on the NHS in relation to service change and reconfiguration. Decisions must be made in the context of this guidance. In particular the guidance would expect decisions to:

- Achieve clinical quality and financial sustainability
- Satisfy the requirements of the 'Four Tests' of service change, as set out in the NHS Mandate
    1. *Strong public and patient engagement.*
    2. *Consistency with current and prospective need for patient choice.*
    3. *Clear, clinical evidence base.*
    4. *Support for proposals from commissioners*
- Have regard to the Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy
- Demonstrate early and ongoing involvement in planning service change
- Are clear on the benefits for patients and the population
- Describe how local authority scrutiny committees have been engaged
- Be consistent with applicable statutory duties and practice guidance
- Address inequalities and fulfil the Public Sector Equality Duty
- Be aligned with national and local strategy and policy
- Be deliverable if a decision to implement is made
- Compare appropriately with the risks of not proceeding to decision

The guidance indicates the need for consultation to be taken into account and sets out the role of a decision-making business case which will be prepared.

5.2 Consultation – decision-making process

In the period between the end of consultation and the submission of materials for decision-making, the following steps are being undertaken:

- Review of consultation responses and preparation of this post-consultation report

- Consideration of how the views impact on the options and can be factored into decision-making
- Presentation to key system and CCG groups and committees including ensuring they receive feedback from consultation
- Setting up the processes for review of the options and follow on appraisal taking account the products of consultation
- Undertaking a range of impact assessments including quality and equality impact, patient benefit, workforce and financial
- Clinical/professional engagement through a reference group to build further the new model of care
- Preparing the decision-making business case and other materials for the Governing Body decision
- Communications to ensure stakeholders and the public have information on the next stage of the process

5.3 Timeline and arrangements

At the present time this post-consultation Report and decision-making papers are due to be submitted to the NHS NEW Devon CCG Governing Body on 2 March 2017. The key committee meetings and milestones are below:

Part B

6. Consultation overview

- Responses from individuals
- Responses from organisations
- Responses from meetings and focus groups
- Responses from scrutiny/regulatory bodies

6.1 Responses from individuals

In addition to the online and hard copy response forms received, a further 265 emails and 408 letters from individuals and organisations responding to the consultation were also received.

Individual responses included feedback from people interested in local health and care services, descriptions of people's personal experience of using health and care services, local knowledge, and some responses took in to account local population needs and developments. While some respondents did make the point that care at home was a positive change and that people would prefer to be at cared for at home rather than hospital, some respondents sought reassurance that the care at home would be good care and that there was sufficient staff to provide this care.

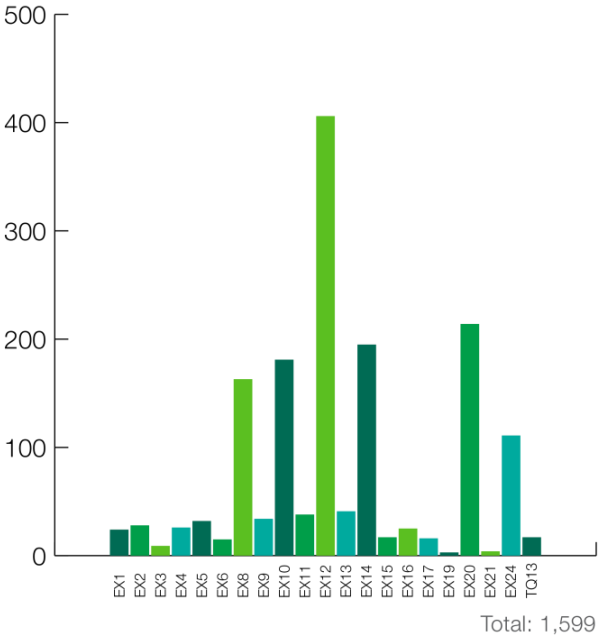
Many individuals also raised questions or requested further information in their responses, and these were responded to through the CRU.

From online and hard copy survey responses, combined with individual letters and emails, 1726 respondents provided information about their post code area.

A table of individual responses by postcode area is set out below.

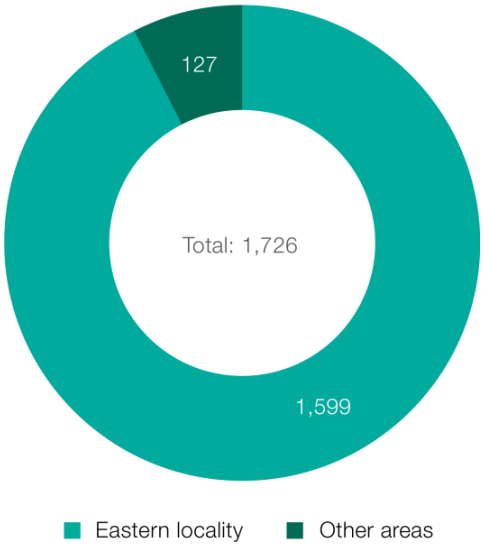
Postcodes in Eastern locality of Devon

Distribution of responses by postcode - Eastern locality



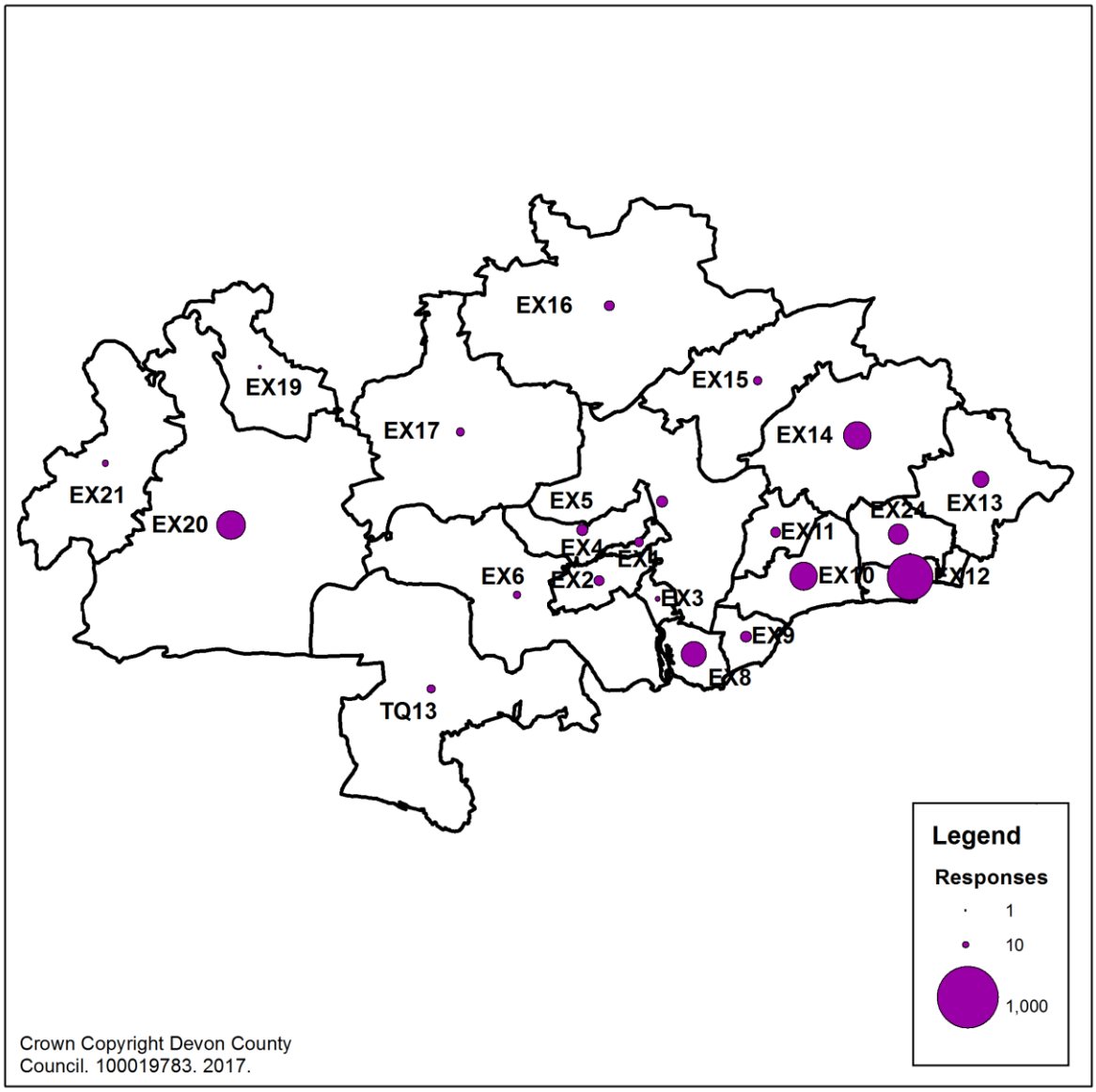
Total: 1,599

Distribution of responses by postcode - Eastern locality compared to other areas



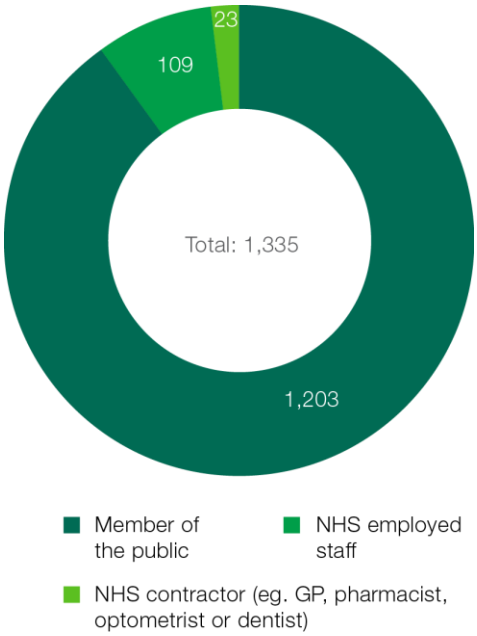
Map of postcodes

The following map shows the volume of all responses by postcode

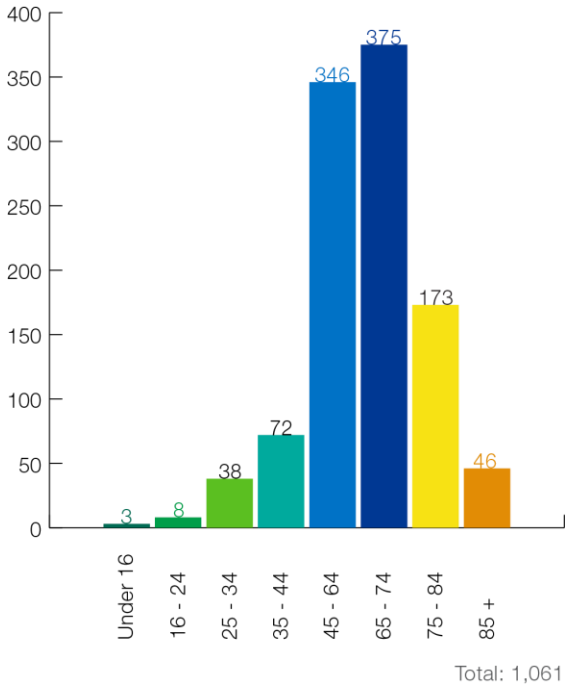


Profile of respondents

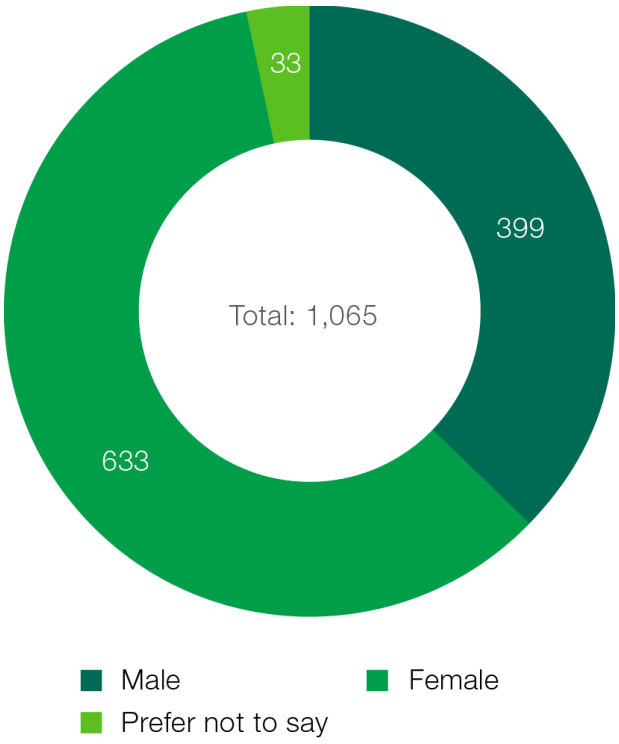
The following demonstrates the profile of respondents, where this information was provided on individual responses.



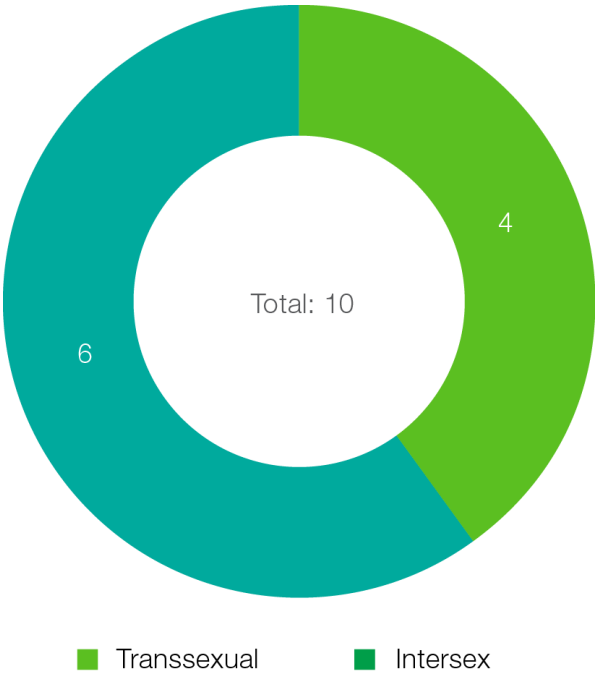
Age of respondents



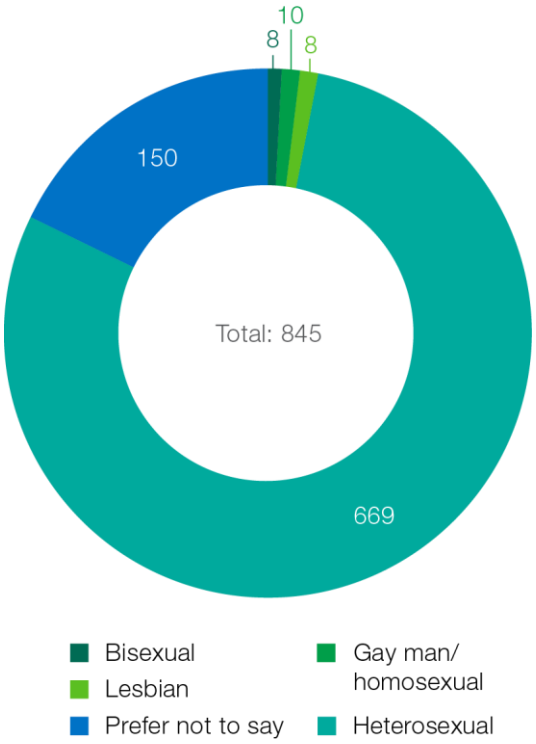
Gender



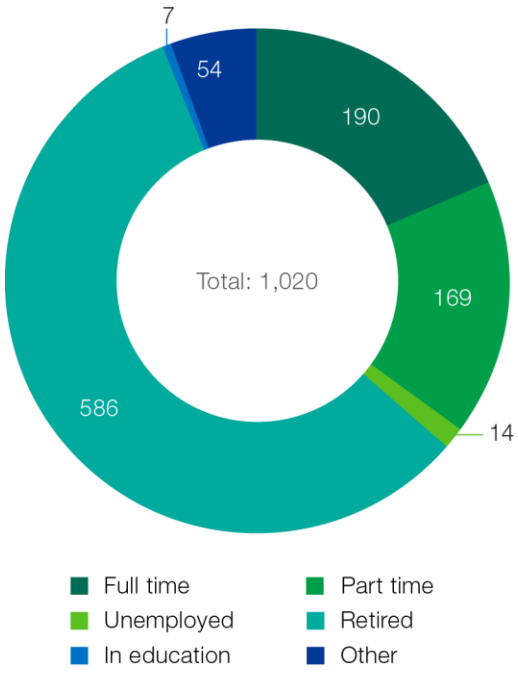
Gender identity



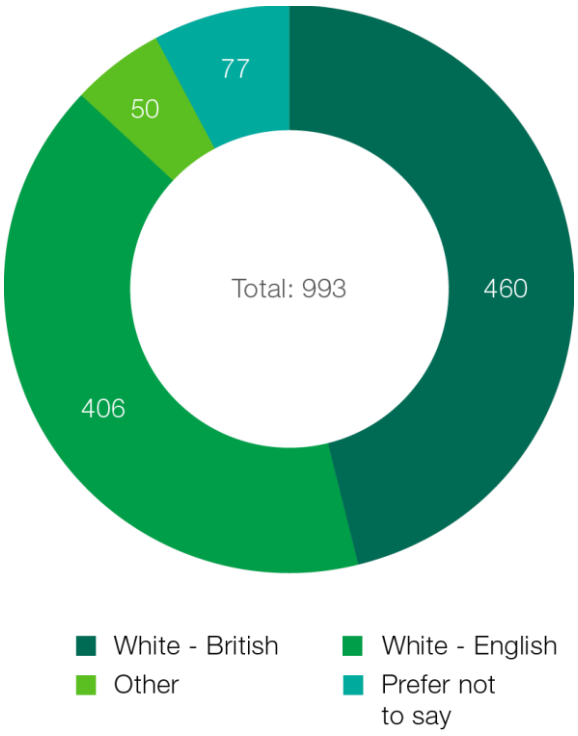
Sexual orientation



Work pattern



Ethnic origin



6.2 Responses from organisations

Whilst the list of respondents continues to grow, we have received feedback from the following 80 organisations:

Eastern
Age Concern Exmouth
Axminster Hospital League of Friends
Bradninch Parish Council
Bridestowe Parish Council
Broadhembury Group Women's Institute (WI)
Budleigh Town Council
Campaign for Protection of Rural England (CPRE) East Devon Group
Cheriton Bishop Patient Participation Group (PPG)
Colyton Parish Council
Crediton Town Council
Devon Local Medical Committee North and East sub-committee
East Devon Alliance
East Devon Conservative Group

Exeter Community Hospital League of Friends
Exeter Green Party
Exeter Patient Panel/Pinhoe and Broadclyst PPG)
Exmouth Civic Society
Friends of Okehampton Community
Friends of Okehampton Community Hospital
Hatherleigh Town Council
Hittisleigh Parish Council
Honiton Hospital Friends
Honiton Hospital Steering Group
Honiton Women's Institute
Monkokehampton Parish Council
Musbury Town Council
Northlew Parish Council
North Tawton Town Council
Offwell Parish Council
Okehampton Community Transport
Okehampton Medical Centre PPG
Okehampton Town Council
PPG of former Okement Surgery, Okehampton (Wallingbrook Health Group)
Save Our Hospital Beds – Honiton
Save Our Beds - Okehampton
Seaton and District Hospital League of Friends
Sidmouth Victoria Hospital Comforts Fund
Sidmouth Hospiscare Trust
Sidmouth Town Council
Sourton Town Council
Tiverton and Honiton Labour Party
Wakley Health & Care Forums
West Devon Borough Council
Woodbury Parish Council

The community case for Okehampton was also submitted on behalf of councillors for West Devon Borough Council, Devon County Council and the following parish councils: Okehampton Hamlets, Belston, Sticklepath, South Tawton, South Zeal, Exbourne, Jacobstowe, Drewsteignton, Chagford, Follygate and Inwardleigh, Bratton Clovelly, Sampford Courtenay, Lydford, Bridestowe, Sourton, Northlew, Throwleigh, Gidleigh, Whiddon, Down, Spreyton and Beaworthy.

Other areas of Devon and wider

38 Degrees
Barnstaple Town Council
Bideford Town Council
Brayford Parish Council
British Medical Association
Buckland Brewer Parish Council
Chittlehamholt, Satterleigh and Warkleigh Parish Council
Citizens Advice Devon
Clovelly Parish Council
Combe Martin Parish Council
Community Hospitals Association
Dignity for the Aged, Compassion for the Dying
Great Torrington Town Council
Healthwatch Devon
Hospiscare
Ilfracombe & District Trades Union Council
Ivybridge Town Council
League of Friends of Lyn District Healthcare
Littleham and Landcross Parish Council
Living Options Devon
Lynton PPG
Methodist Church West Devon
Mortehoe Parish Council
MS Society
North Devon GP forum
Royal College of Nursing
Save Our Hospital Services
South Hams Hospital League of Friends
South Molton Town Council
Sticklepath Phoenix Group
Tavyside Patients' Association
Torridge District Council
Tyrell Hospital League of Friends
Unison Devon County Branch (on behalf of retired members)
Unison South West
West Devon Methodist Circuit

6.3 Overview of responses by community

Hospital	Consultation themes	Example of responses
Seaton	Concern over availability of home care Patients may need to travel further to hospital Seaton seen as area with high needs in previous consultation Distance from other areas Impact also on Axminster community if no beds	*'Given the closure of beds in Axminster Hospital, Seaton Hospital's 24 beds now serve a population of 25,000 across the whole Axe Valley. We note the strong support for the Seaton provision from residents, town and parish councils, and ward councillors in Axminster and villages around the area. The consultation has shown that the beds are hugely appreciated by the local community, and the 300-strong public meeting in Seaton Town Hall showed unanimous support for keeping them. Seaton Town Council is utterly opposed to any policy which removes the beds from Seaton Hospital.'* *'Seaton has a long history of active rehabilitation of the frail and elderly and data collected by the NEW Devon CCG as part of the Transforming Community Services consultation in 2014 confirms both the high numbers of frail elderly patients in the area and the success of the staff in the hospital in getting their patients back to their best, in a timely fashion.'* *'We fought and lost the battle for inpatient beds at Axminster. The argument then was that Seaton would provide the facility. To lose beds at Seaton now would be a travesty and would make life much more difficult for local people.'*
Tiverton	Quality of building and facilities Good access routes Limited engagement understood to be as 'felt safe' Other consultees challenged PFI decision	'*Why should other support hospitals be punished or made to lose beds because of the futility of the Tiverton case?...whose supposed business acumen burdened Tiverton with PFI, and which cannot be reversed for three years, is now being tipped to be the only hospital untouched by proposed change, the hospital to be 'voted for' smaller population figure and the least central locality.'*

	Other consultees suggested less than 32 beds	
Exeter	Whilst support for hospital, largely Exeter feedback focussed on integrated quality out of hospital care.	*'I think it important for relatives to be able to visit patients and due to recent cuts public transport is limited. Exeter is a central location and most rural towns have reasonable links to the city.'* *'I would like to see greater provision in Exeter - as an easy to-travel-to hub.'*
Okehampton	Community case to retain Okehampton submitted Okehampton town key role in large rural area Patient and carer access affected in proposals Travel times for care quality and safety impact Geography, rurality and growing population Query on impact of MIU/GP practice in evaluation Risk of change when alternative 'heroic' ref Kings Fund	'*Looking at the map of Devon, you will find no community hospitals in north and west Devon, if any of your options are implemented. In Okehampton …you now propose total elimination of the beds. Has no consideration been given to the increased population of Okehampton?'* *'This closure is going to expose many vulnerable people who will no longer have any hospital facility in their area. The additional travel, coupled with a poor public transport system, will make this extremely difficult for anyone hospitalised in another area to have visitors other than other than by private means. I also have doubts that the ambulance service has enough resources to take on this additional load.'* *'The House of Commons Select Committee considers there is a need for more hospital beds. Yet you are proposing bed closures in community hospitals and to treat patients with Care in the Community. This would possible work if you could guarantee that you have enough community nurses to cover this vast rural area. Nevertheless, you cannot guarantee this and as a result by closing the community hospital beds you are causing bed blocking in acute hospitals.'* *'Okehampton is a very rural area with people already travelling 30-40mins to visit relatives in this hospital. To go to Exeter it can take 1.5hrs from areas such as Meeth. The*

	Quality of building and facilities Joint Strategic Needs Assessment and inequalities – transport links	*road to Tiverton is a very difficult and windy back road which should not be encouraged to elderly drivers who are the most likely to want to visit their spouses and if they cannot get there they cannot visit potentially end of life family members. This right should NOT be denied to anyone let alone people with 60yrs of marriage to go through at the end stages. To get to Seaton or Sidmouth, Okehampton relatives will have to travel for 2hrs. That is certainly not acceptable. Holsworthy and Tavistock are run by different trusts which, as I'm sure you know, means the computer systems are different, the notes are different, clinicians cannot access previous X-rays/blood results/acute in patient stays/GP notes so the continuity of care is disastrous for these patients and lots will get missed or not done thoroughly, often relying on the patient or relatives to give hospital staff vital information.'*
Honiton	Community campaign to save beds Unconvinced by consultation arguments Honiton central location and accessibility Quality of building and facilities Honiton to Tiverton journey issue Impact on other services in Honiton	*'Honiton offers a vital role to many small villages in the area. Many of the residents are elderly and having been admitted to Wonford Hospital for an operation, Honiton is an ideal location for their recuperation, being closer for family and friends to visit and equally importantly freeing up a bed in Exeter.'* *'I also want to know why Honiton is being considered for bed closures – as I have already pointed out it is best placed within East Devon for ease of access main A30/A303/A35. It is a relatively new hospital, has plenty of parking, it also currently provides more services than Seaton and Sidmouth hospitals…'* *'I am totally dismayed at the proposal to close all in-patient medical beds at Honiton Hospital. I fail to understand how a carer travelling many miles and spending little time with the patient is more economic than running a hospital ward where several patients can be cared for by a small team of carers. We understand the hospital building will still be operative so running costs of the building will surely remain the same.'* *'Need to keep Honiton Hospital open - easy access to*

		public transport (rail, bus, short walk to town), other hospitals difficult to get to without a car. How can anyone from Honiton/Dunkeswell/Feniton get to visit a patient at Tiverton/Seaton/Exmouth if they have to use public transport?'
Sidmouth	Hospital serving growing older population in area Evaluation included car parking (Sidmouth issue now resolved) and query on MIU/GP practice in evaluation Hospital clinical support different from norm Quality of building and facilities Support and funding by community Hospital role in reducing bed blocking	'*In 2004 a new hospital was built in Tiverton financed by PFI. Sidmouth at the same time was looking at financing the final two phases of the hospital re-build. If we had used PFI funds, would I be correct in assuming that as with Tiverton, we would also be retaining our bed allocation?* *We chose not to burden the NHS with extortionate repayments and to raise the money required through the local community, which makes us feel now that we are being penalised for saving the NHS many millions of pounds and the threat of losing our in-patient beds should the preferred option succeed.'* *'This hospital, built and substantially and energetically supported by local subscription, provides a superb essential service to the community and even further afield. It is efficiently managed and operated by dedicated local medical and nursing staff in an excellent if modest building with good parking and convenient transport facilities'*

Exmouth	Large and growing population Makes economic and common sense to retain Questions on bed capacity potential being 28	*'Unfortunately, like me, the majority of people will find the explanation to be an excuse for not having 24 beds in Exmouth… The figure will be seen to have been plucked out of the air as the work required has to be on a like-for-like basis and it is obvious that no accurate costings have been prepared for the work involved in Exmouth Hospital.'* *'On the assumption that 16 people will no longer be receiving in-patient care at Exmouth Hospital are we to assume that they will be cared for at home? If so, then it firstly presumes that the patient has a home suitable for such home care and that relatives, friends and unpaid carers are willing and able to provide support, and in addition to that, there are social services staff waiting for the immediate call to adapt homes with rails, ramps, assisted toilets etc etc and that they have the resources to do it. This we very, very much doubt'*
Other areas	Suggestions to reinstate hospital beds in locations where CCG already made decision to close them. Argument that Ottery St Mary beds are still there so should be included	*'Ottery St Mary Hospital is a modern purpose-built hospital. It has easy access for staff and patients, and good parking on site. It has a large local pool of labour of working age, and easy access to RD&E for both emergencies and outpatient cover. Ottery Hospital also has space for 24 beds. No building work would be required to increase capacity.'* *'The solution concerning community hospital beds according to the CCG is to remove all the remaining beds west of Exeter to disadvantage further the area that has already been deprived of beds at two community hospitals, Moretonhampstead and Crediton.'* *'Axminster should have its beds back. It is an easy-access site for residents of East Devon and Lyme Regis.'*

Petitions

The CCG's Governing Body received five petitions during the consultation. These were handed to the Chair at the Governing Body meeting on 5 January 2017 and are detailed below.

Petition received from	Signatures	Description
Sidmouth Victoria Hospital Comforts Fund	5,497	*Petition to prevent the closure of Sidmouth Hospital's in-patient ward, please sign to show your support.*
Okehampton Hospital	3,579	*Petition to Save Okehampton Hospital beds*
Honiton Hospital	3,227	*Hands off Honiton Hospital!*
Seaton Hospital	1,803	*Save Seaton Hospital inpatient beds petition*
38 degrees (in support for Sidmouth Hospital)	1,080	*We ask the chairman of CCG and Devon MP's to back this request and ask the Secretary of State for Health, and the Health Select Committee to intervene and stop the programme of cuts before patients suffer.*

Responses from focus groups

To ensure engagement was structured in a way that the CCG could hear from as many people as possible, Healthwatch Devon was commissioned by the CCG to carry out engagement with hard to reach groups during the consultation, through its existing delivery partners.

Healthwatch Devon facilitated a number of focus groups with people representing equality and diversity protected groups to seek views about the proposed changes, and particularly, things that the CCG may need to consider in relation to the protected groups. Approximately 63 people participated in these focus groups and one-to-one discussions. To aid the focus groups and hard to reach engagement, the consultation document was provided in alternative formats – audio, large print, braille and easy read.

Groups involved:

- Be Involved, Devon (disability - mental health)
- Living Options, Devon (disability - physical)

- Devon Link Up (learning disability)

Additional responses weren't provided directly by the remaining delivery partners for hard to reach groups.

Comments and feedback were based on the following themes:

Meeting specific requirements of hard to reach groups

- Suggestion to provide disability awareness training to staff working in community services.
- Ensure any single point of access system is accessible to people with disabilities, for example, alternatives to phone access for those with hearing impairments.
- Ensure it is possible to meet the needs of and make reasonable adjustments for disabled family members or other individuals involved in caring for the patient.
- Improve disabled parking on hospital sites and also public transport.
- Integrate the new proposed model of care with mental health so that service users this kind of service can also be identified.

Proposed consultation options

- All of the options were considered positive or negative and no one option was most preferred.
- Preference for services to be as close to home as possible. Long journeys are not good for patients.
- Preference for service locations that give best overall coverage of the area for everyone.

Support for proposed model of care

- Many people felt that enabling patients to remain at home and avoid a hospital stay is a good thing.
- A rapid response service is important.
- A single point of contact for the service would need to be user-friendly, especially for elderly people.

Concern about proposed model of care

- Will there be enough care staff to support the model?
- Concern about increased travel distances for patients and carers/families.

- Risk of patients feeling isolated if they stay at home to recover.
- Concern that changes may lead to hospital closures.
- A need to understand more about how proposed options for consultation were decided.

Promoting independence

- Focus on health education and encourage patients to understand their own health condition and self-care as fully as possible.
- Use technology to maintain independence.
- Patient choices and views should be taken into account.

Avoid gaps in service provision

- Make sure patients with complex needs have the level of support, access, continuity of care and reassurance they need when they are being cared for in their home.
- Ensure there are enough carers to manage patient care at home before removing any community beds.
- Ensure hospital discharge is well planned, at a good time of day and that a full care package is in place.

Make accessing the service easy

- Widely promote the single point of contact details.
- Any walk-in access needs to be user-friendly.

Suggestions for saving money

- Work in partnership with communities and community organisations to help run the service e.g. transporting patients and looking out for poorly neighbours.
- Several ideas around reducing waste were offered in relation to recycling equipment, medications waste and maximising NHS buying power.
- People suggested using existing closed community hospital wards again but in a different way to help relieve pressure
- Perception that too much money is spent on employing NHS management/ admin staff and this could be reduced.

The focus groups also provided some specific examples of individual experience and patient stories, including looking at what works currently, and what doesn't work for people.

6.4 Responses from scrutiny, regulatory bodies and councils

Devon Health and Wellbeing Scrutiny Committee

The CCG reported to Devon Health and Wellbeing Scrutiny Committee in September 2016 immediately in advance of the consultation period, and also in November 2016 and January 2017. In addition, the Scrutiny Committee hosted a New Model of Care event involving members from Devon, Torbay and Plymouth Scrutiny Committees, the two CCGs, and local authority input. The Scrutiny Committee prepared a report on the New Model event and this was considered at the committee meeting in November 2016. During the course of the consultation there has been significant representation at the committee from individuals and also campaign groups voicing concerns about the proposals that are subject to consultation. In particular issues raised have included concerns in relation to:

- Rolling out the model in Torrington when local people have voiced so many issues
- The entire approach to closing beds for a model of care considered unproven
- The risk to patients if the changes are implemented
- The difficulties in recruiting staff to work in the new model
- The impact on other local services

There were many more points and written representations sent to Scrutiny which were submitted to the CCG and considered in this report (some were duplicates of letters already received by the CCG). All the meetings are webcast and the link is here.

Points raised by members in relation to the proposals for changes to community hospital inpatient bed included:

- Further details of the consultation timeline and meetings before the consultation started
- The impact of changes in the west of the locality
- Limitations of care at home in rural areas
- Limitations of care at home on flexibility for patients
- Issues relating to the transfer of staff from hospitals and shortages of care and trained staff across many disciplines

- The checks and safety checks carried out by the CCG before implementation of changes in terms of staffing and resources
- The need for improved dialogue between the CCG and communities
- Liaising with local councillors in order to assist with developing additional options in response to the consultation, for example in Okehampton and Honiton
- Careful consideration of all responses and the independent role of Healthwatch Devon in the events and the role of the CCG's Patient and Public Engagement Committee
- The relatively tight timescale for decisions with an assurance from the CCG that decisions would be made when the decision-making case was ready
- Errors relating to postcodes had led to loss of confidence but had been corrected quickly and resulting FOIs dealt with
- Views in relation to end of life care and the need to prioritise care packages
- The robust implementation process and checks needed for a safe transition and reconfiguration of services.

In relation to the new model of care, the Scrutiny spotlight review (available here) considered the proposed model and its strengths, weaknesses, opportunities and threats. It concluded that hard and difficult conversations need to happen and whilst there was support for the model of care, for better outcomes for patients and for more intensive rehabilitation, there remain enduring concerns over exactly what this will mean in each location and whether the additional services and staff will be in place to make this happen. It also discussed the role of councillors being ambassadors for change and their role in ensuring the public voice continues to be heard.

Local council meetings

In addition to responses to the consultation, the CCG was invited to attend local council meetings as described in this report. In summary, points arising from local council meetings spanned the following topics:

- Recruitment, relocation and (re)training of additional staff with the relevant skills, notably carers, to deliver care in the community
- Some concerns beds could be removed from their local hospitals given the amount of funds they have invested

- Travel issues for those who would need to access a hospital further afield if their local community hospital loses its inpatient beds
- Some communities felt strongly that all inpatient beds in community hospitals should be retained
- The need for resources to be fully in place for the New Model of Care prior to the closure of any community hospital beds
- Thorough testing is required to ensure that the model is safe and reliable before implementation occurs
- Increased pressure on healthcare services due to the above-average elderly population, especially in East Devon
- Belief that community services are already overstretched and care packages are not frequently available due to the specialised medical needs of the population
- Feedback that there is currently a slow response time for care in the community and a lack of beds in residential care homes due to insufficient social care funding
- Potential risks posed to staff while lone working in the community including travelling in adverse weather conditions
- Assurance required that Tiverton has not just been included in all the shortlisted options because of its PFI status
- More evidence to support the finances behind the new model and how it will work in practice
- Other options should be considered in addition to the four shortlisted options.

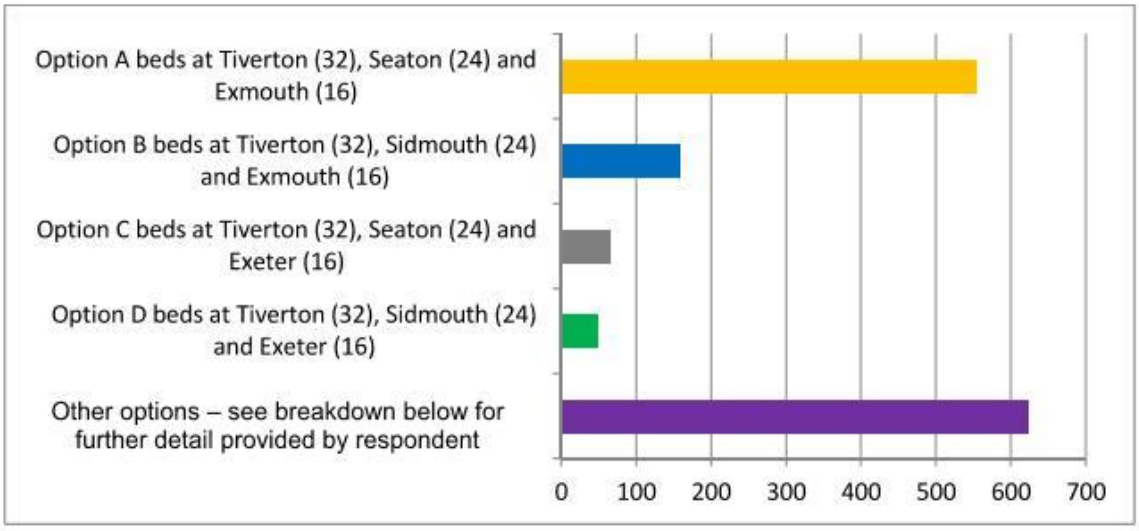
7. Views on inpatient bed options

7.1 Your Future Care survey results

Total numbers of responses for each option were as follows:

Option A 554
Option B 159
Option C 65
Option D 50

Other Options – See further detail and breakdown below.



Other option received 624 votes, and the options that were provided by respondents are broken down as follows:

Longlist options		Number of responses recorded
Option 2	Honiton, Seaton, Tiverton	8
Option 3 & 8	Tiverton, Seaton, Exmouth	3
Option 4	Tiverton, Seaton, Exeter	3
Option 5	Tiverton, Seaton, Okehampton	8
Option 7	Tiverton, Honiton, Exmouth	17
Option 10	Okehampton, Tiverton, Exmouth	7

Option 12	Tiverton, Sidmouth, Honiton	8
Option 13	Seaton, Sidmouth, Tiverton	1
Option 14	Tiverton, Sidmouth, Exeter	1
Option 15	Tiverton, Sidmouth, Okehampton	72

Other suggested three site options

Honiton, Sidmouth, Seaton	2
Tiverton, Exeter, Okehampton	2
Tiverton, Honiton, Exeter	3
Ottery, Sidmouth, Exmouth	1
Exeter, Exmouth, Sidmouth	1
Sidmouth, Seaton, Exmouth	1
Exeter, Seaton, Sidmouth	1
Honiton, Seaton, Exeter	1

Single hospitals highlighted as needing inpatient beds to be retained

Okehampton	96
Exmouth	10
Honiton	74
Seaton	4
Ilfracombe	1
Tiverton	1
Axminster	5
Ottery St Mary	3
Crediton	1

Sidmouth	5
Four Site options	
Tiverton, Sidmouth, Seaton, Exmouth	6
Honiton, Sidmouth, Seaton, Exeter	2
Tiverton, Honiton, Seaton, Exmouth	2
Tiverton, Seaton, Sidmouth, Okehampton	1
Tiverton, Sidmouth, Exeter, Okehampton	1
Tiverton, Okehampton, Honiton, Exeter	1
Tiverton, Okehampton, Seaton, Exmouth	1
Four locations of 88 beds to include Honiton & Okehampton	1
Whipton in addition to option A or B	1
Two site options	
Honiton, Okehampton	2
Honiton, Sidmouth	1
Five site options	
Tiverton, Seaton, Sidmouth, Exeter, Exmouth	2
Miscellaneous	
Retain all existing beds	168
18 beds in each hospital	1
Reopen all the closed hospitals	1
Increase number of beds in community hospitals	2
Split 72 beds across community hospitals	1

Whilst it would be possible to further break down the ‘other option’ results to include the bed numbers for each location supplied it must be noted that a

significant number of those providing an alternative option did not supply specific bed numbers.

It is important to note that the CCG invited people to comment using the response form but many others chose to: write to the CCG to express their views; comment in meetings; petition the CCG; or make representation via other bodies and in particular the Devon Health and Wellbeing Scrutiny Committee – the insights of all of these responses have been considered.

This means that not all communities, organisations or individuals used the form supplied and some took the approach of collecting signatures for a petition, printing standard letters that a number of local people signed, or writing letters to the CCG, as well as raising views in meetings. It is important therefore in considering feedback on the options that the total picture is considered.

A range of views was presented in relation to the hurdle and evaluation criteria used in setting the options for consultation. This included questions and challenge in relation to the fairness of the content of the criteria, particularly the inclusion of PFI when communities that raised funds for hospitals felt they were disadvantaged.

There were also questions from specific communities about accuracy of underpinning data that was used in the evaluation criteria as this may have resulted in skew of the results. The issue of postcodes being transposed, although corrected, impacted on confidence in the accuracy of this work and led to increasingly detailed questions. In relation to the options proposed, points respondents considered to be missing were rurality; patient travel and access; important roles of hospitals in active rehabilitation and end of life care and without this patients may be disadvantaged.

There was active support for the CCG to consider inclusion of Okehampton and Honiton in its assessment and to recognise the respective health needs of different communities, and the strengths and importance of the inpatient beds in the hospitals in respective communities, all of which needs to be carefully taken into account.

Previous commitments by the CCG in the Transforming Community Services programme were felt to have created legitimate expectations by particular communities on where their care would be located and this was highlighted for attention. Further information was also identified as important in relation to the

confidence in the financial model, attention to rural proofing, future proofing and social value as well as on the true impact on patients, carers and communities of these changes.

In relation to the new model, whilst people often said they understood and liked the principles of the model, they also raised concerns around safety; workforce; implementation costing; clinical evidence and support; reliability; quality. In relation to hospital care as well as in the survey responses, letters proposed a whole range of options, with particular focus on retaining beds in Sidmouth and Seaton and considering beds in Okehampton and Honiton.

All of these points will need to be considered in determining options and in their appraisal.

8. Views on proposed model of care

- Overall model
- Three interventions
- Themed analysis
- Areas of common concern
- Implementation and impact

Due to the volume and depth of responses received, the CCG continues to develop and add to this section as analysis continues. This is not a final summary of the views expressed.

8.1 Overview of key themes

Quality and safety

- Importance of patient experience
- Concerns raised about safety of the new model
- Questions on the implications for end of life care and long distances
- Questions about impact on inequalities

Implementation

- Questions about evidence in documentation
- Concern about the implementation
- Added challenge of implementation in rural areas

Workforce

- Concerns about staffing levels and skills required to support the model
- Enquiries regarding how the new model of care will link with social care – especially as it is felt that there are significant staffing shortages in this field.

Travel and access

- Travel times and access for carers are important considerations
- Long journeys not good for patients
- Preference for locations that give best overall coverage of the area
- Changes will impact on patients travelling home from hospital
- Difficulty for carers to visit with longer journeys
- Access and parking
- Real concern of carers being able to visit end of life patients

Model of care

- Support for care at home, but some concern about the proposed changes

Finance

- Questions about NHS budget and funding levels for Devon
- Requests for more evidence on finances behind the new model
- Concern that assumptions may not be reality and model may cost same or more
- Communities raised funds for local hospitals and are being disadvantaged by PFI hospital

Whole system impact and population growth

- Range of factual questions e.g. why temporary MIU changes were not included in whole system impact
- Query in relation to GP practice location
- Concerns about ability of health services to cope with growing population and increased housing development
- Some arguments against the removal of inpatient community beds based on the concept that a larger population will need more, not fewer beds.

8.2 View on proposed New Model of Integrated Care (NMOC)

There have been a significant number of questions relating to how the NMOC will work in practice, including concerns about a possible decline in patient safety for vulnerable groups such as the frail, elderly, and dementia patients.

While there has been noticeable support for the principle of care at home, many correspondents do not feel that the NMOC has been suitably or clearly explained, and are thus are not able to support the proposals at this time.

Without the full understanding of how the NMOC will relate to patients, a high proportion of respondents in this category raised topics such as fear of isolation, strain on carers and worsening patient outcomes for individuals with more seriousness illness.

Views relating to the NMOC included:

"We understand that with advances in modern medicine, an ageing population and finite resources the task of providing a fit for purpose health care system is a challenging one and we also acknowledge the issues you have with trying to address the huge financial deficit in Devon."

"The proposals are all made on the basis of low turnover of patients - 21 patients a month in a 16-bedded community hospital. This figure is flawed as the reason for the low turnover is predominantly the lack of social care availability. Many patients sitting in a Honiton Hospital bed are currently 'fit for discharge' but have delayed discharge due to the lack of social care either in the form of residential care or enhanced home care. Consequently it is a mistake to calculate savings on such a low turnover."

"The CCG is proposing a major re-configuration of NHS services in NEW Devon, but we reflect that "rebuilding a ship whilst at sea is difficult at the best of times. But given the financial constraints these are anything but that." It seems that the national position on funding will mean 'Your Future Care' is to go ahead even if the CCG's partners in the social and community services will not have the money to play their part: "What will be implemented will not be what YFC proposes since the promised social and community care won't exist. Bed closures on a major scale are a huge risk to take, and all for a woefully uncertain benefit." All this is planned without any reference in the CCG's preparedness for a major incident or

serious epidemic and without looking to predictions of increases in Diabetes and its associated health problems."

"In 2013 Hospiscare comprehensively reviewed its model of care. Patients and supporters told us they would prefer to be cared for, and die, at home if circumstances allowed this. People told us that their priorities for good care at the end of their lives were:

- *Access to expert palliative care when they needed it*
- *Care for their carers – including bereavement support*
- *Hands-on nursing in their own home*
- *Practical help in their own home*

Consequently, Hospiscare supports the principle of care closer to home but wishes to make the following observations and suggestions…"

"The concept that people get better faster with Care at Home, as opposed to in hospital, is good – provided the acute phase is past. However the model of care has become confused with the financial argument."

Specific comments on the three interventions (Comprehensive Assessment, Single point of access, Rapid Response)

"The current Rapid Response Team sees a very small number of patients, for this to be replicated across a wider area will take more investment."

In addition, the consultation communications do not make clear who would be involved in providing a "comprehensive review" of the large number of frail individuals, including those already receiving residential, nursing and domiciliary care. If this is to include community geriatricians, then an increase in these personnel will be required – costly at the outset although likely to be efficient in the longer term."

"A palliative care assessment should be part of the comprehensive assessment. There is evidence that early palliative care assessment improves life expectancy and improves quality of life in patients with cancer.

People at the end of life should receive a seamless and co-ordinated response.

The proposed single point of access must be aligned with the Electronic Palliative Care Co-ordination System (EPaCCS) - Devon's end of life care

register held by Devon Doctors On Call. People should be able to access palliative care support via the single point of access without delay.

Community nursing and personal care services, for people identified as being in the last year of life, should include or be able to access, rapidly, palliative care expertise. Patients referred to Hospiscare services are more likely to achieve their preferred place of care and death – which for the majority of people is home."

8.3 Themed Analysis

Travel

"If community hospital beds are withdrawn from several locations this inevitably means that remaining beds must be used by people from wider catchment areas. Under your preferred option the nearest beds (to Okehampton) in the Eastern locality will be at Exmouth, 34 miles distant. The AA recommended route to Tiverton is 50 miles distant, and Seaton is even further away. For people travelling from beyond Okehampton the distances will obviously be greater."

"Since the closure of Torrington community hospital, the Okehampton catchment area must extend northward, and, alongside population growth in Okehampton and Hatherleigh now covers a population of approx 30,000. Much more could be said about the area, but it appears that your research –particularly into weighted travel times for carers, and deprivation statistics – is based on a false premise."

Staffing

"Where are all the carers coming from and will they have the time to actually care efficiently?"

"With the high percentage of elderly, and the CCG policy of care in the home, do you think that there would be enough carers or home help to look after everyone's needs? I doubt it because of time restrictions."

"There are weekly adverts in our local paper for carers, both in residential homes and the community. How you would fill all these fresh vacancies I can't imagine; existing ones cannot be filled as it is."

"Recruitment should be done locally, including advertising locally, possibly through the local community hospital or it's League of Friends".

Financial (local)

"I am appalled that after people in our community raised in excess of £250,000 towards building our community hospital, that a mere 12 years later you deem it acceptable to close beds. This is a disgusting way to behave towards a community who continually provide goodwill, fundraising efforts and continued support to a worthy community resource."

"There has been a hospital in Sidmouth since 1884 and a few years later Queen Victoria gave her permission for her name to be used. Much upgrading has taken place since and funded by the local community of Sidmouth. For the record all the work has been funded by the local community in Sidmouth not the NHS or the PFI."

Financial (general)

"Yet the CCG forecast overall net savings of about 90Mpa. A great deal of information is required to support this amazing contention, which at this stage regrettably appears to be false."

Areas of common concern

"We also question how you will staff the proposed model of care. Care companies have been struggling for years to hire sufficient staff and with Brexit looming the crisis in sufficient numbers of care workers will likely increase. And how many hospital nurses will consent to retrain as district nurses and spend time driving around country lanes to bring care to patients at home? The ones who spoke to us were quite emphatic that they would seek work in other hospitals or leave the profession as they did not wish to work in the community."

"It has now been widely acknowledged that we will reach a tipping point in Health and Social Care (H&SC) in Devon within the next 12 months. That is when the effects of the Wider Devon Sustainability and Transformation Plan including NHS efficiency measures, acute care cuts, and community bed closures, combined with SC budget cuts involving a 44% reduction in Continuing Health Care and 5% cuts to Adult Social Care, will really start to be felt. It is clear that meaningful consultation on these changes is needed if the people of Devon are to understand and support future H&SC delivery."

"Have the CCG calculated the likely number of patients requiring round-the-clock care (e.g. end-of-life care) and those requiring more than a short home visit?"

Implementation and impact

"It would be very helpful to see evaluations of the impact of closing beds at Axminster, Ottery St Mary and Crediton. We are led to believe that this hasn't had too much of an impact, however, there has been to my knowledge no formal study. I believe that this is vital before further bed closures are made. Equally there is no baseline assessment included, which means it is difficult for residents to assess fully how the current situation will compare to the proposed model of care."

9. Views on conduct of the consultation

- Consultation process
- Themed analysis
- Improvements during consultation

9.1 Consultation process

A summary of the interim observations made by Healthwatch Devon in November 2016 were provided so that the CCG could change process in line with feedback, if required, during the consultation. The initial points found were:

- *Most meetings have been well attended and Healthwatch Devon understands that meetings were widely and consistently advertised for all locations*
- *It was clear that people who wanted to participate more than once were able to do so*
- *Having an independent chair at public events has ensured that people were able to have their say in an orderly manner, and ensured that all relevant questions were answered by the panel*
- *The meeting structure was consistent for most meetings, working from background and information-giving, through table discussions to question and answer. On a couple of occasions the normal running order was changed somewhat in the face of objections from the audience. However, the main components of the meeting (information, discussion, Q&A) were still covered*
- *Healthwatch Devon will produce a more detailed set of observations in January.*

A final independent report has been provided by Healthwatch Devon and has been provided in part C of this post-consultation report.

Further comments on the consultation

"Just to say that when I came to take notes at the public meeting on Monday it brought home to me how hard the team are working to do this extraordinarily comprehensive consultation process. Whereas the Government does a six-week consultation by just sending out a document for you to respond by email etc., this process is very full-on. The way the events are conducted with small tables enabling a good discussion but also a more general discussion with a professional panel seems to strike just the right balance, with the presentations fully explained by health professionals from several perspectives."

"Page 13 of the consultation document states that "More than 1 in 5 people in New Devon are over 65 - higher than the national average..." How was the analysis carried out for the over 65s living in Eastern Devon? There are fewer over 65s in Northern Devon than in Eastern Devon. Has this difference in the distribution of this population been taken into account? This could have implications for the new model of care in Eastern Devon."

"Last night felt positive and afterwards a lady spoke to me and said she felt quite positive about the engagement and that the CCG was listening to what she had to say, and felt better than other engagements she has been to before."

"Okehampton and Honiton as options were left out of the consultation completely which limits options and skews possible responses from the public."

"Local communities have been asked to vote for or against neighbouring hospitals"

"More than 14000 consultation documents distributed……...again that represents just 6% of the population. If you double that to take into account the on-line form, which still only represents around 12% of the population.

Again, we did raise the points that many outlying villages and hamlets had not been informed of the consultation process and that right up until the last meeting in Honiton on 21st December (4 days before Christmas…brilliant timing), people were still asking what was going on.

So, basically, not a total public consultation, not even a reasonably good public consultation. You really, really cannot make an informed decision about something that affects the whole public, based on these figures."

"I am not too sure how many people need to say these changes are a bad idea, ill-conceived and being rushed without proper assessment before the CCG finally realise that the opposing view has some merit. This is a consultation process but in reality there has been no consultation. The public are being asked to consult on 'done deals' and no matter how rational and well thought out the arguments are against the proposed changes, there is a feeling that the plans are going to be carried out regardless. There is also a degree of suspicions as the data being given to justify these changes is either inadequate or contradictory, or the source is questionable."

"CHA suggests that there is a case for agreeing a "pause" in the process, whilst further work is carried out for clarification, correcting data and sharing learning evaluations, research and best practice…"

9.2 Themed analysis

Staffing

"The potential financial savings of the proposed changes have not been clearly established and the actual costs of replacing hospital-based care with community-based care are not even estimated. The existing hospital nursing staff have not been consulted on their willingness to transfer to a very different pattern of working. Many of them are very concerned about the professional vulnerability that this presents and, at a time when there are many vacancies both in the NHS and through agencies, they are not likely to simply accept a situation that they do not see as professionally or personally secure."

"Assurance was given that no hospital beds will be closed before the staff are in place for Care at Home. But assurance also needs to be given to Local Hospitals now, potentially blighted, to stay open, or staff will walk."

9.3 Improvements during consultation

A number of improvements were made to the format of events by the CCG, particularly towards the start of the process, but also throughout.

This includes (but is not limited to):

- Changes to the slides used at public events early in the process to make messages clearer and more concise

- More printed information was made available on each of the tables at the public events in response to comments from members of the public that information on some slides was difficult to see
- Added more public events, and at different times of the day, in response to comments from members of the public
- Edited the video used at public events to describe the type of home care that could be received after members of the public said that it did not properly represent the care needs that the new model would most frequently meet
- Adapted the format of some public meetings so that, where numbers permitted, additional questions from the floor could be asked of the panel
- Responded to requests for additional local information by providing bespoke posters advertising specific events
- Requested an interim independent report from Healthwatch Devon during consultation in order to respond to any recommendations as to any changes that may be required (none were made).
- Made available easy read, braille, large print and audio versions of the consultation document at every event at the request of the Patient and Public Engagement Committee. None were used and so these were distributed to local organisations such as those which support people with sensory difficulties
- Changed the format and literature available at engagement events so that there was more contextual information with regards to the Sustainability and Transformation Plan (particularly in the northern Devon area)
- Where parking was limited at inner city venues, the CCG made sure priority was given to disabled people through the use of cones.

A '*lessons learned'* document is being prepared that details additional lessons and this will be made available for subsequent consultations within the NEW Devon area.

Part C

10. Preparing this report

- How this report was developed (how feedback reviewed)
- Role of local Healthwatch
- Publication of feedback and responses

10.1 How this report was developed

Information from respondents was managed by the consultation response unit (CRU), established within the CCG. This consisted of two administrative staff and a manager and they managed the information process.

Feedback took many forms. Respondents wrote letters, notes and emails. They also filled in the consultation questionnaire (available with the consultation document and online) and used the Freephone number and address to give information.

Information and feedback was received from the 70-plus events the CCG attended and this too has been considered – as have the transcriptions from each of the large public events.

The consultation response unit also dealt with specific enquiries and questions from the public over the telephone and via email.

All information was entered into a master spreadsheet, given a log number and assigned up to three themes. In addition, a short note of any additional relevant information was made against the entry.

Feedback was collated using the following initial outline themes:

- Travel
- Finance (local specific) and Finance (general)
- Staffing
- New Model of Integrated Care (NMOC)
- Future proofing
- Consultation/engagement process & timeline
- Staff questions
- Personal/lived experience
- Rurality
- Potential decline in patient safety
- Decision-making process

Once the consultation closed, and all feedback was received, the process of analysis began. All feedback was again reviewed to ensure that any new themes could be identified without prejudice to the original themes.

These new themes were then set out and feedback aligned to these to create a new analysis. These, together with the original themes, plus site-specific feedback were then presented in the document.

Where alternative options were submitted, further analysis was needed.

Other sections with less dynamic content (e.g. introduction, process, plan) were added by members of the CCG's communications and engagement team.

10.2 Role of Healthwatch

Healthwatch provided an independent overview of the process of consultation, report writing and decision-making process. They also provided facilitation at events – under contract.

Healthwatch believed that their role in facilitation made them uniquely placed to observe CCG process – and then report independently.

Healthwatch Devon's role in providing an independent overview:

- is independent of any existing contract
- used the expertise and independence of the organisation set up to hold the local NHS to account
- provided a cost-effective solution
- ensures that Healthwatch could closely observe the running of the consultation while at the same time, offering an independent overview.

10.3 Independence of Healthwatch

Healthwatch organisations have a number of funding streams. As a minimum they receive funding from a central nationally-organised fund.

This is distributed via local authorities and is intended to support them in their consumer champion role that is acting as a local 'health watchdog' on behalf of the public.

Healthwatch Devon also receives some funding from the local authority and from NEW Devon CCG to support engagement and consultation with hard to reach groups – and to provide some other engagement services. This part of the contract helped to support the CCG with facilitation of public meetings and focus group work, ensuring that local people of all backgrounds had their say.

The CCG accepted that Healthwatch Devon would write at least two reports; an interim document to be published during the consultation so that the CCG could make changes in process if recommended and a final report after the consultation had closed.

Healthwatch Devon visited the CCG on January 26 2017 to review the CRU process to date and examine CCG files of evidence. The CCG made every piece of individual feedback received available to Healthwatch Devon, together with details of internal process.

Healthwatch Devon focussed on five main areas:

1. What was the process for collating and analysing the comments received?
2. What was the process for report writing? How were drafts scrutinised, finalised and approved?

3. What has been the process for releasing the information back to the public? How/when will any public-facing reports be published and disseminated?
4. Are there any internal reports that will not be released to the public? If so what are they, and why would they be considered confidential?
5. What is the process for the public to be able to question or challenge the content and findings of published reports?

Healthwatch Devon requested explanation and clarification from the CCG on a number of other areas – and the CCG said that it would make available any further evidence on request.

Healthwatch Devon provided their final report on 23 February 2017.

This report provides an independent observation of the consultation process, and notes some of the common issues and concerns that they heard during the fourteen public meetings that they attended.

On review of the draft version of this post-consultation report, they believe that it offers a comprehensive account of the processes followed by the CCG, in terms of planning and running the public meetings, and analysing and reporting on the feedback gained.

Other findings included in their report were:

- Most meetings were very well attended, with all available seating taken. It is unlikely that lower attendances resulted from poorer publicity, as the meetings were widely and consistently advertised for all locations.
- The audiences at all meetings were mainly composed of older people.
- People who were unable to attend the meetings were encouraged to participate through targeted engagement aimed at carers, plus people with learning disabilities and physical disabilities. People were additionally able to give their views online, via the NEW Devon CCG website, or by writing to the CCG.
- The independent chair enabled people to have their say in an orderly manner, and ensured that all relevant questions were answered by the panel.
- The meeting structure was consistent for most meetings, working from background and information-giving, through table discussions to question and answer.

- Healthwatch Devon visit the CCG's offices to observe the process that been followed in the course of processing the public feedback.
- All comments from all sources were passed to a central Consultation Response Unit, and logged on a spreadsheet which enabled comments to be sorted against themes including finances, staffing, travel, lived experience, rurality, safety, etc.

The report from Healthwatch Devon also consisted of five recommendations that it was felt the CCG may find useful for any further future consultations.

See the full report from Healthwatch Devon '*Your Future Care: Independent observation of the consultation'* in the appendices of this post-consultation report.

10.4 Publication of feedback and responses

In addition to publishing this post-consultation report, the CCG will publish further background materials to provide more details on views and responses, including transcripts and notes from public meetings. Due to data protection and information governance rules, individual responses to the consultation will not be published; however they have been made available to Healthwatch Devon to review.

11. Taking views into account

- Role of consultation in the four tests
- How the feedback will be used in this process/in future stages
- Approach regarding out of scope feedback
- Consistency and differences from prior consultation

11.1 The key role of consultation

In planning, delivering and assuring major service changes and reconfigurations, the NHS has clear duties and responsibilities to involve the public, take their views into account and make sure patients and their interests always come first. In particular the four tests of service change identified in the Government mandate to the NHS will be considered. The four tests, and an outline of their purpose, are set out below.

Four tests	Summary of purpose
Clear clinical evidence base	Service change should be underpinned by a clear clinical evidence base and aligns with up-to-date clinical guidelines and best practice.
Strong patient and public involvement	Involvement is integral to service change and views from involvement and consultation should be taken into account in decision-making
Impact on current and prospective patient choice	It is important to understand the impact of service change on patient choice and access to high quality and clinically effective services
Support of clinical commissioners	Commissioners need to assure themselves of alignment of service change with health needs, commissioning intentions, quality, and sustainability.

In this consultation responses have been comprehensive with comments and questions of relevance to each of the four test areas above. Respondents have been particularly interested to understand the evidence base for change and, as this report indicates, there have been points made on the rationale for reducing inpatient beds, and questions relating to the points underpinning the selection of hospitals in the proposals. Feedback indicated there is a need for more detail on the new service model, particularly raising concerns about quality and safety and addressing the potential risks of implementing service change. This included: securing the workforce; delivering quality, consistent and reliable care; and properly addressing the needs of people who live alone, have elderly carers or who live in rural areas.

11.2 How the feedback has been used

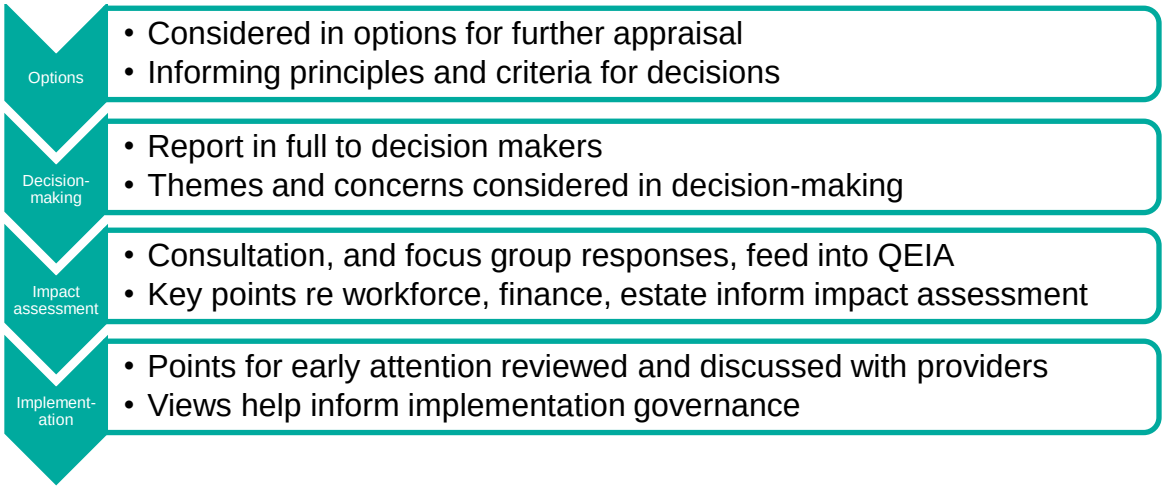
The content of this post-consultation report and the many other issues raised in the consultation have formed the basis of some of the information for the decision-making business case. In addition to the CCG receiving this post-consultation report in full before it makes its decision, the points of common concern have been taken into account in the preparation of the decision-making business case and drawn to the attention of decision makers. The decision-making business case is a key document that will help the CCG Governing Body to take the important decisions about the location of inpatient beds in Eastern Locality and the plans and pace of change towards the new model of care.

It is clear from the responses that, while home care remains an appropriate direction for services, there are concerns it is not right for everyone and that people are worried about implementation for which, at the time of consultation, the detail was not available. In its presentations, the CCG discussed a series of gateway criteria that would need to be reviewed by clinicians before change is implemented and it is important to demonstrate that safe and quality implementation is at the heart of decision-making.

Some of the feedback received included suggestions for work that could take place ahead of implementing any changes. Examples include: the timeliness of care; the importance of end of life care; improvements that are needed in the connections between health care and social care at home; and opportunities for developing a more joined-up workforce. These do not need to wait until full implementation but work to address some of these issues could commence sooner and it will be important for the CCG Governing Body to consider the areas where early planning and improvement is possible.

It will also be necessary to share and publicise the new model as it develops and to include within that the building of connections with communities that will be central to a strong model of place-based care. Recognising the high level of interest and comprehensive and careful consideration of the issues and challenges ahead demonstrated through this consultation, there is a clear desire of many respondents to have more of a say in future. Identifying with providers opportunities to build on the time, commitment and learning from this process is another key point for attention.

Summary of how consultation can contribute



11.3 Approach regarding out of scope feedback

As described in part B of this document, as well as commenting on specific points in this consultation, many people also responded on other issues relevant to the NHS. Whether or not feedback was in or out of scope of this consultation, all feedback is important and has been logged and reviewed. Any feedback that was received that was out of the scope of the consultation was passed to the relevant personnel whose role it is to take this feedback into account.

Out of scope grouping	Number	Action
Wider Sustainability and Transformation Plan (STP) related responses	97	Passed to STP CEO lead as pre-engagement/consultation responses for attention, mainly the letters were in relation to Acute Services Review and North Devon District Hospital.

11.4 Consistency with prior consultation

Early in this report, reference is made to the engagement and consultation conducted in the Transforming Community Services programme. It is clear in reviewing the responses that both the CCG and public have further understanding of the issues and this is evidenced by the level of detailed questioning and commentary received in the consultation responses. Many themes are consistent: the importance of accessible care; the need to demonstrate a joining-up of health and social care in delivery to patients; the interest in care at home accompanied by concern about its quality; the

importance of carers in the new model of care; the role of the workforce; and the value communities place on hospitals and healthcare generally and many other points.

With such consistency, it is important for the CCG and partner organisations to take note of common concerns and to plan on how work in these areas is communicated and addressed in the future to keep the population informed and build confidence in the developing model.

12 Assurance and next steps

- Internal and external assurance
- Reporting to the CCG Governing Body
- Post decision pre-implementation gateway
- Appendix contents

12.1 Internal and external assurance

In preparation for conducting public consultation, the CCG undertook a number of key assurance steps to ensure readiness for consultation. These included a review of the materials and plans for consultation by NHS England, including the expert view of the South West Clinical Senate. The materials and plans for consultation were also considered by provider and commissioning organisation leads and clinicians in the Devon health and care system through the system Clinical Cabinet and Programme Delivery Executive Group. There was also review by key CCG committees

- The CCG Quality Committee
- The CCG Finance Committee
- The CCG Patient and Public Engagement Committee (PPEC)
- The Locality Clinical Commissioning Boards

As a result, reports were received or statements produced and included in the reporting to the CCG Governing Body on 28 September 2016 before the decision to commence consultation was made. Whilst most of the emphasis was on readiness to consult, these bodies also made points in relation to preparation for decision-making and implementation which should be considered and reviewed, noting there is some consistency with some of the views gained from consultation. A similar local assurance process is planned in advance of the

Governing Body decision-making and this post-consultation report will therefore be supplied to these key groups in advance of the Governing Body.

This post-consultation report will be shared with Devon Health and Wellbeing Scrutiny Committee in their role in scrutinising CCG decisions.

12.2 Reporting to the CCG Governing Body

The scheduled date for the Governing Body to make a decision is the 2 March 2017, although a key feature in that meeting will be assessing readiness for such a key decision. The CCG has already confirmed the papers will be published and the decision will be made in public, and communicated to stakeholders afterwards. If it is decided that further work is needed prior to decision, it will be for the Governing Body to confirm the rationale and when the decision will be made.

12.3 Post decision pre-implementation gateway

After decisions are made, clinicians have been clear on the need for a pre-implementation gateway process before implementation. This post-consultation report highlights the importance that the public consultation and views have placed on implementation and therefore the Governing Body should expect there to be further information on how this process will work in the decision-making papers submitted.

12.4 Appendices contents

Due to the significant volume of supporting documents and evidence the appendices are provided online here. These include:

1. Publicity materials
2. Consultation document and questionnaire
3. Response detail
4. Meeting/event questions and notes
5. Independent review and commentary

healthwatch Devon

An independent inquiry report

Your Future Care

Independent observation of the consultation

January 2017

Contents

1. Introduction

Healthwatch Devon actively encouraged the public to have their say within the formal Your Future Care consultation (community services in the Eastern Locality) carried out by the Northern Eastern and Western Clinical Commissioning Group (NEW Devon CCG) between October 2016 and January 2017.

We raised public awareness through our website, monthly e-bulletin and Voices magazine. We attended a series of public meetings (Appendix 1) as facilitators and note-takers. With our delivery partners, we carried out targeted engagement with people who may have been unable to participate in the public meetings.

We were clear throughout that our position on the CCG's proposals was impartial. We supported the consultation process because our job is to help people to have their say. The role of Healthwatch Devon in formal consultation processes is explained in Appendix 2.

This report offers an independent observation of the consultation process, and notes some of the common issues and concerns that we heard during the fourteen public meetings that we attended.

None of the following constitutes a legal opinion on the planning or delivery of the consultation process. Where we report the views expressed by members of the public, we do not necessarily endorse those views.

We are aware that there will be further formal consultations through 2017, and we want to help draw out the learning from this first exercise, to inform forthcoming consultations.

2. Pre-consultation awareness raising and engagement

Awareness-raising ahead of the formal consultation had been carried out in two main ways.

The Success Regime's "Case for Change" had been published in February 2016. This contained many of the themes that would be built on in the Your Future Care consultation. The Case for Change was available online and in hard copy. It was accompanied by a short film, summarising the main points, and incorporating comments from clinicians and patients. The Case for Change was press released, and was discussed at a series of NHS meetings held in public between February and April 2016.

Pre-consultation engagement was carried out via a series of "stakeholder events" organised by the NEW Devon CCG and supported by Healthwatch Devon and Healthwatch Plymouth. There were meetings in Tiverton, Plymouth and Barnstaple in May/June, and further meetings in Honiton, Okehampton and Kenn (Exeter) in September. The meetings outlined the Case for Change, offered a Q&A opportunity with Ruth Carnall (Success Regime Chair) and Angela Pedder (lead Chief Executive), and flagged up the forthcoming formal consultation.

Summaries of the discussions at the stakeholder events have been published on the NEW Devon CCG's website.

3. Publicising the Meetings

The public meetings for the formal consultation were publicised through a series of channels including:

- The NEW Devon CCG website
- The NEW Devon CCG Your Future Care and Healthy People newsletters
- Posters circulated widely to organisations across Devon
- Public notice advertisements in local press
- Alerts on social media

Dates and details were also distributed via the Healthwatch Devon website and newsletters. Consultation documents were available in full and summary form, on-line and in hard copy. Versions were also produced in braille, audio and easy read.

4. Attendance at the meetings

Most meetings were very well attended, with all available seating taken. A few (notably Tiverton, Seaton and the lunchtime Honiton event) were less well attended. It is unlikely that lower attendances resulted from poorer publicity, as the meetings were widely and consistently advertised for all locations (see above).

From informal observation, our impression was that the audiences at all meetings were mainly composed of older people. This may have been because people in retirement are more able to attend day time meetings, although evening meetings seemed to attract a similar audience.

Some people attended more than one meeting. It was clear that people who wanted to participate more than once were able to do so.

People who were unable to attend the meetings were encouraged to participate through targeted engagement aimed at carers, plus people with learning disabilities, physical disabilities etc. People were additionally able to give their views online, via the NEW Devon CCG website, or by writing to the CCG.

5. Provision of information

Information provided at the meetings consisted of:

- The Case for Change film
- The Case for Change document
- Presentations by panel members (clinicians and managers)
- The “Your Future Care – An Integrated Model of Care” film
- The YFC consultation full document
- The YFC consultation summary document
- Local factsheets for each affected community, providing an ‘at a glance’ view of current provision at each community hospital, and what is potentially affected as part of the consultation.

In the meetings, we heard differences of opinion about the amount of information available. Some people thought there was too much information, and were concerned that money was being wasted on unnecessary and expensive printing. Others thought that the level of detail showed that plans – and decisions - had already been made. Still others took the view that there was not enough information, and asked to see detailed financial projections, and copies of the business case.

6. Meeting process

Most of the meetings were independently chaired by Bob Spencer who, as we understand it, has an appropriate background and experience for the role. Our observation was that he enabled people to have their say in an orderly manner, and ensured that all relevant questions were answered by the panel.

Healthwatch and NHS providers (all of whom are independent of the CCG) were invited to provide note-takers and facilitators for the table discussions. We chose to take up this offer, as did Citizens' Advice. We are not aware of other organisations being involved in this way.

The meeting structure was consistent for most meetings, working from background and information-giving, through table discussions to question and answer. On a couple of occasions (Whipton, 18th November, and Exmouth), the normal running order was changed somewhat in the face of objections from the audience. However, the main components of the meeting (information, discussion, Q&A) were still covered.

Generally speaking, the chair encouraged a focus on a set of questions posed by the CCG, and set out on a large sheet on participants' tables. However, he sometimes asked those who attended to formulate whatever questions they wished to put to the panel.

7. Issues raised at the meetings

Different issues were raised by members of the public at different meetings – often influenced by very local considerations, or by the detail of the "Four Options" presented by the CCG. At the same time, there were issues that we heard expressed repeatedly across all meetings. These included the following:

7.1 Workforce

There were concerns that neither current hospital staff who might be asked to work in the community, nor the social care workforce were ready for the proposed changes, with insufficient capacity and skills. People commented on the fact that care workers are not well treated in comparison with NHS staff, citing zero hours contracts, minimum/living wage, inadequate training and lack of payment for travel costs between visits. There were concerns that hospital beds would be closed before community services were properly staffed.

7.2 Roles and responsibilities

People commented that the dividing line between health services and social care services was not clear. There was talk of "hand-offs" between providers, with patients falling

through the gaps. The fact that NHS services are free, while in many cases care services have to be paid for, was seen as confusing, leaving people unclear as to what they could reasonably expect.

7.3 Role of local authority

It was commonly noted that the County Council appeared to be absent from the meetings, with no representation on the panel. People questioned the local authority's commitment to integration of services.

7.4 Closure of beds vs closure of hospitals

Some people seemed not to understand that reducing the number of beds did not necessarily mean that hospitals would be closed. Others did understand this, but feared that bed closures were the thin end of the wedge, and would lead to hospital closures at some future point.

7.5 NHS funding

It was not unusual to hear people saying that the NHS was not overspending – it was simply underfunded. The independent Chair (or sometimes Angela Pedder or another panel member) often had to make the point that NHS funding was a political matter, outside the scope of the consultation, and beyond the control of the CCG.

7.6 Option A

Some people objected to the CCG's preference for Option A, believing that this openly stated preference would unduly influence members of the public, or would mean that the CCG's mind was closed to other options. We heard the independent Chair, and panel members, say that all options were up for consideration, and that further options were invited. But some audience members seemed unconvinced.

7.7 Other

It may also be worth touching on a couple of issues, that, from our observations, were noticeable by not being raised. The presentation consistently made the point about relative over-provision of community hospital beds in the eastern locality compared with other parts of the NEW Devon CCG area. However, the issue of equity tended not to be addressed by those attending. Similarly, the wider point from the "Case for Change" video that there is a 10% differential in resources spent in the western locality tended not to be discussed.

8. Collation and reporting

This report is primarily an observation of the series of public meetings attended by Healthwatch Devon. We facilitated discussion and took notes at the meetings, but played no part in the subsequent collation and reporting of the feedback. However, we did visit the NEW Devon CCG's offices to observe the process that been followed in the course of processing the public feedback. This section outlines what we saw.

As well as notes taken at the public meetings, the CCG also received comments on their proposals by e-mail, letter, social media, and questionnaire responses. Comments were given a reference number which meant that multiple queries from the same person could be tracked, and assurance given that all queries had been dealt with.

Five petitions were received and logged separately. Sample testing was carried out to give some assurance about the authenticity of signatories.

All comments from all sources were passed to a central Consultation Response Unit, and logged on a spreadsheet which enabled comments to be sorted against themes including finances, staffing, travel, lived experience, rurality, safety, etc.

Questions to the CCG were sorted according to whether they required simple answers or detailed technical answers. Those requiring simple answers were dealt with straight away. Those requiring technical answers were passed to relevant specialists (finance, staffing, patient safety etc). All technical answers were double checked before being sent back to the enquirer.

The comments were used to produce a Post-Consultation Report, summarising the main themes of the consultation responses, and key learning points. We have seen a draft version of this report, and believe that it offers a comprehensive account of the processes followed by the CCG, in terms of planning and running the public meetings, and analysing and reporting on the feedback gained. The report contains direct quotes from comments submitted by members of the public, illustrating key issues and concerns from the public's point of view. Feedback from the consultation was also used to help turn the Pre-Consultation Business Case (PCBC) into a Decision-Making Business Case (DMBC), with technical detail to help guide decisions.

For the report writing, different chapters and sections were allocated to different members of staff, according to their specialisms. Analysis of the public feedback started with the broad themes, as above. Comments were then filtered to identify the commonalities or differences in people's opinions. Further filtering enabled assessment of responses by matters including place, timing (ie short term versus long term considerations) and whether respondents were offering new information that was previously unknown to the CCG.

Drafts of the reports will be seen by bodies including the Clinical Cabinet, the Finance and Quality Committees, and the Patient and Public Engagement Committee, before being finalised for decision-making.

Final reports will be made public, and final decisions will be announced at a meeting of the CCG's governing body held in public.

9. Learning points and recommendations

In September 2016, NHS England published "Engaging local people: A guide for local areas developing Sustainability and Transformation Plans". The guidance is welcome, although it came somewhat late in the day for a process which, here in Devon, started with the publication of the Case for Change in February 2016.

Our observation of the Your Future Care public meetings suggests that the approach of the NEW Devon CCG was broadly in line with the NHS England guidance. The following recommendations may, however, be useful for further formal consultations through 2017.

9.1 Airing the issues

Patients and public faced with the prospect of significant service change are often anxious, and may be angry. They come to public meetings to have their say, and can find it hard to withhold their questions if the meeting starts with a prolonged series of presentations from a panel of professionals. At some of the meetings, pent-up emotions spilled out at an early stage. The independent Chair was then obliged to act firmly so as to maintain order, and ensure that all present (including some of the quieter voices) could have their say. However, it is possible that this could have been misinterpreted as limiting questioning over some areas.

Recommendation 1: It may be worth trying out a 20 minute "have your say" session at the start of any future meetings. This would enable people to air the issues that particularly concern them. It would also show that the CCG's first priority is to listen, not to talk. Any issues that are aired could be visibly noted on flipcharts, and could help form part of the prompts for discussion at a later stage in the meeting.

9.2 Local focus

Most of the information presented at the meetings was high-level and Devon-wide. An overview of the challenges facing the CCG is very important for context. But in local communities, people often care most about local services.

The "local factsheets" referred to in section 5 above did set out the local implications of possible service changes. But there was potential for the local factsheets to get lost amid the pile of paper that was placed on each table in the public meetings.

Recommendation 2: The presentations at the public meetings could perhaps start with - or at least include in a very obvious way – a summary of local services and possible changes. Where appropriate, this could include assurances that bed closures do not necessarily mean hospital closures (as in 7.4 above).

Recommendation 3: Since the Success Regime and STP have both mentioned the need for voluntary and community organisations to be part of "whole system" solutions, there could also be an opportunity to acknowledge the role of Leagues of Friends, and other local community organisations, and to feature existing partnerships with voluntary organisations that demonstrate innovative practice and good patient experience.

9.3 Partnership

The Success Regime and STP put great emphasis on "integration" and a whole system approach. But a common concern at the YFC meetings was the perceived lack of representation from Devon County Council, as the commissioner of the kinds of care services on which the success of the "new model of care" will depend. A more obvious DCC presence might have allayed some of the anxieties about the adequacy of care services, or at least provided the opportunity for direct questioning.

Recommendation 4: Any future formal consultations on new models of care could feature a DCC presence more visibly – in the presentations, and/or on the panel.

9.4 Reporting

We welcome the fact that all key documents relating to the consultation have been made public. We are assured that comments from the general public be reflected in the Post-Consultation Report and will influence the final shape of the Decision-Making Business Case. However, given that these are likely to be long and complex documents, it might be worth producing a more accessible summary that sets out what has changed through the consultation, based on public feedback.

Recommendation 5: The Post-Consultation Report and Decision-Making Business Case could be accompanied by a summary document showing how public feedback has influenced the final shape of the proposed service changes.

Section 9 airing the issues

I wonder whether you might consider replacing 'hard to keep quiet' (in 9.1) with 'withhold their question' because it sounds less critical. And also I personally think "risk of giving the impression etc…" might be rephrased to say "there may have been a risk that this could have been misinterpreted as limiting questioning over some areas." Rather than saying "The independent chair was then obliged to ask people to keep quiet" – might you say something like was "obliged to apply a firm hand to ensure the quietest of voices could be heard." I know this is a slightly different meaning to one that was meant, however, this was always the intention of Bob and was a key reason for the approach. If possible, perhaps it worth making as an additional point? Leave to you.

Appendix 1: Public meetings attended by Healthwatch

07/11/2016	Sidmouth
07/11/2016	Sidmouth
08/11/2016	Exmouth
10/11/2016	Honiton
14/11/2016	Tiverton
14/11/2016	Tiverton
16/11/2016	Okehampton
16/11/2016	Okehampton
18/11/2016	Whipton, Exeter
21/11/2016	Whipton, Exeter
22/11/2016	Exmouth
24/11/2016	Seaton
24/11/2016	Seaton
29/11/2016	Honiton

Appendix 2: Healthwatch Devon's role in public consultations

From time to time, the NHS and local authorities run formal consultations on proposals to change local health and care services. These notes explain the role that Healthwatch Devon plays in consultations with the general public.

1. We help people to have their say.

Healthwatch Devon exists to help the public throughout Devon to understand any proposed changes to local health and care services. We want to record people's views and experiences, and make sure they are taken into account by decision makers.

2. We support consultation processes, but that doesn't mean we support consultation proposals.

We publicise consultation meetings, and help to collect people's views and experiences via our website. We may also attend public meetings to help take notes on the discussions.

That does not mean that we are supporting proposed changes to local health and care services. Our aim is to help ensure that people are informed, and to make sure that the public can have their say.

3. We are unbiased and aim for better understanding between those who plan services (commissioners) and the general public.

We recognise that people in Devon's varied communities have different ideas about priorities for health and care services. We try to get all views heard but do not promote one group's views over any other. We also do not take sides between local campaigning organisations, and the NHS or the local authority.

4. We are not a monitoring body, but we do hold commissioners and service providers to account.

We are not a legal watchdog. Formal consultations have to abide by legal rules, and it is for lawyers to decide whether the rules have been followed. We may, however, observe consultation processes, and offer comment, as a critical friend, on what went well and what could have gone better. We publish our findings, and can require responses from public bodies.

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Driving quality, delivering value, improving your services

NHS
South Devon and Torbay Clinical Commissioning Group

Report to Devon Health and Wellbeing Scrutiny Committee

7 March 2017

Community Services Reconfiguration

1 Purpose

This paper sets out the decisions made by the CCG governing body at its meeting on 26 January and the implementation process being followed.

With some variations which are highlighted below, the governing body approved the implementation of the care model as set out in the consultation documentation, believing it is in the best interests of patients to do so, as it will deliver better health outcomes, support more people and use scarce resources more effectively.

2 Recommendation

The Scrutiny Committee is asked to note this report and to support the implementation of the care model.

3 Context

The decision by the CCG's governing body to implement the care model represents the conclusion of four years' development which, as Scrutiny members are aware, involved widespread engagement and discussion with local communities, GPs and NHS staff over the health and financial challenges facing the health and social care system in South Devon and Torbay and the clinical rationale for change.

The consultation proposals were first published in April 2016, reflecting the option that was considered to provide the most effective and sustainable solution to the challenges faced, switching funding from bed based to community based care. The proposals subsequently passed through the national NHS assurance process and were reviewed and supported by the independent South West Clinical Senate.

As scrutiny members are aware, 12 weeks of formal public consultation ran from 1 September to 23 November 2016, during which the CCG invited alternative proposals from the public while making it clear that maintaining the status quo was not a viable option. Details of consultation activity have been reported to Scrutiny members in previous reports.

Feedback from the consultation was brought together in an independent report by Healthwatch and alternative proposals to the model of care put forward in the consultation report were comprehensively evaluated against published criteria in a three stage process which included local stakeholders. Details of the evaluation process and rationale for accepting/rejecting the alternative proposals were set out in the papers considered by the governing body and which are available on the CCG website.

The key concerns repeatedly raised throughout the consultation were also reviewed in these papers and included:

Reducing community hospital beds
Location of clinical hubs
Minor Injuries Units (MIUs)
X-ray in the Bay
X-ray capacity
Care at home
Health and wellbeing centres
Mental health
End of life care
Population growth
Transport and travel

4 Governing Body decisions

The CCG's governing body devoted the whole of its January meeting to reviewing the consultation feedback, the alternative proposals and the proposed model of care. The meeting was held at Newton Abbot Racecourse to accommodate some 120 people who wished to attend.

In reaching its decisions it considered 10 key aspects arising out of the original proposals and feedback received:

- The alternative proposals to the model of care that met the evaluation criteria and those which did not
- The robustness of the case for reducing the number of community hospital beds
- The location of clinical hubs in Totnes, Newton Abbot and Brixham
- The evidence and rationale for MIUs to be in Newton Abbot and Totnes
- The evidence of the case for reducing x-ray services in the Bay
- The availability of intermediate care and rapid response to provide safe out of hospital services
- End of Life care
- Impact of future population changes on the model of care
- The inclusion of consultation feedback in the implementation planning in relation to
    - Transport
    - The services that are provided in Health & Wellbeing Centres
    - Mental health integration
- The parameters that must be met before changes can be made to current services

In considering these, governing body members gave particular attention to the national shortage of radiographers which limited MIUs to two locations; the availability of quality end of life care; access to domiciliary care and care home beds; the impact of increased travel for some services; the impact of future demographic changes, especially new housing and

increasing numbers of people holidaying in the area; and access to services for young families and children.

The decisions made by Governing Body following the above discussion are set out below:

- The GB agrees with the statement that "the proposed model of care represents the best way of delivering quality of care in a manner that is sustainable and affordable."

- The GB approves the proposals which formed the basis of consultation subject to the following changes:
    - Rather than disposing of Ashburton and Buckfastleigh Hospital, it is recommended that the hospital be evaluated as a base for the area's local health and wellbeing centre, including co-location of primary care.
    - The demand for x-ray and for a minor injuries unit in the Bay is recognised and the CCG plans to meet this through the proposed establishment of an urgent care centre on the Torbay Hospital site.
    - To enable specialist outpatient clinics to continue to be provided in Paignton where the volume of patients makes this a more appropriate option to travelling to Brixham, Totnes or Torbay.
- Governing Body also agreed:
    - The parameters for the implementation of changes relating to the care model (see next section)
    - Suggestions relating to implementation of the care model put forward in the Healthwatch Consultation Report are reviewed as part of the implementation process.
    - Progress reports on implementation of these proposals are reported quarterly to Governing Body.

5 Parameters

The CCG and the Trust promised during consultation that any proposals for change would not be made to existing services until the new provision was in place and was operating at a level where there was confidence that demand could be met.

Governing Body therefore agreed that a number of parameters (set out below) would need to be met so that both the CCG and local communities could be assured that the new services could meet the needs of local people. In doing so, they recognised that not all parameters would need to occur contemporaneously as each relate to different parts of the care model.

In order for beds to be removed from a community hospital:

- Contracts are in place for intermediate care placements in care homes within the locality.
- Medical leadership in place in the locality.
- Medical contracts in place to support medical input to intermediate care within the locality.
- Remaining community hospital inpatient services in the locality meet the requirement for safe staffing standards for sub-acute bed based care.

- Intermediate care operating at least 6 days a week in the locality.
- Intermediate care teams are operating with a sufficient workforce that can safely deliver the service specification to the locality
- Daily multi-disciplinary team (MDT) meeting in each health and wellbeing team in the locality.
- Referral systems in place for intermediate care and wellbeing co-ordinators.
- Suitable capacity within short term intervention services.

In order for community clinics and specialist out-patient clinics to be removed from a community hospital:

- Community Clinics appropriate to need (physiotherapy, SALT, podiatry) are being delivered in alternative local venues temporarily, or until permanently provided in the local health and wellbeing centre.

In order for MIU to be removed from community hospitals:

- Newton Abbot and Totnes MIUs to be open 8am-8pm 7 days a week.
- Newton Abbot and Totnes MIUs to have radiology at least 4 hours a day, 7 days a week

Notwithstanding these parameters, Governing Body recognised that operational decisions to ensure the safety of patients must apply at all times.

6 Summary of changes by town

As a result of the changes agreed, it is estimated that some 1,600 people will in future be supported at home or in the local community, rather than admitted to hospital. The impact on each town is summarised below:

- **Ashburton/Buckfastleigh**: the hospital will close but the site will be evaluated for a health and wellbeing centre which will be co-located with GPs. Medical beds will be available in Totnes or Newton Abbot

- **Bovey Tracey/Chudleigh**: the hospital will close and a health and wellbeing centre will be developed co-located with GPs. Medical beds will be available in Newton Abbot.

- **Brixham**: the hospital will become a clinical hub with medical beds. A health and wellbeing centre will be developed and the MIU will close.

- **Dartmouth**: the hospital will close and a health and wellbeing centre will be developed, co-located with GPs (likely Riverview). The Dartmouth clinic will also close. Medical beds will be available at Totnes.

- **Newton Abbot**: the hospital will become a clinical hub with medical beds and the MIU will open 12 hours a day with x-ray seven days a week. A health and wellbeing centre is also planned.

- **Paignton**: the hospital will close, a health and wellbeing centre will be developed and specialist outpatient services will be provided where the volume justifies their provision. Midvale clinic and the MIU will close.

- **Totnes**: the hospital will become a clinical hub with medical beds and the MIU will open 12 hours a day with x-ray seven days a week. A health and wellbeing centre is also planned.

- **Torquay**: health and wellbeing centre is planned and governing body recommended that an urgent care centre should be developed on the site of Torbay Hospital.

As set out in the consultation and referenced in the public presentations, the increase in services designed to support people in the community will enable the Trust to remove the 32 escalation beds it has opened to cope with demand pressures caused at least in part by the shortage of out of hospital support.

7 Implementation

As we believe the new model of care will deliver better health outcomes, support more people and use scarce resources more effectively, the CCG and the Trust believe it is in the best interests of patients for it to be fully established as soon as possible. The parameters set out the minimum requirements for change to be made. The expectation of the CCG is that the Trust will continue to use established implementation groups in each locality and will involve representative local stakeholders in these so that the achievement of the parameters are transparent and that local knowledge will influence how services are developed.

The Trust has already made progress in the implementation of important aspects of the care model which were outlined during the consultation process:

- Localities are now served by an enhanced intermediate care (IC) team which include input from Doctors and dedicated locality pharmacists.

- Extended rapid response and reablement support services who offer short term intervention are now in place 7 days a week.

- Wellbeing coordination services are in place in all of the localities and offer valuable support to people who are socially isolated.

These are examples of how investments in community services are already making a difference.

The Trust has drawn up implementation plans which as well as meeting the CCG parameters for change, will provide appropriate assurance in relation to onward pathways of care for existing patients and appropriate arrangements for staff, as well as indicate which outpatient clinics will be provided locally within health and wellbeing centres, in a clinical hub and those which will be provided at Torbay Hospital. These will be determined by the criteria set out in the consultation documentation and be based on the latest attendance numbers and best clinical practice.

8 Conclusion

Achieving significant change in the NHS is never easy. Understandably people are concerned at losing what they see as the fabric of services which have served their communities well. The challenge which the NHS has faced since inception is to constantly change and evolve services so as to benefit from contemporary practice so as to achieve better outcomes and to make services more accessible.

In reaching its decisions, the CCG Governing Body recognises that many people argued to retain their community hospitals, supported the strengthening of community based services and agreed that people should not be admitted or detained in hospital unnecessarily.

The new model of care being introduced across South Devon and Torbay will support more people more effectively, reduce demand for hospital admissions, provide viable alternatives to A&E and put far greater focus on prevention, health promotion and self-care. It will also enable the Trust to focus on delivering the services that must be provided within the acute hospital so as to provide the highest standards of safe care and to ensure that those who need an acute medical bed will have one.

Simon Tapley MSc
Chief Operating Officer/ Deputy Chief Officer
24 February 2017

CX/x/..
Health and Wellbeing Scrutiny Committee
7th March 2017

CHILDREN'S SERVICES: RE-PROCUREMENT OF SERVICES: 0-19 PUBLIC HEALTH NURSING

Report of the Chief Officer for Communities, Public Health, Environment and Prosperity

1. Introduction

1.1. Ensuring that Devon's children and young people have the best start in life, and grow into healthy adults, is one of Devon County Council's top strategic priorities. It is also fundamental to reducing inequalities in health, which is a statutory duty of local authorities and of the NHS.

1.2. Devon County Council is one of five partners in a commissioning partnership for the provision of Integrated Children's services. The five-year contract comes to an end on 31st March 2018. Public Health Devon is the commissioner of Public Health Nursing Services, which accounts for just over a third of the current contract value.

1.3. Although Public Health Devon had planned for the re-procurement and had achieved its timeline, in December 2016, the two Clinical Commissioning Groups in Devon confirmed that they were not ready to proceed with the planned re-procurement of the Integrated Children's Services contract in Devon.

1.4. In January 2017 Cabinet approved the consultation on three possible options for the future provision of 0-19 Public Health Nursing Services in Devon. A separate exercise is being undertaken by NHS England in respect of services which it currently commissions as part of the Integrated Children's Services contract.

1.5. A brief summary of the options is as follows:

Option 1: a 12-month interim contract (with partners) to allow for a full procurement with a contract start date of 1st April 2019.

Option 2: an independent procurement of 0-19 Public Health Nursing services.

Option 3: to bring the service "in-house".

1.6 Following the consultation exercise, this paper brings together the relevant considerations (the consultation outcomes, comprehensive impact assessment, risk assessment, and financial implications) to inform the Cabinet's decision on 0-19 Public Health Nursing services.

2. Background

2.1. The scope of the Public Health Nursing service comprises services to children, young people and families:

a. 0-5 Health Visiting Services
b. 5-19 School Nursing Services
c. The National Childhood Measurement Programme

2.2. The overall purpose of the Public Health Nursing service is to contribute to the improvement in the health and wellbeing that support all children and young people, to keep children and families safe, and reduce health related risks across the life-course. This is achieved through delivery of mandated (legally-required) universal public health assessments and undertaking public health interventions designed to offer prevention that supports families to adopt healthy lifestyles and identify and address difficulties and issues as early as possible. The service therefore has a significant role to play in early help.

2.3. Public Health Nurses work with other agencies to provide additional support to children, young people and families at the earliest opportunity where longer-term intervention is needed. Resources are focused on the most deprived geographical communities and communities of need within Devon to improve their health outcomes while offering a universal service to all children who are residents of Devon, plus those who attend Devon schools and academies. Current service provision and health outcomes for children compare well in Devon to other areas, despite recent national concern about trends in the health and wellbeing of children[1].

2.4. The Government's intention in transferring the responsibility for Public Health Nursing services to the local authority as part of the public health transition arrangements was to ensure that local authorities were able to better align their social and health care responsibilities for children, young people and families and to ensure that all children have the best start in life. Each of the options considered would be able to meet these objectives.

2.5. Public Health Nursing services are funded by the ring-fenced Public Health Grant, which is provided to upper-tier and unitary local authorities for the provision of a specified range of public health services which protect and improve the health of the whole population of Devon. These services are defined by Public Health England and a financial return is required each year to confirm that the Public Health Grant has been spent in accordance with the regulations. Some of the services are subject to "mandation" – a legal requirement for them to be provided for the local population - and the others are required by the NHS Constitution, because of their impact on and importance to the NHS.

2.6. Unlike other County Council services, this range of defined public health services must be funded from a nationally-decreasing Public Health Grant – the value of which for each year has been notified for the next four years. This means that any decision on a part of the allocation of the Grant necessarily has an impact on other services. Currently Public Health Nursing services account for 41% of the total Public Health Grant, which indicates the importance of the financial implications of any decision for all the public health services provided to the local population.

[1] Royal College of Paediatrics and Child Health. *The State of Child Health*. London: RCPCH, February 2017.

2.7. Commissioning partners are committed to strong working arrangements both as a commissioning partnership for children, young people and families, and strategically as part of the Devon Children, Young People and Families Alliance. This is to ensure that partners are aligned in their intentions, as further work is done to develop a new strategy for children and young people's services, taking account of the work currently being done on a wider Devon, Plymouth and Torbay footprint as part of the development of the local NHS Sustainability and Transformation Plan.

3. Options

3.1. The options approved by Cabinet for consultation were:

Option 1:
To negotiate a 12-month interim contract for the provision of children's services to allow for a full procurement with a contract start date of 1st April 2019 and which incorporates 0-19 Public Health Nursing Services.

Option 2:
To proceed with the independent procurement of 0-19 Public Health Nursing services.

Option 3:
To transfer the 0-19 Public Health Nursing Service to Devon County Council from 1st April 2018, under the management of the Director of Public Health as the statutory Director, until such time as strategic discussions on the configuration of children's services have been completed and a decision made on future commissioning/provision arrangements.

4. Results of the consultation

4.1 The consultation ran from 19th January to 22nd February 2017. A questionnaire was made accessible via the Council's "Have Your Say" website (alternative formats were available on request) with background information provided, including the relevant Cabinet report, impact assessment, and risk assessment.

4.2 Before completing the questionnaire, participants were asked to read the background papers. Consultation information was promoted to staff and relevant bodies, via the "Have Your Say" website, including subscribers, via press release, and through direct contact. 396 responses were received by the closing date. The tables below provide the main headlines from the consultation, with the summary consultation report attached in Appendix 1 and the full report provided separately.

4.3 From the proposed options, respondents were asked which of the options they agreed or disagreed with:

	Agree	Disagree	Not sure
Option 1	**74%**	15%	11%
Option 2[2]	**44%**	37%	20%
Option 3	**16%**	75%	9%

[2] Percentages are rounded at the last stage of calculation and presented as whole numbers for ease of reading and representation; this may result in percentages not totalling exactly to 100% in tables presented.

4.4 Respondents were asked to choose their preferred option:

	Preferred Option
Option 1	57%
Option 2	28%
Option 3	12%
Any of these	0%
None of these	3%

4.5 Respondents were asked whether any of the proposed options would impact on them:

	Yes	No	Not sure
Option 1	**42%**	35%	23%
Option 2	**53%**	18%	29%
Option 3	**66%**	13%	21%

4.6 The predominant concern for Public Health Nursing staff was around change to their jobs and their service. Change may be seen as a threat to current job roles, terms and conditions, and uncertainty affecting morale. Concerns were also expressed about potential impact upon the current integration of services, which was seen as a positive arrangement, although a few concerns were raised about potential impact of Public Health Nursing being affected by a "social care" model with some of the options. Further concerns were raised around potential for loss of funding if coming under the direct management of the local authority, and issues around governance were raised, particularly in relation to Option 3. Health professionals highlighted the uncertainty created around change and the potential for reduced or loss of integration of services, which could affect outcomes for children. Parents with children who responded were concerned about the change of service, potentially into a non-health service, and that the (integrated) level of support they currently received would be lost.

4.7 Public Health Nursing staff suggested the impact could be reduced by introducing stability into their work. They felt this could be achieved by remaining with their current employer, ensuring TUPE was in place, and having more clarity around the contracting arrangements and what the service was to provide. Continued integration was seen by some as important in maintaining stability, which was expressed in terms of integration, cross-working, and Integrated Children's Services. Others saw maintaining the service under a "health" provider, if not the NHS, as key. Health providers highlighted the importance of maintaining the integration of the services, and the public highlighted the value and importance of maintaining stability of the service by keeping the current Public Health Nursing provision.

4.8 Responses were received from Public Health Nursing (37%), members of the public with children (28%), health professionals (15%), amongst others. The majority of public respondents were between 20 and 64 years old (96%), and female (77%). 5% reported having a long-term illness or disability, with no comments appearing to highlight specific issues around specific characteristics.

5. Financial considerations

5.1 The Public Health Nursing Service is commissioned by Public Health Devon within the context of a diminishing local authority Public Health Grant. The current contract value per annum for the Public Health Nursing element is £11.8million. The Comprehensive Spending Review (CSR) 2015 announced a five-year annual reduction to the Public Health Grant received by local authorities of 3.9%. This reduction followed an in-year cut of 6.2% (£1,647,526) in 2014-15 which was Devon County Council's contribution to the national £200million in-year savings. The Public Health Grant is then subject to annual recurring reductions of approximately 2.5% per annum for 2017-18, 2018-19, 2019-20 and then remains at the same level in 2020-21 (0% uplift). All the reductions are recurring. This funding currently represents 41% of the total ring-fenced Public Health Grant for 2016-17 to Devon County Council from Public Health England.

5.2 As with other public health services commissioned by Public Health Devon, spend on the Public Health Nursing service will need to reduce from 2018-19 to enable the reductions in the Public Health Grant to be managed and still comply with Public Health England's funding conditions. Working with the current provider, Virgin Care Limited, we have already put in place mitigations during the lifetime of the contract, and there are efficiencies to be realised from the recent digitisation of Public Health Nursing records and the benefits of "total mobile" working.

5.3 Although in Option 2 a procurement for Public Health Nursing services would allow greater control over costs to the Public Health Grant, it is accepted that the cost implications for other partners due to the lack of procurement readiness are unknown if this option is chosen. In Option 1, it is anticipated that NEW Devon Clinical Commissioning Group would be the Lead Commissioner for the interim contract and Public Health Nursing services would be commissioned by them on our behalf through a Section 75 agreement. It should be recognised that negotiation will be required and depending on the outcome, this may have an implication for other public health-funded services in 2018-19.

5.4 Costs have been sought for option 3, based on the management, clinical governance, premises, information technology and other support costs if the service were to be transferred into the Council. However, these costs are our estimates only as all the actual costs have not been available and may not be a comprehensive assessment of all the costs that would be entailed by the Council. This "in-house" option is based on an understanding that the transfer-in of this service is not *ultra vires* for a Local Authority and the legal requirements that Local Authorities would need fulfil to provide clinical services. The minimum cost of running the service in-house is estimated at £11.9 million with additional one-off costs relating to the transfer-in of the service of £340,000.

6. <u>Legal considerations</u>

6.1 The service forms part of the Director of Public Health's responsibilities made under section 6C of the NHS 2006 Act, inserted by section 18 of the 2012 Act.

6.2 We have not yet sought legal advice as to the ability of the Council to act as described in Option 3, nor its fitness to deliver a clinical service.

7. Environmental impact considerations

7.1 While healthy lifestyle behaviours can contribute to environmental goals, no direct environmental impacts are expected from any of the options under consideration.

8. Equality considerations

8.1 Where relevant to the decision, the Equality Act 2010 Public Sector Equality Duty requires decision makers to give due regard to the need to:

- eliminate discrimination, harassment, victimisation and any other prohibited conduct;
- advance equality by encouraging participation, removing disadvantage, taking account of disabilities and meeting people's needs; and
- foster good relations between people by tackling prejudice and promoting understanding.

8.2 In considering equality impacts we need to take into account age, disability, race/ethnicity (including Gypsies and Travellers), gender and gender identity, religion and belief, sexual orientation, pregnant women/ new and breastfeeding mothers, marriage/civil partnership status, in coming to a decision, a decision maker may also consider other relevant factors such as caring responsibilities, rural isolation or socio-economic disadvantage.

8.3 In progressing the proposed Options, an Impact Assessment has been prepared which has been circulated separately to Cabinet Members and also is available alongside this Report on the Council's website at:

https://new.devon.gov.uk/impact/phns0-19-april2018/

Members will need to consider the Impact Assessment for the purposes of this item.

8.4 No consequences for current and future service users have been identified as a result of the commissioning options under consideration. Regardless of the commissioning and procurement arrangements, the protected characteristics will be considered across all elements of the service to ensure that the service reduces harm in those in greatest need.

8.5 The guidance for service delivery is set by the National Institute of Clinical Excellence (NICE) and Public Health England (PHE). Equality Analysis has been carried out by the Department for Health on the 'Healthy Child Programme' through regulation:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/493625/Service_specification_CG4_FINAL_19Jan2016.pdf

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/410685/Equalities_analysis.pdf

9. Risk assessment considerations

9.1 This policy/proposal has been assessed and all necessary safeguards or action have been taken/included to safeguard the Council's position. The Council's template was followed for the Future Service Delivery Models Risk Identification and Assessment 0-19 Public Health Nursing Services.

9.2 The risk assessment has now been updated in the light of the consultation and information received in the consultation period from commissioners and providers. Option 2 still presents the least risk, although as a result of assessing the further information available and consultation feedback, the revised risk scores are as follows:

Option	Initial score	Revised score
Option 1	214	157
Option 2	141	153
Option 3	194	226

9.3 The corporate or community risk registers have been updated as appropriate.

10. Public Health Impact

10.1 The Joint Health and Wellbeing Strategy is a relevant document, drawing together priorities from the Joint Strategic Needs Assessment. This report, and related documents, emphasise the need for children to have the best start in life.

10.2 The prime purpose of the Public Health Grant is to ensure the delivery of the mandated elements of the grant as described in the statutory instrument, and the expectation of local authorities to deliver year-on-year improvements in the health of all children and young people through the delivery of an effective 0-19 Public Health Nursing service.

10.3 Formative years can have an impact on a young person and adult's later health and wellbeing, and this relates directly to other important health, social care, and wellbeing outcomes such as; physical health e.g. smoking, healthy weight, oral health, mental health and health inequalities, detection and prevention of child safeguarding risks, and reducing the risk of children going in to statutory care proceedings. These can have a life-long negative impact on individuals, their families, and others, and are the cause of significant costs to local authority social care.

11. Recommendation to Cabinet

11.1 Following the consultation, the risk assessment has been reviewed and the revised risk assessment has been taken into account when making this recommendation.

11.2 In response to the consultation, Option 1 will be recommended to Cabinet because it would maintain the stability of the service for 2018-19, and it does not predetermine what the outcome of further work may bring. It should be noted, however, that from April 2019 onwards, the cost of service delivery will need to be affordable from the Public Health Grant. Although Option 2 is assessed as the lowest risk to Public Health

Devon, and would offer greater certainty over a longer time period, the length of time now available to Public Health Devon to procure a new service has weakened its ability to undertake sufficient market warming to attract a wide range of providers. Option 3 has been identified by respondents as least popular, as it provides less certainty, and from Devon County Council's cost estimates, it is likely to be the most expensive option.

11.3 Option 3 would also be a change in approach for Devon County Council in that it has increasingly moved to become a commissioner of services rather than providing them directly. Recent developments such as the creation of Libraries Unlimited and DYS SPACE illustrate Devon County Council's success in creating new commissioning and delivery models that move the Council away from direct service provision.

11.4 Based on the outcome of the consultation, the revised risk assessment and the importance of ensuring that our local services are commissioned in accordance with a shared strategic approach, it will be recommended that Option 1 is approved. Although this is not the option which creates the greatest financial certainty for Public Health Devon, the continued benefits of working together with partners and maintaining a period of stability for a further 12 months will enable time to plan together with partners to best promote the health, wellbeing and safety of the children and young people of Devon.

Dr Virginia Pearson
CHIEF OFFICER FOR COMMUNITIES, PUBLIC HEALTH, ENVIRONMENT AND PROSPERITY
DEVON COUNTY COUNCIL

Electoral Divisions: All

Cabinet Member for Improving Health & Wellbeing: Councillor Andrea Davis

Chief Officer for Communities, Public Health, Environment, and Prosperity: Dr Virginia Pearson

LOCAL GOVERNMENT ACT 1972: LIST OF BACKGROUND PAPERS

Contact for Enquiries:
Becky Applewood, Public Health Specialist (Children, Young People and Families)
Public Health Directorate, Room 141, County Hall, Topsham Road, Exeter EX2 4QL
Tel No: 01392 383000

BACKGROUND PAPER	DATE	FILE REFERENCE

Impact Assessment: Public Health Nursing Service (0-19) – April 2018
https://new.devon.gov.uk/impact/phns0-19-april2018/

PHN – Re-procurement options risk assessment v10 180117
https://devoncc.sharepoint.com/sites/PublicDocs/Corporate/_layouts/15/guestaccess.aspx?docid=00eaf50dab2d44b58b69703a96a81b97b&authkey=Adj9ic125idbOKvB9CJDMYw

Consultation: Public Health Nursing
https://new.devon.gov.uk/haveyoursay/consultations/public-health-nursing/

Future service delivery models - risk identification and assessment template 260217
Public Health Nursing Consultation Report 230217

APPENDIX 1

0-19 Public Health Nursing consultation: summary of results

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1. Background

This consultation considered the options for delivery of 0-19 Public Health Nursing in Devon. We are seeking to continue using the current National Specification for Public Health Nursing Services 0-19, so there should be little, if any, change to the service the public receives. However, we are looking at different options on how to do this and welcome views on these.

0-19 Public Health Nursing (health visitors, school nurses and the National Child Measurement Programme), needs a new contract as the current one ends in March 2018. The current service is part of the Integrated Children's Services contract. Legal requirements mean that the current contract cannot be extended, so a new contract needs to be put in place. We aim to maintain the service in line with reductions to the Public Health Grant by using new, more efficient technologies and through robust contract management.

0-19 Public Health Nursing is a mandated (legally required) service, paid for by the County Council, and is currently delivered by Virgin Care Limited.

We are considering the following options:

2. Options

Option 1 – Interim one-year contract

We would aim to negotiate a 12-month interim contract for the provision of children's services to allow for a full procurement of Integrated Children's Services, including 0-19 Public Health Nursing, to start April 2019.

Option 2 – Procurement of long-term contract

We would proceed with an independent procurement of 0-19 Public Health Nursing services.

Option 3 – Bring management of service in-house

We would transfer the 0-19 Public Health Nursing Services to Devon County Council from 1st April 2018, until strategic discussions on the configuration of Children's Services have been completed and a decision made on future commissioning/provision arrangements.

3. Consultation

This consultation was carried out to determine whether there may be any considerations around proposed methods of securing continued delivery, even though the service itself should not change.

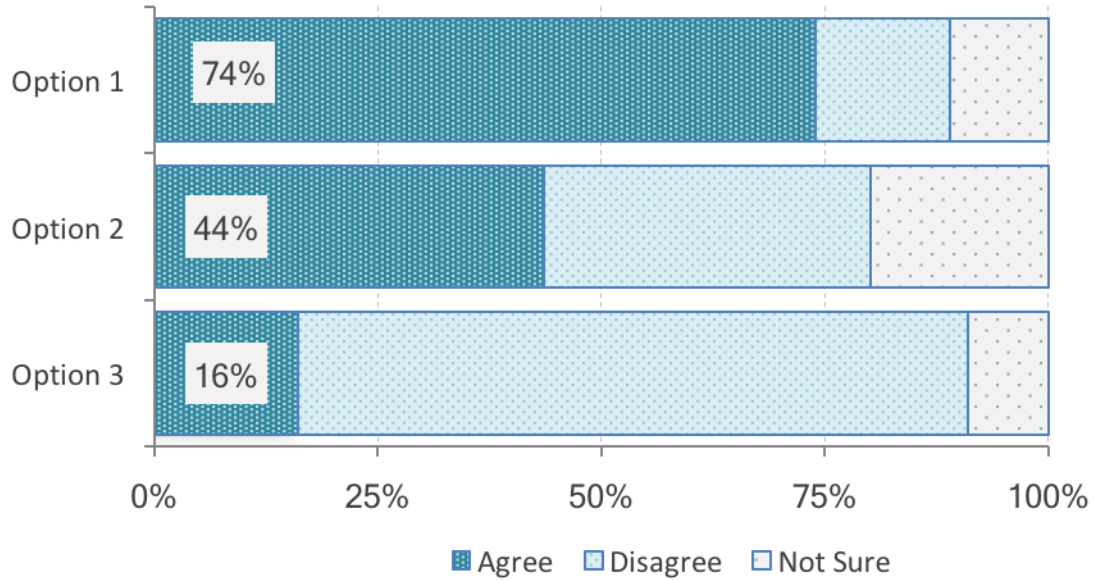
The consultation consisted of a questionnaire [Appendix B] accessible via the Council's "Have Your Say" website (alternative formats were available on request) with background information provided, including the relevant Cabinet Report, Impact Assessment, and Risk

Assessment. Before completing the questionnaire, participants were asked to read the background papers. Consultation information was promoted to staff and relevant bodies via the 'Have Your Say' website, including subscribers, via Press Release, and direct contact with key stakeholders. The Consultation ran from the 19 January to 22 February 2017.

396 responses were received by the closing date. The report below provides a summary of the consultation responses.

4. Consultation responses

Q1. From the proposed options, which do you agree or disagree with?



From the proposed options, Option 1, had the highest level of agreement (74%), whilst Option 3, had the lowest (16%).

Q2. If you disagree with all of the options, what alternative do you suggest?

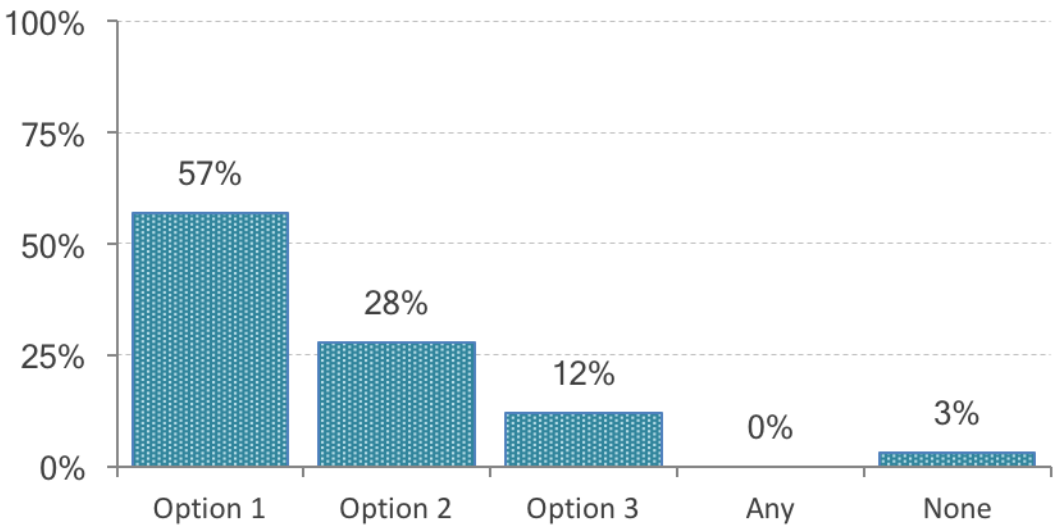
From those who disagreed to all of the options, 29 provided comments, and some suggestions for alternatives. Suggestions fell under three main concepts: that Public Health Nursing should come under the NHS, remain with Virgin Care Limited, and at least remain part of Integrated Children's Services.

"That PHN is maintained under umbrella of ICS and diluted to a point whereby we have not continuity of care…"

"NHS best to run services."

"Stay with Virgin Care."

Q3. Which is your preferred option?

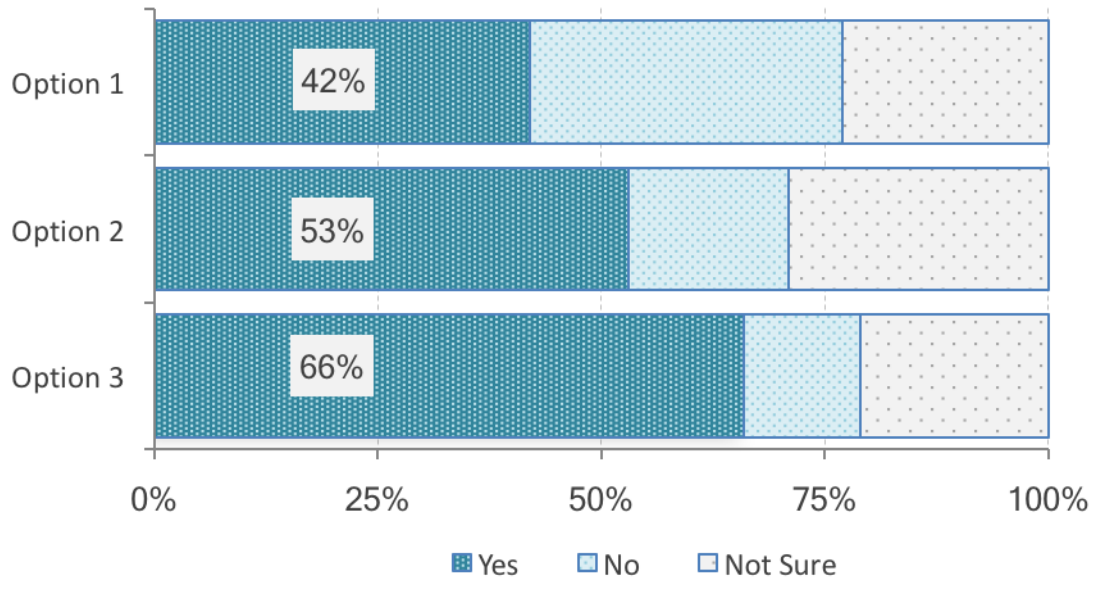


When asked which was their preferred option, Option 1 had the highest percentage (57%) selecting this option.

Q4. If you selected 'None of these', what alternative would you suggest?

3% selected that they wouldn't prefer any of the options, 9 of whom provided comment. From those who selected "none of these" the suggestions were to either stay with Virgin Care Limited, or return services within the NHS.

Q5. Would the proposed options impact on you?



Option 1 was considered to impact least on respondents (42%), while Option 3 was considered to impact the most (66%).

Q6. If 'Yes', what impact would the proposed options have on you?

Almost 200 hundred comments were received around what impacts the options may have on respondents. Almost half were from Public Health Nursing staff (48%), just over a fifth from members of the public with children (21%), and just under a fifth from health professionals 17%. The remainder came from other sources, including schools and the Children, Young People, and Families Alliance (comments in the Public Health Nursing Consultation Report, Appendix A). Specific additional responses were provided by NEW Devon Clinical Commissioning Group (NEW Devon CCG – Appendix C), and Virgin Care Limited (VCL – Appendix D).

The predominant concern for Public Health Nursing staff was around change to their jobs and service. Change may be seen as a threat to current job roles, terms and conditions, and uncertainty affecting morale. NEW CCG also highlighted that the Risk Assessment could be improved in highlighting this.

> *"Any change process affects the workforce and can reduce its efficiency and effectiveness. Our work is already very pressured but vital to families and I feel that the option which caused the least disruption and reduction in our service is preferable."*

> *"Currently working for Virgin Care, so would result in change to employer and potentially terms and conditions of employment."*

Concerns were also expressed about potential impact upon the current integration of services, which was seen as positive, though a few concerns were raised about potential impact of Public Health Nursing being affected by a "social care model" with some options. Fundamentally, it appeared that integration was seen as highly important, that there appeared to be risks around moving from a single integrated contract to integration through separate contracts, however, integration should not necessarily mean assimilation. Whichever option chosen would have to integrate with the (draft) Children's Services Delivery Plan, that many respondents, both public and professional, felt there were risks involved in not having one Integrated Children's Services contract.

Further concerns were raised around potential for loss of funding if coming under the local authority, and issues around governance raised, particularly in relation to Option 3. It was recognised that there was a risk with any change of service, especially any change in leadership. A number of comments were made about the current Virgin Care Limited contract. Overall these comments supported that the positive changes already made should continue.

Health professionals highlighted the uncertainty created around change and the potential for reduced or loss of integration of services which could affect outcomes for children.

> *"Organisational change out of ICS would lead to fragmentation of children's services making joined up working challenging for clinicians and service users."*

Parents with children who responded were concerned about the change of service, potentially into a non-health service, and that the, integrated, level of support they currently received would be lost.

> *"I have had involvement with the service regarding my child and I am worried that moving the service will impact negative changes."*

Other responses reflected those above, particularly around the risks of change, the uncertainty it produced, and an overall positive view of current arrangements. There were

substantial concerns around change and level of service, with some additional concern that funding would be reduced further, especially if brought into direct control of the Council. There appeared to be some confusion around the fact that Public Health Nursing is currently commissioned by Devon County Council, and that whether Option 1 or 2 was chosen a given provider would be guaranteed – the notion that this could ensure that services remained with Virgin Care Limited as an integrated solution appeared to be a key consideration for some respondents. Concerns were raised about Option 3, particularly as DCC is not currently in a position to provide relevant governance around health services.

Q7. How could we reduce the impact?

Around half of the responses on reducing impact came from Public Health Nursing staff (49%), around a fifth from members of the public with children (21%), and over a tenth from health providers (14%).

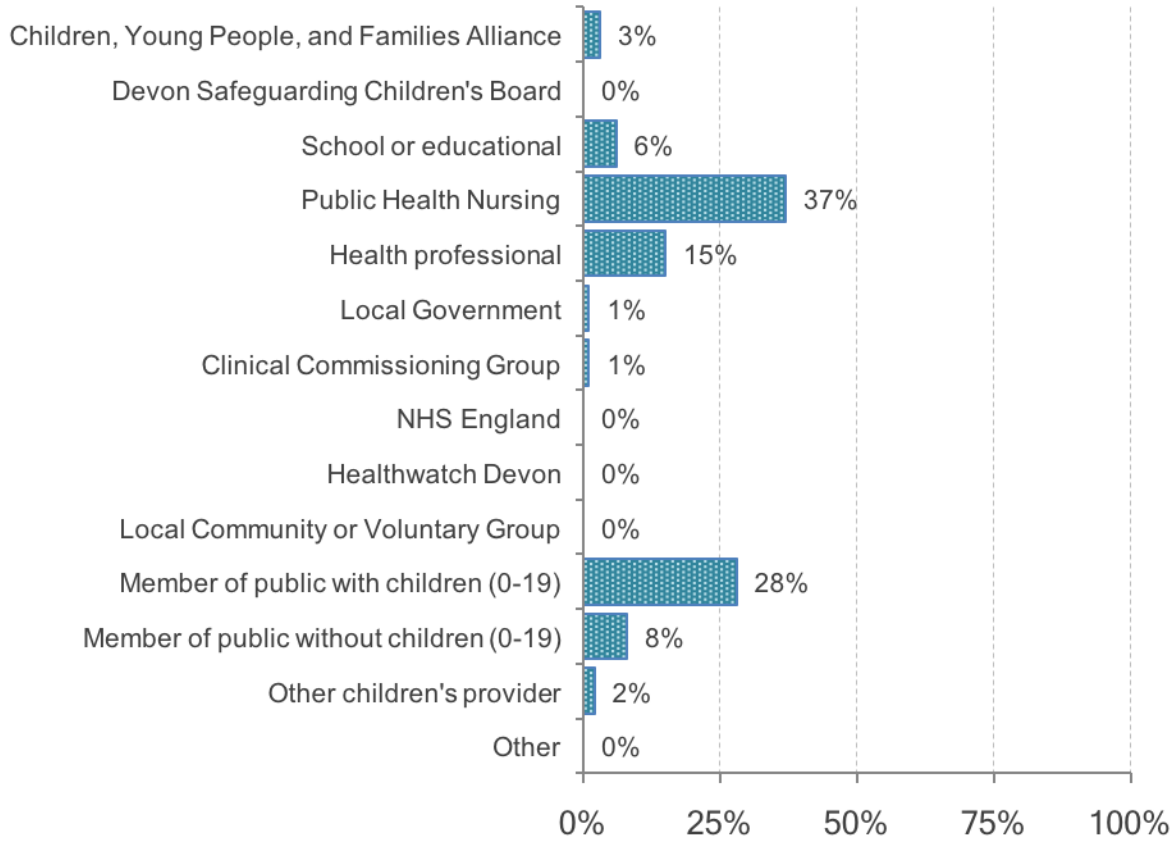
Public health nursing staff suggested the impact could be reduced by introducing stability into their work. They felt this could be achieved by remaining their current employer, ensuring TUPE was in place, and having clarity around contracting and what the service was to provide. Continued integration was seen by some as important in maintaining stability, which was expressed in terms of integration, cross-working, and Integrated Children's Services. Others saw maintaining the service under a "health" provider, if not the NHS, as key.

> *"Stability needed. - Staff morale eroded with each change. Uncertainty about ability to deliver services in the future. - More information on impact on terms and conditions of employment."*
>
> *"Local authority should still out source public health to its known providers to reduce the impact on budgets…"*
>
> *"By ensuring information on all three options is widely available and disseminated freely and it should include what the public health nursing service would look like, what our core offer would be, what additional support we can offer and how it will affect us as individuals e.g. with pay, pensions etc…"*

Health providers highlighted the importance of maintaining the integration of the services, and the public highlighted the value and importance of maintaining stability of the service by keeping the current Public Health Nursing provision.

Q8. Which of the following best describes you?

The majority of responses were received from Public Health Nursing (37%), members of the public with children (28%), and health professionals (15%).



Respondents

The majority of public respondents were between 20 and 64 years old (96%), and female (77%). 5% reported having a long-term illness or disability, with no comments appearing to highlight specific issues around characteristics. Specific comments around the Impact Assessment were made by NEW CCG (Appendix D).

Impact and Risk Assessment additional considerations

The NEW Devon Clinical Commissioning Group suggested that the scoring in the Risk Assessment was “excessive”. Virgin Care Limited questioned scoring Option 1 as the highest risk, and that there were heightened cost risks with Option 2. A few commented, including GPs and other health professionals, that the impact on partners may not have been fully evident.

A summary is provided in the Cabinet report above and the detail is in the accompanying ***Public Health Nursing Consultation Report*** with full responses in the appendices.

Public Health Nursing Spotlight Review – Health and Wellbeing / People's Scrutiny
Report of the Spotlight Review Group

Please note that the following recommendations are subject to consideration and determination by the Cabinet (and confirmation under the provisions of the Council's Constitution) before taking effect.

Recommendation: that Cabinet be recommended to adopt the approach set out in Option 3 of Report CS/17/6 and transfer the 0-19 Public Health Nursing services to the County Council from 1 April 2018.

1. Context
At Cabinet on 11 January 2017 approval was given to consultations being undertaken on the proposed process for procuring a new contract/arrangements for commissioning of children's services upon the expiry of the current five-year contract with Virgin Care Limited on 31 March 2018; such consultation to take place during January and February 2017 with a further report to the Cabinet in March 2017 to determine the preferred option.

It was subsequently agreed that Health and Wellbeing / People's Scrutiny undertake a spotlight review to consider the following Public Health Nursing services options set out in the January Cabinet Report (CS/17/6).

2. Background
In April 2013, the County Council and NHS Devon (Devon Primary Care Trust) entered into a 3+1+1 year (five year maximum) contract for the delivery of integrated children's services with Virgin Care Limited via a pooled budget arrangement. The services are currently commissioned from this pooled budget with Northern, Eastern and Western Devon Clinical Commissioning Group acting on behalf of the commissioning partners as the Co-ordinating Commissioner. The intention of the commissioners at that time was to bring together three main elements of existing health services for children:

- Public Health Nursing services and the mandated National Child Measurement Programme (health visitors and school nurses)
- Specialist Child and Adolescent Mental Health services (CAMHS)
- Specialist Children with Additional Needs services (for those with complex needs such as physical and learning disability)

The pooled budget has a total value of almost £35 million per annum. The contract ends on 31st March 2018 and because it has already been extended twice, it cannot be extended again under national regulations. In terms of the County Council's current financial contribution to the pooled budget:

- £3.5 million in specialist children's services.
- £11.9 million in 0-19 Public Health Nursing services.

Devon County Council's investment in Public Health Nursing is from the Public Health Grant, which is for the delivery of Public Health England's national specification for a 0-19 service and is currently subject to a mandate (via a statutory instrument) for the five universal checks between 0 and 5 years of age. The service forms part of the Director of Public Health's responsibilities made under section 6C of the NHS 2006 Act, inserted by section 18 of the 2012 Act. This funding currently represents 41% of the total ring-fenced Public Health Grant for 2016-17 from Public Health England.

The process of pre-procurement formally commenced in June 2016. An independent chair was appointed to establish and chair a Pre-Procurement Board, the aim of which was to clarify intentions, begin collating the necessary finance and contractual data and, based on this, produce a set of recommendations on the approach to procurement.

3. Spotlight Review
On 6 February 2017 members held evidence gathering sessions with the following witnesses to the review and appreciated their attendance at short notice:

- Virginia Pearson, Chief Officer for Communities, Public Health, Environment & Prosperity / Councillor Andrea Davis, Cabinet Member for Improving Health and Wellbeing
- Linda Murray, Head of Public Health Nursing, Virgin Care / Cathy Ellingford, Head of Care Effectiveness, Virgin Care
- Louise Campion, Principal Officer – Health and Wellbeing, Swindon Borough Council
- Philippa Court, Senior Manager: Early Help Provision, Devon County Council
- Phil Norrey, Chief Executive, Devon County Council
- Jo Olsson, Chief Officer for Children's Services, Devon County Council / Councillor James McInnes, Cabinet Member for Children, Schools and Skills

4. Conclusion
The spotlight review considered the three options set out in the January cabinet report and concluded that Option 3 represents an opportunity for the County Council to take greater control in the delivery of children's services. There is a need to strengthen the governance arrangements, accelerate the pace of integration to ensure the system enables effective working together and brings services closer to where children can access them. It is this integration of health, education and social care services that makes the biggest difference to outcomes for children and in particular for those that are more vulnerable.

Currently it would appear that early help has made some advances but it remains under-developed in Devon, and the position set out in the Ofsted inspection in 2015 has not changed significantly. Further work is needed to establish expectations and to clarify roles and responsibilities in terms of early help across the partnership. The County Council's strategic role is vital as the catalyst on the drive to improve each child's outcomes and start in life. Therefore it is critically important to have a Public Health workforce that works seamlessly with children's centres schools and early years settings.

The spotlight review appreciates that Option 3 and the in-sourcing of 0-19 Public Health Nursing Services would not be without risk. The transfer would represent a significant period of change and disruption as well as it being a considerable undertaking to bring the service in-house for next year. Clinical governance would also be an issue, and needs to be absolutely clear. Registration would be required with CQC and undergoing CQC inspection is an onerous process similar to Ofsted inspections. However if changes to strengthen early help, bridging the gap between universal, targeted and specialist services, are not implemented, not only is there a risk that costs in specialist services will rise, but that outcomes for some of Devon's most vulnerable children may suffer.

Delaying the longer term decision with Option 1 has some advantages, but it would mean that staff had another year of uncertainty and organisational change sets back progress, something the County Council can ill afford to allow. The impact of continuing financial restrictions, along with necessary changes in expectations, made Option 2 less favourable.

Members of the Spotlight Review:
Sara Randall Johnson (Chair of Spotlight Review / People's Scrutiny Committee)
Rob Hannaford
Andy Hannan
Debo Sellis
Richard Westlake (Chair of Health and Wellbeing Scrutiny Committee)

Electoral Divisions: All
Cabinet Member for Health and Wellbeing: Councillor Andrea Davis
Cabinet Member for Children's Services: Councillor James McInnes

Dan Looker - Scrutiny Officer (01392 382232 / dan.looker@devon.gov.uk)

Rota Review Project

Briefing paper – January 2017

In recent years the Trust has seen the 999 service come under increasing pressure from the rise in demand. The Trust has explored ways to mitigate this impact with a number of initiatives to protect staff welfare, the patient experience and Trust performance.

The Trust has recognised the need to align rotas and fleet ratios to the new demand profile and tackle inefficiencies identified within current structures. This has resulted in the decision to undertake a full rota review to enact the necessary changes.

The rotas will be aligned to ensure the right number of staff are on duty at the right time, in the right place. This will enable the service to manage peaks in demand, giving an improved response to patients as well as staff welfare and wellbeing.

The Trust will also increase the number of double-crewed ambulances (DCAs) and reduce the number of rapid-response vehicles (RRVs). Investment earmarked to replace RRVs will instead be used to fund additional DCAs. The rota review aims to provide a road map for the service which allows continual improvement and review to the operating model in response to future challenges.

The rota review has already been completed in our North Divisions and has now started in our East and West Divisions. Staff engagement and consultation began in December 2016 and working parties with staff and staff-side representatives are taking place throughout January to April 2017.

The more detailed aims of the Trust-wide project are:

- Revision of the fleet model
- Optimisation of new rotas to ensure peaks in demand are effectively managed and utilisation rates reduced
- Introduction of shift length flexibility
- Implementation of a consistent Trust-wide meal break policy
- Implementation of fair and equitable staff rotas
- Optimisation of staff numbers and skill mix
- Reduction in shift overruns
- Optimisation of call-handling staff in the clinical hubs (control rooms)

The following parameters must also be taken into consideration:

- Rotas must be deliverable within available funding
- Where possible, rotas must be socially acceptable to staff

Our commissioners are fully briefed on this project and will continue to receive regular updates as the project progresses.

Health and Wellbeing Scrutiny Committee

360 Health Scrutiny Spotlight Review

March 2017

CS/17/04
7th March 2017
Health and Wellbeing Scrutiny Committee

1. Recommendations

The Task Group ask the Health and Wellbeing Scrutiny Committee, Cabinet and the NHS in Devon to endorse the report and recommendations below particularly into the new Council after the elections.

	Recommendation
1.	Implement the suggestions for the most effective scrutiny and work to reduce the ineffective practices as outlined in this paper.
2.	Continue to review the recommendations from task groups and spotlight review to secure progress.
3.	That the Health and Wellbeing Scrutiny Committee considers matters for adult social care in a new council. There is significant overlap between these areas and it no longer makes sense to consider them separately.

2. Introduction

2.1. The Health Scrutiny agenda this year has been dominated by wide scale change on a National basis. The introduction of Sustainability and Transformation Plans with the closure of many community hospital beds and anticipated changes to acute services has raised the profile of health scrutiny as local politicians grapple with what these changes mean for local people. Health and Wellbeing Scrutiny has heard from more members of the public this year than ever before.

2.2. These developments combined with the impending County Council elections create the opportunity to review performance and impact of health scrutiny at Devon County Council. Since Health Scrutiny legislation changed with the implementation of the Health and Social Care Act 2013 it is appropriate to review progress since this time.

2.3. The developments in 2013 followed the damning Francis report which provoked a significant challenge to public organisations involved in providing, commissioning, evaluating and improving health care throughout the country. Local Authority scrutiny was specifically criticised for a lack of oversight and rigor in holding NHS organisations to account. The failings at the Winterbourne View hospital were in part caused by warning signs not being picked up or acted on by health or local authorities, and the concerns raised by a whistle blower going unheeded. The Keogh review examined the quality of care and treatment provided by hospital trusts with persistently high mortality rates. The views of staff and patients played a central role in the overall review and the individual investigations.

2.4. Since this time the Health and Wellbeing Scrutiny Committee has carried out the following pieces of work:

- **Spotlight Review North Devon Maternity (2013)**
  To understand and inform the Committee's position on the changes to the maternity service in Northern Devon

- **Health Checks (2013)**
  Devon County Council Health and Wellbeing Scrutiny Committee was chosen in the summer as one of five Scrutiny Development Area projects to examine NHS Health Checks through the lens of the 'Return on Investment' scrutiny model developed by the Centre for Public Scrutiny.
- **Spotlight Review Voice of the Vulnerable (2014)**
  The spotlight was established to ask: How can scrutiny be sure that it hears the voice of vulnerable people in Devon. This followed the Francis report and its critique of scrutiny.
- **CCG Strategy (2014)**

  Reviewing the development of the NEW Devon CCG programme of Transforming Community Services.

- **Spotlight Review CAMHS (2014)**

  The Health and Wellbeing Scrutiny Committee was invited to examine the Children and Adolescent Mental Health Service (CAMHS) by the former Cabinet Member for Children's Services.

- **Integration (2015)**

  The Health and Wellbeing Scrutiny Committee and the People Scrutiny Committee at Devon County Council worked with the Centre for Public Scrutiny to consider the integration agenda further.

- **Referral TG and subsequent scrutiny referral (2016)**

  The starting point for this investigation was whether or not the Committee wished to make a referral to the Secretary of State for Health on the closure of the community hospital beds in Torrington Community Hospital.

- **Spotlight review into STP model of care (2016)**

  The Health and Wellbeing Scrutiny Committee and the People's Scrutiny Committee from Devon County Council met with the Torbay Community Services Review Panel and the Plymouth Wellbeing Scrutiny Committee on the 5th October for a spotlight review. The review forms part of the on-going work to understand and scrutinise the activities that make up the Sustainability and Transformation Plan (STP) and the changes in localities that follow this plan.

- **Quality Spotlight Review (2016)**

  The Committee initiated this piece of work to resolve how the Committee can ascertain if a service is working well and what warning signs to look for if it is underperforming.

- **Fairer funding for CCGs in Devon (2017)**
  The Health and Wellbeing Scrutiny Committee established this Task Group to review the mechanics of the funding settlement that is given to CCGs in Devon each year by central Government to:
  - *Clearly establish the principles upon which the local NHS is funded by central Government.*
  - *Come to a view on whether the principles that underpin the funding formula disproportionally disadvantage Devon and if Devon is comparably underfunded as a result.*
  - *Make representations to Central Government as appropriate to challenge the allocation of funds.*

2.5. On the 29th November 2016 the Health and Wellbeing Scrutiny Committee convened a spotlight review that invited members of the Committee, NHS

professionals from commissioners and providers, Devon County Council officers and third sector representatives. In a very open session all participants were invited to speak honestly about their experiences of scrutiny. Prior to the session a few questions about the effectiveness of scrutiny were sent to members and stakeholders. The results were shared in the session and included comments from people who could not be in the room.

3. What is the purpose of scrutiny?

3.1 The Scrutiny function was introduced to local government in 2000 and is based on the parliamentary select committee model of governance. This is where groups of MPs hold inquiries into issues and make recommendations. Before this date decisions in local government had been made by committees of Councillors.

3.2 The full Council is responsible for the adoption of the budget and policy framework. Once these are established the responsibility falls to the Cabinet to implement. Scrutiny is a significant activity of most non-executive Councillors. Through one or more committees, Councillors question and challenge the decisions and policies that are initiated by Cabinet as well as developing policy and conducting service reviews. Scrutiny committees are able to require Cabinet members and senior officers to attend public meetings.

3.3 Scrutiny works to the common aim of improving services for the local community and is involved in the following:

- Policy review and development: helping to shape the way public services are delivered
- Scrutinising decisions: is the right action being taken? Are services working effectively?
- External scrutiny including health: examining services that impact upon the local community.

3.4 It is vital to have an effective scrutiny function to ensure that the Council makes better decisions, informed by consideration and evidence. Scrutiny is also a key way that local people can be heard.

'(scrutiny is) Absolutely vital'

Devon County Councillor

'Ensures that our organisation follows the correct process, is transparent and listened to the needs of the population' *Stakeholder*

3.5 Health scrutiny has additional powers to other local authority scrutiny committees. The commissioner of a service has a duty to consult Health Scrutiny when there is a significant change planned. The timescales of the consultation must be clear and published. Where this has happened and scrutiny has evidence to suggest that the proposals have not been consulted upon or is not in the bests interests of the local health service the Committee can refer the matter to the Secretary of State. The purpose of the referral could be to get full consultation where there has not been any or to have a more detailed understanding of the decision.

4. What has worked and what could be improved?

4.1 Prior to the spotlight review Councillors and Stakeholders were invited to share their views on the effectiveness of the health scrutiny function. The following table summarises the answers to what scrutiny do more of against what scrutiny should do less of should.

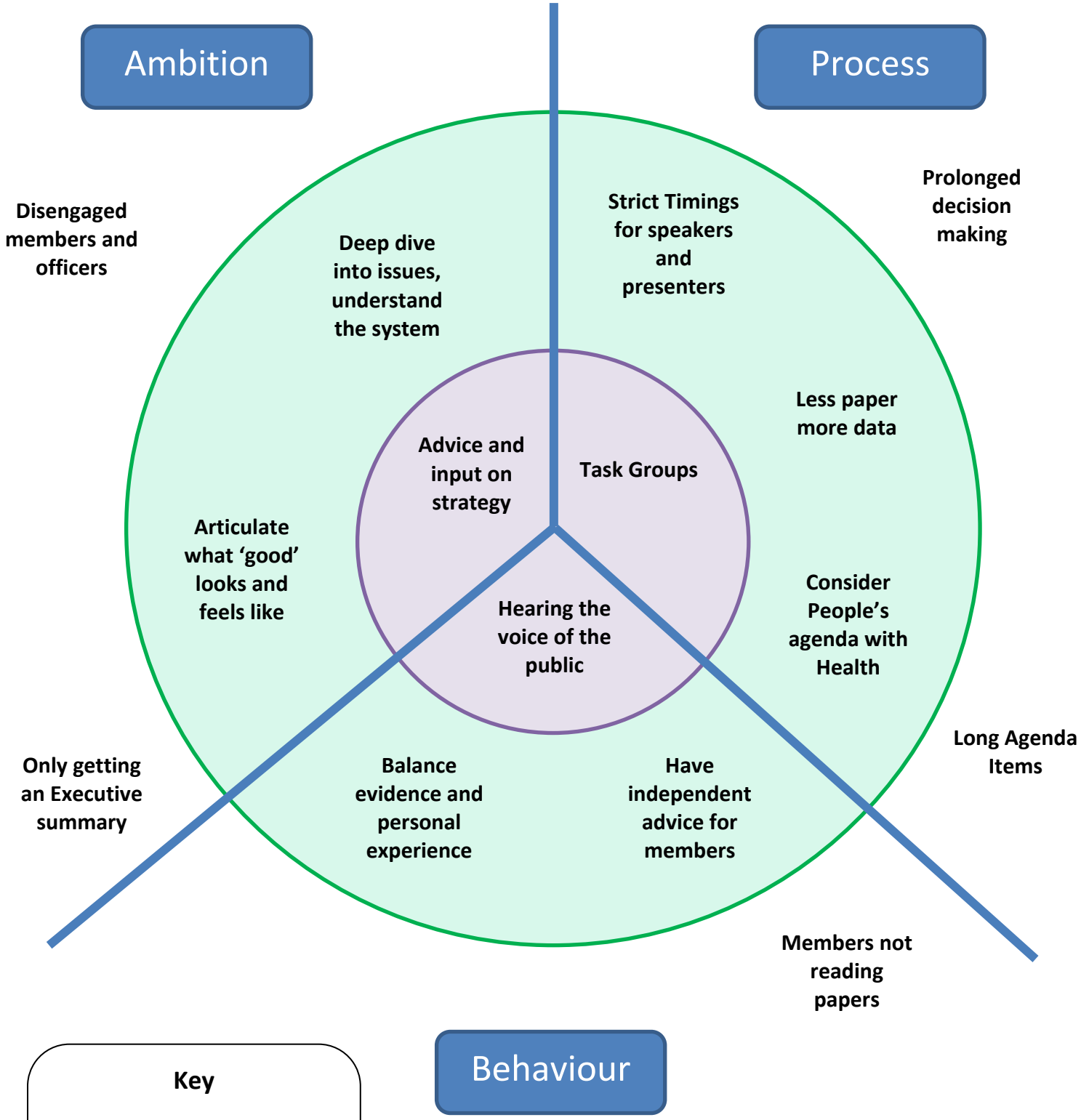
	Do more:	**Do Less:**
Councillors	👍 Hearing from residents or patients 👍 Specific detailed deep dive scrutiny 👍 Look at the wider determinants of health 👍 Understand where the money goes.	👎 Listening to NHS managers give long presentations 👎 Anecdotal stories from committee members 👎 Interfering in the detail of service reconfiguration 👎 Scrutinising issues where the decision has already been taken
Stakeholders	👍 Have a clear overview of the important topics, with equity in scrutiny of providers 👍 Engaging with the evidence base and need for change 👍 Being willing to listen to a reasoned argument 👍 Define what good process and success looks like, especially for consultation	👎 Being political 👎 Straying away from the remit of the committee 👎 Time spent on issues only relevant to a vocal minority

4.2 When asked about the impact of scrutiny Councilor views were mixed. Several comments were made about the usefulness of task groups which get to the nub of an issue and provide a strong evidence base upon which to act. It was also felt that health providers and commissioners hearing the voice of scrutiny and taking on board recommendations had improved. Members of the public are also more aware of scrutiny than they ever have been and are engaging with the democratic process. However there were other responses that were unsure of the impact of scrutiny with the most negative comment being that scrutiny is an expensive waste of time.

4.3 Stakeholders highlighted complementary issues to those of members, saying that spotlight reviews and task groups were positive experiences with clear evidence base. At its best scrutiny can help to ensure that process is robust and considered and providers welcomed the holding to account of public bodies in a public arena because it gives the opportunity for rational debate. Advice from scrutiny officers also informs the work of stakeholders. However sometimes the scrutiny process has made change really difficult and has frustrated service transformation. Delays or extensions to processes can cause operational uncertainty and risks to patient care and staff wellbeing.

4.4 The diagram over the page plots the mixed responses from stakeholders and members in an open discussion about the most effective and least effective behaviors, processes and ambitions of scrutiny. The closer to the center the more effective members and officers rated effectiveness. The work was conducted as an open meeting with internal, external officers, representatives of public and third sector organisations and members.

Evaluation of scrutiny activities



Most effective scrutiny:

4.5 Task Groups were universally agreed upon as the most useful activity that scrutiny can undertake. These a-political, issue-specific evidence based reviews look at a particular service area, issue or change. By interviewing people who may be affected by the issue including staff, managers, stakeholders' representatives of third sector groups and people who live or work in Devon a picture of the issue is built up. This is triangulated often with national thinking and research on the issue to present an analysis of what is working and where improvements can be made. Giving advice to senior leaders and decision makers across organisations was equally seen as being some of the most valuable work that scrutiny can undertake.

4.6 In line with the recommendations from Francis and what many Councillors identify as the most important aspects of scrutiny is listening to and representing the voice of the public. Tthe spotlight review also recognised that sometimes it can be a frustrating experience as scrutiny does not have decision making powers. Members of the public are more aware of health scrutiny and take the opportunity to be more involved than at any previous time. Since public participation has been introduced as a standing item on the agenda of all scrutiny committees Health Scrutiny has had 29 speakers in total, far in excess of any other committee. Scrutiny does however need to ensure that everyone's voice is heard, not just those able and angry enough to speak at committee. Participants recognized the value of listening to those who do speak but also needs to have mechanisms in place where there is a right of reply when specific services or people are criticized, otherwise only half of the picture is presented.

4.7 Taking an attitude that is proactive rather than re-active is also crucial for scrutiny. Some participants were concerned that scrutiny had spent significant amounts of time on issues that were only relevant to a vocal minority at the expense of work that encompassed issues that relate to the whole of Devon.

Good Scrutiny

4.8 Attendees at the spotlight review thought that there were a number of simple, practical activities that could offer quick wins to scrutiny. Foremost of these was consideration of the time taken for presentations at committee alongside the necessary detail in reports. The discussion appreciated the conflict when presenters often wish to share as much information as possible, whilst members need to apply analysis and understanding to what are often complex issues. It was universally felt that time in committee was best used on questions from members, rather than presentations. To support this endeavor better use could be made of informal information sharing activities such as masterclasses and other briefings. Members shared the difficulty of understanding highly technical health information and cutting to the heart of an issue that may be buried in up to a hundred pages of information. Members asked for plain English reports that give a clear overview of the issue and the impact. This can be a complicated judgment call, as the spotlight review was also clear that simply having an Exec summary is not sufficient. However all attendees were positive about the shared vision of achieving good communication and will continue to work towards this as a shared goal.

4.9 It was also felt that the cross over between People's Scrutiny Committee and Health Scrutiny Committee meant that in the next Council their remits should be considered by the same committee. This may be potentially difficult with the breadth of topics that this Committee could cover. A significant concern currently is

that Health Scrutiny has had a tendency to review one area of need, and not focus upon other equally or more valid.

4.10 Balancing evidence of what works with need and technical considerations alongside that of people's individual experiences is an enduring challenge for scrutiny practitioners. The ideal situation is where robust questioning and research leads to meaningful insights that change policy and practice for the benefit of the people of Devon. Hearing from staff and service users or people in the community is an essential part of building this picture.

4.11 To support getting to the right level of detail and analysis stakeholders suggested that independent advice could be sought. Following endeavors by the scrutiny officer the South West overview and scrutiny network will be speaking to the Clinical Cabinet who review the clinical effectiveness of changes by CCGs.

Least Effective Scrutiny

4.12 This section perhaps needs less commentary than the others because it is reasonably self-evident. Participants in the session felt that there was evidence of some behaviors and attitudes that were counter-productive to the effective functioning of the scrutiny cycle. Most particularly where members were disengaged and did not adequately prepare for the investigation, or were unable to prepare because of a lack of information scrutiny was less effective. The management of the function also requires championing to ensure that short, focused questioning with the right information being shared is the norm.

4.13 There were also general comments made that do not easily fall into these categories but raise useful points in the general consideration of effective scrutiny. Firstly the subject of members training was discussed, this is about adequately preparing scrutiny members for the effective questioning and understanding complex topics. The need to have consistent relationships across organisations where the committee can receive a briefing in short order should it be necessary was also raised. In some areas it was felt that this worked well, and in others there could be improvements made. The workload of the staff supporting the function was also discussed.

5. Conclusion

This was a short investigation with the remit of trying to improve the way in which the Health and Wellbeing Scrutiny Committee works and achieves meaningful outcomes for the people of Devon. Scrutiny works on the basis of questioning, using information and evidence and representing the views of local people to improve services. The Spotlight Review acknowledged the areas of success and made recommendations to improve health scrutiny in the new administration after the elections. The continued working towards excellence in scrutiny as demonstrated by behaviours, attitudes and ultimately outcomes is an agreed goal from this spotlight review.

6. Sources of evidence

Witnesses

The Task Group heard testimony from a number of sources and would like to express sincere thanks to the following for their involvement and the information that they have

shared as well as to express a desire of continuation of joint work towards the fulfilment of the recommendations in this document.

Organisation	Person	Role
North Devon Healthcare trust	Katherine Allen	Director
North Devon Healthcare trust	Chris Bowman	Director
Health and Social Care Forum	Elli Pang	Secretary
Health Watch Devon	John Rom	Trustee
South Devon and Torbay Clinical Commissioning Group	Ray Chalmers	Head of Communications and Strategic Engagement
DCC	Steve Brown -	Deputy Director Of Public Health
New Devon CCG	Jenny McNeil	Associate Director

7. Task Group Membership

Membership of the Spotlight Review were as follows:

Councillors Richard Westlake (Chairman), Claire Wright, Brian Greenslade, Chris Clarence, Debo Sellis and Rufus Gilbert

8. Contact

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