

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

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.

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.

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