

Ms Janet Fitzgerald
NHS Northern Eastern and Western Devon CCG
Newcourt House
Old Rydon Lane
Exeter
EX2 7JQ

County Hall
Topsham Road
Exeter
Devon
EX2 4QD

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Phone: (01392) 383143

e-mail:
Camilla.de.bernhardt@devon.gov.uk

Dear Ms. Fitzgerald,

Thank you for your letter received on the 7th April 2017, addressing concerns raised at the Health and Wellbeing Scrutiny Committee meeting which took place on the 7th March and were detailed in my letter of the 9th March. The Committee welcomed your response within 28 days of the notification in line with regulation 22 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

Members of the Health and Wellbeing Scrutiny Committee have received the information sent, but have not met to formally consider the detail due to the imminent County Council elections. This matter, its correspondence and supporting information will all be referred to the earliest meeting of a new Health Scrutiny Committee for consideration. With this in mind there nonetheless remain a number of outstanding concerns raised by the current Committee upon which I would appreciate your prompt attention and response to aid in the timely resolution of this issue.

Before addressing each point in detail, I would like to make it absolutely clear that there has not yet been a referral to the Secretary of State. In page 6 of your letter you request clarity over why NEW Devon CCG's decision was proposed for referral when decisions taken over closure of hospitals in South Devon were endorsed. The Committee does not need to defend its actions but in this instance further information and assurances were sought from NEW Devon CCG whilst the Committee felt that these had been provided by South Devon and Torbay CCG. More specific examples of how the requirements were met by South Devon and Torbay are mentioned in the content of this letter, in line with your request.

1/ The robust implementation assurance process that you will be undertaking is mentioned many times in your response including in relation to end of life care and being in line with the Government's new requirements for change. The Scrutiny Committee welcomes this approach, however without more information on what this tests or when assurance will be reached the Committee cannot accept the statement that there is an assurance process as complete assurance. Robert Francis QC made exactly this point in the review of scrutiny activities in Mid Staffordshire where there was heavy criticism of scrutiny for offering ineffective challenge. Devon County Council Health Scrutiny Committee therefore asks that you provide further evidence on what the criteria of the assurance process will be, what measures will meet the assurance criteria, and what the timescale will be.

By way of comparison South Devon and Torbay CCG detailed nine parameters that would need to be in place for community beds to be removed in their report to Committee, this provided members with much needed reassurance.

2/ The Committee have engaged in significant dialogue over the past years on the issue of success of the changes in North Devon. The Committee is aware of the reduction in A&E attendances after implementation but would like to understand the other elements of 'measurable success' (pg.3 main letter). This is even more pertinent in light of the outstanding referral to the Secretary of State on the removal of the beds at Torrington Community Hospital.

3/ The Scrutiny Committee remains concerned about NEW Devon CCG's financial position. The Committee undertook the detailed Task Group on CCG funding concluding early this year and in broad terms recommended more money should come to Devon to reflect the rural and older demographic profile.

Forecasting savings of £2.8m to £5.6m a year is of course welcome to assist the wider programme of savings. It is however difficult from high level figures to gauge how realistic it will be to achieve these savings. The Health Scrutiny Committee has been informed on a number of occasions that the changes to the model of care, with people being treated at home instead of in a community hospital, is cost neutral. The committee understands how the potential savings are reached with the reduction of 71 beds and the corresponding £200-£300 per bed day as detailed in your paperwork. However there remain concerns about the increasingly elderly population having co-morbidities and these being expensive to treat at home. At this stage there is no detail about the community hospital buildings and commercial property rents being charged. There is also the enduring concern about agency staff. It would be useful to have reassurances about these aspects of your financial forecasting.

4/ The future of hospital buildings is a particular point that causes concern. Summarising the concerns of the Committee there are two aspects. The first is what will happen to the buildings, many of which have had considerable financial assistance from the communities they are situated in. NHS Property Co. is under no requirement to reinvest in local services should the buildings be deemed to be surplus to requirements. The second point is one more of reassurance of ongoing community services, other forms of healthcare can be provided locally from a hub model. The Committee accept, having spoken to many members of the public on this issue, that there is widespread belief that closure of beds heralds closure of the hospital unless explicitly stated otherwise. Waiting on the conclusion of an estates strategy with an unknown timescale does not promote confidence. The clarity over what would happen in each location is one particular aspect that South Devon and Torbay CCS was commended upon.

5/ The exclusion of Okehampton and Honiton hospitals from the consultation process.

Once again the Scrutiny Committee welcomes South Devon and Torbay CCG's approach which was to invite members of the public to submit alternative proposals. NEW Devon had a similar option but the Committee asserts that the execution was significantly different. The consultation document from South Devon and Torbay was clearly laid out with easy to answer questions. There was an invitation for open text or an add-on if people wished to submit alternative proposals. This compares to the option for NEW Devon CCG 'Your Future Care' which required members of the public to address how their suggestion met the six strategic priorities and how it met the decision making criteria. The space provided for this was only 5 lines in the hard copy. It is the Scrutiny Committee's assertion that this represented a significant barrier for members of the public to make suggestions including those of Okehampton and Honiton. South Devon and Torbay also asked the questions about each hospital closing independently of other hospitals.

The Committee remains dissatisfied with the questions asked in the consultation.

6/ A very small proportion of staff responded to the consultation. This is severely concerning. Your response details that out of 1400 staff less than 2% responded to the consultation (pg 8 of the responses to resolution (b)). However on page 4 of the same document you estimate that 50 staff could require redeployment as part of this decision. The Committee would like to understand if the 25 or so responses that were received from staff (<2% of 1400) were made up of the staff who are facing redeployment, which could be much more like 50% of the affected staff. In broader terms if

less than 2% of staff were represented in the response the committee would like greater detail on the efforts that are being made to engage with staff.

Thank you for your ongoing support and dialogue in seeking to resolve the outstanding issues on this significant programme of change. I would anticipate that consideration of your response and the correspondence to date will form one of the very first tasks that any new Health Scrutiny Chairman and Committee will undertake. Indeed I would think it was highly likely that the first meeting of the Committee will consider this matter and make a decision on the next steps.

Yours Sincerely

A handwritten signature in black ink, appearing to read 'R Westlake', written in a cursive style.

Councillor Richard Westlake
Chairman of the Devon County Council Health and Wellbeing Scrutiny Committee