

Councillor Richard Westlake
Chair
Health and Wellbeing Scrutiny Committee
Devon County Council

07th April 2017

Dear Councillor Westlake

NEW Devon CCG proposal on Your Future Care

I am writing in response to your letter dated 9th March 2017 following the Devon Health and Wellbeing Scrutiny Committee meeting held on 7th March 2017 at which the CCG's *Your Future Care* process and decision was reviewed.

It would be important upfront to reinforce to the Committee why the CCG is proposing a new model of care. This new model is very similar in concept to the one that was presented by South Devon and Torbay CCG that was approved at the same meeting by the Committee and supported in principle by the South West Clinical Senate.

Our rationale is that the NHS can effectively treat the same number of patients, whilst saving up to £5.6 million per annum, by introducing our new model of care. Given the pressures on the NHS in terms of growing patient demand and the current deficit of £86 million across Devon, our plans make good clinical and financial sense.

In addition, we know that where it is safe to do so, many patients would prefer to be cared for at home. Presently, in a given week, around 30 patients are admitted to the seven community hospitals with inpatient beds in the eastern locality. Of the four hospitals which will no longer have beds, this number of admissions is 15 to 20 patients per week.

Chair: Dr Tim Burke
Chief Officer: Janet Fitzgerald

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Whilst a small proportion of patients will still be cared for in a community hospital when clinically necessary, our estimate is that the majority, two thirds or 10 to 15 patients per week, will be treated in their own homes once the new model is in place. The actual numbers will, of course, be based on the assessment of each individual patient.

This represents a very small proportion of the care packages arranged for people in Eastern Devon. In any one day, thousands of patients are cared for in their own homes across Devon, an unseen yet vital service for patients. Our changes and the savings we will make are fundamental to enabling us to deliver NHS services that are clinically and financially sustainable.

Whilst we are extremely disappointed with the outcome of the meeting, we also appreciate the importance of the scrutiny role and wish to assure you that we have managed a thorough and comprehensive process for developing the *Your Future Care* proposals.

In doing so the CCG has engaged with Devon County Council and the RD&E NHS Foundation Trust, the provider of services. I will now address each of the Committee's points briefly below and overleaf. An additional Appendix is enclosed which contains more detail should the Committee require it.

a) That this Committee object to the decision by NEW Devon CCG to reduce the number of community hospital beds in Eastern Devon from 143 to 72 and regardless of cost no bed closures be made until it is clear there was sufficient community care provision.

With regard to the Committee's concerns about adequate provision of community services before beds are closed, the CCG has been very clear throughout the process that no beds will close until we are fully assured that it is both safe to do so and that the new arrangements are ready to care for our patients. We are currently planning the implementation of these arrangements.

The CCG has a robust implementation assurance process that will be applied throughout the transition period. Preparations have begun and we estimate that we will move to commence implementation from September this year. The assurance processes will commence well before that.

b) That, if adequate assurances are not given to the above and the issues set out below, the CCG's decision be referred to the Secretary of State for Health on the grounds that it was not in the interests of the health service in the area and the consultation was flawed.

We have provided a detailed response to each of the Committee's points in resolution b) in the attached Appendix to this letter, which I hope will be of assistance. This response has been prepared in discussion with colleagues in Devon County Council who will respond separately to the specific points where they are responsible for the provision to which you refer.

From the start of this process there has been clinical engagement and engagement of health and care organisations in the STP footprint and this will continue into implementation. The CCG has also worked with legal advisors to ensure a fair and robust process and refutes any suggestion that the consultation was in any way flawed.

In summary, our response to the main points is as follows:

- Care at home: You are aware that the changes will focus on provision of a comprehensive assessment to assess people at risk when they are not in crisis; a single point of access to services for professionals; and rapid response by community and other services to fulfil care packages required to support discharge. This model has been implemented with measurable success in Northern Devon and preparations for implementation in Eastern Devon are well underway.
- Hospiscare: Availability of adequate end of life care provision will be specifically addressed through the assurance process. Whilst the capacity of social care packages you refer to is a matter for the Council, we will ensure that both the health and social care aspects of provision are capable of meeting the needs of the affected patient group in each area before beds are closed.
- Numbers of new staff: The RD&E are currently working with locality teams to agree the requirements in each community to safely transfer people from bed-based models of care to care in their own homes. The CCG estimate is that around 50 staff could require redeployment and these staff will have valuable skills to support our community or in-patient services. The RD&E will develop a workforce plan to support the delivery of the new model of care. A consultation process is being worked through with staff-side to ensure that we retain the valuable skills of our staff who work in the in-patient units within our community.

- Financial savings: The changes will save between £2.8 million and £5.6 million a year after the investment in additional community services has been made.
- The future of hospital buildings: Although ownership of these facilities is with NHS Property Services, our services and estates strategies will inform the future of these facilities. It is important to note, however, that our decision relates to inpatient beds only at these facilities.
- Government direction and new test: Following engagement with NHS England, it is our understanding that the new test is unlikely to be applied retrospectively. However, we are confident that should the new test be applied to our proposals, the requirements would be fully met.
- Closure of care homes: The provision of social care is a matter for the Council; however our evaluation of readiness to implement will take into account availability of social care relevant to patient groups affected by the change.
- Okehampton and Honiton: Although neither of these sites featured in the four short listed sites, their suitability as options were fully evaluated along with all of the other sites in Eastern Devon within the scope of the proposals pre-consultation as referenced in the consultation documentation, and further considered post consultation before the Governing Body decision.
- Holsworthy Hospital: This is a temporary decision by Northern Devon Healthcare NHS Trust. It does not change the CCG decision in relation to Okehampton; however the impact will be considered in the assessment we undertake before Okehampton beds are closed.
- Pressure on RD&E: The new model of care is designed to relieve pressure on hospital services. The CCG is working closely with the RD&E, as they play a key role in implementing the proposals. As part of this, we will of course actively monitor discharges.
- Seaton and Sidmouth: It is worth re-emphasising that the decision to choose Sidmouth over Seaton was very finely balanced. In this context, we focussed on our specific CCG statutory duty to address population health inequalities. Since the proposals are based on a care model particularly aimed at the older population, beds are more likely to be occupied by this age group and the Sidmouth population is larger overall, it was judged that retention of beds in Sidmouth would be preferable to Seaton.
- Staff views: The CCG has actively engaged and consulted with staff, patients and the public on the proposals. There is now an additional consultation with staff directly affected, led by the RD&E.

We have taken on board the advice from previous committee meetings that it is important to be able to evaluate the impact of changes. Our Decision Making Business Case (DMBC) sets out the intent to improve outcomes and experiences for patients, improve experiences of staff and deliver clinically and financially sustainable services. Initial measures are incorporated in section 8 (page 40-42) of the DMBC.

c) That a review of community hospital bed closures be made across Devon since 2014 to establish the effectiveness of the replacement home care, including examining the role of social care.

We believe that the assurance process we are putting in place ahead of implementation will ensure that the replacement home care and availability of any social care needed will be in place to a proper level to care for people impacted by the changes. Whilst provision of social care is a matter for the Council, our evaluation of the appropriateness of the decision to close beds in a specific location, will take into account availability of social care relevant to the patient groups affected by the change.

Except for North Devon, a retrospective review across Devon since 2014 will not be reflective of the new model of care at home that has driven our latest decisions. The model in the Northern Locality is more consistent with the approach now being developed in the Eastern Locality and a better indicator of the effectiveness. The Northern Model was reported to the Committee in June 2016 and demonstrated early positive impact, including positive feedback on joint working with social care.

As the request relates to Devon we are interpreting that the Committee would also require this information for South Devon? It would be helpful to clarify this point and to understand more specifically what detailed objectives would be attached to such a review and both CCGs given an opportunity to work with you on this before the committee considers its next steps.

In summary

Before the Committee does consider its next steps, we would welcome and appreciate some further clarification of the grounds on which such a referral would be made and an opportunity to enter further dialogue with you to seek possible resolution.

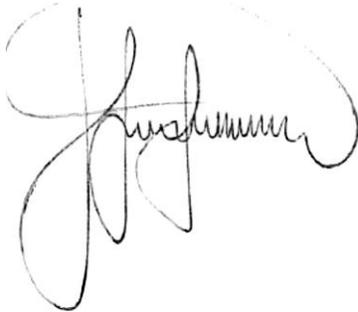
In particular, we are still unclear by the Committee's proposal to refer when, at the same meeting, the Committee endorsed a decision for full closure of four community hospitals in the South Devon area, on the basis of an almost identical, evidence-based care model and consultation process.

We are now looking at the implementation plans for the South Devon decision to ensure that plans for Eastern Devon are equally robust. If you have any particular feedback on the strengths of the South Devon implementation plans that we can adopt, please do let us know.

Finally, I do want to assure you of our intention to work closely with the Local Authority on implementation.

More broadly, we would wish to build a stronger relationship and work positively with the Committee in the future. As we appreciate that there will be local elections in May, then we would welcome a meeting after the elections so we can agree how best to achieve this.

Yours sincerely

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

Janet Fitzgerald
Chief Officer