



‘Your Future Care’ scrutiny information to support Committee’s deliberations

25 July 2017

Purpose: This paper has been written to enable the Committee to evaluate the extent to which the requirements of a referral to the Secretary of State for Health have been met. This issue has been raised by the Committee in response to decisions taken by NEW Devon CCG relating to closing community hospital beds in the Eastern Locality. This paper provides an overview of the answers that the Clinical Commissioning Group has provided to the questions that Scrutiny has asked. It is for the Scrutiny Committee to determine if it is satisfied and therefore there is no conclusive position presented.

This paper does not represent the full work that would be needed if the Committee decides to refer, but aims to give a summary for the purpose of supporting the Committee to make a decision based on evidence. Members are asked to take account of the questions in this document in their ongoing consideration of the issue.

The format of the paper is written to address in turn the nine points that are required by the scrutiny guidance for a referral.

1. An explanation of the proposal to which the report relates.

This consideration relates to the consultation and decision taken by NEW Devon Clinical Commissioning Group with regard to the proposals entitled ‘Your Future Care’. The consultation ran from 7th October 2016 for a period of 13 weeks. The stated intention of this work has been to address sustainability concerns to meet the changing needs of the population, to improve outcomes for patients and ensure the financial sustainability of community services.

The specific consultation has been on the reduction in community hospital inpatient beds in the Eastern Locality of Devon from 143 to 72. There are currently seven community hospitals in Eastern Devon with inpatient beds, under the proposals this number would move to three. The consultation gave four options to choose from with combinations of Tiverton, Sidmouth, Seaton, Exmouth and Exeter.

2. An explanation of the reasons for making the referral.

Members of the Committee need to be clear on the outcome that they desire. Initial canvassing has led to two possible grounds for referral:

a/ referral based upon inadequate consultation- (could result in the Secretary of State requesting the Clinical Commissioning Group to repeat the consultation process).

b/ referral based upon the Committee believing that the proposals are not in the interests of the health service in its area (could result in a full review by the IRP).

3. Evidence in support of these reasons.

a/ Referral based upon inadequate consultation

With regard to Consultation the principles are here:

<https://www.gov.uk/government/publications/consultation-principles-guidance>

There is no evidence to suggest that these eleven principles have not been met.

b/ The proposals are not in the interests of the health service in the area.

The committee has received written representations from 21 members of the public as well as a letter from the District Council Health Scrutiny Committee requesting that this issue is looked at and sent to the Secretary of State. The points raised in these submissions and also by members of the Committee are explored further in this report.

4. Where the proposal is referred because of inadequate consultation, the reasons why the health scrutiny body is not satisfied of its adequacy.

There has been the suggestion that there is inadequate consultation because the options for retaining the beds at Honiton and or Okehampton were not choices in the consultation paper.

The answer that scrutiny has received is as follows:

'Throughout the consultation period the Clinical Commissioning Group attended over 70 events and public meetings. In total more than 2000 people attended these events and discussed the proposals. We also received 1552 responses to the survey, plus more than 650 letters and emails in total. A full post-consultation report can be found on the Clinical Commissioning Group website. An independent observation report has also been provided by Healthwatch Devon and can also be found on the Clinical Commissioning Group website.'
Stakeholder briefing 1st March 2017.

'Through this process, which was set out in the pre-consultation business case and consultation document, neither Okehampton nor Honiton Hospital was in the four options for consultation. These proposals and documents went through the rigorous external assurance by NHS England before the Clinical Commissioning Group made the decision to consult in addition to legal advice.

Moreover, feedback on proposals for all of the sites in the scope of the consultation proposals was encouraged, and received. This included responding specifically in post consultation analysis, to feedback received about Okehampton and Honiton however further consideration did not bring them into the four shortlisted sites. It did identify the specific considerations in relation to Okehampton. This is set out in the Decision Making Business Case'

Due to the fact that the Clinical Commissioning Group received consultation responses in the free text boxes to consider Honiton and Okehampton hospitals it is difficult to assert that members of the public could not voice their opinion on these options, although they were not specifically in the four options.

The committee may wish to ask the Clinical Commissioning Group how the results of the consultation influenced the final decision.

5. Where the proposal is referred because there was no consultation for reasons relating to safety or welfare of patients or staff, reasons why the health scrutiny body is not satisfied that the reasons given for lack of consultation are adequate.

N/A The consultation period ran for 13 weeks from 7th October 2016.

6. Where the health scrutiny committee believes that proposals are not in the interests of the health service in its area, a summary of the evidence considered, including any evidence of the effect or potential effect of the proposal on the sustainability or otherwise of the health service in the area.

Evidence considered:

Date	Document	organization
21 Sept 2016	Devon Pre-Consultation Business Case https://www.newdevonClinical Commissioning Group.nhs.uk/your-future-care/publications-and-evidence-sources-102088	The Devon Success Regime
27 th Sept 2016	Stage Two Clinical Review Report NEW Devon Clinical Commissioning Group’s Proposals to Changes to Community Beds http://www.swsenate.org.uk/wp/wp-content/uploads/2013/12/Clinical-Review-Report-NEW-Devon-CLINICAL COMMISSIONING GROUP-proposals-re-community-beds-Final-...-3.pdf	Clinical Senate
7 th Oct – 6 th Jan	Consultation document https://www.newdevonClinical Commissioning Group.nhs.uk/your-future-care/consultation-document-102084 consultation response form http://democracy.devon.gov.uk/documents/s5116/Appendix%201%20b%20Your%20future.pdf	NEW Devon CLINICAL COMMISSIONING GROUP
23 Feb 2017	Post Consultation report https://www.newdevonClinical Commissioning Group.nhs.uk/your-future-care/post-consultation-report-102200	NEW Devon CLINICAL COMMISSIONING GROUP
2 nd March	Decision Making business case https://www.newdevonClinical Commissioning Group.nhs.uk/your-future-care/decision-making-business-case-102203	NEW Devon CLINICAL COMMISSIONING GROUP
7 th March	Health and Wellbeing Scrutiny Committee meeting report http://democracy.devon.gov.uk/documents/g1981/Public%20reports%20pack%2007th-Mar-2017%2014.00%20Health%20and%20Wellbeing%20Scrutiny%20Committee.pdf?T=10	NEW Devon CLINICAL COMMISSIONING GROUP
7 th April	Evidence presented by Clinical Commissioning Group in response to points raised at committee. Letter and Appendix http://democracy.devon.gov.uk/documents/s7948/20170407%20JF%20letter%20to%20RW%20Chair%20HWSC%20DCC%20Final.pdf	NEW Devon CLINICAL COMMISSIONING GROUP

	http://democracy.devon.gov.uk/documents/s7949/20170407%20Appendix%20to%20HWSC.pdf	
6 th June	Letter to Cllr Sara Randall-Johnson http://democracy.devon.gov.uk/documents/s7946/060617.pdf	NEW Devon CLINICAL COMMISSIONING GROUP
19 th June	Health and Adult Care Committee report http://democracy.devon.gov.uk/documents/s7945/Your%20future%20care%20NEW%20CLINICAL%20COMMISSIONING%20GROUP%20I.pdf	NEW Devon Clinical Commissioning Group

The Committee has considered the documents in the table above. However there are a number of pertinent questions that need particular attention. The next section of this paper summarises the answers from this documentation that the Committee has received.

Detail of outstanding questions:

➤ Why Sidmouth over Seaton?

The Committee was informed that at the point of going to consultation the preferred option was Option A – which included Seaton. The Clinical Commissioning Group board decision was then option B – which excluded Seaton in favour of Sidmouth.

Concerns have been raised over what information including population demographics and geographic boundaries were considered to make this decision.

Committee has received evidence to the extent:

‘...the decision to choose Sidmouth over Seaton was very finely balanced. In this context, we focussed on our specific Clinical Commissioning Group 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.’ Letter from Clinical Commissioning Group to Cllr Richard Westlake 7th April 2017

In summary:

- Sidmouth has a larger population, and a larger percentage of this population over 85 (7.4% aged 85 and over in Sidmouth vs 6.8% in Seaton)
- Retaining beds in Sidmouth, Tiverton and Exmouth was seen to ensure a more even geographic spread in line with future housing developments.

Questions over this part of the decision do not call into question the model of care, but the decision making criteria.

The Committee is likely to need clarity over where the geographical boundaries are drawn for this decision and which population areas were taken into account.

The Committee may also wish to understand how consultation respondent’s preferences were considered in the final decision.

Implementation

➤ Staff and Workforce

The Committee understands that some staff responded to the general consultation, but that there has also been a concerted engagement programme from the provider. The Committee has raised concerns over change of working conditions and whether staff will want to work

in the new way offered, whether any staff will be made redundant and generally what the views of staff undergoing this change were.

The Committee have been informed of the following regarding workforce:

- An estimated 50 staff will need to be redeployed. This could be into the community or into other sites.
- The RD&E is leading the workforce plan
- The RD&E have a strong track record on staff recruitment
- 'Proud to Care Devon' – 'will soon include health as a central promotion portal for health and social care careers and jobs'

The Committee has to date received limited evidence of staff views and outcomes on the proposals largely due to the nature of ongoing consultation. The Committee should expect evidence to demonstrate that staff will not be adversely affected by the proposals and can meet the Clinical Commissioning Group's assertion of having improved experiences.

➤ Future of Buildings

The Committee accepts that the plans for the buildings have not been part of the strategic planning for the current proposals, but Members want them to remain centres of care in the community. There is an enduring concern that removing the beds from some hospitals might leave them more vulnerable to closure at a later date in light of rent charges from NHS Property Services.

The Committee has been informed:

'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.' Letter to Cllr Westlake

'Whilst NHS Property Services owns and runs many facilities, declaration of a facility as surplus to requirements is the responsibility of the Clinical Commissioning Group. When wards are vacated of inpatient beds, the arrangement between RD&E and NHS Property Services is that responsibility for funding the void is time limited and is that of the Clinical Commissioning Group. We have planned for this. We have been clear that this particular consultation does not impact on other services in the hospitals; however we do recognise that people do want more clarity on the longer term. Although this is not available at the current time, a Devon strategic estates plan is expected to be developed in 2017/18.'

The Committee could reasonably expect an answer on future plans to give reassurance to communities. This may include plans to develop services in the locality to ensure local hubs develop and are sustainable.

➤ Keeping the status quo

Members of the public and Councillors have asked if the current situation can remain unchanged.

In the decision making business case the Clinical Commissioning Group outlines the need to make changes. Evidence was informed by the 'transforming community Services' work that has been carried out by the Clinical Commissioning Group and was published in October 2014. This was further developed by the Success Regime, essentially that: 'it is *becoming*

increasingly difficult to make sure local people have access to consistently high quality care that is affordable and sustainable’.

The argument for change is put by the Clinical Commissioning Group:

‘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’ letter to former chair of health scrutiny 7th April.

The Committee can ask for the status quo to be continued, however any submission would need to demonstrate the same anticipated outcomes as the proposed changes – namely strong clinical outcomes and ongoing financial sustainability. It is unclear how this could be provided.

➤ **Finances**

The Committee has questioned the variable figures accounted for cost savings against reinvestment.

The Committee has been informed:

‘Pre Consultation Business Case and public consultation document forecast the changes will save between £2.8m and £5.6m a year after the investment in additional community services has been made’ – ‘based on potential to reduce 71 beds in Eastern Devon at £200-300 per bed per day with 20-40% (largely staff based) reinvestment’

‘implementing the new model of care is forecast to deliver gross savings of £122.0-124.3m, mainly from reductions in length of stay in beds in acute and community hospitals, a reduction in emergency activity, a reduction in continuing care and promotion of excellent care initiatives in social care’ Pre-consultation Business Case

The Committee may require a breakdown of projected cost savings against expenditure.

Scrutiny should also be asking questions about financial information when it reviews other changes as part of the Sustainability and Transformation Plan.

➤ **Implementation Assurance Panel**

The Committee have asked questions about the conditions set by the Clinical Commissioning Group before implementation begins.

The Committee has been advised:

‘The Clinical Commissioning Group promised during consultation that no beds would permanently close until there was assurance on readiness for implementation. 30 assurance questions were developed and approved by the Governing Body, spanning the following parameters:

- Pre-implementation - Workforce - Governance, communication and engagement - Implementation - Post implementation’ Taken from letter to Cllr Randall-Johnson

The Committee has been invited to observe the implementation assurance panel.

The Committee should hear from the members who have observed the Implementation Assurance Panel to ascertain if they are satisfied with the thoroughness of the process.

7. An explanation of any steps that the health scrutiny committee has taken to try to reach agreement with the relevant NHS body or health service provider.

The timeline of this issue, including consideration by scrutiny is summarised in the table below

Date	Activity	Event	Relevant documentation attached
7 th Oct -	<p>Consultation period 13 weeks</p> <p>The consultation set out four options for the location of a reduced number of inpatient beds in community hospitals in Eastern Devon.</p>		
8 th Nov 2016	<p>‘Your Future Care’ Consultation.</p> <p>‘RESOLVED that NEW Clinical Commissioning Group be requested to liaise with local Councillors in order to assist with the development of additional options in response to the on-going consultation ‘Your Future Care’ for communities such as, for example, Okehampton and Honiton’</p>	Health and Wellbeing Committee	http://democracy.devon.gov.uk/ieListDocuments.aspx?Cid=130&Mid=245&Ver=4
Jan 2017	<p>‘Your Future Care’ consultation and Next Steps</p> <p>Report from Clinical Commissioning Group outlined the extensive consultation processes and responses and a detailed summary and the next steps</p> <p>‘RESOLVED that the NEW Devon Clinical Commissioning Group be requested to provide a further update to this Committee’s March meeting.’</p>	Health and Wellbeing Committee	http://www.devoncc.ukcouncil.net/site/mg_bounce.php?mg_a_id=4668&mg_m_id=2292
2 nd March 2017	<p>Decision:</p> <ul style="list-style-type: none"> - a reduction of community hospital beds from 143 to 72 in the Eastern locality - Tiverton & District Hospital to be a fixed point providing an inpatient unit with 32 beds - Exmouth Community Hospital as a 16-bedded hospital - Sidmouth Community Hospital as a 24-bedded hospital - in light of the rurality and associated factors, to commission further work to assess more extensively the services needed in the Okehampton area. 	CLINICAL COMMISSIONING GROUP Board Meeting	

7 th March 2017	<p>Meeting resolution:</p> <p>(a) that this Committee object to the decision by NEW Devon Clinical Commissioning Group 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;</p> <p>(b) that, if adequate assurances are not given to the above and the issues set out below, the Clinical Commissioning Group's decision be referred to the Secretary of State for Health on the grounds that it was not in the in the interests of the health service in the area and the consultation was flawed:</p> <p>(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.</p>	Health and Wellbeing Committee	http://democracy.devon.gov.uk/mgAi.aspx?ID=5550
9 th March	Letter from Chairman of H&WB scrutiny to NEW Devon Clinical Commissioning Group Requesting the evidence to answer the 14 points as outlined at committee.		
7 th April	Janet Fitzgerald, Chief Officer – Health and Wellbeing Scrutiny Committee. Letter and Appendix addressing the points.		
24 th April	Cllr Westlake – Janet Fitzgerald, asking for additional information on the points not addressed.		
6 th June	Letter Janet Fitzgerald – New Chair Cllr Sara Randall-Johnson addressing these points		
19 th June	<p>Report to committee – more information</p> <p>Committee resolved:</p> <p>that consideration of a referral to the Secretary of State be deferred pending a special meeting of this Scrutiny Committee (by end of July) to consider further information and evidence from the NEW Devon Clinical Commissioning Group in relation to the Your Future Care decision</p>	Health and Adult Care Scrutiny Committee	http://democracy.devon.gov.uk/ieListDocuments.aspx?Cid=429&Mid=2581&Ver=4
25 th June	Committee – outcome TBD		

8. Evidence that the health scrutiny committee has complied with the requirements which apply where a recommendation has been made.

This is a subjective point and is covered in the discussion and options under points above.

9. Evidence that the health scrutiny committee has complied with the requirements which apply where a recommendation has not

been made, or where no comments have been provided on the proposal.

NA at this time, there are still outstanding questions.

Jan Shadbolt
County Solicitor