

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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Date: 9th March 2017 Phone: (01392) 383143

Dear Ms. Fitzgerald,

I am writing to you following the consideration of the NEW Devon Clinical Commissioning Group decisions on 'Your Future Care' at the Devon County Council Health and Wellbeing Scrutiny Committee on the 7th March 2017. At this meeting the Committee expressed its continued reservations about the reduction in community hospital beds in the area covered by the Eastern Locality.

On behalf of the Committee, in line with the resolution passed, I would like to formally ask you to provide further reassurance to address the impact of each of the points outlined under resolution (b). The resolution in full is included as an addendum to this letter. I appreciate that some of these areas are not the responsibility of the Clinical Commissioning Group and I will be sending a copy of this letter to the Chief Officer for Adult Care and Health at Devon County Council for comment as appropriate.

This is also the CCG's opportunity to respond to the other parts (a) and (c) of the Scrutiny Committee's resolution.

As outlined in regulation 22 of the Local Authority (Public Health. Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 there is a statutory requirement for a response in writing within 28 days, and I look forward to hearing from you,

Yours Sincerely

Councillor Richard Westlake

Rahlestlahe

Chairman of the Devon County Council Health and Wellbeing Scrutiny Committee

It was MOVED by Councillor Wright, SECONDED by Councillor Chugg and

RESOLVED

- (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;
- (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 in the interests of the health service in the area and the consultation was flawed:
 - there is no clear explanation of what care at home will look like or work and this model has frequently been mixed up with Hospital at Home which is entirely different;
 - there may not be adequate care available in people's homes, given the staffing shortages in the NHS, and the significant difficulties in adult social care;
 - Hospiscare reported in its consultation response to the bed closure proposals that during 2015 managers 58 incidents reported to the CCG where the breakdown of social care packages for people at end of life had caused distress. All of these people had wanted to be cared for at home;
 - there are no clear answers on how many more staff are required to make the new model of care work and that there are shortages in many health professional disciplines
 - despite a significant budget deficit, there is no clear financial saving to be made. In fact once the new model of care is in place the savings may be extremely small;
 - there is no clear plan on the future of hospital buildings that have lost their beds and are now in the ownership of NHS Property Services;
 - the new Government direction that will come into effect next month which mean health trusts will need to prove that there is sufficient alternative provision before any beds close;
 - closure of many care homes;
 - Okehampton and Honiton hospitals were excluded from the consultation process;
 - the temporary closure of Holsworthy Hospital which is where the patients were to be referred;
 - the ongoing and significant pressure on RD & E hospital beds and difficulty with discharge;
 - possible doubt over the data relating to the decision to retain Sidmouth hospital beds over Seaton's hospital beds:
 - staff appear to be opposed to the plans.
- (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.