Phil Norrey
Chief Executive

To: The Chairman and Members of the Health and Wellbeing Scrutiny Committee

County Hall
Topsham Road
Exeter
Devon
EX2 4QD

(See below)

Your ref :
Our ref :

Date : 11 January 2017
Please ask for : Gerry Rufolo, 01392 382299

Email: gerry.rufolo@devon.gov.uk

HEALTH AND WELLBEING SCRUTINY COMMITTEE

Thursday, 19th January, 2017

A meeting of the Health and Wellbeing Scrutiny Committee is to be held on the above date at 2.00 pm in the Committee Suite - County Hall to consider the following matters.

P NORREY
Chief Executive

A G E N D A

1 Apologies for Absence

2 Minutes

Minutes of the meeting held on 8 November 2016 (previously circulated).

3 Items Requiring Urgent Attention

Items which in the opinion of the Chairman should be considered at the meeting as a matter of urgency.

4 Public Participation: Representations

Members of the public may make representations/presentations on any substantive matter listed in the published agenda for this meeting, as set out hereunder, relating to a specific matter or an examination of services or facilities provided or to be provided.

MATTERS FOR CONSIDERATION

[*NB. Please note that the times shown below are indicative and while every effort will be made to adhere thereto they may vary although, normally, items will be taken before the time shown*]

5 NHS 111 and Out of Hours Cover (Pages 1 - 6)

2.05 pm

Report of NEW Devon Clinical Commissioning Group, attached

6 Budget 2017/18 (Pages 7 - 28)

2.15 pm
Overall Approach

In line with previous practice, the 2017/18 budget proposals will again be scrutinised collectively, with a joint session of Scrutiny Committees to be held on 30 January 2017, following preliminary consideration by individual Scrutiny Committees.
The joint session will, as before, enable all Scrutiny Members to critique, question and challenge the budget proposals across services, to better understand the implications of the budget proposals across the Council and to make more effective recommendations to Cabinet and the Council. Additionally there will be an opportunity for members of the public to address that meeting and make oral representations/presentations on any matter relating to the proposed budget.
The Council must have full regard to and consider the impact of any proposals in relation to equalities prior to making any decisions, as set out in equality impact assessments, and any identified significant risks and mitigation action required.

This Meeting

At this and other Scrutiny Committees in the current cycle, Members are asked, in advance of the Joint Scrutiny meeting, to identify salient issues within each Committee's areas of responsibility, to examine the general thrust of the budget and take an overview of priorities and prospects as a means of informing discussion at the Joint Scrutiny meeting.
At these meetings Chief Officers will report, inter alia, on:

- the Cabinet's Target Budget for services/suite of services;
- how that compares to the target figure for 2016/17;
- the likely implications of the 2017/18 target for individual areas of service (e.g. in percentage terms compared to current levels) and how those areas have been prioritised;
- any comparisons between the current year and next year's proposals for the major service areas, to illustrate the scale of change within those activities and how the budget has been allocated across services in those years (to illustrate changes of emphasis or priority);
- any "alternative delivery models" or other initiatives contemplated for given services and how it is thought that these may reduce costs;
- impact assessments undertaken in relation to the draft budget.

Questions

As in previous years, a dedicated electronic mailbox facility is available to Members to ask questions of fact or on the interpretation of budget papers, in advance of the Joint Scrutiny meeting, until 24 January 2017, details of which have been circulated previously.

Report and Budget 2017/18 Impact Assessment

The Joint Report of the County Treasurer and Chief Officer for Communities, Public Health, Environment and Prosperity (CT/17/02) on the proposed budget for Public Health services for 2017/18 is, attached.

[NB:

An overview of the impact assessments for all service areas entitled 'Budget 2017/18 Impact Assessment' has also been made available to all Members of the Council in order that Scrutiny Committees may have access to all necessary equality impact assessments undertaken as part of the budget's preparation. The document will also be available at:
https://new.devon.gov.uk/impact/published/budget-setting-201718/
Members are requested to familiarise themselves with its contents, retaining it for future meetings

accepting that this is a dynamic process and individual assessments may necessarily be updated with time. Members of the Council must have full regard to and consider the impact of any proposals in relation to equalities for the purpose of this and other budget meetings prior to making any decisions and any identified significant risks and mitigating action required. Scrutiny Committees will no doubt wish to be assured that risk assessments and projections are adequate and that the evidence supports the assumptions made in the formulation of the budget.
Other Relevant Links: https://www.toughchoices.co.uk/; https://new.devon.gov.uk/impact/; https://new.devon.gov.uk/haveyoursay/]

7 Your Future Care: Consultation and Next Steps (Pages 29 - 50)

2.45 pm
Report of NEW Devon CCG attached

8 Torbay and South Devon: Community Services Reconfiguration (Pages 51 - 104)

3.15 pm
Report of the South Devon and Torbay CCG attached

9 NHS Property Services and Rental Charges in Devon. (Pages 105 - 106)

3.30 pm
Report of NHS Property Services attached

10 Fair Funding in the NHS (Pages 107 - 132)

3.45 pm
Report of the Task Group (CS/17/03) attached

11 Quality and Performance in Community Services and Beyond (Pages 133 - 140)

4.10 pm
Report of the Spotlight Review (CS/17/02) attached

MATTERS FOR INFORMATION

12 Work Programme

In accordance with the previous practice, Scrutiny Committees are requested to review the list f forthcoming business (previously circulated) and to determine which items are to be included in the Work Programme. The Work Programme is also available on the Council's website at http://www.devon.gov.uk/scrutiny_programme.htm

The Committee may also wish to review the content of the Cabinet Forward Plan, available at http://new.devon.gov.uk/democracy/how-the-council-works/forward-plan/ to see if there are any specific items therein it might wish to explore further.

13 Information Previously Circulated

Below is a list of information previously circulated for Members, since the last meeting, relating to topical Health and Wellbeing developments including matters which have been or are currently being considered by this Scrutiny Committee.

(a) The Community Hospitals Association response to the NEW Devon CCG consultation "Your Future Care".

(b) Care Quality Commission (CQC) consultation document, 'Our next phase of regulation: A more targeted, responsive and collaborative approach', follows the strategy for 2016 to 2021, published in May 2016, which sets out the vision for a more targeted, responsive and collaborative approach to regulation, so that more people get high-quality care.

(c) NHS England update on the funding of a major extension to the national HIV prevention programme with the aim of supporting those most at risk and reducing the incidence of HIV infection.

(d) Devon Partnership NHS Trust announcement of the plans for a major new facility in the county that will significantly improve the care and treatment available to people locally.

(e) The Devon Partnership Trust press release in respect of a new Psychiatric Intensive Care Unit (PICU) on the Wonford House site in Exeter and the business case for the new £5.5m unit. The PICU will support people from Devon, Torbay and Plymouth and drop-in event On 17 January between 4.00 and 6.00pm.

(f) CQC News Letter: monthly update for Scrutiny Committees.

(g) DPT Stakeholder Briefing: November 2016: an update on some of the DPT's latest developments, issues and news.

(h) Health Watch Report following a number of concerns received in relation to the Blue Badge assessment process.

(i) Letter from Chairman of NEW Devon CCG giving notification of the appointment of Janet Fitzgerald as the new Chief Officer, on an interim basis.

PART II - ITEMS WHICH MAY BE TAKEN IN THE ABSENCE OF THE PUBLIC AND PRESS

Members are reminded that Part II Reports contain confidential information and should therefore be treated accordingly. They should not be disclosed or passed on to any other person(s).
Members are also reminded of the need to dispose of such reports carefully and are therefore invited to return them to the Democratic Services Officer at the conclusion of the meeting for disposal.

MEMBERS ARE REQUESTED TO SIGN THE ATTENDANCE REGISTER

Membership
Councillors R Westlake (Chairman), A Boyd, J Brook, C Chugg, C Clarance, P Colthorpe, P Diviani, R Gilbert, B Greenslade, G Gribble, R Julian, E Morse, D Sellis (Vice-Chair), E Wragg and C Wright Representing District Councils Councillor J Christophers
Declaration of Interests
Members are reminded that they must declare any interest they may have in any item to be considered at this meeting, prior to any discussion taking place on that item.
Access to Information
Any person wishing to inspect any minutes, reports or lists of background papers relating to any item on this agenda should contact Gerry Rufolo on 01392 382299 Agenda and minutes of the Committee are published on the Council's Website.
Webcasting, Recording or Reporting of Meetings and Proceedings
The proceedings of this meeting may be recorded for broadcasting live on the internet via the 'Democracy Centre' on the County Council's website. The whole of the meeting may be broadcast apart from any confidential items which may need to be considered in the absence of the press and public. For more information go to: http://www.devoncc.public-i.tv/core/ In addition, anyone wishing to film part or all of the proceedings may do so unless the press and public are excluded for that part of the meeting or there is good reason not to do so, as directed by the Chairman. Any filming must be done as unobtrusively as possible from a single fixed position without the use of any additional lighting; focusing only on those actively participating in the meeting and

having regard also to the wishes of any member of the public present who may not wish to be filmed. As a matter of courtesy, anyone wishing to film proceedings is asked to advise the Chairman or the Democratic Services Officer in attendance so that all those present may be made aware that is happening.

Members of the public may also use Facebook and Twitter or other forms of social media to report on proceedings at this meeting. An open, publicly available Wi-Fi network (i.e. DCC) is normally available for meetings held in the Committee Suite at County Hall. For information on Wi-Fi availability at other locations, please contact the Officer identified above.

Public Participation

Devon's residents may attend and speak at any meeting of a County Council Scrutiny Committee when it is reviewing any specific matter or examining the provision of services or facilities as listed on the agenda for that meeting.

Scrutiny Committees set aside 15 minutes at the beginning of each meeting to allow anyone who has registered to speak on any such item. Speakers are normally allowed 3 minutes each.

Anyone wishing to speak is requested to register in writing with Gerry Rufolo (gerry.rufolo@devon.gov.uk) by 0900 hours on the day before the meeting indicating which item they wish to speak on and giving a brief outline of the issues/ points they wish to make.

Alternatively, any Member of the public may at any time submit their views on any matter to be considered by a Scrutiny Committee at a meeting or included in its work Programme direct to the Chairman or Members of that Committee or via the Democratic Services & Scrutiny Secretariat (committee@devon.gov.uk). Members of the public may also suggest topics (see: https://new.devon.gov.uk/democracy/committee-meetings/scrutiny-committees/scrutiny-work-programme/

All Scrutiny Committee agenda are published at least seven days before the meeting on the Council's website.

Emergencies

In the event of the fire alarm sounding leave the building immediately by the nearest available exit, following the fire exit signs. If doors fail to unlock press the Green break glass next to the door. Do not stop to collect personal belongings, do not use the lifts, do not re-enter the building until told to do so.

Mobile Phones

Please switch off all mobile phones before entering the Committee Room or Council Chamber

If you need a copy of this Agenda and/or a Report in another format (e.g. large print, audio tape, Braille or other languages), please contact the Information Centre on 01392 380101 or email to: centre@devon.gov.uk or write to the Democratic and Scrutiny Secretariat at County Hall, Exeter, EX2 4QD.

Induction loop system available

Health and Wellbeing Scrutiny Committee
19th January 2017

Report to Devon Health and Wellbeing Scrutiny Committee 19 January 2017

NHS 111 and Out Of Hour's Service (Integrated Urgent Care Services) For Devon

Recommendation

It is recommended that the Committee:

- Notes the report and progress with the introduction of the new Integrated Urgent Care Services
- Receives a 12 month review and evaluation report in November 2017, with an interim 6 month update should this be required

1. Purpose of the Paper

This paper is provided to Devon Health and Wellbeing Scrutiny Committee to:

- Update the Committee on the new service model for NHS 111 and Out of Hours care for Devon now known as the Integrated Urgent Care Services (IUCS).

- Provide early feedback on implementation of the Integrated Urgent Care Services since the go live date of 1st October 2016 and an outline of how this new service will be evaluated.

2. The Integrated Urgent Care Services Model

Procurement for both NHS 111 services and Out of Hours services was affected by new national guidance received in July 2015. This guidance published by NHS England gave CCGs across the country clear instructions about the commissioning of NHS 111 and Out of Hours services in an integrated way, rather than as separate services. The ambition was to achieve Integrated Urgent Care Services (IUCS).

The Clinical Commissioning Groups (CCG's) in Devon – both NEW Devon CCG and South Devon and Torbay CCG - needed to procure a new service. The NHS 111 provider, South Western Ambulance Services Foundation Trust (SWASFT), had given notice on this contract in advance of the termination date and was having difficulties achieving the performance standards. The

Out of Hours service in Devon, run by Devon Doctors Ltd, was a high performing service, but had not been market tested as an NHS 111 provider and urgent care is an area of high procurement interest.

Procurement of the new model for NHS 111 and Out of Hours service commenced in December 2015 and the commissioners have now agreed a contract with Devon Doctors Ltd for the whole service. Devon Doctors is working with a subcontracted partner, Vocare, who have a proven record of being a NHS 111 provider to deliver the NHS 111 telephony component of the service. This contract commenced on the 1st October 2016. The contract value is circa £45 million for three years with the possibility of a further two years extension.

This new integrated service provides a telephone service for the public looking for advice and help to find the most appropriate place or source of urgent treatment. It is designed to encourage people to call in advance wherever possible to receive advice rather than turn to emergency department and 999 services unnecessarily. There are many options available to patients which are closer to home and often more suitable for their needs. This new call and advice service is now combined with the Out of Hours medical service which provides urgent primary care (GP) cover outside of normal General Practice hours.

The IUCS is designed to bring considerable benefits to patients. The key benefits can be highlighted as:

- Improved call answering response time for patients.
- Greater proportion of calls answered receiving clinical input.
- Automatic offer of appointments for under one year olds, and automatic clinical involvement for under-fives and over 85's.
- Booked, timed appointments for those who need to be seen.
- Where at all possible, no one having to travel more than 30 minutes to a treatment centre to see a GP face to face.
- Where required, an immediate offer of an appointment and reduced overall call answering time.
- Immediate 'through call' for people who know what they need (e.g. dental advice).

One key aspect of the service model is the Out of Hours treatment centre where patients visit to see a GP if necessary. Review of the previous arrangements showed:

- The perception that treatment centres are available for people to 'drop in' is not correct. The service either cares for people over the phone (circa 60% of all calls), visits the person at home (15%) or asks them to attend at treatment centre (25%). This remains the design in the new IUCS.

- The numbers of people seen are considerably smaller than may be imagined but where people need to be seen it was decided, where at

all possible, to maintain a '30 minute' rule meaning in the IUCS no-one should have to travel more than 30 minutes to see a GP face to face in an Out of Hours treatment centre,

Previously Devon had a higher number of treatment centres when compared to other CCG's. The procurement therefore included a signal that the new provider could seek to reduce the number of treatment centres whilst, where possible, maintaining a '30 minute' rule. As part of the changes, some treatment centres have now been closed (Tavistock, Exmouth, Holsworthy, Paignton, Bideford and Dawlish), with the small numbers of patients who would have used these either being seen at home or going to other treatment centres.

This service model had the support of both CCGs as meeting the needs of the population and making best use of resources. There are a couple of very distinct locations where the 30 minute rule is challenging but this has been discussed, and further mitigation has been included, such as a greater offer of choice for those individuals. For example the North Devon Coast (patients in the Hartland area can choose to go to Barnstaple or Stratton and for Lynton, can go to Barnstaple or consider Minehead as well). This is possible through agreements with neighbouring Out of Hours services.

3. Patient and Public Involvement

Throughout the development of the specification and the procurement process, every effort was made to understand the impact on service users and to involve them in both the designing of the service and selection of a provider for the service. The engagement process included:

- Gathering information about what people felt was important to take into account when designing this and wider community services.
- Involving public representatives in the design of the Out of Hours service specification setting out the requirements of the future service.
- Involving public representatives in the procurement process for the integrated Out of Hours and NHS 111 service.
- Communicating with the public on the resulting changes to the service following procurement.

It is intended that there will be ongoing involvement of patient and public representatives in the monitoring and evaluation of the new Integrated Urgent Care Service (IUCS).

Additionally, in order to assure the CCGs and the public that all possible impacts had been considered and either eliminated or managed, an Equality Impact Assessment was carried out. Overall there were positive impacts in clinical safety, patient experience, and effectiveness. Some protected and other groups were identified as needing greater consideration in the planning

of the service and the mitigation for this was included, for example training and support for call handlers dealing with people who have difficulty using telephone based service.

Rurally isolated people were identified as possible group who could be disadvantaged by the location of the centres but this was mitigated in three ways:

- Continued ability to use all sites to rendezvous with people,
- The use of increased telephone based clinical advice could reduce the need to travel to be seen.
- The increase in home visiting would benefit this group.

4. Implications of the changes

In summary, in reviewing the model the following points became clear:

- There are no negative changes at all in the way the public can make contact with the service. As previously, people can ring NHS 111 and speak to a call advisor who will help to source the right care for them. At the current time approximately 7,450 people ring the service every week.

- There is a positive change for people who know what they need. The call response allows some groups of people, for example palliative care patients, to go directly to the end solution and thus reduce their call time. This is a total of 1,930 per week of the 7,450 people who call the service.

- For people who need a home visit there is increased clinical capacity available to offer these visits. Separation of the visiting element of the service from the treatment centres cover enables better planning and predictability. This is a total of 479 people per week of the 7,450 calls.

For the 1,038 treatment centre visits needed per week it was estimated that with the closure of some treatment centres there would be a direct negative impact on approximately 36 people a week who would have to travel further than they do now. About 130 people per week would be affected across the whole of Devon but this higher number has been offset as Devon Doctors Ltd has increased their home visiting service for those people who are unable to reach the new centre. Additionally for those people living close to border there is the option of being offered an appointment in neighbouring counties if this was more convenient for example Launceston, Stratton, Minehead and Taunton.

However we have been mindful of the possible consequences of the changes:

- The change may be amplified by other changes in the wider system of community care so that patients feel they a 'losing' buildings that currently provide services from their community.

- The difference between a minor injury service and a treatment centre is not understood. Treatment centres are essentially an 'Urgent Out-of-Hours GP Surgery' which people are directed to and a minor injury unit is a centre (usually nurse led) where people can choose to present themselves.

- The change in the model of GP's working across the county led to a perception that clinical levels were reduced but this is not the case. The level of medical input into the NHS111 and out of hour's service is consistent with the previous service.

- A number of services which were not commissioned were exposed in this procurement and separate arrangements have been put in place to address these for a further period of time whilst discussions continue between the CCG and providers.

4. Ongoing Review, Evaluation and Early Feedback

There is considerable national interest in the new service model and this will continue as the service changes and evolves. As part of the national Urgent Care Vanguard Programme, South Devon and Torbay CCG has access to national training & evaluation opportunities that will benefit the service.

Locally, the newly mobilised phase warrants several review calls per week and this will reduce over time as performance increases and confidence in the new service grows. There is a very comprehensive clinical governance process which monitors the quality, safety and clinical model of care that is being provided and then separate contractual monitoring which reviews the perfomance of the new service.

As a minimum the CCGs expect delivery of the key performance metrics, but will be considering very rapidly how to encourage people to use the NHS 111 service to inform their choice of urgent care as well as considering how the clinical element of the service can be enhanced to provide more advice and support to community colleagues and people with specific clinical needs.

Both aspects of the review process will include members of the public who will participate in the process. Additionally the provider is setting up a patient participation group for the service and the CCGs will be reporting to their own Patient and Public Engagement Groups in relation to the new model. Already feedback is shaping the service model; for example, the front end message is shortly to be reviewed by a group of people to simplify it.

The new service model went live on the 1st of October and is performing well; weekday performance for the NHS 111 service is over 85% of calls answered in 60 seconds which is good at this stage in a service with a high proportion of newly trained staff. Weekend performance is not quite so high (circa 70-80%) but the abandonment rate (people ringing off before their call is answered) is much lower than has been previously experienced as calls are being answered more quickly. This is in line with the call answering trajectory we would expect of a new service of this nature whilst working to understand true demand on the service.

Feedback received to date also indicates:

- People like the booked and guaranteed appointment time to be seen.
- The ability to agree the timing for those appointments is welcomed and has helped with travelling arrangements.
- Callers appear to appreciate the ability to speak with a clinician to provide support and advice over the phone more frequently.
- The offer of an appointment to under one year olds as provided assurance to parents.
- The care homes line which is part of the service is particularly well used by care homes, staff seeking and advice.

5. Next steps

The service is newly established and will continue to be monitored and evaluated using a comprehensive range of national and local indicators which help us to understand the whole service model. Metrics review the technical call handling process, quantity of calls and response times, the clinical quality and safety of the service as well as the impact of this service on other urgent care providers in Devon. It is proposed that a review and evaluation report is provided to the Health and Wellbeing Committee after 12 months of operation, with an interim report after 6 months if the Committee requires this.

Presented by:

Dr Justin Geddes: CEO Devon Doctors Ltd
Annette Hammett: Director of Operations Devon Doctors.
Elaine Fitzsimmons: Associate for NEW Devon CCG and South Devon & Torbay CCG

CT/17/02

Health and Wellbeing Scrutiny Committee

19th January 2017

Joint Report of the County Treasurer and Chief Officer for Communities, Public Health, Environment and Prosperity.

2017/18 Budget

Recommendation: that the Scrutiny Committee consider whether it wishes to draw to the attention of the Cabinet any observations on the proposals contained within the draft Revenue Budget 2017/18 and Capital Programme for 2017/18 to 2021/22.

1. Introduction and Commentary

1.1 At its meeting of 14th December 2016, Cabinet set Revenue Budget targets for 2017/18. The targets incorporate inflation and pressures and income initiatives and savings required to set a budget within reduced funding levels provided by Government in the recent provisional financial settlement.

1.2 A number of major decisions remain to be taken. At this stage, the final outcome of the Local Government Finance Settlement is awaited and details of the council tax base, collection fund surpluses and tax base yield have yet to be confirmed along with the local element of Business Rates. Information should be available by the time that County Council considers final budget proposals for 2017/18 on 16th February 2017. However, given the late notification of the provisional settlement and in line with arrangements from previous years, 23rd February 2017 has been set aside for a second County Council budget meeting if required.

1.3 The draft budget attached to this report complies with the targets set by Cabinet on 14th December which total £459.585 millions. The total includes funding for budget pressures of £43.0 millions that mainly relates to additional expenditure to allow for service growth to cater for demographic changes such as increased children and adult service users and unavoidable cost pressures. Savings and income initiatives of £22.2 millions are required to set a balanced budget.

1.4 The targets set for each service area have been subject to different pressures and influences. The table below shows the 2017/18 Budget Targets by Chief Officer as following the restructure we no longer have Strategic Directors. Service specific implications of the restructure are set out in detail later in this report.

	2016/17 Adjusted Base Budget £000	Inflation & Pressures £000	Savings & Income Initiatives £000	2017/18 Base Budget £000	
Adult Care & Health	197,747	26,936	(8,190)	216,493	+9.5%
Children's Services	115,827	7,843	(5,539)	118,131	+2.0%
Communities, Public Health, Environment & Prosperity	33,311	2,468	(576)	35,203	+5.7%
Corporate Services	33,466	2,283	(2,397)	33,352	-0.3%
Highways, Infrastructure Development & Waste	58,437	3,496	(5,527)	56,406	-3.5%
	438,788	**43,026**	**(22,229)**	**459,585**	

1.5 This report provides detailed budget proposals in respect of all Health and Wellbeing Services, in line with the targets outlined above. The Budget Scrutiny day will provide Members with the opportunity to question further budget issues for 2017/18 and beyond. In addition, detailed questions can be raised in advance of the Budget Scrutiny day by using the central DCC mailbox scrutiny@devon.gov.uk

2. Influencing Factors for Cabinet Consideration

2.1 On 15th December 2016, the Secretary of State for the Department for Communities and Local Government, Rt. Hon. Sajid Javid MP, made a statement to Parliament on the Provisional Local Government Finance Settlement for 2017/18. The main items of note are set out below.

2.2 In 2016/17, the Social Care Precept on Council Tax was set at 2% per annum for the period 2016/17 to 2019/20 inclusive. The terms of this precept have now been changed for the period 2017/18 to 2019/20. Local Authorities will now be able to increase the Social Care Precept by up to 3% per annum in 2017/18 and 2018/19. However, authorities that go ahead with the 3% increase in both years will not be able to make a further increase in 2019/20 (i.e. the total allowable increase over the three year period remains at 6%).

2.3 The 2017/18 New Homes Bonus allocations and details of the consultation on the future of the scheme have been announced (previously these figures were indicative). The number of years the scheme will be based upon, currently six years, will reduce to five years in 2017/18 and four years from 2018/19 onwards. The scheme will now also only reward growth in homes above 0.4% per annum, currently all growth is rewarded. These changes have reduced the County Council's expected New Homes Bonus allocation by £709,000. The majority of New Homes Bonus, 80%, is retained by the District Councils and the impact of this change is therefore felt more keenly by them. The Devon Districts have between them seen their funding reduced by £2.95 millions in 2017/18.

2.4 The changes to the New Homes Bonus Scheme have allowed the government to remove £241m from the 2017/18 scheme. This saving has been used to create the new Adult Social Care Support Grant. This funding is being distributed based on the relative needs formula and is for 2017/18 only. The County Council will receive £3.592 millions.

2.5 As the Adult Social Care Support Grant is for 2017/18 only and the increased freedoms relating to the Social Care Precept being a matter of timing only there is no change to funding levels from these two changes in 2019/20.

2.6 Within the Business Rates Retention system the Top Up element has been amended to reflect the 2017 revaluation. For the County Council this amounts to an additional £74,000 in 2017/18; this is not a gain however, as the local element of Business Rates is expected to reduce by this amount. The other elements of Core Funding are as expected.

2.7 The provisional settlement has confirmed that the Council Tax increase that will trigger a referendum, excluding the Social Care Precept, will remain at 2% for 2017/18.

2.8 In 2017/18 government funding (core funding) for the County Council will reduce from £151.6 millions in 2016/17 to £128.3 millions in 2017/18. This is a reduction of £23.3 millions, nearly 15.4%. Although this is inline with the four

year settlement announced in 2016/17 it is still a significant reduction to our funding at a time when there are huge pressures on Social Care services.

3. Service Specific Budget Issues

3.1 The targets set for each service area have been based on the new structure. This committee will receive the proposed budgets for Public Health which is the responsibility of the Chief Officer for Communities, Public Health, Environment and Prosperity. For the sake of completeness these proposed budgets will also be presented to Place Scrutiny Committee along with the other service areas under this Chief Officer.

3.2 The Public Health grant remains ring fenced for 2017/18. The value of the grant for 2017/18 is £28,238,000 which represents a reduction of £714,000 or 2.5% on the grant received in 2016/17.

3.3 A letter from Public Health England (27.11.15) described future grant allocations as being reduced by a further 2.6% each year for the years 2018/19 and 2019/20 with a flat cash allocation in 2020/21.

3.4 In order to achieve a balanced budget against the future forecast of reduced funding, there are plans for all key service areas to be re-procured during 2017/18 including Sexual Health Services, 0-19 Public Health Nursing Services, substance misuse services and domestic violence services. Re-procurement will seek to make these services as efficient as possible and sustainable within the grant.

3.5 The biggest area of spend from the grant are the 0-19 Public Health Nursing Services which are delivered through the Integrated Care Services contract which is jointly commissioned between Devon County Council and NEW Devon Clinical Commissioning Group. In 2017/18 £11.8millions of the Public Health Grant is committed to this contract and will remain so until the contract terminates in March 2018.

3.6 The demand on sexual health services continues to grow, however the budgetary allocation shows only a marginal increase for these services as strong contract management and negotiations with providers continue to achieve increasing value for money in this area.

3.7 Substance misuse is the second largest single area of spend against the grant. This budget has been reduced to reflect the overall reduction in funding. The new recovery based service, which commenced in 2014/15, is creating alternative pathways to recovery within community settings, and additional sources of funding are continuously being explored to support these.

3.8 2017/18 sees the re-introduction of the universal NHS Healthcheck programme and approaches are currently being explored to the most efficient form of delivery.

3.9 Public Health services continue to be funded through the Public Health Grant. However, the reduction in the grant, outlined above, has led to a budget shortfall of £800,000 in 2017/18. This shortfall is for one year only as in future years changes will be made to contracted services to bring the budget back in to balance. It is a consequence of the removal of the £1.6 millions from the ring-fenced reserve by the Department of Health in December 2015 as part of the Government's programme of £200 millions funding reductions. This one off shortfall has therefore been funded from corporate resources.

3.10 Savings have been achieved through the replacement of previous health promotion activities with a newly procured healthy lifestyle and smoking cessation service which is to be launched in 2016/17 under the brand "OneSmallStep".

4. Capital Programme

4.1 There is no Capital Programme in relation to Public Health

5. Equality Impact Needs Assessment

5.1 Under the Equality Act 2010, the County Council has a legal duty to give due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations when making decisions about services. This duty applies to the eight 'protected characteristics' of age, disability, gender reassignment, pregnancy and maternity, race, religion and belief, sex and sexual orientation. Where relevant, Impact Assessments are carried out to consider how best to meet this duty, which includes mitigating against the negative impact of service reductions.

5.2 The Equality Act 2010 and other relevant legislation does not prevent the Council from taking difficult decisions which result in service reductions or closures for example, it does however require the Council to ensure that such decisions are:

- Informed and properly considered with a rigorous, conscious approach and open mind.
- Taking due regard of the effects on the protected characteristics with the need to ensure nothing results in unlawful discrimination in terms of access to, or standards of, services or employment as well as considering any opportunities toadvance equality and foster good relations.
- Proportionate (negative impacts are proportionate to the aims of the policy decision).
- Fair
- Necessary
- Reasonable, and
- Those affected have been adequately consulted.

5.3 The report 'Budget 2017 – 2018 Equality Impact Assessment' provides information on the impacts of savings strategies. Previous years assessments are available at https://new.devon.gov.uk/impact/ under 'Published Assessments'. The report for 2017/18 provides a detailed analysis of community feedback and data and views on budget priorities and council tax.

The 2017/18 report is published at https://new.devon.gov.uk/impact/published/budget-setting-201718/

Mary Davis
County Treasurer

Dr Virginia Pearson
Chief Officer

Electoral Divisions : All

Local Government Act 1972

List of Background Papers

Contact for Enquiries : Mary Davis

Tel No: (01392) 383310 Room 199

Background Paper Date File Ref

Nil

Date Published: 10th January 2017

Leadership Group Commentary

Introduction

Against a national back drop of economic and political uncertainty, Devon County Council is facing increasing pressures on its budget. Uncertainties around the potential fall out from Brexit make for a nervous economic picture, and there remains a lack of any clear direction around the devolution agenda and the potential for the Heart of the South West to benefit financially.

What is clear though is that while resources reduce, demand on services is growing. With people living longer and having increased and more complex needs, expectations of how the Council delivers services need to be managed more effectively.

We remain a large organisation and a major employer in the South West, with a budget of over £1 billion. This is becoming increasingly challenging to manage but by working in new and innovative ways with our staff, Members, partners and communities, it is achievable.

Services under pressure

The combination of increased need and increased complexity of need is putting our services under pressure. While we have already taken steps to increase efficiency and effectiveness, we need to do more to prevent unnecessary escalation into our high cost specialist service areas.

Our budget recognises that the health and social care system is a critical area that is under severe pressure, resulting in escalating demand on resources and the need for better integration. Our core purpose is to look after the old, the young and the most vulnerable people in our society and ensure they have the best outcomes while achieving value for money across all areas of our work.

With a greater emphasis on prevention and tackling health inequalities, we will work with our partners to identify opportunities for better local outcomes, encourage greater independence, and help people to help themselves and live their lives well.

Supporting people, whatever their circumstances, through education and into work is a cornerstone of our commitment to improving quality of life and giving back to the local economy.

We also work hard to keep Devon on the move, with a smooth transition to our new Term Maintenance Contractor helping to reduce costs, and Government grants helping to improve the rural road network.

Building community resilience

One of Devon's biggest assets is its communities. We know that many people are active in supporting others in their town and village, and our voluntary and community sector is strong, playing a key role in helping people to live independently, feel connected and build more resilient communities.

We are beginning to have a different sort of conversation with our communities and discovering more about what matters to them and how they want to work with others to reduce dependency on services. Our recent community survey revealed:

- 80% say their community is active in helping people to stay healthy with a good quality of life
- 84% think local people come together to support each other
- 71% say they look out for neighbours or anyone who might be isolated or lonely
- 68% say they can get the help and support they need from family, friends and the community

- 83% say they are active in helping to shape community life
- 72% say their community helps plan for emergencies such as flooding
- 90% say Devon is a place where people and communities can do well

A prime example of community self help is the innovative Integrated Care for Exeter (ICE) programme, bringing together local government, public and community sector organisations and NHS providers. ICE aims to improve the experience of health and social care and support people to remain independent.

And our place based community self-help scheme involves volunteers in a range of activities to enhance their community and keep it moving in the event of flooding or snow.

Efficiency and innovation

By changing our approach to service delivery, we are challenging ourselves to be more focused on what matters by looking through the eyes of individuals and communities at what we do and how we do it.

We will make the most of the talents, skills and energy of our staff, Councillors and residents to redesign and modernise our services.

We will learn from the best and from experience, developing new ideas and digital solutions.

And we will inject more pace into everything we do, becoming more agile in our approach and ensuring that the best value services get to the right people, at the right time, by the right organisation.

For more information on the contents of this section, please contact Nicky Allen, Senior Assistant County Treasurer on 01392 383590 or email nicola.allen@devon.gov.uk

Public Health

2016/17 Adjusted Budget £'000		Gross Expenditure £'000	Gross Income £'000	**2017/18 Outturn Budget £'000**	2017/18 Net Changes £'000
	Public Health				
2,989	Children 5-19 Public Health Programmes	2,973	0	**2,973**	(16)
895	Community Safety, Violence Prevention and Social Exclusion	1,000	0	**1,000**	105
40	Health At Work	40	0	**40**	0
101	Health Protection	96	0	**96**	(5)
8,989	Mandated 0-5 Children's Services	9,101	0	**9,101**	112
90	National Child Measurement Programme	96	0	**96**	6
90	NHS Health Check Programme	349	0	**349**	259
421	Obesity	268	0	**268**	(153)
580	Other Public Health	440	0	**440**	(140)
213	Physical Activity	268	0	**268**	55
338	Public Health Advice to NHS Commissioners	365	0	**365**	27
(28,952)	Public Health Income	0	(28,238)	**(28,238)**	714
639	Public Mental Health	772	(151)	**621**	(18)
5,933	Sexual Health	5,987	0	**5,987**	54
650	Smoking and Tobacco	1,133	(650)	**483**	(167)
6,038	Substance Misuse	5,995	0	**5,995**	(43)
1,093	Support Services	1,103	0	**1,103**	10
147		**29,986**	**(29,039)**	**947**	**800**

Analysis of changes:	**£'000**
Technical and Service Changes	
Community Safety, Violence prevention and social exclusion- staffing reallocation	105
Mandated 0-5 children's services - staffing reallocation	112
NHS Health Check programme - universal programme recommences	259
Obesity - savings through re-procurement of lifestyle services	(153)
Other Public Health - food for life partnership and health at work savings	(140)
Physical activity - one small step programme commenced	55
Public Health Income - reduction in Department of Health grant	714
Sexual Health - service demand growth	54
Smoking and Tobacco - savings through re-procurement	(167)
Other minor changes	(39)
Total	800

Service Commentary

Public Health is funded by a ring-fenced grant from the Department of Health which has reduced by £714,000 or 2.5% for 2017/18. Future grant allocations have been confirmed as being reduced by 2.6% for 2018/19 and 2019/20 and a programme of procurement for all service areas is in place to enable the services to be delivered within the funding available.

The Integrated Children's Service contract, which terminates in March 2018, continues to deliver the 0-19 services for Public Health, with an overall commitment to this from the Public Health Grant of £11.8millions.

The universal NHS Healthchecks programme is being re-introduced during 2017/18. Service demand for Sexual Health and Substance Misuse services continue to grow, but costs are being managed through strong contract management and negotiation. The introduction of the new healthy lifestyle service, OneSmallStep, has contributed to savings.

The reduction in the grant has led to a budget shortfall of £800,000 in 2017/18. This shortfall is for one year only as in future years changes will be made to contracted services to bring the budget back in to balance. This one off shortfall has therefore been funded from corporate resources.

Service Statistics and Other Information

Service/ Activity	Unit of Measurement	2016/17 Actual	Change	2017/18 Forecast
Referrals to substance misuse service	Individuals	3,687	0	3,687
New structured treatments starts in substance misuse service	Individuals	1,532	0	1,532
Genito-urinary medicine patients treated	Individuals	28,988	1,449	30,437
Contraception services accessed	Individuals	30,780	1,539	32,319

Communities, Public Health, Economy and Prosperity - Risk Assessment

Service	Budget 2017/18 £'000	Risk and Impact	Mitigation
Public Health - Grant Allocation	28,238	The value of the grant is reducing by 2.5% in 2017/18 and by 2.6% for both 2018/19 and 2019/20.	There are plans in place for the re-procurement of all large areas of spend (sexual health, Public Health Nursing services and substance misuse) which will lead to service delivery being re-designed in order to achieve efficiency.
Public Health - Sexual Health	5,987	Demand on service delivery continues to rise by an average of 4% each year but funds available are flatlined at best, if not subject to reduction.	Re-designing service pathways to ensure that needs are met as efficiently as possible across the whole system of delivery.

Page left blank intentionally

Consolidated Pages

The following consolidated pages have been produced to show the overall proposed budgets for the Authority and are based on the new management structure implemented on 1st November 2016.

The targets set for each service area have been based on this new structure. The impact for scrutiny committees is:-

- Health and Wellbeing Scrutiny Committee will continue to receive the proposed budgets for Public Health which is the responsibility of the Chief Officer for Communities, Public Health, Environment and Prosperity.
- Place Scrutiny Committee will receive the proposed budgets for Capital Development and Waste Management and Highways and Traffic Management which is the responsibility of the Chief Officer for Highways, Infrastructure Development and Waste. It will also receive the proposed budgets for Economy, Enterprise and Skills, Planning Transportation and Environment and Communities and Other Services which is the responsibility of the Chief Officer for Communities, Public Health, Environment and Prosperity. This reflects the change to include Public Health and Skills. For the sake of completeness the proposed budgets for Public Health have also been included which have been considered by the Health and Wellbeing Scrutiny Committee.
- People Scrutiny Committee will receive the proposed budgets for Adult Services which is the responsibility of the Chief Officer for Adult Care and Health. It will also receive the proposed budgets for Children's Services which is the responsibility of the Chief Officer for Children's Services. This reflects the movement of Skills to Place Scrutiny.
- Corporate Services Scrutiny Committee will continue to receive the proposed budgets for all the Corporate Services.

These pages are for information only and show how the services being scrutinised by this Committee fit into the overall structure of the Council. Any questions on these pages relating to services outside of this Committees remit will need to be considered at the Joint Scrutiny meeting on 30th January 2017.

How the 2017/18 budget has been built up

	2016/17 Adjusted Budget	Changes	2017/18 Outturn Budget
	£'000	£'000	£'000
Adult Care Operations and Health	173,852	16,786	190,638
Adult Commissioning and Health	23,895	1,960	25,855
Adult Care and Health	**197,747**	**18,746**	**216,493**
Childrens Social Work and Child Protection	75,767	2,046	77,813
Education and Learning - General Fund	40,060	258	40,318
Education and Learning - School Funding	0	0	0
Children's Services	**115,827**	**2,304**	**118,131**
Communities and Other Services	11,201	7	11,208
Economy, Enterprise and Skills	4,923	32	4,955
Planning, Transportation and Environment	17,040	1,053	18,093
Public Health	147	800	947
Community,Health,Environment,Prosperity	**33,311**	**1,892**	**35,203**
Chief Executive, Legal and Communications	4,792	(104)	4,688
Digital Transformation and Business Support	14,241	83	14,324
Human Resources and Organisational Development	3,406	(200)	3,206
Treasurer's Services	11,027	107	11,134
Corporate Services	**33,466**	**(114)**	**33,352**
Capital Development and Waste Management	26,909	(205)	26,704
Highways and Traffic Management	31,528	(1,826)	29,702
Highways, Infrastructure and Waste	**58,437**	**(2,031)**	**56,406**
Total	**438,788**	**20,797**	**459,585**

Reasons for changes in Revenue Budget	**Change £' 000**
Technical and Service Changes	
Inflation	10,683
Increase in Pension Contributions	4,078
National Living Wage	2,531
Children's Services demographic and demand pressures	5,425
Adult Services demographic and demand pressures	16,919
Care Act Removal of External funding	3,047
Waste Services demographic and contract pressures	1,135
Other demographic, contract and service pressures	1,708
Increase in External Contributions	(2,500)
Savings Requirements	**(22,229)**
Total	**20,797**

Staffing Data

	2016/17 Adjusted Total FTEs	Changes FTEs	2017/18 Revenue Funded FTEs	Externally Funded FTEs	Total FTEs
Adult Care Operations and Health	992	1	895	98	993
Adult Commissioning and Health	166	2	158	10	168
Adult Care and Health	**1,158**	**3**	**1,053**	**108**	**1,161**
Childrens Social Work and Child Protection	738	(4)	704	30	734
Education and Learning - General Fund	122	0	108	14	122
Education and Learning - School Funding	27	3	0	30	30
Children's Services	**887**	**(1)**	**812**	**74**	**886**
Communities and Other Services	92	(48)	20	24	44
Economy, Enterprise and Skills	137	6	59	84	143
Planning, Transportation and Environment	150	25	165	10	175
Public Health	31	0	31	0	31
Community,Health,Environment,Prosperity	**410**	**(17)**	**275**	**118**	**393**
Chief Executive, Legal and Communications	108	2	110	0	110
Digital Transformation and Business Support	472	(7)	465	0	465
Human Resources and Organisational Development	175	(3)	172	0	172
Treasurer's Services	265	2	161	106	267
Corporate Services	**1,020**	**(6)**	**908**	**106**	**1,014**
Capital Development and Waste Management	102	0	102	0	102
Highways and Traffic Management	253	0	253	0	253
Highways, Infrastructure and Waste	**355**	**0**	**355**	**0**	**355**
Total	**3,830**	**(21)**	**3,403**	**406**	**3,809**

Explanation of Movements

Adult Care Operations and Health	
Net movement as a result of workforce reductions	(4)
Increase in corporate staff to support new duties under part 1 of the Care Act	10
Social Care Reablement removal of vacant posts	(10)
Externally funded posts to support improvement to intermediate care provision	5
	1
Adult Commissioning and Health	
Increase in staff to support market sufficiency duties under part 1 of the Care Act	6
Increase in staff to support transformation and savings programmes	3
Mental Health operational efficiencies	(2)
Transfer of posts to Learn Devon	(5)
	2
Children's Social Work and Child Protection	
Disabled Children's Services Restructure	(9)
Fostering Team Restructure	(2)
Supervised Contact Team Restructure/Movement Across Service	4
Additional Personal Advisors within Social Work	2
Atkinson Unit Additional Support Posts	2
Reducing Exploitation and Absence from Care or Home (REACH) Team Restructure	(1)
	(4)

Education and Learning	
General Fund	
Additional Special Educational Needs & Disability (SEND) Implementation support staff funded by grant	8
Review of Early Years services	(3)
Academisation of Teacher Training	(5)
Dedicated Schools Grant	
Review of Admissions services	1
Review of Early Years services	2
	3
Communities and Other Services	
Youth Service - staff transferring to an independent entity	(48)
	(48)
Economy, Enterprise and Skills	
Learn Devon - apprentices	3
Learn Devon - transfer in from Adult Care Commissioning	5
Restructure of team hours	(2)
	6
Planning Transportation & Environment	
NHS Transport staff transferred in	8
Reinstatement of School Crossing patrol staff numbers	14
Modern apprenticeships and interns	3
	25
Chief Executive, Legal & Communications	
Legal support to address capacity issues	1
Assistant Solicitor Adult Social Care	1
	2
Digital Transformation and Business Support	
Business Support - transfer in from Children's Social Work and Child Protection	4
Review of Business Support	(12)
Modern Apprenticeship	1
	(7)
Human Resources and Organisational Development	
Change Management	8
Review of HR structure	(11)
	(3)
Treasurer's Services	
Finance Management Team restructure	(2)
Devon Audit Partnership	(2)
Peninsula Pensions - new legislation	7
Reduction of hours across service	(1)
	2
Total	**(21)**

Analysis of Total Expenditure for 2017/18

	Gross Expenditure	Grant and Contribution Income	External Income	Internal Income	Net Expenditure
	£'000	£'000	£'000	£'000	£'000
Adult Care Operations and Health	251,644	(16,799)	(44,207)	0	190,638
Adult Commissioning and Health	27,769	(1,274)	(636)	(4)	25,855
Adult Care and Health	**279,413**	**(18,073)**	**(44,843)**	**(4)**	**216,493**
Childrens Social Work and Child Protection	86,810	(5,080)	(358)	(3,559)	77,813
Education and Learning - General Fund	43,358	(1,043)	(1,371)	(626)	40,318
Education and Learning - School Funding	522,982	(522,373)	(220)	(389)	0
Children's Services	**653,150**	**(528,496)**	**(1,949)**	**(4,574)**	**118,131**
Communities and Other Services	11,685	(53)	(354)	(70)	11,208
Economy, Enterprise and Skills	6,946	(100)	(1,781)	(110)	4,955
Planning, Transportation and Environment	24,354	(1,044)	(3,517)	(1,700)	18,093
Public Health	29,986	(28,979)	0	(60)	947
Community,Health,Environment,Prosperity	**72,971**	**(30,176)**	**(5,652)**	**(1,940)**	**35,203**
Chief Executive, Legal and Communications	8,036	0	(2,473)	(875)	4,688
Digital Transformation and Business Support	28,936	(8,812)	(3,715)	(2,085)	14,324
Human Resources and Organisational Development	17,099	0	(2,681)	(11,212)	3,206
Treasurer's Services	20,424	0	(6,970)	(2,320)	11,134
Corporate Services	**74,495**	**(8,812)**	**(15,839)**	**(16,492)**	**33,352**
Capital Development and Waste Management	31,901	0	(4,278)	(919)	26,704
Highways and Traffic Management	31,454	(118)	(1,281)	(353)	29,702
Highways, Infrastructure and Waste	**63,355**	**(118)**	**(5,559)**	**(1,272)**	**56,406**
Total	**1,143,384**	**(585,675)**	**(73,842)**	**(24,282)**	**459,585**

The following services (which are not included above) are wholly self-funded and do not impact on Council Tax.

	Gross Expenditure	Grant and Contribution Income	External Income	Internal Income	Net Expenditure
	£'000	£'000	£'000	£'000	£'000
Digital Transformation and Business Support					
ScoMIS	9,699	0	(2,105)	(7,594)	0
Treasurer's Services					
Devon Audit Partnership	1,240	0	(1,240)	0	0
Childrens Social Work and Child Protection					
Atkinson Unit	3,261	(180)	(2,509)	(572)	0
Capital Development and Waste Management					
Ecowaste4Food Project	37	(32)	0	(5)	0
Highways and Traffic Management					
On Street Parking	6,302	(104)	(6,198)	0	0
Communities and Other Services					
Active Devon	1,517	(831)	(70)	(616)	0
Syrian Refugees	500	(500)	0	0	0
Economy, Enterprise and Skills					
LAG - MIL (Making It Local 2)	58	(58)	0	0	0
LAG - REAL Devon	51	(51)	0	0	0
Learn Devon	3,781	(3,384)	(206)	(191)	0
Planning, Transportation and Environment					
AONB Blackdown Hills	213	(202)	0	(11)	0
AONB North Devon	185	(172)	0	(13)	0
Cycle Bikeability Training	280	(280)	0	0	0
Devon Maritime Forum	14	(5)	(4)	(5)	0
Exe Estuary Partnership	26	(17)	0	(9)	0
INNOVASUMP	45	(38)	0	(7)	0
Other Countryside Projects	150	(141)	0	(9)	0
South West Coast Path Team	109	(109)	0	0	0
Transport Co-Ordination Service	3,239	(1,146)	(2,075)	(18)	0
Total	**30,707**	**(7,250)**	**(14,407)**	**(9,050)**	**0**
Grand total	**1,174,091**	**(592,925)**	**(88,249)**	**(33,332)**	**459,585**

Government Grants and Contributions Received

Some of the costs of providing services are funded by external grants and contributions, the table below shows the details of the funding expected.

Service and Grant Title	Funded by	2017/18 £'000	2018/19 £'000	2019/20 £'000	2020/21 £'000
Adult Care Operations and Health					
Local Reform Community Voices Grant	Department of Health	138	138	138	138
Social Care in Prisons Grant	Department of Health	303	303	303	303
Contributions	Health and other local authorities	16,358	16,358	16,358	16,358
		16,799	**16,799**	**16,799**	**16,799**
Adult Commissioning and Health					
Local Reform Community Voices Grant	Department of Health	344	344	344	344
Contributions	Health and other local authorities	930	930	930	930
		1,274	**1,274**	**1,274**	**1,274**
Children's Social Work and Child Protection					
Assessed and Supported Year in Employment	Department for Education	52	52	52	52
Youth Detention Grant	Ministry of Justice	26	26	26	26
Youth Justice Grant	Youth Justice Board	67	67	67	67
Police & Crime Commissioner Grant	Office of the Police & Crime Commissioner	19	19	19	19
Unaccompanied Asylum Seekers Grant	Home Office	2,162	3,783	4,045	4,045
Troubled Families Programme	Department for Communities & Local Government	1,050	1,050	1,050	1,050
Contributions	Health and other local authorities	1,884	1,884	1,884	1,884
		5,260	**6,881**	**7,143**	**7,143**
Education and Learning - Dedicated Schools Grant					
Dedicated Schools Grant*	Education Funding Agency	477,365	477,365	477,365	477,365
Early Years - Disadvantaged 2 Year Olds	Education Funding Agency	5,083	5,083	5,083	5,083
Post 16 Funding	Education Funding Agency	5,129	5,129	5,129	5,129
Pupil Premium	Education Funding Agency	23,496	23,496	23,496	23,496
Universal Infant Free School Meals	Education Funding Agency	7,813	7,813	7,813	7,813
PE & Sport Grant	Department for Education	2,765	2,765	2,765	2,765
Music Grant	Arts Council	919	919	919	919
Contributions	Health and other local authorities	846	846	846	846
		523,416	**523,416**	**523,416**	**523,416**
Economy and Enterprise					
LAG - MIL (Making it Local 2)	RPA	58	60	58	0
LAG - REAL Devon	RPA	51	52	51	0
Learn Devon - Community Learning	Skills Funding Agency	2,185	2,185	2,185	2,185
Learn Devon - Adult Skills Budget (inc Apprenticeships / Additional Learning Support)	Skills Funding Agency	1,064	1,064	1,064	1,064
Learn Devon - 24+ Advanced Learning Loans Facility	Skills Funding Agency				
Learn Devon - 14-19 EFA Funding	Education Funding Agency	135	135	135	135
Trading Standards	Government Grants	100	100	100	100
		3,593	**3,596**	**3,593**	**3,484**
Planning, Transportation and Environment					
Natural Futures	Heritage Lottery	78	0	0	0
Areas of Outstanding Natural Beauty	DEFRA	301	306	311	311
Areas of Outstanding Natural Beauty	Other Local Authorities	73	73	73	73
Environment and Sustainable Travel	Other Local Authorities	43	73	43	73
Maritime and Fisheries projects	Other	11	11	11	11
Taw Valley Countryside Stewardship Facilitation Fund	European Agricultural Fund	39	39	39	39
Devon Resilience Fourm	Environment Agency	2	0	0	0
Devon Resilience Fourm	Office of the Police & Crime Commissioner	2	0	0	0
Coastal Creatures	Heritage Lottery Fund	20	5	0	0
South West Coast Path & Country Parks	Natural England	109	109	109	109
Bikeability	Department of Transport	280	280	280	0
Innovasump	ERDF	38	19	0	0
Bus Service Operators Grant	Department of Transport	1,146	1,146	1,146	1,146
Transport contributions	Other Local Authorities	62	62	62	62
Transport contributions	Other	950	946	871	824
		3,154	**3,069**	**2,945**	**2,648**

Service and Grant Title	Funded by	2017/18 £'000	2018/19 £'000	2019/20 £'000	2020/21 £'000
Communities and Other Services					
Active Devon	Sport England	748	748	748	748
Active Devon	Other	83	83	83	83
Syrian Refugee	Home Office	500	900	900	900
Youth Services	Other	13	13	13	13
		1,344	**1,744**	**1,744**	**1,744**
Public Health					
Public Health	Department of Health	28,238	27,504	26,788	26,092
Public Mental Health	Better Care Fund	91	30	0	0
Nicotine Replacement Therapy Contribution	NEW Devon CCG	650	650	650	650
Emergency Planning	Other Local Authorities	40	40	40	40
		29,019	**28,224**	**27,478**	**26,782**
Digital Transformation and Business Support					
Private Finance Initiative	Department for Communities and Local Government	6,937	6,937	6,937	6,937
Private Finance Initiative	Exeter Diocesan Board	1,875	1,889	1,905	1,920
		8,812	**8,826**	**8,842**	**8,857**
Capital Development and Waste Management					
Ecowaste4food	ERDF	**32**	**32**	**35**	**32**
Highways and Traffic Management					
ExeRail	Other Local Authorities	30	30	30	30
South West Coast Path & Country Parks	Other Local Authorities	45	45	45	45
South West Coast Path & Country Parks	RPA	25	25	25	25
South West Coast Path & Country Parks	Historic England	10	7	14	0
South West Coast Path & Country Parks	Natural England	112	112	112	112
		222	**219**	**226**	**212**
Total		**592,925**	**594,080**	**593,495**	**592,391**

Grants Paid to External Organisations

2016/17 £000		2017/18 £000
	Service and Grant Title	
	Children's Social Work and Child Protection	
190	University Bursary Grants	194
150	Facilitating Access to Mainstream Activities for Disabled Children's Services	150
32	Calvert Trust Short Holiday Breaks	32
372		**376**
	Planning, Transportation and Environment	
45	AONB (East, South and Tamar)	48
60	Dorset & East Devon World Heritage site (Jurassic Coast)	60
25	Cornwall & West Devon Mining Landscape World Heritage site	25
20	South West Energy & Environment group	20
4	Wembury Centre	4
2	Tamar Estuaries consultative forum	2
20	Devon Wildlife Trust Nature Improvement Area Project	20
126	Safety Camera Partnership	101
40	Devon & Cornwall Rail Partnership	40
247	Community bodies	247
589		**567**
	Communities and Other Services	
400	Citizens Advice Bureau	400
72	Community Council of Devon	72
189	Councils for Voluntary Services	189
661		**661**
	Public Health	
10	Exmoor National Park	0
20	Dartmoor National Park	0
25	Devon Rape Crisis	0
10	Young Devon	10
22	North Devon against Domestic Abuse	0
15	Teignbridge D.C	10
102		**20**
1,724	**TOTAL**	**1,624**

Abbreviations

Abbreviations used within the budget:

AONB	Area of Outstanding Nature Beauty
BACS	Bankers automated clearing services (electronic processing of financial transactions)
BCF	Better Care Fund - a national arrangement to pool existing NHS and Local Government funding, which started in April 2015.
BDUK	Broadband Delivery UK
BRRS	Business Rate Retention Scheme
CCG	Clinical Commissioning Group
CDWM	Capital Development & Waste Management
CIPFA	The Chartered Institute of Public Finance & Accountancy
C of E	Church of England
DAF	Devon Assessment Framework
DCC	Devon County Council
DDA	Disability Discrimination Act
DEFRA	Department for Environmental Food & Rural Affairs
DFC	Devolved Formula Capital
DSG	Dedicated Schools Grant
E&E	Economy & Enterprise
EESI	Energy Efficiency Schools Initiative
EFA	Education Funding Agency
ESPL	Exeter Science Park Ltd
EU	European Union
FAB LAB	Fabrication Laboratory at Exeter Central Library
FTE	Full Time Equivalent
HR	Human Resources
ICT	Information & Communications Technology
IID	Investing in Devon funds
ILF	Independent Living Fund
IT	Information Technology
LAG	Local Action Group
LEP	Local Enterprise Partnership
LIBID	London Interbank BID rate
LIBOR	London Interbank Offered Rate
LLFA	Lead Local Flood Authority
LOBO	Lender Option Borrower Option
LTP	Local Transport Plan
MASH	Multi Agency Safeguarding Hub
MIL	Making it Local
MMF	Money Market Funds
MRP	Minimum Revenue Provision
MTCP	Medium Term Capital Programme
MTFS	Medium Term Financial Strategy
MUMIS	Major Unforeseen Maintenance Indemnity Scheme

NEWDCCG	Northern, Eastern and Western Devon Clinical Commissioning Group
NHS	National Health Service
OFSTED	Office for Standards & Education, Children's Services and Skills
OP&D	Older People and Disability
PE	Physical Education
PFI	Private Finance Initiative
PTE	Planning Transportation & Environment
PWLB	Public Works Loans Board
REAL	Rural Enterprise and Local Livelihoods
RDPE	Rural Development Programme of England
RSG	Revenue Support Grant
S106	Funding from developers resulting from planning obligations authorised by section 106 of the Town and Country Planning Act 1990
SCOMIS	Schools Management Information Service
SEN	Special Education Needs
SEND	Special Educational Needs and Disabilities
SfC	Services for Communities
VAT	Value Added Tax
VELP	Vehicle Equipment Loan Pool
WEEE	Waste Electrical and Electronic Equipment Regulation

Devon Health and Wellbeing Scrutiny Committee
Your Future Care: Consultation and Next Steps
19th January 2017

1. Introduction and purpose

1.1 Background

Following approval to proceed to consultation by the CCG Governing Body on 28th September 2016, a 13 week period of public consultation into the 'Your Future Care' proposals commenced on 7th October 2016. This consultation set out four options for the locations of a reduced number of inpatient beds in community hospitals in Eastern Devon. These options were in the context of developing a model of care in the whole of Devon to consistently deliver three core service components to help people remain at home:

- Comprehensive assessment
- Single point of access
- Rapid response

The 13 week consultation has now closed. Many people have participated in this consultation including through attending public meetings or roadshows, responding to the questionnaire, writing to or phoning the CCG, communicating through representative bodies or groups. There has been considerable depth and breadth of individual, community and organisational responses and these are now being carefully reviewed and analysed.

1.2 Report and recommendation

This report has been prepared for the joint meeting of the Devon Health and Wellbeing Scrutiny Committee and Devon People Scrutiny Committee to be held on 19th January 2017. At the time of writing this report the consultation has very recently closed and a number of responses were received on 6th January 2017. Therefore although this paper references themes, further review and analysis is needed for a comprehensive description of the points raised. It will be possible at the time of the meeting to present an overview and then the full consultation report will be made available to the Committees and published in due course.

In the meantime, this report provides the Committees with detail on the consultation activities and process. It recommends that the Devon Health and Wellbeing Scrutiny Committee and Devon People Scrutiny Committee:

Reviews the information supplied in the paper and presentation on 19th January 2017, and the next steps in the process in preparation for decision making, recognising that the date and details will only be confirmed following review of the responses which will inform the development of the Decision Making Business Case and associated impact assessments.

2. Public Consultation

2.1 Consultation process

The CCG Governing Body approved the consultation operational plan on 28th September 2016. An update on the plan activities at the time of writing this report is set out below. The CCG's Patient and Public Engagement Committee (PPEC), with a membership of lay people, provided assurance over the communications and engagement plan prior to the commencement of consultation, and were instrumental in helping to advise on its development. A subgroup of PPEC, again including public/lay representation also contributed to the development of key consultation materials. In addition 6 pre-consultation events were held and provided general views that contributed to the process.

In summary during the consultation period:

- More than 2000 people attended public events, meetings and roadshows
- There were 16 public consultation events, 27 roadshows and 18 pop-in meetings held by the CCG
- The CCG attended 15 other events by invitation from local councils and community groups
- More than 14,000 consultation documents and 55,000 summary documents were distributed with over 200 copies of the consultation document in alternative formats – easy read, large print, audio and braille
- More than 2500 copies of posters were sent to public places, community groups and individuals advertising public events and roadshows; and 16 press releases were sent to local media to advertise the consultation as well as paid advertising
- The CCG received 14 Freedom of Information requests and 28 media enquiries in relation to the consultation
- More than 400 Tweets were posted and the regular Your Future Care and Healthy People newsletter has a circulation of over 4,000 people

Further detail on consultation activities and attendances is provided in appendix 1.

2.2 Consultation responses

This consultation generated a wide range of responses from individuals, community groups, organisations both in writing and in meetings. All responses are currently being reviewed to enable the production of a fair and comprehensive report. Arrangements have been made with Healthwatch Devon, which has already provided an interim view on the consultation in appendix 2, to independently review and assure the post-consultation report to provide assurance that it reflects the views and concerns raised.

Some of the recurrent themes discussed have included:

- Links between the new model of care and integrated health and social care
- Travel and access for patients and carers
- A range of points in relation to workforce
- The loss of inpatient beds and associated impact
- The practicalities of implementation

- Rurality issues

There have been a range of other themes, comments, representations, petitions, proposals and questions that will be described in detail in the post consultation report. In addition the lessons learned from the consultation will be reported and used to assist future consultations.

3. Consultation to decision process

3.1 Next steps

The consultation responses are currently being reviewed and an early summary of consultation themes will be prepared and published. This summary will be circulated to members. It will be intended to provide an overview whilst recognising that further detailed review and analysis will be needed to fully reflect the consultation. A post-consultation report will then be prepared, and following independent review by Healthwatch Devon, this report will be a key document for the Governing Body to consider.

As required in the NHS England guidance: Planning, Assuring and Delivering Service Change for Patients (2015), the Pre-Consultation Business Case will be reviewed in the light of the consultation responses. A Decision-Making Business Case will be prepared along with impact assessments in relation to: Quality and Equality; Finance; Travel; Workforce and Estate.

The Decision Making Business Case and impact assessments will also build on work completed pre-consultation as well as reflecting the consultation and other work conducted since. This along with the post consultation report will be a key document for the Governing Body to consider in making a decision.

Other steps prior to decision-making include reviewing advice received in the pre-consultation period following external and internal assurance processes, such as the Clinical Senate. Whilst this advice was provided at the start of the consultation, a range of points were made in relation to decision making and future implementation and these will be taken account of as part of effective decision making preparations.

All reports will be placed in the public domain and that the Governing Body decision will be made in public. The decision will be made no earlier than March 2017. Further details will be published as soon as these are available.

3.2 Integrated Local Care

The ‘Your Future Care’ consultation and decisions in relation to community hospital inpatient beds and the model of care that will deliver comprehensive assessment, a single point of access and rapid response, is one part of a much wider piece of work to establish Integrated Local Care across Devon, Plymouth and Torbay. The Devon Health and Wellbeing Scrutiny Committee New Model of Care workshop held in the latter part of 2016 looked at the new model of care in more depth. As one of seven key work streams in the wider Devon sustainability and Transformation Plan there will also be further work on the

wider Integrated Local Care programme to strengthen place based co-production, planning and delivery and this will be reported to the Committee as the work developed.
The Integrated Local Care workstream will be working with teams and communities across the wider STP footprint to strengthen integration and place based planning and delivery in the medium term by 2020/2021.

3.3 Recommendation

As indicated previously it is recommended that the Devon Health and Wellbeing Scrutiny Committee and Devon People Scrutiny Committee:

Reviews the information supplied in the paper and presentation on 19th January 2017, and the next steps in the process in preparation for decision making, recognising that the date and details will only be confirmed following review of the responses which will inform the development of the Decision Making Business Case and associated impact assessments.

The CCG proposes to report further to the next Devon Health and Wellbeing Scrutiny Committee meeting.

Executive Lead: Laura Nicholas, Director of Strategy, NEW Devon CCG

Your Future Care consultation and engagement summary (For Devon Health and Wellbeing and People Scrutiny Committee Meeting January 2017)

NHS Northern, Eastern and Western Devon Clinical Commissioning Group

10 January 2017

Purpose of this report

This report has been produced to provide assurance and an update on NHS Northern, Eastern and Western Devon Clinical Commissioning Group's (NHS NEW Devon CCG) consultation and engagement process for Your Future Care, undertaken between 7 October 2016 and 6 January 2017.

NB. This report was prepared on 10 January 2017 in order to provide an update – this is not the final consultation and engagement report.

Your Future Care – in numbers

- We have spoken to more than **2000 people** so far via public events, meetings and roadshows
- There have been **16 public consultation events and 27 roadshows** held by the CCG so far, with more to take place between now and the end of the consultation
- The CCG has been in attendance at **15 other events** where we were invited to attend (Council related meetings other community meetings)
- We have carried out **18 pop-ins**, in local communities so far, with more planned
- We have distributed **more than 14,000 consultation documents** and **55,000 summary documents**
- We have distributed **more than 200 copies of the consultation document in alternative formats** – easy read, large print, audio and braille
- We have sent out more than **2500 copies of posters** to public places, community groups and individuals advertising public events and roadshows
- We have issued more than **20 press releases to local media to advertise the consultation itself, public events and roadshows**, as well as paid advertising.
- We have received **16 Freedom of Information requests** and **31 media enquiries** in relation to the consultation
- We've posted **more than 400 Tweets** – a 500% increase on our regular output **#yourfuturecare**
- The regular Your Future Care and Healthy People newsletter is received by more than **4,000 people**

Your Future Care Consultation and Engagement summary 10 January 2017

Following approval by the NHS Northern, Eastern and Western Devon Clinical Commissioning Group (NHS NEW Devon CCG) Governing Body on 28 September 2016, a 13 week period of public consultation into the 'Your Future Care' proposals commenced on 7 October 2016.

Consultation document distribution

14,000 full consultation documents and 55,000 summary consultation documents have been distributed so far to:

- GP practices
- Healthwatch (plus their delivery/engagement partners)
- Acute and community hospitals
- Local healthcare providers
- Libraries
- Leisure centres
- Royal Legion branches
- Pharmacies
- Community representatives
- Memory cafes
- Walk in centres
- Town and district council offices
- Leagues of friends
- MPs
- Overview and Scrutiny Committee
- Parish councils
- Voluntary sector organisations
- Community centres and village halls
- Hairdressers
- Garden centres
- Residential/nursing homes
- Post offices
- Places of worship

More than 1000 of the full consultation documents and summary documents have also been handed out to attendees at public events, roadshows and pop-ins.

We continue to respond to individual requests for documents as they are received by the Consultation Response Unit, and wider distribution to stakeholders continues each week.
The full consultation document, summary document and response form are published on our website here.

We have distributed more than 200 copies of alternative formats of the consultation document - audio, large print, easy read and Braille. These are also published on our website here.

More than 2000 copies of consultation documents were distributed through Devon Libraries Unlimited, who coordinated onward distribution to each of the libraries in Devon. Documents were also sent separately to Plymouth libraries, who are managed through a different organisation.

Parish councils supported the distribution of information out to smaller, more rural areas. Parish council clerks across the whole of Devon were emailed three times throughout the course of the consultation, with information about the launch of the consultation, links to electronic documents and event posters. We also asked town clerks to confirm the best ways to communicate with local people about consultation events in their area – to ensure maximum attendance at all events. We also ensured each town clerk had a good supply of consultation documents and posters, and replenished those when requested.

Healthwatch Devon supported distribution of consultation documents directly to their members and delivery partners.

Approach to events

As part of the consultation plan, an approach to public events was described by the CCG Communications and Engagement team. This described the towns and villages that would be visited, the format of events and the venue requirements that needed to be considered when booking events.

We planned to hold at least four events in each potentially affected community (7 communities in total). These took place in Exeter, Okehampton, Honiton, Seaton, Sidmouth, Exmouth and Tiverton.

In all other communities identified outside Eastern locality, we planned to hold one roadshow as a minimum.

This has been achieved and a full list of meetings planned and events held, with the list of presenters, speakers and facilitators in attendance is available.

An offer was also made to all town councils in the Eastern locality of Devon (The Eastern locality refers to the area of East Devon, Exeter, Mid Devon and parts of

West Devon including Okehampton) for presenters from the CCG to attend town council meetings and provide an update on the Your Future Care consultation. A number of these offers were taken up and attendance is laid out below.

Public events

We have spoken to 804 people at 16 planned public events that have been arranged and held by the CCG. These events have been publicised widely through local media, social media, printed posters, stakeholders and public newsletters.

Our aim was to hear from as many people as possible at these public events. We recognise that not everyone likes to stand up in a crowded room to ask questions or give feedback, so we adopted a format that enables people to hear the proposals from clinicians and what this might mean for their local community; discuss in groups different elements of the proposals; and then ask questions of a panel, which includes senior representatives of the CCG, hospital clinicians, as well as a local GP. This helped ensure that everyone had the opportunity to have their say.

The format of the public events has been 2.5 hour sessions, consisting of an introduction by an independent chair, presentation from a clinician on the new model of care, two short films, facilitated table discussion (with note takers) and Q&A sessions with a panel.

Each public event was filmed and we have received a transcription of the full set of Q&As for each event. Notes from each table discussion are also typed up and available for the final engagement report. These will be published on the CCG website.

Numbers of attendees at each public event are listed below.

Date	Venue	Number of attendees
Monday 07/11/2016	The Knowle, Station Road, Sidmouth, EX10 8HL	77
Monday 07/11/2016	The Knowle, Station Road, Sidmouth, EX10 8HL	80
Tuesday 08/11/2016	Ocean, Queens Drive, Exmouth, Devon, EX8 2AY	74
Thursday 10/11/2016	The Beehive, Dowell Street, Honiton, EX14 1LZ	66
Monday 14/11/2016	New Hall, Barrington Street, Tiverton, EX16 6QP	27
Monday 14/11/2016	New Hall, Barrington Street, Tiverton, EX16 6QP	8
Wednesday 16/11/2016	Charter Hall, Market Street, Okehampton, EX20 1HN	82

Wednesday 16/11/2016	Charter Hall, Market Street, Okehampton, EX20 1HN	66
Friday 18/11/2016	Whipton Community Hall, Pinhoe Road, Exeter, EX4 8AS	50
Monday 21/11/2016	St Lukes Science and Sport College, Harts Lane, Exeter, EX1 3RD	31
Tuesday 22/11/2016	Exmouth Community College, Gipsy Lane, Exmouth, EX8 3PZ	31
Thursday 24/11/2016	The Gateway, Seaton Town Hall, Fore Street, Seaton, EX12 2LD	48
Thursday 24/11/2016	The Gateway, Seaton Town Hall, Fore Street, Seaton, EX12 2LD	16
Tuesday 29/11/2016	The Beehive, Dowell Street, Honiton, EX14 1LZ	51
Tuesday 13/12/2016	Exeter Community Centre, 17 St David's Hill Exeter, EX4 3RG	16
Wednesday 21/12/2016	Markarness Hall, High Street, Honiton, EX14 1PG	81
	Total	**804**

We responded to requests for additional public events where there was demand. After the first series of public events were advertised, we received several requests asking for a meeting to take place in the city centre of Exeter, so the event on 13 December was added in response to this, and we received requests for an evening meeting in Honiton, so the event on 21 December was added in response to this.

Posters for the public events were sent to:

- GP practices
- Councillors
- Hospitals
- Community representatives
- Pharmacies
- Town councils
- Parish councillors
- Leagues of friends
- Leisure centres
- Post offices
- Libraries
- Healthwatch
- Memory cafes
- Venues where events were to be held
- Local media
- Healthwatch

- Through the CCG's Your Future Care and Healthy People newsletters (circulated to 4000+ people)

Paid for adverts (public notices) also advertised these events in the following newspapers:

- Express and Echo
- Okehampton Times
- Tavistock Times
- Exmouth Journal
- Midweek Herald
- Sidmouth Herald

Public event details were sent to all local media (newspapers, TV, radio) with an accompanying press release. These also featured local GP opinion pieces, tailored for each locality.

Roadshows

We have spoken to 354 people at 27 planned roadshows across Northern, Eastern and Western Devon, that have been arranged and held by the CCG. These drop-in events have been publicised widely through local media, social media, printed posters, stakeholders and public newsletters.

The new way of caring for people means fewer community hospital beds are needed and in the Eastern locality of Devon, and the public consultation is looking at where the remaining beds should be located.

We were keen to hear what people across the county, including North Devon and West Devon, think about an integrated model of care, where the various providers of services work together to promote the health and wellbeing of residents.

We were seeking views on this new model of care and hoped as many people as possible would come along to the roadshows where they could drop in for an informal chat and learn more about the proposals.

The purpose of the roadshows was to give members of the public an opportunity to find out more about Your Future Care, talk to staff from the NHS about the proposals and ask any questions, pick up a consultation document and complete a response form.

The roadshows operated as an informal, drop-in session. The aim is for a clinician to be available at each event as well as other members of staff from the Success Regime, CCG or provider organisations.

Events were held at different times, on different days and in many different areas to give people every opportunity to drop-in to a roadshow event near them, at a convenient time. We allowed two hours for each event.

Consultation Documents and Summary Consultation Documents were available for people who drop in to the roadshow and response forms available for attendees to take extra copies home with them for other members of their families to complete.

Posters with details of the roadshow events were sent to:

- GP practices
- Councillors
- Acute and community hospitals
- Local healthcare providers and partner organisations
- Community representatives
- Pharmacies
- Town and district councils
- Parish council clerks
- Leagues of friends
- Leisure centres
- Post offices
- Libraries
- Memory cafes
- Hairdressers
- Community centres and village halls
- Venues where events were to be held
- Local media
- Healthwatch and their delivery partners
- Through the CCG's Your Future Care and Healthy People newsletters (circulated to 4000+ people)

The details have also been advertised on the CCG website and on social media.

Planned paid for advertising of the full list of roadshow events also took place in the 26 November edition of the Western Morning News. The readership for this is 114,000.

A roadshow briefing document for staff was developed and shared with staff attendees at each of the roadshow events so that the format, expectation and resources are clearly defined.

Several press releases were sent out to local media over a number of weeks to ensure wide coverage of the roadshow events in local areas.

Numbers of attendees at each roadshow are listed below:

Date	Venue	Number of attendees
Monday 28/11/2016	The Plough Arts Centre - The Meeting Room, 9 - 11 Fore Street, Great Torrington EX38 8HQ	40
Monday 28/11/2016	New Hall, Barrington Street, Tiverton, EX16 6QP	0
Tuesday 29/11/2016	The Kings School, Cadhay Lane, Ottery St Mary, Devon, EX11 1RA	10
Wednesday 30/11/2016	The Watermark, Erme Court, Leonards Road, Ivybridge, PL21 0SZ	3
Thursday 01/12/2016	Yelverton War Memorial Hall, Meavy Lane, Yelverton, PL20 6AL	3
Friday 02/12/2016	Jubilee Hall, 2 Gregory's Ct, Chagford, TQ13 8DP	6
Friday 02/12/2016	Moretonhampstead Sports Hall, North Bovey Road, Moretonhampstead, Newton Abbot, TQ13 8NZ	3
Monday 05/12/2016	The Windmill Function Rooms, Thurlstone Walk, Plymouth, PL6 8QB	1
Thursday 08/12/2016	Caddsdown Business Support Centre, Caddsdown Industrial Park, Bideford EX39 3DX	21
Thursday 08/12/2016	The Barnstaple Guildhall, Butchers Row, Barnstaple, EX31 1BW	25
Monday 12/12/2016	Devonport Guildhall, Ker Street, Plymouth, Devon, PL1 4EL	1
Monday 12/12/2016	Plymouth Guildhall, Plymouth, PL1 2AA	2
Tuesday 13/12/2016	The Town Hall, Bedford Square, Tavistock, Devon, PL19 0AE	17
Wednesday 14/12/2016	Ilfracombe Landmark Theatre, Pavilion, Seafront, Wilder Road, Ilfracombe, EX34 9BZ	55
Wednesday 14/12/2016	South Molton Methodist Church Hall, North Street, South Molton, Devon, EX36 3AL	15
Thursday 15/12/2016	Charter Hall, Market Street, Okehampton, Devon, EX20 1HN	17
Friday 16/12/2016	Seaton Gateway Theatre Company, The Gateway, Seaton Town Hall, Fore Street, Seaton, EX12 2LD	9
Friday 16/12/2016	Kennaway House - Hatton Wood meeting room, Sidmouth, Devon, EX10 8NG	25
Monday 19/12/2016	All Saints Church Hall, Exeter Road, Exmouth, EX8 1RZ	13

Monday 19/12/2016	Cullompton Community Centre - Hillersdon Hall, Pye Corner, Devon, EX15 1JX	9
Tuesday 20/12/2016	Alphington Village Hall, Ide Lane, Exeter, EX2 8UP	7
Tuesday 20/12/2016	Boniface Centre, Church Lane, Crediton, EX17 2AH	15
Wednesday 21/12/2016	Woodbury Village Hall, Flower Street, Woodbury, Exeter, EX5 1LX	1
Wednesday 21/12/2016	Town Hall, Station Road, Budleigh Salterton, Devon, EX9 6RJ	6
Thursday 22/12/2016	Holsworthy Memorial Hall, North Road, EX22 6DJ	36
Thursday 22/12/2016	The Beehive, Dowell Street, Honiton, EX14 1LZ	4
Friday 23/12/2016	Axminster Guildhall, West Street, Axminster, EX13 5NX	10
	Total:	**354**

Pop Ins

Not everyone is online and not everyone wants to attend events or go to a drop in, so the CCG has also organised some 'Pop Ins'. Pop ins describe an activity where members of staff go out to specific locations and speak to people about the consultation, share information materials and encourage them to respond or attend events. Pop ins can be carried out on an individual basis or through staff meeting with local groups and speaking to their members directly.

Pop ins commenced in October and will continue through to the end of the consultation period.

We have spoken to 251 people at18 individual pop-ins, in varying locations.

Date	**Location**	**Members of the public**
Tuesday 27/10/2016	St.Sidwell Street Community Centre	17
Wednesday 28/10/2016	Exmouth Pharmacy	2
Wednesday 28/10/2016	Exmouth GP clinic	2
Wednesday 28/10/2016	Exmouth Hospital	14
Wednesday 28/10/2016	Exmouth Leisure Centre	25

Wednesday 28/10/2016	Ivybridge Watermark	7
Wednesday 28/10/2016	Plymouth Guild	5
Wednesday 28/10/2016	Tavistock Hospital	12
Monday 31/10/2016	Honiton Hospital	4
Monday 31/10/2016	Honiton GPs	2
Monday 31/10/2016	Tiverton Hospital	3
Wednesday 02/11/2016	Residents of Seaton	33
Wednesday 02/11/2016	Residents of Sidmouth	67
Monday 19/12/2016	Dunkeswell	0
Wednesday 21/12/2016	The Broadway, Plymstock	34
Thursday 22/12/2016	Kingsbridge - Bus Station	17
Tuesday 03/01/2017	Plymouth - Derriford	0
Tuesday 03/01/2017	Princetown	7
	Total:	**251**

These involved the CCG's Community Relations Manager talking to local people about the consultation, answering questions and handing out copies of the consultation document.

Council and other community meetings

We have attended 15 town council meetings and meetings organised by other local community groups and spoken to 793 people through this method.

We contacted individual town councils to offer speakers and presenters to attend their planned meetings in the Eastern locality. All requests were responded to and the CCG provided speakers to attend each requested town council meeting.

We also compiled a list of requests for other local community meetings where the CCG has been asked to attend.

Other meetings the CCG was invited to and attended were:

Date	Group	Venue	Number of attendees
Friday 04/11/2016	Citizens Advice Bureau Devon	Exeter Civic Centre (City Council HQ) Paris Street - Yaraslov Room, Exeter, EX1 1JN (Entrance in Paris Street)	16
Friday 04/11/2016	Seaton representatives	Seaton Gateway Theatre, Seaton Town Hall, Fore Street, Seaton, Devon, EX12 2LD	250
Friday 04/11/2016	Honiton Senior Voice	Mackarness Hall, High Street, Honiton, Devon, EX14 1PG	150
Monday 07/11/2016	Exmouth Town Council	Holy Trinity Church, Exmouth, EX8 2AB	27
Friday 11/11/2016	Okehampton Town Council	Charter Hall, Market Street, Okehampton, EX20 1HN	120
Thursday 17/11/2016	Okehampton Parish Council	Eastern Link, Endecott House, High St, Chagford TQ13 8AJ.	10
Thursday 24/11/2016	Okehampton Parish Council	Northern Link, Monkokehampton Village Hall, Church Lane, Monkokehampton, Winkleigh, EX19 8SF	18
Thursday 24/11/2016	East Devon District Council scrutiny committee	Council Offices, Sidmouth, Devon EX10 8HL	30
Thursday 24/11/2016	Town Council meeting	Cullompton Town Council, Town Hall, 1 High Street, Cullompton, EX15 1AB	15
Tuesday 29/11/2016	Town Council meeting	Braunton Parish Hall, Chaloners Road, Braunton, Devon, EX33 2ES	50
Monday 05/12/2016	Town Council meeting	Sidmouth Town Council, Woolcombe House, Woolcombe Lane, Sidmouth, EX10 9BB	31
Monday 05/12/2016	Town Council meeting	The Council Offices, 8 Broad Street, OTTERY ST MARY, EX11 1BZ	21
Tuesday 06/12/2016	Town Council meeting	Guildhall, West Street, Axminster, EX13 5NX	19
Tuesday 13/12/2016	Joint Engagement Board	Wonford Community Centre, Burnthouse Lane, Exeter EX2 6NF	21
Tuesday 13/12/2016	Woodbury, Exmouth, Budleigh (WEB)	Brixington Community Church, Churchill Road, Exmouth, Devon, EX8 4JJ	15

Your future care

	Reference Group		
		Total:	**793**

The CCG did have to provide apologies for one meeting request received during the consultation process due to the late notice of the invite.

Petitions

Petitions have been received by local communities during the consultation process. These have been noted by the CCG's Governing Body and the details will be provided in the full consultation and engagement report.

Engagement with hard to reach groups

Focused engagement with hard to reach groups and those who fall under protected characteristics categories, is being addressed through a separate process, in association with Healthwatch Devon and their delivery partners:

- Devon Link Up (learning disability)
- Living Options Devon (physical and sensory disability)
- Be Involved Devon (mental health)
- Hikmat (black, Asian, minority ethnic)
- Devon Senior Voice (55+)
- Devon Carers Voice (carers)

Factsheets

We have produced local factsheets for each affected community and these provide an 'at a glance' view of what's currently provided at each community hospital, and what is potentially affected as part of the consultation. You can find these here.

Factsheets are available for:

- Exeter (Whipton) Community Hospital
- Exmouth Community Hospital
- Honiton Community Hospital
- Okehampton Community Hospital
- Seaton Community Hospital
- Sidmouth Community Hospital
- Tiverton Community Hospital
- Ottery St Mary Community Hospital
- Axminster Community Hospital
- Moretonhampstead Community Hospital
- Crediton Community Hospital
- County-wide

An additional county-wide factsheet was produced for the wider North, East and West Devon area for use at roadshows across the county.

Post-consultation report

A full report will be prepared and published on the NHS Northern, Eastern and Western Devon Clinical Commissioning Group website in due course. This will include lessons learned from the consultation process as well as the responses to the content of the consultation.

Appendix 2 – Healthwatch Devon interim observation

healthwatch Devon

Nick Pearson
Head of Communications and Corporate Affairs
Communications and Community Relations
Northern, Eastern and Western Devon Clinical Commissioning Group
Newcourt House
Newcourt Drive
Old Rydon Lane
Exeter
EX2 7JQ

29th November 2016

Dear Nick,

Your Future Care consultation, Easter Locality: Interim Observations

I am writing to offer interim observations on the Your Future Care consultation, and in particular the public meetings. We have attended all meetings to date, as facilitators and note takers, and the enclosed notes cover the main issues that we have observed.

As the independent consumer champion for health and social care in Devon, we have taken a close interest in the YFC consultation. We have welcomed the opportunity to be involved in the meetings – not only to help people have their say, but also to be able to observe and comment on the process that is being followed.

Please note that none of the following constitutes a legal opinion on the planning or delivery of the consultation process. Additionally, where we are reporting the views expressed by members of the public, we are not endorsing those views, nor commenting on whether they are factually correct. Our aim is simply to put on the record our notes – as an independent and neutral body – on what we have seen and heard in the public meetings to date.

These interim notes will be followed, in January 2017, by a fuller observation of the consultation, once it is complete.

We are happy to meet at any time to discuss these interim notes, if you wish.

Yours sincerely,

Miles Sibley
Executive Director

Your Future Care Eastern Locality consultation, October/November 2016
Interim observations from Healthwatch Devon
30.11.16

These notes are based on attendance as note takers and facilitators at the following meetings:

07/11/2016	Sidmouth
07/11/2016	Sidmouth
08/11/2016	Exmouth
10/11/2016	Honiton
14/11/2016	Tiverton
14/11/2016	Tiverton
16/11/2016	Okehampton
16/11/2016	Okehampton
18/11/2016	Whipton, Exeter
21/11/2016	Whipton, Exeter
22/11/2016	Exmouth
24/11/2016	Seaton
24/11/2016	Seaton
29/11/2016	Honiton

None of the following constitutes a legal opinion on the planning or delivery of the consultation process. Where we are reporting the views expressed by members of the public, we are not necessarily endorsing those views, nor verifying their factual accuracy.

Our main observations were as follows:

1. Attendance

Most meetings were very well attended, with all available seating taken. One or two (notably Tiverton, Seaton and the lunchtime Honiton event) were less well attended. It is unlikely that lower attendances resulted from poorer publicity, as our understanding is that the meetings were widely and consistently advertised for all locations.

Audiences at all meetings were mainly composed of older people. This may have been because people in retirement are more able to attend day time meetings, although evening meetings seemed to attract a similar audience. We are aware that more targeted engagement is running concurrently, to hear from people who may not have been able to attend the public meetings.

Some people attended more than one meeting. It was clear that people who wanted to participate more than once were able to do so.

2. Process

Most of the meetings were independently chaired by Bob Spencer who, as we understand it, has an appropriate background and experience for the role. Our observation was that he ensured that people were able to have their say in an orderly manner, and ensured that all relevant questions were answered by the panel.

Local organisations independent of the CCG were invited to provide note-takers and facilitators for the table discussions. We chose to take up this offer, as did Citizens' Advice. We are not aware of other organisations being involved in this way.

The meeting structure was consistent for most meetings, working from background and information-giving, through table discussions to question and answer. On a couple of occasions (Whipton, 18th November, and Exmouth), the normal running order was changed somewhat in the face of objections from the audience. However, the main components of the meeting (information, discussion, Q&A) were still covered.

Generally speaking, the chair encouraged a focus on the CCG's questions indicated on a large sheet on participants' tables. However, he sometimes asked those who attended to formulate whatever questions they wished to put to the panel.

3. Issues raised

Different issues were raised by members of the public at different meetings – often influenced by very local considerations, or by the detail of the "Four Options" presented by the CCG. At the same time, there were issues that we heard expressed repeatedly across all meetings. These included the following:

- Workforce. There were concerns that neither current hospital staff who might be asked to work in the community, nor the social care workforce were ready for the proposed changes, with insufficient capacity and skills. People commented on the fact that care workers are not well treated in comparison with NHS staff, citing zero hours contracts, minimum/living wage, inadequate training and lack of payment for travel costs between visits. There were concerns that hospital beds would be closed before community services were properly staffed.

- Roles and responsibilities. People commented that the dividing line between health services and social care services was not clear. There was talk of "hand-offs" between providers, with patients falling through the gaps. The fact that NHS services are free, while in many cases care services have to be paid for, was seen as confusing, leaving people unclear as to what they could reasonably expect.

- Role of local authority. It was commonly noted that the County Council appeared to be absent from the meetings, with no representation on the panel. People questioned the local authority's commitment to integration of services.

- Closure of beds vs closure of hospitals. Some people seemed not to understand that reducing the number of beds did not mean that hospitals would be closed. Others did understand this, but feared that bed closures were the thin end of the wedge, and would

lead to hospital closures at some future point. Whilst the presentation consistently made the point about relative over-provision of community hospital beds in the eastern locality compared with the other parts of the NEW Devon CCG area, the issue of equity tended not to be addressed by those attending. Similarly, the wider point from the "Case for Change" video that there is a 10% differential in resources spent in the western locality tended not to be discussed.

- NHS funding. It was not unusual to hear people saying that the NHS was not overspending – it was simply underfunded. The independent Chair (or sometimes Angela Pedder or another panel member) often had to make the point that NHS funding was a political matter, outside the scope of the consultation, and beyond the control of the CCG.

- Option A. Some people objected to the CCG's preference for Option A, believing that this openly stated preference would unduly influence members of the public, or would mean that the CCG's mind was closed to other options. We heard the independent Chair, and panel members, say that all options were up for consideration, and that other options were invited. But some audience members seemed unconvinced.

- Information. There were differences of opinion about the amount of information offered by the CCG. In every meeting, the tables were covered in consultation documents, locally tailored information, etc. Some people thought there was too much information, and felt that money was being wasted on unnecessary and expensive printing. Others thought that the level of detail showed that plans – and decisions - had already been made. Still others complained that there was not enough information, and asked to see detailed financial projections, and copies of the business case.

4. Conclusion

The CCG will draw its own findings from the feedback it has had from public meetings, and other feedback routes. Our interim notes, above, are offered as a record of observations from an independent participant in the public meetings. We will produce a more detailed set of observations in January, shortly after the consultation closes.

Driving quality, delivering value, improving your services

NHS
South Devon and Torbay Clinical Commissioning Group

Report to Devon Health and Wellbeing Scrutiny Committee

19 January 2017

Community Services Reconfiguration

1 Purpose

Since reporting to Scrutiny in September, the 12 week formal consultation has been completed, a report by the South West Clinical Senate supportive of the proposed model of care has been published and a feedback report independently produced by Healthwatch has been published.

By the time Scrutiny meets on 19 January, recommendations in the light of the public feedback will be being finalised for consideration by the CCG's Governing Body at a meeting in public on 26 January.

This paper briefly reports on the consultation and sets out the actions taking place this month to ensure that the best outcome is achieved and that a clinically sound, sustainable and affordable model of care is approved for the delivery of community services.

The CCG would like to place on record its thanks to Healthwatch staff and volunteers for their contribution to the consultation process, for the speed in which Healthwatch produced its consultation report and to all those who participated in the consultation.

2 Recommendation

The Scrutiny Committee is asked to note this report.

3 Context

To recap, the consultation took place in the context of the current NHS provision in the area being unsustainable, unable to cope with rising demand for services and not affordable. The CCG was clear to Scrutiny and to the public both before and during consultation that maintaining the status quo was neither sustainable nor clinically sound.

During the consultation, the CCG sought views on its proposal to switch spend from bed based to community based care, reducing the number of community hospital beds to the level evidence suggests is needed and enabling investment in prevention and in the local services which most people use.

Under the CCG consultation proposals, minor injuries units would be concentrated in three locations, operating consistent hours and with x-ray diagnostics so that they would provide a viable alternative to A&E. Appendix 1 for ease of reference shows the spread of services across South Devon and Torbay should the consultation proposals be approved and implemented.

In addition to seeking public views on the CCG proposals, the public were invited to submit alternative proposals which met clinical needs, were sustainable and affordable.

4 Consultation

Our goal was to get people involved from across the CCG area, to set out the reasons for our proposals, to explain why the status quo was not a sustainable option, to answer questions, respond to challenges raised and to listen to views and comments. We wanted to encourage people to use their local knowledge to come up with ways of improving our proposals and to offer alternative ideas for how we might change services for the better and to meet the growing future needs. We stressed the importance of any solution being clinically sound, affordable and sustainable.

We promoted the consultation widely, using a variety of methods designed to reach different parts of our communities and to give everyone who wished to comment on our proposals the opportunity to do so. Set out below is a summary of the core activity:

- About 14,000 consultation documents were distributed, and versions were available in easy read and large print format. Some 2,000 posters promoting the consultation and public meetings were displayed.
- 23 public meetings were held and we attended more than 60 other meetings with community based groups and staff.
- Information was sent to more than 300 groups, many of which shared it with their member organisations. Healthwatch Devon and Healthwatch Torbay also promoted the consultation and shared documentation via their websites and publications whilst Torbay and South Devon NHS Foundation Trust and Devon Partnership Trust sent information to their members.
- More than 1,700 people attended the public meetings and Healthwatch was able to record views expressed in our round table discussions as well as issues raised in the question and answer sessions.
- Nine advertisements were placed in the Brixham Times, Dartmouth Chronicle, Herald Express, Mid Devon Advertiser (all six area editions), and the Totnes Times.
- Facebook advertising reached 35,000 people, more than 1,000 of whom accessed the website or online questionnaire.
- Throughout the consultation, we used twitter to report on public meetings, share information and respond to questions and the number of people reached more than doubled during the consultation period, reaching more than 100,000.
- Information was shared via the Torbay and South Devon NHS Foundation Trust web, Facebook and twitter feeds.
- The consultation pages on the CCG website received more than 8,000 hits from unique users during the consultation period.

- Presentations were made to Trust and CCG staff; to Devon, Torbay, South Hams and Teignbridge scrutiny committees.
- Some 1,400 feedback questionnaires were completed.
- More than 700 people signed up to receive the weekly stakeholder update which ran throughout the consultation.
- Throughout the consultation, and since the core proposals were published in April, different aspects have been covered by BBC Spotlight, Radio Devon and local newspapers, as well as by community based newsletters, publications and websites.

To help increase understanding, a range of support documents were published on our website and made available at public meetings and on request. Short videos were also hosted on the website illustrating different aspects of services under the new model and a range of FAQs were published. We added Browsealoud to our website which facilitates access and participation for people with Dyslexia, Low Literacy, English as a Second Language, and those with mild visual impairments by providing speech, reading, and translation. Large print and easy read versions of the core documentation were also produced.

The promotional activity highlighted above targeted different groups across the area. Specifically, we directly approached a large number of groups based on our Equality Impact Assessment (EIA) to ask them to highlight the consultation to their members and to help us share consultation material. We also held sessions for young people, talked to people while they travelled on Newton Abbot community transport and attended sessions aimed at hard to reach groups.

Initial meetings in Paignton and one in Ashburton were oversubscribed and additional meetings were organised as a result. The consultation feedback questionnaire received some criticism as some people did not like the way it sought views on the CCG's specific proposals, while providing opportunities for people to respond with alternative proposals/comments in their own words.

5 South West Clinical Senate

The clinical basis for the proposals put forward by the CCG for consultation was supported by the independent South West Clinical Senate. Its report stated: "The Senate agreed that it endorses the model of care proposed by South Devon and Torbay CCG and concurs that the current historic model is not in keeping with the needs of today's population."

Following a Senate panel review of the evidence, questioning of CCG and Trust staff and consideration of the proposals it concluded that "the proposed model is in line with the policy direction set out by the Five Year Forward View" and that "the proposals are well thought through" and represent a "progressive model". The Senate report, which is available on the CCG website (here) states: "The proposals are underpinned by as much evidence as there is in this area and the direction of travel is clear with the case for change well illustrated. Overall the panel agreed that they support the proposals and believe they will deliver real benefit to patients. The panel expressed confidence in the overall model and the work already begun to invest in community services."

The Clinical Senate brings together professionals to take an overview of health and healthcare for local populations and provide a source of strategic, independent advice and leadership on how services should be designed to provide the best overall care and outcomes for patients.

The report notes that “the model is very similar to community transformation elsewhere in the country but South Devon and Torbay CCG are much further ahead than other CCGs as their acute and community integration structure is already more advanced”. The clinical review panel also outlined some recommendations around documentation, primary care engagement, and project management moving forward. In its recommendations, the panel report notes risks around recruitment and pressure on primary care and suggest that “overall confidence would be strengthened by more succinct detail outlining the model of care in terms of workforce, recruitment, time line, activity and demand for different services, interdependencies, location of services etc”.

6 Feedback Report

Healthwatch published its independent report on the consultation on 6 January, entitled The People’s Voice. It is attached as appendix 2. It provides an overview of common themes, comments and criticisms, as well as listing a range of suggestions made by the public.

The Report provides facts and figures on participation, details of the organisations and groups which responded and petitions submitted. It highlights the small proportion of the population which participated by attending public meetings or completing the feedback questionnaire; criticism of the process by some people; the complexity of the proposals; and the often expressed view that the consultation was not genuine.

The Report summarises the main feedback, graphically and in text, indicating the issues most important to local communities. Twenty common themes discussed in the consultation are set out in the Report, including community hospitals, minor injuries units, transport and travel, care home provision, mental health and the role of voluntary groups. The Report highlights public concerns over the closure of community hospitals, the impact on employment in local communities and the problems of travel which would be faced by people who do not have access to private transport, especially those based in more rural areas. The increased pressure on services caused by holidaymakers, the social isolation of elderly people, and the potential negative impact on Torbay Hospital are highlighted.

Responses to the consultation questionnaire are summarised, indicating that there was continued support for what people had told the CCG in 2013 they wanted from health services; that the need for the NHS to change was recognised; that services should be designed to keep people out of hospital; and that people should be supported to be independent for as long as possible. There was also support for prioritising limited resources on keeping people well and supporting people at home.

The majority of people who responded to the consultation wanted community hospitals to remain open. Many people who supported increasing community based care also wanted to retain community hospital beds.

7 Alternative proposals put forward by the public

Over seven pages, Healthwatch summarises alternative proposals and suggestions made by the public in a verbatim manner. They fall into two broad categories – a limited number are alternative proposals which would change the proposed model of care put forward in the consultation by the CCG and a far greater number are suggestions which would need to be considered if decisions are made to implement the changes as proposed in the consultation and model of care.

Those alternative proposals which would change the model of care are listed for ease of reference below:

- Use existing community hospital buildings as that area's health and wellbeing centre.
- Use community hospitals for rehabilitation/intermediate care beds/end of life care.
- Keep the community hospitals as they are or even expand them by increasing the number of available beds (e.g. 16 beds in Ashburton) or services on offer (e.g. Radiology).
- Combine Brixham and Paignton MIUs to deliver one MIU in the Bay.
- Increase number of beds at Totnes to 24 with three nurses
- Close Totnes MIU and have it at Paignton instead
- Have radiology in the Bay (in either Paignton or Brixham)
- Build a new hospital in Paignton
- Have outpatients in Paignton and beds in Brixham.
- Include an MIU within Brixham Hospital.
- Use St Kilda's land in Brixham to build a new care home/intermediate care facility.
- Brixham surgeries to work together to provide a minor injuries service from Brixham Hospital
- People of Dartmouth and its surrounds, be given the opportunity to at least offer to make a contribution (financial not compulsory) towards keeping Dartmouth hospital open and re-opening the minor injuries department.
- Build a new hospital on the ring road. Clinical Hub + HWB centre + MIU at Yalberton/White Rock. A new build that could serve all of Torbay.
- Include a smaller MIU in local chemists and supermarkets.
- Establish the clinical hub in Paignton and not Brixham.
- Keep Paignton Hospital and use as health and wellbeing centre/MIU/walk-in centre for GPs/ to provide children with care during a mental health crisis a safe local place (leaving local police cells to be used for their main purpose).
- Chudleigh to have a health and wellbeing centre.
- Do not have health and wellbeing centres but instead base a health and wellbeing team across GP practices integrated with the primary care teams.
- The NHS should itself provide services such as care homes and domiciliary care.
- Have a mobile clinic – like a mobile library.

8 Evaluation of alternative proposals

To ensure transparency in evaluating these alternative proposals which would change the way the model of care was implemented and to capture different perspectives, an evaluation

meeting was scheduled to be held on 11 January and to which the CCG invited a representative from Torbay Council and Devon County Council; both Torbay and Devon scrutiny committees; the voluntary sector (Teignbridge CVS, South Hams CVS and Torbay Community Development Trust); the League of Friends from each community hospital and both Torbay and Devon Healthwatch. In addition, GP locality clinical leads, representatives from the CCG locality patient representative group, Torbay and South Devon NHS Foundation Trust Governors and representatives of its Executive and staff have were also invited.

The criteria against which the alternative proposals will be judged are:

Sustainable: this includes ensuring the model is able to:

- Meet the needs of the whole population across South Devon and Torbay – need to consider the whole health system and promote equitable access.
- Meet the needs of increased numbers of older people – ensure that services can be delivered to a higher number of people than currently.
- Support a growing number of people with co-morbidities and complex illnesses – ensure that services can be delivered to a higher number of people than currently.
- Meet the needs of the population through a more proactive approach with emphasis on prevention, education and self-care and reducing demand in the future. Need to consider if this is supporting self-care and reducing dependency on the NHS
- Meet the needs of the population through increased multi-agency / joined up working – needs to be system wide and enable teams/agencies to work together.
- Meet the diverse needs of local people – need to consider impact on different groups within our population and ensure equitable access.
- Meet national and local policy and legal requirements e.g. Five Year Forward View, local strategies based on national good practice
- Make sure that we can continue to deliver in the future – need to consider workforce, the ability to recruit and retain staff, and ensuring the the workforce is large and flexible enough to deliver a resilient service.

Providing quality/clinically sound care including

- Ensuring a safe service
  - Recruiting and retaining staff - need to be able to ensure a resilient workforce so that can provide safe service
  - Meeting minimum numbers for MIU usage – 7,000 contact per year
  - Meeting minimum standards for nurse led bed based care i.e. min 16 beds
  - Meeting building regulations/other legal requirements – ensuring buildings are fit for purpose
- Providing a good patient experience – consider travel time, number of repeat contacts required, experience of the service, staff experience
- Delivering a clinically effective service with good clinical outcomes
- Supporting care closer to home
- Improving access to health and care services – need to consider Equality Act and health inequalities

Being financially affordable and deliverable: this includes making sure we can deliver in a timely fashion (within 12 months – definitely, within 24 months partly, over 24 months – not).

9 Timetable for decision

Following the evaluation meeting we envisage that further work may need to be undertaken into those alternative proposals identified as meeting the criteria so that the CCG's Community Services Transformation Group will be able to make recommendations for consideration by the CCG's Governing Body on 26 January. The CCG's consultation proposals will also need to be reviewed in the light of the public feedback.

Papers for that meeting, which will include recommendations on the reconfiguration of community services will be published on the afternoon of Friday 20 January. The papers will also set out the parameters that will need to be met before any changes to the current provision of services can be made.

Publication will coincide with face to face briefings to Trust staff and to key stakeholders. A written stakeholder briefing summarising and explaining the rational for the recommendations will also be distributed on the 20 January.

Self-evidently, this timetable is tight but with the proposals being in the public domain since April 2016, the Governing Body is keen to remove uncertainty and enable effective planning for the reconfigured services.

The CCG regrets that it has been unable to align its timetable to enable publication of the recommendations being made to its Governing Body to be published in time for Scrutiny Committee to discuss these at its meeting on 19 January.

10 Conclusion

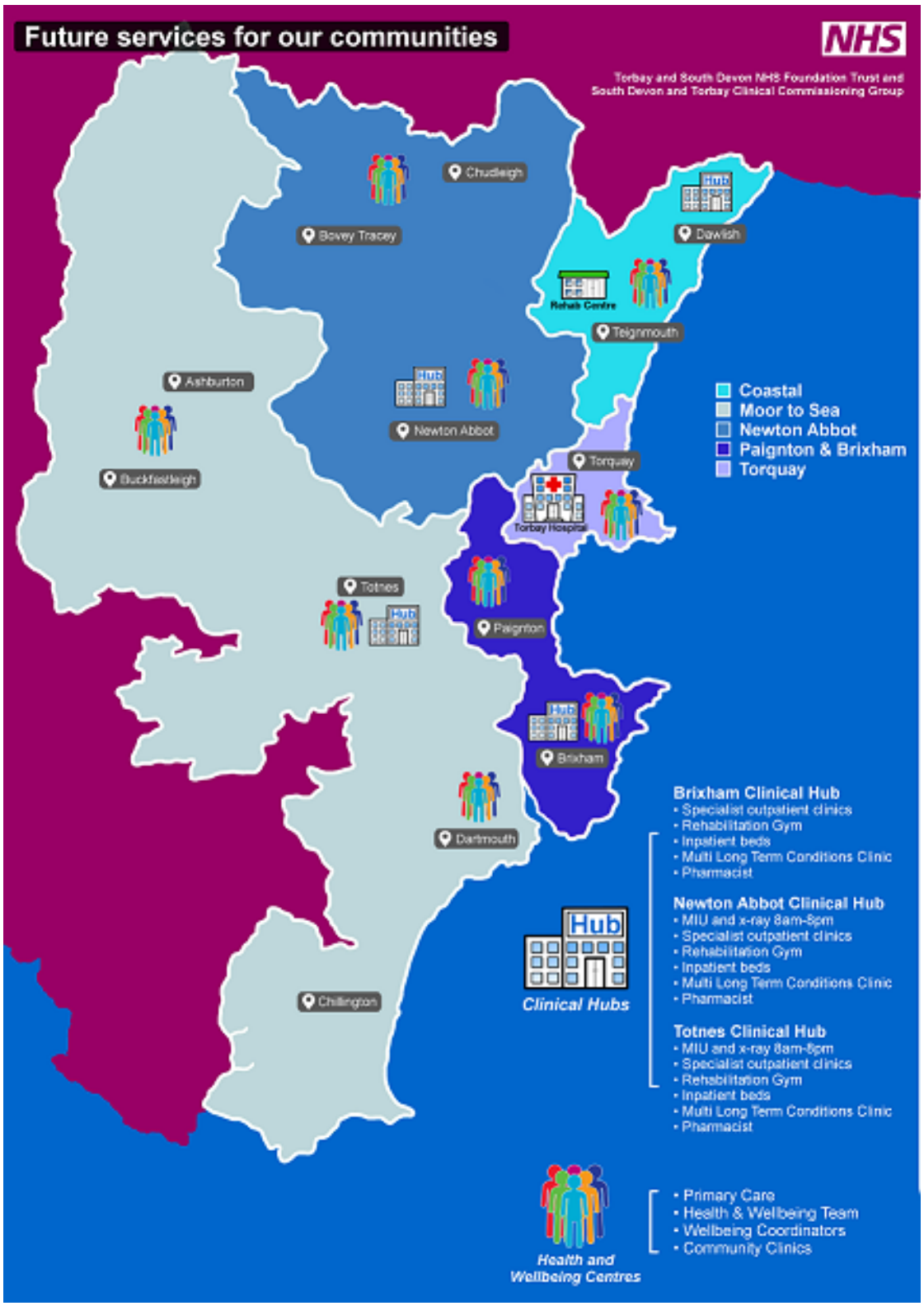
Notwithstanding views expressed in the consultation, the CCG continues to be faced with difficult choices in determining how best to reconfigure services to meet current and future clinical need in a way that is both sustainable and affordable.

While public opinion is generally hostile to closing community hospitals, it is also supportive of more resources being allocated to prevention, to reducing unnecessary hospital stays and to supporting people to remain independent within their local communities.

While significant numbers argued that more money should be spent on health and social care services, the CCG must operate within the budgetary allocation it is given and decisions made by Governing Body will need to be deliverable within this financial envelop.

Ray Chalmers
Head of Communications and Strategic Engagement
10 January 2017

11 Appendix 1 Map showing future services if proposals approved



12 Appendix 2 Healthwatch Report – The People's Voice

healthwatch Torbay

The People's Voice

On the South Devon & Torbay Consultation

***Into The Future** - Re-shaping Community-based Health Services*

A report to the South Devon & Torbay Clinical Commissioning Group Governing Body

December 2016

Contents

Foreword

Healthwatch Torbay is part of a national network of local Healthwatch. We provide unique insight into people's experiences of health and social care issues across the country; we are the eyes and ears on the ground.

We listen to public feedback on the care they receive from local health/social care services like hospitals, GP surgeries, dentists, pharmacies, opticians, mental health support services and care homes. Together with Healthwatch Devon we tell Healthwatch England, Torbay and South Devon commissioners, and providers what matters to local people and communities.

South Devon and Torbay Clinical Commissioning Group developed a consultation process regarding re-shaping Community-based Health Services and then asked us to use our skills and expertise to give focus to the voice of the public. Volunteers are an important part of how we work and for this consultation they gave their time, in the evenings and often in unfamiliar locations, to listen to and make notes on the interchange of views. Initially, the consultation content was as unfamiliar to them as it was to the public. Over the 12 weeks they were able to develop the rich picture which is presented in this report.

To the public, Into the Future is a complex remodelling of long-standing ways of working. It is only part of the whole system which comprises our National Health and Social Care Service but it touches everyone. While perhaps the public are less aware of the complexities of the system, their experience counts, as our report makes clear.

Healthwatch has a vital purpose – to ensure that the voices of people who use services are listened to and responded to. Whilst we cannot make organisations act on our advice, they must respond in writing and on the public record to justify their decision. The People's Voice gives the public their say in these decisions.

Dr Kevin Dixon, Chair of Healthwatch Torbay

Pat Harris, CEO of Healthwatch Torbay

Introduction

The New Model of Community Care consultation is the latest of a series of engagement events which began in 2013. The approach agreed is driven by the national strategy to transform health and social care by bringing it "Closer to Home". It is anticipated that this will bring:

- Better patient experience
- Better population health
- More efficient use of resources

Closer to Home is expressed as:

- reducing the length of stay in hospital by improving community services and home-based support
- refocussing provision around primary care supported by multidisciplinary teams working within each locality
- reducing the fragmentation of existing services
- encouraging people to be part of the community and to promote healthy lifestyles
- supporting people with long-term and multiple conditions to retain their well-being for as long as possible

Additionally, Torbay and South Devon are part of the national Vanguard programme for the review of Urgent and Emergency Care. This review aims to develop a national framework to build a safe, more efficient system, 24 hours a day, seven days a week. In Torbay and South Devon this is a further incentive to revisit and improve the way urgent care and minor injuries care are offered within the acute hospital, primary and community care.

The South Devon and Torbay Clinical Commissioning Group (CCG) is working with Torbay and South Devon NHS Foundation Trust (ICO) and other potential providers - including the voluntary sector - to translate these initiatives into an integrated reality. Understanding public experience and expectations, and then adapting the model to address them, are essential to its success.

The CCG developed a consultation process to achieve this. Consultation events were used to explain the proposed outline operation of the model and their intention was to promote a genuine and transparent dialogue with the public. Local independent health & social care consumer champion Healthwatch was asked to collect and collate the public's opinions, experiences, expertise and suggestions at all consultation events and from the consultation questionnaire. Alternative models and suggestions were documented and have been shared with the transformation team for evaluation. All final decisions will be made by the Governing Body of the CCG, who will bear full responsibility for their decisions.

The CCG produced an extensive public consultation document describing the new proposals. It detailed a new model of care where hospital beds are available when needed, and where people are only admitted if they cannot be cared for safely at home or in their local community. The document explains how the CCG would invest in services to keep people out of hospital unless it is medically necessary for them to be there, make sure they don't

stay a day longer than is right for them, and deliver more care in or closer to people's homes. It also focuses on doing more to stop people getting ill, supporting them to make the best choices to be as healthy as possible, and working in partnership with people with complex needs to become 'experts by experience'. The model makes it clear that financial stability and affordability is an imperative, and that leaving the system unchanged is not an option. (This document can be accessed via www.southdevonandtorbayccg.nhs.uk) Further details on how the consultation document was distributed are in section 4 of the Appendix (p 41).

The 12 week CCG consultation was open to all members of the public in Torbay and South Devon. This included local government and parliamentary elected members, health and social care staff, including primary care, volunteer groups, Leagues of Friends, patient participation groups, family carers and hard-to-reach groups. It was the intention that no sector of the population should be excluded. The consultation took the form of open meetings with presentations, then CCG-facilitated small group work, followed by questions to a panel of experts. Invitations were invited for presentations to be given to community groups. Involvement was extended by using promoted marketing material, social media and even talking to bus passengers on local bus routes. Schools and colleges used assemblies, student bodies and citizen participation lessons. Participants were encouraged to complete an online questionnaire or post a completed paper version. Letters, emails and telephone calls were accepted equally. A substantial online and paper version of frequently asked questions was developed as the 12 week consultation progressed.

Observations and reflections on the consultation process

Of the population of Torbay and South Devon, fewer than 1 person in 200 of school age and older completed the questionnaire and attended the open meetings. Three quarters of these were in the 55 years and above age groups. It was noted that some open meeting delegates attended events a number of times as was also the case (suggested by the style of responses), for the questionnaire. The questionnaire itself had adverse comment about its construction from some delegates and correspondence, citing 'loaded', 'leading' questions that were 'difficult to disagree with' or indeed to understand effectively.

Petitions against the proposed closure of some community hospitals with their existing minor injuries unit polarised the discussion, prompting media attention. The resulting high attendance at public meetings in these localities generated powerful opinions on this single topic. Comments in round table discussion suggested that delegates had not known of the wider issues but genuinely tried to understand the new model, with some supporting the proposal for change. The CCG facilitators were tasked to be impartial and not to sanitise questions put to the panel of experts on behalf of the public. The independent moderator encouraged follow up questions, especially where delegates wanted to state these for themselves. As the process progressed the meetings became more open to statements from the floor, moving away from the 'just ask one question' format.

The presentations included a considerable amount of information on the proposals, supported by introductory video clips and some diagramatic materials. This type of presentation can be hard to absorb, included as it does terminology unfamiliar to many participants: 'intermediate', 'hub', 'health and wellbeing', 'enhanced primary care', for example. What is meant by 'Minor Injury' was also unclear to some. This lack of familiarity

with details of the model was anticipated by the consultation team and supporting information had been prepared in advance for people who were aware of the consultation website or had been signposted to paper versions of the main document.

That said, when the presentations were followed by small group discussions (up to eight people), it was clear to the note-takers that this resource had not been recognised or made use of by the majority of participants. The phrase “it’s a done deal” was often used, and diverted the discussion, with some participants highlighting the difficulty for untrained members of the public to comment on what the best use of resources may be.

As the consultation was open to everyone, the public meetings included health and social care staff in the audience. These voices seemed at times to be authoritative to the general public, meaning that their opinions, at times, diverted the round-table discussion. Members of the ICO and CCG Governing Body also attended as observers, giving the impression to some that the public were being ‘watched’. It was difficult for some governors and professionals to suppress the desire to be helpful by explaining their version of the model, again affecting the direction of discussions.

Community groups of differing sizes had the option of the standard presentation followed by the opportunity to ask questions. Small groups tended to prefer open discussion only. Community groups were often more open and exploratory in discussion, with the confidence to express their questions and suggestions. It was less likely in these discussions that the single topic of community hospitals would dominate the conversation. During a discussion with young people, the ability of students to cut through jargon and achieve some interesting outcomes was noted. The creative approach taken by the consultation lead could have been the reason for this.

The People's Voice brings all this feedback together. It includes challenges, concerns, anxieties, anger, uncertainty and lived experiences, mostly taken from the conversations noted, often verbatim, by the note-takers. This is a rich and valuable resource. The graphical elements of this report include a cumulative presentation of the intensity of conversations against the most frequently discussed topic areas, giving us as a pictorial representation of what the public wanted to talk about. The questionnaire was analysed to pick up on any additional thoughts and to give an indication of what the model means to the public.

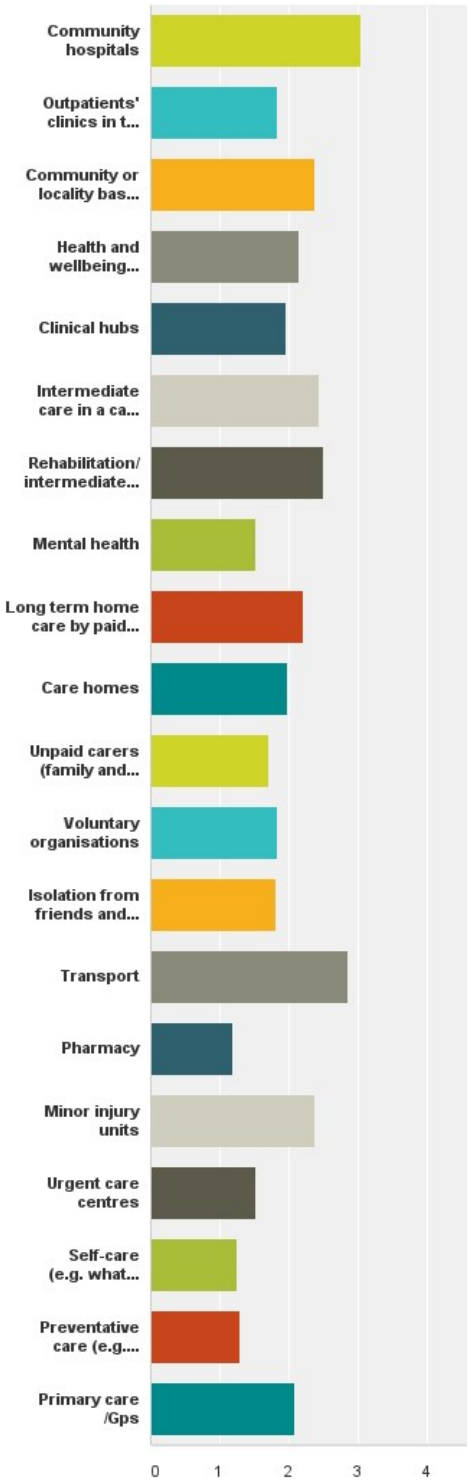
In reality, very little, strategically, was added to the previous stakeholder engagement events. The strength of the consultation was in taking the conclusion of the stakeholder deliberations out to the public. The aim of the consultation was to share information on the direction of travel for the delivery of health services, its financial constraints, identifying the opportunities for the public to influence the process and the need to work in partnership.

The People's Voice does not pretend to describe the “right” way. The valued involvement and contribution of South Devon and Torbay residents voices what ***their*** health and wellbeing means to ***them***. While it has to be said that the majority of Torbay and South Devon residents did not take part or make their views known, the challenge remains to the CCG to use the People's Voice as a rich insight into what is important to communities and individuals, and to use it to good effect as change takes place.

Common Themes (discussed at events)

Themes were collated by independent Healthwatch note-takers and analysed to ascertain the most frequent topics of discussion. The graph and table below show the most common themes discussed during consultation events, based on independent note-takers feedback.

1 = Rarely discussed
4 = Sole topic of discussion



	1	2	3	4	Weighted Average*
Community hospitals	**6.54%**	**20.09%**	**36.45%**	**36.92%**	3.04
Outpatients' clinics in the community hospital or Torbay	**37.98%**	**45.67%**	**10.58%**	**5.77%**	1.84
Community or locality based clinical teams *(of community nurses, therapists, doctors)*	**12.56%**	**49.28%**	**26.09%**	**12.08%**	2.38
Health and wellbeing centres	**24.06%**	**43.32%**	**26.74%**	**5.88%**	2.14
Clinical hubs	**36.97%**	**36.02%**	**20.38%**	**6.64%**	1.97
Intermediate care in a care home *(short-term care to get you up & about again after being in hospital. May also be called a "package of care")*	**16.59%**	**36.49%**	**33.18%**	**13.74%**	2.44
Rehabilitation/intermediate care at home rather than in hospital *(may also be called a "package of care")*	**13.94%**	**35.10%**	**37.98%**	**12.98%**	2.50
Mental health	**59.62%**	**30.29%**	**8.17%**	**1.92%**	1.52
Long term home care by paid visiting carers	**26.47%**	**35.29%**	**27.94%**	**10.29%**	2.22
Care homes	**31.22%**	**44.88%**	**19.02%**	**4.88%**	1.98
Unpaid carers *(family and friends)*	**50.97%**	**30.58%**	**14.08%**	**4.37%**	1.72
Voluntary organisations	**42.58%**	**35.89%**	**17.70%**	**3.83%**	1.83
Isolation from friends and relatives	**43.33%**	**35.24%**	**18.10%**	**3.33%**	1.81
Transport	**10.65%**	**21.30%**	**39.81%**	**28.24%**	2.86
Pharmacy	**85.02%**	**12.56%**	**1.45%**	**0.97%**	1.18
Minor injuries units	**22.38%**	**35.71%**	**22.38%**	**19.52%**	2.39
Urgent care centres	**63.41%**	**24.39%**	**7.80%**	**4.39%**	1.53
Self-care *(e.g. what motivates people to stay as well as they can)*	**80.19%**	**15.46%**	**3.86%**	**0.48%**	1.25
Preventative care *(e.g. control of smoking, alcohol drinking, health eating)*	**77.29%**	**15.94%**	**6.76%**	**0.00%**	1.29
Primary Care /Gps	**27.27%**	**44.50%**	**20.57%**	**7.66%**	2.09

**calculated by averaging levels of discussion (numbers 1-4)*

The following section is a summary of which themes were most discussed or commented on (or not) both in events and in the questionnaire. Some themes were repeated in all localities and so are initially summarised below to avoid repetition.

Community Hospitals

- The model anticipates that Brixham, Totnes and Newton Abbot community hospitals will remain open (excluding Teignmouth and Dawlish, not part of this consultation) and all others will close. Community hospital beds will be relocated and rationalised to the remaining community hospitals. Some multi-condition clinics will move into them from the acute hospital. Totnes and Newton Abbot will retain Minor Injuries Units.
- There is substantial concern that this means:
  - loss of general minor injury care where the community hospital is expected to close
  - increased use of Torbay A&E and 999 as the safe option
  - lack of town-based community beds; for End of Life care, a half-way-bed from the acute hospital to home and respite care
  - a reduction in the availability of health care assistant posts for those unable to relocate for family or non-driver reasons
  - a loss of function for the League of Friends.

Travel

- There is an assumption of a significant increase in the amount of travelling required by patients, family members, clinical and intermediate care teams. Where community hospitals closures are anticipated, the public assumed most outpatient care would take place in the Hub.
- There was lack of understanding of the offer from Health and Wellbeing Centres and how this would reduce travel.
- The travel information was rejected by some as being impossible to understand.
- Rural communities were especially concerned that travel time is long, 'buses were few, and they do not run at night. Newton Abbot Hospital requires a change of 'bus at the station. These communities depended on elderly drivers, usually male with a non-driving wife. As a result, there was an assumption, based on experience, that End of Life would be in a hospital bed.
- Single roads into a community were considered a risk resulting in missed appointments (at the Hub), delayed intermediate care teams and home care time reduced to accommodate additional travel. Emergency ambulances would continue to be delayed.
- The lack of parking available at virtually all current health & social care buildings was frequently mentioned.

Minor Injuries Units (MIU)

- In addition to the above concerns, if no minor injuries unit provision was available locally or at week-ends and evenings it was expected that:
  - Tourists would add to congestion in Torbay A&E
  - Elderly people would ignore an injury to avoid inconvenience and might also ignore the need for any clinical observation of injury e.g. dressings
  - People without a car (living near to existing MIU) would either call 999 or ignore the injury.

- Some responders commented that the reason MIUs may be currently 'underused' is people are not effectively made aware of where they are, what time they open, and why they should go there rather than Torbay Hospital.

Topics rarely discussed (but relevant to the model and noted in presentations):

- Self-care and prevention.
- Pharmacy services
  - Questionnaire responses included a repeated reminder (from 1 responder) that loss of community hospitals may have unintended consequences for community pharmacy.

Topics not identified by the presentations but of concern to the public

- Mental health
  - Mental health was discussed in particular in rural communities and by young people.
- NHS111/Integrated urgent care service and its impact on minor injury.

Pre-event activity

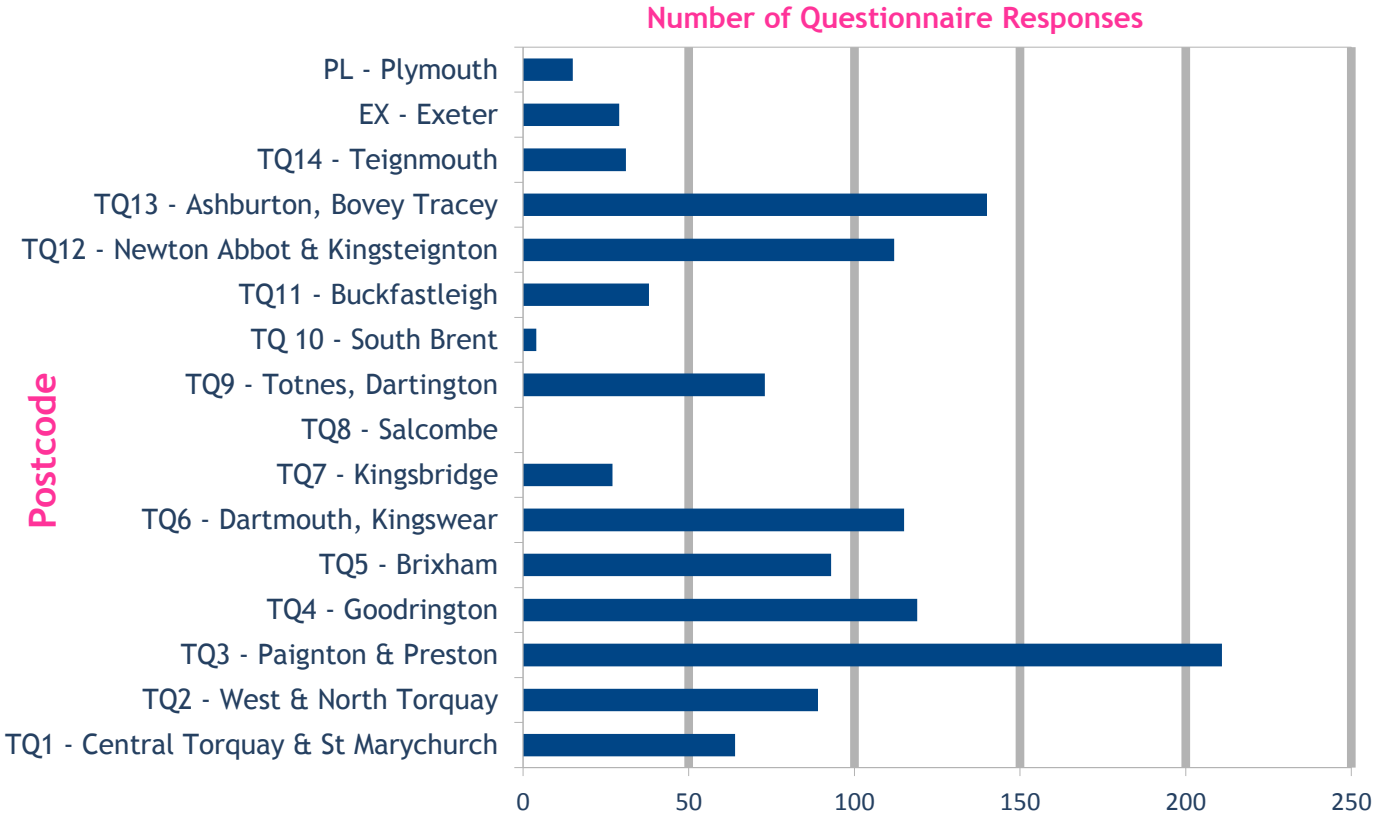
- Where the model proposed closure of community hospitals, participants at events were invited to sign petitions to prevent these closures by external groups. A substantial number of signatures were reported to have been collected by these groups.

Review of Feedback (Events and Questionnaire combined)

1392 questionnaires were completed, with approximately 1704 people attending the public and community consultation events.

A breakdown of all feedback (from questionnaire and events) from each locality is on the following pages. Not every comment has been included (due to repetitiveness), however, all key themes have been listed using people's voices.

The chart below shows questionnaire responses sorted by postcode, however, 232 responders skipped this question and declined to input their postcode.



Open Public Consultation Events Attendance

- Bovey Tracey, Phoenix Hall – *130 people*
- Dartmouth, Dartmouth Academy – *230 people*
- Chudleigh, Chudleigh Town Hall – *60 people*
- Ashburton, Ashburton Town Hall, South Dartmoor Community College – *315 people*
- Buckfastleigh, St Lukes Church – *95 people*
- Paignton, Cecil Road Catholic Church, Preston Baptist Church – *475 people*
- Brixham, Scala Hall – *112 people*
- Torquay, Upton Vale – *52 people*
- Totnes, Totnes Civic Hall – *140 people*
- Widecombe, Widecombe Church Hall – *15 people*
- Newton Abbot, Newton Abbot College – *80 people*

Moor to Sea locality

This includes feedback from approximately 795 people who attended public events in this area, 366 completed questionnaires (where postcodes were included), plus those who attended local community events and any relevant additional submissions (see Appendix, from page 38).

Ashburton (TQ13)

1. **Reasons for valuing current community services:**

- Staff know the locality and people, often living locally
- The services provides employment for local people
- They provide respite for family carers
- They offer End of Life care locally
- They care for those who are ill and alone
- They provide night-time care (24/7)
- The services are free of charge
- Basic MIU is offered locally, meaning less travel

2. **Requiring clarification:**

- Integration of other services into the model, eg. ambulance, 111, pharmacy, community nursing
- The impact of information technology and telecare (skype)
- The impact of new homes being built
- The capacity of General Practice
- More detailed information is asked for on how money will be spent, including staff numbers for each locality
- Who employs Integrated Care teams?
- What does Health & Wellbeing Centre include and how is it linked to General Practice?
- What does the Hub do – how is it different from H&WB Centres?

3. **What would good care look like?**

- Sufficient carers to provide a full package of care including night-time and with supervision from registered nurses
- Equipment recycled
- Care Homes with available beds for those without appropriate home circumstances (including the homeless)
- Sufficient resources to prevent people with dementia being left alone
- Staff and volunteers who are familiar with the locality and known to patients as part of the community
- End of Life in own locality – to be in contact with families and friends
- Adequate assessment for family carers to ensure that they also can cope

4. **Risks**

- Insufficient car parking at Hubs

- Poor transport and distance to travel to Hub for visiting relatives, especially elderly or those without a car or the ability to drive
- Insufficient recruitment and training for Home Care
- Overflow of bed use in Hubs by people from other localities, hence insufficient for own locality.
- Own home not suitable for intermediate care: "Dartmoor cottages", poor heating
- Integrated Care team getting lost and not finding the patient's home
- Home Care not sufficient in number as rural homes are spread out, meaning extended travel time
- Holiday traffic
- Winter weather
- Cost of clinical staff travel and unproductive driving time (not just Home Carers)
- Insufficient recruitment of volunteers, their unreliability and their often being older people with own problems
- Insufficient recruitment of GPs given that more will be needed for home visiting
- The cost of prevention activity might erode funding for clinical care

Buckfastleigh (TQ11)

1. Reasons for valuing current community services

- The services act as a community resource for information and advice
- It is easier to travel to Ashburton Hospital than to Totnes
- The services offer a place to die "easily"
- Dementia patients are understood
- The services available compensate for a lack of Care Homes
- The services efficiently use trained nursing staff
- They are used for convalescence following acute hospital admission
- GP community beds, especially for those over 75
- Community hospitals are important public sector employers, offering work to local people

2. Requiring clarification

- Will the report be available in formats other than the internet?
- What is "health and wellbeing"?
- Care home closure – is there a strategy for new Care Home provision?
- What additional resources will be provided for General Practitioners?
- Where will the Health and Wellbeing centres be situated?
- Where will End of Life care be given?
- A lot of information has been released quickly that appears to be worded for professionals – will a simple document be released for the public and time given to digest it?

3. What would good care look like?

- Transport to appointments and for visiting are convenient, including in the evenings, easy to use and affordable
- Advice to support family carers and patients is co-ordinated and easy to use for everyone
- People are not left in isolation at the end of their life, especially those over 75

- Intermediate care services use "qualified staff" with sufficient time
- Volunteers are not the first line of care

4. Risks

- Care Homes that are not on a bus service and insufficient in number
- There are insufficient care home places for people with dementia
- General Practitioners not coping with the additional work load
- Those who live alone have increased isolation from good care
- The increased numbers of older people means that family carers may also have health problems
- Volunteers not available when needed

Dartmouth & Kingswear (TQ6)

1. Reasons for valuing current community services

- They overcome problems associated with the river as a barrier
- They reduce the problems of travel beyond the locality

2. Requiring clarification

- What MIU provision from General Practice and "enhanced primary care" will look like, especially as there is currently long waits for appointments
- Location of ambulance services (which may also include patient transport)
- Relative costs of 12 beds in a community hospital versus 12 beds "at home"
- Kingswear has a hybrid of Dartmouth for Health and Wellbeing team and Brixham for General Practitioner. Is this appropriate?
- Similarities between Brixham and Dartmouth (location) why a different provision of the Hub?

3. What would good care look like?

- Minimal travel time for minor injury
- Reasonable accommodation costs to ensure sufficient recruitment of care staff
- Sufficient number of inpatient beds to be available for people with unsuitable accommodation for recovery
- Affordable and reliable transport links to Riverview and Totnes
- Adequate car parking arrangements for all services
- Services connected so that one call resolves problems
- Kingswear appropriately 'joined up' across primary care and community care

4. Risks

- Cost of accommodation for expansion of Home Carer numbers and recruitment to General Practice
- Potential for inadequate provision for End of Life
- Travel times for rural areas eroding caring time
- Loss of MIU with undefined replacement, especially in the evenings and weekends
- Poor mobile signal in rural areas
- Ambulance unable to navigate narrow roads

Totnes (TQ9)

1. **Reasons for valuing current community services**

- Totnes Caring: for those registered with Leatside or Catherine Houses doctors' surgeries
- Availability of respite care
- Familiar surroundings for people with learning disability
- An understanding of people with advanced dementia

2. **Requiring clarification**

- Care for homeless people, given the concern that it is not included in the model
- Mental health care, including for those with substance misuse problems
- Funding of General Practice, especially if more home visits are necessitated
- Availability of Patient Transport and ambulance services (for A&E)
- The role of community pharmacy

3. **What would good care look like?**

- Caring as a profession is valued
- Training and quality monitoring are in place
- Volunteer roles are attractive to recruitment, training is available and well co-ordinated
- There are plans to educate young people in taking responsibility for their health
- Patients with lived experience are listened to and their knowledge valued
- Sufficient provision for respite care for elderly parents when families have holiday breaks

4. **Risks**

- Mobile phone signal is variable
- Difficulty to recruit volunteers who may not relish their role, particularly as they are usually older people
- The capacity of the hospital with additional people coming into Totnes because 4 hospitals are closing, reducing the availability of "local" beds and increasing problems with car parking
- Insufficient availability of Home Carers to cover night-time care and care packages in totality
- Insufficient funding available for increase in General Practice and community nursing
- Training and expertise of staff on the single point of contact
- Reduction in quality of care for permanent residents in care homes due to pressure on care home beds
- Appropriate/informed provision for people with learning disabilities

Newton Abbot locality

This includes feedback from approximately 270 event attendees in this area, 252 completed questionnaires (where postcodes were included), plus those who attended local community events and any relevant additional submissions (Appendix, from p38).

Newton Abbot (TQ12)

1. **Reasons for valuing current community services**

- Hospitals are safer than care homes
- High level of nursing input in the community hospital
- Infection control better than other locations
- Access to specialist nurses
- Easier team-working with sharing of information on patient appointments
- Safety for post-operative orthopaedic patients (e.g. total hip replacement) in community hospitals

2. **Requiring clarification**

- What will happen during the transformation period?
- Does the model include community home visits for people with mental health problems?
- What are the methods for monitoring and controlling services?
- Will there be an itemised bill shared with the public to show transparency?
- Where will services for hearing loss be?
- What will volunteers actually *do*?
- How will the single point of contact be promoted and who will run it?
- Can something be done about the costs of the PFI hospital?

3. **What would good care look like?**

- More use of online and skype for communication with patients
- The support from experts and organisations in developing the model is visible to the public
- Information about how to make the best use of services (e.g. A&E) is easily found and uses consistent terminology (MIU and A&E interchange)
- Information and education about prevention is promoted and valued
- Information on where to obtain equipment (e.g. walking sticks) is easily obtained
- Wellbeing coordinators are effective with a clearly defined and understood role
- General Practice is recognised as the place to go for non-urgent minor injuries
- Care Homes are valued, with their business and safeguarding risks understood
- It is recognised that people have hearing loss, which has an impact on communication
- Direct 'bus transport to the hospital

4. **Risks**

- High cost of travel in visiting patients at home
- Increased burden of care for family carers
- Home Carers part of a different organisation and not part of the team
- Therapists and community nursing used to cover lack of carers
- Cross infection from uniforms of staff providing home-based care

Bovey Tracey (TQ13)

1. **Reasons for valuing current community services**

- A valued General Practice for the community
- The community hospital represents a safe haven when feeling "out of control"
- The loyalty of the League of Friends

2. **Requiring clarification**

- The acute hospital may be RD&E – how will this fit in the model?
- Would voluntary care services be available at the weekend?
- What would be the value of League of Friends membership?
- Are there alternatives for those with small minor injuries to avoid travel to Newton Abbot?
- Services operating in the Health and Wellbeing Centre
- Strategy for volunteers
- More information about costs and use of technology
- Where does mental health fit into the model?
- Confusing terminology (Hubs, Health and Wellbeing Centres) and what they do
- Clarity about how the released capital funding would be used.

3. **What would good care look like?**

- A Health and Wellbeing Centre next to the current GP surgery, including occupational therapy, dementia care, therapy and advice centre
- A volunteer strategy to ensure reliable support and recognising that volunteers are often elderly themselves
- Reliable home visits on transfer from acute hospital
- Integration of mental health into local services, recognising the impact of isolation
- Well-trained staff with local knowledge as key to the new system
- Continuity of care
- A comprehensive, coherent list of information in layman's terms, preferably aimed at those aged 85 and over, including eg what services are available, where they are, what they are used for and in what situations would they be used
- Communication with family carers always happens so that they feel part of the process

4. **Risks**

- For an elderly couple without support from the family and one is the family carer
- Homes on the edge of Dartmoor with difficult access
- Difficulty in understanding overseas nurses
- High proportion of people living alone
- All beds out of the locality mean that elderly relatives will struggle to visit
- Volunteer recruitment declining
- Increased use of the 999 emergency service

Chudleigh (TQ13)

1. **Reasons for valuing current community services**

- Local people are emotionally attached to their local hospital. It is considered to be part of their "wellbeing"

- Community nurses are known in the community
- Newton Abbot hospital is “good for the area” with useful clinics, good patient transport and prescription delivery

2. Requiring clarification

- Travel time - as the information provided is difficult to understand
- What does ‘wellbeing’ actually mean and why spend so much money on it?

3. What would good care look like?

- If change happens, it is done incrementally
- Seamless communication across all providers especially across Royal Devon & Exeter and Torbay for referrals and results
- End of Life care is without stress for both patient and family carers, with the option of a care home available and overnight respite

4. Risks

- Isolated elderly people at home will result in reduced communication with them
- Insufficient capacity in general practice - including number of GPs
- Increased demand on voluntary transport without capacity

Brixham & Paignton locality

This includes feedback from approximately 587 people who attended events in this area, 423 completed questionnaires (where postcodes were included), plus those who attended local community events and any relevant additional submissions (see Appendix, from page 38).

Brixham (TQ5)

1. Reasons for valuing current community services

- Availability of a minor injuries unit, especially for children
- Intermediate care within St Kilda
- Community Hospital availability

2. Requiring clarification

- Mental health as part of the model - including provision within general practice
- Services for children and young families and how these fit within the model
- Will there be appropriate and accessible travel information, including bus travel?
- How will a minor injuries unit cover the whole of Torbay, especially in holiday time?
- Operational differences between Hubs and Health and Wellbeing Centres

3. What would good care look like?

- Drug and alcohol services provided locally
- Service information available both online and in other formats, and available at the point of need

- Care is provided by people who are familiar, known and valued by the community and are sufficient in number to avoid pressure on time
- Financial support for voluntary organisations, especially those supporting dementia, to ensure their sustainability

4. Risks

- Narrow streets and old cottages, unsuitable for effective medical care
- Reduction in care homes
- Disruption to services by poor travel times and costs of clinical/carer travel
- Insufficient community nursing provision
- Insufficient parking availability causing obstruction in nearby narrow roads

Paignton (TQ3 & TQ4)

1. Reasons for valuing current community services

- The Community Hospital is a central resource in the town
- The Community Hospital is in the second largest town in the CCG footprint
- Holiday visitor resource
- Availability of parking and transport links nearby
- Minor Injuries Unit with X-ray within walking distance for those without a car
- A number of local clinics for local people who do not have a car
- End of Life Care option of transfer to the Community Hospital
- League of Friends loyalty

2. Requiring clarification

- How will the views of housebound people be known?
- Who will you ring if alone?
- Where is mental health in the model?
- What are the quality standards and safeguarding for services provided in the patient's own home?
- What is the provision for patients with dementia?
- What does 'enhanced primary care' actually mean?
- What is in the Hub and what is in the Health and Wellbeing Centre?

3. What would good care look like?

- Clinics and beds in a location on a simple, reliable bus route
- There is reliable and easily reached minor injuries provision for children
- Reliable overnight care support for those living alone
- Respite relief for family carers, who may be elderly
- A reliable, comprehensive point of contact without response delays
- The communication needs of people with dementia is accommodated
- Alternative care if home-based care becomes unsuitable

4. Risks

- Stimulation of the care home market in the light of unrealistic payments
- Costs for home visit travel to patients for clinical staff not accounted for

- Challenges to continuation of GP practice volunteer services as a result of primary care relocation
- Heavier use of the 999 service to compensate for lack of minor injuries unit
- Inadequate recruitment to sustain home-based care.

Torquay locality

This feedback includes approximately 52 people who attended events in this area, 153 completed questionnaires (where postcodes were included), plus those who attended local community events and any relevant additional submissions (see Appendix, from page 38).

Torquay (TQ1 & TQ2)

1. **Reasons for valuing current community services**

- Paignton Hospital provides a central point for services across Torbay, where the population is greatest and where there are areas of deprivation

2. **Requiring clarification**

- How does "Ageing Well" work within the Model?
- What consideration has been given to the needs of people with a Learning Disability – for example how would the single point of contact operate for those unable to use a telephone?
- Scope of operation of Wellbeing co-ordinators (e.g. are they only for the 50+ age group?)
- Full rationale for no Hub across the two largest urban conurbations (Paignton and Torquay)
- Impact on police and ambulance services
- Is the money being spent where people need it most?
- What is the view of the voluntary sector?
- Difference between the role of a nurse and that of a carer
- How will services delivered at home be monitored/quality controlled?

3. **What would good care look like?**

- The inequality of people living in areas of deprivation are recognised within the model
- People with Learning Disabilities share their experience and help to design their services

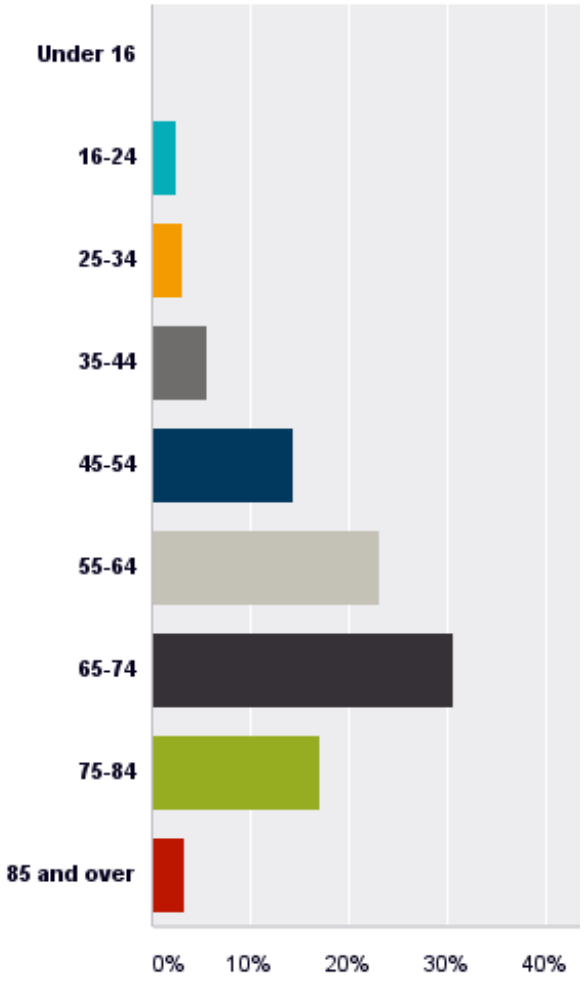
4. **Risks**

- No clinical hub in areas of deprivation (where people are known not to engage with the service now)
- A reduction in the potential workforce numbers (as this model eliminates those who cannot drive)
- Increased pressure on Torbay A&E
- Reduction in number of patients seen by therapists unable to carry specialist equipment which adds to travelling time
- Resistance from families unable/unwilling to take on a caring role

People with physical disability placed in inappropriate care home settings

Questionnaire Analysis

The following pages in this section look at the questionnaire itself, and the answers provided by those completing it. In total, 1,392 questionnaires were completed by the public, either online or via a paper-based version, and then uploaded to secure online survey analysis tool 'Survey Monkey'. The age ranges of those that completed the survey are below:



Answer Choices	Responses
Under 16	0.09%
16-24	2.47%
25-34	3.15%
35-44	5.62%
45-54	14.38%
55-64	23.15%
65-74	30.64%
75-84	17.11%
85 and over	3.40%

Comments

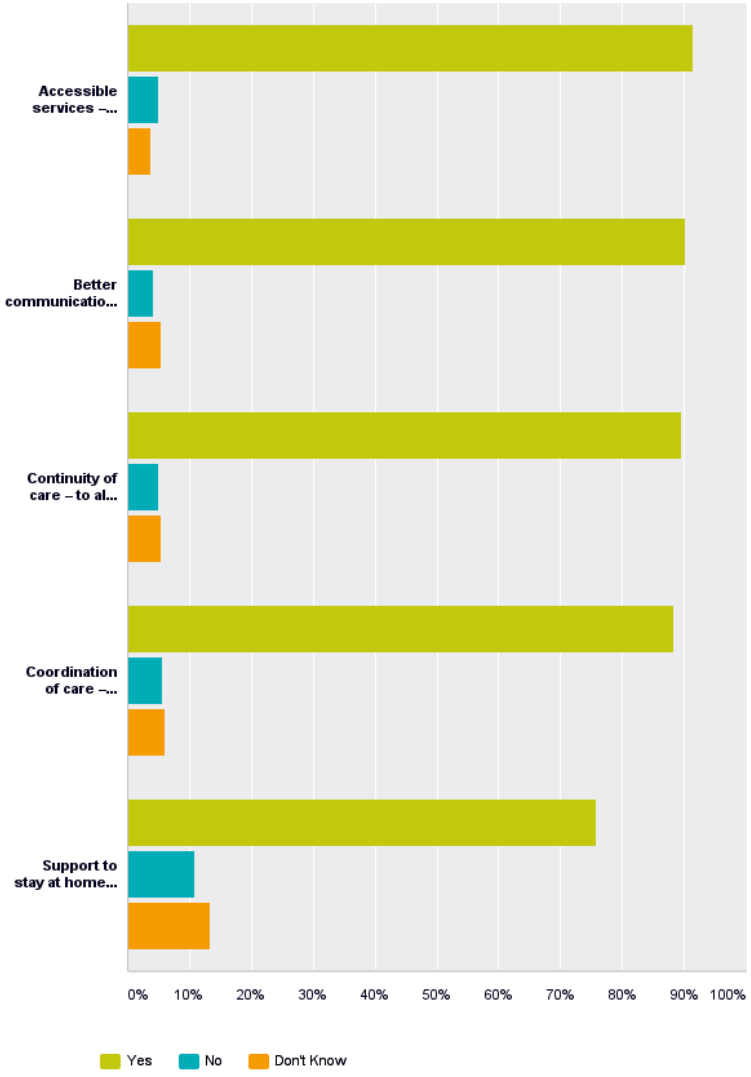
217 responders skipped this question. Nearly three quarters (74%) of responders were over the age of 55.

Other demographic statistics

- 68% of responders identified themselves as female, 30% male, with the remaining 2% either transgender, gender fluid, or preferring not to say (234 responders skipped)
- 20% of responders considered themselves to have a disability (239 skipped)
- 45% of responders said they had a long term health condition (224 skipped)
- 24% of responders considered themselves to be a carer (225 skipped)
- The majority of responders were heterosexual (86%, 302 skipped) and White-British (95%, 256 skipped)

Service preferences and challenges

1. Do you think that what people told us they wanted (below) from health services in 2013, still applies today?

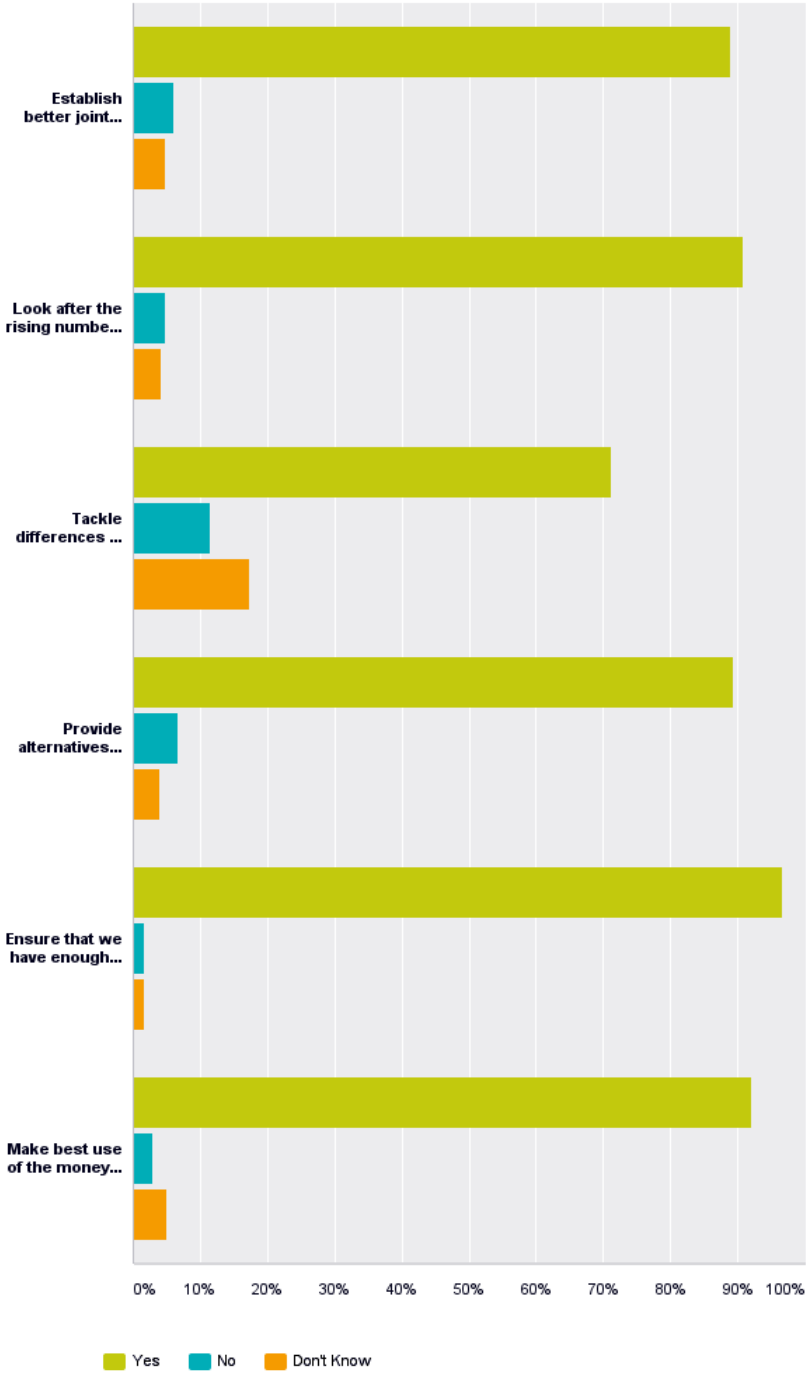


	Yes	No	Don't Know
Accessible services – *convenient opening hours, transport and accessible buildings*	91.38%	4.92%	3.71%
Better communication – *between clinician and patient, and between clinicians themselves*	90.25%	4.22%	5.53%
Continuity of care – *to allow relationship-building with clinicians and carers*	89.52%	5.01%	5.47%
Coordination of care – *including joined-up information systems*	88.36%	5.67%	5.97%
Support to stay at home – *with a wide range of services and support*	75.68%	10.95%	13.37%

Comments

60 responders skipped this question. The most notable variation from agreement is in the option “support to stay at home” where there is a shift of 7% towards the ‘don't know’ response and a reduction of the strongly agree towards agree.

2. Do you feel that the NHS needs to change the way it delivers services so as to:

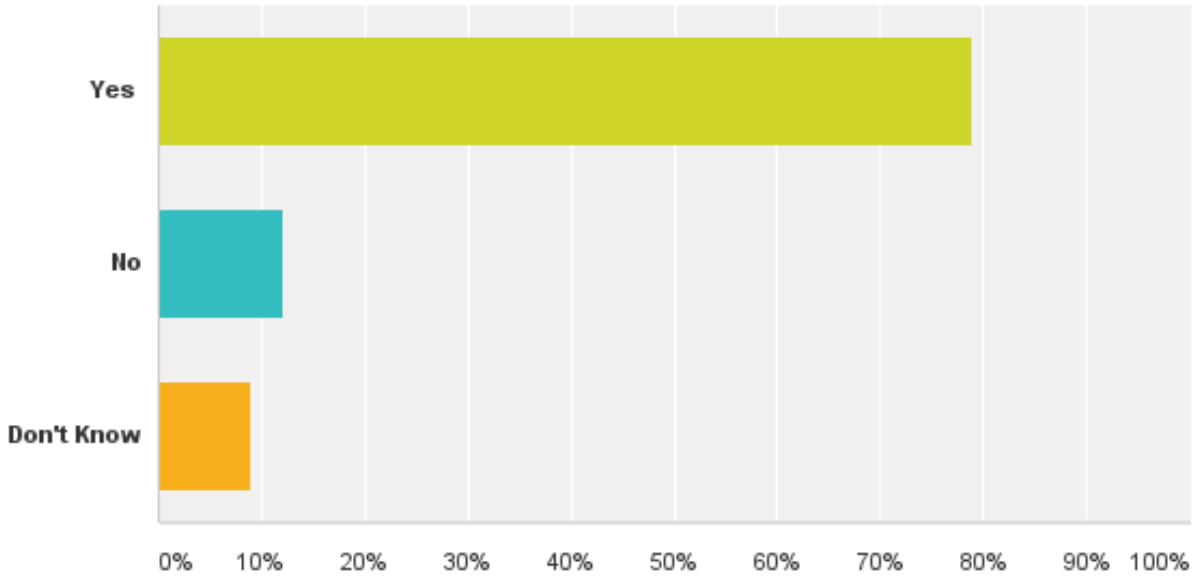


	Yes	No	Don't Know
Establish better joint working between services?	89.02%	6.11%	4.87%
Look after the rising number of elderly people, many with long-term conditions?	90.89%	4.86%	4.25%
Tackle differences in life expectancy between affluent and deprived areas?	71.22%	11.45 %	17.33 %
Provide alternatives to A&E for non-emergency care?	89.35%	6.74%	3.91%
Ensure that we have enough appropriately experienced staff to look after patients safely?	96.72%	1.68%	1.60%
Make best use of the money available?	92.05%	2.88%	5.07%

Comments

58 responders skipped this question. The most notable variation is in tackling the difference in life expectancy with a drop of 20 responders and under 75% of responders saying yes and 17% don't know (compare: Looking after rising numbers of elderly people with over 90% saying yes and 4% don't know).

3. Do you think that we should develop more community health services to help keep people out of hospital and avoid unnecessary use of hospital beds?

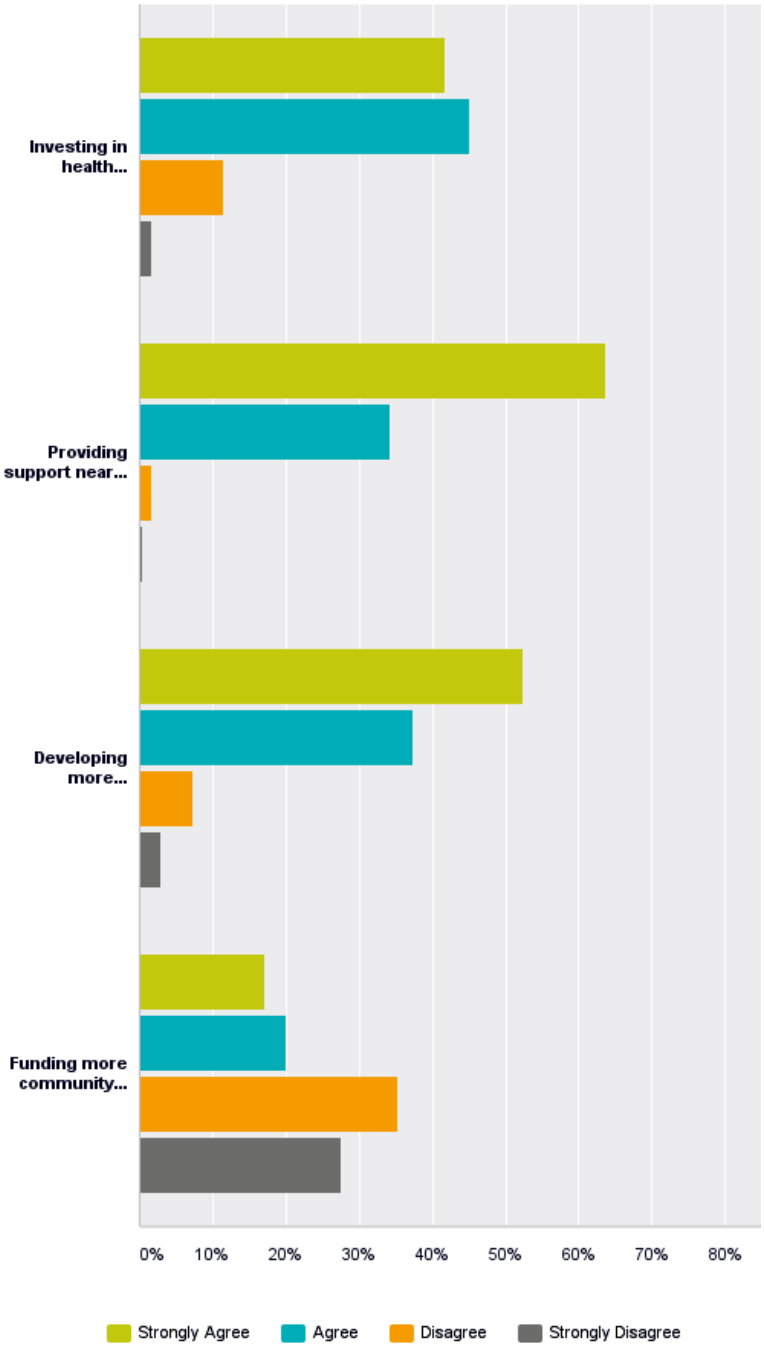


Comments

115 responders skipped this question. 79% agreed.

New Model of care

4. The NHS should support people to keep well and independent for as long as possible by:

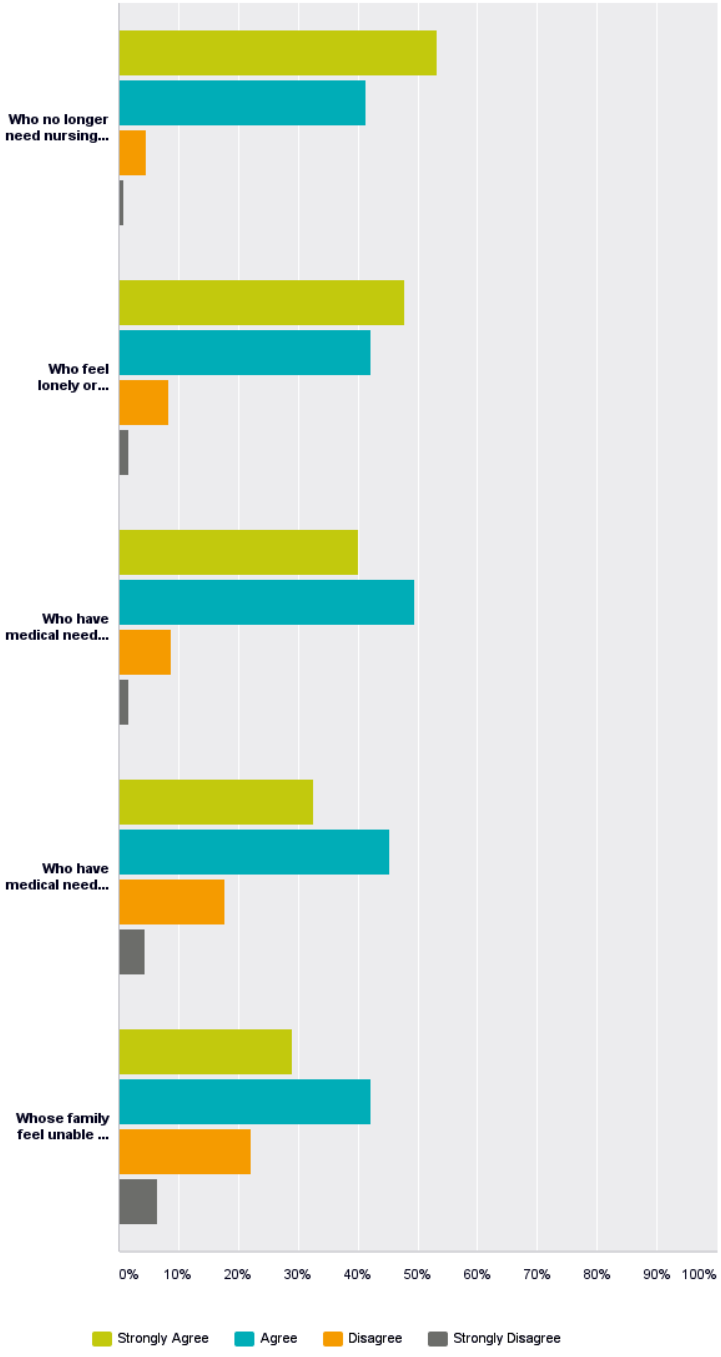


	Strongly Agree	Agree	Disagree	Strongly Disagree
Investing in health promotion activities *(e.g. exercise classes for those with heart and lung disease).*	41.82%	45.01%	11.49%	1.68%
Providing support nearer to where people live.	63.77%	34.34%	1.58%	0.32%
Developing more out-of-hospital care and treatments, especially for older, frail people.	52.41%	37.38%	7.23%	2.97%
Funding more community services by reducing the number of hospital beds.	17.12%	20.10%	35.29%	27.49%

Comments

102 responders skipped this question. This question overall showed a drift towards agree rather than strongly agree. 12% disagreed with investing in health promotion. Although the remainder agreed there was a drift from strongly agree with approx. 50:50 between strongly agree and agree. Two thirds of responders disagreed in some way with closure of community hospitals.

5. Hospital beds are for patients requiring medical and nursing care that cannot be provided elsewhere and should not be used for people:

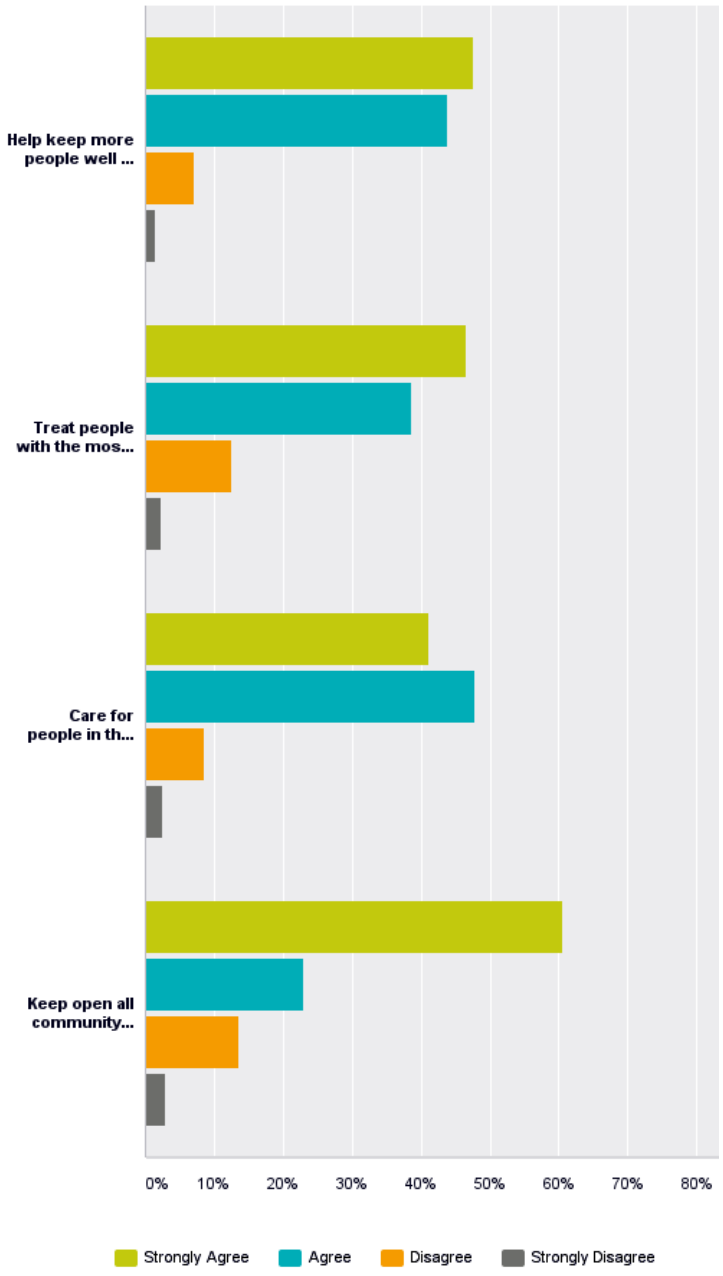


	Strongly Agree	Agree	Disagree	Strongly Disagree
Who no longer need nursing or medical care.	53.24%	41.25%	4.64%	0.88%
Who feel lonely or isolated.	47.90%	42.07%	8.33%	1.70%
Who have medical needs that can be managed at home.	40.10%	49.56%	8.73%	1.62%
Who have medical needs that can be met in a care home.	32.52%	45.31%	17.72%	4.45%
Whose family feel unable to look after them.	29.05%	42.23%	22.18%	6.55%

Comments

118 responders skipped this question. There is most agreement with transferring those who no longer needed medical care, 22% disagreed that people who have medical needs that can be met in a care home should transfer.

6. When resources are limited, the NHS should prioritise the use of staff and funding to:



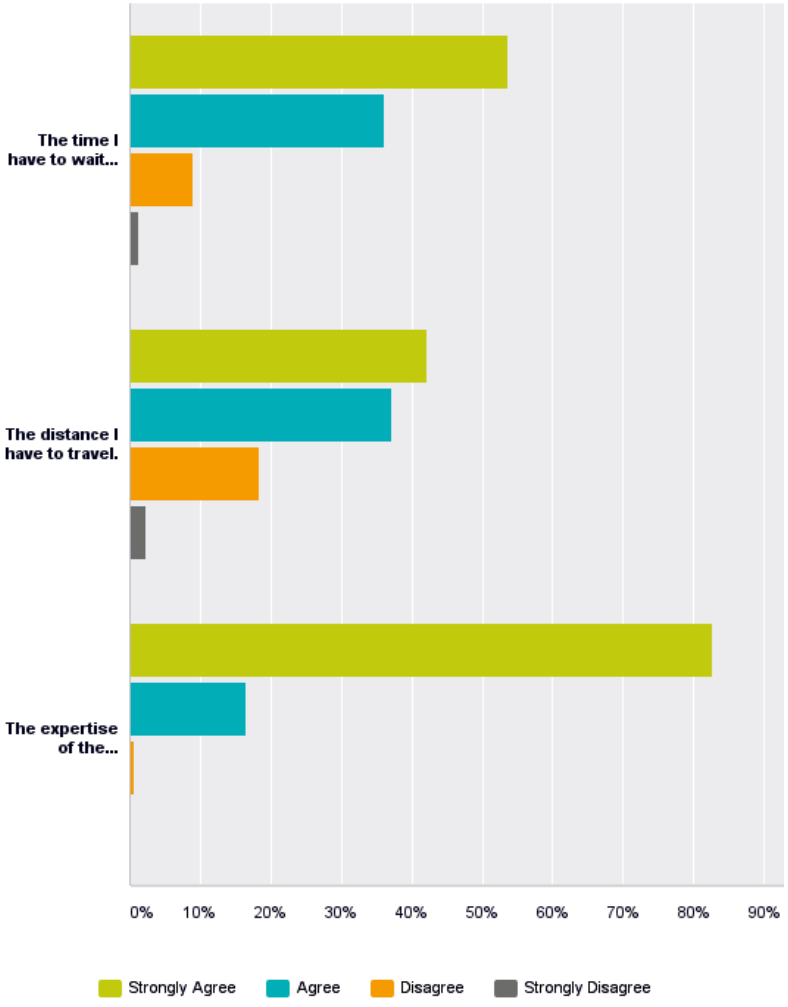
	Strongly Agree	Agree	Disagree	Strongly Disagree
Help keep more people well for longer.	47.70%	43.91%	7.02%	1.37%
Treat people with the most complicated health conditions.	46.57%	38.58%	12.48%	2.37%
Care for people in their own homes or close to where they live.	41.06%	47.84%	8.65%	2.45%
Keep open all community hospitals.	60.57%	22.97%	13.59%	2.86%

Comments

102 responders skipped this question. There was agreement for **all** presented options with the most interesting being approximately 15% disagreement for treating people with the most complicated conditions and 84% agreement for keeping open community hospitals.

Implementing the model of care

7. If you need to see a specialist (e.g. at an outpatient clinic), the most important aspects to you are:

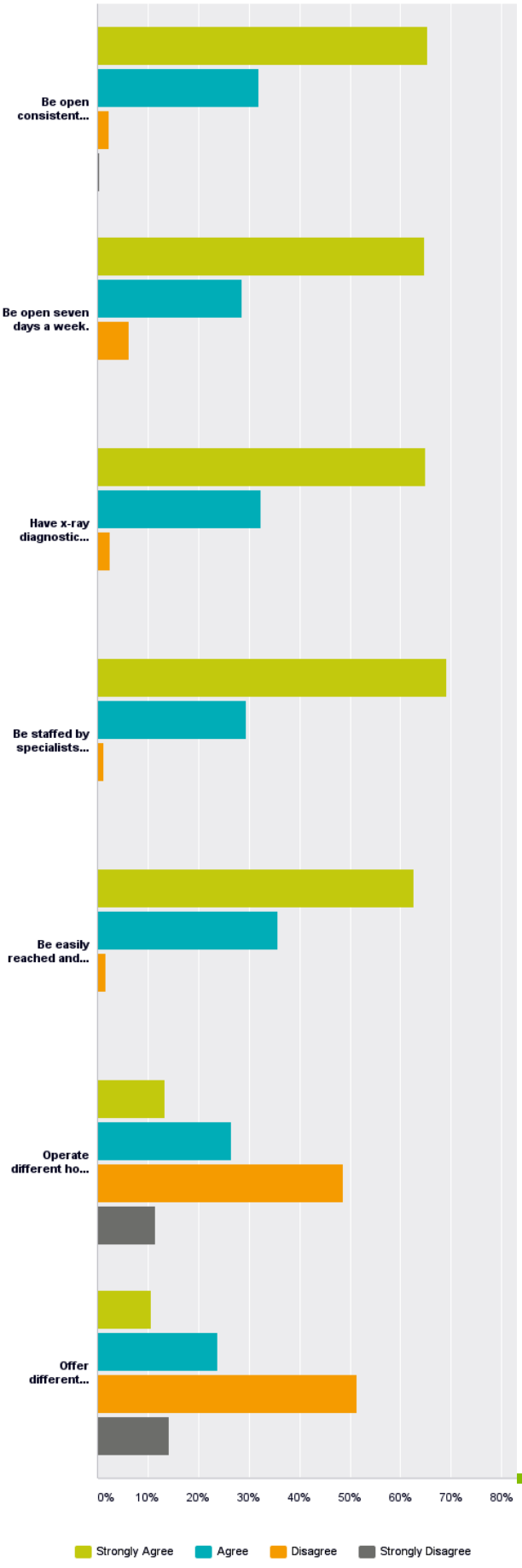


	Strongly Agree	Agree	Disagree	Strongly Disagree
The time I have to wait for an appointment.	53.62%	36.15%	9.04%	1.19%
The distance I have to travel.	42.08%	37.17%	18.37%	2.37%
The expertise of the specialist that I see.	82.72%	16.44%	0.67%	0.17%

Comments

185 responders skipped this question. 'Distance I have to travel' was the most controversial with 20% disagreement that this was important.

8. Minor injuries units, which provide treatment for non-life-threatening problems and less serious injuries (such as suspected broken bones and sprains, burns and scalds) should:

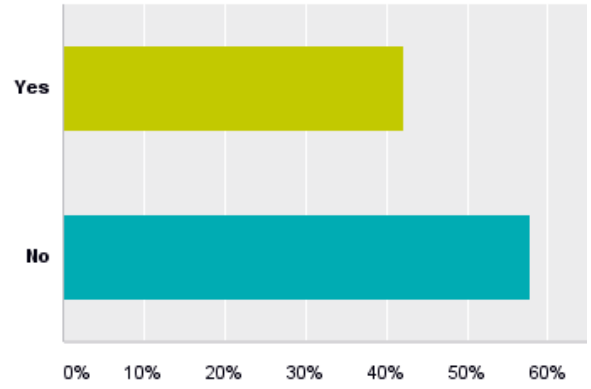


	Strongly Agree	Agree	Disagree	Strongly Disagree
Be open consistent hours.	65.32%	31.93%	2.24%	0.52%
Be open seven days a week.	64.74%	28.71%	6.30%	0.26%
Have x-ray diagnostic services.	64.87%	32.31%	2.56%	0.26%
Be staffed by specialists experienced in dealing with minor injuries.	69.20%	29.44%	1.27%	0.08%
Be easily reached and have good car parking.	62.56%	35.73%	1.62%	0.09%
Operate different hours in different locations.	13.33%	26.57%	48.63%	11.47%
Offer different services in different locations.	10.75%	23.71%	51.42%	14.12%

Comments

189 responders skipped this question. On the whole there is agreement with the statements, with opening different hours and having different services having highest disagreement.

9. If the choice is between: Using resources to keep open community hospitals which look after people from across the CCG area or Using these resources to expand community health services by recruiting trained nurses and therapists to help keep people healthier, out of hospital and supported closer to their homes do you agree that it is better to do the latter?



Comments

253 responders skipped this question, with some of these citing its 'leading' nature and the requirement to understand what is meant by the "latter". There was a drift towards disagreement with the statement.

10. If your answer to Question 9 is 'yes', please respond to the statements below:

	Yes	No	Don't Know
Close Ashburton and Buckfastleigh Hospital	24.11%	41.81%	34.09%
Close Bovey Tracey Hospital	25.80%	38.00%	36.20%
Close Dartmouth Hospital	18.31%	49.41%	32.28%
Close Paignton Hospital	24.47%	53.37%	22.16%

Comments

Logically 480 people should have responded to this question ("yes" decision from question 9) whereas 619 actually did.

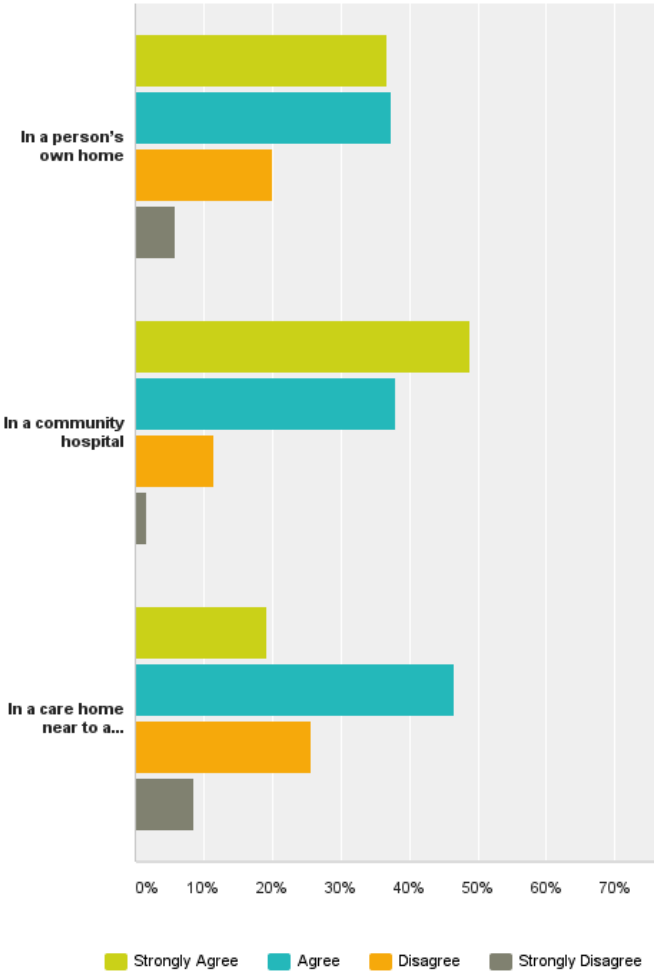
This question requested reasons for choice (some of which related to a "no" answer) and these have been included in the next section (Alternatives & Suggestions).

11. If your answer to Question 9 is 'no', please say why:

Comments

Logically 659 people should have responded to this question ("no" decision from question 9) whereas 664 actually did. Reasons for choice have been included in the next section (Alternatives & Suggestions).

12. People sometimes need nursing with extra support and care, following a period of ill health, to help them recover and regain their independence. If similar levels of care and support can be provided, this should be delivered:



	Strongly Agree	Agree	Disagree	Strongly Disagree
In a person's own home	36.82%	37.31%	20.04%	5.82%
In a community hospital	48.80%	38.06%	11.57%	1.57%
In a care home near to a person's home	19.20%	46.60%	25.60%	8.60%

Comments

234 responders skipped this question. Responses do not correlate with the Yes/No earlier questions but have a similar presentation. There was agreement for all of the options, although care homes had slightly less strong agreement than other options.

13. If you want to comment generally on the proposals set out in this document or have any alternative ideas to put forward for consideration which meet the future needs of our population and the challenges described in this document, please set out below (or in an additional submission):

Comments

679 responders skipped this question. Responses have been included in in the next section (Alternatives & Suggestions).

Alternatives & Suggestions (verbatim)

This section is a compilation from events' notes and questionnaire responses, plus any relevant additional submissions (see Appendix, from page 38). It is taken verbatim.

Although the theme of **'no change to community hospital use'** was commonly voiced and has been noted, it is not repeated throughout this section.

Moor to Sea locality

Ashburton (TQ13)

Suggestions supporting the model or alternative uses or locations

- Has the hospital property been considered as the community hub i.e. OT, staff. Why not use the hospital building?
- Suggestion that Ashburton Hospital could be used as a new community wellbeing centre rather than closing completely
- There is an empty building next to the police station. Could that be used as a wellbeing centre?
- Hospital is worth £425,000, the population in Ashburton and Buckfastleigh is 7,500, this works out at £56.66 per person. Can the population buy the hospital? Will the CCG make information about this available in the proposal? This works out at 16p a day per person.
- If the hospital closes, how will the building be used? Suggestions are a second GP surgery, other NHS services, voluntary sector.

Suggestions supporting more efficient use of resources

Staffing

- Have a bank of support staff who can be called on e.g. like retained firemen – they would require basic training and be regulated
- Need a qualified nurse on round-the-clock to give input/guidance to carers who can do tasks in the community but need help and support. Is this possible?
- 1970s HM coastguard was told by the government to reduce money. Coastguards were spread thinly and then advertised for auxiliaries – every retired naval person signed up for this – minimum wage was paid. Ashburton & Buckfastleigh there must be hundreds of retired nurses. College of nursing charge of £125 to keep registration going – if this was not the case more retired nurses would carry on. An agency hires retired nurses.

Transport

- A community transport scheme is needed. NHS staff also have long distances to cover and spend more time travelling than delivering care
- Suggest the use of 'Community Taxis' which entails you sign up to a website whereby you find other people who need to do similar journeys to you and you get together to hire a taxi and share the cost. Apparently this is used in Norfolk somewhere and it works very well.

- Concerns raised regarding transport being a real issue in rural areas. Should we be looking at this through volunteers or a paid bus/local transport service for those without transport?

Volunteers

- Comment that care work needs to be devolved out to very locally based voluntary services or that more money needs to be given to innovative concepts like shared lives, where local homes are encouraged to take care and house an elderly resident for a few days a month (perhaps with a paid incentive). This will need training and support and could be on a respite basis or as part of a more frequent arrangement. There are lots of local lonely people with lots of room that would be interested in this. Could this be investigated as the local community feels more empowered to do their bit?

Others

- Could be producing public health films to promote health and wellbeing
- For long term conditions willing family members should be paid for giving up work to care for their sick relatives.
- Could we have hospitals near to where they are most likely to be needed e.g. on Dartmoor where people might fall off the Tors?

Buckfastleigh (TQ11)

Suggestions supporting the model or alternative uses or locations

(No additional suggestions raised to that in Ashburton)

Suggestions supporting more efficient use of resources

- Cut down on administrators, when visited Torbay and Newton Abbot, there is always a great number of them. Stop creating extra jobs for executives who earn vast salaries, you could then afford the extra nursing staff and keep our community hospitals open. (*relevance to Carter Review Feb 2016)*
- Systematically tell people what their healthcare costs, tell all patients and all families, every time they interact with the NHS, what the cost actually was.

Totnes (TQ9)

Suggestions supporting the model or alternative uses or locations

- Here is one positive idea - instead of reducing the beds at Totnes Hospital to 16 with 2 nurses, why not increase to 24 with 3 nurses?

Suggestions supporting more efficient use of resources

- Why aren't alternative treatments offered rather than medicines as first choice?
- Would the NHS not consider bringing carers in-house?
- There needs to be more help with maintaining mobility, with daily exercise (particularly balance) classes. Centres where people can meet & exercise
- Money could be saved, and the population slowed, by leaving the private sector to deal with I.V. fertilization etc.

- I strongly feel that people should be asked to contribute financially to their food bill in hospital. All wards have a ward clerk, and this could be part of their remit. A contribution of an amount daily. Whilst hospitalised - all home running costs continue but food bills do not, and a contribution nationwide would assist greatly to the NHS burden
- Non profit-making affordable regular ACTIVITY sessions provided in a large space (probably whole floor of current hospital) e.g. Gentle Gym Live music and singing Table Tennis Pilates Board Games Line dancing Carpet Bowls Yoga/Tai Chi 2. Rooms/space for occasional visiting NHS specialist e.g. Elderly Care Consultants, Physiotherapy, nurse practitioners, dieticians, chiropody, health visitors, mental health nurses and obstetric clinics. 3. Rented space for Private Health Practitioners so making State registered complimentary treatments available alongside NHS facilities. E.g. Podiatry, chiropody, nutritionist, dietician, osteopathy, occupational therapy, speech therapy and physiotherapy. 4. CAFE/VOLUNTEER CENTRE providing (non-profit making) affordable light lunches, snacks for drop-in and friendship for users and carers as a point of contact and voluntary services operating within the community e.g. Memory cafe, walk and talk, knit and natter, voluntary drivers for medical centres, community share and care, Cruise, internet cafe, Age UK. I realise these proposals would take a large amount of time and effort to organise and finance initially, but believe that the older citizens in our community (between 60-90) need to be supported in remaining mentally active.

Dartmouth & Kingswear (TQ6)

Suggestions supporting the model or alternative uses or locations

- I think the people of Dartmouth and its surrounds, should be given the opportunity to at least offer to make a contribution (financial not compulsory) towards keeping Dartmouth hospital open and re-opening the minor injuries department. This hospital was very initially opened as a result of its community's donations.
- The West Dart Development plan that has been given the green light by the Government Planning Inspector still features a Medical Community Hub "Medical Village", CCG should formally withdraw any plans for this to be included in the plan and concentrate on River View.
- The sale of Dartmouth Hospital and Dartmouth Clinic will result in a large proportion of income that should be ring-fenced to support River View and the future training of medical support staff.

Suggestions supporting more efficient use of resources

- Dartmouth Caring resources are stretched and at breaking point, CCG should support with the funding and training of carers within this community
- But will it be possible, as safe and as dependable as having community hospitals to provide a safe haven and allow time for care agencies to get organised, ramps/stair lifts etc. installed and patients fully assessed by therapies. This should be audited and some beds retained for 6-12 months to give reassurance to the public and allow the ICO to flex and fix the trouble spots.
- Hopefully this is what is going to be delivered but prevention is much better than cure so a whole new programme of community health must be rolled out in schools, in nurseries, in the work place, in the care home and in the community
- Care homes ought to be run by the NHS - either for permanent residence or for recuperation.

Newton Abbot Locality

Newton Abbot (TQ12)

Suggestions supporting the model or alternative uses or locations

(no related suggestions given)

Suggestions supporting more efficient use of resources

Assessments

- Would like to see more assessments done at home rather than in hospital to help plan practical aspects with contact from social care early so that clients can get to know the social worker and agencies can do their own assessment. (Learning disability and dementia care provider).

Care homes

- It's a matter of fact that if you take people in a hurry, often on a Friday afternoon, often with little information about them, then you are just setting yourself up for safe-guarding alerts. We, today, will now only admit people on Tuesday-Thursday and only after an extensive assessment process... this is to keep us safe. Our experience (and echoed by every other care home manager I talk to) is that too many healthcare professionals haven't read the script about supporting Nursing Homes and all too quickly run off to raise safe-guarding alerts

Others

- More money needs to be placed in services such as rapid response, social care reablement and intermediate care. There is not enough joined-up working between health and social care teams – there should also be a shared computer system fit for purpose to save time and money.

Bovey Tracey (TQ13)

Suggestions supporting the model or alternative uses or locations

- Next to the current GP surgery would be excellent. Table felt if the money raised from the sale was used in this way it would go some way to assuage the towns "anti" feelings.
- Bovey Hospital should remain an asset for the town – OT clinics, dementia care, therapy and advice centre.

Suggestions supporting more efficient use of resources

Staffing

- Why cannot staff keep their (MIU) skills by rotating through different locations?

Single point of contact/signposting

- This table raised the need for a proper campaign to communicate changes to the public, including a comprehensive, coherent list of information in layman terms, preferably aimed at those aged 85yr+ to make it easy to read. The information should include: exactly what services are available, where they are, what they are used for and in what situations would they be used, why they should use them, when they can use them and exactly how they can access them (including contact numbers and info on transport).

- Felt it would be good to also include approximate average waiting times at each service to highlight those with 'less demand'.

Care home options

- Thought should also be given to the idea of warden controlled housing (as used to be provided in many areas historically) as a means of having 24/7 cover on site getting around some of bed blocking issues of people who don't have relatives or suitable homes in which to go back to as a means of intermediate care.

Chudleigh (TQ13)

Suggestions supporting the model or alternative uses or locations

- There could even be laboratory services or support services housed there (*community hospital*) to help fulfil local community health & wellbeing needs as part of this proposal, and making the locals happier in the process.
- The hospital could be redeveloped to house new services to find a creative, innovative solution to maintain some form of tradition and community identity. Could this be considered?
- Chudleigh needs its own Hub. Will both surgeries be run from there?

Suggestions supporting more efficient use of resources

- Combination locks on patients' doors would allow staff access, as there are potential security problems.
- Can new technology help? e.g. skype
- A buzzer equivalent to the hospital call button, for patients at home
- Increase in the use of Faith organisations
- Enhance GP services in towns were there isn't a hospital.

Brixham & Paignton locality

Brixham (TQ5)

Suggestions supporting the model or alternative uses or locations

- Need somewhere between Paignton and Brixham and somewhere that is on a bus route. Getting to Totnes is hard.
- The quickest journey will be to Torbay and not to Newton Abbot or Totnes. Has it been considered that the MIU at Brixham could be enhanced?
- Couldn't we build something smaller in Brixham to help that population and keep the hospital in Paignton instead?
- As St Kilda's Home is closing, why can't the 2% 'Adult Care' Council Tax be used to rebuild it? We have the land.
- Can Brixham and Paignton MIUs be combined so that one isn't totally lost?
- Have you considered basing any ambulances or first responders in Brixham?
- Can't the Wellbeing Clinic look after MIU?
- Brixham surgeries coming together to provide a minor injuries service

Suggestions supporting more efficient use of resources

- Why not build new more efficient and flexible use buildings fit for purpose, which will save money and time where staff can base themselves also.
- If you kept the beds at Paignton and Brixham then you could rent out Fairweather Green and get money from that without needing to close the hospitals.
- Could you have outpatients in Paignton and beds in Brixham?

Paignton (TQ3 & TQ4)

Suggestions supporting the model or alternative uses or locations

- My suggestion would be if it has to be done is to sell the site of the old hospital for flats and build a new state of the art purpose-built unit up at South Devon College site, then students from there can train at said hospital, providing better teaching facilities for local teenagers for a long career in nursing/doctors etc. in conjunction with Exeter, Plymouth Universities. But, it would need to be built and services provided BEFORE selling the old hospital building.
- Couldn't the MIU be in Paignton rather than Totnes as Paignton is central to everywhere and has the biggest population?
- Hub needs to be central and have good transport. Crossways would be a good option, very central.
- The majority of people feel that Crossways site could be used for the health and wellbeing centre but felt the Paignton hospital would be better
- Old Paignton Police station site could house medical services e.g. maternity services – has this been considered?
- Why not Oldway? Is this owned by Council it need repair What about Parkfield?
- Empty shops at Lidl (Victoria Square)
- Bishops Place Surgery would be a good place for a Health and Wellbeing Centre
- Have they considered Clinical HUB + HWB centre + MIU at Yalberton/White Rock? A new build that could serve all of Torbay.
- Why can't we use Paignton Hospital as a Health & Wellbeing Centre?
- Putting a Hub in Paignton Library - at least it has some good transport links with the trains and buses but if they build on the car park where will cars park?
- Surely would Clennon Valley with its large car park be a good option for the hub. Brixham is very difficult to get to
- Paignton Library is a real luxury for Paignton and whilst it is appreciated, could this building be utilised as a community hospital hub, and a smaller library be built on the land beside it? Alternatively use the land in Victoria Park which is adjacent to Torbay Road. We need to think outside the box
- The proposal to establish Health & wellbeing centres in both Paignton and Brixham is good but the proposal to establish the Clinical Hub for Paignton in Brixham is ill thought out; the obvious location would be in the centre of the bay with the best transport links and parking facilities which Paignton provides.
- I think the acquisition of the Crossways shopping centre would be beneficial for several reasons: 1. The clinical hub and an amalgamated Paignton GP practice would be at the centre of Paignton. 2. The transport links (train and bus) are already in place with a multi storey car park in situ. 3. Thinking long term, the amalgamated practice and clinical hub will bring patients and staff into the centre of Paignton and could encourage people to use the shops/cafes. E.g. information and help themselves.

Suggestions supporting more efficient use of resources

- Why not have smaller MIUs in Chemists and Supermarkets
- You have to have regular blood tests why can't they give equipment and 10 mins training to take your own blood and you take direct to haematology
- If you still insist on demolishing Paignton Hospital, at least keep the X-ray and install a vehicle, similar to Breast Screening, at least we will still be able to have local X-rays
- You could use community hospitals for rehabilitation beds or end of life care
- The NHS should take on the Domiciliary Care element itself and send trained nurses out into the community to fulfil their vocations rather than leaving them sitting around in half empty hospitals

Torquay locality

Torquay (TQ1 & TQ2)

Suggestions supporting the model or alternative uses or locations

- Why can't Paignton hospital be used as a walk in centre to address needs arising from closures of GP surgeries in the area?
- My ideas for the community hospitals around the bay. Perhaps one, say Paignton, could be used to provide children with care during a mental health crisis, a safe local place. This means police cells can be used for their main purpose, and the Bay's children don't have to travel far from home as they do now.

Suggestions supporting more efficient use of resources

Care Homes

- Maybe build a big retirement/ care home facility (run by the NHS and encourage independent living) A comparison was made to Germany for alternative proposals of structure of retirement homes/ villages and nursing homes

Staff

- Can’t we rotate staff to keep Paignton MIU open?
- Design a new post for careers/support person and give them more status. People recovering from ill health might not necessary need a qualified nurse, but a compassionate person that can support them in their home for a period of time. This might include personal care and basic medical procedures, i.e. dressings, drugs etc. perhaps carer is the wrong word.

Recycling equipment

- Crutches, wheelchairs etc. are often dumped. Can these be recycled not thrown away? Are there ways that recycling these can save funds these types of savings add up

Other

- Provide a small card that contains basic information about a person including their medication. (Learning Disability)
- Higher public health awareness, educate the population on the best way to look after themselves and who to go to in order to receive the best care.

Alternative Proposal Suggestions

Based on the above section, the points below have been identified from public feedback as alternative suggestions to the proposed new model of care itself, ***not*** suggestions on how the model might be implemented. If it is adopted, then all the other suggestions from the section above will need to be considered.

- Use existing community hospital buildings as that area's health and wellbeing centre.
- Use community hospitals for rehabilitation/intermediate care beds or for end of life care.
- Keep the community hospitals as they are or even expand them by increasing the number of available beds (e.g. 16 beds in Ashburton) or services on offer (e.g. Radiology).
- Combine Brixham and Paignton MIUs to deliver one MIU in the Bay.
- Increase number of beds at Totnes to 24 with three nurses.
- Close Totnes MIU and have it at Paignton instead.
- Have radiology in the Bay (in either Paignton or Brixham).
- Build a new hospital in Paignton.
- Have outpatients in Paignton and beds in Brixham.
- Include an MIU within Brixham Hospital.
- Use St Kilda's land in Brixham to build a new care home/intermediate care facility.
- Brixham surgeries to work together to provide a minor injuries service from Brixham Hospital.
- People of Dartmouth and its surrounds, be given the opportunity to at least offer to make a contribution (financial not compulsory) towards keeping Dartmouth hospital open and re-opening the minor injuries department.
- Build a new hospital on the ring road. Clinical Hub + HWB centre + MIU at Yalberton/White Rock. A new build that could serve all of Torbay.
- Include a smaller MIU in local chemists and supermarkets.
- Establish the clinical hub in Paignton and not Brixham.
- Keep Paignton Hospital and use as health and wellbeing centre/MIU/walk-in centre for GPs/ to provide children with care during a mental health crisis a safe local place (leaving local police cells to be used for their main purpose).
- Chudleigh to have a health and wellbeing centre.
- Do not have health and wellbeing centres but instead base a health and wellbeing team across GP practices integrated with the primary care teams.
- The NHS should itself provide services such as care homes and domiciliary care.
- Have a mobile clinic – like a mobile library.

Appendicies

1. Noted Petitions *(included in the main report where appropriate)*

The following petitions to the CCG and copied to Healthwatch were noted:

- Paignton Town Centre Community Partnership and Paignton Hospital League of Friends action group: "We the undersigned object to the removal of services provided by Paignton Hospital"
- Save Bovey Tracey Hospital action group: "Interim report"
- Ashburton and Buckfastleigh Community Hospital League of Friends: "Are you in favour of your hospital closing down or staying open? Please give reasons. What do you think the future of your hospital should be?"
- Dartmouth, Cottage Hospital Independently Promoted Survey: "Do you think the following should be provided at Riverview; do you think the CCG should guarantee a fully functioning facility at Riverview ..."
- Homebourne House, Singer Court: "We the undersigned resident of … wish to record our strong objections to the proposed closure of Paignton Hospital"

2. Noted Additional Submissions *(included in the main report where appropriate)*

The following submissions made to the CCG and copied to Healthwatch were also noted (available to view on request):

- 57 letters from local stakeholders, including: councillors, residents, retired GPs, consultants and consumer groups.
- Additional submissions were also noted from:
  - Paignton and Brixham Primary Care Federation with a modification of service offer.
  - Devon Senior Voice with a request that current sites are not disposed of by the Health Authority.
  - The Totnes Constituency Labour Party, opposing the potential closure of community hospitals, MIUs and the potential outsourcing of services to the private sector.
  - Bovey Tracey Town Council, believes consultation has not been conducted fairly. Concerns over closure of Bovey Tracey Community Hospital and no alternative services being in place.
  - A report from the Torbay Health and Wellbeing Scrutiny Committee supporting the proposed model of care in principle and recommending that consideration be given to the CCG working with local Members of Parliament and Councillors more formally at an earlier stage in any future consultations.
  - A report from Torbay Carers Services highlighting that Carers are very anxious about future changes, especially given the limitations of existing support services. They feel that some of the potential solutions will require additional work or resources and must be prioritised in order to successfully achieve Care Closer to Home. They also feel that consistency in the GP – patient – Carer relationship is critical in resolving issues quickly and appropriately, and that this must be considered as practices are merging.

3. Consultation list (open and community) attended by Healthwatch

Throughout the 12 week consultation, a variety of larger open public and smaller community group consultation events were held across the region, including the following:

Community Group Consultations

- Staff at Ashburton Hospital
- Staff at Newton Abbot Hospital
- Staff at Paignton Hospital
- Staff at Dartmouth Hospital
- Staff at Totnes Hospital
- Staff at Kings Ash House, Paignton
- Dartmouth Patient Participation Group
- South Hams and Teignmouth Board to Board
- Pembroke Surgery Patient Participation Group
- Carers Meetings in Paignton and Newton Abbot
- Torbay and South Devon NHS Foundation Trust Members Meeting
- Students at Coombeshead College
- Moor to Sea Care home forum
- Overview and Scrutiny, Teignbridge District Council
- Brixham Blind and Visually Impaired Club Meeting
- Community Partnership meeting, Torquay
- Chair of League of Friends Meeting
- Kingskerswell Health Centre Patient Participation Group
- Torbay Learning Disability Partnership Board
- Trade Union Representatives Meeting, Paignton
- Moor to Sea Patient Participation Group forum
- Ashprington Community Meeting
- Liberal Democrats Group, Torquay Town Hall
- Brixham League of Friends
- Blackawton Community meeting
- Coleridge Parish meeting
- Singer Court Residents Coffee Morning, Paignton
- Kingswear Council meeting
- Students, Teign School
- Students, South Dartmoor College
- Alzheimer's Society Carers Support Group

Open Public Consultations

- Bovey Tracey, Phoenix Hall
- Dartmouth, Dartmouth Academy
- Chudleigh, Chudleigh Town Hall
- Ashburton, Ashburton Town Hall, South Dartmoor Community College
- Buckfastleigh, St Lukes Church
- Paignton, Cecil Road Catholic Church, Preston Baptist Church
- Brixham, Scala Hall
- Torquay, Upton Vale
- Totnes, Totnes Civic Hall
- Widecombe, Widecombe Church Hall
- Newton Abbot, Newton Abbot College

- Central Paignton Churches Public meeting
- Youth Genesis meetings in Paignton, Brixham and Dartmouth
- Cricketfield Patient Participation Group
- Toddler and Baby Groups in Dartmouth, Bovey Tracey, Totnes and Ashburton
- University of the 3rd Age
- Torbay Mencap meeting
- Torbay Youth Parliament
- Tembani Court Residents meeting, Paignton
- South Hams CVS
- Torbay Alzheimer's Society Leadership meeting
- Torbay SPOT meeting
- South Devon and Torbay wide Patient Participation Group Consultation meeting
- Torbay Council Overview and Scrutiny
- Dartmouth Council Consultation meeting
- Goodrington Methodist Church Fete
- Step One Services, Newton Abbot
- Devon Learning Disability Programme Board
- Students, South Devon College

4. South Devon & Torbay CCG Consultation Document Distribution

The following statistics highlight how the CCG consultation document was distributed:

- About 14,000 consultation documents were distributed, and versions were available in easy read and large print format
- The consultation pages on the CCG website received more than 8,000 hits from unique users during the consultation period
- Information was sent to more than 300 groups, many of whom such as Torbay Community Development Trust, shared it with their member organisations.
- Nine advertisements were placed in the Brixham Times, Dartmouth Chronicle, Herald Express, Mid Devon Advertiser (all six area editions), and the Totnes Times
- Facebook advertising reached 35,000 people, more than 1,000 of whom accessed the website or online questionnaire
- Throughout the consultation, we used twitter to report on public meetings, share information and respond to questions and the number of people reached more than doubled during the consultation period, reaching more than 100,000
- Presentations were made to Trust and CCG staff; to Devon, Torbay, South Hams and Teignbridge scrutiny committees
- Material was made available through both the Trust, Healthwatch Torbay and Healthwatch Devon websites
- More than 700 people signed up to receive the weekly stakeholder briefing
- Throughout the consultation, and since the core proposals were published in April, different aspects have been covered by BBC Spotlight, Radio Devon and local newspapers, as well as by community based newsletters, publications and websites.

Further Suggested Reading

Background information

Healthwatch England. (2015). Safely home: what happens when people leave hospital and care settings? Special inquiry findings.

The King's Fund. (2014). Community services: how they can transform care

Local Government Association. (2016). Efficiency opportunities through health and social care integration: delivering more sustainable health and care

Monitor. (2015). Moving healthcare closer to home: financial impacts

National Consumer Council. (2008). Deliberative public engagement: background paper.

NatCen Social Research. (2014). British Social Attitudes 32. Health. Public attitudes towards the NHS in austere times

NHS England et al.(2015) Quick guide: supporting patients' choices to avoid long hospital stays

NHS Improving Quality. (2014). The little book of large scale change.

NHS Five Year Forward View (2014) Sets out how the health service needs to change (https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf)

NICE guideline (draft). (2015). Community engagement: improving health and wellbeing and reducing health inequalities

Realising the Value. (2016). Supporting self-management: a guide to enabling behaviour change for health and wellbeing using person and community centred approaches. Guide.

Royal Town Planning Institute. (2005). Guidelines on effective community involvement and consultation. RTPI good practice note 1.

South Devon & Torbay Clinical Commissioning Group. (2016). Main New Model of Care Consultation Document (http://www.southdevonandtorbayccg.nhs.uk/community-health-services/Documents/consultation-document.pdf)

Contact us

Get in touch

Address: Healthwatch Torbay
Paignton Library,
Room 17,
Great Western Road,
Paignton,
Devon
TQ4 5AG

Phone number: 0800 0520029
Email: info@healthwatchtorbay.org.uk
Website URL: www.healthwatchtorbay.org.uk

Healthwatch Torbay
@HWTorbay

1. How much is each individual community hospital being charged for rent by NHSPS?

Further to the information provided in July, market rent values for the individual hospitals remain commercial in confidence while lease negotiations are being concluded.

2. How much is the rental income for NHSPS nationally compared with the amount spent on maintenance?

In 2016/17 our budgeted rental income is £408 million. This includes freehold and leasehold income.

For leasehold properties, we normally hold a head lease on behalf of the NHS. The level of rent we have to pay our superior landlord is set out in the terms of this lease. We recover this cost by invoicing our customers for the same amount (plus a 5% management charge to cover our costs). Our customers' rents will be subject to the same review patterns as our head lease.

In 2016/17, our budgeted spend on 'Hard Facilities Management' (normally referred to as 'Hard FM'), which is mainly for routine, small-scale maintenance, is £98 million. These are direct costs and do not include overheads such as the salaries of our FM teams. It is also important to note that the £98 million does not include the money spent on larger maintenance projects that become part of our Construction Project Management (sometimes known as 'Capital') programme. The forecast CPM spend for 2016/17 is £60 million and typically funds a range of projects from new roofs and boilers to refurbishments and new-builds.

ENDS

Health and Wellbeing Scrutiny Committee

Fair Funding in the NHS Task Group

January 2017

CS/17/03
19th January 2017
Health and Wellbeing Scrutiny Committee

1. Recommendations

The Task Group ask the Health and Wellbeing Scrutiny Committee, Cabinet and the NHS in Devon to endorse the report and recommendation below.

Recommendation: Make representation to Central Government to review the way in which the NHS is funded
The Task Group request the opportunity to present this report in person with the Cabinet Member to the Secretary of State for Health. In order to request that the criteria upon which the funding formula is amended to better reflect the needs of the population in Devon taking into account rurality, age of the population and a complete picture of the local health and social care cost.

2. Introduction

2.1. The Health and Wellbeing scrutiny committee have established this Task Group to review the mechanics of the funding settlement that is given to CCGs in Devon each year by central Government to:

- Clearly establish the principles upon which the local NHS is funded by central Government.
- Come to a view on whether the principles that underpin the funding formula disproportionally disadvantage Devon and if Devon is comparably underfunded as a result.
- Make representations to Central Government as appropriate to challenge the allocation of funds.

2.2. This Task Group has been a joint collaboration with Corporate Services Scrutiny to take account of the financial expertise held in the committee. The Task Group has met three times across November and December and spoken to seven witnesses. During this time Members have examined a weight of documents and information (see bibliography) to understand the funding arrangements. The short duration of the Task Group has led to a focussed deep dive into a complex subject area.

2.3. The National backdrop for this work is a growing concern from members of the public, as well as National bodies about the pressures that the NHS and Adult Social Care is encountering:

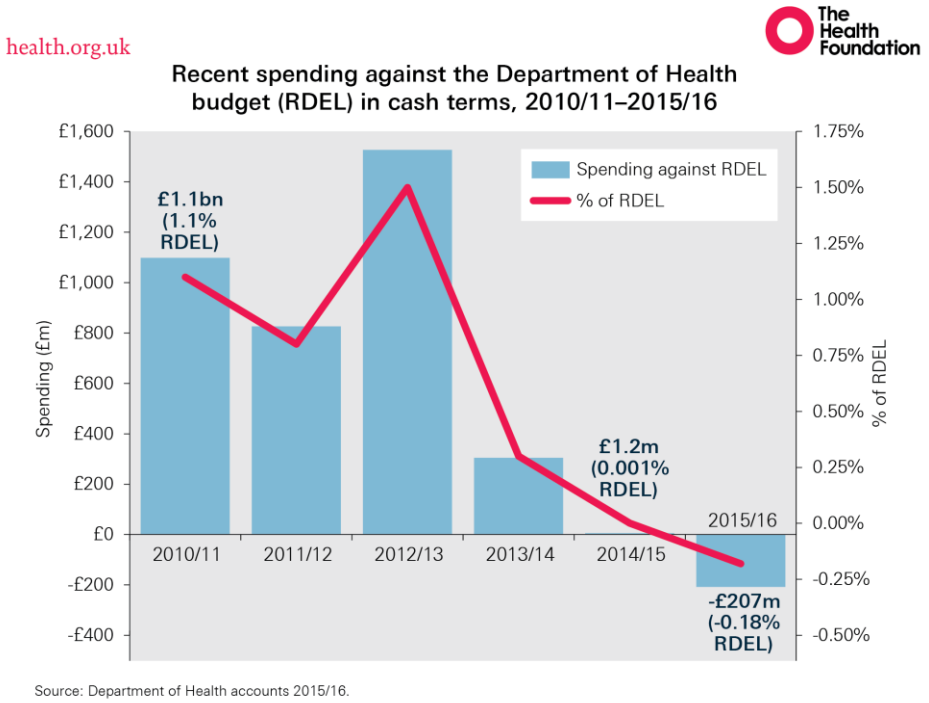
'The Government will need to address the additional NHS funding settlement in future financial statements. IF additional NHS funding is not forthcoming, politicians will need to be open with the public about how access to services and quality of care will be affected.' Nuffield Trust[1]

'Winter usually brings a dip in NHS performance, but key targets are being missed all year round. This reflects the impossible task of continuing to meet rising

[1] Nuffield trust, The health foundation, The kings fund: 'The Autumn statement: joint statement on health and social care' Nov 2016

demand for services and maintain standards of care within current funding constraints.[2]
Rob Murray, Director of Policy Kings Fund.

The graph below, produced by the Health Foundation demonstrates the relationship between the budget that the NHS is given and the under/overspend across years. As can be clearly seen in 2010/11 – 2012/13 there was a fair sized underspend. In 2014/15 this was all but eliminated, and in 2015/16 there was a £204 million overspend. This over spend is projected to significantly increase.



Source: Department of Health accounts 2015/16.

2.4. The House of Lords has established a committee to look at the long-term sustainability of the NHS. They are taking evidence currently and plan to report back in March 2017.

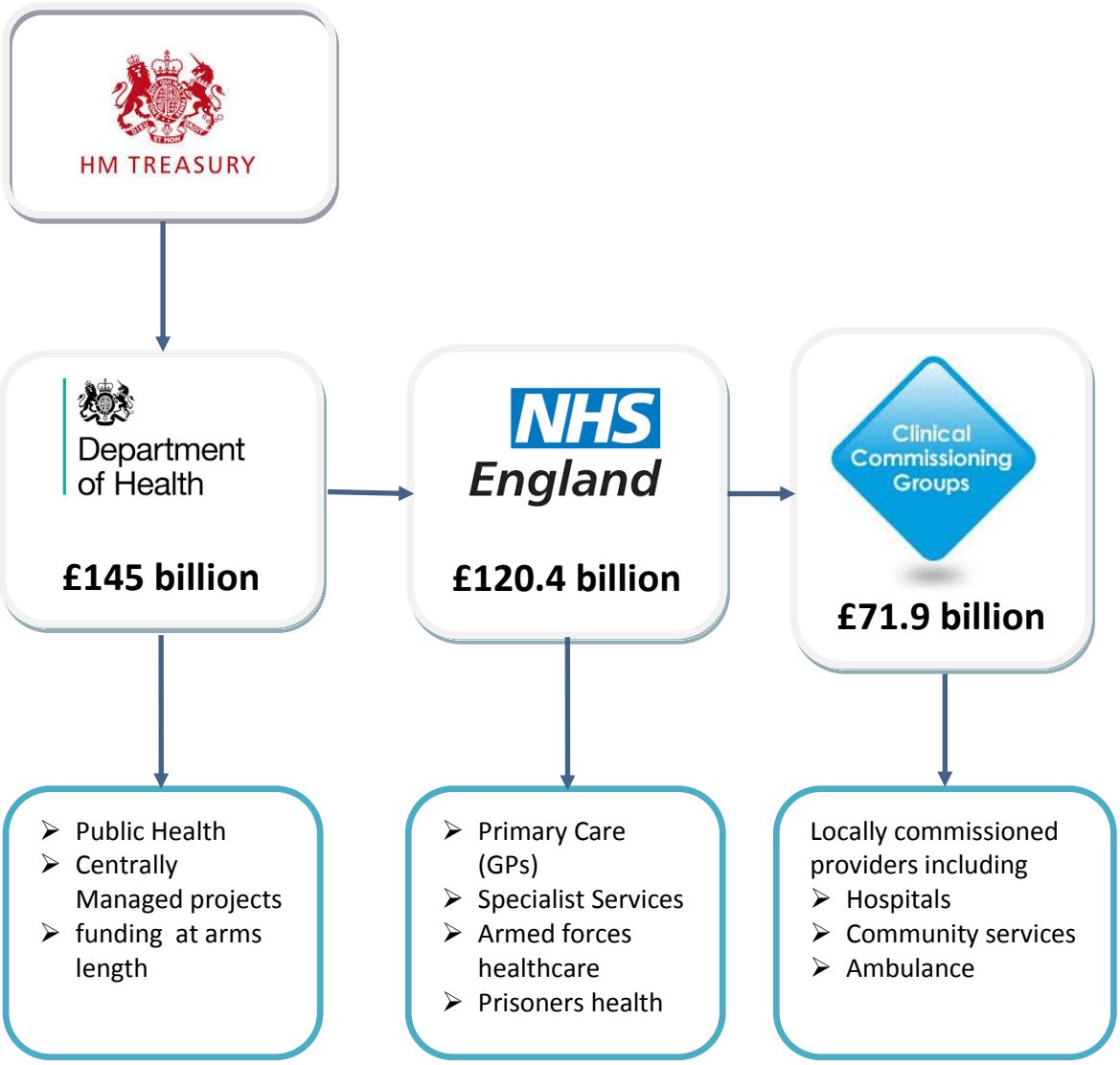
2.5. Against this back drop Devon County Council has unanimously voted to request the suspension of the STP process (Appendix 1). There is significant concern in communities across Devon that changes to the way health services are provided is motivated by a funding reduction. This is evident through the public representation, letters and phone calls that are received by Health Scrutiny on an increasingly regular basis. The issue of whether the health service and by implication adult social care has enough money to provide adequate care has been the most significant issue that Devon Health Scrutiny has looked at since its inception.

2.6. This report is presented in three parts. The first part reflects the work the Task Group has done to understand the current funding formula and allocations. This is written as far as possible in plain English as understood by lay people. The second part of the work is presenting the evidence that the Task Group has gathered on the current situation in Devon. The last and most important part gives evidence for the lines of enquiry that the Task Group believe need to be taken into account in any future funding settlement.

[2] Kings Fund: https://www.kingsfund.org.uk/press/press-releases/demand-nhs-services-soars-record-levels 8th September 2016

3. How is health funded?

3.1. The first task of the Group was to understand how different parts of the health service receive their funding and which conditions are taken into account when funding settlements are reached. The diagram below has been synthesised from information from the Kings Fund as well as the Department of Health budget papers for 2015/16. This represents how funding is distributed to parts of the NHS.



[3] Figures from DoH budget 2015/16 and Kings Fund report

3.2. To explain the diagram above, HM treasury gives the health budget to the Department of Health (DoH). The DoH then pay local authorities directly for their public health function. There are several other strands of work that are directly paid for by the DoH. The remainder of the budget £120.4 billion is paid to NHS England who commission GPs, health for the Armed Forces and Prisoners. £71.9 billion is paid across the 211 CCGs to commission local services from providers. The constituent parts of the health service as represented in the diagram receive their money through different and separate mechanisms. This further adds to the complexity of understanding the flow of money.

[3] https://www.gov.uk/Government/publications/budget-2016-documents/budget-2016

Funding settlements for health

3.3. The way in which NHS England determines the funding to individual CCGs is via a formula based on a weighted capitation formula used to set target shares of the national health budget for CCGs. The weighted capitation formula assesses the relative need per head for health care services across the country adjusted for differences in unavoidable costs. 65 years ago at the inception of the NHS 1,700 hospitals and almost 430,000 beds were transferred from local Government to the new service, along with another 1,300 or so hospitals and almost 120,000 beds from voluntary hospitals.[4] The questions over how funding should be distributed and what the principles behind this were developed over time. The following table summarises a much longer analysis from the Kings fund on the development of funding formula:

Period	Title	Principles
1960/70s	Crossman formula	Aimed to introduce equity by balancing regional health authority population with age and gender distribution. Giving more money to areas with greatest need. Introduced 'weighted capitation' a figure per head of population.
1975	Resource Allocation Working Party (RAWP)	In addition to the Crossman formula, that the formula be set and updated by independent technical experts. More explicitly its objective was to allocate NHS funds to local areas so that '…there would eventually be equal opportunity of access to health care for people at equal risk'
2003	Labour Government additions	The NHS should work to prevent sickness, not just treat it. Money was made available to support areas with more unmet and unexpressed need.
	Some areas have been receiving significantly more money than assessed as needing, and some areas were significantly underfunded. It was acknowledged that changing this immediately would cause significant problems so the '**Pace of Change Policy'** was introduced. How quickly money is reduced from some areas and increased to others is essentially a political decision.	

3.4. These principles are still largely in place today, although the sophistication of the analysis and data collection far exceeds what was previously possible. The statistics that sit behind the funding formula are based on ONS data and updated regularly.

'…actual health resource allocation is a constant interplay between the advice of technical experts developing formulas and the judgements of politicians.'[5]

[4] Kings Fund: *Improving the allocation of health resources in England How to decide who gets what'* April 2013 https://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/improving-the-allocation-of-health-resources-in-england-kingsfund-apr13.pdf

[5] Kings Fund: *Improving the allocation of health resources in England How to decide who gets what'* April 2013 https://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/improving-the-allocation-of-health-resources-in-england-kingsfund-apr13.pdf

3.5. The formulae is monitored, applied and adjusted by the Advisory Committee on Resource Allocation (ACRA) which is an independent, expert committee responsible for the for allocations to NHS England.

The formula underpinning all funding decisions is:

$$C = f(N,S)$$

This means that the cost of patient care (C) is calculated by understanding needs (N) and Supply Variables (S).

3.6. In 2015 the NHS analytical service undertook a major project to refresh and update most of the weighted capitation formulae used to set target shares for CCG core allocations. The formulae amended the general and acute, maternity, prescribing and Emergency Ambulance cost adjustment. This process updated the weighting placed upon remoteness.

Better Care Fund

3.7. The Care Act 2014 amended the NHS Act 2006 to provide the legislative basis for the Better Care Fund. It allows for the mandate to NHS England to include specific requirements relating to the establishment and use of an integration fund. Introduced in 2014, the Better Care Fund (previously known as Integration and Transformation Fund) is a pooled budget of monies from Health and Social Care The purpose of the fund is to drive towards integration and a seamless service user / patient experience being at the forefront of developments around health and social care. Better Care Fund Plans had to be approved by September 2014. There were 6 national conditions which had to be met;

- plans must be jointly agreed;
- protection for social care services (not spending)
- 7 day working across health and social care
- better data sharing (based on NHS number)
- joint approach to assessments and lead accountable professional
- agreement on impact of changes in acute section

3.8. **An important point is that the fund was not 'new money' for health or social care, but a recycling of existing resources meant to secure maximum impact.** The fund requires Local Authorities and CCGs in the same H&WB area to agree a pooled budget to support transformational change to improve care, outcomes and experience for service users and carers. Robust governance and risk sharing arrangements are required to be agreed by all partners. In addition, all pooled budgets had to be arranged via a S75 arrangement, which in Devon was drawn up by a legal advisor jointly appointed by the three parties to the agreement.

3.9. The Better Care Fund activities in terms of the work toward the National Conditions, includes 'outcomes' measures. A key measure of the effectiveness is the number of delayed discharges, i.e. people occupying hospital beds, when they should be in another setting such as home or a care home. Locally, these 'Outcome' measures include agreement on a local action plan to reduce delayed transfers of care. This has been developed with providers and commissioners from both health and social care, including mental health, the plan owned and monitored by the multi-agency A&E Delivery Boards.

Table 3.3 – Better Care Fund Allocations 2015-16

Comparator Group	BCF Funding (per head 65+)	Difference From CCN Allocation
County Council Network (CCN)	**£389**	**£0**
Inner London	£1,020	+£632
Outer London	£602	+£213
Metropolitan Boroughs	£570	+£181
Unitaries (Excl CCN Members)	£515	+£127
England	£478	+£90

3.34 The average BCF allocation per 65+ resident for CCN is £389. The table shows that the average CCN member authority allocation is funded at £90 below the England average and considerably below other authority type averages.

3.10. According to NHS England, for 2016/2017 the funding for Devon (as a Local Authority area and total funding from DFG and CCG's) is £56,487,000.

3.11. The BCF schemes that are focused on reduction of non-elective admissions are developed, implemented and monitored via the A&E Delivery Boards. This is in addition to further investment in Rapid Response in 2015/16 and close monitoring of outcomes which would inform future intentions. Other outcomes measures include monitoring the support for people with dementia (including assessing the length of stay for people with dementia admitted to hospital rather than diagnosis rates), the permanent admissions to residential and nursing care homes (the rate in Devon being significantly below the South West average) and the effectiveness of re-ablement services.

3.12. The impact of the decisions and policies underpinning the STP will affect Social Care. Supporting more people staying at home instead of hospital identifies the need for more NHS services in the community but there will also be a greater need for Social Care services too.

4. What does this mean in Devon?

4.1 In the perfect storm described above of increasing demand for services, decreasing budgets, Devon is a large, rural County with two CCGS one of which is the largest of all of the 211 CCGs and is in financial difficulties. Devon as a whole spends a significant amount on Social Care and has one of the smallest Public Health Grants in the Country. It also has the longest road network of any County in the UK which has consequences for the move to home based care.

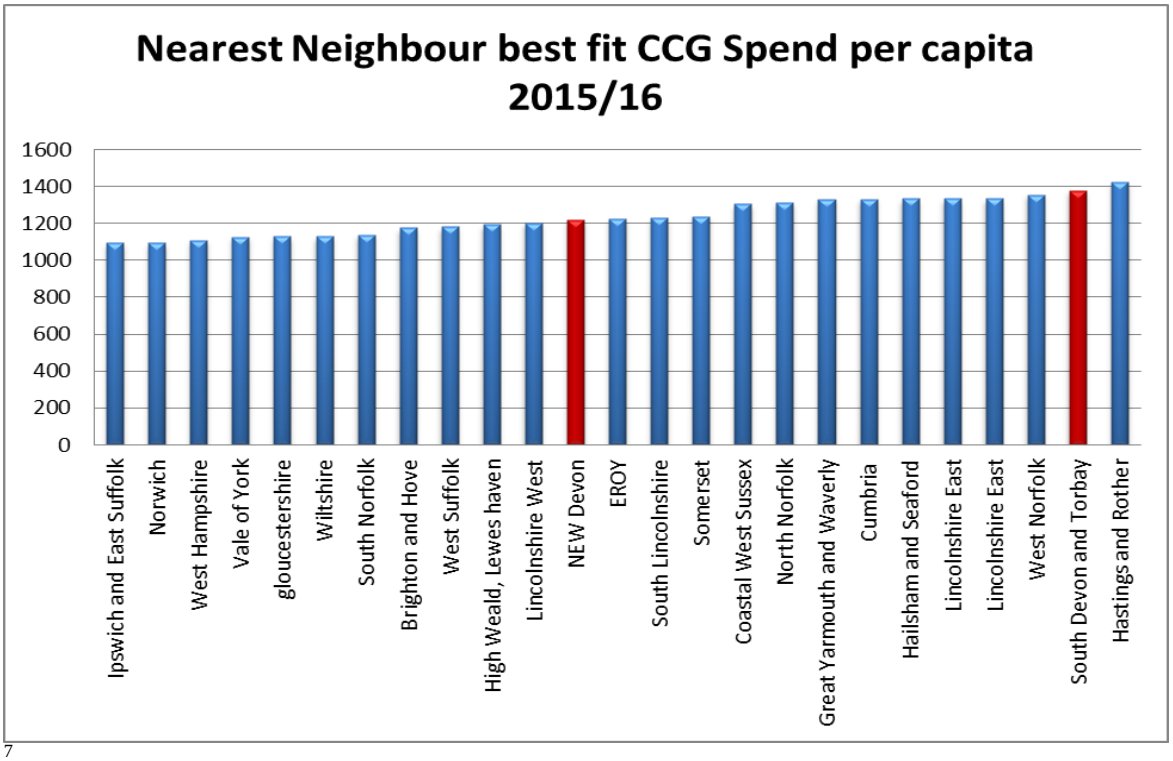
4.2 NEW Devon CCG is already over its target capitation figure. This means that it already receives in excess of the amount that it is assessed as needing. This takes into account additional weighting for rurality and an older population. The pace of change policy aims to redress this over time, reducing the comparative spend year-on-year notwithstanding the minimum growth settlement. This is significantly problematic as NEW Devon CCG currently has a budget deficit of £108 million, and without change this is predicted to grow to £243 million in 2016/17 and up to £557 million by 2020/21[6].

4.3 The Task Group had the ambition of comparing spend per head across health, social care and public health in Devon and then across other authorities that have similar characteristics. This is difficult because the geographic boundaries are different for different agencies. This means that in the Devon County Council area it is possible to find spend per head on Adult Social Care and Public Health as these are both within the Council budget. However spend on NHS services is divided between North East West (NEW) Devon CCG and South Devon and Torbay CCG. This situation is found across the Country with some areas having several CCGs covering the local authority boundary and crossing into neighbouring authorities.

4.4 To explore comparative cost and spend within geographic areas, health and social care either need to be looked at separately or considered with weighted analysis. This investigation has not broken down per head spend and normalised between health and social care. Instead CCGs are presented with an acknowledgment that they may or may not be co-terminus with the local authority.

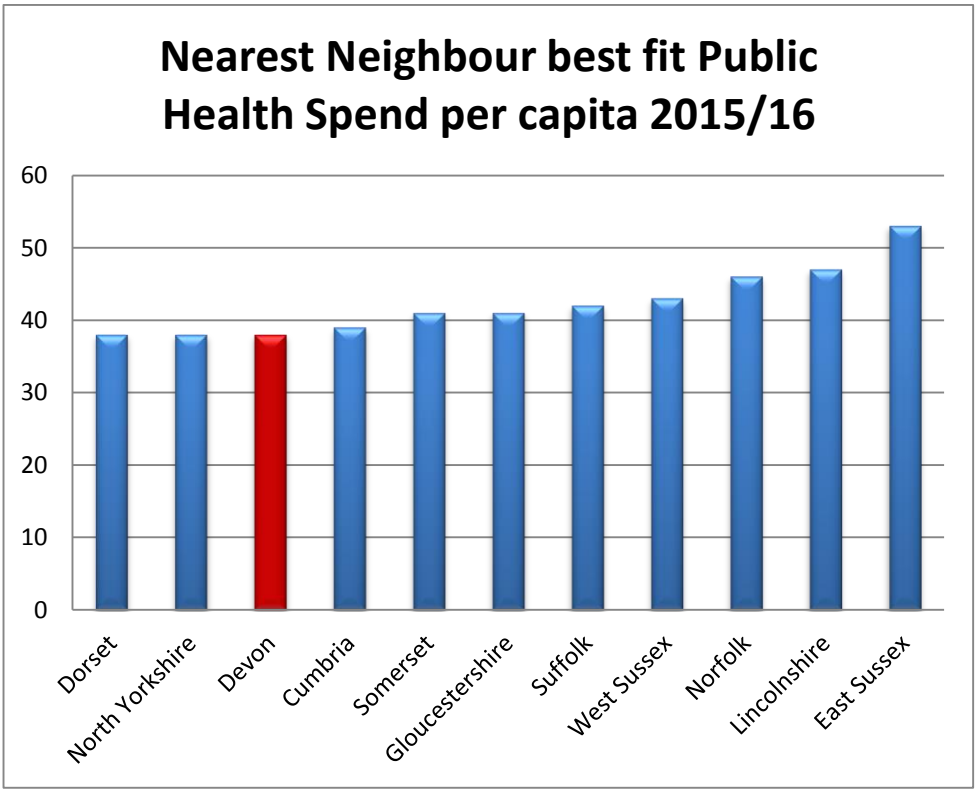
4.5 The chart below shows Devon County Council's ten nearest neighbour authorities plotted against their best fit CCGs. This means that in some cases three CCGs represent an area, and in others such as Cumbria the CCG and the local authority are co-terminus. The two CCGs in Devon are highlighted in red on the chart. NEW Devon CCG is slightly below average when compared to nearest neighbours but South Devon and Torbay is one CCG away from having the highest spend per head. Even within the twenty five similar clinical commissioning groups there is a significant variation. The point is explored later in this paper but the County Council's Network has undertaken research to demonstrate that Counties receive significantly lower funding settlements than their unitary or City Counterparts.

[6] Presentation by STP at Devon Health and Wellbeing scrutiny committee 8th November 2016



[7]

4.6 The Task Group have also compared the nearest neighbour areas on spend for public health. Once again Devon is in red and it receives one of the lowest funding settlements in the country. In 2015/16 the average settlement per person for Public Health was £63, in Devon this was £39.



[7] Chart produced with data from Concentra https://www.concentra.co.uk/blog/updated-ccg-budget-allocations-2013-2014-and-2015-2016

Devon County Council Social Care funding

4.7 Social care budgets do not have a hypothecated amount set centrally, it is local leaders who determine the breakdown in spend across Council Services from the £7.4 million grant that is received by the County Council.

4.8 Individuals contribute to their care costs if they are assessed to be able to do so. On average across Devon this translates to 17% of spend being made up of client contributions. This charging formula is regulated nationally.

4.9 It is difficult to compare Government funding 'like for like' over several years because of the changes in funding structures. Taking this into account the long term changes indicates a reduction in core Government funding (including the local element of business rates) from £284m per annum (2010/11) to £152m p.a. in this Financial Year (2016/17) – a reduction of 47% (-£132m p.a.). The reduction is set to continue, with core Government funding reducing to £102m (forecast 2019/20) – a reduction since 2010/11 of 64% (-£182m p.a.)

4.10 This is a cash reduction. The effect in real terms is greater than this and, in addition, the Council has to deal with prices that are increasing far faster than general inflation, and even more importantly, with ever-growing need for services that it is legally obliged to meet. Clearly this gap, which in real terms, will significantly increase will mean that the Council has had to both increase Council tax and identify ways of making further very significant savings.

4.11 Except for 2013/14, when the Council accepted the Council Tax Freeze Grant, the Council has raised Council tax by the maximum permitted. The total increase in Council tax over the period was £49m. However, the reduction in core Government funding has far exceeded this and has meant the Council has faced a shortfall of £42.7m over the period.

4.12 The cash reduction understates the effect on the Council, because children and adult social care are demand-led. In Devon these two areas now equate to nearly two thirds (64%) of the Total Net Budget Requirement – when fixed costs such as capital financing are stripped out, the figure is 70%.

4.13 Meanwhile there has been no relaxation in Statutory Duties Councils have to meet. With an increase in demand (growing, aging population and increase in disabilities); upward pressure on cost is unavoidable and have been rising sharply – even if prices paid for care stayed the same.

Devon County Council Adult Social Care is supporting 925 more older people than this time 12 months ago.

4.14 In Devon we are assessing more people compared to other counties and providing more community based services for people than our statistical neighbours, there has also been a large increase in personal care 6.7% in 12 months.

4.15 As well as budgets being squeezed there is also ample evidence that the impact of the lack of funding is already affecting other organisations and by extension people who are supported across Devon in related sectors. See box below:

Impact: Hospiscare

Hospiscare, is a local charity that provides specialist palliative care services in Exeter, Mid and East Devon**.** There are 3 other hospices in Devon, Rowcroft (south Devon), St Lukes (Plymouth) and North Devon Hospice.

- Hospiscare provides 12 patient in-bedded unit, extensive community nursing services, three day centres, supportive care services and specialist palliative care.
- Hospiscare receives 17% of its funding from the CCG this works out at £3 per person. **For every £1 given by NHS, £3 is generated by Hospiscare.**
- There has been no increase in funding since 2010/11. Hospiscare estimates that it has lost approx. £147,000 total in funding since 2010/11 because of the freeze on its funding.
- 40% of referrals to the in-patient unit are from the Royal Devon and Exeter Hospital. (The major acute hospital in the area.)
- There are 3 other hospices in Devon; all are dependent upon legacy and community funding. Recently Rowcroft in Torquay have had to reduce their service down to 12 beds because of funding difficulties.
- Hospices in Devon spent £23.6 million on palliative care last year. Their combined grant/contract income was £6.4 million. **Hospices in Devon have therefore contributed £17.2 million to the Devon health economy last year.**

5. Lines of Enquiry

Place based budgeting

The budgets for CCGs, Public Health and Adult Social Care should be considered on a place basis, not in isolation.

5.1 Place based care is largely taken to mean combining primary, CCG-commissioned, and specialised care in one strand. However the Task Group assert that Public Health and Social Care need to be considered as part of this package. There is growing consensus that health and social care are providing increasingly interrelated activities. As the Task Group IS preparing this report Simon Stevens has been quoted in all major newspapers as saying:

'Unarguable' case that care for elderly needs more money says NHS chief'[8]

He goes on to make the case that the interrelated activities have a significant impact on hospital discharge and therefore need to be adequately supported.

5.2 As demonstrated in the previous section, Devon receives comparable amounts of

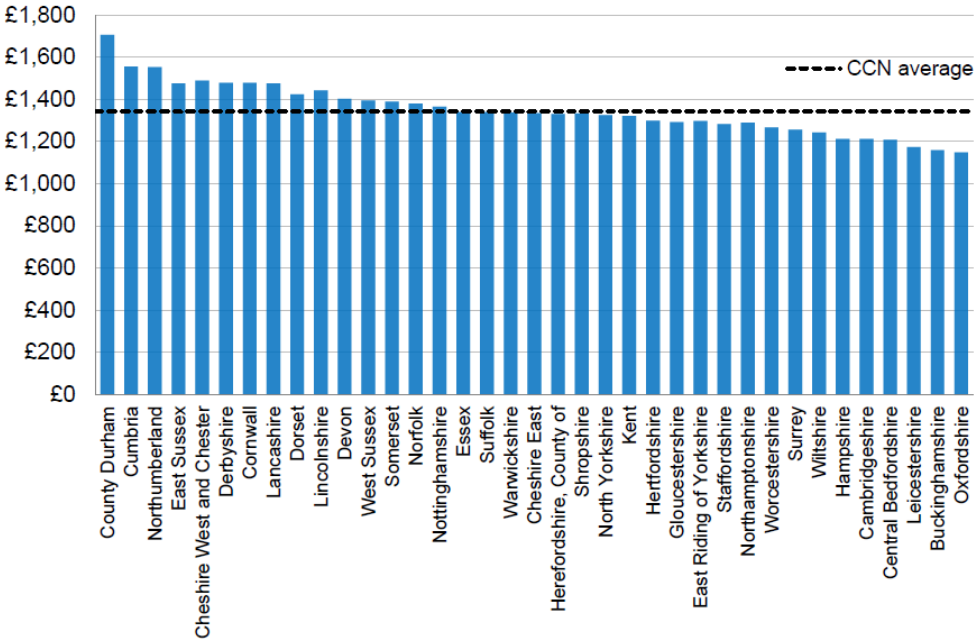
[8] Telegraph http://www.telegraph.co.uk/news/2016/12/13/unarguable-case-care-elderly-needs-money-says-nhs-chief/

funding to its nearest neighbour authorities for the CCG but significantly lower amounts for public health. Adult Social Care has seen a reduction in funding, as all local authorities have. It is however useful to look beyond our nearest neighbours. The County Council Network (CCN) has produced a report making the case that Devon and other County Councils consistently receive smaller portions of funding than other local authorities:

'Counties face the perfect storm of the highest levels of demographic growth, the fastest growth in service demand for health and social care, while these health economies receive significantly less funding than other areas.'9

5.3 The graph below is taken from this report and shows the comparative combined funding for members of the CCN:

Figure 5.1 – CCN Members' Older People's Adult Social Care and Health Funding 2015/16 (£/Head)



5.4 The theme throughout this report has been that to adequately support the STP and change programmes throughout the NHS and Adult Social Care, funding needs to be considered as a whole and not piecemeal through different mechanisms.

Age Profile

The funding formula should be weighted to take into account the significantly increased need for over 85s.

5.5 The funding formula does take into account an older population and applies weighting accordingly for acute, mental health and primary care. However it is the assertion of this Task Group that the funding formula should go further and make allowances for the significant increase in costs due to an elderly population as presented below.

5.6 The UK has an ageing and growing population, there is evidence to show that older

9 County Council's Network: *Health & Social Care in Counties Funding, Demand & Cost Pressures* http://www.countycouncilsnetwork.org.uk/news/2016/jan/health-amp-social-care-counties-funding-demand-amp-cost-pressures/

people are the heaviest users of health and social care services as there is an increase in the number of elderly living with acute and chronic health conditions.

- By 2033 almost 25% of the population will be over 65
- Older people currently account for more than 40% of the NHS budget
- Around 45% of health and community services expenditure is on people over 65.
- The mean age of patients in hospitals is 68,

5.7 In Devon this situation is exacerbated:

- The mean age of patients in Devon hospitals is 72.
- The mean age of patients in Community Hospitals in Devon is 82.
- The mean age of patients in Devon in both Community Hospital and acute hospitals is 74. 6 years older than the national average.[10]

5.8 The Task Group assert that whilst the funding formula does take into account an older population, it does not differentiate between the very oldest. This is very important as the over 85s have a different health complexion to the 75-84 year olds. This is demonstrated by the following extract from a recent report by Age UK:

Conditions by age –differences over 65

- Most people aged 75 and over have one or more health conditions, but 50 per cent of them do not consider themselves to be living with a 'life limiting' long-term condition, meaning that even if they have one or more health conditions they do not feel it has a significant impact on their lives.
- 1 in 10 of people age 65 and over are 'frail', rising to one in four of those aged 85 and over.
- Most long-term conditions are more prevalent among older age groups; for example, the prevalence of diabetes rises steadily among men and women until their early eighties, peaking at 22 per cent for men and 17 per cent for women.
- The rate of falls also increases with age; women are more likely to fall than men and in 2014, among those aged 85 to 89 nearly a quarter of men and a third of women had a fall in the last five years. Many falls are preventable and where osteoporosis can be identified and treated better it is estimated that a quarter of all hip fractures might be avoided.
- The prevalence of dementia is very low (0.3 per cent) for both men and women aged 60-64 and only four per cent for 75 to 79 year olds, but then rises sharply to more than one in four among women aged 95 to 99, and to one in five for men of the same age.

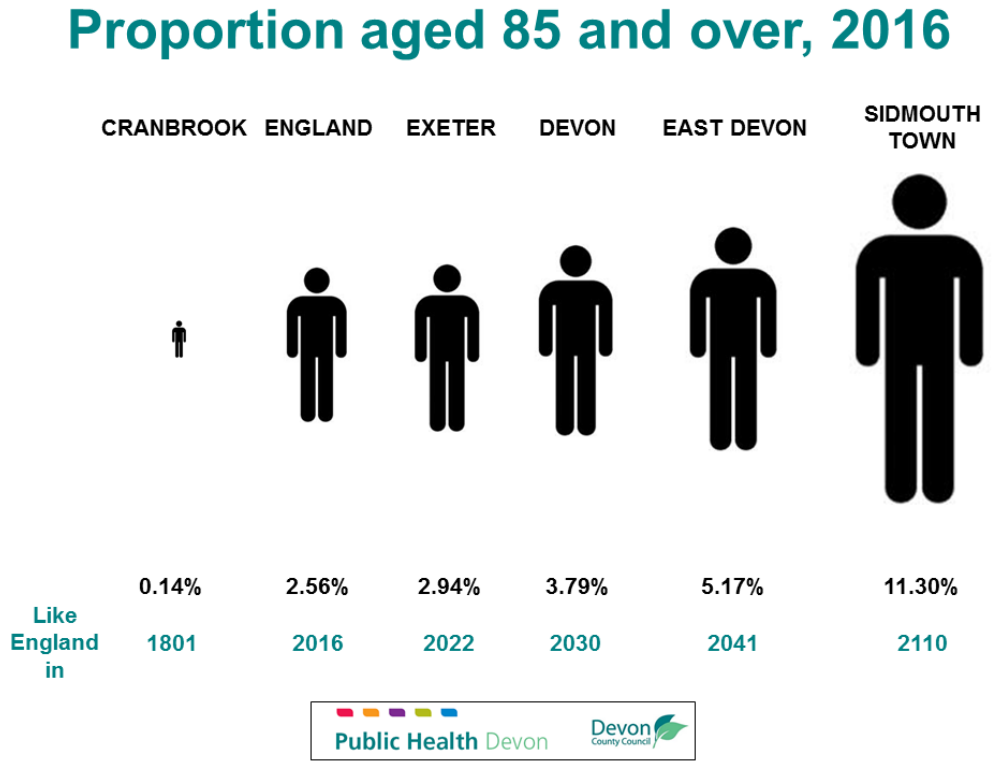
[11]

5.9 Devon has a significantly older population when compared with the rest of the Country. The infographic below prepared by Public Health Devon correlates the % over 85 with the size of the figure and gives a figure when the rest of England will have reached the same proportion of the population aged over 85. The University City of Exeter is slightly older than the rest of England, which will reflect the

[10] Figures taken from the 2015 Devon County Council Public Health Acuity Audit

[11] Age UK: 'Briefing: The Health and Care of Older People in England 2015' http://www.cpa.org.uk/cpa/docs/AgeUK-Briefing-TheHealthandCareofOlderPeopleinEngland-2015.pdf

proportions in 2022, but in parts of Devon it will take until 2041 or even 2110 before the rest of England shares the same age profile.



12

5.10 The consequences of providing this level of extra healthcare are taken into account in the funding formula, but only to some degree.

Rurality

The funding formula should consider the impact of rurality upon providing services beyond small hospitals.

5.11 On the 21st October 2015 ACRA considered a report entitled: '*Unavoidable* smallness *due to remoteness – identifying remote hospitals'*. To be classified as a hospital that falls into the category of 'unavoidable smallness due to remoteness' three conditions must be met:

- Smallness condition- Lower Super Output Area population must be fewer than 200,000
- Remoteness condition – the LSOA population must be more than 60 minutes from the nearest provider.
- The site must provide 24/7 A&E facilities.

5.12 In this report North Devon Hospital is highlighted as one of the most remote hospitals in the Country. Or rather the 91.1% of the population that is served by North Devon would have to travel 60 minutes or more to another major hospital. The only hospital that serves a more remote population, under these criteria, is St Mary's and this is on the Isle of Wight.

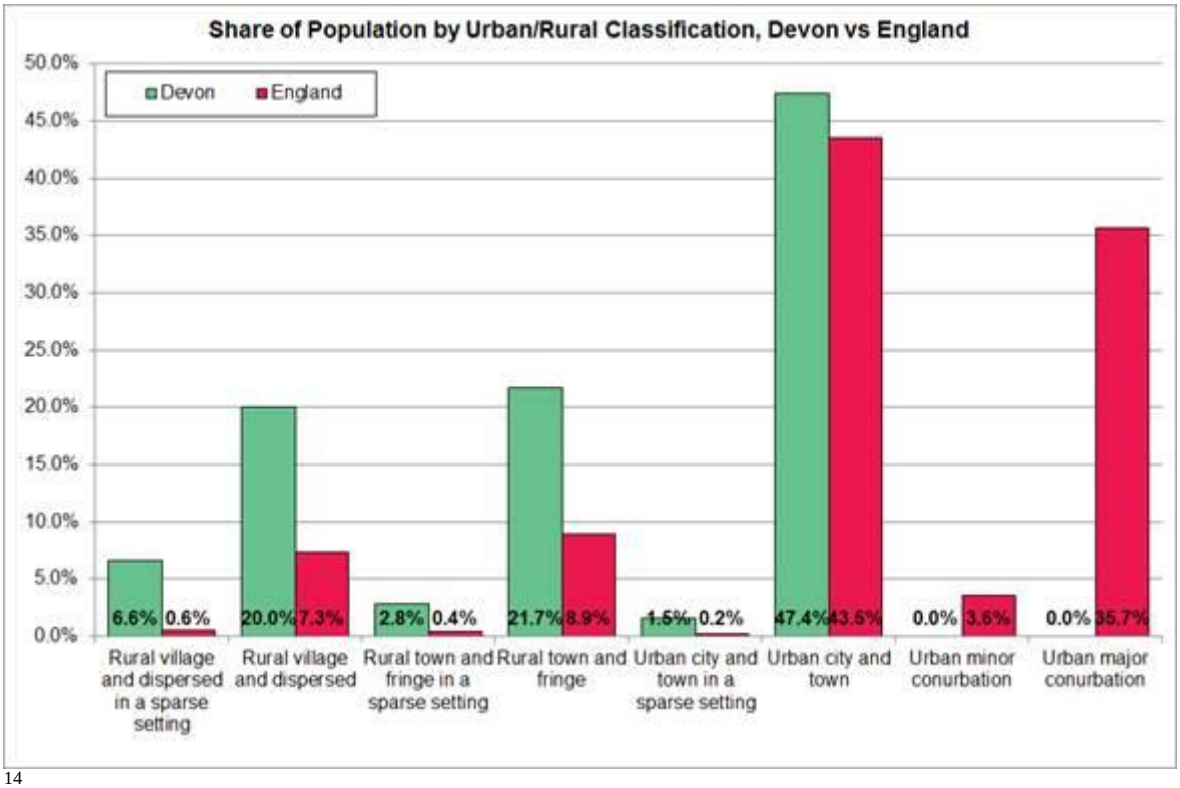
5.13 For some time Devon has recognised the hidden levels of deprivation, this is

[12] Graphic produced by Public Health Devon

exacerbated by rurality:

'Patterns of deprivation marked by isolated pockets and hidden need within communities and higher levels of rural deprivation, with groups experiencing health inequalities likely to be geographically dispersed. This creates additional challenges when addressing health inequalities and targeting services to those most in need'[13]

5.14 51.1% of the Devon population live in areas classified as rural (towns of 10,000 population or less, villages, hamlets and isolated dwellings), which ranks 7th out of 151 upper tier/unitary authorities nationally and is above the South West (31.1%), Local Authority Comparator Group (36.3%) and England (17.1%) rates.

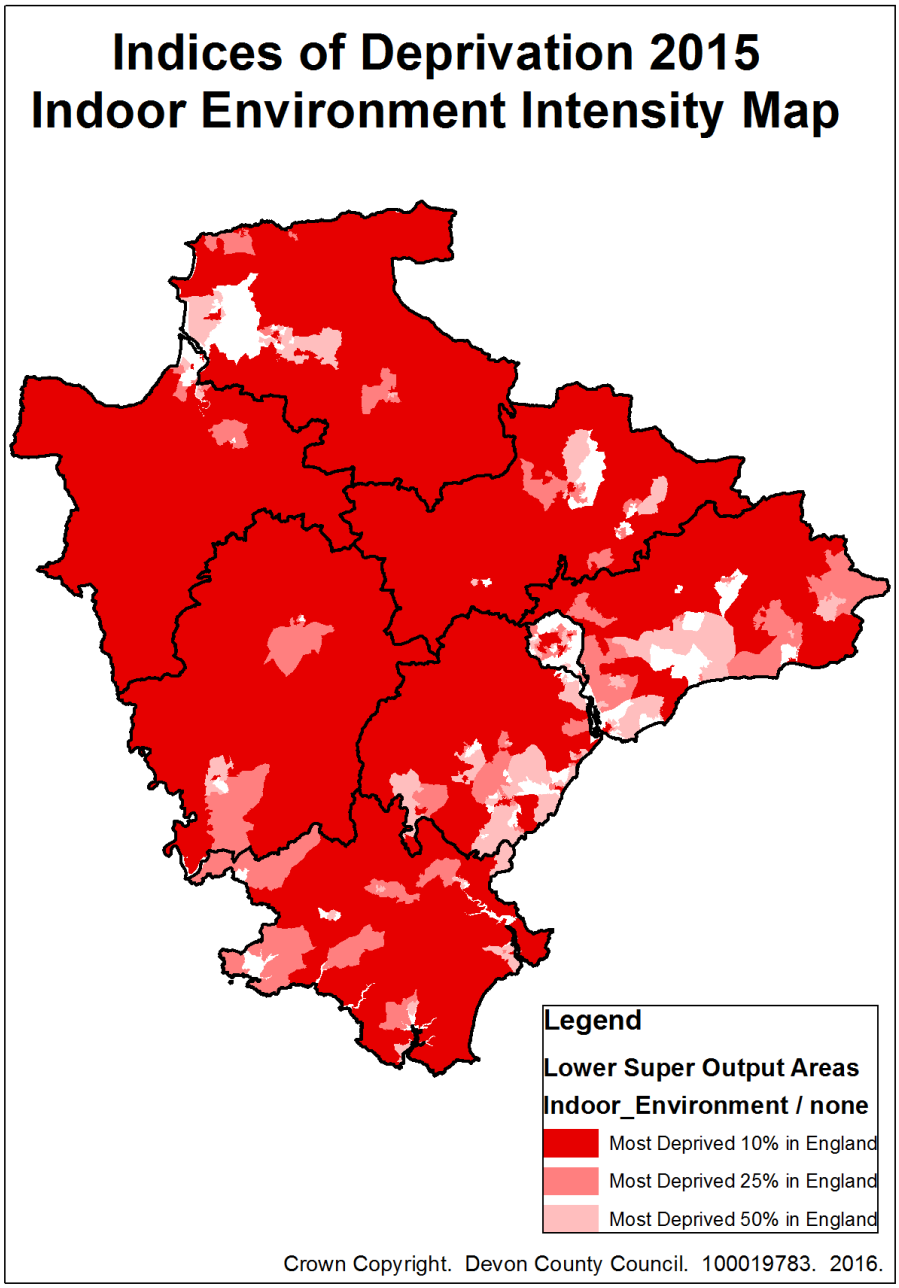


[14]

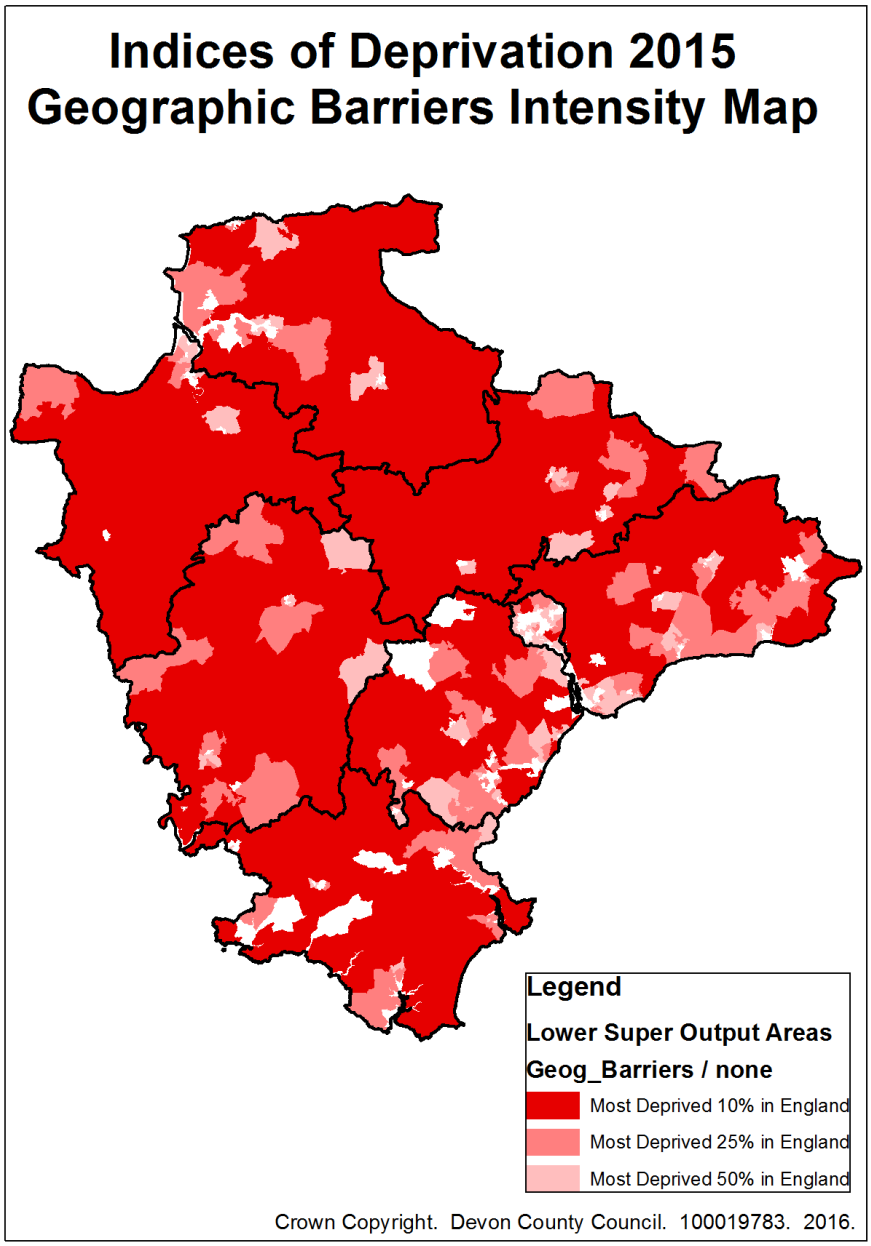
5.15 A key indicator of health is quality of housing. The hidden nature of some levels of deprivation is demonstrated by the map below:

'A disparity between the quality of indoor and outdoor environments in Devon. According to the Indices of Deprivation 2015 over half the Devon population (54.55%) live in areas in the most deprived 20% in England for the quality of the indoor environment (decent homes standard and central heating), with no areas in the most deprived 20% in England for the quality of the outdoor environment (air quality and road traffic accidents affecting pedestrians and cyclists). Housing has a direct impact on health with poor housing leading to an increased risk of cardiovascular and respiratory disease, as well as anxiety and depression'[15]

[13] JSNA http://www.devonhealthandwellbeing.org.uk/jsna/overview/
[14] Produced by Public Health Devon 2016
[15] Public Health Devon http://www.devonhealthandwellbeing.org.uk/jsna/overview/



5.16 Taking into account the ease of access to service which is also a key determinant of wellbeing, the map below also demonstrates the comparative deprivation when compared to the rest of the country. This measures the additional travel time, the road distance to GP, post office, primary school and convenience stores. Large parts of Devon are in the 10% most deprived in the Country. This must present an additional cost to providing services. Especially ones that are based in the community.



Market forces factor

There are areas of the Country where it will always be hard to recruit. The Market Forces factor should consider unavoidable agency staff costs.

5.17 Consideration is given in the funding formula to the local impact of running a service. This is called 'market forces factor'. For example adding London weighting would then increase the settlement to take this into account. This is particularly in respect of wages needing to be higher in a particular location because of living costs.

5.18 In Devon house prices are high but wages are low. This in large part reflects the demographic of an older, retired population. With the market forces factor the area is not subject to higher weighting. However, recruitment in a rural environment can be disproportionately difficult, especially when considered alongside high house prices. This might mean that there is a greater reliance on agency staff than in other

areas.

5.19 The reliance on agency staff across the NHS is a growing issue:

'Year-on-year the NHS is spending more on agency staff.'[16]

5.20 The agency spend for Devon in 2015/16 was £41,507,000 which is 5.4% of the total pay spend. This has reduced to 3.9% this year as providers work hard to limit agency staff. However in a rural location with a limit on affordable housing a reliance on agency staff seems inevitable.

The population of Devon increases due to tourism.

5.21 With its coastline, moorland and seaside towns Devon is a popular tourist destination, seeing an estimated population increase of up to 21% during July and August[17]. Despite this, and the resulting impact on A&E and Walk-In service admissions, the current health funding formula makes no allowances for this summer population increase.

6. Conclusion

The County Council in Devon has given a very strong mandate to challenge the way in which health care services are delivered in the future. This goes beyond party politics and is fundamentally about the ideology of helping people get well and supporting them if they can't.

Nationally there is move to integrate Health and Social Care provision and the resources to support this move must have strategic oversight. The local complexion of health service presents as separate services working in an integrated way for the benefit of local people. The Task Group asserts that Central Government funding must keep pace with the principles outlined in the Sustainability and Transformation Plan, namely to properly fund significant change. This report puts the case on the basis of rurality, an ageing demographic, significantly above the national average and other local variations that are not considered in the formula.

This Task Group report review has taken place during the closing two months of 2016; the report is measured given the brevity of the investigation. The review has been short to enable the conclusions of the Group to be considered as soon as possible including by the current House of Lords Committee on long term sustainability of the NHS and the Task Group will send this report to them.

The purpose of the report has been to highlight the areas of disparity and acts as a call to action for significant players in the political system.

[16] Royal College of Nursing: '*Frontline First* Runaway agency spending' Feb 2015 https://www2.rcn.org.uk/__data/assets/pdf_file/0005/608684/FF-report-Agency-spending_final_2.pdf

[17] Devon and Cornwall Police http://www.devonandcornwall-pcc.gov.uk/fair-funding/why-the-funding-formula-is-unfair/

7. Sources of evidence

Witnesses

The Task Group heard testimony from a number of sources and would like to express sincere thanks to the following for their involvement and the information that they have shared as well as to express a desire of continuation of joint work towards the fulfilment of the recommendations in this document.

Organisation	Person	Role
NEW Devon CCG	Jenny McNeil	Associate
	Andy Robinson	Finance Director
Devon County Council	John Holme	Assistant County Treasurer, Finance
	Jennie Stephens	Chief Officer for Adult Care & Health
	Keri Storey	Head of Adult Care Operations & Health
	Tracey Polak	Assistant Director/ Consultant Public Health
Hospiscare	Glynis Atherton	Chief Executive

Bibliography

(Sorted via date)

- Nuffield trust, The health foundation, The kings fund: '*The Autumn statement: joint statement on health and social care'* Nov 2016 https://www.kingsfund.org.uk/publications/autumn-statement-2016
- Kings Fund: https://www.kingsfund.org.uk/press/press-releases/demand-nhs-services-soars-record-levels 8th September 2016
- NHS England, Analytical Services (Finance) : '*Technical Guide to Allocation Formulae and Pace of Change For 2016-17 to 2020-21 revenue allocations to Clinical Commissioning Groups and commissioning areas'* April 2016
- NHS England: '*Equality Analysis For 2016-17 to 2020-21 revenue allocations to Clinical Commissioning Groups and commissioning areas'* April 2016
- NHS England: '*Primary medical care – new workload formula for allocations to CCG areas*' April 2016
- NHS England Analytical Services (Finance): '*Specialised services formula Final model agreed by ACRA for information'* April 2016
- NHS England, Analytical Services (Finance): *'Refreshing the Formulae for CCG Allocations For allocations to Clinical Commissioning Groups from 2016-17 Report on the methods and modelling'*, April 2016
- Advisory Committee on Resource Allocation: 'Costs of unavoidable smallness due to remoteness' 7th March 2016
- County Councils Network: '*Social Care and Health: Funding and Cost Pressure Analysis'*, January 2016 http://www.countycouncilsnetwork.org.uk/news/2016/jan/health-amp-social-care-counties-funding-demand-amp-cost-pressures/
- Advisory Committee on Resource Allocation: *Refreshing the current CCG formula (Revised'*) 18 November 2015

- Age UK: 'Briefing: The Health and Care of Older People in England 2015' http://www.cpa.org.uk/cpa/docs/AgeUK-Briefing-TheHealthandCareofOlderPeopleinEngland-2015.pdf
- Advisory Committee on Resource Allocation Unavoidable smallness due to remoteness - identifying remote hospitals 21 October 2015
- Advisory Committee on Resource Allocation '*Unavoidable smallness due to remoteness - identifying remote hospitals'* September 2015
- Royal College of Nursing: '*Frontline First* Runaway agency spending' Feb 2015 https://www2.rcn.org.uk/__data/assets/pdf_file/0005/608684/FF-report-Agency-spending_final_2.pdf
- Kings Fund: 'Improving allocation to health resources in England: https://www.kingsfund.org.uk/publications/improving-allocation-health-resources-england April 2013
- CIPFA Stats nearest neighbour comparator model http://www.cipfastats.net/resources/nearestneighbours/profile.asp?view=results&dataset=england

8. Task Group Membership

The Task Group review was chaired by Councillor Brian Greenslade and membership of the Spotlight Review was as follows:

Councillors Richard Westlake; Councillor Claire Wright; Councillor Kevin Ball; Councillor Richard Hosking; Councillor Robin Julian; Councillor Mike Edmunds

9. Contact

For all enquiries about this report or its contents please contact

Camilla de Bernhardt, Camilla.de.bernhardt@devon.gov.uk

Appendix 1: Notice of motion Devon County Council

Cuts to Devon Health Services and the Success Regime (Minutes 55 and 56 of 6 October 2016)

Meeting of Council, Thursday, 8th December, 2016 2.15 pm (Item 73.)

To receive and consider the recommendations of the Cabinet relating to Councillors Biederman and Greenslades Notice of Motions.

The text of the original Notices of Motion, the Cabinet's recommendations and any reasons therefor may be seen in full at Minute 104(e) of the Cabinet held on 9 November 2016 (Page 10 of 9 November 2016, Green Pages).

Minutes:
Pursuant to County Council Minutes 55 and 56 relating to the two Notices of Motion set out below as originally submitted and then formally moved and seconded by Councillors Biederman and Greenslade that:

Proposed Cuts to Devon Health Services and Impacts on Patients (Councillor Biederman)

'This Council is deeply concerned about the impact the proposed cuts to Devon health services will have on patients – especially the loss of whole departments including maternity services at North Devon District Hospital - and massive reduction in acute and community hospital beds across Devon, as set out in the sustainable transformation plan.

This Council also recognises that Governments have deliberately not provided the NHS with the adequate level of funding and now calls on local MPs to lobby Government ministers to urgently and significantly increase the level of funding to the NHS, in order to protect our precious health services for current and future generations'.

NHS Success Regime (Councillor Greenslade)

'County Council believes that the NHS Success Regime project for Devon is now seriously flawed and accordingly calls on the Secretary of State for Health and NHS England to cancel it forthwith. County Council further calls on Government and NHS England to firstly address the issue of fair funding for our area and to ensure the general election promise of an extra £8 billion of funding for the NHS is taken into account when assessing the claimed deficit for Devon NHS services.

Until funding issues are addressed it is not possible to decide whether or not there is a local NHS budget deficit to be addressed. Unnecessary cuts to local NHS budgets must be avoided!

Devon MP's be asked to support this approach to protecting Devon NHS services"

and having had regard to the advice of the Health & Wellbeing Scrutiny Committee and the subsequent views of the Cabinet set out in Minutes 29 and 104(e) of 8 and 9 November 2016, respectively, to accept the Notice of Motions in the name of Councillors Biederman and Greenslade as amended [highlighted below] for consideration by the County Council at its next meeting and to the further representations received (Minute 63 above refers).

Proposed Cuts to Devon Health Services and Impacts on Patients (Councillor Biederman)

'This Council is deeply concerned about the impact the proposed cuts to Devon health services will have on patients – especially the loss of whole departments including maternity services at North Devon District Hospital - and massive reduction in acute and community hospital beds across Devon, as set out in the sustainable transformation plan.

This Council also recognises that Governments have [~~deliberately~~] not provided the NHS with a fair [~~the adequate~~]level of funding and now calls on local MPs to lobby Government ministers to urgently and significantly increase the level of funding to the NHS, in order to protect our precious health services for current and future generations'.

NHS Success Regime (Councillor Greenslade)

'County Council believes that the NHS Success Regime project for Devon is now [~~seriously~~] flawed and accordingly asks [~~calls on~~] the Secretary of State for Health and NHS England toput the process on hold, until issues relating to the 'independence' of the Success Regime are investigated and for fair funding to be considered [~~cancel it forthwith~~]. County Council further calls on Government and NHS England to firstly address the issue of fair funding for our area and to ensure the general election promise of an extra £8 billion of funding for the NHS is taken into account when assessing the claimed deficit for Devon NHS services. Until funding issues are addressed it is not possible to decide whether or not there is a local NHS budget deficit to be addressed. Unnecessary cuts to local NHS budgets must be avoided! Devon MP's be asked to support this approach to protecting Devon NHS services"

Members then formally moved and duly seconded the amendment(s) shown below and thereafter subsequently debated and determined.

Councillor Hart then MOVED and Councillor Clatworthy SECONDED that the Cabinet's advice be accepted and in accordance with the views of the Health & Wellbeing Scrutiny Committee the Notices of Motion as set out hereunder be accepted:

Proposed Cuts to Devon Health Services and Impacts on Patients (Councillor Biederman)

'This Council is deeply concerned about the impact the proposed cuts to Devon health services will have on patients – especially the loss of whole departments including maternity services at North Devon District Hospital - and massive reduction in acute and community hospital beds across Devon, as set out in the sustainable transformation plan.

This Council also recognises that Governments have not provided the NHS with a fair level of funding and now calls on local MPs to lobby Government ministers to urgently and significantly increase the level of funding to the NHS, in order to protect our precious health services for current and future generations'.

NHS Success Regime (Councillor Greenslade)

'County Council believes that the NHS Success Regime project for Devon is now flawed and accordingly asks the Secretary of State for Health and NHS England to put the process on hold, until issues relating to the 'independence' of the Success Regime are investigated and for fair funding to be considered]. County Council further calls on Government and NHS England to firstly address the issue of fair funding for our area and to ensure the general election promise of an extra £8 billion of funding for the NHS is taken into account when assessing the claimed deficit for Devon NHS services. Until funding issues are addressed it is not possible to decide whether or not there is a local NHS budget deficit to be addressed. Unnecessary cuts to local NHS budgets must be avoided! Devon MP's be asked to support this approach to protecting Devon NHS services".

Councillor Boyd MOVED and Councillor Chugg SECONDED that in accordance with Standing Order 14(11) 'The Question be Now Put'.

The Motion was put to the vote and declared CARRIED and immediately thereafter the mover of the amendment (Councillor Hart) and the movers of the original Notices of Motion (Councillors Biederman and Greenslade) exercised their right of reply to the debate.

Councillor Hart then MOVED and Councillor Hughes SECONDED that in accordance with Standing Order 32) the vote on the amendment in his name shall be by roll call.

The Motion was put to the vote and declared CARRIED.

The amendment in the name of Councillor Hart was then put to the vote and there being:

for the amendment, Councillors Ball, Barker, Berry, Biederman, Bowden, Boyd, Brazil, Channon, Chugg, Clarance, Clatworthy, Colthorpe, Connett, Croad, Davis, Dempster, Dewhirst, Dezart, Diviani, Eastman, Edgell,

Edmunds, Foggin, Gilbert, Greenslade, Gribble, Hannan, Hannon, Hart, Hill, Hook, B Hughes, S Hughes, Julian, Knight, Leadbetter, McInnes, Mathews, Moulding, Owen, Parsons, Prowse, Radford, Randall Johnson, Rowe, Sanders, Sellis, Squires, Vint, Way, Westlake, Wragg, Wright, Yabsley and Younger-Ross (Total: 55);

against, or in abstention of, the amendment, none (Total: 0),

the amendment was declared CARRIED and subsequently thereafter also CARRIED as the substantive motion.

Appendix 2: District Council's resolutions

East Devon: 26 October 2016

*40 **Motion: Loss of community beds**
"That this Council register its extreme concern at the impending loss of 71 Community beds in this part of Devon.

The motion was discussed at length. Point raised included:

The Clinical Commissioning Group's (CCG) consultation was considered to be biased and inaccurate and did not take into account the increase in elderly people within the District or the projected population figures;
The CCG was not 'rural proofing' by proposing the loss of beds in the communities were a large number of frail elderly people lived and many people did not have access to transport;
Other areas had struggled to make the 'Care in the Community' package work;
Dementia and mental health provision, as well as the viability of other services, has been ignored in the consultation;
The 'success regime' should be abolished;
Concern that patients would suffer from the lack of care provision if the proposals were agreed;
Residents wished to be cared for at home and to be as independent as possible, however only if it was safe for them to do so;
There was a lack of personal care workers and community nurses for 'Care in the Community' and 'Hospital at Home';
Inpatient beds in community hospitals were required, otherwise, due to a lack of nursing/residential homes or packages of care for in the patient's own home, the RD&E could not discharge patients – this would lead to an increase in 'bed-blocking' at the RD&E;
There was a need to consider whether Community Hospitals could provide other services as well as medical services. Reference was made to Budleigh Salterton Hospital which, after several years of waiting, was hoped would become a 'Well Being Hub' the following year;
Concerns were raised about social isolation and who would be looking after family members who became full-time carers;
There was a lack of carers reported throughout the country – this needed to be addressed before any proposals were agreed;
The method of consultation disadvantaged those that did not have access to the internet;
Concerns were raised about the management of funds by the CCG – it was suggested that the CCG be asked to provide a full set of audited accounts;
The amendment proposed was not required as MPs were aware of and were taking forward the concerns of the District.

RESOLVED: that this Council register its extreme concern at the impending loss of 71 Community beds in this part of Devon. It is a well-known fact, particularly in coastal and rural Devon, that there is an above average population of elderly people. Older people take longer to recuperate from illness, hospital admission and operations. Community services are already overstretched and there is an acute lack of appropriate carers to care for people in their own homes. Our District General Hospitals increasingly find it difficult to keep up with demand due to the fact that they cannot discharge people when they are ready because of the lack of community services. All the Government advice has been to encourage the care of people close to their homes. We thank Devon MPs, including Sir Hugo Swire and Neil Parish, who secured a debate at Westminster on the 18 of October,

to air their concerns about proposed changes to community bed provision in East Devon, and that this Council write to them urging them to continue speaking on behalf of all residents in East Devon, so that an ill thought out decision which has come about only for financial reasons, is urgently re-considered by the Devon CCG.

North Devon – 23 November 2016

(a) Notice of Motion from Councillor Greenslade

Councillor Greenslade presented his notice of motion to Council.
It was moved by Councillor Greenslade and seconded by Councillor Brailey that "North Devon Council believes that the NHS Success Regime/STP project for Devon is now seriously flawed and accordingly calls on the Secretary of State for Health and NHS England to cancel it forthwith. Further we call on the Secretary of State for Health and NHS England to firstly address the issue of fair NHS funding for our area and to ensure that promises made at the last general election of an extra £8 billion of NHS funding is delivered and taken into account when assessing the claimed deficit for Devon NHS services. Until the issue of fair funding for Devon NHS services is addressed it is not possible to evaluate what the future configuration of services would be."

RESOLVED that North Devon Council believes that the NHS Success Regime/STP project for Devon is now seriously flawed and accordingly calls on the Secretary of State for Health and NHS England to cancel it forthwith. Further we call on the Secretary of State for Health and NHS England to firstly address the issue of fair NHS funding for our area and to ensure that promises made at the last general election of an extra £8 billion of NHS funding is delivered and taken into account when assessing the claimed deficit for Devon NHS services. Until the issue of fair funding for Devon NHS services is addressed it is not possible to evaluate what the future configuration of services would be.

Health and Wellbeing Scrutiny Committee

Quality and Performance in community services and beyond Spotlight Review

January 2017

CS/17/02
19th January 2017
Health and Wellbeing Scrutiny Committee

1. Recommendations

The Task Group ask the Health and Wellbeing Scrutiny Committee, Cabinet and the NHS in Devon to endorse the report and recommendations below. The Task Group also recommends that the Health and Wellbeing Scrutiny Committee receives a progress update in 3 -6 months' time.

	Recommendation	**organisation**
1/	Clarity in communications from the NHS specifically: - Presentations to committee to last no longer than 10 minutes - A limit on verbose reports. Scrutiny needs effective, short, data rich reports - Communications with everyone to be in plain English (no acronyms or assumptions made)	All witnesses and presenters including DCC and NHS
2	Health and Wellbeing Scrutiny Committee to receive regular performance reports from providers co-ordinated by the relevant CCG. These reports to be based on a co-produced dashboard of indicators between scrutiny committee and the NHS	Scrutiny committee/CCGs/Providers
3	When substantial variation to services is planned the health and wellbeing scrutiny committee to be notified using a pro-forma that has been agreed in advance by health scrutiny.	CCGs

2. Introduction

2.1. The Health and Wellbeing Scrutiny Committee initiated this piece of work to resolve how the committee can ascertain if a service is working well and what warning signs to look for if it is underperforming. This is particularly timely when set against the significant change that is currently underway in the NHS.

2.2. The scope of the work was:

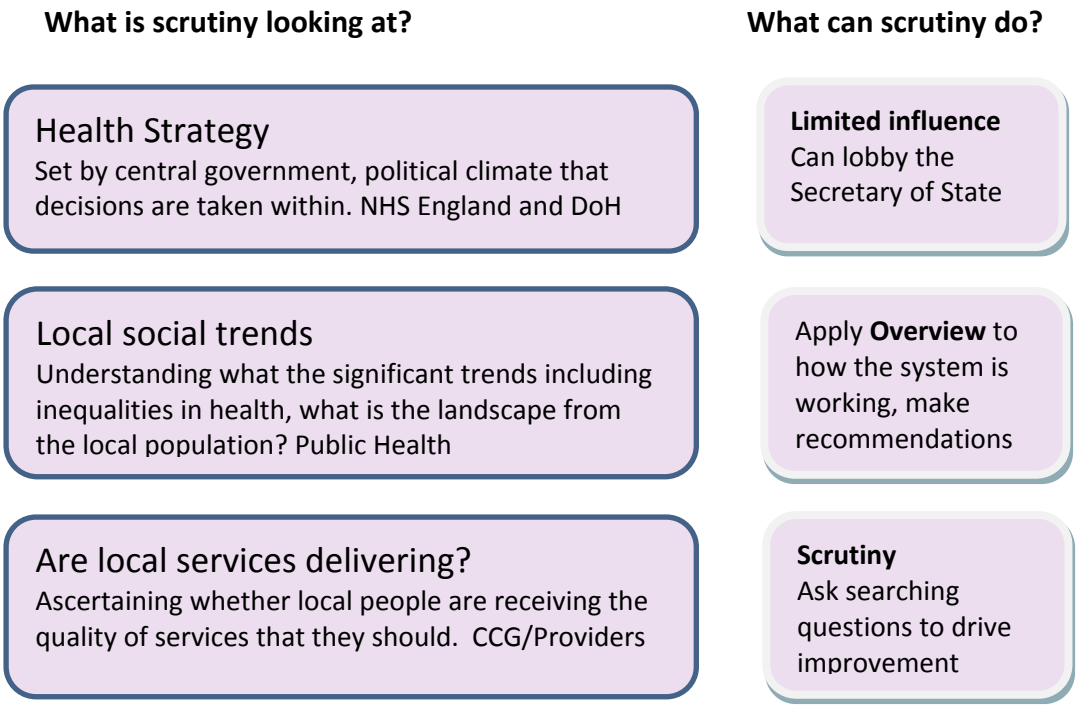
- To clearly establish the principles of evaluating service change using quality metrics and data about community healthcare as presented by NHS providers.
- For members to review and agree the information provided to committee to monitor quality. As well as to agree how and on what basis quality measurements should be reported and presented to committee.

2.3. The spotlight review took place in one meeting on the 17th November which was attended by the North Devon Healthcare trust and NEW Devon CCG. Although much of the discussion and performance metrics were led by Northern Devon it is the intention of the scrutiny committee to extrapolate this work so that is it applicable to all providers as the principles are universal.

2.4. The outputs from this piece of work including recommendations have been written with all providers in mind.

3. What is quality?

3.1. The scrutiny spotlight review was clear that there are three themes for scrutiny consideration that quality can be understood against. This is important to establish as often members of scrutiny can blur the distinction between quality of decisions, national strategy and local performance against targets in their quest to understand whether NHS services are working to the benefit of local health populations.



3.2. This spotlight review focussed upon the last point, looking at information that enables the committee to understand whether services are providing the best possible service to patients and how this performance tracks over time.

3.3. To begin this discussion the spotlight review sought to ascertain the way in which the NHS works to ensure quality. The spotlight review was informed that the commissioner engages in a contract with the provider to run a particular service. To ensure that this works there are integrated performance and assurance monthly meetings. This is part of contract management. There are mandatory targets that have to be met in 4 areas:

- Cancer waits
- Referral to treatment
- A&E waits
- Agency spend

However the exact way the process to record and monitor the data may vary across the three localities in NEW Devon and may be different. The spotlight review also heard that there is funding associated with the achievement of targets. North Devon is one of the top performing trusts in the Country.

3.4. The spotlight review heard that when there is a planned service change providers started by tracking back to source to understand what it is that is trying to be understood by measuring performance. For example when looking at community hospital bed closures in North providers began by asking themselves the question of

'how will we know if the new model isn't working?' Listening to the concerns of the public a major fear was that people would find themselves in crisis at night with no support if they were in the community rather than in a hospital bed. On this basis it would be reasonable to expect that if this happened there would be more calls to ambulance services and a greater attendance at A&E. These were consequently some of the things that were measured. Providers ask themselves 'Do the measures answer the right questions?' data from Public health analysis and National reporting can help to build a more complete picture.

3.5. There is an enduring frustration where information presented by the NHS is not believed or trusted. There needs to be a better balance of listening, both people listening to the NHS but also the NHS listening to the public. The NHS faces critical challenges about how to communicate change and introduce the idea that a different model of care can work. Frequently the discourse is stuck on the disadvantage to few rather than the benefits to the majority. GPs can be helpful in this discussion but they are also private businesses and may financially benefit from one option over another.

3.6. Members of the committee have the challenging task of steering a course through facts and opinions. This is difficult when constituents are presenting an alternative point of view. To assist in any recommendations or conclusions from scrutiny, members need to be supported to be clear about the benefits of change. This is the thinking behind Appendix 1, to clearly co-design the template of specific questions that need to be answered.

3.7. In future quality data needs to be understood in the context of Context of the current situation of the NHS. There is significant challenge, including the local financial challenge. In addition to this 25% GPs are going to retire in next ten years. Within acute sector 10-12% nationally consultant post are unfilled, and junior doctors numbers aren't there. This will all have an impact on performance and may be areas that scrutiny can look at and contribute to the debate.

Quality Accounts

3.8. Scrutiny reviews provider's quality accounts yearly in April/May. Healthcare providers publishing Quality Accounts have a legal duty to send their Quality Account to the OSC in the local authority area in which the provider has its registered office, inviting comments on the report from the OSC prior to publication. This gives OSCs the opportunity to review the information contained in the report and provide a statement on their view of what is reported. Providers are legally obliged to publish this statement (of less than 1000 words) as part of their Quality Account.

3.9. The committee have previously taken the approach that a nominated member of the committee will review one quality account in liaison with the scrutiny officer. This has had limited success, in some areas working well, but not in others. If performance were more of a regular feature of scrutiny it may be that the quality accounts would have more resonance.

4. What does scrutiny need to see?

4.1 The spotlight review identified a disconnect between the aim of providers and what is translated to Members. A key point was that communication can be improved. In particular members asked for presentations to committee to be succinct, with detail being teased out in questions. This should also be supported with clarity in reports, not

lengthy tomes of difficult to decipher data. A quote from the spotlight review said that the committee have:

'Too much info not enough data.'

Members of the committee also recognised their role in being succinct in questioning not grand standing or relating anecdotes. The committee agreed that the first question should be – 'What does this mean for the public?'

4.2 The spotlight review also spoke about the use of language, both to the public and to scrutiny. Providers need to lead on clarity. Plain English is very important, and where it is not possible because technical terms are used they need to be explained.

4.3 There was significant discussion in the spotlight review about the format and method for presenting information to members at committee and in general. Members of the spotlight review identified the particular need of the Health and Wellbeing Scrutiny Committee to receive information. There was some discussion about the most effective way to do this, summarised below.

Format	Pros	Cons	How to improve?
Committee meetings Usually involving a report and presentation. Often lengthy. The committee will have asked for a report on this topic but may not have been specific.	The committee have asked for this issue to be presented. It may well be of public concern and or represent a major change. Members can scrutinise in public which calls to account.	Lengthy presentations focus on what officers think members want. This is often not the case.	- Short presentations - Short, data rich reports - Members to be clear on what they want - Members to ask succinct questions
Masterclass sessions	A dedicated time to review a topic in greater detail solely for information.	Many members don't turn up and to programme in a masterclass session is not reactive to immediate information gaps.	- More work on what information is needed - Members to take ownership
Briefing e-mailed sent round to members	Quick, succinct, can be a good source of information for those who are interested	Easy to miss important information in weight of other e-mails Can clog up inbox further	- Member champions can help to filter info

4.4 When performance data is presented as part of a service change it can often look like the data supports the conclusions of the NHS recommendations. It can be difficult for members of the committee to separate whether the NHS have come to conclusions on the basis of the evidence, or whether the conclusions have been reached and then evidence used to support them. This is particularly the case when campaign groups start to make allegations.

4.5 It is important for the successful functioning of scrutiny that there is trust in the relationship between officers and councillors. Scrutiny needs to have assurance that

presenters are candid and full in their sharing of information. The view of the spotlight review is the current system does not engender this. In part this may be because data is presented to support a decision being taken. Where the committee have not had the opportunity to identify conclusions for themselves whatever is presented looks like propaganda.

4.6 Members have repeatedly asked about whether they could have access to complaints and concerns data in an effort to hear what local people think of their health services. However the spotlight review was informed that it is not as simple as sending a file of this data. For a start compliments are not routinely collected. Then with complaints the focus of the process is more focussed on learning points. Beyond this there are two forms of patient experience data that are collected and reported nationally. These are Ombudsman complaints and the friends and families test.

5. Conclusion

This was a short investigation with the remit of trying to improve data that the health scrutiny committee were receiving. The discussion and subsequent recommendations have exceeded the brief and looked at how to make the most of the dialogue between health providers, commissioners, and Councillors.

Health scrutiny needs to normalise the presentation of performance data with regular monitoring and understanding. To assist in a better understanding of data, officers presenting information need to try to be as succinct and clear as possible, in tandem with members asking clearly about what they want and what they are trying to ascertain. Health scrutiny should also take a more balanced view to consider the actions and policy decisions of other providers, not just the usual suspects.

6. Sources of evidence

Witnesses

The Task Group heard testimony from a number of sources and would like to express sincere thanks to the following for their involvement and the information that they have shared as well as to express a desire of continuation of joint work towards the fulfilment of the recommendations in this document.

Organisation	Person	Role
NDHT	**Katherine Allen**	**Director**
NDHT	**Dr Chris Bowman**	**Director**
NEW Devon CCG	**Jenny McNeil**	**Associate**

7. Task Group Membership

Membership of the Spotlight Review were as follows:

Councillors Richard Westlake (Chairman), Debo Sellis, Andy Boyd, Brian Greenslade, Chris Clarence, Rufus Gilbert, Robin Julian, Eileen Wragg and Claire Wright,

8. Contact

For all enquiries about this report or its contents please contact

Camilla de Bernhardt, Camilla.de.bernhardt@devon.gov.uk

APPENDIX 1 Information on service change or development

NHS Organisation	
Date	
Contact	
What is the proposed change or development? **(What happens now – what might happen in the future?)**	
How will patient's be affected (what area and how many people)?	
How will staff be affected?	
What is the rationale for making this change?	
What is the timescale for this to happen?	
What consultation has taken place and what are the results? How have patients been involved in decision making? **If consultation is planned – how can patients affect the outcome?**	
What National evidence is there to support this way of working?	

APPENDIX 2 Performance Dashboard

Community services

- How many people cared for at home?
- Is this more or less than last report?
- How long were visits for?
- Recruitment of staff – are there vacancies?
- Agency Spend

Acute

- Waiting times?
- Against national averages?
- A&E admissions
- Agency spend
- Discharge delay?

Hearing from members of the public

- Friends and families test broken down by org?
- Complaints themes?
- Other ways of capturing the views of the public – Healthwatch?

National comparison on headlines?