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 : 9 September 2016
Please ask for : Gerry Rufolo, 01392 382299

Email: gerry.rufolo@devon.gov.uk

HEALTH AND WELLBEING SCRUTINY COMMITTEE

Monday, 19th September, 2016

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 20 June (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 Vascular Services at the Royal Devon and Exeter Hospital Trust (Pages 1 - 6)

2.05 pm

Report of the RD&E Hospital Trust (PH/16/28) attached

6 Public Health Annual Report 2015/16 (Pages 7 - 8)

2.20 pm

Report of the Director of Public Health (PH/16/26) attached

7 Wider Devon Sustainability and Transformation Plan and NEW Devon Success Regime (Pages 9 - 14)

2.40 pm
Report of the Success Regime (PH/16/30) attached

8 NHS Property Services (Pages 15 - 18)

3.00 pm
Report of NHS Property Services (PH/16/29) attached

9 South Devon and Torbay Reconfiguration (Pages 19 - 88)

3.20 pm
Report of the South Devon and Torbay Clinical Commissioning Group (PH/16/27) attached

10 Election of Commissioning Liaison Member

3.40 pm
In line with the recommendations of the 'Scrutiny in a Commissioning Council' Task Group Report, the Committee be asked to select a 'Commissioning Liaison Member',whose role it will be to work closely with the relevant Cabinet Members and Heads of Service, developing a fuller understanding of commissioning processes, and provide a link between Cabinet and Scrutiny on commissioning and commissioned services.

The full report and recommendations of the 'Scrutiny in a Commissioning Council' Task Group can be viewed here:
http://democracy.devon.gov.uk/documents/s1830/Scrutiny%20in%20a%20Commissioning%20Council.pdf

11 Dentistry and Appointment System (Pages 89 - 92)

3. 50 pm
Report of NHS England (PH/16/31) attached

12 Torrington Hospital: Referral to Secretary of State (Pages 93 - 94)

4.10 pm
Letter from the Secretary of State attached

13 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 ncluded 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.

MATTERS FOR INFORMATION

14 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) Stakeholder briefing by South Devon and Torbay CCG which included details of the different ways in which people can participate. All the documents are available via the CCG website at www.southdevonandtorbayccg.nhs.uk/community-health-services about re-configuration of services. The main consultation documents are also available on line from our website and at www.communityconsultation.co.uk;

(b) CQC rate Hatherleigh Medical Centre, Devon Inadequate: Press release following an inspection by the Care Quality Commission;

(c) Quality Accounts from the Provider Trusts and the Committee's responses;

(d) a briefing document on the Clinical Policy Engagement and Consultation Panel, which supports the Clinical Policy Committee of the CCGs in Devon;

(e) the first edition of the new regular Your Future Care (NEW Devon Success Regime) newsletter. This included Success Regime progress to date, latest news and next steps and also the engagement report from recent Success Regime stakeholder events in Tiverton, Plymouth and Barnstaple on the NHS NEW Devon CCG website;

(f) Torrington Task Group Report and referral Letter to the Secretary of State with supporting documentation;

(g) South Western Ambulance Trust response to the publication of the CQC report in to NHS 111 services in Devon as well as easy access to any other relevant reports: 1. The Trust's media response to the CQC NHS 111 report; http://www.swast.nhs.uk/news/responsetocqc111nhsreport.htm and 2. A link to a page on the Trust's website which includes links to various investigation reports that relate to NHS 111 services - the CQC report, an independent report into allegations made by a former member of staff to a national newspaper, NHS England root cause analysis investigation report (William Mead)
http://www.swast.nhs.uk/About%20Us/investigation-reports.htm

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, G Dezart, P Diviani, R Gilbert, B Greenslade, G Gribble, 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

South Devon and Exeter Vascular Network

Royal Devon and Exeter NHS
NHS Foundation Trust

Torbay and South Devon NHS
NHS Foundation Trust

PH/16/28

Health and Wellbeing Scrutiny Committee

19 September 2016

For Information: To Devon and Torbay Overview and Scrutiny Committees: National Specialised Services Specification Compliance Programme: Assessing the local impact of potential changes to Vascular Services

This paper provides information relating to an expansion and formalisation of an existing pathway for emergency vascular inpatients at Torbay and South Devon NHS Foundation Trust and the Royal Devon and Exeter Foundation Trust. As part of this the South Devon and Exeter Vascular Network will be informing patients and the wider public of the changes and developing a survey for which we would like to invite you to submit questions.

Background

Specialist vascular services aim to prevent death from aortic aneurysm, prevent stroke from carotid artery disease and prevent lower limb amputation from peripheral arterial disease and diabetes. In 2007 over 65,000 people in the UK had surgery for a problem relating to vascular disease (VSGBI, 2009) and, due to the increasing size of the aging population, demand for vascular services increase over time. In addition, there are currently an estimated 3 million people with diabetes in England and this prevalence is also increasing, with diabetic patients having a worse outcome, as evidenced by the increasing rate of lower limb amputation in this group.

Patient outcomes at Torbay and Exeter are excellent however they are not sustainable in the way they are currently provided. Torbay hospital has two employed surgeons and Exeter hospital has 4. This makes it very difficult to cover leave, particularly unplanned leave and this is the rationale for the extension of the current clinical network arrangements to deliver all open arterial surgery in Exeter.

Nationally outcomes from vascular surgery in the United Kingdom have not compared well with other countries. Until recently the UK had the highest mortality rates in Western Europe for abdominal aortic aneurysm repair (VASCUNET, 2008). The Vascular Society of Great Britain and Ireland (VSGBI) therefore published a series of recommendations describing how vascular services should be organised in order to deliver the best outcomes for patients (Provision of Vascular Services,

2012). In light of these recommendations NHS England, as the commissioners of vascular services, published a national specification for the provision of vascular services in July 2013. This specification was developed by vascular clinicians, patients and commissioners and has been used to assess services across the South West to determine the work needed to ensure local vascular services comply with the best practices described within it. The key elements of which are that providers of vascular services should:

- Serve a minimum population of at least 800,000 people to ensure an appropriate volume of procedures
- Ensure that highly experienced staff are treating sufficient numbers of patients to maintain competency
- Have 24/7 on site vascular surgery and interventional radiology on-call rotas that are staffed by a minimum of 6 vascular surgeons and 6 interventional radiologists
- Provide access to cutting edge technology including a hybrid operating theatre for endovascular (minimally invasive) aortic procedures
- Provide a dedicated vascular ward and nursing staff
- Have a specialist team to manage patients with vascular disease that includes vascular surgeons, interventional radiologists, specialist nurses, vascular scientists, diabetes specialists, stroke physicians, cardiac surgeons, orthopaedic surgeons, and emergency medicine amongst other specialities to provide a comprehensive multi-disciplinary service.

Central to national recommendations is the requirement for arterial surgery to be delivered out of fewer, higher volume specialist arterial surgical centres to improve clinical outcomes (in particular mortality rate) and deliver a range of other benefits. Vascular services in hospitals all over England are being formed into networks so they can share resources. One such network is the South Devon and Exeter Vascular Network, comprised of Torbay and South Devon NHS Foundation Trust (TSDFT) and the Royal Devon and Exeter NHS Foundation Trust (RD&E).

At the moment the RD&E has four surgeons and TSDFT has two, which means when one surgeon at Torbay is on leave, the other is working in isolation. This makes unplanned absence extremely difficult to manage. Such a position is unsustainable and makes the service less resilient to being able manage unplanned extended absences of either of its surgeons.

Surgeons and the interventional radiologists in both hospitals established a shared emergency on call rota approximately ten years ago whereby patients have been sent to the hospital whose surgeons are on call for emergency out of hours care. So if a patient from Torbay had an emergency out of hours and the surgeons at RD&E were on call then the patient would be transported directly to RD&E.

Due to the need to continue to deliver the service in line with best practice and 'future proof' the Trusts recognise the need to continue to evolve to create more resilient and sustainable services. This will enable the excellent clinical outcomes both hospitals achieve to be sustained in the face of growing demand. With only one unit in the network able to provide surgical care that complies with the service specification the network is extending the existing emergency pathway so that all in-patient emergency care is provided at the RD&E.

Based on figures from the last three years, the average number of patients each year receiving emergency vascular procedures that we expect to be affected by this change is seven each month (about one out-of-hours and one in-hours emergency patient a week).

Outpatient clinics and investigations (duplex, CT etc.) and associated patient administration and day case surgery such as angioplasty and minor debridement will continue at Torbay. Urgent appointment slots will also be offered in clinics Monday/Tuesday/Wednesday and possibly Friday pm at Torbay to see urgent vascular referral to prevent unnecessary patient journeys and travel transfer to Exeter. The vascular service will continue to support frequent referrals from Torbay colleagues around the hospital as well as the vascular practitioner service.

The plan is for diabetic foot patients to be admitted under care of diabetologists who will co-ordinate referrals to the vascular and orthopaedic teams. If patients require simple debridement, this will be performed by orthopaedic team at Torbay and simple angioplasty again at Torbay. If major bypass is needed, the patient will transfer to RD&E.

Patients requiring major amputation are planned to go to RD&E. Once patients are recovered from the initial surgery at the RD&E the service will wish to return patients to Torbay area for on-going rehabilitation. This may be in community hospital acute beds as in general there would be little clinical or risk management benefit of using Torbay Hospital beds for rehabilitation for patients. In other words, other than for surgery, most pre and post-operative care will continue to be delivered closer to where people within the TSDFT catchment area live.

This will enable the Torbay surgeons to see a wider number of cases which should enable them to further develop their already excellent skills and expertise; increase the opportunities for innovation and research at both sites; support more manageable rotas and improve access to urgent Endovascular Aneurysm Repair (EVAR otherwise known as stent graft replacement). The changes will also ensure the vascular service is sustainable and resilient across the combined catchment.

Next Steps

The network plans to write to patients that have accessed the vascular services in the last 12 months to seek their views about this proposal. This will enable the network to better understand how changes to the service can capture what patients value about the existing service and seize opportunities to improve upon patients' experiences.

In addition TSDFT will publish an online survey on a variety of Trust, NHS England and Healthwatch websites to enable the wider population to comment on the network's plans. This programme of public and patient engagement is being overseen by Dr Lou Farbus (Head of Stakeholder Engagement) at NHS England (South). If there are any specific questions that scrutiny members would like to ask or have included in the PPE please do not hesitate to submit these to Dr Farbus at lfarbus@nhs.net.

Glossary

Abdominal aortic aneurysm repair	Abdominal aortic aneurysm (AAA) repair is a procedure used to treat an aneurysm (abnormal enlargement) of the abdominal aorta. Repair of an abdominal aortic aneurysm may be performed surgically through an open incision or in a minimally-invasive procedure called endovascular aneurysm repair (EVAR).
Angioplasty	*Angioplasty* is the technique of mechanically widening narrowed or obstructed arteries.
Arterial surgery	This includes a range of procedures to prevent death from aortic aneurysm, prevent stroke from carotid artery disease, and prevent lower limb amputation from peripheral arterial disease and diabetes.
Carotid endarterectomy	A *carotid endarterectomy* is a surgical procedure to unblock a carotid artery (blood vessels that supply the head and neck).
CT	A CT scan is a specialised X-ray test. It can give quite clear pictures of the inside of your body. In particular, it can give good pictures of arteries, which do not show on ordinary X-ray pictures.
Debridement	Removal of damaged tissue.
Interventional radiology	Interventional Radiology is a medical sub-specialty of radiology utilizing minimally-invasive image-guided procedures to diagnose and treat diseases in nearly every organ system. The concept behind interventional radiology is to diagnose and treat patients using the least invasive techniques currently available in order to minimize risk to the patient and improve health outcomes. These procedures have less risk, less pain and less recovery time compared to open surgery.
MRI	*Magnetic resonance imaging* (*MRI*) is a type of scan that uses strong magnetic fields and radio waves to produce detailed images of the inside of the body.
Peripheral arterial disease	*Peripheral arterial disease* (PAD) is a common condition in which a build-up of fatty deposits in the arteries restricts the blood supply to leg muscles.
Public and patient engagement	'Engagement', 'involvement', 'consultation', 'co-production' and 'participation' are all words that can be used to describe communicating with and listening to patients, carers and members of the public. This ranges from providing information to people about NHS services and commissioning decisions to working with patients and carers at a

	strategic level so their experiences and insight can be used to shape NHS policy and commissioning decisions.
Service specification	A service specification is a description of what a service should include. For example the number and skills of the staff that provide the service, registration with professional bodies or the environment in which certain procedures and care are carried out (like special thermo-regulated rooms for people being treated for severe burns).
Specialised services	Specialised services generally involve complex procedures that only a few people may have the skills and experience to perform or because they use very specialised, expensive equipment that the NHS simply could not afford to put into every local hospital and/or because the people who need these services are relatively few in numbers, such as very premature babies or people with rare cancers or genetic conditions.
Vascular studies	Vascular studies are a non-invasive (the skin is not pierced) procedure used to assess the blood flow in arteries and veins. A transducer (like a microphone) sends out ultrasonic sound waves at a frequency too high to be heard. When the transducer is placed on the skin at certain locations and angles, the ultrasonic sound waves move through the skin and other body tissues to the blood vessels, where the waves echo off of the blood cells. The transducer picks up the reflected waves and sends them to an amplifier, which makes the ultrasonic sound waves audible.
Vascular surgery	Vascular surgery is a specialty of surgery in which diseases of the arteries and veins are managed by medical therapy, minimally-invasive catheter procedures, and surgical reconstruction. Vascular operations are no longer performed by general surgeons but by specialist vascular multi-disciplinary teams.

PH/16/26
Health and Wellbeing Scrutiny Committee
19th September 2016

Public Health Annual Report 2015-16

Report of the Director of Public Health

Recommendation: The Health and Wellbeing Scrutiny Committee receives the Public Health Annual Report for 2015-16.

1. Context
1.1 Responsibility for Public Health moved to upper-tier and unitary local authorities from the NHS in April 2013. Public Health was last the responsibility of local authorities prior to the health reforms of 1974, at which time the County Medical Officer was responsible for producing an annual report on health in their community.

1.2 Under the Health and Social Care Act 2012, there is a statutory requirement for the Director of Public Health (in upper-tier and unitary local authorities) to write an annual report the health of the local population. It is the statutory duty of the local authority to publish it (section 73B(5) & (6) of the 2006 Act, inserted by section 31 of the 2012 Act). The annual report is based information identified in the Joint Strategic Needs Assessment, the preparation of which is the statutory duty of the Health and Wellbeing Board. This paper introduces the Public Health Annual Report for 2015-16.

2. The Public Health Annual Report 2015-16

2.1 This year's report draws on the importance of the health of the public in our society and its links to fairness, equality and justice. The role of politics – local, national and international – in health is unequivocal. While the health of the public in Devon is generally very good, both in terms of national comparisons and with similar geographic areas, as indicated by the Devon Joint Strategic Needs Assessment, there are areas of concern.

2.2 Priorities highlighted by the report are overweight and obesity in adults and children; unhealthy levels of alcohol consumption; poor mental health and social isolation; violence and abuse – all of these are affected by the society within which we live and none has a single remedy. Action is necessary at local, national and international levels to address these issues.

2.3 There needs to be an increasing emphasis on people taking greater responsibility for their own health, to prevent deterioration in health and decline in independence in the later years of life. We need to continue to reduce the health inequality gap by improving the health of the worst-off in Devon, and ensuring all children in Devon have the best possible start in life as an effective way of tackling health inequality in later life. A balance needs to be struck between early intervention for long-term conditions and not over-diagnosing or over-treating people's health conditions – which is why the regular surveillance of health outcomes and disease trends is so important.

2.4 The full document is published on line and can be found at:

http://www.devonhealthandwellbeing.org.uk/aphr/2015-16/

3. Legal Considerations
There are no specific legal considerations identified at this stage.

4. Risk Management Considerations
Not applicable.

5. Options/Alternatives
Not applicable.

6. Public Health Impact
The Joint Health and Wellbeing Strategy is an important element of the work of the board, drawing together priorities from the Joint Strategic Needs Assessment. This report and the related documents

have a strong emphasis on public health and other relevant health, social care and wellbeing outcomes. A number of the outcomes indicators are also drawn from the Public Health Outcomes Framework. The report also includes a specific focus on health inequalities.

Dr Virginia Pearson
DIRECTOR OF PUBLIC HEALTH
DEVON COUNTY COUNCIL

Electoral Divisions: All
Cabinet Member for Health and Wellbeing: Councillor Andrea Davis

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Background Papers
Nil

PH/16/30
Health and Wellbeing Scrutiny Committee
19th September 2016

Wider Devon Sustainability and Transformation Plan and NEW Devon Success Regime

Your future model of care report

1. Introduction

As previously reported to the Committee North, East and West Devon NHS is part of the national Success Regime Programme along with two other areas of the country, Cumbria and Essex. The Success Regime has enabled the local system to work together through a new leadership and governance framework to design and deliver a transformed sustainable financial and clinical health and care system.

The Success Regime Case for Change[1], published in February 2016 emphasised the need for change to a less reactive model of provision to one based on promoting independence, support at home and resilient communities. The Success Regime has since worked alongside clinical leaders, patient and public representatives and local authorities to consider future options for health and care services in the community.

As reported to the Devon Health and Wellbeing Scrutiny Committee in June 2016, accelerated improvement work is already underway in 2016/17 to bring early clinical and financial benefit. In addition the Success Regime Clinical Cabinet's first area of focus is on integrated community based care. This work will move on to consider acute and specialist care in the autumn.

A group focused on 'Your future care' has been established involving over 80 clinicians, social care staff and leaders in looking at how to best meet the care needs of communities, recognising that care is not yet integrated, recruiting and retaining staff is a challenge and there is a need to build on the Transforming Community Services work in 2014/15 and shift the emphasis from over-reliance on bed based care and increase investment in a model of care outside of hospital.

Following a range of pre-consultation meetings the CCG Governing Body on 28th September 2016 will be asked to endorse the commencement of public

[1] http://www.newdevonccg.nhs.uk/case-for-change/101857

consultation on 'Your future care' which has a particular focus on the model of place based care for community services. This paper for Devon Health and Wellbeing Scrutiny Committee sets out the overall purpose, scope and process for consultation. Specific details will be forwarded to the Committee when the full consultation documents are available.

Recommendation: *It is recommended that the Committee notes this report; notes that the consultation is scheduled to commence in October 2016 once final NHS England authorisation has been received and the CCG Governing Body has confirmed consultation can start; and notes that the consultation results will be reported to the Scrutiny Committee in early 2017.*

2. Context

The 'Your future care' model recognises that people are best supported at home with local, place based support from family, friends and communities when needed, with timely and short term interventions when needed. In this context, the focus is on establishing a minimum level of service throughout the area based on the following components:

- Comprehensive assessment where this is needed supported by plans to support people to remain as well and independent as possible. The assessment and plans would also connect or link people with wider voluntary and community support where appropriate and enable increases in resilience in communities.

- Single point of access for clinical care to enable care at home to be as accessible as care in hospital, with referrals made by any care service and reviewed by a clinician (nurse, therapist, doctor) with core knowledge and training in triage, access to the comprehensive assessment record and local services.

- Rapid response through a multi-disciplinary team that would support patients in their own homes and where necessary in residential and care homes in a timely way. The team based on an assessment of need would institute a package of care at home where this is possible.

Some aspects of these services are available now in some areas but the core offer would make these consistently available.

In relation to bed based care, the group involved in 'Your future care' has considered the fact that it is detrimental for older people, particularly those who are frail or have multiple conditions, to be admitted to hospital or to stay longer than their clinical needs require in terms of impact on their long term wellbeing and independence. In addition in community hospitals there are people in a

hospital bed who could be cared for at home, as well as more than a third of beds not being used at all.

The 'Your future care' consultation will consider these points and the number and locations for future community beds, building on the learning from the previous Transforming Community Services consultation. The purpose is to take the next important step in both investing in a model of community based care and support to support people better in their own homes, and improving clinical outcomes and patient and carer experience, as well as addressing the local financial pressures for more resilient health and care services and community support for the population.

To ensure this is right and to give confidence in the future model before implementation, local clinicians are developing a number of tests to make sure community health services are safe and reliable and these tests will need to be passed to provide assurance to clinicians and through them to the public, of quality and safe care outside of hospital. Another key focus is on helping people to stay well and independent for longer working with local authorities and communities.

3. Process

In preparation for consultation there has been pre-consultation engagement building on the learning from the previous Transforming Community Services Consultation, to set the scene and hear views before consultation commences. As well as the engagement of clinicians through the new model of care group, there has been engagement of a range of stakeholders, public and staff and these events will continue in preparation for the consultation

Three engagement events in May and June 2016 involved a total of 265 people, many of whom represented groups who work with the health and social care system including local authorities, voluntary groups and charities. A further three events have been held in September. Messages from the initial events included the need to do things differently; to focus more on finances; to recognise the role of primary care; that the input of the voluntary sector is key; and that there needs to be a focus on prevention and signposting people to services.

It is proposed consultation for a period of 12 weeks commences in October 2016, the exact start date to be determined by the CCG Governing Body on 28th September 2016. The start of consultation will be subject to final authorisation by NHS England that the consultation meets a financial best practice check and the 4 test requirements

- Clear clinical evidence base
- Support from clinical commissioners

- Consistency with current and prospective patient choice
- Strong patient and public engagement

This will be central to assure the CCG Governing Body it can decide on 28th September to start the consultation.

A comprehensive consultation document will be supported by a consultation plan, pre-consultation business case and other materials which will detail the current use of services, the clinical and financial case for change, and the detailed processes used in developing and proposing options for consultation.

Although the 'Your Future Care' model would apply to the whole area, the focus on beds is in the East where clinicians have recognised the case for change is greatest at this point in time. The Clinical Cabinet has identified a preferred option. The consultation will describe all options considered and set out those that are viable, therefore inviting views on more than one option and, should alternative proposals be submitted, these will be fully examined for clinical and financial sustainability.

The consultation plan and documents under development have included input and scrutiny by NEW Devon CCG Patient and Public Engagement Committee. Local Healthwatch continues to play a central role. The core consultation materials will be written as clearly as possible avoiding jargon and ensuring readability, although the pre-consultation business case which the consultation plan is based on, which will also be published is a technical document.

There will be a range of ways to access the materials and a range of ways to comment to create maximum opportunities for people to have a say, including for people who may need audio, translated, large print or braille versions and graphics and video may also be used to make concepts and information more accessible in meetings and events.

During the period of consultation there will be ongoing work on the detail of what the changes mean to each community as well as regular reporting back to those who express an interest in the consultation to keep them informed of activity and progress. The consultation analysis and decision making will be published and conducted in accordance with recognised market research guidelines. Leaders of discussions will be predominantly clinicians, supported where possible by lay personnel.

Conclusion

In developing the proposals the Success Regime has also worked with South Devon and Torbay CCG which reported their plans to consult to the Committee in June 2016 and has now launched their consultation. Consistent with this ' Your

future care' recognises that modern, evidence based services that reflect people's priorities and are affordable and sustainable do mean change.

There has been considerable input to reach this stage, including external support through the Success Regime which has reported to the Committee on a regular basis since its introduction in Devon. The Committee is invited to support the recommendation to note the consultation in this paper which will enable a wide spectrum of views to be made by the public prior to decisions being made early 2017.

Leads: Angela Pedder, Lead Chief Executive, Your Future Care (Success Regime) & STP; and Laura Nicholas, Director of Strategy and Executive Lead, NEW Devon CCG

Prepared by: Jenny McNeill, Associate, Strategy and Planning, NEW Devon CCG

September 2016

NHS Property Services

PH/16/29

Health and Wellbeing Scrutiny Committee Overview
19 September 2016

This paper is to provide general information about NHS Property Services.

It also includes details regarding the transfer of 12 community hospitals to NHS Property Services as part of NHS Northern, Eastern and Western Devon Clinical Commissioning Group's plans to award its contract for community services to the Royal Devon and Exeter NHS Foundation Trust (RDEFT) for the Eastern locality of Devon.

This information is provided further to a briefing given to members of the committee at County Hall in Exeter on 20 June, 2016.

About NHS Property Services

NHS Property Services manages, maintains and improves NHS properties and facilities, working in partnership with NHS organisations to create safe, efficient, sustainable and modern healthcare and working environments.

NHS Property Services is a limited company created as part of the 2013 health reforms and wholly owned by the Secretary of State for Health. It is responsible for managing 3,500 NHS properties, worth an estimated £3 billion. The portfolio covers around 10 per cent of the NHS estate in England and was inherited from the 161 Primary Care Trusts and Strategic Health Authorities which were abolished as part of the 2013 health reforms. It comprises mostly clinical premises such as health centres, GP practices and community hospitals but also includes office buildings.

The company aims to drive efficiency in order to offer occupiers, tenants and customers reduced costs in running properties and related services.

In 2015/16, core operating costs were reduced by more than £30 million and over the last two years, operating costs have been reduced by £84.6 million.

Every pound saved by the company is returned to the NHS.

NHS Property Services has two main roles:

- Strategic estates management – acting as a landlord, modernising facilities, buying new facilities and selling facilities the NHS no longer needs.
- Dedicated provider of support services such as cleaning and catering.

Transfer of 12 Community Hospitals in Eastern Devon

NHS Northern, Eastern and Western Devon Clinical Commissioning Group (NEW Devon CCG) has set out plans to award its contract for community services to the Royal Devon and Exeter NHS Foundation Trust (RDEFT) for the Eastern locality of Devon.

As part of this process, the Department of Health decided that 12 properties will be transferred to NHS Property Services from the ownership of the existing healthcare provider, Northern Devon Healthcare Trust (NDHT).

The properties transferring are: Axminster Community Hospital, Honiton Hospital, Tiverton Hospital, Seaton Community Hospital, Budleigh Salterton Community Hospital, Exmouth Community Hospital, Sidmouth Hospital, Ottery St Mary Community Hospital, Crediton Hospital, Moretonhampstead Hospital, Okehampton Hospital and Whipton Hospital.

As part of the NHS family, the role of NHS Property Services is to work with commissioners to meet their healthcare estates requirements.

NHS Property Services will therefore provide professional estates services to colleagues at NEW Devon CCG to help them develop their commissioning plans for the hospitals involved in the transfer, but it is important to be clear that decisions about service provision in these buildings, and their futures, rest with the CCG.

NHS Property Services can only act on the wishes of commissioners (i.e. CCGs and NHS England) if they declare a site surplus to NHS requirements.

The transfer of community services is due to take place on 1 October 2016

The transfer of the ownership of community hospitals is due to take place on 1 December 2016.

Property managers are currently finalising a due diligence exercise as part of the transfer process and are working closely with NHS partners to agree leases with occupiers.

This process will see NHS Property Services become the landlord of the properties and therefore ownership remains in the NHS.

Community involvement

Many communities and Friends groups have raised vital funds for their local hospital and this is always hugely appreciated by the NHS and patients.

However, the buildings themselves are owned by the NHS (whether this is an NHS Trust, NHS Foundation Trust or NHS Property Services) and charitable donations raised by leagues of friends and other groups are gifted to the NHS for a specific purpose. Patients and the community benefit from this specific purpose but the donation does not in itself provide rights of ownership.

NHS Property Services has about 270 hospital related properties nationwide and property and facilities teams work with NHS partners, local people, councils, charities and friends groups – and the organisation will work to achieve the same in eastern Devon.

Health hubs

When the NHS requirements for each of the buildings involved in the transfer are confirmed, NHS Property Services will be able to consider the options available for working with other prospective tenants locally.

Market-based charging

At the start of the current financial year, NHS Property Services moved to market-based rental charging on all freehold properties, which has been agreed with the Department of Health and NHS England.

The market rent model applies the property sector's standard method of charging and is a long-planned part of a move across the public sector to improve utilisation and value for money in property occupancy by putting publicly owned property on a level with privately owned alternatives.

The change has benefits for the NHS:

- It helps the NHS understand the true cost of occupation and reflect these transparently.
- It informs decisions about the best location for services and investment.
- It drives better and more efficient use of space.

The Department of Health has committed to meeting any increased property costs in the 2016/17 financial year arising from the introduction of market rent. Arrangements in relation to funding adjustments for 2017/18 and beyond will be considered by the Department of Health in conjunction with NHS England and NHS Improvement.

Charging market rents will provide the money needed for the ongoing renewal of the estate to the high standards that people rightly expect and NHS Property Services does not make a profit from its involvement. Any surplus funds are reinvested into NHS services.

The estimated annual rental value for all 12 hospitals is approximately £3.1million. This is based on 100% occupation at market rent.

Investment in the health estate

Projects to keep our buildings statutorily and lease compliant and in a good state of repair, are carried out by NHS Property Services in line with our obligations as a landlord.

Larger schemes, typically major multi-million pound projects, such as new buildings, extensions and major refurbishments, are requested by our customers. Up-front funding is normally provided by NHS Property Services, but in some cases we work with third-party development partners. These capital projects are led by commissioners and, if approved, delivered by NHS Property Services.

By way of local example, NHS Property Services has recently completed a £4.2 million refurbishment of two wards at the Glenbourne Unit in Plymouth.

Nationally, NHS Property Services invested £55.4 million through the capital programme in 2015/16 to improve the property portfolio. Of this, £21.1 million related to new or refurbished buildings requested by customers within the NHS, and £34.3 million related to ensuring the estate managed by NHS Property Services is safe, warm, secure, and operates efficiently.

Further information

More details about NHS Property Services are available on the organisation's website, www.property.nhs.uk

Driving quality, delivering value, improving your services

NHS
South Devon and Torbay Clinical Commissioning Group

PH/16/27

Report to Devon Health and Wellbeing Scrutiny Committee

19 September 2016

Community Services Reconfiguration

1 Purpose

Since the report to Scrutiny Committee in June, the consultation proposals summarised in that report have been subject to the NHS England assurance process. As a result of that process taking longer than anticipated and a desire to avoid consulting in school holidays, formal consultation started on 1 September and will run until Wednesday 23 November. It is anticipated that the CCG governing body will consider the outcome of the consultation as well as any alternative proposals at a meeting in public in January/February 2017.

This paper describes the current position and the main strands of the consultation.

2 Recommendation

The Scrutiny Committee is asked to note this report and to encourage its staff and residents of South Devon to participate in the consultation.

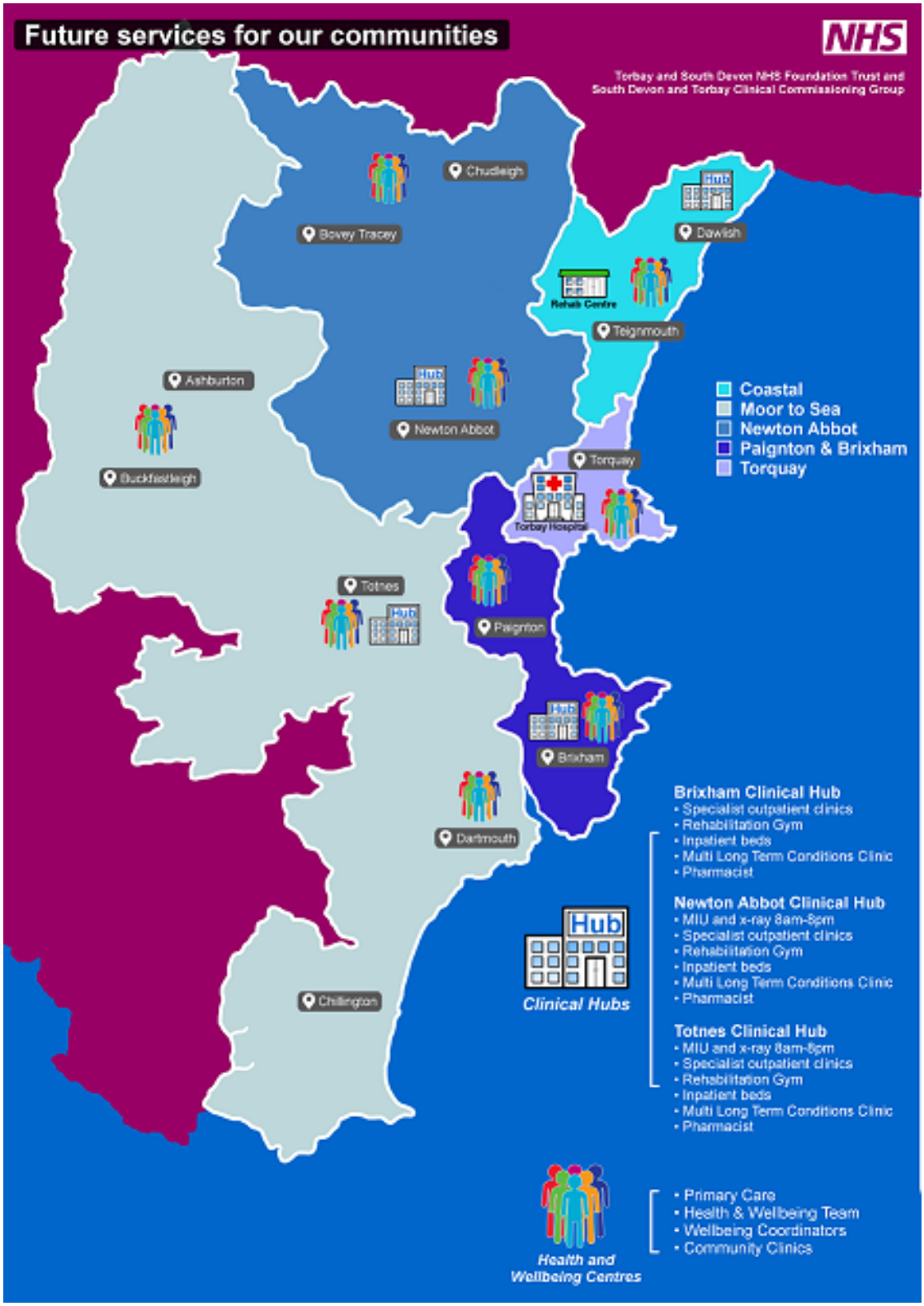
3 Context

As indicated in previous reports, the current NHS provision in the area is unsustainable and will be unable to cope with rising demand for services, created in part by the increasingly elderly population, increased life expectancy and the number of people with complex long term conditions. In our June report, we indicated that change is inevitable and that maintaining the status quo is neither sustainable nor clinically sound.

At the heart of the consultation process is the wish to respond to what people told us in 2013 they wanted from their health services, providing care in or close to people's homes, via a more integrated joined up health and social care service.

If approved, the consultation proposals would see a switch of spend from bed based to community based care with the number of community hospital beds being reduced to levels evidence suggests we need and more investment being made in the local services which most people use. Under the proposals, if agreed, 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.

The map below shows the spread of services across South Devon and Torbay should the consultation proposals be approved and implemented.



As set out in our June paper and in the current consultation documents, the main changes proposed in the consultation are the:

- Closure of Ashburton and Buckfastleigh, Bovey Tracey (beds currently temporarily relocated to Newton Abbot Hospital due to safe staffing issues), Dartmouth and Paignton Hospitals
- Closure of MIUs in Ashburton, Dartmouth (both currently suspended), Brixham and Paignton
- Establishment of clinical hubs in Newton Abbot, Totnes and Brixham
- Establishment of health and wellbeing centres in Ashburton or Buckfastleigh, Bovey Tracy or Chudleigh, Dartmouth, Newton Abbot, Totnes, Brixham, Paignton and Torquay.

Totnes and Newton Abbot (together with Dawlish in our coastal locality which is not part of this consultation) will be the location of enhanced MIU services and would operate from 8am to 8 pm, seven days a week and with x-ray diagnostics.

4 Consultation

As indicated above a 12 week consultation started on 1 September and runs until 23 November. During this time our aim is to involve as many people as we can and to generate a debate around the consultation proposals, inviting alternative approaches which are clinically sound, affordable and sustainable.

The CCG website (www.southdevonandtorbayccg.nhs.uk/community-health-services) hosts all consultation material which can be downloaded and also enables people to request paper copies.

The main elements of the consultation are summarised below:

Main consultation document: this covers the entire CCG area, the rationale for the proposals, explains the new model of care, summarises the impact on each locality, includes details of public meetings, how to get involved and the feedback questionnaire.

Four locality summary documents: these cover each of the localities which are part of this consultation and summarises the main issues, includes the same locality impact section, sets out how to get involved and includes the feedback questionnaire.

Electronic copies of the main document and the two South Devon locality (Moor to Sea, Newton Abbot) documents accompany this paper

Feedback questionnaire: in addition to forming part of the above documents, this is also available on line at www.communityconsultation.co.uk Although the questions are identical, the on line form provides some context to the questions for those who might not have read the consultation material or attended a meeting.

Public meetings: these are set out in the consultation documents and on the promotional poster which is attached for ease of reference at appendix 1. Each public meeting will have an independent chair.

Community meetings: community based groups are being encouraged to invite the CCG to attend one of their meetings to discuss the proposals and to answer questions.

Staff briefings: these took place in week one of the consultation and are likely to be repeated later in the process. The Trust is also using its internal communication and engagement channels to ensure staff are kept up to date.

CCG Website: (www.southdevonandtorbayccg.nhs.uk/community-health-services) as well as hosting the above, the site has a range of information including some video case studies, a Frequently Asked Question section, a presentation of the issues in each locality (based on that used in the engagement meetings); and the stakeholder updates. It also includes an interview with Chief Clinical Officer of the CCG, Dr Nick Roberts and Chief Executive of Torbay and South Devon NHS Foundation Trust, Mairead McAlinden broadcast initially by local on line health channel Hiblio TV on 2 September.

Document request: individuals and organisations can request paper copies, view or download consultation material via the CCG website or by:

- Emailing sdtccg.consultation@nhs.net
- Writing to South Devon and Torbay CCG, Pomona House, Torquay, TQ2 7FF
- Calling 01803 652511 during office hours or leaving a message outside these times

Newspaper advertising: public meetings are being advertised in local media and efforts are being made to encourage newspaper, radio and television coverage of the issues at the heart of the consultation.

Social media: our locality facebook pages and our twitter feed (details on our website) will promote the public meetings, keep people in touch with the consultation and provide opportunities for discussion and for asking questions.

Questions: a team of CCG staff will respond to people who use the above consultation hotline number or who write/email seeking additional information. Our aim is to respond as swiftly as possible and we have established the following service standards: telephone calls or out-of-hours messages left will be responded to by the end of the next working day and written correspondence will be dealt with within five working days.

Stakeholder update: this was started during the engagement phase and we plan to continue this email briefing, ensuring those who sign up to receive it are kept in touch with developments. We anticipate that in the early weeks of the consultation, we will produce this weekly, covering main issues arising at the public meetings and highlighting any new information added to our website.

Material is being distributed across the area and the CCG is responding positively to suggestions for ways in which it can reach more people.

Anything the council can do to draw the attention of staff and residents to the proposals and to encourage participation would be appreciated.

5 Reporting on the consultation

Healthwatch Devon and Healthwatch Torbay are attending all public meetings and where practical all other meetings alongside the CCG to note and report on feedback. The feedback questionnaire goes straight to Healthwatch and responses are not seen by the CCG, other than where it is necessary to follow up alternative suggestions.

Healthwatch will independently assess the feedback received in the consultation and produce a report within 12 weeks of the closing date for consideration by the CCG governing body.

6 Conclusion

Reconfiguring services is never easy and some tough choices need to be made if we are to ensure the sustainability of local health and social care services. The council is familiar with the need to do more with less resources and we hope that irrespective of their views on the consultation proposals, will encourage participation and support the CCG in generating a debate around how best to implement change.

Simon Tapley
Director of Commissioning and Transformation
1 September 2016

7 Appendix – Public meeting schedule

NHS
South Devon and Torbay
Clinical Commissioning Group

The choices facing our healthcare system

Switching resources from hospital-based care to community care

Have your say

- Read the proposals
- Come to a public meeting
- Invite us to a community meeting
- Join the discussion on social media
- Complete the feedback questionnaire
- Suggest alternative proposals

Ashburton:	20 Sept	1pm, 4pm, 7pm	Ashburton Town Hall, TQ13 7QQ
Bovey Tracey:	13 Sept	4.30pm, 7.30pm	Phoenix Hall, TQ13 9FF
Brixham:	29 Sept	6.30pm	Scala Hall, TQ5 8TA
Buckfastleigh:	22 Sept	6.30pm	St Luke's Church, TQ11 0DA
Chudleigh:	16 Sept	6.30pm	Chudleigh Town Hall, TQ13 0HL
Dartmouth:	15 Sept	4pm, 7pm	Dartmouth Academy, TQ6 9HW
Newton Abbot:	13 Oct	6.30pm	Daphne Collman Hall, TQ12 2NF
Paignton:	28 Sept	9am, 4pm, 7pm	Sacred Heart Church, TQ3 2SH
Torquay:	6 Oct	6.30pm	Upton Vale Baptist Church, TQ1 3HY
Totnes:	11 Oct	6.30pm	Totnes Civic Hall, TQ9 5SF
Widecombe:	12 Oct	6.30pm	Widecome Church House, TQ13 7TA

Latest information: **www.southdevonandtorbayccg.nhs.uk/community-health-services**

Feedback questionnaire: **www.communityconsultation.co.uk**

Want to invite us to a meeting? Got questions about the consultation? Want a paper copy of the proposals?

- email **sdtccg.consultation@nhs.net** • call **01803 652511** (Monday-Friday, 8am-5pm)
- write to **South Devon and Torbay CCG, Pomona House, Torquay, TQ2 7FF**

Twitter: **twitter.com/sdtccg** Facebook: **www.facebook.com/nhs.sdtccg**

Driving quality, delivering value, improving your services

Into the future

Re-shaping community-based health services

A public consultation:
Thursday 1 September to Wednesday 23 November 2016

Driving quality, delivering value, improving services

www.southdevonandtorbayccg.nhs.uk/community-health-services

NHS
South Devon and Torbay Clinical Commissioning Group

South Devon and Torbay Clinical Commissioning Group is responsible for planning and organising health services for local people. It is divided in to five localities – each led by local GPs.

Into the future: re-shaping community-based health services

CONTENTS

One: Welcome

Thank you for your interest in the changes being proposed for community health services across South Devon and Torbay. These changes are designed to improve quality of care. Our goal is to ensure that our health system can meet the future needs of our population by providing the best possible health and social care we can within the geographical, staffing and financial limitations in which we operate.

This document describes the reasons for change and the improvements we want to see. It includes dates and times of meetings, sets out how to contribute your views, and explains how to make alternative suggestions. We want to hear from as many people as possible. Please help us by sharing this document with your friends and family, encouraging them to participate and to tell us what they think of the proposals.

Decisions made at the end of this consultation will impact on your NHS services for years to come, so it is important that all parts of our communities get involved.

We hope you will take part.

THE BENEFITS WE WANT TO SEE

In changing the way we deliver local health services, we want to ensure that in the coming years people in South Devon and Torbay are able to get responsive, quality care which meets their needs and is affordable.

If approved, the changes set out in this consultation would provide the following benefits:

- Easier access to a wider range of community-based services to help people stay well and to support them when they are not
- Earlier identification of those at risk of becoming more unwell through focusing on prevention and self-help
- More effective response in times of crisis when people need services
- Shared information between professionals so that patients only have to tell their story once
- Increased patient involvement in decisions about their care and treatment
- Closer working by different organisations which support people's wellbeing to provide local, seamless care and to make services greater than the sum of their parts
- Reduced travel for as many people as possible for specialist appointments by providing services in clinical hubs – Brixham, Newton Abbot and Totnes – instead of at Torbay Hospital
- Appointments closer to home and repeat visits avoided by organising appointments where specialists can be seen during one visit
- Reduced pressure on A&E by strengthening minor injuries units to treat a wide range of problems, keeping Torbay's A&E service free to deal with life-threatening issues

"We want to hear from as many people as possible. Please help us by sharing this document with friends and family, encouraging them to participate and to tell us what they think of the proposals."

- Fewer hospital visits for treatment as a result of more effective support for people at home or in their community
- Reduced demand for services as a result of helping people live independent lives for longer
- Properly staffed and resourced community hospitals which are able to deliver quality, safe care
- Safe, high-quality hospital care when needed but keeping people out of hospital when they don't need to be there
- Reduced 'bed blocking' in hospitals as a result of effective alternative community-based support
- Treatment and recuperation at home, recognising that 'the best bed is your own bed'
- Greater investment in local services by switching funding from hospital to community-based care.

Who we are

South Devon and Torbay Clinical Commissioning Group (CCG) is the organisation which represents local GP practices and is the NHS body responsible for buying and developing services for the people of the area. We are working closely with Torbay and South Devon NHS Foundation Trust, which provides services at Torbay Hospital as well as community health and social care services in the area, including community hospitals and minor injuries units. Within South Devon and Torbay, we work in partnership with the local councils and GPs to jointly develop services.

We operate through five localities, each of which is led by local GPs: Coastal (Teignmouth and Dawlish), Moor to Sea (Ashburton, Buckfastleigh, Totnes, Dartmouth and Chillington), Newton Abbot (includes Bovey Tracey and Chudleigh), Paignton and Brixham, and Torquay. Our Coastal locality is not part of this process because we consulted there in 2015 and improvements are currently being implemented.

Alternative formats

If you would like information about the consultation in another format such as large print, audio or in another language, please contact the CCG.

We have many Polish and Chinese people in our population, so we're including this statement below in both languages.

We are consulting people in South Devon and Torbay over possible changes to the way community-based health services are provided. If you require information in Polish/Chinese on this consultation please email: sdtccg.consultation@nhs.net or write to: South Devon and Torbay CCG, Pomona House, Torquay, TQ2 7FF.

Prowadzimy konsultacje z mieszkańcami Południowego Devon i Torbay w sprawie projektu zmian, w jaki zapewniane są usługi zdrowotne w lokalnej społeczności. Osoby pragnące otrzymać informacje o konsultacjach w języku polskim proszone są o kontakt pod adresem: sdtccg.consultation@nhs.net lub o wysłanie wiadomości na adres: South Devon and Torbay CCG, Pomona House, Torquay, TQ2 7FF.

我们正在向南Devon和Torbay的居民进行征询，收集有可能改变社区健康服务提供方式的意见。如果您需要相关中文信息，请发送电子邮件至：sdtccg.consultation@nhs.net
或邮寄信件至：South Devon and Torbay CCG, Pomona House, Torquay, TQ2 7FF。

Two: The need to change

Seeking your views: Thursday 1 September to Wednesday 23 November

For these 12 weeks, we – South Devon and Torbay Clinical Commissioning Group – are asking local people from across our communities to comment on our proposals to improve healthcare.

This document sets out how we believe we can best support our different communities. It describes a model of care where hospital beds are always available when needed but where people are only admitted if they cannot be cared for safely at home or in their local community. It explains how we 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'.

Our proposals reflect the national Five Year Forward View, which has been endorsed by professional groups, the Government and the NHS as the way services should be provided in future. It states that "out-of-hospital care needs to become a much larger part of what the NHS does" and it expects to see "far more care delivered locally but with some services in specialist centres, organised to support people with multiple conditions, not just single illnesses."

In recognising the changing needs of patients and the impact of new treatments coming on stream, the Five Year Forward View states that "there are better ways of organising care, breaking out of the artificial boundaries between hospitals and primary care, between health and social care, between generalists and specialists – all of which get in the way of care that is genuinely coordinated around what people need and want."

Our proposals reflect the ways in which we believe we can better meet the health and care needs of local communities. We have engaged extensively with local people and their representatives in developing these proposals and we have used their priorities to inform the proposed changes. We believe these would improve health services and are affordable.

However, we are open to alternative suggestions for redesigning clinically effective, sustainable services that meet local needs.

No decisions will be made until after we have heard the views of the people of South Devon and Torbay.

"To meet the scale of these challenges, change is inevitable, essential and clinically desirable."

Why consult now?

In late 2013, South Devon and Torbay Clinical Commissioning Group (CCG) – in partnership with our acute hospital, community health providers, Devon County Council and Torbay Council – carried out extensive engagement about our community health and social care services.

People told us that the most important things to them were:

- **Accessible services** – convenient opening hours, transport and accessible buildings
- **Better communication** – between clinician and patient, and between clinicians themselves
- **Continuity of care** – to allow relationship-building with clinicians and carers
- **Coordination of care** – including joined-up information systems
- **Support to stay at home** – with a wide range of services and support.

Last year's creation of the integrated care organisation (Torbay and South Devon NHS Foundation Trust, or TSDFT) resulted in the majority of our health and care services – from district nursing, social work, community therapy, complex care and multi-agency teams, to highly specialist acute care – being delivered by the one NHS Trust. The bringing together of these and other services in one organisation created a huge opportunity to develop new ways of working which can deliver what people told us they wanted in 2013.

Since last summer, the CCG, supported by TSDFT, has engaged with groups across the area to discuss how best to deliver services which would meet the future needs of our local population. These engagement discussions involved a range of interests and expertise and looked at, for example, the predicted health needs of our population, the use of hospital beds to look after people who can no longer live on their own, ways of providing more care in the local community and the difficulties of attracting specialist staff to the area.

Out of the 2013 engagement and in parallel with these discussions, representatives of the CCG, Torbay Council, Devon County Council, TSDFT and primary care, including senior clinicians, have drawn on the feedback provided and considered how best to provide the range of services required in the future. Informed also by TSDFT staff, a new model of care (see page 9) has been developed, which these organisations believe would meet future need, can be delivered and is affordable.

We are grateful for the contributions of everyone who participated in this process and whose views have been taken into account in framing the consultation proposals. A separate paper summarising views expressed is available on our website or in hard copy by request (see back cover for contact details).

The challenge of change

Communities across South Devon and Torbay are rightly proud of their local health and social care services and their record of meeting the expectations of people who need care, delivering improved health and wellbeing for our local population. The NHS in South Devon and Torbay provides care and treatment to a population of 286,000. Some three million episodes of NHS care are delivered in South Devon and Torbay every year, a number forecast to rise significantly over the next decade.

Year on year the NHS looks after more people, provides more specialist support and works increasingly in partnership with social care and the voluntary sector.

The NHS has kept up with growing demand by constantly responding to changing needs: redesigning how services are provided, developing new techniques and adopting new drugs and approaches.

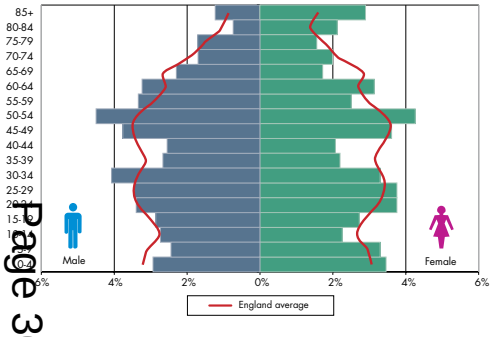
We can easily forget how much the NHS has changed over the years. It is not that long ago, for example, that lengthy hospital stays were required for treatment which now takes place routinely, in a few hours and without a hospital admission.

Delivering health services today is challenging because we have:

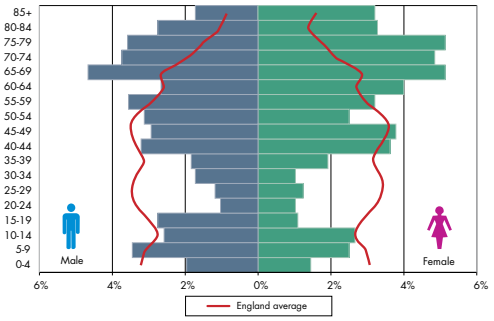
- Increasing numbers of older people, many with long-term and complex health conditions who need support to live independently

- A growing proportion of our younger people living in areas of deprivation, especially in Torbay but also in some rural areas

Population pyramid for the most deprived area in the CCG compared to England average



Population pyramid for the least deprived area in the CCG compared to England average



- Rural and urban communities with different needs

- A high use of urgent care services, especially A&E, which means increasing pressure on emergency and urgent care services

- Flat or reducing finances, especially when health and social care resources are combined

- Changes to professional NHS standards which specify minimum safe staffing levels

- Recruitment problems due to a shortage of doctors, nurses and other clinical staff in some services.

Faced with these challenges, the NHS needs to continue to work differently, creating services which are designed to support people to live well at home and in their local communities. We want to make sure that, at every stage of life, the NHS can provide the best possible care. That is why, in looking at how best to meet the future needs of local people, we want to blend the best of current practice with new, innovative and better ways of working.

Locally and nationally, the NHS must do more with the funding that it receives, responding effectively to the increasing health needs of our population, aligning physical and mental health services, promoting the most clinically effective care and support irrespective of location, and deploying resources where they can have most impact and where patient demand is greatest.

To meet the scale of these challenges, change is inevitable, essential and clinically desirable. We need to change to ensure we deliver services that support local people to live life to the full.

Nine reasons to change

Deliver high-quality care to an increasing number of people

Our services must meet local people's needs, both now and in the future. Our existing structures and approaches will not cope with the forecast demand for services in the coming years as illustrated in the table on page 6). If we are to provide the care to support people to live the healthiest lives possible, we need to change the way we work.

Increase joint working between services

We have an international reputation for our pioneering 'integrated care' model in which adult social care and health services are delivered by local teams working in a joined-up way. Our new integrated care organisation, launched in October, now brings Torbay Hospital and these local community-based health and social care services into a single provider Trust (Torbay and South Devon NHS Foundation Trust). We want to extend this integration to include a more joined-up way of working with local voluntary and charitable organisations, and with our partners in other public services such as mental health and children's social care.

Improve life expectancy

In each of our localities, there are significant differences in life expectancy between our most deprived and least deprived areas, the numbers of people in the under-16 or over-85 age groups, and the number of emergency admissions. We want to strengthen our preventative and self-care services to help tackle health inequalities and reduce the gaps in life expectancy, providing the best care we can to all sections of our communities.

Life expectancy between most deprived and least deprived in each locality area

Keep more people out of hospital

People should only be admitted to hospital when it is medically necessary. If people do not need specialist nursing or medical help, they are better supported out of hospital. Successive audits have shown that almost a third of beds in community hospitals are occupied by patients who were fit to leave if more community support had been available.

We therefore want to invest more in community services so we are able to treat and support people in their own homes or in locally accessible services. This is also what people tell us they would prefer.

We know that treating people in a hospital bed is not always the best approach. For example, the longer older people remain in hospital, the harder it is for them to regain their independence and return home, the more likely they are to be readmitted, and the more vulnerable they are to hospital-acquired infections.

Evidence also suggests that some people recover much quicker if they are cared for in their own home, in a more normal environment rather than in a busy hospital setting, and we want to invest in community services to be able to support more people to recover as quickly as possible.

But where people need to be admitted to hospital, we want to make sure that they receive the best quality and experience of care, that we have enough staff to look after them, and that we meet national safety standards. This is challenging, because it is increasingly difficult to attract staff to community hospitals.

Better support for people in the community

We need to make sure we strengthen out-of-hospital services so that they can help people to avoid the need to be admitted to hospital and respond swiftly should they experience deterioration in their health. This means investing in more community-based services so that

Forecast demand for services, 2015 to 2025

Number of patients with disease, known or not known to primary care	Moor to Sea	Newton Abbot	Paignton and Brixham	Torquay
	2015-25 % change	2015-25 % change	2015-25 % change	2015-25 % change
Coronary heart disease	19.8	20.5	18.3	17.2
Chronic kidney disease	21.5	21.7	19.4	18.5
People aged 65 and over predicted to have:				
• Type1 or Type 2 diabetes	20.0	20.5	17.1	16.5
• A longstanding health condition caused by a stroke	25.5	25.7	22.1	21.5
• Dementia	34.5	33.4	30.7	30.7
• Depression	20.3	20.7	17.0	16.5
• Severe depression	25.2	25.3	21.7	21.1
• A longstanding health condition caused by bronchitis and emphysema	21.5	21.9	18.5	17.8
• A moderate or severe visual impairment	29.2	28.7	24.9	24.4
• A moderate or severe, or profound, hearing impairment	31.5	31.0	26.0	25.0

This table is based on the CCG's 2015/16 locality structure in which Bovey Tracey and Chudleigh surgeries were part of Moor to Sea. They are now part of the Newton Abbot locality.

they mirror the availability and reliability of hospital-based care. We must ensure it is provided in the evenings, at weekends, 365 days a year, in urban and in rural areas.

To do this, we need to switch funding from hospital to community-based care so that we can increase the range of local services and the times that they are available.

We also want to make sure that people do not travel further than they need to for treatment and support. The more out-of-hospital services we can provide in or close to people's homes the better.

Provide effective minor injuries units

Minor injuries units (MIUs) provide a local urgent care service in the community, filling the gap between GP services, the NHS 111 helpline service and A&E, and are intended to reduce unnecessary travel to the emergency department for non-life-threatening injuries. MIUs are an important part of urgent care services, treating people with, for example, minor burns, sprains and fractured bones.

A lack of awareness of MIUs, and inconsistencies in opening times and services provided, including x-ray diagnostic services, have limited their use by local people.

For MIUs to be a viable alternative to A&E for non-life-threatening injuries they need to:

- Be easily accessible
- Provide a treatment service led by a specialist nurse or paramedic
- Open 12 hours a day, 7 days a week
- Have x-ray diagnostic services
- Operate from an environment that can best support high-quality care.

It is estimated that MIUs need to treat 7,000 patients per annum to ensure the best use of highly skilled staff and to ensure that they are able to maintain their skills by seeing enough patients with a sufficiently wide range of minor injuries. In South Devon and Torbay, MIUs in the past have not been fully utilised, with only Newton Abbot MIU achieving at least the 7,000 criteria.

Focus resources where they have most impact

Public finances are under considerable pressure. These are intensified within the NHS by the rising cost of some treatments, the increasing demand for specialist services and the need to look after more people with a number of long-term conditions.

NHS costs traditionally rise faster than inflation, putting further pressure on the local health community budgets.

The CCG currently receives more money than the national funding formula judges it should, and we need to manage our budgets to bring ourselves back into alignment with the formula in the coming years. Taking these factors into account, the demands on services outstrip any new funding available and the CCG needs to make significant savings over each of the coming years. For 2016/17 we currently need to save £20.5million across the services which the CCG commissions.

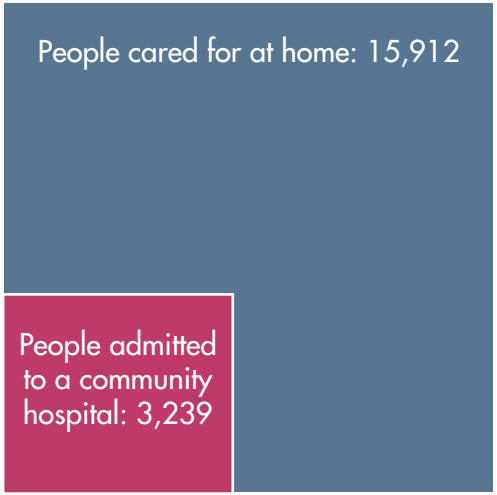
In addition to the pressures on CCG funding, Torbay and South Devon NHS Foundation Trust is required to make savings across the range of its activity. In 2016/17 this amounts to £13million.

Overall, health and social care services in South Devon and Torbay are under significant financial pressures, and services are likely to be £142million in deficit by 2020/21 if nothing changes.

In reconfiguring services, we need to not only take account of quality and safety issues but also the need to improve value for money and contribute to this funding gap by finding different and more effective ways of meeting the increasing needs of our population. The proposals which form the basis of this consultation would contribute £1.4million towards the savings requirements of the Trust.

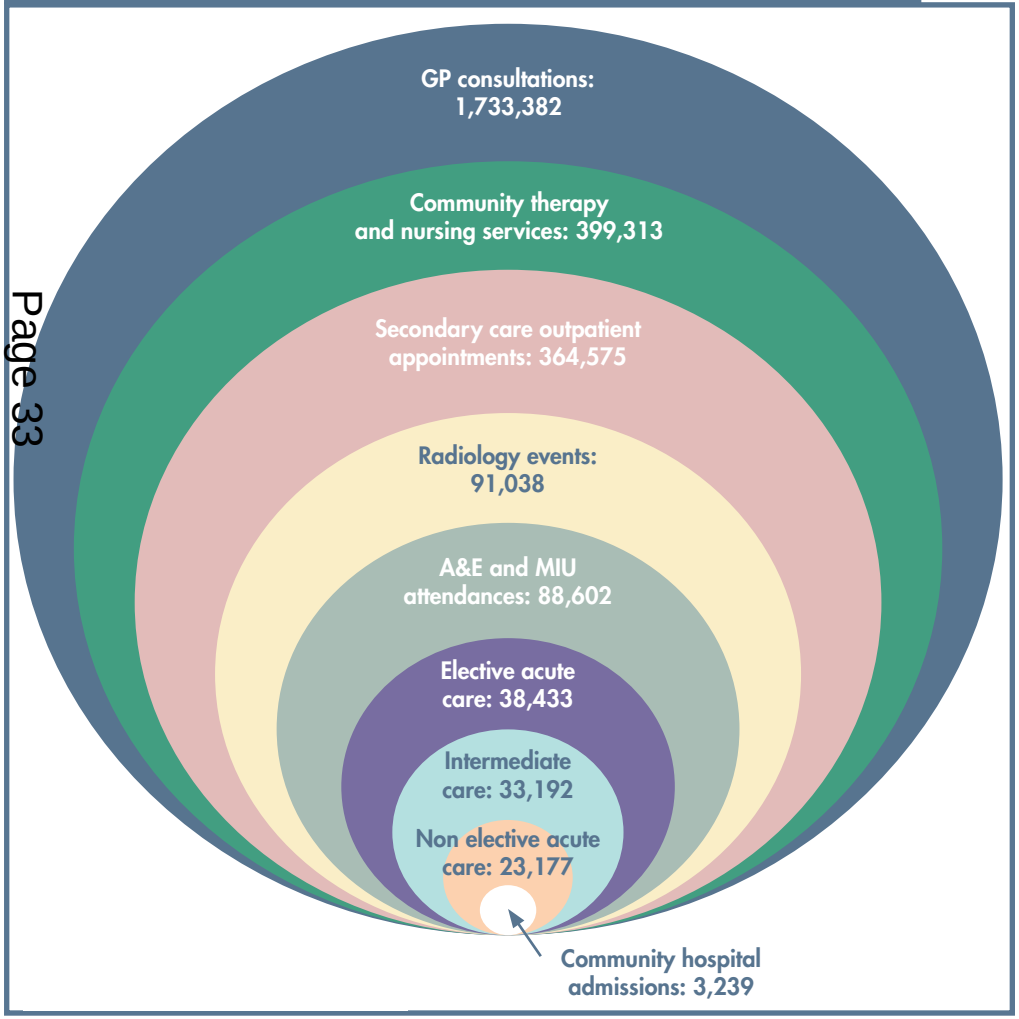
By switching funding from bed-based to community-based care, we would be investing more of our resources in the local services most used by our communities. As the diagram opposite illustrates, the largest volume of activity rests with GPs, community therapy and nursing.

As the diagram below shows, almost five times the number of people admitted to community hospitals (3,239) are cared for at home (15,912).



A separate paper setting out the financial case for change, including details of the financial cost of the different options considered as well as issues of capital funding, is available from the CCG website and in hard copy on request.

Activity across South Devon and Torbay



The figures relate to activity not people and are based on extrapolated NHS data.

Make best use of our staff

We want to make best use of our staff, providing good career opportunities and roles which attract people to work in local health and social care services. There is a shortage of doctors, nurses and other qualified staff nationally. We already see the impact of this locally, with MIUs in Dartmouth and Ashburton temporarily closed and beds temporarily relocated to Newton Abbot from Bovey Tracey Community Hospital. The number of beds at Paignton Hospital has also been temporarily reduced due to safe staffing issues.

Many other services are under similar strain, with difficulties in recruiting to community and hospital nursing posts, some medical and therapy specialties, and to specialist social work and social care.

Our partners in residential and nursing care homes are also experiencing challenges in recruiting staff and in providing the range of specialist care needed, particularly long-term care for people with some forms of dementia. Attracting GPs to this part of the country is also difficult, with many practices struggling to recruit.

We need to design services that make the best use of the time, availability and skills of these staff. By bringing them together to work as integrated teams in partnership with the local voluntary sector, we would have the range of skills to better respond to the needs of the community they serve. Local bases would enable them to have more patient and client contact rather than use their time in travelling.

Ensure our buildings are fit for the future

We need to rationalise many NHS and social care premises which are not fit to deliver 21st-century services and use the proceeds to invest in bases locally from which our staff can deliver our future model of care and an enhanced range of services. The major sites from which health services are currently delivered locally are owned by Torbay and South Devon NHS Foundation Trust.

Three: Our proposals

The proposed new model of care

The diagram below illustrates the new model of care, which has been developed in parallel with, and informed by, engagement discussions across the CCG area. It takes account of best clinical practice and is aligned with national NHS approaches such as the Five Year Forward View. It is this model which forms the basis of this consultation and the following section describes how it would operate if the consultation proposals are approved.

If supported, the model below would see GPs, community health and social care teams and the voluntary sector

The proposed new model of care

> "The proposed new model of care aims to provide the majority of care as close to home as possible, supporting people to remain independent."

working together to provide for the vast majority of people's health and wellbeing needs in each of the localities that make up the CCG and Trust population. It aims to provide the majority of care as close to home as possible, supporting people to remain independent and in their own homes, reducing reliance on bed-based services, but centralising care where that is more resilient, effective and efficient. We want to see local communities helping to support the wellbeing needs of their local population.

We recognise that one size will not fit all. From locality to locality, and from town to town, there are differences in health, demography and geography, as well as variation in the availability of services such as residential and nursing care. The proposed model of care needs to reflect these differences while being able to deliver consistent, high-quality care.

Our new model of care would reflect the needs of the community in each of the four CCG localities which are part of this consultation: Moor to Sea; Newton Abbot; Paignton and Brixham; Torquay.

Accessing services would be made simpler through a central contact point for information and signposting. By calling a single telephone number, people would be signposted to support in their local community or to local health and social care teams or services according to their needs.

There are four key elements to delivering this care model locally – locality clinical hubs, including community hospital beds and minor injuries units; local health and wellbeing centres; health and wellbeing teams; and intermediate care provision.

Clinical hubs

In each locality there would be a clinical hub providing people with better access to medical, clinical and specialist services. These hubs would offer a broad range of services to people and, although one is proposed in each locality, they could be used by everybody irrespective of where they live.

The clinical hubs would offer services such as outpatient appointments, specialist conditions clinics and inpatient services. By bringing services together in a single location we would reduce the need for people to travel to Torbay Hospital to access services, therefore adopting the principle of 'care closer to home'. The clinical hubs would be provided in buildings that are of a high clinical standard and, where necessary, additional investment would be made to improve the quality of environment and range of services offered.

Services provided in the hubs would include:

- **Multi long-term condition clinics:** these would provide a 'one-stop shop' approach to help people manage multiple long-term conditions by accessing information and treatment in a single clinic.
- **Minor injuries unit:** Newton Abbot and Totnes clinical hubs would offer access to MIU and x-ray diagnostic services, between 8am and 8pm, seven days a week.
- **Specialist outpatient clinics:** these are attended by people from a wide geographical area. They are mainly consultant-led and usually have less than 1,000 attendances a year. Specialist services often require more bespoke facilities or equipment which would be available in clinical hubs.
- **Rehabilitation gym:** this would include equipment used to deliver early-stage rehabilitation services.
- **Inpatient care:** a minimum of 16 beds would be provided in the clinical hubs to ensure compliance with safe staffing standards. The use of inpatient services across all of the clinical hubs would be provided to everybody who requires an inpatient stay in a medical ward, irrespective of where they live.

Local health and wellbeing centres

Linked to the locality clinical hub, local health and wellbeing centres would be delivered from Ashburton/Buckfastleigh, Bovey Tracey/Chudleigh, Brixham, Dartmouth, Newton Abbot, Paignton, Totnes and Torquay. These would see community staff based locally and working alongside GPs, pharmacists and voluntary-sector organisations to provide health and wellbeing services to the area.

Within these centres, the clinical services most frequently used by local

people would, wherever feasible, be provided by professionals based locally and who would work across community sites.

Local health and wellbeing teams

Services from these centres would be provided in each local area by local health and wellbeing teams. These would bring together an integrated team of community health and social care staff, mental health professionals and our voluntary-sector partners to organise and deliver most of the health and social care needs of the population, working as a bridge between their GP services, the clinical hub and the highly specialist care that can only be provided in a large hospital like Torbay.

As well as face-to-face support, we would enable remote access to specialist advice using technology such as Telemedicine and support via Telehealth systems.

CASE STUDY

'Annie' lives alone with no relatives nearby. She suffers from Alzheimer's, heart arrhythmia and COPD, and is at risk from falling. Some time ago, she fell and was unable to get to her phone. She had to wait several hours for help until her care worker turned up and was able to summon assistance.

We have since provided Annie with a community alarm, pendant and key safe for emergency access. When she next fell she was able to contact the centre immediately via her pendant and we arranged for an ambulance to visit. Within 12 minutes of activating her alarm, the ambulance crew was on site and supporting Annie. Telehealth can provide support and reassurance, minimising distress as far as possible.

The local health and wellbeing team would also oversee arrangements for local intermediate care services which would cover a range of integrated services and would be provided for a limited period, to people who need extra support and care following a period of ill health. As illustrated in the case study on page 12, they are designed to help people recover more quickly following illness or injury, maximising their independence and helping them to resume normal activities as soon as possible. Intermediate care also supports more timely discharge from hospital following an inpatient stay, and helps to avoid unnecessary hospital admissions by supporting people in their local communities, either at home or in another care setting.

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CASE STUDY

'Tony' is 76 and had experienced at least four significant falls at home in four months, before finally coming in to hospital with a fractured hip. He had called an ambulance after each fall, but refused to accept any follow-up care.

After a short stay at Torbay Hospital, Tony was transferred to an intermediate care bed to recover from his surgery and regain his strength and mobility. On discharge home, he was reluctant to accept further help but agreed to short-term support with a programme of balance and mobility to reduce his risk of further falls and help him to regain his confidence. We were keen to help Tony better manage life at home so that he wouldn't keep needing 'crisis interventions'.

Our multi-disciplinary team helped him learn what to do should he have a further fall and discussed ways in which he could make his home environment safer.

Tony remains fiercely independent, but did eventually agree to a package of care that included some occupational therapy for ongoing mobility, meals, visits from the intermediate care team and support from Age UK. He has not experienced any further falls in the last six months and is planning to start going out to a local café, with the support of the volunteer from Age UK.

Providing holistic end-of-life care to people and their families would be one of the core functions of the health and wellbeing teams. This would involve coordinating support to enable a person to die in the setting of their choice, with care and support made available to provide the best possible experience for people and their families.

Intermediate or specialist care

By switching resources to home-based care, we would be able to strengthen intermediate care teams, with seven-day cover and input from doctors, pharmacists and personal care teams. Wherever possible, a person's future needs would be assessed in their usual place of residence rather than a hospital bed. Intermediate care would be organised at locality level and delivered locally wherever possible – in the person's own home or in a local nursing or residential home. Where patients don't need to be in hospital but are unable to live alone or be supported to remain at home, they would be able to access residential care or specialist housing with care and support on site.

CASE STUDY: SPECIALIST CARE AT HOME

'Joe' has a rare condition that led to his being completely paralysed and only able to breathe on a ventilator. In previous years, his only option would have been to be cared for in an institution, either in a specialist hospital or centre. But Joe is not just a patient. He is a husband, father, grandfather and dog-owner. He wanted to make the most of life and be able to return home to live with his family.

We worked with them to put in place a package of care that meant he could continue to live at home, supported by round-the-clock carers and our community matron, as well as other professionals such as physiotherapists, occupational therapists, podiatrists and his GP. Although life is not what Joe had hoped for in retirement, he is at home with his family and much-loved dog, and is still able to get out and about, thanks to a specially-adapted car.

Putting compassionate care at the heart of what we do every time

As our new care model develops, the importance of giving staff time to deliver compassionate care remains central at all times. One way to do this is to replace the question 'What is the matter with you?' with 'What matters to you?' A key part of giving care and support is to do the things that matter most to people and help them achieve those things for themselves wherever possible.

Library image

Changing to the new model

Moving to the new model of care requires us to do things differently. It means switching funding from hospital to community care and making sure the new services are in place before changing the current provision.

Investing in community services

In the current financial year, we are investing £3.9million in strengthening community services in line with the new care model. The full-year effect of this in 2017/18 would be £5.8million. The additional expenditure this year includes:

- £177,000 for wellbeing coordinators, to be employed by our voluntary-sector partners in each locality, to support and signpost local people to the most appropriate services in their local area
- £220,000 to provide clinics and services for people with multiple long-term conditions located at each of our clinical hubs – Totnes (Moor to Sea), Brixham (Paignton and Brixham), Newton Abbot and Torquay town centre – commencing with the first phase in Brixham and Teignmouth (in Coastal locality)
- £2.1million to provide additional intermediate care services in people's

own homes or close to home in local residential and nursing homes, which would support people to return to maximum independence.

Fewer, safer community hospital beds

By introducing the new model of care throughout South Devon and Torbay, the number of community hospital beds will fall from 151 to 93. The reduction in the four localities covered by this consultation will be 44 (121 to 77).

This reduction is based on proposals to close four community hospitals (Ashburton and Buckfastleigh, Bovey Tracey, Dartmouth and Paignton) so that more can be invested in local community teams.

If these consultation proposals are agreed, there would be community hospitals in Brixham, Newton Abbot and Totnes (as well as Dawlish in our Coastal locality) serving the population of South Devon and Torbay.

By concentrating medical beds in fewer hospitals, we would be able to ensure we meet national guidance on safe staffing levels.

At present, many people admitted to hospital do not go to the one nearest to them, so concentrating medical beds in fewer locations is in line with general current usage.

Stronger minor injuries units (MIUs)

To ensure that MIUs provide a viable, effective service, we propose to reduce the number to three and have them located in Newton Abbot and Totnes, as well as Dawlish in our Coastal locality. All MIUs would open 8am to 8pm, seven days a week, and would have x-ray diagnostic services. This means that MIUs in Ashburton, Dartmouth (both of which are currently suspended), Brixham and Paignton would close.

Intermediate and domiciliary care

An integral part of this care model approach is to stimulate the care home/ intermediate care market in South Devon in the same way as it has been developed in Torbay. Notwithstanding the partial role that community hospitals play in this area, it is clear that provision at present does not meet current, let alone future, need.

Until there is certainty as to future demand, it is unlikely that the market would expand. An invitation to express interest will be issued to the private sector so as to facilitate discussions on how best to meet future needs and to explain the model of care and the investment strategy.

Discussions have already taken place with local authority colleagues and with some care home operators. As a result, an initiative is under way to identify the most appropriate model for the future.

The way domiciliary care in the home is purchased in Devon has recently changed. In South Devon and Torbay the primary provider is Mears, which is responsible for providing care directly or managing other providers. This change will improve the quality of patient care, as there will be a greater mix of personal care workers. People will receive packages of care more quickly, careworkers' pay and conditions will be improved, and carers will receive more training. This approach complements the proposed model of care.

In addition, the rehabilitation beds in Teignmouth Hospital will also be available to anybody who needs rehabilitation care, irrespective of the locality in which they live.

Reduced pressure on Torbay Hospital

By improving the availability and quality of support in the community, Torbay Hospital would be able to focus attention on patients who are acutely unwell and cannot be treated near to or in their own homes or in a community hospital. Over the past year, it has had to open an additional 32 beds to cope with demand pressures, caused, in part at least, by the shortage of out-of-hospital support. Should the proposals set out in this document be approved and implemented, the additional 32 escalation beds would no longer be required. Attendances at A&E are also expected to decline as people's confidence in MIUs increases. As more resources are used to keep people well and independent for longer, then overall people would need fewer admissions to hospital for acute care.

Four: What this might mean

For you as a patient

For someone with a number of long-term conditions, this is how the service might work in future if proposals in this document were implemented.

'Mr Jones' lives in Buckfastleigh and has four long-term conditions, including atrial fibrillation, congestive cardiac failure, chronic kidney disease and Type2 diabetes.

Currently	In the future
Attends three separate appointments to see his consultants at Torbay Hospital	Attends a new service in Totnes
Sees two specialist nurses	Has a wellbeing coordinator to put him in touch with local voluntary services
Sees two dieticians	Sees one team, which includes a doctor, nurse and dietician, for all his conditions
Has a total of 25 different hospital appointments a year	Has just six appointments a year
12 appointments at his GP surgery	Through better coordination he only needs three GP visits a year
Admitted twice for heart failure in the last year	Given support from the heart failure team at home
Takes 14 different medications	Better understands his treatment and how to manage his conditions and now only takes nine medications
Lonely as he lives alone and doesn't know what to do for the best	Much happier as he has access to a range of support and voluntary groups which help him achieve what matters most to him

For your area

The likely impact of these service improvements, if approved, is set out on pages 16-20, alphabetically per locality.

Where reference is made to specialist outpatient clinics that would operate in clinical hubs, these are clinics where patients currently travel further to access them. They are mainly consultant-led and usually have less than 1,000 attendances a year. Some non-consultant-led clinics such as audiology require more specialist facilities or equipment.

Examples of specialist outpatients might include: audiology, cardiology, dermatology, ear, nose and throat, endocrinology, general medicine, general surgery, gynaecology, neurology, orthopaedics, paediatrics, rheumatology and urology.

Community clinics, which would operate in health and wellbeing centres, generally have more than 1,000 attendances a year and are mainly provided by locally-based professionals, working across community sites. Examples of community clinics include: MSK (musculoskeletal assessment and treatment), speech and language therapy and podiatry.

MOOR TO SEA

What would be different?

A clinical hub would be established at Totnes Community Hospital that would include community inpatient beds and a range of specialist services to reduce the need to travel as far for specialist care. These would include a new multi long-term conditions service, extended x-ray diagnostic services, specialist outpatient clinics and the existing gym-based rehabilitation services and minor injuries unit.

Totnes Community Hospital currently provides 18 beds, which would slightly reduce to 16 to meet safe staffing ratios. The MIU would open between 8am and 8pm (currently 9pm), seven days a week, reflecting the times of greatest demand and in line with the planned opening times of MIUs in Dawlish and Newton Abbot. X-ray diagnostic services would also be available during these times.

For the population of Totnes, Dartmouth and Ashburton/Buckfastleigh, local health and wellbeing teams would be co-located, where possible, with GP services. These teams would provide community nursing, physiotherapy, occupational therapy and social care support.

Community inpatient care and specialist outpatient clinics for the population of Dartmouth, Ashburton and Buckfastleigh would be provided at their nearest clinical hub in Totnes, Brixham or Newton Abbot. MIUs would be provided in Totnes and Newton Abbot.

To deliver more expert care to people in their own homes, we would invest money into more community-based staff and enhanced intermediate care services. We would work in partnership with local care home providers to provide more local intermediate care beds.

Providing much more care to people in or near their own home means that the buildings from which we currently provide inpatient and community services – including Dartmouth Community Hospital (16 beds), Dartmouth NHS Clinic and Ashburton and Buckfastleigh Community Hospital (10 beds) – would no longer be required and would close if these proposals are approved.

For those whose GP is based in Chillington, the proposals have little impact other than if adopted, the nearest MIU and community hospital run by Torbay and South Devon NHS Foundation Trust would be in Totnes.

The Trust is not the main provider of community services in this area.

What could services look like and where would they be?

Clinical hub in Totnes (currently Totnes Hospital)

- MIU 8am-8pm
- X-ray diagnostic services
- New multi long-term conditions clinic
- Specialist outpatient clinics
- Community beds (16 beds)
- Rehabilitation gym
- Pharmacist

Health and wellbeing centre in Dartmouth (plans are being developed to co-locate with Dartmouth Medical Practice in new premises)

- Community clinics
- Rehabilitation gym
- Pharmacy
- Enhanced primary care MIU services
- Health and wellbeing team

Health and wellbeing centre in Ashburton or Buckfastleigh (options are being explored to co-locate with GPs in either of the local towns or in other facilities)

- Community clinics
- Health and wellbeing team

Health and wellbeing centre in Totnes (options are being explored to co-locate with GPs)

- Community clinics
- Health and wellbeing team

NEWTON ABBOT

What would be different?

A clinical hub would be established at Newton Abbot Community Hospital that would include community inpatient beds and a range of specialist services to reduce the need to travel as far for specialist care. These would include a new multi long-term conditions service, extended x-ray diagnostic services and the existing specialist outpatient clinics, gym-based rehabilitation services and the MIU.

Inpatient services at Newton Abbot Community Hospital would expand from 30 beds to 45 beds (plus 15 stroke beds). The MIU would open between 8am and 8pm (currently 10pm), seven days a week, reflecting the times of greatest demand and in line with the planned opening times of MIUs in Dawlish and Newton Abbot. X-ray diagnostic services would also be available during these times.

For the population of Newton Abbot, Bovey Tracey, Chudleigh and the surrounding areas, the local health and wellbeing teams would be co-located where possible with local GP services. These teams would provide community nursing, physiotherapy, occupational therapy and social care support.

To deliver more expert care to people in their own homes, we would invest money into more community-based staff and enhanced intermediate care services. We would work in partnership with local care home providers to provide more local intermediate care beds. Providing much more care to people in or near their own home means that the buildings such as Bovey Tracey Community Hospital (nine beds currently temporarily relocated to Newton Abbot) would no longer be required and would close if these proposals are approved.

What could services look like and where would they be?

Clinical hub in Newton Abbot (currently Newton Abbot Hospital)

- MIU 8am-8pm
- X-ray diagnostic services
- New long-term conditions clinic
- Specialist outpatient clinics
- Community beds (45 beds)
- Stroke unit
- Rehabilitation gym
- Pharmacist

Health and wellbeing centre for Newton Abbot (as part of plans to co-locate health and wellbeing services with local GP practices)

- Health and wellbeing team
- Community clinics

Health and wellbeing centre for Bovey Tracey and Chudleigh (developing plans to co-locate services with the Bovey Tracey and Chudleigh GP practice)

- Health and wellbeing team
- Community clinics

PAIGNTON AND BRIXHAM

What would be different?

A clinical hub would be established at Brixham Community Hospital that would include community inpatient beds and a range of specialist services to reduce the need to travel as far for specialist care. These would include a new multi long-term conditions service, extended specialist outpatient clinics and gym-based rehabilitation services.

The current MIU services offered at Paignton and Brixham Community Hospitals are not sustainable in their current form and, under these proposals, would close. People would have the option of visiting a designated GP practice for some MIU services provided locally or attending the MIU in Totnes or Newton Abbot, which would operate consistently seven days a week, 8am to 8pm, and provide x-ray diagnostics.

For the population of Brixham and Paignton the local health and wellbeing teams would be co-located, where possible, with local GP services. These teams would provide community nursing, physiotherapy, occupational therapy and social care support.

To deliver more expert care to people in their own homes, we would invest money into more community-based staff and enhanced intermediate care services. They would work in partnership with local care home providers to deliver more local intermediate care beds. Providing much more care to people in or near their own home means that the buildings from which we currently deliver inpatient and community services including Paignton Community Hospital (28 beds but currently 12 beds are temporarily closed due to safe staffing issues), Midvale Clinic and Church Street would no longer be required and would close if these proposals are approved.

Community inpatient care and more specialist services such as audiology, cardiology and dermatology outpatient clinics for the population of Paignton would be provided at their nearest clinical hub in Brixham, Totnes or Newton Abbot.

Staff delivering care directly to people in their own homes would have an integrated office base in the King's Ash area, providing easy access to Paignton and Brixham.

What could services look like and where would they be?

Clinical hub in Brixham (currently Brixham Hospital)

- New multi long-term conditions clinic
- Specialist outpatient clinics
- Community beds (16 beds plus 4 flexible use)
- Rehabilitation gym
- Pharmacist

Health and wellbeing centre in Brixham (as part of plans to co-locate health and wellbeing services with local GP practices)

- Health and wellbeing team
- Community clinics

Health and wellbeing centre in Paignton (planned to be developed in Paignton as part of providing fit-for-purpose accommodation for local GP Services)

- Community clinics
- Pharmacist
- Enhanced primary care MIU services
- Health and wellbeing team

Health and wellbeing centre in Totnes (options are being explored to co-locate with GPs)

TORQUAY

What would be different?

A health and wellbeing centre would be developed in Torquay as part of proposals to co-locate health and wellbeing services which would include community nurses, physiotherapists, occupational therapists, social care staff, coordination and support staff with local GP practices.

The community would have access to a greater range of services, including a new multi long-term conditions service, enhanced intermediate care services, and a health and wellbeing team that works in partnership with local voluntary groups and partner agencies.

This community team has been at the forefront of piloting new enhanced services that would continue to deliver high-quality services in people's own homes.

Castle Circus Health Centre would continue to deliver community clinics and a range of health services and Torbay Hospital would continue to provide specialist services and acute care to the population of Torbay and South Devon.

What could services look like and where would they be?

Health and wellbeing centre for Torquay (as part of plans to co-locate health and wellbeing services with local GP practices)

- Health and wellbeing team
- Community clinics

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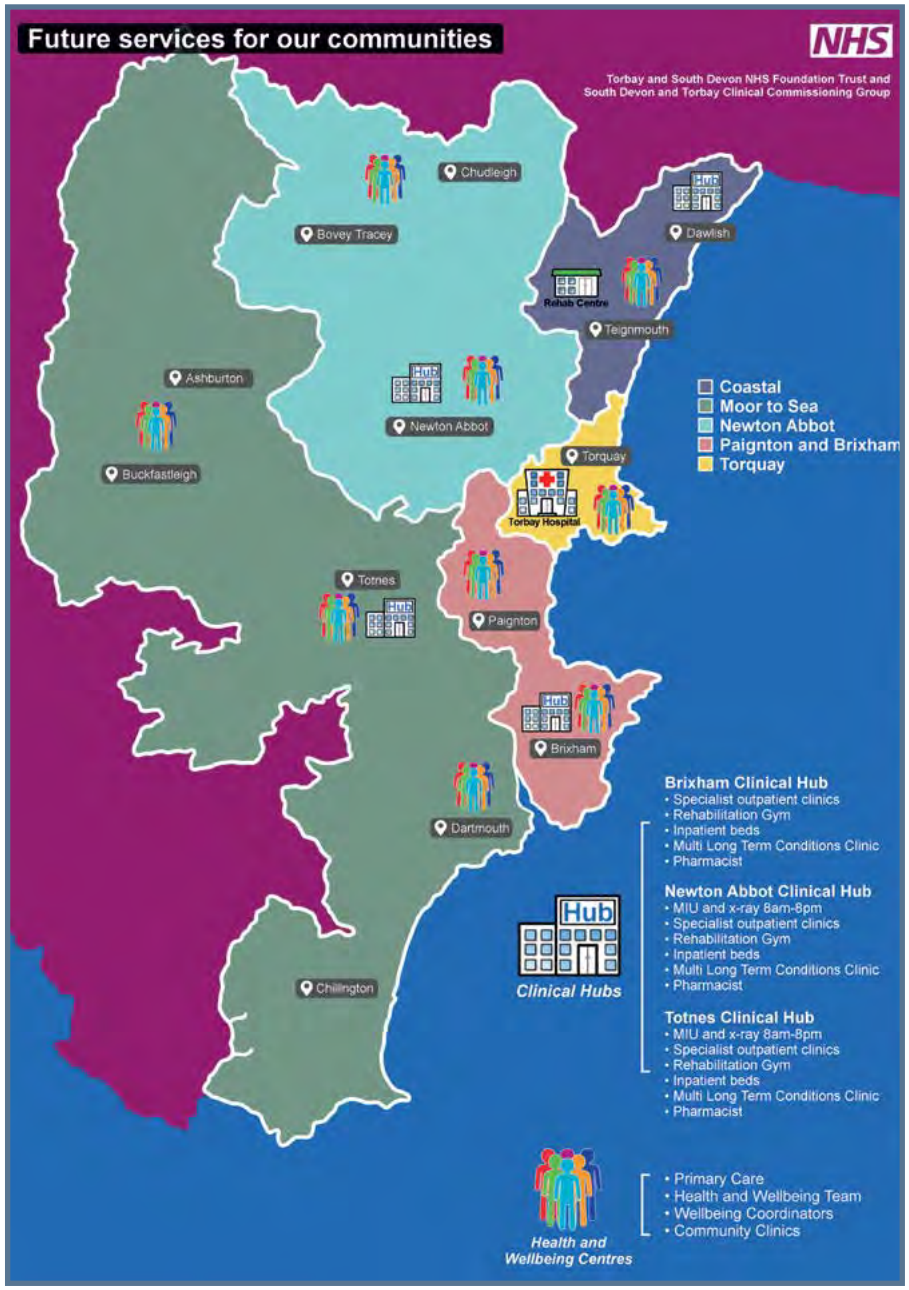


For our communities

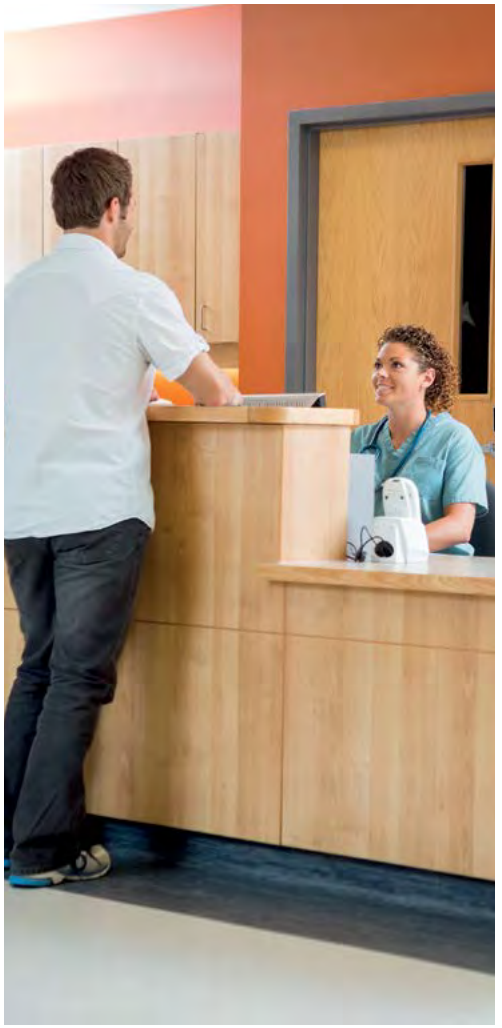
If the proposals set out in this document are approved, core services will be located as shown on this map.

For NHS staff

Staff working across the local NHS are part of this consultation and we also want to hear their views.

We believe that more investment into community-based services would mean that local teams would be bigger, stronger and better able to support those with greatest need. They would also be able to provide staff with better career prospects and more varied work. Concentrating staff in larger teams would strengthen our ability to deliver care and make them more resilient to issues which have led to temporary suspension of services in the past.

Once a decision is made we would ensure all staff are properly supported and their skills properly utilised in the new structures. We would ensure they are fully engaged in the changes and work with them to identify any training requirements. We know that we would continue to need the skills of the staff and they have been guaranteed that there would not be any compulsory redundancies as a consequence of these proposals.



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Five: Getting involved

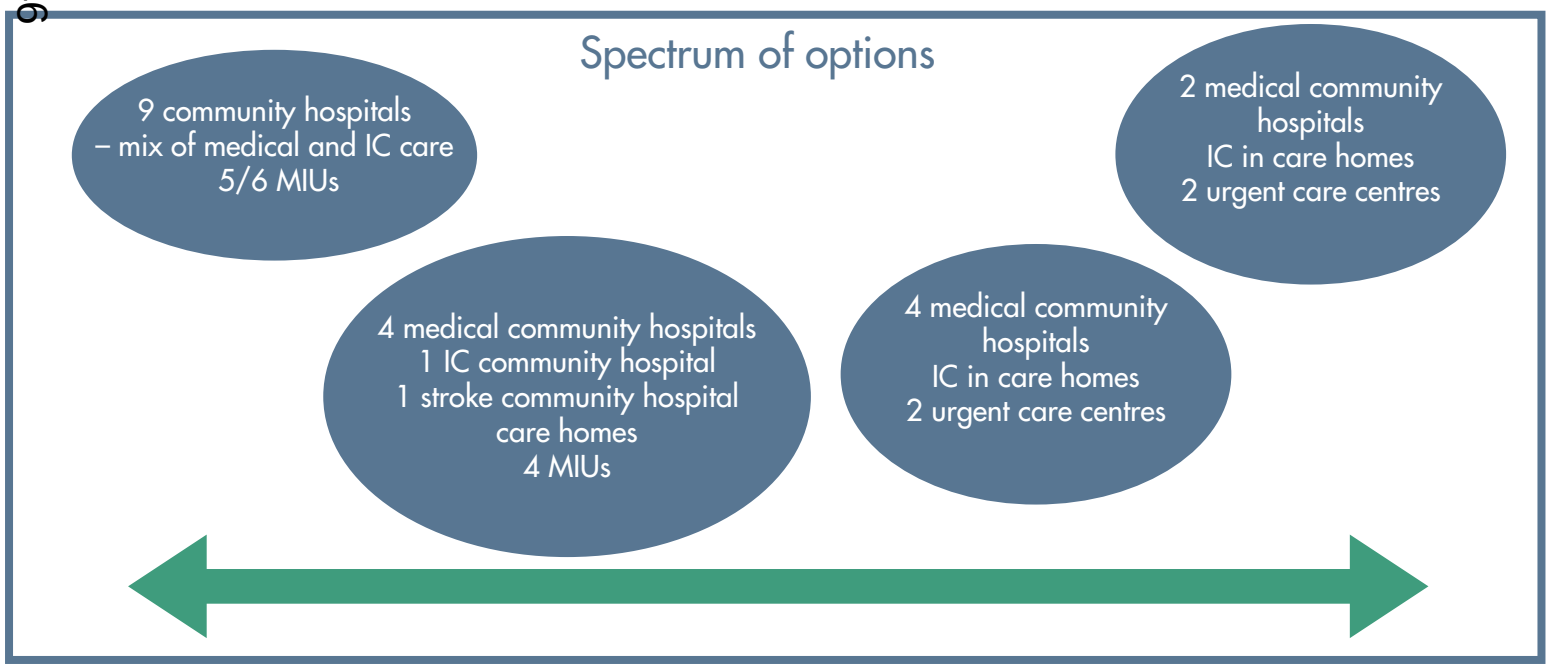
How our proposals developed

The new model of care has been developed over the past three years, since the engagement discussions in 2013. In trying to respond to the clinical, demographic and financial pressures that face us, a range of alternative approaches has been explored with different combinations of bed-based and community-based services.

A separate paper which outlines the development and rationale of the consultation option is available on our website or in hard copy by request. Five options were considered, based on the extent to which they would enable investment in community services and deliver the new model of care. The numbers and locations of community hospitals, MIUs and local teams changed according to the option with a range of possibilities being considered.

Each option was evaluated by the multi-agency Community Services Transformation Group on the extent to which it met future patient needs, delivers safe clinical standards, was affordable and financially sustainable. Where an option did not deliver the proposed care model or was not operationally or financially sustainable, it was rejected.

The CCG and Torbay and South Devon NHS Foundation Trust believe that the approach set out in this consultation document represents the only viable option for providing what people told us they wanted, in a way that would meet future clinical needs and population pressures within the budget available.



Alternative approaches

The CCG and the Trust would welcome alternative suggestions and approaches. Views expressed in this consultation will be independently collated by Healthwatch and reported to the governing body of the South Devon and Torbay Clinical Commissioning Group, ahead of it deciding what changes should be made. Before any decision is made, all ideas will be evaluated to asssess whether they meet the clinical, demand and financial challenges.

There is a range of ways in which local people can find out more about the proposals, discuss any alternatives and give their views as to the service improvements which we are proposing in this consultation. These are outlined on the following pages.

> "The CCG and Trust would welcome alternative suggestions and approaches."

Taking part

Come to a public meeting

We have arranged public meetings to discuss these proposals across South Devon and Torbay and these will be held at:

Location	Date	Time	Venue
Ashburton	20 Sept	1pm, 4pm and 7pm	Ashburton Town Hall, North Street, TQ13 7QQ
Bovey Tracey	13 Sept	4.30pm and 7.30pm	Phoenix Hall, St Johns Lane, TQ13 9FF
Brixham	29 Sept	6.30pm	Scala Hall, Market Street, , TQ5 8TA
Buckfastleigh	22 Sept	6.30pm	St Lukes Church, Plymouth Rd, TQ11 0DA
Chudleigh	16 Sept	6.30pm	Chudleigh Town Hall, Market Way, TQ13 0HL
Dartmouth	15 Sept	4pm and 7pm	Dartmouth Academy, Milton Lane, TQ6 9HW
Newton Abbot	13 Oct	6.30pm	Exeter Road Campus, Daphne Collman Hall, 28 Old Exeter Road, TQ12 2NF
Paignton	28 Sept	9am, 4pm and 7pm	Sacred Heart Roman Catholic Church, 24 Cecil Road, TQ3 2SH
Torquay	6 Oct	6.30pm	Upton Vale Baptist Church, St. Marychurch Road, TQ1 3HY
Totnes	11 Oct	6.30pm	Totnes Civic Hall, High Street, TQ9 5SF
Widecombe	12 Oct	6.30pm	Widecombe Church House, TQ13 7TA

Invite us to a local meeting

We are very happy to attend as many meetings that happen routinely in your community, as is practical.

If you would like us to present our proposals and answer questions, please email us to arrange this: sdtccg.consultation@nhs.net; or write to: South Devon and Torbay CCG, Pomona House, Torquay, TQ2 7FF; or call 01803 652511.

Read up on the detail

In addition to this document, there are more detailed papers on our website www.southdevonandtorbayccg.nhs.uk/community-health-services covering:

- The clinical case for change
- Information about the use of local services
- Options and rationale
- Population case for change
- The financial case for change
- Travel times
- Summary of stakeholder engagement and feedback
- Consultation terminology.

If you need a paper copy, please email: sdtccg.consultation@nhs.net; or write to: South Devon and Torbay CCG, Pomona House, Torquay, TQ2 7FF; or call 01803 652511.

You can also visit our website to find a locality-by-locality slide presentation that brings together information used in our engagement meetings over the past year and which summarises the consultation proposals.

Follow on Twitter or Facebook

Throughout the consultation we will be holding question-and-answer sessions on Twitter and using our social media pages for sharing information.

www.twitter.com/sdtccg

Torquay: www.facebook.com/ccgtorquay

Paignton and Brixham: www.facebook.com/ccgpaigntonandbrixham

Newton Abbot: www.facebook.com/ccgnewtonabbot

Moor to Sea: www.facebook.com/ccgmoortosea

Ask to receive our regular briefing

During our engagement discussions we have produced a series of simple stakeholder briefings to keep those involved up to date with discussions across the area. We will continue to produce these during the consultation. They will be available on our website and emailed to stakeholders. If you would like to receive these directly, please let us have your email address by emailing sdtccg.consultation@nhs.net.

We will do our best to make paper copies available locally where it is possible to leave them – for example, in community centres or village halls, information points or GP practices.

What happens next?

Our consultation starts on 1 September. All feedback will be gathered by Healthwatch (Devon and Torbay) and a report produced for consideration by the Governing Body of South Devon and Torbay Clinical Commissioning Group. All alternative suggestions will be fully explored ahead of any decision.

Both the feedback and details on alternative suggestions will be published.

Discussions will take place with GPs, providers, healthcare professionals and managers before a recommendation is made to the CCG's Governing Body at a meeting in public in January/February 2017. Once a decision is made, it will be communicated widely and a timetable for any changes set out.

The goal will be to put any major service changes into effect before any changes are made to current provision. As indicated earlier, NHS premises which could be affected by the proposals set out in this document are owned by Torbay and South Devon NHS Foundation Trust. Should a decision be made to close and dispose of any of these NHS premises, proceeds from any sale will be used by the Trust in support of services within South Devon and Torbay.

Any questions?

During the consultation, if you have any questions or require more information, take a look at our website: www.southdevonandtorbayccg.nhs.uk/community-health-services.

If you can't find what you are looking for please use one of the following ways of getting in touch:

- Email sdtccg.consultation@nhs.net
- Write to South Devon and Torbay CCG, Pomona House, Torquay, TQ2 7FF
- Call 01803 652511.

Make sure your views count

Views expressed at public meetings will be noted by Healthwatch, and views expressed at community meetings attended by the CCG or the Trust will also be fed back to Healthwatch to be included in its consultation report. Other correspondence and petitions will also be noted by Healthwatch.

The questionnaire seeks views on the range of issues underpinning the consultation as this will help us to evolve the model of care.

For your views to be registered as part of the consultation, please complete the questionnaire at the end of this consultation document or electronically at www.communityconsultation.co.uk. Paper copies will be available across the area and are available on request by emailing sdtccg.consultation@nhs.net, or writing to South Devon and Torbay CCG, Pomona House, Torquay, TQ2 7FF, or calling 01803 652511.

Six: Other issues

Travel

Impact on mean (and median) travel time to closest site

	Current model	Proposed model
Public transport weekend	29 mins (19 min)	30 mins (27 mins)
Public transport weekday	20 mins (18 mins)	26 mins (24 mins)
Car peak	7 mins (7 mins)	12 mins (13 mins)
Car off-peak	5 mins (5 mins)	8 mins (8 mins)

Impact on maximum travel time to closest site

	Current model	Proposed model
Public transport weekend	76 mins	100 mins
Public transport weekday	76 mins	100 mins
Car peak	38 mins	45 mins
Car default speed	27 mins	32 mins

- Travel times are based on a journey start point at LSOA (Lower Layer Super Output Areas) population centre. LSOAs are geographic areas used by the Office for National Statistics for census data and are areas that consist of between 1,000 and 3,000 people or 400 to 1,200 households.
- In calculating the above figures for public transport, we have taken travel times between 8am and 6pm for the weekend (average of both days) and for weekdays (average of five days).
- Travel times for car travel (road) are based on data from the Department for Transport (DfT). Off-Peak travel times use the DfT default car speeds. Peak travel times use the DfT average traffic speeds for the morning peak between 7am and 10am.
- For maximum and average travel times, we have calculated the time taken to get to the nearest clinical hub for each LSOA and taken the maximum and average of these times for all the LSOAs in the area. The assumption made in the new model calculations has been that an individual would travel to their nearest clinical hub.

In considering the impact of the proposals on communities, we have looked at the implications for travel.

A key element of these proposals is to bring care closer to people's homes, strengthening community-based services. So, for substantial numbers of people, travel times will be reduced as a result of being supported at or near to their home, in their local health and wellbeing centre or at their locality clinical hub. For many, travel to Torbay Hospital will no longer be necessary.

As the tables on the left indicate, where continued travel is necessary to access clinical hub services (such as community beds), the average time would increase by no more than nine minutes if the proposed changes are implemented, and the maximum time by no more than 32%.

We believe that as so many people will have their travel reduced, a nine-minute average increase for those who will need to travel is not unreasonable in terms of concentrating

limited budgets on securing improved, accessible care for the people of South Devon and Torbay.

For those patients who need to travel to a clinical hub but are not able to secure their own transport or voluntary transport, or are unable to access public transport, then patient transport may be available subject to eligibility criteria.

Additional information relating to travel times is contained in the additional support documentation available on our website or in hard copy on request.

Urgent care centres

Nationally, the NHS is seeking to develop new and better ways of providing care through an initiative called Vanguard. This aims to speed up the pace of change in the NHS by developing better ways of delivering services which can be copied and implemented across the country.

South Devon and Torbay is one of eight urgent and emergency care Vanguards. Locally, a range of stakeholders, including staff and patients, has been involved in developing an improved urgent and emergency care model, covering five workstreams: self-care, NHS 111, urgent care centres (UCC), shared records and mental health.

A key Vanguard rationale is to help implement change quickly and we are running this Vanguard initiative alongside and independently of the consultation. Improvements are already being made: for example, 111 and out-of-hours services have recently been re-procured and a project team is looking at the benefits that might flow from developing MIUs into UCCs.

As part of this work, elements of UCCs are likely to be piloted at Newton Abbot over the coming months so that a judgement can be made as to the benefits they could bring in South Devon and Torbay.

The piloting of some aspects of UCCs does not pre-empt the outcome of the community consultation, although, if patient benefits are identified, it is likely that we would want to build on this in the coming year.

National guidance

We are carrying out this consultation in line with our duties under the Health and Social Care Act 2012, section 14z2, and in line with Cabinet Office consultation principles published in January 2016.

We have also carried out equality impact assessments on our proposed model of care and our engagement and consultation process.

We have considered all characteristics protected under the Equality Act 2010 and gone further than those, to plan how we will design the consultation so that everyone can take part in it, including those who might not usually hear about such things or get around to taking part.

We are asking groups and organisations to talk about the consultation and will support them to do so. Examples of these are schools, children's centres, groups for older people, local groups that support disabled people and those with sensory loss, drug and alcohol recovery services, and organisations which provide advice.

We have also considered how we communicate changes to groups such as the travelling community, people with learning disabilities and those for whom English is not their first language. We have identified organisations which can assist in cascading information to such groups.

In terms of the proposed model of care within localities, we have considered accessibility: travel distances, access for people with disabilities or sensory loss, public transport links and parking.

Terminology

Like every major organisation, there is a range of technical terms used in the NHS. Here are some of the terms used most frequently in this document:

Self-care: personal health maintenance. Any activity of an individual, family or community, which is intended to improve or restore health, treat or prevent disease or maintain existing good health.

Urgent care services: outpatient care services focused on treatment for injuries or illnesses requiring immediate care but that are not serious enough to require the intensive care and facilities of the acute hospital.

Intermediate care: a range of integrated services provided for a limited period of time to promote faster recovery from illness, prevent unnecessary acute hospital admission and premature admission to long-term residential care, support timely discharge from hospital and maximise independent living.

Long-term condition: a condition that lasts longer than a year, impacts on a person's life and may require ongoing care and support. Examples include diabetes, asthma, arthritis and Chronic Obstructive Pulmonary Disease (COPD). Long-term conditions become more prevalent with age and older people are more likely to have more than one long-term condition.

Primary care: The care given by a health provider, often a GP, who typically acts as the principle point of consultation for patients and who coordinates access to other specialists.

Secondary care: healthcare services provided by medical specialists and other healthcare professionals who generally do not have the first contact with the patient.

And finally

Change is never easy, especially when it impacts on well-respected services and requires different ways of accessing services. In putting forward these proposals the CCG and Torbay and South Devon NHS Foundation Trust have sought to develop a model that takes advantage of modern, evidence-based practices, responds to what people tell us they want, and is sustainable and affordable.

This is an opportunity to build with local people a strong system that places compassionate care at its heart, and which will deliver quality care for the diverse communities of South Devon and Torbay.

Please give us your views by completing the questionnaire on the following pages.

Seven: Complete the consultation feedback questionnaire

To formally take part in the consultation

The questions here are presented in sections covering people's preferences for health services and the challenges we face, the proposed new model of care, and the best way we think it can be implemented. Each question provides an opportunity to comment on a number of areas and we would like you to give your views on each.

Question 13 enables you to comment more generally on the consultation proposals or to expand on the reasons for any of your answers.

The final section seeks more general information, designed to enable us to assess whether the responses received are representative of our diverse communities.

It is easier – and cheaper – to complete our feedback questionnaire electronically at www.communityconsultation.co.uk. If completing this printed version, please send it to Healthwatch Torbay, Freepost-RTCG-TRXX-ZZKJ, Paignton Library & Information Centre, Great Western Road, Paignton,TQ4 5AG.

If there is not enough room for you to provide comments, please do so on a separate piece of paper and give the number of the question to which you are responding

Service preferences and challenges

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

	Yes	No	Don't know
Accessible services – convenient opening hours, transport and accessible buildings	○	○	○
Better communication – between clinician and patient, and between clinicians themselves	○	○	○
Continuity of care – to allow relationship-building with clinicians and carers	○	○	○
Coordination of care – including joined-up information systems	○	○	○
Support to stay at home – with a wide range of services and support	○	○	○

Is there anything else you would want to see? Please list:

Please continue, if necessary, on a separate sheet

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?	○	○	○
Look after the rising number of elderly people, many with long-term conditions?	○	○	○
Tackle differences in life expectancy between affluent and deprived areas?	○	○	○
Provide alternatives to A&E for non-emergency care?	○	○	○
Ensure that we have enough appropriately experienced staff to look after patients safely?	○	○	○
Make best use of the money available?	○	○	○

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?	Yes	No	Don't know
	○	○	○

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 (eg exercise classes for those with heart and lung disease)	○	○	○	○
Providing support nearer to where people live	○	○	○	○
Developing more out-of-hospital care and treatments, especially for older, frail people	○	○	○	○
Funding more community services by reducing the number of hospital beds	○	○	○	○

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	○	○	○	○
Who feel lonely or isolated	○	○	○	○
Who have medical needs that can be managed at home	○	○	○	○
Who have medical needs that can be met in a care home	○	○	○	○
Whose family feel unable to look after them	○	○	○	○

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	○	○	○	○
Treat people with the most complicated health conditions	○	○	○	○
Care for people in their own homes or close to where they live	○	○	○	○
Keep open all community hospitals	○	○	○	○

Implementing the model of care

7. If you need to see a specialist (eg 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	○	○	○	○
The distance I have to travel	○	○	○	○
The expertise of the specialist that I see	○	○	○	○

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	○	○	○	○
Be open seven days a week	○	○	○	○
Have x-ray diagnostic services	○	○	○	○
Be staffed by specialists experienced in dealing with minor injuries	○	○	○	○
Be easily reached and have good car parking	○	○	○	○
Operate different hours in different locations	○	○	○	○
Offer different services in different locations	○	○	○	○

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?	Yes	No
	○	○

If you answered 'yes', please go to question 10 (pages 30 and 31). If you answered 'no', please go to question 11 (page 32).

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

Close Ashburton and Buckfastleigh Hospital

Yes ○ No ○ Don't know ○

Please give the reason for your choice:

Please continue, if necessary, on a separate sheet

Close Bovey Tracey Hospital

Yes ○ No ○ Don't know ○

Please give the reason for your choice:

Please continue, if necessary, on a separate sheet

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

Close Dartmouth Hospital

Yes ○ No ○ Don't know ○

Please give the reason for your choice:

Please continue, if necessary, on a separate sheet

Close Paignton Hospital

Yes ○ No ○ Don't know ○

Please give the reason for your choice:

Please continue, if necessary, on a separate sheet

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

Please continue, if necessary, on a separate sheet

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	○	○	○	○
In a community hospital	○	○	○	○
In a care home near to a person's home	○	○	○	○

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 tell us about them below (or in an additional submission):

Please continue, if necessary, on a separate sheet

Other information

To help put this information into context and ensure we are attracting feedback from across the South Devon and Torbay CCG area please complete the following questions:

14. If responding as an individual, are you a:

- ◯ Member of the public?
- ◯ Foundation Trust member/governor?
- ◯ NHS employee?
- ◯ Social care/local authority employee?
- ◯ Independent/third sector employee?
- ◯ Volunteer in health or social care?
- ◯ Prefer not to say?

15. If you are responding on behalf of an organisation, please tell us what type:

- ◯ NHS provider organisation
- ◯ County or district council
- ◯ Town council or parish council
- ◯ Third sector provider
- ◯ Patient representative organisation
- ◯ League of Friends or equivalent
- ◯ Independent healthcare provider
- ◯ Other – please state in the box

16. Postcode (so that we will know if we are getting feedback from across the area)

- ◯ Postcode (first four digits)
- ◯ No fixed abode
- ◯ Traveller

17. Age

- Under 16
- 16-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75-84
- 85 and over

18. Do you consider yourself to have a disability?

- Yes
- No

19. Do you have one or more long-term health conditions?

- Yes
- No

20. Do you consider yourself to be a carer?

- Yes
- No

21. Gender

- Male
- Female
- Transgender
- Gender fluid
- Prefer not to say

22. Sexuality

- Heterosexual
- Gay
- Lesbian
- Bi-sexual
- Prefer not to say

23. Ethnic group – which category best describes your ethnicity? Please tick the appropriate circle to indicate

- White: British
- White: Irish
- White: European
- White: Other
- Black/Black British: Caribbean
- Black/Black British: African
- Black/Black British: European
- Black/Black British: Other
- Mixed: White & Black Caribbean
- Mixed: White & Black African
- Mixed: White & Asian
- Mixed: Other
- Chinese
- Japanese
- Asian/Asian British: Indian
- Asian/Asian British: Pakistani
- Asian/Asian British: Bangladeshi
- Asian/Asian British: Other
- Other ethnic group

Please see next page for return address

Returning the questionnaire to Healthwatch

Thank you very much for completing this questionnaire and for formally contributing to this consultation. Please post your completed questionnaire to: Healthwatch Torbay, Freepost-RTCG-TRXX-ZZKJ, Paignton Library & Information Centre, Great Western Road, Paignton,TQ4 5AG.

There is no need to provide your name and address. If, however, you have suggested an alternative approach, providing contact details below will enable us to get in touch if necessary to clarify any aspect of your proposals.

OPTIONAL

Name: .....

Email: ..... Phone number: .....

Address: .....

No information which could identify an individual will be passed to the CCG, other than where it is necessary to follow up alternative proposals.

For the latest information on the consultation, please go to the following link: www.southdevonandtorbayccg.nhs.uk/community-health-services where all the documentation, meeting dates and frequently asked questions can be found. You can also access a link to the consultation questionnaire and watch some short videos about different aspects of the consultation.

If you have any questions about the consultation, want to receive paper copies of the documentation or invite us to attend a public meeting please contact us:

- Email sdtccg.consultation@nhs.net
- Write to South Devon and Torbay CCG, Pomona House, Torquay, TQ2 7FF
- Call 01803 652511 office hours (answer phone messaging at other times)

We will respond to emails and letters within five working days and to telephone messages by the end of the next working day.

You can also follow us on Facebook and Twitter (see page 23 for details).

NHS
South Devon and Torbay
Clinical Commissioning Group

Into the future

Re-shaping community-based health services in the Moor to Sea locality

A public consultation: Thursday 1 September to Wednesday 23 November 2016

Driving quality, delivering value, improving services

www.southdevonandtorbayccg.nhs.uk/community-health-services

NHS
South Devon and Torbay Clinical Commissioning Group

1. Consultation and benefits
2. A new approach and delivering change
3. The potential impact
4. Taking part and finding out more
5. Complete the questionnaire

South Devon and Torbay Clinical Commissioning Group is responsible for planning and organising health services for local people. It is divided in to five localities – each led by local GPs.

Consultation and benefits

A public consultation: Thursday 1 September to Wednesday 23 November 2016

We're asking people in South Devon and Torbay what they think of proposals for more community-based healthcare and support, closer to their homes. We want our services to be available when people need help and to make sure that patients don't have to go into hospital unnecessarily.

The CCG is seeking feedback on its proposals and listening to alternative ideas for strengthening services. Any proposals must meet increasing health needs, be clinically sound, sustainable and affordable.

The consultation proposals respond to increasing demand for healthcare, the need to strengthen services that most people use and the benefits to be gained from switching resources from bed-based hospital care to community-based care, enabling more people to be supported in or near their own homes.

We want to hear the views of those who may be affected and who live in the four localities – Moor to Sea, Newton Abbot, Paignton and Brixham, and Torquay – which are part of this consultation. (Our Coastal locality is not part of this process because we consulted there in 2015 and improvements are currently being implemented.) Find out how to take part in this consultation on page 4 and complete the feedback questionnaire (pages 5-12).

The benefits we want to see

We asked people in 2013 what they wanted from their health and care services. We have been exploring how we can best respond to what people said, most recently working with Torbay and South Devon NHS Foundation Trust (TSDFT) which provides most of our community-based services. By changing the way we do things and by working more closely with social care, we believe our new way of working will deliver benefits such as:

- Easier access to a wider range of community-based services to help people stay well and to support them when they are not
- Earlier identification of those at risk of becoming more unwell through focusing on prevention and self-help
- Properly staffed and resourced community hospitals able to deliver quality, safe care
- Safe, high-quality hospital care when needed but keeping people out of hospital when they don't need to be there
- Reduced 'bed blocking' in hospitals as a result of effective alternative community-based support
- Treatment and recuperation at home, recognising that 'the best bed is your own bed'
- Reduced pressure on A&E by strengthening minor injuries units (MIUs) to treat a wide range of problems, keeping Torbay's A&E service free to deal with life-threatening issues
- Greater investment in local services by switching funding from hospital to community-based care
- Closer working by different organisations which support people's wellbeing to provide local, seamless care and to make services greater than the sum of their parts
- Reduced demand for services as a result of helping people live independent lives for longer.

Since last summer, the CCG, supported by TSDFT, has engaged with groups across the area to discuss how best to deliver services which would meet the future needs of our local population. These engagement discussions involved a range of interests and expertise and looked at, for example, the predicted health needs of our population, the use of hospital beds to look after people who can no longer live on their own, ways of providing more care in the local community and the difficulties of attracting specialist staff to the area.

In parallel with these discussions, representatives of the CCG, Torbay Council, Devon County Council, TSDFT and primary care, including senior clinicians, have drawn on the feedback provided and informed also by TSDFT staff, considered how best to provide future services.

A new approach and delivering change

A new approach

If implemented, our proposals would see GPs, community health and social care teams and the voluntary sector working together to provide for the vast majority of people's health and wellbeing needs. Accessing services would be made simpler through a central contact point.

The four core elements to deliver this approach locally are:

Clinical hubs: In each locality there would be a clinical hub providing people with better access to medical, clinical and specialist services. These hubs would offer a broad range of services to people and, although one is proposed in each locality, they could be used by everybody irrespective of where they live.

The clinical hubs would offer services such as outpatient appointments, specialist conditions clinics and inpatient services. By bringing services together in a single location we would reduce the need for people to travel to Torbay Hospital to access services.

Totnes and Newton Abbot would also offer access to minor injuries units (MIUs). The hubs would be provided in buildings that are of a high clinical standard and, where necessary, additional investment would be made to improve the quality of environment and range of services offered.

Local health and wellbeing centres: these would be linked to the clinical hub and see community staff based locally and working alongside GPs, pharmacists and voluntary-sector organisations to provide the health and wellbeing services most frequently used by local people. They would be located in Ashburton/Buckfastleigh, Bovey Tracey/Chudleigh, Brixham, Dartmouth, Newton Abbot, Paignton, Totnes and Torquay.

Health and wellbeing teams: these are made up of the staff based in these centres and would include community health and social care staff, mental health professionals and voluntary organisations. Together they would organise and deliver services to meet most of the local population's health and social care needs.

Intermediate care provision: this is provided to people who need extra support and care following a period of ill-health. It is designed to help people recover more quickly, maximising their independence and helping them to resume normal activities. Intermediate care also supports more timely discharge from hospital and helps to avoid unnecessary hospital admissions by supporting people in their local communities, either at home or in another care setting. By switching resources to home-based care, we would be able to strengthen intermediate care teams, with seven-day cover and input from doctors, pharmacists and personal care teams.

Delivering these changes

Investment: strengthening community-based services by investing in:

- Wellbeing coordinators
- Clinics and services for people with multiple long-term conditions
- Additional intermediate care services to support people to return to maximum independence, in or close to people's own homes, in local residential and nursing homes.

Fewer, safer community hospital beds: many patients remain in hospital too long because the community-based support they need is not available. We are therefore proposing to close four community hospitals (Ashburton and Buckfastleigh, Bovey Tracey, Dartmouth and Paignton) so that more money can be invested in local community teams. Community hospital beds would continue to be available in Brixham, Newton Abbot, Totnes and Dawlish for patients who need them.

Stronger minor injuries units (MIUs): people can't rely on MIUs being open at present because staff and resources are spread too thinly. By reducing them to three and concentrating our staff in Newton Abbot and Totnes, as well as Dawlish, MIUs would open 8am to 8pm, seven days a week and would have x-ray diagnostic services. This means that MIUs in Ashburton, Dartmouth (both currently suspended), Brixham and Paignton would close.

Intermediate and domiciliary care

Discussions have already taken place with local authority colleagues and with some care home operators to see how we can stimulate this market to provide greater provision.

Moor to Sea: the potential impact

MOOR TO SEA

What would be different?

A clinical hub would be established at Totnes Community Hospital that would include community inpatient beds and a range of specialist services to reduce the need to travel as far for specialist care. These would include a new multi long-term conditions service, extended day diagnostic services, specialist outpatient clinics and the existing team-based rehabilitation services and minor injuries unit.

Totnes Community Hospital currently provides 18 beds, which would slightly reduce to 16 to meet safe staffing ratios. The MIU would open between 8am and 8pm (currently 9pm), seven days a week, reflecting the times of greatest demand and in line with the planned opening times of MIUs in Dawlish and Newton Abbot. X-ray diagnostic services would also be available during these times.

For the population of Totnes, Dartmouth and Ashburton/Buckfastleigh, local health and wellbeing teams would be co-located, where possible, with GP services. These teams would provide community nursing, physiotherapy, occupational therapy and social care support.

Community inpatient care and specialist outpatient clinics for the population of Dartmouth, Ashburton and Buckfastleigh would be provided at their nearest clinical hub in Totnes, Brixham or Newton Abbot. MIUs would be provided in Totnes and Newton Abbot.

To deliver more expert care to people in their own homes, we would invest money into more community-based staff and enhanced intermediate care services. We would work in partnership with local care home providers to provide more local intermediate care beds.

Providing much more care to people in or near their own home means that the buildings from which we currently provide inpatient and community services – including Dartmouth Community Hospital (16 beds), Dartmouth NHS Clinic and Ashburton and Buckfastleigh Community Hospital (10 beds) – would no longer be required and would close if these proposals are approved.

For those whose GP is based in Chillington, the proposals have little impact other than if adopted, the nearest MIU and community hospital run by Torbay and South Devon NHS Foundation Trust would be in Totnes.

The Trust is not the main provider of community services in this area.

What could services look like and where would they be?

Clinical hub in Totnes (currently Totnes Hospital)

- MIU 8am-8pm
- X-ray diagnostic services
- New multi long-term conditions clinic
- Specialist outpatient clinics
- Community beds (16 beds)
- Rehabilitation gym
- Pharmacist

Health and wellbeing centre in Dartmouth (plans are being developed to co-locate with Dartmouth Medical Practice in new premises)

- Community clinics
- Rehabilitation gym
- Pharmacy
- Enhanced primary care MIU services
- Health and wellbeing team

Health and wellbeing centre in Ashburton or Buckfastleigh (options are being explored to co-locate with GPs in either of the local towns or in other facilities)

- Community clinics
- Health and wellbeing team

Health and wellbeing centre in Totnes (options are being explored to co-locate with GPs)

- Community clinics
- Health and wellbeing team

Taking part and finding out more

How to take part in this consultation

- **Read up on the detail:** this pamphlet summarises a more detailed document which, with other material, is available to download from: www.southdevonandtorbayccg.nhs.uk/community-health-services. Paper copies are available on request.
- **Come to a public meeting to discuss these proposals:** the meetings in the Moor to Sea locality are listed below. A full list of public meetings is included in the main consultation document and online at: www.southdevonandtorbayccg.nhs.uk/community-health-services.
- **Invite us to a meeting in your community:** we will attend as many as is practical, so if you would like us to present our proposals and answer your questions, just get in touch.
- **Follow on Twitter or Facebook:** we will post information on our Moor to Sea Facebook page (facebook.com/ccgmoortosea) and hold question-and-answer sessions on Twitter (twitter.com/sdtccg).
- **Ask to receive our regular briefing:** an email briefing will keep people in touch with developments, so please let us have your email address if you want to receive it.

What happens next?

Healthwatch will coordinate all views expressed at public or community meetings attended by the CCG or by Torbay and South Devon NHS Foundation Trust, and will include these in its consultation report. Other correspondence and petitions will also be noted by Healthwatch.

Anonymity

No information which could identify an individual will be passed to the CCG, other than where it is necessary to follow up alternative proposals.

Make sure your views count

We would like your individual views on the issues which underpin the consultation. For your views to be registered as part of the consultation, please either complete the questionnaire at www.communityconsultation.co.uk or, if this is not possible, fill in on the following pages and return it to us by post at: Healthwatch Torbay, Freepost-RTCG-TRXX-ZZKJ, Paignton Library & Information Centre, Great Western Road, Paignton,TQ4 5AG or hand it to Healthwatch at a meeting.

Any questions?

Take a look at our website, where you will find Frequently Asked Questions: www.southdevonandtorbayccg.nhs.uk/community-health-services. If you can't find what you are looking for, can't find the link to the questionnaire, want another document, would like to request our regular briefing or would like to invite us to a meeting, please get in touch:

- Email sdtccg.consultation@nhs.net
- Write to South Devon and Torbay CCG, Pomona House, Torquay, TQ2 7FF
- Call 01803 652511 during office hours.

Location	Date	Time	Venue
Ashburton	20 Sept	1pm, 4pm and 7pm	Ashburton Town Hall, North Street, Ashburton, TQ13 7QQ
Buckfastleigh	22 Sept	6.30pm	St Lukes Church, Plymouth Rd, Buckfastleigh, TQ11 0DA
Dartmouth	15 Sept	4pm and 7pm	Dartmouth Academy, Milton Lane, Dartmouth, TQ6 9HW
Totnes	11 Oct	6.30pm	Totnes Civic Hall, High Street, TQ9 5SF
Widecombe	12 Oct	6.30pm	Widecombe Church House, TQ13 7TA

Seven: Complete the consultation feedback questionnaire

To formally take part in the consultation

The questions here are presented in sections covering people's preferences for health services and the challenges we face, the proposed new model of care, and the best way we think it can be implemented. Each question provides an opportunity to comment on a number of areas and we would like you to give your views on each.

Question 13 enables you to comment more generally on the consultation proposals or to expand on the reasons for any of your answers.

The final section seeks more general information, designed to enable us to assess whether the responses received are representative of our diverse communities.

It is easier – and cheaper – to complete our feedback questionnaire electronically at www.communityconsultation.co.uk. If completing this printed version, please send it to Healthwatch Torbay, Freepost-RTCG-TRXX-ZZKJ, Paignton Library & Information Centre, Great Western Road, Paignton,TQ4 5AG.

If there is not enough room for you to provide comments, please do so on a separate piece of paper and give the number of the question to which you are responding

Service preferences and challenges

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

	Yes	No	Don't know
Accessible services – convenient opening hours, transport and accessible buildings	○	○	○
Better communication – between clinician and patient, and between clinicians themselves	○	○	○
Continuity of care – to allow relationship-building with clinicians and carers	○	○	○
Coordination of care – including joined-up information systems	○	○	○
Support to stay at home – with a wide range of services and support	○	○	○

Is there anything else you would want to see? Please list:

Please continue, if necessary, on a separate sheet

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?	○	○	○
Look after the rising number of elderly people, many with long-term conditions?	○	○	○
Tackle differences in life expectancy between affluent and deprived areas?	○	○	○
Provide alternatives to A&E for non-emergency care?	○	○	○
Ensure that we have enough appropriately experienced staff to look after patients safely?	○	○	○
Make best use of the money available?	○	○	○

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?	Yes	No	Don't know
	○	○	○

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 (eg exercise classes for those with heart and lung disease)	○	○	○	○
Providing support nearer to where people live	○	○	○	○
Developing more out-of-hospital care and treatments, especially for older, frail people	○	○	○	○
Funding more community services by reducing the number of hospital beds	○	○	○	○

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	○	○	○	○
Who feel lonely or isolated	○	○	○	○
Who have medical needs that can be managed at home	○	○	○	○
Who have medical needs that can be met in a care home	○	○	○	○
Whose family feel unable to look after them	○	○	○	○

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	○	○	○	○
Treat people with the most complicated health conditions	○	○	○	○
Care for people in their own homes or close to where they live	○	○	○	○
Keep open all community hospitals	○	○	○	○

Implementing the model of care

7. If you need to see a specialist (eg 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	○	○	○	○
The distance I have to travel	○	○	○	○
The expertise of the specialist that I see	○	○	○	○

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	○	○	○	○
Be open seven days a week	○	○	○	○
Have x-ray diagnostic services	○	○	○	○
Be staffed by specialists experienced in dealing with minor injuries	○	○	○	○
Be easily reached and have good car parking	○	○	○	○
Operate different hours in different locations	○	○	○	○
Offer different services in different locations	○	○	○	○

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?	Yes	No
	○	○

If you answered 'yes', please go to question 10 (pages 30 and 31). If you answered 'no', please go to question 11 (page 32).

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

Close Ashburton and Buckfastleigh Hospital

Yes ◯ No ◯ Don't know ◯

Please give the reason for your choice:

Please continue, if necessary, on a separate sheet

Close Bovey Tracey Hospital

Yes ◯ No ◯ Don't know ◯

Please give the reason for your choice:

Please continue, if necessary, on a separate sheet

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

Close Dartmouth Hospital

Yes ◯ No ◯ Don't know ◯

Please give the reason for your choice:

Please continue, if necessary, on a separate sheet

Close Paignton Hospital

Yes ◯ No ◯ Don't know ◯

Please give the reason for your choice:

Please continue, if necessary, on a separate sheet

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

Please continue, if necessary, on a separate sheet

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	○	○	○	○
In a community hospital	○	○	○	○
In a care home near to a person's home	○	○	○	○

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 tell us about them below (or in an additional submission):

Please continue, if necessary, on a separate sheet

Other information

To help put this information into context and ensure we are attracting feedback from across the South Devon and Torbay CCG area please complete the following questions:

14. If responding as an individual, are you a:

- ○ Member of the public?
- ○ Foundation Trust member/governor?
- ○ NHS employee?
- ○ Social care/local authority employee?
- ○ Independent/third sector employee?
- ○ Volunteer in health or social care?
- ○ Prefer not to say?

15. If you are responding on behalf of an organisation, please tell us what type:

- ○ NHS provider organisation
- ○ County or district council
- ○ Town council or parish council
- ○ Third sector provider
- ○ Patient representative organisation
- ○ League of Friends or equivalent
- ○ Independent healthcare provider
- ○ Other – please state in the box

16. Postcode (so that we will know if we are getting feedback from across the area)

- ○ No fixed abode
- ○ Traveller
- ○ Postcode (first four digits)

17. Age

- ○ Under 16
- ○ 16-24
- ○ 25-34
- ○ 35-44
- ○ 45-54
- ○ 55-64
- ○ 65-74
- ○ 75-84
- ○ 85 and over

18. Do you consider yourself to have a disability?

- ○ Yes
- ○ No

19. Do you have one or more long-term health conditions?

- ○ Yes
- ○ No

20. Do you consider yourself to be a carer?

- ○ Yes
- ○ No

21. Gender

- ○ Male
- ○ Female
- ○ Transgender
- ○ Gender fluid
- ○ Prefer not to say

22. Sexuality

- ○ Heterosexual
- ○ Gay
- ○ Lesbian
- ○ Bi-sexual
- ○ Prefer not to say

23. Ethnic group – which category best describes your ethnicity? Please tick the appropriate circle to indicate

- ○ White: British
- ○ White: Irish
- ○ White: European
- ○ White: Other
- ○ Black/Black British: Caribbean
- ○ Black/Black British: African
- ○ Black/Black British: European
- ○ Black/Black British: Other
- ○ Mixed: White & Black Caribbean
- ○ Mixed: White & Black African
- ○ Mixed: White & Asian
- ○ Mixed: Other
- ○ Chinese
- ○ Japanese
- ○ Asian/Asian British: Indian
- ○ Asian/Asian British: Pakistani
- ○ Asian/Asian British: Bangladeshi
- ○ Asian/Asian British: Other
- ○ Other ethnic group

Please see overleaf for return address

Returning the questionnaire to Healthwatch

Thank you very much for completing this questionnaire and for formally contributing to this consultation. Please post your completed questionnaire to: Healthwatch Torbay, Freepost-RTCG-TRXX-ZZKJ, Paignton Library & Information Centre, Great Western Road, Paignton,TQ4 5AG.

There is no need to provide your name and address. If, however, you have suggested an alternative approach, providing contact details below will enable us to get in touch if necessary to clarify any aspect of your proposals.

OPTIONAL

Name: .....

Email: ..... Phone number: .....

Address: .....

No information which could identify an individual will be passed to the CCG, other than where it is necessary to follow up alternative proposals.

For the latest information on the consultation, please go to the following link: www.southdevonandtorbayccg.nhs.uk/community-health-services where all the documentation, meeting dates and frequently asked questions can be found. You can also access a link to the consultation questionnaire and watch some short videos about different aspects of the consultation.

If you have any questions about the consultation, want to receive paper copies of the documentation or invite us to attend a public meeting please contact us:

- Email sdtccg.consultation@nhs.net
- Write to South Devon and Torbay CCG, Pomona House, Torquay, TQ2 7FF
- Call 01803 652511 office hours (answer phone messaging at other times)

We will respond to emails and letters within five working days and to telephone messages by the end of the next working day.

You can also follow us on Facebook and Twitter (see page 23 for details).

NHS
South Devon and Torbay
Clinical Commissioning Group

Into the future

Re-shaping community-based health services in Newton Abbot

A public consultation: Thursday 1 September to Wednesday 23 November 2016

Driving quality, delivering value, improving services

www.southdevonandtorbayccg.nhs.uk/community-health-services

NHS
South Devon and Torbay Clinical Commissioning Group

1. Consultation and benefits
2. A new approach and delivering change
3. The potential impact
4. Taking part and finding out more
5. Complete the questionnaire

South Devon and Torbay Clinical Commissioning Group is responsible for planning and organising health services for local people. It is divided in to five localities – each led by local GPs.

Consultation and benefits

A public consultation: Thursday 1 September to Wednesday 23 November 2016

We're asking people in South Devon and Torbay what they think of proposals for more community-based healthcare and support, closer to their homes. We want our services to be available when people need help and to make sure that patients don't have to go into hospital unnecessarily.

The CCG is seeking feedback on its proposals and listening to alternative ideas for strengthening services. Any proposals must meet increasing health needs, be clinically sound, sustainable and affordable.

The consultation proposals respond to increasing demand for healthcare, the need to strengthen services that most people use and the benefits to be gained from switching resources from bed-based hospital care to community-based care, enabling more people to be supported in or near their own homes.

We want to hear the views of those who may be affected and who live in the four localities – Moor to Sea, Newton Abbot, Paignton and Brixham, and Torquay – which are part of this consultation. (Our Coastal locality is not part of this process because we consulted there in 2015 and improvements are currently being implemented.) Find out how to take part in this consultation on page 4 and complete the feedback questionnaire (pages 5-12).

The benefits we want to see

We asked people in 2013 what they wanted from their health and care services. We have been exploring how we can best respond to what people said, most recently working with Torbay and South Devon NHS Foundation Trust (TSDFT) which provides most of our community-based services. By changing the way we do things and by working more closely with social care, we believe our new way of working will deliver benefits such as:

- Easier access to a wider range of community-based services to help people stay well and to support them when they are not
- Earlier identification of those at risk of becoming more unwell through focusing on prevention and self-help
- Properly staffed and resourced community hospitals able to deliver quality, safe care
- Safe, high-quality hospital care when needed but keeping people out of hospital when they don't need to be there
- Reduced 'bed blocking' in hospitals as a result of effective alternative community-based support
- Treatment and recuperation at home, recognising that 'the best bed is your own bed'
- Reduced pressure on A&E by strengthening minor injuries units (MIUs) to treat a wide range of problems, keeping Torbay's A&E service free to deal with life-threatening issues
- Greater investment in local services by switching funding from hospital to community-based care
- Closer working by different organisations which support people's wellbeing to provide local, seamless care and to make services greater than the sum of their parts
- Reduced demand for services as a result of helping people live independent lives for longer.

Since last summer, the CCG, supported by TSDFT, has engaged with groups across the area to discuss how best to deliver services which would meet the future needs of our local population. These engagement discussions involved a range of interests and expertise and looked at, for example, the predicted health needs of our population, the use of hospital beds to look after people who can no longer live on their own, ways of providing more care in the local community and the difficulties of attracting specialist staff to the area.

In parallel with these discussions, representatives of the CCG, Torbay Council, Devon County Council, TSDFT and primary care, including senior clinicians, have drawn on the feedback provided and informed also by TSDFT staff, considered how best to provide future services.

A new approach and delivering change

A new approach

If implemented, our proposals would see GPs, community health and social care teams and the voluntary sector working together to provide for the vast majority of people's health and wellbeing needs. Accessing services would be made simpler through a central contact point.

The four core elements to deliver this approach locally are:

Clinical hubs: In each locality there would be a clinical hub providing people with better access to medical, clinical and specialist services. These hubs would offer a broad range of services to people and, although one is proposed in each locality, they could be used by everybody irrespective of where they live.

The clinical hubs would offer services such as outpatient appointments, specialist conditions clinics and inpatient services. By bringing services together in a single location we would reduce the need for people to travel to Torbay Hospital to access services.

Totnes and Newton Abbot would also offer access to minor injuries units (MIUs). The hubs would be provided in buildings that are of a high clinical standard and, where necessary, additional investment would be made to improve the quality of environment and range of services offered.

Local health and wellbeing centres: these would be linked to the clinical hub and see community staff based locally and working alongside GPs, pharmacists and voluntary-sector organisations to provide the health and wellbeing services most frequently used by local people. They would be located in Ashburton/Buckfastleigh, Bovey Tracey/Chudleigh, Brixham, Dartmouth, Newton Abbot, Paignton, Totnes and Torquay.

Health and wellbeing teams: these are made up of the staff based in these centres and would include community health and social care staff, mental health professionals and voluntary organisations. Together they would organise and deliver services to meet most of the local population's health and social care needs.

Intermediate care provision: this is provided to people who need extra support and care following a period of ill-health. It is designed to help people recover more quickly, maximising their independence and helping them to resume normal activities. Intermediate care also supports more timely discharge from hospital and helps to avoid unnecessary hospital admissions by supporting people in their local communities, either at home or in another care setting. By switching resources to home-based care, we would be able to strengthen intermediate care teams, with seven-day cover and input from doctors, pharmacists and personal care teams.

Delivering these changes

Investment: strengthening community-based services by investing in:

- Wellbeing coordinators
- Clinics and services for people with multiple long-term conditions
- Additional intermediate care services to support people to return to maximum independence, in or close to people's own homes, in local residential and nursing homes.

Fewer, safer community hospital beds: many patients remain in hospital too long because the community-based support they need is not available. We are therefore proposing to close four community hospitals (Ashburton and Buckfastleigh, Bovey Tracey, Dartmouth and Paignton) so that more money can be invested in local community teams. Community hospital beds would continue to be available in Brixham, Newton Abbot, Totnes and Dawlish for patients who need them.

Stronger minor injuries units (MIUs): people can't rely on MIUs being open at present because staff and resources are spread too thinly. By reducing them to three and concentrating our staff in Newton Abbot and Totnes, as well as Dawlish, MIUs would open 8am to 8pm, seven days a week and would have x-ray diagnostic services. This means that MIUs in Ashburton, Dartmouth (both currently suspended), Brixham and Paignton would close.

Intermediate and domiciliary care

Discussions have already taken place with local authority colleagues and with some care home operators to see how we can stimulate this market to provide greater provision.

The potential impact

NEWTON ABBOT

What would be different?

A clinical hub would be established at Newton Abbot Community Hospital that would include community inpatient beds and a range of specialist services to reduce the need to travel as far for specialist care. These would include a new multi long-term conditions service, extended x-ray diagnostic services and the existing specialist outpatient clinics, gym-based rehabilitation services and the MIU.

Inpatient services at Newton Abbot Community Hospital would expand from 20 beds to 45 beds (plus 15 stroke beds). The MIU would open between 8am and 8pm (currently 10pm), seven days a week, reflecting the times of greatest demand and in line with the planned opening times of MIUs in Dawlish and Newton Abbot. X-ray diagnostic services would also be available during these times.

For the population of Newton Abbot, Bovey Tracey, Chudleigh and the surrounding areas, the local health and wellbeing teams would be co-located where possible with local GP services. These teams would provide community nursing, physiotherapy, occupational therapy and social care support.

To deliver more expert care to people in their own homes, we would invest money into more community-based staff and enhanced intermediate care services. We would work in partnership with local care home providers to provide more local intermediate care beds. Providing much more care to people in or near their own home means that the buildings such as Bovey Tracey Community Hospital (nine beds currently temporarily relocated to Newton Abbot) would no longer be required and would close if these proposals are approved.

What could services look like and where would they be?

Clinical hub in Newton Abbot (currently Newton Abbot Hospital)

- MIU 8am-8pm
- X-ray diagnostic services
- New long-term conditions clinic
- Specialist outpatient clinics
- Community beds (45 beds)
- Stroke unit
- Rehabilitation gym
- Pharmacist

Health and wellbeing centre for Newton Abbot (as part of plans to co-locate health and wellbeing services with local GP practices)

- Health and wellbeing team
- Community clinics

Health and wellbeing centre for Bovey Tracey and Chudleigh (developing plans to co-locate services with the Bovey Tracey and Chudleigh GP practice)

- Health and wellbeing team
- Community clinics

Taking part and finding out more

How to take part in this consultation

- **Read up on the detail:** this pamphlet summarises a more detailed document which, with other material, is available to download from: www.southdevonandtorbayccg.nhs.uk/community-health-services. Paper copies are available on request.
- **Come to a public meeting to discuss these proposals:** the meetings in the Newton Abbot locality are listed below. A full list of public meetings is included in the main consultation document and online at: www.southdevonandtorbayccg.nhs.uk/community-health-services.
- **Invite us to a meeting in your community:** we will attend as many as is practical, so if you would like us to present our proposals and answer your questions, just get in touch.
- **Follow on Twitter or Facebook:** we will post information on our Newton Abbot Facebook page facebook.com/ccgnewtonabbot and hold question-and-answer sessions on Twitter (twitter.com/sdtccg).
- **Ask to receive our regular briefing:** an email briefing will keep people in touch with developments, so please let us have your email address if you want to receive it.

What happens next?

Healthwatch will coordinate all views expressed at public or community meetings attended by the CCG or by Torbay and South Devon NHS Foundation Trust, and will include these in its consultation report.

Other correspondence and petitions will also be noted by Healthwatch.

We would like individual views on the issues which underpin the consultation and for these to be registered as part of the consultation.

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Make sure your views count

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Any questions?

Take a look at our website, where you will find Frequently Asked Questions: www.southdevonandtorbayccg.nhs.uk/community-health-services. If you can't find what you are looking for, can't find the link to the questionnaire, want another document, would like to request our regular briefing or would like to invite us to a meeting, please get in touch:

- Email sdtccg.consultation@nhs.net
- Write to South Devon and Torbay CCG, Pomona House, Torquay, TQ2 7FF
- Call 01803 652511 during office hours.

Location	Date	Time	Venue
Bovey Tracey	13 Sept	4.30pm and 7.30pm	Phoenix Hall, St Johns Lane, Bovey Tracey, TQ13 9FF
Chudleigh	16 Sept	6.30pm	Chudleigh Town Hall, Market Way, Chudleigh, TQ13 0HL
Newton Abbot	13 Oct	6.30pm	Exeter Road Campus, Daphne Collman Hall, 28 Old Exeter Road, Newton Abbot TQ12 2NF

Seven: Complete the consultation feedback questionnaire

To formally take part in the consultation

The questions here are presented in sections covering people's preferences for health services and the challenges we face, the proposed new model of care, and the best way we think it can be implemented. Each question provides an opportunity to comment on a number of areas and we would like you to give your views on each.

Question 13 enables you to comment more generally on the consultation proposals or to expand on the reasons for any of your answers.

The final section seeks more general information, designed to enable us to assess whether the responses received are representative of our diverse communities.

It is easier – and cheaper – to complete our feedback questionnaire electronically at www.communityconsultation.co.uk. If completing this printed version, please send it to Healthwatch Torbay, Freepost-RTCG-TRXX-ZZKJ, Paignton Library & Information Centre, Great Western Road, Paignton,TQ4 5AG.

If there is not enough room for you to provide comments, please do so on a separate piece of paper and give the number of the question to which you are responding

Service preferences and challenges

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

	Yes	No	Don't know
Accessible services – convenient opening hours, transport and accessible buildings	○	○	○
Better communication – between clinician and patient, and between clinicians themselves	○	○	○
Continuity of care – to allow relationship-building with clinicians and carers	○	○	○
Coordination of care – including joined-up information systems	○	○	○
Support to stay at home – with a wide range of services and support	○	○	○

Is there anything else you would want to see? Please list:

Please continue, if necessary, on a separate sheet

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?	○	○	○
Look after the rising number of elderly people, many with long-term conditions?	○	○	○
Tackle differences in life expectancy between affluent and deprived areas?	○	○	○
Provide alternatives to A&E for non-emergency care?	○	○	○
Ensure that we have enough appropriately experienced staff to look after patients safely?	○	○	○
Make best use of the money available?	○	○	○

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?	Yes	No	Don't know
	○	○	○

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 (eg exercise classes for those with heart and lung disease)	○	○	○	○
Providing support nearer to where people live	○	○	○	○
Developing more out-of-hospital care and treatments, especially for older, frail people	○	○	○	○
Funding more community services by reducing the number of hospital beds	○	○	○	○

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	○	○	○	○
Who feel lonely or isolated	○	○	○	○
Who have medical needs that can be managed at home	○	○	○	○
Who have medical needs that can be met in a care home	○	○	○	○
Whose family feel unable to look after them	○	○	○	○

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	○	○	○	○
Treat people with the most complicated health conditions	○	○	○	○
Care for people in their own homes or close to where they live	○	○	○	○
Keep open all community hospitals	○	○	○	○

Implementing the model of care

7. If you need to see a specialist (eg 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	○	○	○	○
The distance I have to travel	○	○	○	○
The expertise of the specialist that I see	○	○	○	○

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	○	○	○	○
Be open seven days a week	○	○	○	○
Have x-ray diagnostic services	○	○	○	○
Be staffed by specialists experienced in dealing with minor injuries	○	○	○	○
Be easily reached and have good car parking	○	○	○	○
Operate different hours in different locations	○	○	○	○
Offer different services in different locations	○	○	○	○

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?	Yes	No
	○	○

If you answered 'yes', please go to question 10 (pages 30 and 31). If you answered 'no', please go to question 11 (page 32).

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

Close Ashburton and Buckfastleigh Hospital

Yes ○ No ○ Don't know ○

Please give the reason for your choice:

Please continue, if necessary, on a separate sheet

Close Bovey Tracey Hospital

Yes ○ No ○ Don't know ○

Please give the reason for your choice:

Please continue, if necessary, on a separate sheet

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

Close Dartmouth Hospital

Yes ◯ No ◯ Don't know ◯

Please give the reason for your choice:

Please continue, if necessary, on a separate sheet

Close Paignton Hospital

Yes ◯ No ◯ Don't know ◯

Please give the reason for your choice:

Please continue, if necessary, on a separate sheet

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

Please continue, if necessary, on a separate sheet

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	○	○	○	○
In a community hospital	○	○	○	○
In a care home near to a person's home	○	○	○	○

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 tell us about them below (or in an additional submission):

Please continue, if necessary, on a separate sheet

Other information

To help put this information into context and ensure we are attracting feedback from across the South Devon and Torbay CCG area please complete the following questions:

14. If responding as an individual, are you a:

- ○ Member of the public?
- ○ Foundation Trust member/governor?
- ○ NHS employee?
- ○ Social care/local authority employee?
- ○ Independent/third sector employee?
- ○ Volunteer in health or social care?
- ○ Prefer not to say?

15. If you are responding on behalf of an organisation, please tell us what type:

- ○ NHS provider organisation
- ○ County or district council
- ○ Town council or parish council
- ○ Third sector provider
- ○ Patient representative organisation
- ○ League of Friends or equivalent
- ○ Independent healthcare provider
- ○ Other – please state in the box

16. Postcode (so that we will know if we are getting feedback from across the area)

- ○ No fixed abode
- ○ Traveller
- ○ Postcode (first four digits)

17. Age

- ○ Under 16
- ○ 16-24
- ○ 25-34
- ○ 35-44
- ○ 45-54
- ○ 55-64
- ○ 65-74
- ○ 75-84
- ○ 85 and over

18. Do you consider yourself to have a disability?

- ○ Yes
- ○ No

19. Do you have one or more long-term health conditions?

- ○ Yes
- ○ No

20. Do you consider yourself to be a carer?

- Yes
- No

21. Gender

- Male
- Female
- Transgender
- Gender fluid
- Prefer not to say

22. Sexuality

- Heterosexual
- Gay
- Lesbian
- Bi-sexual
- Prefer not to say

23. Ethnic group – which category best describes your ethnicity? Please tick the appropriate circle to indicate

- White: British
- White: Irish
- White: European
- White: Other
- Black/Black British: Caribbean
- Black/Black British: African
- Black/Black British: European
- Black/Black British: Other
- Mixed: White & Black Caribbean
- Mixed: White & Black African
- Mixed: White & Asian
- Mixed: Other
- Chinese
- Japanese
- Asian/Asian British: Indian
- Asian/Asian British: Pakistani
- Asian/Asian British: Bangladeshi
- Asian/Asian British: Other
- Other ethnic group

Please see overleaf for return address

Returning the questionnaire to Healthwatch

Thank you very much for completing this questionnaire and for formally contributing to this consultation. Please post your completed questionnaire to: Healthwatch Torbay, Freepost-RTCG-TRXX-ZZKJ, Paignton Library & Information Centre, Great Western Road, Paignton,TQ4 5AG.

There is no need to provide your name and address. If, however, you have suggested an alternative approach, providing contact details below will enable us to get in touch if necessary to clarify any aspect of your proposals.

OPTIONAL

Name: .....

Email: ..... Phone number: .....

Address: .....

No information which could identify an individual will be passed to the CCG, other than where it is necessary to follow up alternative proposals.

For the latest information on the consultation, please go to the following link: www.southdevonandtorbayccg.nhs.uk/community-health-services where all the documentation, meeting dates and frequently asked questions can be found. You can also access a link to the consultation questionnaire and watch some short videos about different aspects of the consultation.

If you have any questions about the consultation, want to receive paper copies of the documentation or invite us to attend a public meeting please contact us:

- Email sdtccg.consultation@nhs.net
- Write to South Devon and Torbay CCG, Pomona House, Torquay, TQ2 7FF
- Call 01803 652511 office hours (answer phone messaging at other times)

We will respond to emails and letters within five working days and to telephone messages by the end of the next working day.

You can also follow us on Facebook and Twitter (see page 23 for details).

NHS
South Devon and Torbay
Clinical Commissioning Group

NHS England South (South West)

PH/16/31
Health and Wellbeing Scrutiny Committee
19 September 2016

Title:	Access to NHS Dentistry in Devon
Date:	19th September 2016
Author:	Andrew Harris, Contract Manager (Dental)
Directorate:	Direct Commissioning
Presenter:	Andrew Harris, Contract Manager, NHS England South (South West)

Purpose: This paper is to provide an update to the Devon Health and Wellbeing Scrutiny Committee on the present position regarding the access to NHS dental services.

Recommendations:

To note the current position regarding access to NHS dental services

Background/Current Position

Historically access to NHS dental services in Devon has been difficult with an insufficient number of NHS places available to meet the level of demand from the public for dental services. Since the introduction of the present NHS dental contract in April 2006, there has been a steady rise in the number of patients in Devon who have been able to access a NHS dentist. The number of patients accessing NHS dentistry in Devon has risen from 364,730 (48.6%) in March 2006 to 446,766 in December 2015 (57.9%). Whilst the percentage of the population accessing a NHS dentist has remained at about 58%, in the last 12 months there has been a noticeable increase in demand for places with an NHS dentist which is seeing increases in the number of patients on a waiting list for a NHS dentist.

Dental Access in Devon

Following the organisational changes within the NHS in 2013, the responsibility for the commissioning of NHS dental services transferred from Primary Care Trusts to NHS England.

Access to NHS dental services has historically been difficult both nationally and locally with parts of the south and south west of England having the greatest challenges. Since the introduction of a new dental contract and local commissioning of dental services in 2006, we have seen a steady improvement in access to dental services.

The percentage of the population of Devon, accessing a dentist compares favourably when viewed against the access rates for the South of England (52.29%) and England (56%). Despite the history of increased access we are beginning to see demand for NHS places increase leading to an increase in the number of patients waiting to get a NHS dentist.

As a part of the regular national patient survey undertaken by the NHS, patients are asked to provide information on their experience of getting an appointment with an NHS dentist. For the period July to September 2015, 95.% of patients surveyed in the NEW Devon CCG area advised they had been successful getting an appointment with a dentist, whilst 77.1% of people who were new to a dental practice advised they had been successful getting an appointment. The table below provides some comparative information from the NHS survey.

	Successful in getting a dental appointment – July- Sept 2015	**Successful in getting an appt when new to a practice – July - Sept 2015**
NEW Devon CCG area	95%	77.1%
South of England	94.5%	77.3%
England	94.3%	76.4%

In 2013, NHS England extended the existing dental helpline to enable all patients in Devon and Cornwall to be assisted to find a NHS dentist. When there are not spaces available for immediate access to a routine appointment with a dentist, the helpline team will hold a waiting list and work with practices to ensure people on the list are offered a dentist as soon as places are available in their preferred area.

In the 12 months between July 2015 and June 2016, the dental helpline handled more than 25,000 calls. During the same period, the number of people on a waiting list for a dentist in Devon increased from 2,162 to 6,269. The table below provides a breakdown of the waiting list numbers and the comparison between June 2015 and July 2016.:

	Number of people on waiting List June 2015	Number of people on Waiting List July 2016
East Devon	120	560
Exeter	846	3900
Mid Devon	113	370
North Devon	316	474
South Hams & West Devon	110	192
Teignbridge	657	773

Whilst the waiting list for a dentist has increased in all areas, the areas of greatest increases have been for Exeter and East Devon.

Whilst the increased number of patients waiting demonstrate an increase in demand, NHS places continue to become available with more than 4,000 patients whose names have been on the waiting list have been given places with NHS dentists, between January and July 2016.

There are currently 15 practices in Devon and a further 7 in neighbouring Plymouth and Torbay with open lists and readily able to accept new NHS patients. Between January and July 2016

Urgent Dental Care

Access to urgent dental care would normally be expected to be available within 24 hours of making contact with the NHS. There are a number of arrangements which are in place for patients who may have an urgent dental problem, these include:-

On weekdays between 9am and 5pm

- Access to daily urgent appointments with their own dental practice
- Access to daily urgent appointments through either dental access centres in Exeter, Barnstaple, Plymouth, Torquay and Newton Abbot or a network of

dental practices across the county who hold daily urgent care appointments for people without a dentist.

Outside of these days and times

- Access to telephone advice and information on management of dental problems on weekday evenings – including signposting for dental emergencies and assistance getting a dental appointment for an urgent condition.
- Access to urgent dental clinics at Exeter, Barnstaple, Newton Abbot and Plymouth at weekends and on bank holidays

Only those cases with a significant dental emergency, such as rapid facial swelling, uncontrolled bleeding or facial trauma, would be expected to be treated at accident and emergency department.

Summary

Access to NHS dentistry in Devon has improved with in excess of 80,000 more patients able to access NHS dental services than in 2006. NHS places continue to be made available, but there has been growing demand which NHS services are not currently meeting.

NHS England is working to achieve further improvements in access to dental services, by

- Validating the existing waiting list
- Working with dental providers to ensure existing contracts are delivering to their maximum potential,
- working with Public Health England to inform both current and future dental needs
- developing plans to commission dental services to meet those areas of demand within available resources.
- working with practices as part of the dental contract reform programme to test an alternative contract model

Department of Health

From the Rt Hon Jeremy Hunt MP
Secretary of State for Health

Richmond House
79 Whitehall
London
SW1A 2NS

020 7210 4850

POC_1043606

Councillor Richard Westlake
Chair, Devon County Council Health
and Wellbeing Scrutiny Committee
County Hall
Topsham Road
Exeter
Devon
EX2 4QD

25 AUG 2016

Dear Cllr Westlake,

RECONFIGURATION OF TORRINGTON COMMUNITY HOSPITAL – REFERRAL FROM DEVON COUNTY COUNCIL HEALTH AND WELLBEING SCRUTINY COMMITTEE

Thank you for your letter of 21 July 2016 referring proposals to THE Secretary of State concerning the reconfiguration of inpatient beds at the Torrington Community Hospital.

I am today writing to the Independent Reconfiguration Panel (IRP) asking them to undertake an initial assessment of your referral.

Should the IRP advise me that a full review is necessary, you will have the chance to present your case to them in full.

I have asked the Panel to report to me no later than Friday 23rd September.

I am copying this letter to The Lord Ribeiro, Chair of the IRP.

Yours sincerely

Jeremy Hunt

JEREMY HUNT