

Modernising Health and Care Services in the Teignmouth and Dawlish Area Spotlight Review

Health & Adult Care Scrutiny Committee

14 December 2020

Members in Attendance

Cllrs Randall Johnson (Chair), Ackland (Vice Chair), Asvachin, Crabb, Russell, Scott, Shaw, Twiss, Yabsley and Evans (District Rep)

Cllrs Clatworthy and Dewhirst (in an observing capacity only)

Session 2 – NHS Devon CCG

- Dr Paul Johnson - Clinical Chair, NHS Devon CCG
- Jo Turl - Director of Out of Hospital Commissioning, NHS Devon CCG
- Jenny Turner - Head of Integrated Care - South, NHS Devon CCG
- Alex Cameron – Media & Communications Manager, NHS Devon CCG

NHS Devon CCG officers provided a brief presentation to members of the Spotlight Review.

During discussion with members the following points were raised:

- The CCG felt clinically it provides really good options for the local population.
- Wanted to be open minded in consideration of the options.
- Concerned initially in terms of COVID-19 impact but felt able to build on consultations from the past and use technology to give everyone the opportunity to ask the questions they wanted rather than just hear the louder voices. The CCG went far and wide in terms of sending paperwork out to local residents. Gold standard in terms of consultation and have been commended for this.
- Virtual meetings make it more difficult to read a room but do not feel it has limited the robustness of the challenge. Main difference is less emotion in the virtual meetings, but still felt dialogue came forward. Really different but the outcomes are still there.
- Route to reaching people with leaflet to everyone across Torbay and South Devon – a route for people in all instances with letterbox and phone.
- Members noted the lack of young people responding to the consultation. CCG officers advised that they did not have the opportunity to go into schools as they have done in the past.
- Members questioned the quantitative data on the model of care working as well as the CCG reported and wanted to see the evidence. The CCG advised that there was indirect evidence in the area such as in terms of lower numbers needing hospital care. There is a lot of evidence that older population in Teignmouth and Dawlish are in particular are benefitting from model of integrated care. All of Devon should be benefitting from the intermediate care system.

- 2016 previous public consultation in South Devon and Torbay, which Healthwatch Torbay supported. Previous Healthwatch organisation, so the raw data from this does not exist anymore. Still have the Healthwatch report from 2016 with information contained summarising responses, just do not have the spreadsheets that informed this. In 2018 there was a further engagement exercise.
- Worked with various bodies in the Teignmouth area to develop questions such as Patient Participation Group, League of Friends etc
- Members questioned whether the CCG has an open mind to other options. The CCG advised that it is especially important to keep an open mind when there is only 1 option on a public consultation. The whole point of such a consultation is to hear views and listen to what other options there might be – assess with stakeholder panel to ensure these taken into account. At the 17 December 2020 Governing Body meeting the CCG will be taking into account alternative options and in the recommendations one of the options arose from the consultation and had not previously been considered.
- One of criteria in evaluation, is whether it supports the CCG's vision. Issue of optimising value of estate.
- Members questioned why the consultation was not independently reviewed.
- In terms of statutory duties of the CCG, buildings and hospitals are not part of their remit. That is with the trusts.
- Members raised concern about how issues are framed, and whether the consultation has been skewed by front loading on the new hub.
- Officers were confident that most people could understand the consultation and most respondents were positive about the proposals. Confident it is a better clinical model.
- Members commented that they were unsure evidence for bedded care had been taken into account.
- Members questioned whether it might have been better to postpone the consultation during the pandemic. Members felt further evaluation was required in terms of care needs, particularly in view of the pandemic and bed need. Officers reported that they can quite clearly demonstrate the beds in Teignmouth are not in the right location and are not fit for purpose.
- From a CCG perspective the most critical factor is that the finite resource of staff is working to the optimum level. The biggest thing to learn from this is how to use staff, rather than how to use estates.
- Like to have gone into schools and spoken to people face to face, but schools option not feasible at that point. The consultation was promoted heavily through Facebook – reaching younger demographic harder than the group that more traditionally responds to consultation. Learnt from this that for some people digital much more accessible. The CCG will not go back to face to face consultation only. Older people in particular are able to contribute from the comfort of their own home – it is a real positive. Young people are however a challenge to engage with, addressed that in 2016 with the schools innovative engagement. Going forward will used a mixed approach.
- With the postal leaflet approach as well, the reach has been good.
- Members raised concern that that the type of questions used in the consultation. The CCG advised that the questions were designed to be as open as possible. A lot of open questions so people had the opportunity to express their views even if it took longer to process information.
- The CCG was pleased with the level of response. Previous consultation was 1400 across 4 localities. This was 1000 in 1.

- Market management team at CCG working with DCC to have access to enough care home beds moving forward.
- Members questioned how much weight has been given to people driving and with difficulty accessing services. Also in terms of carbon, additional driving and wider transport plan. Officers advised that a travel impact assessment was undertaken. Looked at how people currently using hospital would be impacted. This was mapped and was part of the public consultation. Patients surveyed in terms of how to mitigate impact on them
- Members considered the adequacy of consultation and whether it was a credible case for change. The CCG reported every confidence that it is the right thing in terms of the clinical model. Direction of travel of every health system is the new model of care. This is an evidence-based model.

Next Steps

Members considered the two evidence gathering sessions with Healthwatch and NHS Devon CCG and agreed that they would produce a short statement for the 17 December 2020 Governing Body meeting detailing some concerns from the Committee before considering any further steps.

SARA RANDALL JOHNSON
CHAIR