

Appendix 2 – Healthwatch Devon interim observation



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Dear Nick,

Your Future Care consultation, Easter Locality: Interim Observations

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

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

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

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

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

Yours sincerely,

Miles Sibley
Executive Director

Your Future Care Eastern Locality consultation, October/November 2016

Interim observations from Healthwatch Devon

30.11.16

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

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

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Our main observations were as follows:

1. Attendance

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

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

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

2. Process

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

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

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

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

3. Issues raised

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

- Workforce. There were concerns that neither current hospital staff who might be asked to work in the community, nor the social care workforce were ready for the proposed changes, with insufficient capacity and skills. People commented on the fact that care workers are not well treated in comparison with NHS staff, citing zero hours contracts, minimum/living wage, inadequate training and lack of payment for travel costs between visits. There were concerns that hospital beds would be closed before community services were properly staffed.
- Roles and responsibilities. People commented that the dividing line between health services and social care services was not clear. There was talk of “hand-offs” between providers, with patients falling through the gaps. The fact that NHS services are free, while in many cases care services have to be paid for, was seen as confusing, leaving people unclear as to what they could reasonably expect.
- Role of local authority. It was commonly noted that the County Council appeared to be absent from the meetings, with no representation on the panel. People questioned the local authority's commitment to integration of services.
- Closure of beds vs closure of hospitals. Some people seemed not to understand that reducing the number of beds did not mean that hospitals would be closed. Others did understand this, but feared that bed closures were the thin end of the wedge, and would

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

- NHS funding. It was not unusual to hear people saying that the NHS was not overspending – it was simply underfunded. The independent Chair (or sometimes Angela Pedder or another panel member) often had to make the point that NHS funding was a political matter, outside the scope of the consultation, and beyond the control of the CCG.
- Option A. Some people objected to the CCG’s preference for Option A, believing that this openly stated preference would unduly influence members of the public, or would mean that the CCG’s mind was closed to other options. We heard the independent Chair, and panel members, say that all options were up for consideration, and that other options were invited. But some audience members seemed unconvinced.
- Information. There were differences of opinion about the amount of information offered by the CCG. In every meeting, the tables were covered in consultation documents, locally tailored information, etc. Some people thought there was too much information, and felt that money was being wasted on unnecessary and expensive printing. Others thought that the level of detail showed that plans – and decisions - had already been made. Still others complained that there was not enough information, and asked to see detailed financial projections, and copies of the business case.

4. Conclusion

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