

Report to Devon Health and Wellbeing Scrutiny Committee

19 January 2017

Community Services Reconfiguration

1 Purpose

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

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

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

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

2 Recommendation

The Scrutiny Committee is asked to note this report.

3 Context

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

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

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

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

4 Consultation

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

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

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

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

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

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

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

5 South West Clinical Senate

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

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

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

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

6 Feedback Report

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

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

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

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

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

7 Alternative proposals put forward by the public

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

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

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

8 Evaluation of alternative proposals

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

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

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

Sustainable: this includes ensuring the model is able to:

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

Providing quality/clinically sound care including

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

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

9 Timetable for decision

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

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

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

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

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

10 Conclusion

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

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

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

Ray Chalmers

Head of Communications and Strategic Engagement
10 January 2017

11 Appendix 1 Map showing future services if proposals approved



