TORBAY COUNCIL

Tuesday, 10 May 2016

OVERVIEW AND SCRUTINY BOARD

A meeting of **Overview and Scrutiny Board** will be held on

Wednesday, 18 May 2016

commencing at **5.30 pm**

The meeting will be held in the Meadfoot Room, Town Hall, Castle Circus, Torquay, TQ1 3DR

Members of the Board

Councillor Lewis (Chairman)

Councillor Barnby
Councillor Bent
Councillor Bye
Councillor Darling (S)
Councillor Stockman
Councillor Stocks
Councillor Tolchard
Councillor Tyerman

Co-opted Members of the Board

Penny Burnside, Diocese of Exeter

A prosperous and healthy Torbay

For information relating to this meeting or to request a copy in another format or language please contact:

Jo Beer, Town Hall, Castle Circus, Torquay, TQ1 3DR
01803 207063
Email: scrutiny@torbay.gov.uk

OVERVIEW AND SCRUTINY BOARD
AGENDA

1. Election of Chairman
To elect a Chairman of the Board for the 2016/2017 Municipal Year.

2. Apologies
To receive apologies for absence, including notifications of any changes to the membership of the Board.

3. Appointment of Vice-Chairman
To consider the appointment of a Vice-chairman of the Board for the Municipal Year.

4. Minutes (Pages 4 - 6)
To confirm as a correct record the minutes of the meeting of the Board held on 27 April 2016.

5. Declarations of Interest

a) To receive declarations of non pecuniary interests in respect of items on this agenda

For reference: Having declared their non pecuniary interest members may remain in the meeting and speak and, vote on the matter in question. A completed disclosure of interests form should be returned to the Clerk before the conclusion of the meeting.

b) To receive declarations of disclosable pecuniary interests in respect of items on this agenda

For reference: Where a Member has a disclosable pecuniary interest he/she must leave the meeting during consideration of the item. However, the Member may remain in the meeting to make representations, answer questions or give evidence if the public have a right to do so, but having done so the Member must then immediately leave the meeting, may not vote and must not improperly seek to influence the outcome of the matter. A completed disclosure of interests form should be returned to the Clerk before the conclusion of the meeting.

(**Please Note:** If Members and Officers wish to seek advice on any potential interests they may have, they should contact Governance Support or Legal Services prior to the meeting.)

6. Urgent Items
To consider any other items that the Chairman decides are urgent.

7. Baytree House, Torquay (Pages 7 - 17)
To consider the outcome of the consultation in relation to the future of Baytree House short breaks unit for people with learning disabilities in Torbay.

8. **St Kilda, Brixham - Care and Services Provision** (To Follow)
To receive an update on the consultation on the proposed re-provision of services at St Kilda, Brixham.

9. **Reconfiguration of Community Services** (Pages 18 - 32)
To consider a report from South Devon and Torbay Clinicial Commissioning Group on the proposed reconfiguration of community services.

10. **Work Programme** (To Follow)
To consider and agree the Work Programme for the Overview and Scrutiny Board for 2016/2017.

11. **Exclusion of the Press and Public**
To consider passing a resolution to exclude the press and public from the meeting prior to consideration of the following item on the agenda on the grounds that exempt information (as defined in Schedule 12A of the Local Government Act 1972 (as amended)) is likely to be disclosed.

12. **Proposed Investment at Torbay Business Park** (To Follow)
To consider the above and make any recommendations to the Mayor.

Minutes of the Overview and Scrutiny Board

27 April 2016

-: Present :-

Councillor Lewis (Chairman)

Councillors Barnby, Bent, Bye, Stockman, Stocks, Tolchard and Tyerman

(Also in attendance: Councillors Brooks, Cunningham, Ellery, Haddock, King, Morey, Morris and Parrott)

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73. Apologies

An apology for absence was received from Councillor Darling (S).

74. Minutes

The minutes of the meeting of the Board held on 13 April 2016 were confirmed as a correct record and signed by the Chairman.

75. Urgent Items

The Board considered the item in Minute 76, and not included on the agenda, the Chairman being of the opinion that it was urgent by reason of special circumstances i.e. the matter having arisen since the agenda was prepared and it was unreasonable to delay a decision until the next meeting.

76. Delegation to the Overview and Scrutiny Co-ordinator

> **Resolved:** that the Board delegate authority to the Overview and Scrutiny Co-ordinator, in consultation with the Overview and Scrutiny Lead Members, to make responses and/or recommendations to the Mayor or other decision makers where it is not feasible to hold a meeting of the Board before the response and/or recommendation needs to be submitted.

77. St Kilda, Brixham - Care and Services Provision

The Board was updated on the current proposals for St Kilda care home in Brixham. It was felt that the building was unfit for purpose in the longer term and that services could be re-provided elsewhere. Consultation was currently being undertaken with service users and their carers, staff and voluntary organisations likely to support future service provision.

> **Resolved:** (i) that Councillor Stockman lead a task-and-finish group to gather feedback from the community on the proposals in relation to St Kilda; and
>
> (ii) that the Director of Adult Services report back to the Board with the results from the consultation and engagement process prior to a decision being made.

(**Note:** Prior to consideration of the item in Minute 77, Councillor Bye declared a non-pecuniary interest as a close family member was a service user at St Kilda.)

78. South Western Ambulance Service - Quality Account 2015/2016

A representative of the South Western Ambulance Service NHS Foundation Trust attended the meeting and presented the Trust's draft Quality Account for 2015/2016. The Quality Account set out the achievements of the Trust against its priorities and also outlined its priorities for the coming year.

Members of the Board were asked to provide feedback to the Overview and Scrutiny Co-ordinator for inclusion in the commentary to be published within the Quality Account.

The Board requested that a visit to the Trust Headquarters at Exeter be arranged to take place during the forthcoming Municipal Year.

79. Children's Services Five Year Plan - Progress Report

The Executive Lead for Children's Services and the Director of Children's Services presented the Children's Services Improvement Dashboard. It was reported that updated versions of the Dashboard would be circulated to the Board following each meeting of the Children's Improvement Board.

A further report would be submitted to the Overview and Scrutiny Board in July 2016 when the revised Children's Services Financial Plan would be available.

80. Creation of Library strategy

The Board questioned the Executive Lead for Customer Services on the options which were currently being considered for identifying an alternative funding solution for the library service. It was reported that this work was progressing in accordance with the timetables for the Transformation Programme and budget setting.

> **Resolved:** that Councillor Bent lead a task-and-finish group to work in parallel with the Executive in developing the Library Strategy.

81. Connections Office Rationalisation

Having received a briefing previously on the options which had been considered for the future operating model of the Connections service, the Executive Lead for Business attended the meeting of the Board and confirmed that he would be

recommending to the Council that the option of centralising the Connections service at Paignton Library and Information Centre be agreed.

The Executive Lead went on to explain that, having analysed the reasons for visits to Connections, there was a need to review how certain services (such as concessionary bus passes and car park permits) were provided in order to be as efficient as possible, reduce demand within Connections and change customer behaviour.

The Board reflected that it was right to examine the wider customer service needs of the community and that this should be considered within the Transformation Programme to ensure that changes in services did not happen in isolation.

82. Community Infrastructure Levy

The Board considered the consultation documents in relation to the Community Infrastructure Levy and asked questions of the Executive Lead for Planning, Transport and Housing.

> **Resolved:** that no formal response be given to the Mayor's consultation on the proposed Community Infrastructure Levy as the proposals in their current form are acceptable.

83. Overview and Scrutiny Annual Report

> **Resolved:** that the Overview and Scrutiny Annual Report be adopted, published and submitted to the Council as per the Constitution.

Chairman

Torbay and South Devon NHS
NHS Foundation Trust

Baytree House short breaks unit for people with Learning Disabilities in Torbay

Progress report

Torbay Council Overview and Scrutiny Wednesday 18th May 2016

DRAFT

1. Summary of Background

Following an engagement process with service users, their families and carers, the Board of Torbay and South Devon FT (the Trust) took a decision their December 2015 public Board meeting to commence a public consultation with respect to the Trust's proposal to close Baytree House, the in-house short breaks unit for people with Learning Disabilities in Torbay, and to use alternative services in the independent sector. Carer's entitlement to short breaks would not change but the provider delivering the service would.

The consultation closed on the 5th February 2016 and received 26 responses. In addition, Healthwatch Torbay submitted a report on the public feedback which it had received, together with its own observations and recommendations. The Board approved the following recommendations at its meeting on 2nd March 2016.

> **"a.** That Baytree House should in due course close and the short break beds nights should alternatively be sourced in the independent sector.
>
> **b.** That a transitional period to 30/6/16 occurs before the decision to close is implemented.
>
> **c.** That Adult Social Care Commissioners in partnership with the Support Planning Services are tasked urgently over the next four months to work closely with provider to develop and secure satisfactory provision.
>
> **d.** That the Board consider their monitoring requirements. It is recommended the Board in due course receive a written update with respect to progress if the decision is made to close the unit and secondly that the Learning Disability Partnership Board also take an appropriate role monitoring quality and outcome of placements in the independent sector. In operational terms it is recommended that Community Service Business Unit will manage and be accountable for the completion of Baytree House change programme and all the associated activity."

As part of this decision making activity Torbay Council Overview and Scrutiny Committee also reviewed the Trust's proposals and process at its meeting held on 29 February 2016. The purpose of the meeting was for the Overview and Scrutiny Committee to seek assurance that due process had been followed, to consider the outcome of the public consultation and to make any recommendations about the proposed closure.

The Overview and Scrutiny Board made the following recommendation:

“That the Overview and Scrutiny Board wished to have further assurance on the availability, suitability and cost of the alternative, private sector provision before the decision to close Baytree House is implemented.”

The Trust was requested to attend its meeting on 18th May 2016 to set out updated concerns and risks with the proposed closure and any impact that those concerns and risks may have on the implementation date. Representatives of the Overview and Scrutiny Board indicated that they would wish to visit alternative service providers to gain an understanding of services and facilities that they offer. It is planned to arrange this before the meeting on 18 May.

2. Progress since March 2016 Trust Board

In coming to its decision, the Trust Board was very mindful that the decision to close Baytree is upsetting for its most regular users, and sought a commitment to work in partnership with carers to make sure they receive a high quality short break service that meets their needs.

Our Support Planning Service (SPACE) has commenced work on an individual service user and family basis. This role includes supporting users and carers through the process of considering the options for and suitability of alternative providers, including facilitating visits to facilities. The SPACE approach has proven a successful model with positive feedback that it worked in our Day Services change programme and other changes for people with a learning disability who have moved to Supporting Living settings. Appointments support and advice is on-going during the transitional period and afterwards.

The Board report also referred to specific advocacy arrangements, and from April specific arrangement have been put in place with VOCAL should any families have concerns with respect to the Support Plans. This information/option is being made available as part of the meeting with families.

Individual and confidential assessments can take place in carer’s homes or at a location of the carers’ choosing or preference, where they feel comfortable. Healthwatch have offered the use of their facilities and we have made carers aware of that opportunity. Staff are very flexible in this respect and the way this activity is approached will be based upon the carer’s choice. The Support Planning service offer appointments at any time of the day/evening that families find suitable.

3. Assessments and new services

3a. Background

At the time of writing (28th April) the process of undertaking assessments and finding alternative short breaks has gathered pace and we are broadly half-way through the work. Each service user and family has different needs and circumstances and thus the process occurs at an individual level - family, carer and cared for. Rightly significant time can be spent on finding the right way forward before a solution, thus we are expecting more visible change to occur in May and June rather than March and April, when conversations with families commenced following the Board decision with regard to their specific needs and choices.

Therefore while significant work is underway, not all have reached conclusion. However a new high quality IS short break 3-bedded scheme is in the very final stage of development and delivery (see Section 3c) and it is anticipated that several service users may choose this option in due course. At the OSC meeting in May Trust officers will be able to report more definitively in this respect.

With regard to the volume of short breaks to be sourced, these changes are intended to provide a 'like for like' number of short breaks for those who currently use Baytree, based on activity from the last two years. This is not a process to reduce the number of short breaks, in fact this process with support planning and carers' assessment has triggered reassessment of need in a few cases.

3b. Providers used thus far

Shared Lives
Shared Lives South West is a regional organisation that places people with learning disabilities with families. This model of support is widely used and is based on a maximum of three people living in a family home. Shared Lives South West already offers Short Breaks placements with families and there are a range of active placements available in Torbay. People with learning disabilities can also use more than one placement to ensure availability and provide support in emergencies. Already three Baytree users and their family carers have chosen this service and one person has used Shared Lives for a weekend stay.

Braemar
Braemar is a residential home in the Preston area of Torbay. They are offering short breaks for people known to their residents. This model is based on people having a short break with friends (often from Hollacombe or Torquay CRC). One family has chosen Braemar and a break is planned.

Burrow Down
Burrow Down provides supported living, residential care, short breaks and daytime opportunities in Torbay. Burrow Down itself is a large house set in substantial grounds. At Burrow Down there is a Short Breaks unit that is wheel chair accessible. Currently one person is having 'tea visits' and is planning an overnight trial with a view to using this service

3c. Provider development - St Johns, St Marychurch Road, Torquay

As referenced above an important addition to the market is this new provider bringing three new short break beds on line in early May 2016, which will be of a good quality and may go some way to easing carers concerns.

Renaissance is a local provider with a residential home (Renaissance) and supported living (St. Johns). The former St. John's Ambulance building has been partly adapted for supported living. Part of the building has been developed to create a three bedroom short breaks unit.

The short breaks unit is designed to provide support to a range of users including people with profound and multiple disabilities (PMLD). This includes people with complex physical and medical conditions who require specialist support.

St. John's Short Breaks Unit includes ceiling tracking, wet rooms and enhanced facilities to support people with complex needs. The unit has a large living space and kitchen. In addition, the unit will have both waking night and sleep-in support as required to support the safe care of people using the service.

Some carers (10 thus far – see 3.d below) have already chosen this service and have expressed confidence in the provider. Support Planning are also planning future visits for carers to view St. Johns in the coming weeks.

Additionally when a site visit was undertaken on 20th April the work was approximately two weeks away from completion and commissioning and Trust staff were very impressed with the environment and ethos of the provider.

We have also now concluded the pricing and contractual aspects of this new service in terms of the volumes of bed nights available and a service price categorisation within the facility to meet a range of different service user requirements for a short break. Commissioners, Trust staff and supporting planning team have worked closely with this provider throughout on the negotiating process. This arrangement will be operational in mid May 2016 and we have a good level of confidence this extra capacity will be welcomed and chosen by carers. An additional 100 bed nights have also been blocked booked as part of the arrangement for emergency placements provision. Those carers who have visited St Johns have provided positive feedback with respect to this provider.

Further information will be provided to the OSC meeting and by the time of that session it is envisaged that a site visit/open day would have been held at St John's so all family carers can see the completed facility themselves. Quite reasonably some have been sceptical about a facility which has been refurbished and converted and thus wish to see it personally before coming to a decision. We realise that building trust and confidence in a new provider for those who have used Baytree for many years will be a gradual process.

Around the same time further visits to St Johns and Burrow Down will be arranged for OSC Councillors and other stakeholders (Trust board members, Healthwatch etc.) These activities will also occur ahead of the OSC meeting and it is envisaged that a verbal update from all parties present will encompass all of the above.

3d. Service user numbers as at 21st April 2016.

The below is a point in time summary of the progress to date and will be updated for the OSC meeting on 18th May. The baseline number of users of Baytree house at the time of the consultation was 39. In terms of the collective position for carers below is a summary of the current state of play.

2 Service users	Moved into Support Living
2 Service users OLA	Two users funded by non-Torbay Council residents and therefore not part of this process What is happening with these users?
7 Service users moved to new Short Break solutions	Placed with the three providers referenced above
	As at 21st April, balance of 28 service users for the starting 39

10 Service users have a definitive option and are exploring these solutions currently with follow up visits etc to the provider. The Support Planning Service thus have a good level of confidence these cases will concluded satisfactorily	Assuming the 10 cases alluded resolve satisfactorily as anticipated this will leave a balance of 18 service users to be successfully found options **Estimate as at mid-May, 18 service users out of 39 to be placed**
13 further service users and families have recently been visited by the Support Planning Team and work has commenced on their solutions**.** When St Johns is open this well could be a way forward for many of this cohort, this will occur during the month of May	If St Johns and other existing providers previously referenced as are selected by this group of people, that will leave a further **5 services users to be placed as at late May.**
5 Service users to be found remaining placements/solutions to complete the project by the provisional target date 30/6/16	All support planning resources will be providing more time during late May and the month of June to work satisfactorily solutions. Some of these cases are very complex and will require that level of focus.

In summary at the mid-point the process between the board decision in early March and the target date to complete the work of 30th June, approximately half the service users position have been resolved or are close to resolution.

3e. Support Planning and Carers assessments

Support planning

The Support Planning Team have contacted/met with all the initial group of carers and service users. As stated above five of these are only at the beginning of the process.

Carers' assessments

Carers' assessments have also commenced for Baytree family carers during this recent period. In respect of Carer Contacts, 35 Carers have been identified who have their cared for person using Baytree, which is reconciled to the Support Planning numbers. The team have made contact with all these carers and either booked visits or will be contacting them later on to book visits (depending on preference of Carers).Up to end of the week of 15th April a total of 15 out of 35 carers assessments have been completed. Visits are booked in for the remainder of April/early May and it is estimated that this work will be concluded by Mid-May.

Some Carers have asked to revisit their assessment once Support Planning had visited to assess their cared for, so that they are clear what has been identified to support their Cared for first. Where further clarity was required the Carers Team have worked closely with the Support Planning service.

Co-ordination

One learning point from this process has been to review where we can better co-ordinate these arrangements. Some Carers have expressed some confusion about need to be contacted by both Support Planning and the Carers Team – some feel they would have liked to have had just one joint contact. Others have asked for separate processes given the carers assessment process in respect of their needs as Carers, and Support Planning have explained their work is focusing on service user's needs.

3f. Market

St John's beds are welcome good quality addition to the local market. Three beds provide approximately a further 1,000 beds nights. Baytree in recent years have provide around 1,450/1,500 beds nights per annum.

The Trust and its commissioners are very aware of the need to expand the short breaks market and to improve and secure the resilience of providers. For many years Baytree has had a lead position in the learning disability short breaks market in Torbay (beds nights 14/15 at Baytree of 1,323 vs 811 bed nights in the independent sector during the same time frame). In this context the ability to stimulate independent sector investment in this area has arguably not been present.

However such changes take time and require engagement with the market via a new commissioning approach to provide incentives and direction for providers to come forward to expand the capacity and choice for short breaks. To start this conversation Commissioners are holding an "Expo" event in June to work with the market on development in this area. Unfortunately developing additional capacity and choice in a constrained financial climate does take time, but we are working to improve this situation.

4. **Stakeholder involvement**

Healthwatch

In addition to the practical work outlined above involving families at each stage of the process, the Trust has remained engaged with Healthwatch. A meeting occurred on 7th April with the Chief Executive of Healthwatch and it was agreed to set up a further meeting with family carers to monitor the process thus far, with Mr Helmore taking a lead role.

This meeting took place on 28th April and was well attended; including family carers, Healthwatch, Councillors and Torbay Council and Trust representatives. This proved a very constructive and informative session. The Trust updated with respect to the development at St John's as referenced above and the current state of play. Councillors and officers found it helpful to listen to carer's concerns first hand and in detail.

The main points raised by carers related to:

* Wishing to see the new beds at St Johns first hand in May to make an informed choice if the accommodation is the way forward for their loved ones short breaks.

* Concern that if Baytree House is closed on 30th June this does not allow sufficient time for a successful transition to replacement services. Could this date be extended?

* More information required with regard to the opening date of the new beds, staffing and practical arrangements – Support Planning Team to lead on this.

Save Baytree House' Campaign activity

Mr Helmore, the spokesperson for the Save Baytree campaign (and Baytree carer/parent) will be attending OSC to also speak as the representative of the family carers. The group has continued to lobby on behalf of family carers and has been active and engaged in the change process. In late March a protest demonstration took place with respect to Baytree House. This activity gained significant local television, newspaper and radio coverage which aired the related issues in a balanced fashion.

5. Next steps to end of end of June 2016

As previously stated by the Trust, the decision to close Baytree will not be fully implemented until alternative plans for short breaks for each of the people who currently use Baytree have been organised. This will not happen until the end of June 2016 at the earliest.

This paper is a progress briefing. As reported above in Section 3 there is still significant work to do with regard to service users yet to be placed. Resources are in place to work intensively with the remaining families on the way forward.

At the time of writing we are waiting for the new provider capacity referred to in Section 3c to come on stream and for that opportunity to be explored by users and their families as to whether this alternative provision meets their needs. The position will be clearer after that.

It is anticipated that the updates at OSC on 18th May will have additional detail to that provided in this paper and should provide increased confidence on progress. A written update will be tabled at the OSC meeting to build upon the content of this report.

Steve Honeywill
Head of Operational Change
28th April 2016

Mr Kevin Helmore
303 Torquay Road
Preston
Paignton
TQ3 2EY

2nd May 2016

Dear Chris, BAY TREE HOUSE

I am sending this out by letter and e mail to you and by e mail to other interested parties.

I do hope that you and your colleges found our meeting on the 28th April to have been informative for you and I would like to thank you all for taking the time to attend as your participation was very much appreciated by users of Bay Tree House (BTH) who were in attendance.

Please would you present this letter for consideration by the Overview and Scrutiny Board on the 18th May.

I think that it would have been very self evident from the meeting that at this moment in time the majority of users of BTH have not yet been successful in obtaining alternative respite provision within the private sector. For most Parent/Carers and their cared for, they are looking to obtain overnight bed based respite provision that is comparable to the service which they already receive from BTH. A couple of families have found alternative provision suitable to their needs with companies such as Shared Lives. However, this still leaves in excess of 30 families who are hoping to find suitable provision in one of the only two private providers who have so far put themselves forward for consideration as a respite provider within Torbay. Of these only one provider, Burrow Down in Paignton, is currently operating a respite service and the other provider, Renaissance (St John Ambulance Site) is coming to the end of their construction of a new three bed unit attached to the side of an existing supported living establishment.

Firstly, with regards to Burrow Down, it has been established that a few families are currently in the process of having tea time visits by their cared for, in order to familiarise them with Burrow Down and as part of their transition process to become user's of their respite service. For many of the Learning Disabled at BTH a gradual transition period will need to take place in order that a successful transfer to an alternative provider can take place. As previously stated Burrow Down is an established respite provider who has a four bed roomed bungalow within the grounds of their facility where they provide residential

care and day services for LD clients and they already have a number of respite clients on their books.

As stated, the only other alternative respite provider is Renaissance who are currently in the process of constructing a new three bed respite centre in Torquay and it is hoped that this will be completed in May and subject to successful staff recruitment and training they may be operational sometime in June. So, potently, allowing for a suitable transition period for those users from BTH who chose to transfer to Renaissance there is the probability that they will require a number of months beyond the June deadline to enable them to successfully change providers.

The Parent/Carers of the users of BTH have been presented with a total lack of choice regarding the selection of an alternative provider for their cared for as there has only ever been two bed based respite options available within Torbay. At the time of the consultation one of these providers Renaissance, was only a set of plans from which it was felt to be unreasonable to expect Parent/Carers to make a commitment to place their cared for into the care of an inexperienced respite provider (thou we accept they have a very good record regarding residential living). During the consultation two other providers outside Torbay were suggested. ROC at Newton Abbot who has a two bed flat that can be used for respite but if overnight support and care is needed then one of the flats would have to be available for use of a care worker to sleep over. The other provider was Hannah's who are based on the old college site at Seale-Hayne and they have adapted some of the student dormitories into residential lets (Holiday lets) some of which have been adapted for wheelchair use but would not be suitable for respite use by the service users from BTH as there is no care worker provision on the site and therefore you would have to bring a care worker with you.

The one area which we did not have the opportunity to discuss on the 28th, which is the one of greater importance to my mind, is whether or not there is sufficient bed capacity within the private sector to accommodate the number of bed spaces required by the users of BTH. Currently there are eight beds available at BTH and this provision is to be split between Renaissance and Burrow Down. However, it is my understanding from what Steve Honeywill (Care Trust) said at the meeting that it is their intention to block book two beds at Renaissance for the year plus reserving 100 bed nights in the third room as an emergency bed (thou we will need to establish how long this will be for, one year, two years etc). Therefore it is my interpretation that there will in fact only be two beds available for use at Renaissance for BTH clients giving a potential bed availability of 730 nights.

It must therefore be assumed that it is anticipated that Burrow Down can absorb the remaining required number of bed nights but I have grave concerns that they do not have the spare capacity. As stated, they have four beds which equates to 1460 available bed

nights per year and if they are currently functioning at 50% occupancy this would leave 730 spare nights or, if it is 60% occupancy rate then there would only be 584 spare nights but a 70% rate would only leave 430 nights, so potentially allowing for 730 nights at Renaissance plus 50% (730) gives a total of 1460 nights, but a 60% rate reduces it to 1314 nights or a 70% rate reduces it to 1168 nights. Because I was not privy to the number of respite vouchers allocated to each user of BTH I could only make an approximate calculation based on figures quoted by Parent/Carers during the consultations and those suggested that there was a wide difference in the number of nights allocated based upon the assessed needs and these ranged from the low twenties to in excess of 70 nights. I have based my calculation on an average of 40 nights for 38 users which equates to a potential requirement of 1520 nights. Whilst I accept that I do not have access to either the actual rate of occupancy at BTH and knowledge of the total number vouchers issued each year, I do consider that my basic calculations give grave concerns that there is not sufficient spare capacity within the private sector to adequately provide for the users from BTH. We must base the nights required on the actual number of short break vouchers issued to each family and not the number of breaks taken as we must always be providing sufficient capacity to allow each family to use the full number of their respite nights allocated to them.

There is no capacity to allow for any growth in the number of clients requiring bed based respite. I understand that a couple of new users went on the books of BTH during 2015 and it is not unreasonable to anticipate that there will be a further increase in new user's in 2016. In addition, we have anecdotal evidence from other Parent/Carers that it is their intention to seek an increase in the number of vouchers allocated to them as they feel that in some cases they have been undersubscribed.

Consideration must also be given to usage patterns as, quite naturally, most usage of respite night's takes place at the end of the week and the weekend period. It seems quite clear, given the potential number of user's, including those already using Burrow Down, that the more popular respite nights will be drastically oversubscribed. A number of users and their Parent/Carers may no longer be able to have respite that is suitable to the needs of their family and they will be forced into taking unsuitable early or midweek breaks.

The other concern is that because the limited number of available bed spaces is being reduced from eight at BTH to two at Renaissance and an unknown number at Burrow Down, possibly two beds or less(allowing for 50% occupancy) then dependant on which unit you have chosen to use for your respite it may be a case that the user may be no longer be able to have an extended break of more than a couple of days simply because some other users always book the same days each week (as this option has always been available to them at BTH) and this booking would potentially block any ability for Parent/Carers to book a week's holiday as there is the probability that there would not be the availability of

a continuous seven nights stay for their cared for. This was always the benefit of scale with BTH that having eight beds within one unit they had the flexibility to accommodate their regular weekly users and those requiring an extended respite period.

In conclusion I would firstly stress that despite assurances during the consultation that there were other independent providers who were just waiting to learn of the closer of BTH before making themselves known, no alternative providers have to our knowledge come forward and we are therefore handicapped as a group in having only two private providers who have engaged with the trust. Because one provider is not yet operational we cannot be expected to commit to them until such time as they can present themselves as a viable option. Even when a choice has been made there must be sufficient time allowed for a transition period to take place in order for the service users to adjust to a new provider. We would ask that if the closer of BTH is to take place then an extension beyond the 30th June must be required to allow Parent/Carers to make their selection and for an appropriate transition period to take place for the service users to successfully transfer to the new provider, assuming that adequate bed spaces can be found for them.

In addition, I would ask that my concerns regarding the actual capacity to provide bed nights within the private sector is fully investigated as I have grave concerns that there is insufficient capacity to provide for the user's from BTH or to allow for any potential future growth in need. My basic calculation shows that the number of short break vouchers currently allocated to BTH users equities to approximately 1500 bed nights and that the number of spaces available between the two providers suggest that there is a large shortfall between nights required and those available.

Whilst I acknowledge that the decision has been made to close BTH I still feel that there is a failure within the private sector to match the standards of provision with regards to availability of bed nights and flexibility to meet the needs of the service users currently provided by BTH. In view of the assurances given during consultation that the ability to provide short breaks within the private sector would not adversely affect the users of BTH it does seem clear that this is not the case and that they and their Parent/Carers will be collectively affected by the transfer of provision to the private sector. I would therefore ask that the decision to close BTH is revisited.

Yours Sincerely,

Kevin Helmore
Spokesperson for Save Bay Tree House

NHS
South Devon and Torbay
Clinical Commissioning Group

Report to Torbay Health and Wellbeing Scrutiny Committee

9 May 2016

Community Services Reconfiguration

1 Purpose

This paper advises the Scrutiny Committee on the status of the proposed reconfiguration of community services, the engagement which has taken place and the planned consultation approach.

2 Recommendation

The Scrutiny Committee is asked to note this report; to agree that the work to date forms a basis for public consultation; and to confirm that it raises no objections to proceeding to public consultation once NHS England authorisation has been received.

3 Current position

Given the pressures facing the health and social care community in delivering the current model of care, change is inevitable and maintaining the status quo is neither sustainable nor clinically sound.

A model of care has been developed and proposals for consultation agreed by the Governing Body of South Devon and Torbay Clinical Commissioning Group (CCG) at its meeting on 28 April, subject to NHS England approval.

In summary these proposals, if approved after consultation, will see:

- Increased investment in community based services to provide improved out of hospital services through a clinical hub in each locality and health and wellbeing centres within the main town areas.
- Increased specialist services provided via the new clinical hubs, reducing the need for travel for acute hospital care, including multi-long term condition services.
- Expansion of intermediate care services, both in a person's home and in private sector care home/intermediate care market.
- A reduced need for hospital-based inpatient care and by concentrating community hospital beds on fewer sites, compliance with national safe staffing guidance. This results in the closure of four community hospitals - Paignton, Dartmouth, Bovey Tracey, Ashburton and Buckfastleigh.

- Concentrating MIUs on fewer sites at Totnes, Newton Abbot and (in coastal) Dawlish to provide consistent opening times (8 am to 8pm) with x-ray diagnostic services, resulting in the closure of MIUs in Brixham, Paignton, Dartmouth and Ashburton (both currently suspended).

NHS England and South Devon and Torbay CCG are working through the detail of the proposals. Once this checking has been completed, we will be able to finalise the timing of consultation. Originally we hoped to start this on 13 May but clearly this has been delayed.

The proposals agreed by the CCG impact across four of its five localities: Torbay, Paignton and Brixham, Newton Abbott and Moor to Sea. The coastal locality is not part of this process as we consulted here in 2015 and approved changes are currently being implemented.

4 The rationale for change

We face significant increasing challenges in providing health and care services. There are a number of factors we need to take into account in planning how best to meet the needs of our population, both now and in the future, including:

- Increased demand as a result of increasing numbers of older people, many of whom have a number of long-term conditions, many of which are complex.
- Different needs of our rural and urban communities.
- Significant health inequalities and differences in life expectancy between our most deprived and least deprived areas.
- Desire to provide the most clinically effective care and support, irrespective of location
- Importance of aligning physical and mental health services.
- Role and sustainability of community hospitals – given, for example, recruitment difficulties.
- National safe staffing levels for medical beds which require one nurse to eight beds and a minimum of two nurses on duty at any time, which means a minimum bed number of 16 beds.
- Pressure on acute hospital beds and desire to improve community-based out of hospital services.
- Pressure on Accident & Emergency and the need for more effective prevention of avoidable admissions through better utilisation of minor injuries units.
- Increasing effectiveness of preventative and self-care approaches.
- Desirability of closer joint working of health and social care, primary and secondary care, and a stronger partnership approach with the voluntary sector.
- Inconsistent availability of private sector intermediate care beds and associated medical cover.
- Flat or reducing finances, especially when health and social care resources are combined, and the pressures of doing more with less resource.
- Difficulties in recruiting doctors, nurses and other clinical staff.
- Requirements of the national NHS Five Year Forward View and the NHS Mandate.

Clinically there is strong evidence to suggest that:

- Coordinated care in a person's own home, in partnership with health & social care and the voluntary sector, often delivers better outcomes than bed-based hospital care.
- Patients can be admitted to hospital unnecessarily and discharge is often delayed due to a shortage of community services appropriate to meet their needs.
- About a third of people in community hospital beds are medically fit to leave
- The longer an older person remains in a hospital bed, the harder it is for them to regain their independence and return home
- Hospitalisation and bed rest can mean enforced immobilisation and lead to reduction of plasma volume, accelerated bone loss and sensory deprivation. This can be irreversible.
- Older people are more vulnerable to hospital-acquired infections.
- Older people admitted to hospital stay longer and are more likely to be re-admitted.
- Minor injuries unit staff should see at least 7,000 contacts per year to maintain their skills and expertise.

5 Background and engagement

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

People told us the most important things to them were:
- Accessibility of 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.

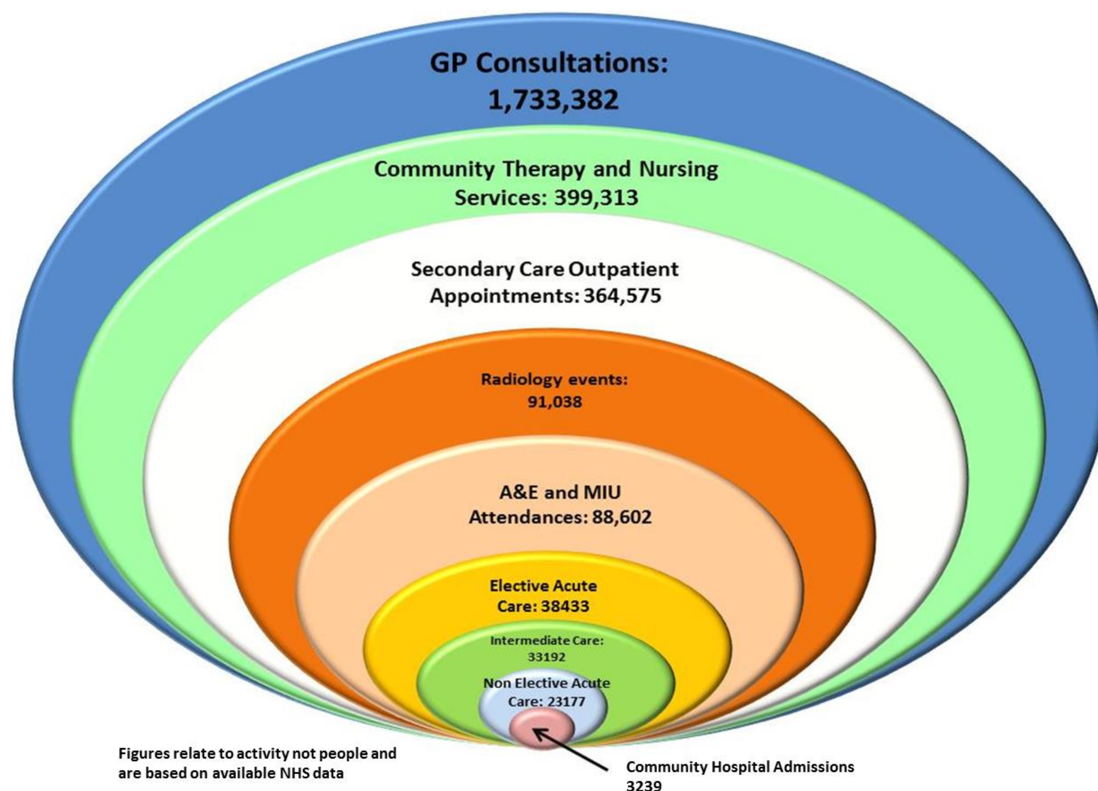
Over the past six to nine months, we have been engaging with stakeholder groups in Torquay, Paignton and Brixham, Newton Abbot, Dartmouth, Bovey Tracey Ashburton/ Buckfastleigh about the significant challenges we face. These meetings have been targeted at those who have relevant knowledge or experience and can make a specific contribution to developing ideas. We have invited interested representatives from local councils, voluntary groups, and the wider health and social care community, as well as those who have expressed an interest in being involved.

There has also been ongoing engagement with Trust staff in the development of the new model of care. This has consisted of task and finish groups set up to help shape the development of the single point of contact and staff leadership in the development of an enhanced intermediate care model. The strategic development of the care model has been informed by operational managers who have reflected the voices of practitioners and staff working in the community. Locality development groups have been set up for each area and consist of staff membership, local GPs and community representatives. Development days have directly involved staff at all levels to help inform how the principles of the care model will be implemented to best serve the needs of each locality whilst still maintaining a standardised offer to the whole area.

A stakeholder update has kept those attending different meetings up to date with overall discussions, and also an area has been allocated on the CCG website where copies of presentations used at the engagement meetings and copies of the stakeholder updates are available for interested parties to view. www.southdevonandtorbayccg.nhs.uk/community-health-services The CCG would like to place on record its thanks to all those who have participated in the engagement meetings and for their contributions.

During this engagement, our focus has been on finding a sustainable way to deliver responsive, quality care; to build understanding of the underlying issues; and to draw on the expertise of participants to develop a clinically and financially viable model. At these meetings we have discussed in particular:

- The future demographic profiles and their expected impact on the type and range of services required to meet the needs of the population, including the expected increase in long-term conditions.
- The different health pressures across the CCG, with more deprived areas having a younger population with different health needs from people in more affluent areas, where the population tends to be older. The rural impact has also been considered.
- The clinical case for change and clinical best practice.
- The need to provide joined-up health and social care within an ever-tightening financial settlement. Indications from NHS England suggest that the CCG has traditionally received more funds than it has been entitled to under the national formula for allocating health expenditure.
- The costs of delivering services.
- The current levels of extrapolated activity as per the diagram below:



Consideration was also given at these meetings to developing a model of care that could deliver services which would meet people's needs in the future.

In discussing these issues, as well as the clinical case for change, there has been general agreement among most stakeholders, commissioners and providers that the future model of care should:

- Put greater focus on prevention and early intervention
- Ensure a seamless experience of care through partnership with statutory providers, independent and voluntary sector
- Make more flexible use of resources
- Establish a single point of access
- Manage increasing complexity in the community
- Care for people as close to home as possible
- Be sustainable in the future

In parallel with the engagement discussions, and drawing on the feedback provided, representatives of the CCG, Torbay Council, Devon County Council, Torbay and South Devon NHS Foundation Trust and primary care, including senior clinicians, have considered how best to provide the range of service changes required in discussions at the CCG's Community Services Transformation Group (CSTG) and at its governing body.

The options considered to deliver the model of care have included different configurations of community hospitals, clinical hubs and the services to be provided at local health and wellbeing centres. These options range from radical change (very significant reduction in the number of community beds and a high level of investment in community services) to using our community hospitals in more traditional ways. The proposal put to the CCG governing body as a basis of consultation reflected the option that was considered to provide the most effective and sustainable solution.

Prior to proposals being presented to the CCG governing body on 28 April, a final round of stakeholder engagement meetings was held to advise those who had participated in the process of the draft proposals and to give them an opportunity to comment before they were finalised. We also briefed a number of key stakeholders, including making two presentations to councillors in Torbay.

6 Proposed model of care

The diagram below illustrates the model of care which has been the basis of recent engagement and which is proposed to form the basis of public consultation.

This model of care sees 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 in each of the localities that make up the CCG and Trust population.

To deliver this model of care, resources will be switched from hospital and bed-based care to community-based care.

Whilst we are proposing a new model of care that ensures fair and equal access to services, we recognise that one size will not fit all. From locality to locality, and from town to town, there will be differences in health, demography and geography, as well as for example, variation in the availability of non-statutory services such as residential and nursing care, voluntary sector capacity and access to transport. The proposed model of care will need to reflect these differences so that we deliver more integrated and responsive access to safe, consistent, high-quality care which better meets the needs of local people.

How the model will work

The four key elements to delivering this care model are – locality clinical hubs; local health and wellbeing centres; health and wellbeing teams and intermediate care provision.

Clinical hubs: these are centres which will provide people with better access to a range of medical, clinical and specialist services. They will offer services such as outpatient appointments and specialist conditions clinics. Patients currently travel from a wide geographical footprint to access these specialist services, which are mainly consultant led and have less than 1,000 attendances a year. Specialist services often require more bespoke facilities or equipment and these are more efficiently delivered in clinical hub

settings. There will also be investment in intermediate care and each hub will have access to inpatient beds, MIU and x-ray diagnostic services.

Health and wellbeing centres: these are the locations from where a range of health and wellbeing services, provided by a number of organisations and agencies, are brought together. This will provide easy access in one place to a number of services which support local people. Local health and wellbeing teams will use these centres as a base from which to deliver services to the community, where possible alongside local GPs. Within these centres, the clinical services most frequently used by local people will be provided by professionals who are based locally and work across community sites.

Health and wellbeing teams: these are made up of Trust staff who work most closely with GPs to provide care and support services to meet a wide range of health and wellbeing needs of local people, working closely with other organisations and agencies that contribute to the health and wellbeing of that local population.

This team will oversee arrangements for local **intermediate care** services which cover a range of integrated services, provided for a limited period of time, to people who need extra support and care following a period of ill-health. 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.

In addition, the local health and wellbeing team will coordinate access for local people to the more specialist services provided in the clinical hub, including community hospital inpatient care. Encouraging and signposting local people to appropriately use their nearest minor injury unit will also be a role for the team.

7 Minor injuries units (MIUs)

These provide a local urgent care service in the community, filling a gap between GP services, the 111 service and A&E, and are intended to reduce unnecessary travel to the emergency department for non-life threatening injuries. Consistent, reliable MIU services with excellent facilities mean that patients are more likely to use them. However a lack of awareness, inconsistency in opening times and services provided, including x-ray diagnostic services, have limited their use by local people.

For MIUs to be seen as an alternative to A&E for non-life threatening injuries and they need to be easily accessible; provide a treatment service led by a specialist nurse; be open 12 hours a day, seven days a week; have e-rays; and be delivered in an environment that can best support high quality care. To maintain safety and skills, MIUs should ideally be co-located with community medical beds and out-of-hours GP services.

It is estimated that MIUs need to treat 7,000 patients per annum to ensure the best use of 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 have seen year-

on-year reductions in attendances and only Newton Abbot MIU has achieved the 7,000 criteria.

To overcome these problems and to ensure that MIUs provide a viable, effective service, we propose to reduce the number to three, located in Newton Abbot and Totnes, as well as (in coastal locality) Dawlish. All three MIUs will open 8 am to 8 pm, seven days a week and will have co-located x-ray diagnostic services.

8 Consultation changes per locality

The way these service improvements impact on each locality is set out below.

Where reference is made below to **specialist outpatient clinics** that will operate in clinical hubs, these are clinics where patients who currently access these at present, travel from a wider geographical footprint. They are mainly consultant led and are lower in volume, which means they are attended by fewer people (approximately less than 1000 attendances a year). Some non-consultant led clinics such as audiology require more specialist facilities or equipment.

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

Community clinics, which will operate in health and wellbeing centres, are attended by a higher volume of people (more than 1000 attendances a year) and are mainly provided by professionals who are based locally and work across community sites. Examples of community clinics include: MSK (Musculoskeletal assessment and treatment, physiotherapy (not gym-based), speech and language therapy, podiatry.

TORQUAY
What will be different?
A new health and wellbeing centre will be developed in the town as part of proposals to co-locate health and wellbeing services incorporating community nurses, physiotherapists, occupational therapists, social care staff and coordination and support staff with local GP practices. The community will 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 will continue to deliver high quality services in people's own homes. A new children's services hub is being planned that will bring many health and care services together to provide holistic support to families and young people. Castle Circus Health Centre will continue to deliver community clinics and a range of health services and Torbay Hospital will continue to provide specialist services and acute care to the population of Torbay and South Devon.

What could services look like and where will they be?
Health and wellbeing centre (as part of plans to co-locate health and wellbeing services with local GP practices) • Health and wellbeing team • Community clinics **Children's services hub** A range of children's services will come together in a new purpose built facility.

PAIGNTON and BRIXHAM
What will be different?
A new clinical hub will be established at Brixham Community Hospital to serve the wider population that will incorporate community inpatient beds and a range of integrated services provided more locally to reduce the need to travel for specialist care. These include a new multi long term conditions service, extended specialist outpatient clinics and gym-based rehabilitation services, with the intention to develop a range of 'one stop shop' services for people with more complex needs and reduce the need to travel for multiple appointments. The current minor injuries unit (MIU) services offered at Paignton and Brixham Community Hospitals are not sustainable in their current form and are proposed to close. People will 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 will operate consistently seven days a week 8am to 8pm, with x-ray diagnostic services. For the population of Brixham and Paignton the local health and wellbeing teams will be co-located where possible with GP services. These teams will provide community nursing, physiotherapy, occupational therapy and social care support. Community clinics such as physiotherapy, speech and language therapy and podiatry will be provided as part of the local health and wellbeing centres. We will deliver more expert care to people directly in their own homes, investing money into providing enhanced intermediate care services that will comprise of more community based staff. They will work in partnership with local care home providers to provide intermediate care beds in local care homes. Providing more care to people in their own home means that the buildings from which we currently provide inpatient and community services including Paignton Community Hospital, Midvale Clinic and Church Street will no longer be required and are therefore proposed to close.

Community inpatient care and more specialist services such as specialist outpatient clinics, for example, Audiology, Cardiology and Dermatology for the population of Paignton will in future be provided at their nearest clinical hub either in Brixham, Totnes or Newton Abbot. Staff delivering care directly to people in their own homes will come together in an office base in the King's Ash area providing an integrated team base and easy access to Paignton and Brixham.
What could services look like and where will they be?
Clinical hub in Brixham (currently Brixham Hospital) • New multi long term conditions clinic • Specialist outpatients clinics • 20 community beds (16 community 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) • Health and wellbeing team • Community clinics • Pharmacist • Enhanced primary care MIU services

MOOR TO SEA
What will be different?
A new clinical hub will be established at Totnes Community Hospital to serve the wider population that will incorporate community inpatient beds and a range of integrated services provided more locally to reduce the need to travel for specialist care. These will 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 (MIU). Totnes Community Hospital currently provides 18 beds which will reduce to 16 beds to deliver safer staffing ratios. The MIU facility which is currently open between 8am and 9pm seven days a week will open between 8am and 8pm seven days a week reflecting the

times of greatest demand and is consistent with the opening times planned for the MIU in Dawlish and Newton Abbot. X-ray diagnostic services will be available during the opening times of the MIU service.

For the local population of Totnes, Dartmouth, Ashburton /Buckfastleigh, local health and wellbeing teams will be co-located where possible with local GP services. These teams will provide community nursing, physiotherapy, occupational therapy and social care support. Community clinics such as physiotherapy, speech and language therapy and podiatry will be provided as part of the local health and wellbeing centres.

Community inpatient care and more specialist services such as MIU and specialist outpatient clinics for the population of Dartmouth, Ashburton and Buckfastleigh will in future be provided at their nearest clinical hub either in Totnes, Brixham or Newton Abbot.

To deliver more expert care to people in their own homes, we will invest money into providing enhanced intermediate care services that will comprise of more community based staff. These will work in partnership with local care home providers to provide intermediate care beds in local care homes. Providing much more care to people in their own home means that the buildings from which we currently provide inpatient and community services including Dartmouth Community Hospital and Dartmouth Health Centre and Ashburton and Buckfastleigh Community Hospital will no longer be required and are therefore proposed to close.

What could services look like and where will 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).

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

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).

- Health and wellbeing team
- Community clinics

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

- Health and wellbeing team
- Community clinics

NEWTON ABBOT
What will be different?
A new clinical hub will be established at Newton Abbot Community Hospital to serve the wider population that will incorporate community inpatient beds and a range of integrated services provided more locally to reduce the need to travel for specialist care. These include a new multi long term conditions service, extended x-ray diagnostic services and the existing specialist outpatient clinics, gym-based rehabilitation services and minor injuries unit (MIU). Inpatient services at Newton Abbot Community Hospital will expand from 20 beds to 45 beds plus 15 stroke beds. The MIU facility which is currently open between 8am and 10pm, seven days a week will adopt the same opening hours of other MIU services in Dawlish and Totnes to open between 8am and 8pm seven days a week, reflecting the times of greatest demand and to ensure consistency of access across all MIUs. X-ray diagnostic services will be available during the opening times of the MIU service. For the local population of Newton Abbot and Bovey Tracey, Chudleigh and the surrounding areas the local health and wellbeing teams will be co-located where possible with local GP services. These teams will provide community nursing, physiotherapy, occupational therapy and social care support. Community clinics such as physiotherapy, speech and language therapy and podiatry will be provided as part of the local health and wellbeing centres. We will deliver more expert care to people in their own homes, investing money into providing enhanced intermediate care services that will comprise of more community based staff. These will work in partnership with local care home providers to provide intermediate care beds in local care homes. Providing more care to people in their own home means that the buildings from which we currently provide inpatient and community services including Bovey Tracey Community Hospital will no longer be required and are therefore proposed to close.

What could services look like and where will 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 in 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 Practice) • Health and wellbeing team • Community clinics

9 Intermediate 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 the current provision does not meet current, let alone future, need.

Until there is certainty as to future demand, it is unlikely that the market will 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 underway to identify the most appropriate model based on a mixture of spot and block purchasing arrangements. It is for example envisaged that procurement of block contracts will shortly be underway in Torbay.

10 Benefits

We want to make these changes to ensure that in the coming months and years, people in South Devon and Torbay will be able to access responsive, high quality care which meets their needs and expectations and is affordable. The changes we propose will provide the following benefits:

- By having a single point of access, we are making it simple and easy for everyone to contact us, regardless of their situation or need. Patients will have easier access to a wider range of community-based services to support wellbeing.
- By focusing on keeping people well and encouraging them to look after themselves better, we will be able to identify and support people at risk of becoming high users of services.
- By intervening early, more people will be able to live independent lives for longer, and will reduce the demand for services.
- People will be more involved in decisions about their care and treatment, working with professionals to identify the best way of meeting their needs.
- Switching resources from hospitals to health and wellbeing teams will enable us to support more people at home or in their community, minimising the need for hospital visits and treatment. In times of crisis, we will be better able to respond quickly.
- By building strong multi agency partnerships with different organisations which support the wellbeing of local people, our service will be greater than the sum of their parts and provide local, seamless care. Professionals will share information enabling patients to avoid having to tell their story to several people.
- For people experiencing multiple long term conditions, their appointments will be organised as close to home as possible in ways which avoid repeat visits and where all relevant specialists can be seen at one appointment.
- The old adage that “the best bed is your own bed” will underpin our efforts to keep people out-of-hospital, enabling them to be treated and to recuperate at home. When an inpatient stay is clinically essential, a hospital bed should always be available and by reducing the number of community hospitals we will ensure that they are properly staffed to deliver quality, safe care.
- MIUs that provide an effective alternative to A&E and can treat a wide range of problems, keeping Torbay’s A&E service free to deal with life threatening issues.
- Staff will work in larger teams, have better career prospects and more varied work. Concentrating staff in larger teams will strengthen our ability to deliver care and make them more resilient to issues which have led to temporary closures in the past.

11 Consultation

Subject to authorisation by NHS England, we propose to consult on this single option as we believe it reflects the best way of meeting the significant challenges that face our health and social care community and which can deliver high quality sustainable health services to meet future demand. We will ask people to comment on our proposal and to suggest any alternative options which they believe are clinically sound, sustainable and affordable.

A comprehensive consultation document is being produced and an advanced draft will be available ahead of the committee meeting. This will be supported by other literature as appropriate, such as posters and banners displayed in local areas.

We plan to encourage communities to participate in the consultation by holding a series of public meetings, drop in sessions and responding positively to invitations to attend community group meetings. We intend to maximise the use of traditional and social media and hold tweet chats on different aspects of the consultation.

We will look to our partners to support the consultation process via their web and social media outlets, as well as through their regular communication channels.

We will ensure that as much information as possible is made available and we shall deploy all channels available to us as part of our efforts to engage with as many people as possible. Our aim is to target groups who do not usually participate in consultation processes so as to get the widest demographic feedback that we can.

We have asked Healthwatch Devon and Healthwatch Torbay to work together and provide an independent place for all information received through the consultation to be collected, processed and analysed. Online responses and paper responses will go to Healthwatch, which will also provide trained note-takers to record comments made at meetings. A standard questionnaire feedback form will be used. Healthwatch will provide an independent written report on the feedback and outcome of the consultation for consideration by the CCG's governing body.

We shall consult for a minimum of 12 weeks but envisage that the consultation period could be considerably longer it starts before the summer holidays. (The minimum period will not include the school holiday period, although people would still be able to comment during that period.)

12 Conclusion

Everyone would recognise that 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 the Trust have sought to develop a model that takes advantage of modern, evidence-based practices; responds to what people tell us they want; is sustainable and affordable.

A huge amount of effort has been made by a wide range of people to get to this stage and we hope the committee will support the recommendation in section 2 to proceed to public consultation and seek a wide spectrum of views on the draft proposals.

Simon Tapley
Director of Commissioning and Transformation
9 May 2016