

Community Services Review Panel

Members

Councillors Barnby, Bent (Chairman), Bye, Cunningham, Stockman and Stocks

(Contact Teresa Buckley on t: 01803 207014 or e: scrutiny@torbay.gov.uk)

Wednesday, 16 November 2016 at 9.30 am
to be held in the **Meadfoot Room, Town Hall, Castle Circus, Torquay, TQ1 3DR**

Agenda

1. **Apologies**

2. **Reconfiguration of Community Services Effectiveness of Consultation**

(Pages 2 - 25)

To receive a briefing on the feedback from the consultation on the reconfiguration of community services including the views of Healthwatch.

To review the effectiveness of the consultation process.



Torbay Health and Wellbeing Scrutiny Committee

16 November 2016

Community Services Reconfiguration

Key Lines of Enquiry

1 Purpose

We are pleased to provide this briefing on feedback to date from the community services consultation and to participate in the committee's review of the effectiveness of the process. Healthwatch has produced a separate report.

As the consultation runs until 23 November, the views set out in this paper and in response to your key lines of enquiry are preliminary. We would expect more feedback the closer we get to closing date. Our communications effort will switch from a bias towards generating participation to one of encouraging people to send Healthwatch their views, either in letters or via the feedback questionnaire. The success of the approach will be judged by the number of people who participate, provide feedback and the extent to which they are representative of the local population.

This paper also provides responses to the additional questions posed following our attendance at the meeting on 23 October.

2 Key lines of enquiry

How well did the consultation process work?

Our goal has been to get people involved from across the CCG area, to set out the reasons for our proposals, to explain why the status quo is 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 have stressed the importance of any solution being clinically sound, affordable and sustainable.

The consultation started on 1 September, the core proposals having been in the public domain for five months, having been explained at that time to the groups which the CCG engaged with in developing the proposals. Prior to formal consultation there was widespread discussion across different communities.

We've 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.

We've advertised in local newspapers, given interviews for TV, radio and newspapers and provided information for inclusion in community and parish magazines. We have used social media to share information more widely, such as tweeting from all the public meetings, posting information on our locality Facebook pages and responding to comments.

South Devon and Torbay NHS Foundation Trust has promoted through its hospitals and Mears has helped distribute documentation to its client base. Our GP practices have also promoted the consultation on their surgery presentation screens, had copies of consultation documentation available in their waiting rooms and some have also promoted via social media. The consultation has been promoted across all health organisations in the CCG area, both Healthwatch Torbay and Healthwatch Devon have promoted the consultation via their website and their publications. We have also promoted the consultation through voluntary and other groups and other organisations/individuals (eg MPs) have also shared information. We have emailed/written weekly to everyone on our stakeholder mailing list.

Presentations have been made to Trust and CCG staff; to Devon, Torbay, South Hams and Teignbridge scrutiny committees; and we have circulated information to members of both the Torbay and South Devon NHS Foundation Trust and Devon Partnership Trust. Regular discussions have taken place with primary care both through the engagement and consultation phases.

To help increase understanding, a range of support documents has been published on our website and made available at public meetings and on request. Short videos have also been hosted on the website illustrating different aspects of services under the new model and we have a range of FAQs. 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.

Some 1,500 people have participated in the first 20 public meetings and a further three meetings have still to be held. Our round table format has meant that everyone has had the opportunity to give their views on different elements of the proposals, all of which have been recorded by Healthwatch and will be reflected in the feedback report it will produce at the end of consultation. We have also responded to requests from local groups to attend more than 50 meetings where we have discussed the proposals and a list is published as appendix 1. Healthwatch has also recorded comments at these meetings.

Our website consultation pages <http://www.southdevonandtorbayccg.nhs.uk/community-health-services> have had 8,000 hits (unique daily visitors) from people seeking information and we have distributed almost 2,000 posters and 13,000 consultation documents. Documentation has been produced in an easy read format as well as on request, in large print.

Our preliminary conclusion is that we have achieved our goal of generating awareness of the proposed changes, receiving feedback from a large number of people and detailed comments on concerns felt by the local population. We are using the remaining weeks of

the consultation to generate further formal feedback and to re-target sections of the population under-represented in the feedback received so far.

Some people have expressed unhappiness at the round table public meeting format but many more positive comments have been made after meetings on the format and the fact that it enabled people who did not want to comment in a big public forum to give their views.

There has been some criticism of the questionnaire which was designed to get people to focus comment on the different elements of the proposals and to indicate the extent to which they supported or opposed different elements. On the basis that the status quo is not viable, it is important to try and seek people's views not just on what they like or dislike but the strength of feeling in relation to the different elements.

The challenge for any consultation is to attract a wide range of comment and to involve all parts of the population. Within the constraints of the financial resources available, we think we are achieving these goals and expect to have a robust range of feedback when the consultation concludes on 23 November.

How did the CCG ensure that all groups (including the hard to reach) had an opportunity to share their views, especially in light of the number of people who turned up in Paignton for the CCG event?

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. A breakdown of these groups and subsequent activity as of 1 November is shown as appendix 2.

We have also held sessions for young people, talked to people while they travelled in Newton Abbot community transport and attended sessions aimed at hard to reach groups. We have provided easy read and large print versions of documentation.

Meetings tend to be dominated by older members of the communities who have the closest attachment to traditional bed based services.

Where we had insufficient capacity to accommodate everyone who wished to attend a public meeting we organised additional meetings and in Paignton gave people the opportunity to book a place at a session most convenient to them. We contacted everyone turned away who left us their contact details so that they could attend another meeting. In Paignton this meant organising five additional meetings over two days, a week apart so as to maximise the prospects of attendance.

While unfortunate that we couldn't accommodate everyone first time round, the quality of feedback we got from the round table format far outweighed what we would have received from a theatre style format where only the loudest voices would have been heard.

Specifically in Paignton, we attended public meetings organised by local trade unions and also by Central Paignton Churches.

One of the three Ashburton meetings was also full and a further meeting has been organised for that community.

What assurances can be made that everyone who wanted to respond to the consultation had the opportunity to respond?

Given the public profile of the consultation, its proposal in the media, the interest generated by campaigning groups and the widespread promotion, we can be reasonably confident that those who wanted to respond have been able to do so. The round table format enabled people easily to give their views; the feedback questionnaire with a free post return address is in all consultation documents; we have promoted the online link both to the CCG consultation pages and also to the feedback questionnaire. There has been substantial media coverage of the consultation and as indicated in the appendices a substantial range of activity via community based groups. We have responded to everyone who wanted us to attend one of their meetings in the community.

The potential weakness is always the case where people might be unaware of the proposed changes but given the scale of the communication effort, the traditional and social media coverage this is unlikely. The other danger is that they do not associate the consultation with certain proposals contained within them.

One concern is that people sign yes/no petitions, designed to show support for hospitals proposed for closure, without considering the implications on the services that most people use most should money not be freed up to invest in these services to meet future needs. By signing a petition they may think they have participated in the consultation but in doing so have only commented on one aspect.

In a consultation such as this, the view of the silent majority would be good to obtain, but many people may not see these proposals as relevant to them or may not belong to any community based groups.

What were the main themes of the consultation responses?

The main themes which we have heard across the consultation are:

- Praise for NHS staff and support for the NHS and the services it provides
- Concerns relating to reliability of some current services
- Recognition of the need for change, the importance of being able to meet the rising demand for services and the financial pressures
- The prerequisite of making sure services are responsive and safe
- Support in principle for the new model of care and in particular for:
 - investment in community services to support more people in or near their own homes,
 - outpatient clinics delivered nearer to where people live
 - professionals – doctors, nurses, physiotherapists, occupational therapists and other health and social care workers – being brought together in health and wellbeing teams.
- While supporting the care model people want reassurance that:
 - expansion of community based services can be properly resourced
 - mental health services will also benefit from the changes as well as physical health
 - sufficient capacity in the voluntary sector for it to play its part in the new model

- sufficient GPs to provide the medical cover in the community
- quality and availability of care home beds is good enough
- social care is resourced to play its part.
- Reducing the numbers of people admitted to hospital unnecessarily and speeding up discharges by having more out of hospital resources is also viewed positively, providing these decisions are clinically and not financially driven
- Opposition to removal of community hospital beds; a lack of acceptance that fewer hospital beds are needed or that hospitals proposed to close need substantial investment to bring them up to modern standards for bed based care or for an alternative health use
- The high regard for the role played in the past by community hospitals and the trust that people have in them
- The lack of an MIU in the Bay
- The lack of x-ray in Paignton and Brixham
- The location of a clinical hub in Brixham as opposed to Paignton
- The location of the health and wellbeing centres in Paignton and Ashburton/Buckfastleigh
- National issues outside the control of the CCG and this consultation such as NHS funding, fear of privatisation and the long term future of health and social care
- Cutting waste would enable hospitals to remain open
- Broader issues that impact on life generally such as travel, pressure on the local infrastructure caused by more house building and social isolation are also frequently raised but these are not issues the local NHS can resolve alone.
- A belief that the consultation is a 'done deal'.

Have communities' fears been addressed and answered?

Addressed and answered, but some people with legitimate concerns and different perspectives remain to be convinced.

For many people, the emotional attachment to the past performance of 'their' community hospital means that any change which impacts on the future of these buildings is not acceptable. Generally people are concerned about their local community and do not want to see radical change to NHS provision.

Many people want hospitals to remain open and argue for more resources to be invested in the community based services but do not accept the CCG approach of bringing bed based care to the level of need and switching spend to community-based care. They believe that funding should be found to maintain and expand hospitals as well as community based services.

Many of the concerns raised about current services – insufficient support at home, unable to get a GP appointment, long waiting times – would be resolved by the proposals put forward. In discussions, many people have commented that they had been given 'food for thought' and had changed their view as a result of the discussions and supported the model of care.

Change is never easy and people will continue to have concerns until any new services approved after consultation are implemented and seen to work.

Is the community supportive of the proposals?

From the feedback we have seen the community is supportive of the NHS, its staff and the services they provide. The model of care which lies at the heart of the CCG's proposal is broadly supported. The need to close four community hospitals is not accepted by those communities directly affected and people do not want to have to travel to visit an MIU.

3 Follow up questions from meeting on 21 October

The committee has asked for further information in relation to current clinic activity and the future location of such services in clinical hubs and health and wellbeing centres.

To avoid repetition, the following specific questions (in bold) are dealt with collectively below.

CLINICAL HUBS

Which specific outpatient clinics will be available in Brixham?

Which specialist clinics will be held in which clinical hub across the CCG area?

Where do Brixham and Paignton patients currently attend for these specialist services? Where will they attend in the future?

Where do Torquay patients currently attend for these specialist services? Where will they attend in the future?

HEALTH AND WELLBEING CENTRES

What specific services will be provided at the Health and Wellbeing Centres? Will different services be available in each of the three towns?

How many people use the services which will be provided in the health and wellbeing centres? Where do they currently access them?

The table below sets out activity which took place across the three towns in 2015. The figures shown are attendances in each location and are the latest figures available.

Patients have the right to choose where to receive treatment and this would not change as a result of the consultation proposals. The figures in the table below therefore are not just those attending from the immediate area but rather from across the CCG area. They also do not include any similar activities provided in other settings.

	Brixham Hospital	Paignton Hospital	Midvale Paignton	Castle Circus Torquay
Anaesthetics		423		
Audiology	952		2300	
Cardiology	66	18		
Continence	152	112	143	288
Dermatology			329	
Ear Nose Throat		866		
Endocrinology			55	
General Medicine	38	638		
General Surgery	155	1060		
Gynaecology	66	214		

Neurology		172		
Nursing Episodes		184		
Orthopaedics	195	238		
Orthoptist	147		86	
Paediatrics	198	222	222	
Physio	5265	9269		
Physiotherapy Assessment		284		
Podiatry	3868		7023	7322
Rheumatology		646		
SALT - Community	29			52
SALT - Outpatients	475		1712	1926
Urology		255		

In addition to these, a range of other clinics are provided in each area, some of which are delivered by providers such as Devon Partnership Trust and/or operate largely on a drop-in basis. Frequency can vary from several times a week to monthly and numbers are not attendances are not recorded in a way that we can extract figures.

- In Brixham, there are clinics such as specialist dermatology, midwifery, health visitors, drug and alcohol services, diabetic retinal screening, nail surgery, stop smoking and weight management, healthy lifestyles.
- In Paignton there are clinics are for example such as Contraception, baby, lifestyles, AAA, blue badge assessment, HV and Drug and Alcohol service
- In Torquay, services such as podiatry, orthotics, dental, sexual medicine, speech and language therapy (SALT), neuro psychology, blue badge team are based at Castle Circus. Ad hoc clinics are also held covering mental health, lifestyles team, sexual health, stop smoking service, neuro team, bladder and bowel, paediatric bladder and bowel, AAA (abdominal aortic aneurysm screening) sexual medicine, diabetic screening, SARC (sexual assault referral centre) and learning disabilities.

In the paper for the 23 October meeting we indicated it was not possible to be specific as to the future location of clinics but set out the conditions which would inform the location of services:

“It is difficult at this stage to be more specific as these (clinics) will vary from location to location, and be influenced by geography, the capacity of local facilities and on how well used the clinics are by local people.

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

“This means that we would expect many of the community clinics which lots of people access to be provided from health and wellbeing centres that are local to people.

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

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

“We are also committed to relocating some services that are provided at Torbay Hospital into the community to clinical hubs. This will help to improve people’s experience of services delivered as locally as possible. It is difficult to specify which services this would be because it is influenced by the availability of space in the clinical hubs. This will be clearer once we know the outcome of the consultation”.

We cannot add any further detail at this stage. Should the consultation proposals be approved in January/February significant work will need to be undertaken to identify the best locations for each clinic. This will need to follow a review of current numbers and identification of space requirements as well as factors such as the clinical and non-clinical support required to deliver them, the best way of providing the service, whether they need access in or out of hours and whether they will operate seven days a week.

More generally the new model of care places much greater emphasis on prevention and self-care. Much more focus will therefore be given to activity which support this and which will be delivered by both statutory bodies and the voluntary sector.

The image below reflects via ‘I statements’ what we envisage being provided in the health and wellbeing centre in Paignton.

What can I use my Paignton Health and Wellbeing Centre for?



How will this fit with the proposals for the reconfiguration of primary care services?

As with all elements of the NHS, primary care faces rising demand, shortages of trained GPs and financial constraints. The community services consultation aims to increase community based support by switching resources from bed based care to support the services most people use.

Our preferred aim is to co-locate health and wellbeing teams with primary care so that GPs have greater support from a wider team which will enable them to focus their time and expertise on the patients who need to see a doctor.

In areas where MIUs are being withdrawn, the Trust wishes to have discussions with primary care over the provision of a primary care led minor injuries service which would deal with many of the demands which have till now been referred to MIUs.

What are the proposals in relation to the GP services in Paignton?

GP services are not part of this consultation. Should the consultation proposals be approved, detailed discussions will take place with practices to identify how the ideal scenario of co-location with health and wellbeing centres can best be achieved in each area.

As the committee will be aware, different practices have been discussing with one another ways they can best respond to the increasing demand facing primary care. This may include closer working, formal federation or even merger of some practices. Capacity and access issues also mean that some practices are considering whether they should relocate to other premises.

Preliminary discussions are taking place over the feasibility of co-locating primary care with practices in Paignton and four sites have been suggested as having the potential to meet future requirements. These are on land adjacent to the library, Crossways, land at Paignton Hospital and Victoria Square. Should the consultation proposals be approved each would need to be evaluated in terms of clinical suitability, access and affordability.

4 Conclusion

As indicated above, change is unnerving, especially when well loved, respected institutions are involved.

It has been uplifting to see the passion and strength of feeling towards the NHS and the numbers of people who have participated and the CCG would like to place on record its thanks to everyone who has helped promoted the consultation and participated in it.

Ray Chalmers

Head of Communications and Strategic Engagement

7 November 2016

5 Appendix 1 Groups which have invited the CCG to their meetings

Alzheimers Society Carers Support Group	Moor to Sea Care Home Forum
Ashprington Community meeting	Moor to Sea PPG forum
Baby group – Ashburton	Overview and Scrutiny
Blackawton Community Meeting	Pembroke PPG
Blackawton Community Open Day	South Hams CVS
Board to Board South Hams and Teignmouth	Residents Coffee morning
Brixham Blind and Visually Impaired Club Meeting	Residents meeting
Brixham League of Friends	Ring and Ride (three routes)
Buckfastleigh Community Forum	School Assembly
Carers Group	School Group
Carers meeting – Paignton (2)	Tea and Cake Meeting
Carers Meeting arranged by Trust	Torbay Alzheimers Society Leadership Meeting
Central Paignton Churches Public Meeting	Torbay SPOT in partnership with Linked Up
Chair of League of Friends meeting	Torbay Voice
Coleridge Parish Group	Torbay Youth Parliament Group
Community Partnership Meeting	Totnes and District Flower Arranging Club
Consultation Event	Trade Union Meeting
Cricketfield Patient Participation Group (PPG)	Trust Members meeting
Dartmouth Council Consultation Meeting	University of the 3rd Age
Dartmouth PPG	Year 10 Assembly
Devon Learning Disability Programme Board	Year 12/13 philosophy Group
Goodrington Methodist Church Hall	Youth Genesis Meetings Brixham
Hello Baby group - Dartmouth	Youth Genesis Meetings Dartmouth
Hello Baby group -Totnes	Youth Genesis Meetings Paignton
Kingskerswell PPG	
Kingswear Council Meeting	
Labour Party	
Learning Disability Partnership Board	
Liberal Democrat group	

4 November

6 Appendix 2: Identified community groups and organisations for additional engagement

Updated 4 November 2016

Protected Characteristics:

Age

Young people – active known engagement:

Organisation	Area	Profile	Nature of contact
Schools			
Coombeshead Academy	Newton Abbot	Year 10 assembly	20 minute assembly and encouragement to complete survey
South Dartmoor Community College	Ashburton	Year 10 and 11	Year 10 assembly, Year 11 Heads of House discussion.
Teign School	Kingsteignton	Year 12	2 hour discussion on challenges of today's community health services
South Devon College	South Devon and Torbay	Pending	
Dartmouth Academy	Dartmouth		Promoted on Facebook and venue for 2 public events
Youth groups			
Parkfield Youth Centre	Paignton	Young people	Promoted consultation with documents.
Children's Centres Action For Children	Torquay Paignton & Brixham Newton Abbot Totnes Dartmouth / Kingsbridge Teignmouth/ Dawlish Ashburton/ Bovey	Various groups for babies and young children and their families.	Promoted on social media and through newsletters? Some groups attended (see Pregnancy and Maternity section)
Voyc Devon	Devon	Young people	Promoted
Youth parliaments	Devon Torbay	Young people	Not aware of uptake in Devon. Parkfield has documents and has promoted. Presentation and discussion with Torbay Youth Parliament.
Youth Genesis Trust	Brixham, Paignton, Dartmouth	Christian-based youth clubs	Meetings with clubs

Youth-based organisations who have received information from us about the consultation but we are not aware if, or how they have promoted it:

Schools: Newton Abbot College, Paignton Academy, KEVICC Totnes, Brixham Community College, Tower House Paignton, Sands School Ashburton, Steiner School Totnes, Bidwell Brook school Totnes, Totnes Progressive School, Stover School Newton Abbot, Mayfield school Paignton, The Spires College Torquay, Torquay girls and boys' grammar schools, Cuthbert Mayne Torquay, Churston Ferrers Brixham, Torquay Academy.

Youth Groups: Youth Enquiry Service Brixham, Play Torbay, Rushbrook Centre Totnes, Young Devon, Bovey Tracey skate park, Chudleigh Knighton skate park, Bovey Tracey Youth Café, Sea Cadets Torbay and Dartmouth, Virgin care CAMHS.

Adults – active known engagement:

Organisation	Area	Profile	Nature of contact
CCG Wide Locality Representatives Group	South Devon and Torbay	Mostly PPGs. Mostly aged 50+	Engagement on the process through this group and locality-based forum meetings Focused consultation meeting
Citizens Advice	South Hams Teignbridge	All adults	Promoted
Teignbridge Scrutiny Committee	Teignbridge	Whole populations	Presentation and discussion
Devon Communities Together	Devon	Parish councils and other voluntary organisations	Promoted
Community Engagement Forum	Torbay	Networks of community groups (profile available)	Via email
League of Friends	All hospitals in CCG area.	Older people	Individual responses from Ashburton/ Buckfastleigh , Paignton, Bovey Tracey Presentation and discussion with chairs of all Leagues of Friends Presentation and discussion with Brixham LoF
Watcombe Community Partnership	Watcombe, Torquay	Community leaders	Presentation and questions
Blackawton community meeting	Blackawton, near Dartmouth	Residents of Blackawton	Presentation and discussion
Kingswear Parish Council	Kingswear	Residents of Kingswear	Presentation and discussion.
Dartmouth Council	Dartmouth	Councillors and residents of Dartmouth	Presentation and discussion
Organisation	Area	Profile	Nature of contact
Cricketfield surgery patient	Newton Abbot	Patients of Cricketfield surgery	Presentation and discussion.

Participation Group			
Buckfastleigh Community Forum	Buckfastleigh	Residents of Buckfastleigh	Presentation and discussion.
Ladies Circle	Torquay	Women	Promoted
Liberal Democrat Group	Torbay	Liberal Democrat members	Presentation and questions
Trades Unions	Torbay	Trades Unions members	Presentation and questions
Torbay Voice	Torbay	People using services in Torbay	Presentation and discussion
Mothers Unions	Exeter covers Torbay & South Devon	Women	Promoted
Baby and toddler groups (younger or first time parents) – see pregnancy and maternity			
Leisure centres and sports centres	Newton Abbot	Teignbridge District Council	Posters and social media
	Torquay	The Acorn Centre – Youth Community & Sports Centre	Promoted
	Paignton	Torbay Leisure Centre	Promoted
Sports organisations (not in leisure centres)			
South Devon cricket club	(Newton Abbot)	Cricket, football, tennis, squash and recreational Club	Promoted in the club house (Newton Abbot Rec)
ACTIVE DEVON	Devon	A network of local organisations who share an interest in a more active Devon and are resourced and managed through service agreements to deliver elements of Active Devon’s programme of work.	Promoted
Teignbridge District Council			Promoted internally and all departments asked to promote externally.
Healthy Lifestyles Team	Torbay	Supporting people to live longer healthier lives by making healthy lifestyle choices.	Promoted
Health Promotion Devon	Devon	Supporting people to live longer healthier lives by making healthy lifestyle choices.	Promoted
Patient Participation Groups:	Dartmouth Pembroke Paignton	Local people working with their GP practices to influence services.	Presentation and discussion.
Torbay and South Devon Foundation Trust	South Devon and Torbay	Members	Presentation and discussion.

Adult-age organisations who have received information from us about the consultation but we are not aware if or how they have promoted it:

Round Table Torquay, Riviera Centre, Torre Abbey Leisure park, Swim Torquay, Admiral Swimming Centre Brixham, Brixham Sports Centre, Dartmouth leisure Centre, Totnes Pavilion, Football Clubs across the area, Bovey Tracey Golf Club, Dainton Golf Club Ipplepen, Olympic Gymnastics Club Torquay, Torbay Squash and Leisure Club, Bovey Tracey

Tennis club, Dartmouth Karate Club, Sea Kayak Devon, Dartmouth Boogie Bounce class, shopping centres and supermarkets (some did put in staffrooms), Dartmouth Steam Railway and River Boat Company, Dartmouth Inn – Dartmouth, Dartmouth Castle, Dartmouth Library, Dartmouth to Kingswear Passenger Ferry, Artistry and Craft in Devon, Dartmouth Players Theatre Group, Dartmouth Film Society, Finlake Holiday Resort, Chudleigh, Finlake Riding Centre, Newton Abbot Race Course, Brixham Theatre, The South Devon Players Theatre & Film Company, Brixham

Older people – aged 65 and over – active known engagement:

Organisation	Area	Profile	Nature of contact
Teignbridge Community Voluntary Service (CVS)	South Devon	<p>“The Wellbeing Partnership”</p> <p>Volunteering in Health = Teignmouth and Dawlish.</p> <p>KingsCare = Newton Abbot</p> <p>Moorlands Community Care = Bovey Tracey, Buckfastleigh and Ashburton</p> <p>Totnes Caring</p> <p>Dartmouth Caring</p>	Coordinated message to all members and active promotion by all including social media.
South Hams Community Voluntary Service (CVS)	South Hams	Voluntary groups in South Hams	Presentation and discussion
Kingscare	Newton Abbot	Groups at Avenue Church	Documents and posters and emails.
Torbay Community Development Trust (CDT)	Torbay	<p>Community Partnership Network</p> <p>Torbay’s voluntary organisations</p>	Coordinated message to all members and active promotion by all including social media.
Newton Abbot Community Transport buses	Newton Abbot, Chudleigh, Bovey Tracey, Ashburton, Buckfastleigh	Older people who need help to leave their house or sheltered housing.	Travelled on buses, informing passengers about the consultation, discussing it and encouraging them to have their say.
Kingskerswell and Ipplepen Patient Participation Group	Kingskerswell and Ipplepen	Patients of the health centre	Presentation and discussion
University of the third age:	Ashburton Totnes Dartmouth Brixham Preston & Livermead Paignton Teign (NewtonA) Torbay	Self-help organisation for people no longer in full-time employment providing educational, creative and leisure opportunities in a friendly environment.	<p>Torbay and Livermead and Preston actively responded.</p> <p>Meeting in Central Church Torbay 9/11</p>
Women’s institute		Provides women with educational opportunities and the chance to build new skills, to take part in a wide variety of activities and to campaign on issues that matter to them and their communities.	Diocese of Exeter newsletter and promotion of consultation documents.

		Not aimed at older women but much local membership consists of an older age group.	
Torbay Older Citizens Forum	Torbay	Older people	Promoted
Devon Senior Voice	Devon	Older people	Promoted
Torquay Probus Club	Torquay	Retired people who held a position of responsibility during their professional life.	Promoted
Royal British Legion	Paignton	Provides lifelong support for the Armed Forces community - serving men and women, veterans, and their families	Promoted
Mears Care UK	CCG area	Home care, contract holder with Torbay Council and Devon County Council.	Have been given documents
Moor to Sea Residential Care Home Forum	Moor to Sea	Networking and service development.	Presentation and discussion
Ashprington Village	Ashprington, near Totnes	Residents.	Presentation and discussion
Coleridge parish Group	Stokenham	Residents	Presentation and discussion
Singer Court	Paignton	Sheltered Housing residents	Coffee morning attendance: promoting consultation and encouraging people to have their say.
Temhani Court	Paignton	Sheltered Housing residents	Presentation and discussion

Older adult-age organisations who have received information from us about the consultation but we are not aware if or how they have promoted it:

Probus Clubs: Brixham, Paignton, Dartmouth, Newton Abbot, Totnes. Royal British Legions: Torquay, Brixham, Newton Abbot, Ashburton, Buckfastleigh, Stoke Gabriel, Dartmouth, Kingsteignton, Dartmoor County Central, Totnes. All Rotary Clubs, Torquay conservative club.

Disability: – active known engagement

Organisation	Area	Profile	Nature of contact
Learning disability / additional needs – active known engagement			
Mencap: Teignbridge Special Needs Youth Group	Newton Abbot	Valuing and supporting people with learning disability.	Promoted by Mencap. Presentation and discussion at Paignton tea and cake meeting.
Torbay Mencap	Torbay		
Speaking Out in Torbay (SPOT)	Torbay	People with learning disability having their say	Meeting
Devon Link Up Chain of Events	South Devon	People with learning disability having their say	Meeting
Torbay Learning Disability Partnership Board	Torbay	Agencies supporting people with learning disability. People with learning disability part of the group.	Presentation and discussion.
Devon Learning Disability Partnership Board	Devon	Agencies supporting people with learning disability. People with learning disability part of the group.	Presentation and discussion.
Physical Disability and sensory loss			
Living Options Devon	Devon and Torbay	Helps people with physical and or sensory disabilities and deaf people with sign language to make an active and equal contribution in society.	Promoted via Devon Disability Network.
Sensory loss – active known engagement			
Brixham Blind and Visually Impaired Club	Paignton and Brixham	Visually impaired people	2 Hour meeting held with consultation documents in large print.
Other			
Devon and Somerset Fire Service	Devon and Somerset	Home Fire Safety Check / Risk Assessment for people who are house bound.	200 documents for giving to housebound people.
Torbay Prostate Support Association	Torbay	Support for men with prostate cancer	Promoted
Alzheimer's Society	Devon and Torbay	Support and research charity, for anyone affected by any form of dementia	Promoted. Presentation and discussion with Leadership group.
British Red Cross	South	Support at home, transport and mobility aids to help people when they face a crisis in their daily lives.	Promoted
Assist Teignbridge	Teignbridge	Promoting volunteering and offering information, advice, help and assistance to elderly and vulnerable people in Dawlish. Across the whole of Teignbridge:- a home care & sitting service to support individuals and enable carers to take a break; a nail trimming service in people's homes or at a	Promoted

		central venue in Dawlish; and a home help service for those who struggle to manage household tasks.	
Mental Health User and Carer Involvement	South Devon and Torbay	Enabling people with experience of mental health service to have their say.	Promoted

Disability organisations who have received information from us about the consultation but we are not aware if or how they have promoted it:

Robert Owen Communities, Hannah’s at Seale Hayne, Brixham ACE, Community, equality, disability action (CEDA), Disability Support Torbay, Pluss – Employment Services, Torbay Deaf Club, Action on Hearing Loss (RNID) – Pippin House – Residential Care, Action on Hearing Loss (RNID) – Devon Outreach (Torquay), Action for Blind People, Devon in sight, Newton Abbot Care of the Blind Society, Torbay Social Club for the Blind and Visually Impaired, Moor Vision – Support for Children and Families who have a visual impairment, Purple Angel - dementia, New Key – support for people with learning disabilities.

Race:

Most prominent in our area: Polish, Asian – Tagalog, & Phillipian – Malago

BME groups – active known engagement

Organisation	Area	Profile	Nature of contact
Imagine (Torbay Multicultural Group)	Torbay	susanne.lang@torbay.gov.uk	Promoted

Black and Minority Ethnic organisations who have received information from us about the consultation but we are not aware if or how they have promoted it:

Ubuntu, Hikmat, The Rural Racism Project, Fata He.

Gender: Impact Assessment said no impact.

See Women’s Institutes, Probus, Rotary , Ladies Circles, Mothers Unions, Prostate Support etc in Age category.

Gender reassignment and sexual orientation – Impact assessment has said no impact

Active known engagement

Organisation	Area	Profile	Nature of contact
LGB Transaction	South Devon and Torbay	Lesbian, gay, bisexual and transgender people	Promoted

Gender reassignment organisations who have received information from us about the consultation but we are not aware if or how they have promoted it:

Transfigurations.

Sexual orientation organisations who have received information from us about the consultation but we are not aware if or how they have promoted it:

Proud2Be, Intercom Trust,

Pregnancy / maternity – Impact assessment has said no impact

Active known engagement

Organisation / Group	Area	Profile	Nature of contact
Ashburton Baby Group	Ashburton	Parents of young children	Visit to group
Hello Baby Group	Dartmouth Totnes	Parents of young children	Visit to groups
Bumblebees Toddler Group	Bovey Tracey	Parents of young children	Visit to group

Pregnancy and maternity organisations who have received information from us about the consultation but we are not aware if or how they have promoted it:

National Childbirth Trust, maternity voices

Marriage / civil partnership – Impact assessment has said no impact

Religion and belief – active known engagement

Organisation	Area	Profile	Nature of contact
South Devon Methodist Circuit	South Devon	Methodist churches	Promoted
Goodrington Methodist Church fair	Paignton	Methodist parish	Attendance at fair
Diocese of Exeter	Devon	Anglican diocese	Promoted
Devon Faith and belief forum	Devon	Multi faith forum	Promoted
Torbay interfaith and belief forum	Torbay	Multi faith forum	Promoted
Devon and Cornwall Police	CCG area	Diversity, hate crime and community management	Promoted
Genesis Youth Clubs – see Age category			

Religion and belief organisations who have received information from us about the consultation but we are not aware if or how they have promoted it:

Anglican rural deans, Torbay Methodist Circuit, Churches Together in Devon Network, Islamic Centre of the South West, Exeter Hindu Temple Cultural and Community Centre,

Carers – IA has said no impact – active known engagement

Organisation	Area	Profile	Nature of contact
Torbay Carers Service – Torbay and South Devon Foundation Trust	Torbay	We actively support and work with carers, to get the best outcomes for both them and the person they care for.	Promoted. Presentation and discussion.
Devon Carers	Southern Devon	Information and support services run by eight organisations working together to improve the quality of services for all carers	Promoted
Devon Parent Carers' Voice	Devon	A Devon-wide forum for parent-carers of children and young people with additional needs.	Promoted
Torbay Parents Participation Forum	Torbay	A Torbay-wide forum for parent-carers of children and young people with additional needs.	Promoted
Alzheimer's Society Carers	Torbay	Carers of people with Alzheimers disease	Discussion and promotion of consultation

Kingscare Carers Group	Newton Abbot	Carers support and social group	Presentation and discussion
Bright Futures Devon	South Hams, West Teignbridge and Exeter	Support to Young Carers (aged 14-17) and Young Adults	Promoted

Carers organisations who have received information from us about the consultation but we are not aware if or how they have promoted it:

Torbay Carers Forum, Devon Young Carers, Torbay Council – Young Carers Group,

Health Inequalities Groups: – active known engagement

Organisation / Group	Area	Profile	Nature of contact
Centre Peace – Community Drop in Centre	Paignton	A drop in community support centre available for anyone who needs it.	Promoted
Foodbanks			
HITS (Homeless in Teignbridge Support)	Newton Abbot	Food bank and information	Documents provided by Avenue Church supply
Organisations supporting the homeless			
Shekinah: 1) Endeavour House 2) Leonard Stocks Centre 3) Growing For Life	Torbay	Provides opportunities for people in recovery. This may include recovery from homelessness, drug and alcohol issues, offending behaviours or mental ill health.	Distributed documents
Anode – also covers Foodbanks	Torbay	A holistic service to help an individual through challenging times by engaging with one or more of our programmes. We look to build a foundation that encourages self-belief, independence and responsibility.	Promoted
Sanctuary Housing	Torbay and South West	Social landlord	Promoted
Drug and alcohol services			
Walnut Lodge	Torbay	Drug and alcohol service	Promoted with poster & documents
Veterans			
Veterans group	Paignton	Paul Gooding	Promoted
Working Links	Devon and Torbay	St. Georges Hall Lower Union Lane Torquay http://www.workinglinks.co.uk/about_us/what_we_do.aspx	

Organisations supporting people who are seldom heard, who have received information from us about the consultation but we are not aware if or how they have promoted it:

The Living Room –Community and Family Café - Run by St Mary Magdalene Church Torquay, Dartmouth and District Food Bank, Torbay Food Bank (Brixham), Teignbridge Homeless Action Today, Buckfastleigh Food Bank, Ashburton food bank/Salvation Army, Torbay Street Pastors, RISE Recovery Devon, Depression and Anxiety Service - South and West Devon and Torbay, SSAFA, Devon Forces Family, Working Links Devon and Torbay.

Title: Healthwatch Torbay Briefing

Date: 1st November 2016

Author: Pam Prior (Lead HWT Trustee) & Simon Culley (HWT Communications Officer)

Presented by: Pat Harris (HWT CEO) & Dr Kevin Dixon (HWT Chair)

PURPOSE

The purpose of this paper is to provide a briefing on the ongoing New Model of Care consultation process from the point of view of Healthwatch Torbay.

Introduction

Healthwatch Torbay (HWT) and Healthwatch Devon (HWD) is supporting South Devon and Torbay Clinical Commissioning Group (CCG) in undertaking a consultation on what is termed the New Model of Care for community-based services. The model is in the context of the NHS five year forward view in which the aim is to drive a service towards delivering better care “nearer to home” but especially ensuring that the person and the person's home (or care home) has sufficient support services to prevent unnecessary deterioration of a person's health.

The model also includes a transformation of minor injury treatment centres. These will be fewer in number but provide consistency in availability of X-ray, longer opening and comply with professional guidelines.

It has anticipated that all these changes will enable funding to shift from maintenance of estate into staffing and service provision with an improved skill mix of staff. More importantly it is anticipated that this will reduce costs over the long-term. Although only a single model of future care in Torbay and South Devon was presented, the process followed the Gunning Principles (i.e. It was made clear to Healthwatch that public insight and intelligence would genuinely be used to influence the final form of the model).

HWT Role

HWT is not the lead for the consultation. Our role is to collect and collate the Public voice and ensure that it has an influence on the final outcome. We have not organised events or compiled supporting information or designed the consultation questionnaire. We will compile and synthesise this information reporting to our own Board, Local Authority (LA) Overview & Scrutiny, Health & Wellbeing Board, Integrated Care Organisation (ICO) Board and the CCG Governors who have the final decision on the way forward. We have maintained an audit trail of our processes which may be required to be made available if any part of the process goes to legal challenge. Outcomes showing insight from public consultation are to be presented prior to CCG Governors meeting in the New Year, when decisions on the future of services will be made.

Our role in brief:

- to administer the information collection and collation by providing up to 10 note takers for each meeting.
- to host the consultation survey including input of postal responses.
- to maintain a data deposit of meeting notes, letters, e-mails and any other forms of communication received by CCG and by Healthwatch.
- to attend community group meetings organised by the CCG and take notes.

Healthwatch role does not include arrangements for the timetable, accommodation, consultation materials and method or primary communication with the public.

The Consultation Process

The consultation was intended to commence in the spring 2016. NHSE permission to consult was finalised for Sept 2016 start.

In the weeks leading up to public consultation there was considerable media activity, nationally; including the EU referendum, associated statements about NHS funding, activism associated with trainee doctors' terms of employment and 24/7 NHS. There was also disquiet both nationally and locally about the capacity of the social care budget and the ability of private companies to deliver to appropriate standards of home care.

As of 1st November 2016, 659 responses to the online survey have been received, of which 449 were directly entered by the public and the remainder (210) were entered manually from postal replies.

There are also 212 sets of notes from note-takers at consultation events (public open events plus community group meetings), plus letters etc. This covers approximately 1200 people (some have attended more than one event). Responders from the survey and events will overlap. Delegates at events included healthcare staff who also completed the survey.

The online survey has been publicised in the local press and heavily on social media by local Healthwatch, the CCG and the ICO. Paper versions of the surveys were made available and completed either during public open events/community group meetings or in a person's own time - with freepost envelopes provided by Healthwatch Torbay to post surveys if required. Easy-read versions of all the consultation documents were also produced and distributed by the CCG, large print version of the supporting materials can be requested in advance.

At this stage of the process, the CCG is analysing requests from community groups to determine equality and diversity and whether disadvantaged and hard to reach groups have made requests.

Responses cover Torbay and South Devon (GP registered population of 284,500 with a visitor population around 75,000 to 10,000). This suggests that around 1 in 300 adult residents have responded so far.

Although the location of events indicate the locality of the audience, this is not entirely accurate as some delegates travelled to events outside their own locality and to multiple events. Age distribution of responders is biased towards 45 plus with 30% in 65-74 age range. Anecdotally this appeared to be the age representation at events. 20% reported having a disability and

approximately half reported having one or more long-term health conditions. 24% consider themselves to be carers although whether professional or family is not identified.

The format of public events was aimed at presentations of the model, then round table discussion leading to questions of the panel. The independent Chair ensured that all tables provided at least 1 question and that supplementary questions could be made.

Anecdotally reported to Healthwatch, the round table discussion and Q&A sessions were appreciated and found to work well. This enabled a wider perspective on potential hospital closure. It is difficult to assess the success of presentations (and accompanying video).

Recurring Themes

Hospital closure, transportation from Paignton to Brixham and the impact of minor injury re-organisation and the concern about staff recruitment have dominated the discussions. Similar questions to the panel have occurred at all locations.

The offer of the Health and Wellbeing Centres and their staffing is a new concept which has not been well understood by the community, on the whole. Although some delegates have stated their support, others have asked for services to be retained that have not been lost. Transformation of General Practice is not part of this consultation and some delegates are confused by this.

It is difficult to engage people to discuss other aspects of the model where their focus is mainly on hospital closure. The low level of discussion around prevention and self-care tends to be about the use of volunteers and how the quality of this offer will be maintained and not about how the community can facilitate this.

It is important to recognise the difference between the numbers attending events where the community hospital was intended for closure and those where it was not. In the former many audience members admitted they had attended to prevent the hospital closure. Four of these events were heavily oversubscribed requiring additional public meetings - which have been arranged in Paignton and South Dartmoor during November.

Status of the consultation

As the consultation is still underway and not due to finish until the end of November, it is inappropriate to comment at this stage whether the fears of the whole community have been addressed and whether they are completely supportive of the proposals. We hope that the content of this report will give some insight to current opinion.

End