Driving quality, delivering value, improving your services

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.

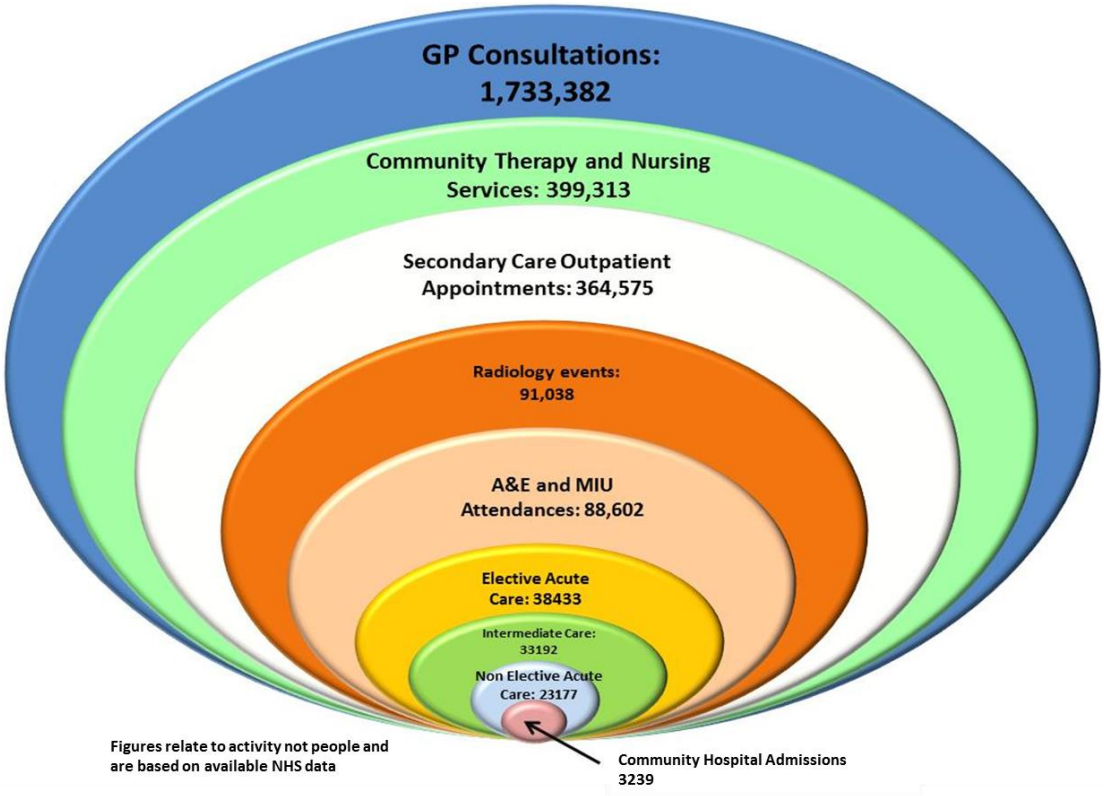
Over the past six to nine months, we have been engaging with stakeholder groups in Torquay, Paignton and Brixham, Newton Abbot, Dartmouth, Bovey Tracey Ashburton/ Buckfastleigh about the significant challenges we face. These meetings have been targeted at those who have relevant knowledge or experience 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