

Title: Healthwatch Torbay Briefing

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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.

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