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NHS
South Devon and Torbay
Clinical Commissioning Group

# Report to Torbay Overview and Scrutiny Board

## 15 March 2017

## Community Services Reconfiguration

## 1 Introduction

This paper sets out the decisions made by the CCG governing body at its meeting on 26 January and the implementation process being followed.

With some variations which are highlighted below, the governing body approved the implementation of the care model as set out in the consultation documentation, believing it is in the best interests of patients to do so, as it will deliver better health outcomes, support more people and use scarce resources more effectively.

This paper is in three parts:

**Sections 2 – 3** set out the recommendation to Scrutiny Committee and the context of the decisions made by the CCG's Governing Body at its meeting on 26 January.

**Sections 4 to 7** deal with the issues considered and the decisions made; the agreed configuration of community services in Torbay and South Devon, the timetable for implementation and the steps being taken to ensure there is assurance that the new services will be in place before changes to existing provision are made.

**Sections 8** deals with the committee's specific questions relating to

- What services will be provided to support people to stay in their own homes?
- How are partners working together to reduce the risk of isolation and the potential knock on effect on people's health and wellbeing?
- How well developed is the voluntary sector given that there will be an increasing reliance on this sector to fill the gaps?
- In terms of Intermediate Care, what evidence is there that there is the capacity in the market to provide the right care in the right place?
- Also, as evidence is suggesting that 25% on care homes are financially unviable, how do the CCG intend to achieve a sustainable and viable market?

## 2 Recommendation

The Board is asked to note this report and to support the implementation of the care model.

## 3 Context

The decision by the CCG's governing body to implement the care model represents the conclusion of four years' development which, as Scrutiny members are aware, involved widespread engagement and discussion with local communities, GPs and NHS staff over the health and financial challenges facing the health and social care system in South Devon and Torbay and the clinical rationale for change.

The consultation proposals were first published in April 2016, reflecting the option that was considered to provide the most effective and sustainable solution to the challenges faced, switching funding from bed based to community based care. The proposals subsequently passed through the national NHS assurance process and were reviewed and supported by the independent South West Clinical Senate.

As scrutiny members are aware, 12 weeks of formal public consultation ran from 1 September to 23 November 2016, during which the CCG invited alternative proposals from the public while making it clear that maintaining the status quo was not a viable option. Details of consultation activity have been reported to Scrutiny members in previous reports and are summarised in appendix 1.

Feedback from the consultation was brought together in an independent report by Healthwatch and alternative proposals to the model of care put forward in the consultation report were comprehensively evaluated against published criteria in a three stage process which included local stakeholders. Details of the evaluation process and rationale for accepting/rejecting the alternative proposals were set out in the papers considered by the governing body and which are available on the CCG website.

The key concerns repeatedly raised throughout the consultation were also reviewed in these papers and included:

Reducing community hospital beds
Location of clinical hubs
Minor Injuries Units (MIUs)
X-ray in the Bay
X-ray capacity
Care at home
Health and wellbeing centres
Mental health
End of life care
Population growth
Transport and travel

## 4 Governing Body decisions

The CCG's governing body devoted the whole of its January meeting to reviewing the consultation feedback, the alternative proposals and the proposed model of care. The meeting was held at Newton Abbot Racecourse to accommodate some 120 people who wished to attend.

In reaching its decisions it considered 10 key aspects arising out of the original proposals and feedback received:

- The alternative proposals to the model of care that met the evaluation criteria and those which did not
- The robustness of the case for reducing the number of community hospital beds
- The location of clinical hubs in Totnes, Newton Abbot and Brixham
- The evidence and rationale for MIUs to be in Newton Abbot and Totnes
- The evidence of the case for reducing x-ray services in the Bay
- The availability of intermediate care and rapid response to provide safe out of hospital services
- End of Life care
- Impact of future population changes on the model of care
- The inclusion of consultation feedback in the implementation planning in relation to
    - Transport
    - The services that are provided in Health & Wellbeing Centres
    - Mental health integration
- The parameters that must be met before changes can be made to current services

In considering these, governing body members gave particular attention to the national shortage of radiographers which limited MIUs to two locations; the availability of quality end of life care; access to domiciliary care and care home beds; the impact of increased travel for some services; the impact of future demographic changes, especially new housing and increasing numbers of people holidaying in the area; and access to services for young families and children.

The decisions made by Governing Body following the above discussion are set out below:

- The GB agrees with the statement that "the proposed model of care represents the best way of delivering quality of care in a manner that is sustainable and affordable."

- The GB approves the proposals which formed the basis of consultation subject to the following changes:
    - Rather than disposing of Ashburton and Buckfastleigh Hospital, it is recommended that the hospital be evaluated as a base for the area's local health and wellbeing centre, including co-location of primary care.
    - The demand for x-ray and for a minor injuries unit in the Bay is recognised and the CCG plans to meet this through the proposed establishment of an urgent care centre on the Torbay Hospital site.
    - To enable specialist outpatient clinics to continue to be provided in Paignton where the volume of patients makes this a more appropriate option to travelling to Brixham, Totnes or Torbay.
- Governing Body also agreed:
    - The parameters for the implementation of changes relating to the care model (see next section)
    - Suggestions relating to implementation of the care model put forward in the Healthwatch Consultation Report are reviewed as part of the implementation process.
    - Progress reports on implementation of these proposals are reported quarterly to Governing Body.

## 5 Parameters

The CCG and the Trust promised during consultation that any proposals for change would not be made to existing services until the new provision was in place and was operating at a level where there was confidence that demand could be met.

Governing Body therefore agreed that a number of parameters would need to be met so that both the CCG and local communities could be assured that the new services could meet the needs of local people. In doing so, they recognised that not all parameters would need to occur contemporaneously as each relate to different parts of the care model.

In order for beds to be removed from a community hospital:

- Contracts are in place for intermediate care placements in care homes within the locality.
- Medical leadership in place in the locality.
- Medical contracts in place to support medical input to intermediate care within the locality.
- Remaining community hospital inpatient services in the locality meet the requirement for safe staffing standards for sub-acute bed based care.
- Intermediate care operating at least 6 days a week in the locality.
- Intermediate care teams are operating with a sufficient workforce that can safely deliver the service specification to the locality
- Daily multi-disciplinary team (MDT) meeting in each health and wellbeing team in the locality.
- Referral systems in place for intermediate care and wellbeing co-ordinators.
- Suitable capacity within short term intervention services.

In order for community clinics and specialist out-patient clinics to be removed from a community hospital:

- Community Clinics appropriate to need (physiotherapy, SALT, podiatry) are being delivered in alternative local venues temporarily, or until permanently provided in the local health and wellbeing centre.

In order for MIU to be removed from community hospitals:

- Newton Abbot and Totnes MIUs to be open 8am-8pm 7 days a week.
- Newton Abbot and Totnes MIUs to have radiology at least 4 hours a day, 7 days a week

Notwithstanding these parameters, Governing Body recognised that operational decisions to ensure the safety of patients must apply at all times.

## 6 Summary of changes

As a result of the changes agreed, it is estimated that some 1,600 people will in future be supported at home or in the local community, rather than admitted to hospital.

The services to be available in the Bay are set out on pages 18 & 19 of the consultation document with two key changes:

- The proposed establishment of an urgent care centre on the Torbay Hospital site.
- Specialist outpatient clinics to continue to be provided in Paignton where the volume of patients makes this a more appropriate option to travelling to Brixham, Totnes or Torbay.

The impact on each town in the Bay is summarised below:

- **Brixham**: the hospital will become a clinical hub with medical beds. A health and wellbeing centre will be developed and the MIU will close.

- **Paignton**: the hospital will close, a health and wellbeing centre will be developed and specialist outpatient services will be provided where the volume justifies their provision. Midvale clinic and the MIU will close.

- **Torquay**: health and wellbeing centre is planned and governing body recommended that an urgent care centre should be developed on the site of Torbay Hospital.

As set out in the consultation and referenced in the public presentations, the increase in services designed to support people in the community will enable the Trust to remove the 32 escalation beds it has opened to cope with demand pressures caused at least in part by the shortage of out of hospital support.

The impact on towns in South Devon is also summarised below:

- **Ashburton/Buckfastleigh**: the hospital will close but the site will be evaluated for a health and wellbeing centre which will be co-located with GPs. Medical beds will be available in Totnes or Newton Abbot

- **Bovey Tracey/Chudleigh**: the hospital will close and a health and wellbeing centre will be developed co-located with GPs. Medical beds will be available in Newton Abbot.

- **Dartmouth**: the hospital will close and a health and wellbeing centre will be developed, co-located with GPs (likely Riverview). The Dartmouth clinic will also close. Medical beds will be available at Totnes.

- **Newton Abbot**: the hospital will become a clinical hub with medical beds and the MIU will open 12 hours a day with x-ray seven days a week. A health and wellbeing centre is also planned.

- **Totnes**: the hospital will become a clinical hub with medical beds and the MIU will open 12 hours a day with x-ray seven days a week. A health and wellbeing centre is also planned.

## 7 Implementation approach

As we believe the new model of care will deliver better health outcomes, support more people and use scarce resources more effectively, the CCG and the Trust believe it is in the best interests of patients for it to be fully established as soon as possible. The parameters set out the minimum requirements for change to be made. The expectation of the CCG is that the Trust will continue to use established implementation groups in each locality and will

involve representative local stakeholders in these so that the achievement of the parameters are transparent and that local knowledge will influence how services are developed.

The Trust has already made progress in the implementation of important aspects of the care model which were outlined during the consultation process:

- Localities are now served by an enhanced intermediate care (IC) team which include input from Doctors and dedicated locality pharmacists.
- Extended rapid response and reablement support services who offer short term intervention are now in place 7 days a week.
- Wellbeing coordination services are in place in all of the localities and offer valuable support to people who are socially isolated.

These are examples of how investments in community services are already making a difference.

The Trust has drawn up implementation plans which as well as meeting the CCG parameters for change, will provide appropriate assurance in relation to onward pathways of care for existing patients and appropriate arrangements for staff, as well as indicate which outpatient clinics will be provided locally within health and wellbeing centres, in a clinical hub and those which will be provided at Torbay Hospital. These will be determined by the criteria set out in the consultation documentation and be based on the latest attendance numbers and best clinical practice.

## 8 Specific issues raised by the Committee

As this paper is written, much of the detail relating to the questions raised by the Committee is being worked through as part of the implementation process and so definitive answers are not yet available.

**What services will be provided to support people to stay in their own homes?**

It is essential to remember that five times as many people at present are supported in their own homes as are looked after in community hospitals so we are building on elements of existing provision and not starting from scratch. The number of people affected by the reduction in community hospital beds is very small. The model of care not only moves resources from bed based care to community based care but also fundamentally changes the way services work together. The concept of developing a health and wellbeing team means that staff from different teams and agencies will be co-located so that they are able to work in an integrated way to deliver the best possible outcomes to the people living in that community. The health and wellbeing teams will comprise of GPs, community nursing teams, intermediate care teams, rapid response teams, social care, occupational therapists, physiotherapists, community pharmacists, and the local voluntary sector. Local community clinics will be delivered as part of the health and wellbeing services such as podiatry, speech and language and physiotherapy. These teams will also develop closer working relationships with other services such as mental health and housing.

**How are partners working together to reduce the risk of isolation and the potential knock on effect on people's health and wellbeing?**

Isolation is an issue for the whole community, including the local authority and health services. The changes to be implemented do not impact on this in any significant sense in that the average stay in a community hospital is just 15 days and so does not remove the risk of isolation for the remaining 350 days a year.

The concept of the new model of care is to focus much more closely on communities and services that prevent ill health and support communities to keep themselves healthy. Part of keeping healthy and communities supporting each other will be about reducing social isolation. The establishment of local health and wellbeing teams which will include voluntary groups will enable a much better understanding of the needs of local patients and better planning by health and social care professionals of the support individuals need in their homes. The early success of the health and wellbeing team in our coastal locality illustrates the benefits that flow from the new model of care.

**How well developed is the voluntary sector given that there will be an increasing reliance on this sector to fill the gaps?**

It is wrong to view the voluntary sector as filling gaps. The recurring £5.1million investment in community services resulting from the switch in spend from hospital bed based care to community based care will increase the support to people in their own homes and enable far more people to be supported.

For the model of care to be delivered effectively a strong and robust voluntary sector will be essential. It is recognised that to improve health outcomes some services and tasks are better delivered by the voluntary sector as opposed to statutory services. Embedding the voluntary sector within health and wellbeing teams will improve coordination and integrated working.

As indicated in the consultation, the Trust has been discussing with voluntary groups across the CCG area how it can better support them to contribute to the overall care and support for local communities.

**In terms of Intermediate Care, what evidence is there that there is the capacity in the market to provide the right care in the right place?**

As the Committee is aware, the CCG continues to work closely with local councils and providers to secure good quality services which will meet the needs of the local population.

The impact on personal care provision (e.g. domiciliary care not funded by the NHS) from the closure of community beds will be minimal as if personal care is required during the intermediate care (IC) period this will be provided by in-house rapid response teams.

The Trust has recruited staff to its intermediate care teams so as to be able to deliver this service. It is confident that it has the skilled staff in place to support the numbers of people identified as likely to need this form of short term care.

Where people need short term specialist health support and where it is judged to be inappropriate for this to be delivered in their homes, the specialist IC teams would support them in care homes for a short period of time (up to about 12 days) to help them regain their independence. To ensure there is capacity to do this, a number of beds are being

commissioned in nursing and residential care homes to provide 24/7 care and support to people who are receiving services from the NHS intermediate care teams. The number of IC beds judged to be required to meet this need in each town is:

| | | | |
|---|---|---|---|
| Brixham | 8 | Ashburton | 2 |
| Paignton | 14 | Bovey Tracey | 4 |
| Torquay | 16 | Dartmouth | 4 |
| | | Newton Abbot | 14 |
| | | Totnes | 5 |

The commissioning of beds with care homes however is flexible to allow for more beds to be used to reflect demand.

**Also, as evidence is suggesting that 25% on care homes are financially unviable, how do the CCG intend to achieve a sustainable and viable market?**

As indicated above the number of beds required to offset the closure of community hospital beds is small and contracts for this level of provision will be provided in each town before hospital beds are closed, as required by the parameters laid down by the CCG.

In relation to the general point, it is not the responsibility of the NHS to maintain/establish a "sustainable and viable market" but we continue to work with local authorities and providers to support the provision of such care.

## 9 Conclusion

Achieving significant change in the NHS is never easy. Understandably people are concerned at losing what they see as the fabric of services which have served their communities well. The challenge which the NHS has faced since inception is to constantly change and evolve services so as to benefit from contemporary practice so as to achieve better outcomes and to make services more accessible.

In reaching its decisions, the CCG Governing Body recognises that many people argued to retain their community hospitals, supported the strengthening of community based services and agreed that people should not be admitted or detained in hospital unnecessarily.

The new model of care being introduced across South Devon and Torbay will support more people more effectively, reduce demand for hospital admissions, provide viable alternatives to A&E and put far greater focus on prevention, health promotion and self care. It will also enable the Trust to focus on delivering the services that must be provided within the acute hospital so as to provide the highest standards of safe care and to ensure that those who need an acute medical bed will have one.

**Simon Tapley MSc**
**Chief Operating Officer/ Deputy Chief Officer**
24th February 2017

## Appendix – Consultation Summary

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

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

- About 14,000 consultation documents were distributed, and versions were available in easy read and large print format. Some 2,000 posters promoting the consultation and public meetings were displayed.
- 23 public meetings were held and we attended more than 60 other meetings with community based groups and staff.
- Information was sent to more than 300 groups, many of which shared it with their member organisations. Healthwatch Devon and Healthwatch Torbay also promoted the consultation and shared documentation via their websites and publications whilst Torbay and South Devon NHS Foundation Trust and Devon Partnership Trust sent information to their members.
- More than 1,700 people attended the public meetings and Healthwatch was able to record views expressed in our round table discussions as well as issues raised in the question and answer sessions.
- Nine advertisements were placed in the Brixham Times, Dartmouth Chronicle, Herald Express, Mid Devon Advertiser (all six area editions), and the Totnes Times.
- Facebook advertising reached 35,000 people, more than 1,000 of whom accessed the website or online questionnaire.
- Throughout the consultation, we used twitter to report on public meetings; share information and respond to questions and the number of people reached more than doubled during the consultation period, reaching more than 100,000.
- Information was shared via the Torbay and South Devon NHS Foundation Trust web, Facebook and twitter feeds.
- The consultation pages on the CCG website received more than 8,000 hits from unique users during the consultation period.
- Presentations were made to Trust and CCG staff; to Devon, Torbay, South Hams and Teignbridge scrutiny committees.
- Some 1,400 feedback questionnaires were completed.
- More than 700 people signed up to receive the weekly stakeholder update which ran throughout the consultation.
- Throughout the consultation, and since the core proposals were published in April, different aspects have been covered by BBC Spotlight, Radio Devon and local newspapers, as well as by community based newsletters, publications and websites.

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

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

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