

Reconfiguration of Community Services

Report of the Overview and Scrutiny Board to South Devon and Torbay Clinical
Commissioning Group

November 2016



1. Introduction

- 1.1 In undertaking its health scrutiny function, Torbay Council's Overview and Scrutiny Board has been a formal consultee of the South Devon and Torbay Clinical Commissioning Group (CCG) on its proposed reconfiguration of community services.
- 1.2 All Members of the Council were invited to a briefing on the proposals on 18 April 2016.
- 1.3 Representatives of the CCG attended the meeting of the Overview and Scrutiny Board held on 18 May 2016 to provide an update on the proposed reconfiguration explaining the engagement that had taken place to date and the proposed consultation approach.
- 1.4 Representatives of the CCG attended the meeting of the Overview and Scrutiny Board held on 14 September 2016 to present the consultation document for the proposed reconfiguration of community services. The Board established the Community Services Review Panel (comprising seven non-executive members of the Council) to gather information to enable a response to the consultation on the reconfiguration of community hospitals to be provided to the CCG. The Review Panel comprised of Councillors Barnby, Bent, Bye, Cunningham, Stockman and Stocks and was chaired by Councillor Bent.
- 1.5 Representatives of the CCG attended the meeting of the Community Services Review Panel on 21 October 2016 to discuss the proposals for the reconfiguration of community services and how they fit with the Joint Health and Wellbeing Strategy.
- 1.6 Representatives of the CCG and Healthwatch attended the meeting of the Community Services Review Panel on 16 November 2016 to provide an interim update on the feedback received to date from the consultation and the interim views of Healthwatch on the consultation process.
- 1.7 As the consultation process closes on 23 November 2016 the review panel have considered all the evidence presented to it by the CCG and Healthwatch up to 16 November and have made their recommendations based on this information as the final report of Healthwatch setting out details of the consultation responses is not due to be available until December and is therefore too late for the Panel's report to be considered as part of the consultation process. This report will be considered and approved by the Overview and Scrutiny Board at its meeting on 30 November 2016.

2. Findings

The New Model of Care

- 2.1 A new model of care has been in development for a number of years with the Clinical Commissioning Group (CCG), the Torbay and South Devon NHS Foundation Trust (Integrated Care Organisation) and Torbay Council working together to have GPs, community health and social care teams and the voluntary sector working together to provide the vast majority of people's health and wellbeing needs in each of the localities which make up the CCG and Trust population.
- 2.2 The CCG have focussed on finding a sustainable way to deliver responsive, quality care; building an understanding of the underlying issues (including future demographic profiles); and developing a clinically and financially viable model working more closely with a well developed voluntary sector. The future model of care puts greater emphasis on prevention and early intervention, ensures a seamless experience of care, makes more flexible use of resources and cares for people as close to home as possible.

- 2.3 In order to deliver this model of care within the pressures facing the health and social care community, the CCG believe that resources will need to be switched from hospital and bed-based care to community-based care. It believes that maintaining the status quo is neither sustainable nor clinically sound.
- 2.4 Whilst the proposals for the reconfiguration of community services covers Torbay and South Devon, this report only covers the impacts of the proposals within Torbay.
- 2.5 There are four elements which make up the proposed care model and each element has been considered by the Community Services Review Panel. The Panel's findings are set out in the following paragraphs.

Clinical Hubs

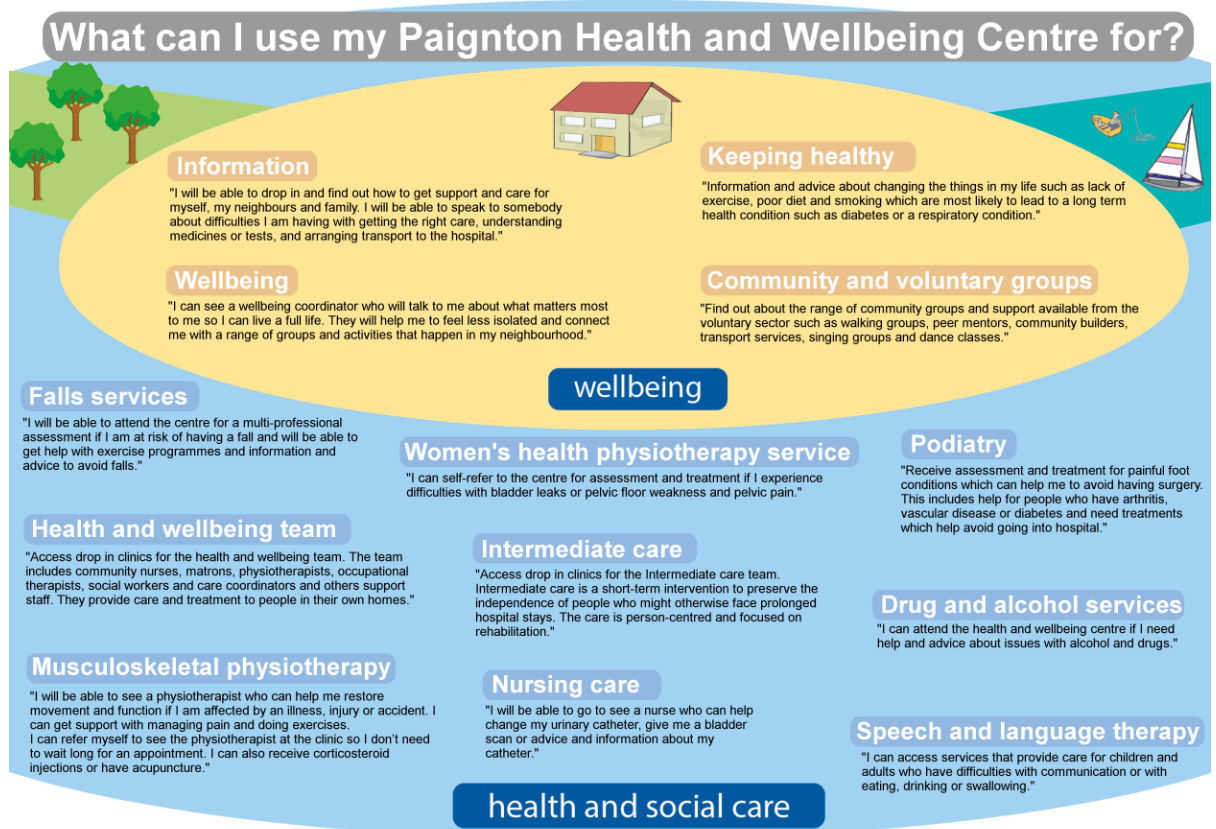
- 2.6 Clinical hubs will provide a range of medical, clinical and specialist services such as outpatients clinics and specialist conditions clinics. Each hub will have access to in-patient beds, a Minor Injuries Unit (MIU) and x-ray diagnostic services.
- 2.7 Specialist services are mainly consultant led and have less than 1,000 attendances a year. They require more bespoke facilities or equipment. Patients currently travel from a wide geographical footprint to access these services. The figures in the table below shows the number of people receiving services in Torbay and includes people attending from Torbay and from across the CCG area.

	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		

- 2.8 The following range of services are currently provided in each area but at the time of the consultation the CCG is not able to confirm the future location of these clinics as they 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.
- 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 such as Contraception, baby, lifestyles, abdominal aortic aneurysm screening (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, sexual medicine, diabetic screening, sexual assault referral centre (SARC) and learning disabilities.
- 2.9 It is proposed that a new clinical hub will be established at Brixham Community Hospital to serve the population of Paignton and Brixham. This will incorporate community inpatient beds and a range of integrated services including a new multi-long-term conditions services, extended specialist outpatient clinics and gym-based rehabilitation services.

Health and Wellbeing Centres

- 2.10 These will bring together a range of health and wellbeing services (such as community nurses, physiotherapists, occupational therapists and social care support) as well as community and other agencies. The aim will be for them to provide easy access in one place to a number of services which support local people. Where possible they will sit alongside local GP services. The clinical services used most frequently will be provided by professionals who are based locally and work across community teams.
- 2.11 Health and wellbeing centres will be established in Torquay, Paignton and Brixham. In Torquay and Brixham the centres will be co-located with local GP practices and, in Paignton, the centre will be developed as part of providing fit-for-purpose accommodation for local GP services.
- 2.12 New multi-long-term conditions services will be provided in Torquay and Brixham. In Paignton and Brixham, community clinics (such as physiotherapy, speech and language therapy and podiatry) will be provided as part of the local health and wellbeing centres. In Torquay, community clinics will continue to be delivered from Castle Circus Health Centre.
- 2.13 The image overleaf reflects what the CCG envisages being provided in the Health and Wellbeing Centre in Paignton.



- 2.14 GP services were not part of the consultation, however, should the proposals be approved the CCG proposes to have detailed discussions with place and practices to identify how the ideal scenario of co-location with health and wellbeing centres can be best achieved in each area. Preliminary discussions have been taking place over the feasibility of co-locating primary care with practices in Paignton and four sites have been suggested that have the potential to meet future requirements. These are on land adjacent to the library, Crossways, land at Paignton Hospital and Victoria Square these will be evaluated in terms of clinical suitability, access and affordability should the consultation proposals be approved.

Health and Wellbeing Teams

- 2.15 These teams will be made up of the staff from the Torbay and South Devon NHS Foundation Trust (the Trust) who work most closely with GPs to provide care and support to meet a range of health and wellbeing needs. They include community nurses, physiotherapists, occupational therapists, social work staff and a range of support staff. They will also work closely with other organisations and agencies.
- 2.16 Torquay locality has been piloting an enhanced intermediate care model for the last year with GPs employed by the ICO working as part of the Intermediate Care Team. This has shown some benefits in terms of enhancing the clinical support to the team and improving joined up ways of working. There are also close working relationships with GPs and the Trust has recently appointed five GP clinical directors who will support the joint working between acute, community services and primary care.
- 2.17 Health and Wellbeing Teams will oversee the arrangements for intermediate care (see overleaf) and will co-ordinate access for local people to more specialist services provided in the clinical hub, including community hospital inpatient care. They will also signpost and encourage local people to appropriately use their nearest minor injuries unit.

Intermediate Care

- 2.18 Intermediate care is services that are provided for a limited period of time to people who need extra support and care following period of ill-health. They are designed to help people recover more quickly following illness or injury which maximises independence. It supports more timely discharge from hospital following an inpatient stay and can help avoid unnecessary hospital admissions by supporting people in either their own home or other care setting.
- 2.19 The aim is to deliver more expert care to people directly in their own homes with more money being invested to provide enhanced intermediate care services that will comprise of more community based staff. They will work with local care home providers to provide intermediate care beds in local care homes. The CCG is satisfied that there are sufficient beds but not necessarily in the right area with the correct services and they are working closely with the care sector to ensure they will have enough capacity and help prepare for future needs going forward.

Other Changes

- 2.20 Through establishing the new model of care there will be implications for the current community hospitals and their associated Minor Injuries Units. The following paragraphs set out the Board's findings in relation to these issues.

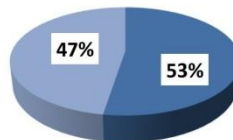
Community Hospital Inpatient Beds

- 2.21 Inpatient beds within community hospitals are primarily aimed at patients who need nursing care around the clock with appropriate medical input, but who do not need the more intensive care and facilities of an acute hospital. They are also for patients who have been referred to the hospital by their local GP because they require medical or nursing input that cannot be provided in their own home or a local care home.
- 2.22 The national safe staffing levels for medical beds require one nurse to eight beds and that a minimum of two nurses are on duty at any one time. This means that the minimum number of beds in a hospital is 16.
- 2.23 The national position is reflected in the NHS Five Year Forward View which states that "out of hospital care needs to become a much larger part of what the NHS does" and it expects to see "far more care delivered locally but with some services in specialist centres, organised to support people with multiple conditions, not just single illnesses."
- 2.24 In recognising the changing needs of patients and the impact of new treatments coming on stream, the Five Year Forward View also states that "there are better ways of organising care, breaking out of the artificial boundaries between hospitals and primary care, between health and social care, between generalists and specialists – all of which get in the way of care that is genuinely coordinated around what people need and want."
- 2.25 Due to community based support being inadequate to cope with demand, community hospitals currently admit patients who could be better supported in the community. In that sense they relieve some of the pressure on out of hospital care. The CCG proposals are designed to switch spend from keeping patients unnecessarily in hospital to the services which can support them at home and in the community and which the clinical evidence suggests would improve their recovery.

- 2.26 Clinically there is strong evidence to suggest that 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 can lead to a reduction in plasma volume, accelerated bone loss and sensory deprivation. Older people are also more susceptible to hospital-acquired infections; they are more likely to stay longer and be re-admitted. About a third of people in community hospital beds are medically fit to leave.
- 2.27 CCG audits suggest that 30-40 percent of patients could be more effectively looked after in an alternative care setting if out of hospital support was available. Delayed discharges are a relatively small problem at Torbay Hospital compared to many other acute hospitals. Delays occur more in community hospitals which is one of the reasons why the CCG is proposing reducing the number of hospital beds and switching spend to expand the community based support which is needed to meet current and future needs. Below is a breakdown showing the number of patients admitted to Paignton and Brixham hospitals.

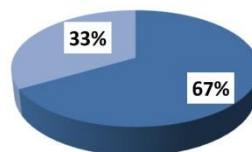
Total Admissions Paignton Hospital	723
Of which, patients registered within the locality	380
Of which, patients registered outside locality	343
Average length of stay (days)	13
Total bed days	9,293
Beds	28

- Admissions (Patients registered within locality)
- Admissions (Patients registered outside locality)



Total Admissions Brixham Hospital	431
Of which, patients registered within the locality	287
Of which, patients registered outside locality	144
Average length of stay (days)	14
Total bed days	6,111
Beds	20

- Admissions (Patients registered within locality)
- Admissions (Patients registered outside locality)



- 2.28 A total of 20 community inpatient beds will continue to be provided at Brixham Hospital. However, it is proposed that Paignton Community Hospital, Midvale Clinic and Church Street will no longer be required as more care is provided to people in their own homes. Therefore these facilities will close.

Minor Injuries Units (MIU)

- 2.29 These provide local urgent care services in the community and are intended to fill the gap between GPs, the NHS 111 service and the Accident and Emergency (A&E) Department with the aim of reducing unnecessary travel to A&E for non-life threatening injuries.

2.30 In order to be an effective alternative to A&E, MIUs need to be:

- Easily accessible.
- Led by a specialist nurse.
- Open 12 hours per day, seven days a week.
- Have x-rays facilities.
- Delivered in an environment that can best support high quality care.

MIUs should ideally be co-located with community medical beds and out-of-hours GP services.

2.31 In order to ensure the best use of staff who are able to maintain their skills through seeing enough patients with a sufficiently wide range of minor injuries, MIUs need to treat 7,000 patients a year.

2.32 The CCG's proposal is that three MIUs will be provided (in Newton Abbot, Totnes and Dawlish). They will each be open from 8.00 a.m. to 8.00 p.m. seven days a week and will be co-located with x-ray diagnostic services. The MIUs at Brixham Hospital and Paignton Hospital will be closed.

2.33 There are no geographical limitations on MIUs which people with a clinical need can attend. However, there are some natural MIU geographical catchment areas including:

- Paignton and Brixham MIUs generally cover their respective town populations.
- The Dawlish MIU covers the CCG's coastal locality including Teignmouth, Shaldon, Bishopsteignton, Starcross.
- Newton Abbot MIU covers its locality including Ipplepen, Kingsteignton, Kingskerswell, Abbotskerwell, Bovey Tracey, Ashburton.
- Totnes MIU covers the town and Dartmouth.
- Torbay Hospital is primarily used by Torquay and Paignton residents.

2.34 The current opening times of MIU and x-ray facilities are available as follows:

Location	MIU opening times	X-Ray opening times
Brixham Community Hospital	8am – 4pm Monday to Friday	9.30am – 12.30pm, Wednesday
Dawlish Community Hospital	8am – 8pm, 7 days a week, including bank holidays	1.30pm – 5pm, Monday to Friday
Newton Abbot Community Hospital	8am – 10pm, 7 days a week, including bank holidays	9am – 5pm, Monday to Friday
Paignton Community Hospital	8am – 5pm Monday to Friday	9am to 5pm, Monday to Friday
Totnes Community Hospital	8am – 9pm, 7 days a week, including bank holidays	Monday: 10am – 2.30pm, Wednesday 10am – 12 noon, Thursday, 10am – 2pm

2.35 Information on the facilities currently available at the hospitals can be found at <http://www.torbayandsouthdevon.nhs.uk/visiting-us/ashburton-and-buckfastleigh-community-hospital/>

3. Consultation Process

- 3.1 The consultation process started on 1 September 2016, 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.
- 3.2 The CCG promoted the consultation widely through advertising in the local newspapers, giving interviews for TV, radio and newspapers and providing information for inclusion in community and parish magazines. They have used social media to share information more widely, such as tweeting from all the public meetings, posting information on their locality Facebook pages and responding to comments. South Devon and Torbay NHS Foundation Trust has promoted the consultation through its hospitals and Mears had helped distribute documents to its clients. GP practices have also promoted the consultation on their surgery presentation screens, had copies of the consultation documentation available in their waiting rooms and some have promoted it via social media. It has also been promoted across all health organisations in the CCG area, both Healthwatch Torbay and Healthwatch Devon have promoted the consultation via their website and publications. Voluntary and other groups and other organisations/individuals have also shared information (e.g. MPs and some local councillors).

- 3.3 The CCG have emailed/written weekly to everyone on their stakeholder mailing list. Presentations have been made to Trust and CCG staff, to Devon, Torbay, South Hams and Teignbridge scrutiny committees. Information has been circulated to members of Torbay and South Devon NHS Foundation Trust and Devon Partnership Trust and regular discussions have taken place with primary care both through the engagement and consultation phases.
- 3.4 To help increase understanding, a range of support documents has been published on the CCG 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 a range of FAQs, which has been updated through the consultation process. The CCG added Browsealoud to their 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. The CCG directly approached a large number of groups based on their Equality Impact Assessment to ask them to highlight the consultation to their members and help share consultation material. They 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.
- 3.5 Approximately 1,500 people participated in the first 20 public meetings and a further three meetings have still to be held. The 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. The CCG have also responded to requests from local groups to attend more than 50 meetings where they have discussed the proposals. Healthwatch has also recorded comments at these meetings. Where meetings have been oversubscribed additional meetings have been arranged and those people who provided their contact details were able to book places at these meetings to ensure they were able to participate.
- 3.6 The CCG website consultation pages <http://www.southdevonandtorbayccg.nhs.uk/community-health-services> has had 8,000 hits (unique daily visitors) from people seeking information and the CCG has 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.
- 3.7 The CCG's preliminary conclusion is that they have achieved their 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. They 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.
- 3.8 The main themes which the CCG 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 are available 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 Torbay.
- 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'.

3.9 From the feedback the CCG has seen they feel that 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.

3.10 Healthwatch advised that the recurring themes from their perspective were:

- 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.

3.11 Healthwatch will provide a report to the CCG in December setting out people's concerns and support in respect of the proposals to enable them to be taken into account by the Governing Body of the CCG in the New Year when they will make their decision on the reconfiguration of community services.

4. Conclusions and Recommendations

4.1 The Overview and Scrutiny Board agree with the Panel's conclusion that the method of consultation and amount of time allowed was sufficient to address the issues raised in the reconfiguration of community services and ensure that people from all sectors of the community both within Torbay and the wider CCG area were given the opportunity to engage through the breadth and scope of the process. They welcomed the updated Frequently Asked Questions on the website and the regular update emails sent to all those people who wished to be kept updated on the issues raised.

4.2 The proposed model of care is supported in principle as a way forward for delivery of community services in Torbay and that it is in the interests of the health service in the area to ensure that a fit for purpose sustainable model of care is implemented.

4.3 There remains concern that the detail around the clinical hubs and health and wellbeing centres has not yet been made available to the public. The Board recommends that the public and partners are even better informed of plans and that, in particular, local residents in Paignton are provided with full details of changes to services before any cessations are announced.

- 4.4 It is recommended that consideration be given to the CCG working with local Members of Parliament and Councillors more formally at an earlier stage in any future consultations to enable them to act as community leaders and ambassadors for the proposal and help get the message out to people in their local communities.
- 4.5 The Overview and Scrutiny Board wish to see the Governing Body's final report demonstrating how they have taken into account the views of the public, as presented to them in the report by Healthwatch, so that they can be truly satisfied that the consultation has been successful.