

## Community Services Review Panel

### Members

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

(Contact Amanda Coote on t: 01803 207026 or e: [amanda.coote@torbay.gov.uk](mailto:amanda.coote@torbay.gov.uk))

**Friday, 21 October 2016 at 9.30 am**  
to be held in the **Room 10/11 Paignton Library and Advice Centre, Great Western Road, Paignton, TQ4 5AG**

### Agenda

1. **Apologies**

2. **Community Services Reconfiguration**

(Pages 2 - 99)

To discuss the proposals for the reconfiguration of community services with the South Devon and Torbay Clinical Commissioning Group (CCG) and Torbay and South Devon NHS Foundation Trust (Integrated Care Organisation).

To consider how the proposals fit with the Joint Health and Wellbeing Strategy.

Documents attached:

1. Community Services Review Key Lines of Enquiry
2. Community Services Review Key Lines of Enquiry Appendix 1
3. Community Services Reconfiguration Background report
4. Community Services Reconfiguration Consultation Document
5. Community Services Reconfiguration Consultation Document – Paignton and Brixham
6. Community Services Reconfiguration Consultation Document – Torquay
7. Joint Health and Wellbeing Strategy
8. Joint Health and Wellbeing Strategy Appendix 1



## **Torbay Community Services Review Panel**

**21 October 2016**

### **Community Services Reconfiguration**

#### **Key Lines of Enquiry**

##### **1 Purpose**

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South Devon and Torbay CCG and Torbay and South Devon NHS Foundation Trust welcome the opportunity to discuss the possible impact on the people of the Bay of the proposals, currently the subject of consultation, to reconfigure community services.

The Council and the NHS share a common objective of wanting to maximise activity designed to keep the people of Torbay healthy, to reduce inequalities in health and care and to narrow the life expectancy gaps that prevail across the area. We also want to ensure that when people are in need of support, the best care is available to them, reflecting modern, safe practices.

##### **2 Key lines of enquiry**

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Alongside the consultation documents, the CCG has published a number of support papers, all of which are available on its website, that give significant information about many of the issues raised. These are:

- The clinical case for change
- Information about the use of local services
- Options and rationale
- Population case for change
- The financial case for change
- Travel times
- Summary of stakeholder engagement and feedback
- Consultation terminology
- Buildings

These are all available at <http://www.southdevonandtorbayccg.nhs.uk/community-health-services/Pages/consultation-documents.aspx> or via the link from the home page.

In responding to the key lines of enquiry we have not generally duplicated the information contained in these documents although we have referenced them where appropriate.

## **How different is the New Model of Care to the previous Zone Teams?**

The model builds on the success of the zone teams and uses the same joint strategic needs assessment process as the Joint Health and Wellbeing Strategy for Torbay. Learning from previous work and experience, the new model is able to offer a more comprehensive solution through the establishment of locality clinical hubs, health and wellbeing centres, and multi-disciplinary health and wellbeing teams. The aim of the model is to deliver more services in or closer to people's homes and to build on the positive working of the intermediate care teams in Torbay.

A strong focus of the model is on joint multi-disciplinary working, prevention and self-care and ensuring the services that people need are accessible to them. The model very much supports the council's 'Building a Healthy community' strapline and the model graphic appears in both the current consultation documents as well as in the Council's health and wellbeing strategy.

## **Where are services going to be located?**

We are currently mid-way through consultation and the answer will depend on the outcome of this and decisions made by the CCG governing body early next year. We are committed to listening to all alternative proposals and to considering alternative ideas. We have set out in general terms on pages 18 and 19 of the main consultation document where services will be located in the Bay, should the proposals be approved.

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

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

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

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

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

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

### **What will be the impact on community services (especially domiciliary care) as a result of Brexit?**

There is no evidence that it will have any impact, nor that more funding will be forthcoming.

### **Is the Mears contract working well enough?**

'Could do better' is probably the answer. A recent Healthwatch report highlighted some concerns which have been followed up. These relate to the current model of care and we are working with the provider to improve its service both in Torbay and in South Devon.

Part of our proposals, is to align domiciliary/personal care teams more closely with our health and wellbeing teams so that we achieve more effective working, collectively raising standards and enabling the teams to benefit from shared training.

### **Are the proposals in accordance with the Joint Health and Wellbeing Strategy?**

As indicated above, there is a synergy between the community focused approach of the consultation proposals and the Joint health and Wellbeing Strategy. By investing more in community based services which look after people in or near their own homes, we hope to strengthen the prevention agenda, tackle disparities in life expectancy and improve care to people living in areas of deprivation.

### **What is the purpose of community hospital beds? What pressure do they relieve from the rest of the health and social care system? What is the picture nationally?**

Community hospital beds 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.

The national position is reflected in the 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."

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."

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. Our 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.

### **What capacity is there within residential care homes to provide intermediate care? Are there enough trained staff to provide this care?**

In Torbay the intermediate care system is already working well, with sufficient care home capacity. The Trust is currently recruiting to strengthen its intermediate care teams.

Outside Torbay, work is already underway to forge partnerships and intermediate care contracts with the care home market. Provider forums are already in place in the Newton Abbot, Moor to Sea and Coastal localities which provide an opportunity for discussion and service design. A tender process led by the NHS will block contract a small number of beds (2-4 in each locality) with the flexibility to spot purchase over and above this number to respond to changing demand. It is expected that the new tendered service will take effect as soon as possible and no later than the 1 April. This is required irrespective of the outcome of the consultation and reflects the desire to improve services at home for patients and carers.

**What proportion of people in community beds in Paignton and Brixham Hospitals are “medically fit to leave”? What are the barriers to them leaving?**

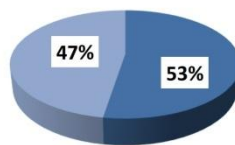
Across our community hospitals the numbers vary from time to time. Audits suggest that 30-40 percent of patients could be more effectively looked after in an alternative care setting if out of hospital support was available.

As our clinical case for change support document indicates, national surveys suggest this number is higher. This is the main barrier to patients being discharged although it is a complex combination of issues which underpin this difficulty. Delayed discharges is 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 we are 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 from one of the support documents showing the number of patients admitted to Paignton and Brixham hospitals.

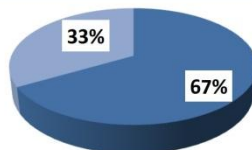
<b>Total Admissions Paignton Hospital</b>	<b>723</b>
Of which, patients registered within the locality	380
Of which, patients registered outside locality	343
Average length of stay (days)	13
Total bed days	9,293
Beds	28

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



<b>Total Admissions Brixham Hospital</b>	<b>431</b>
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)



**Please can you provide examples of Trust Staff who will be part of the new Health and Wellbeing Teams? Are these relationships between the Trust, GPs and other organisations already in place? What are the barriers to this?**

Health and wellbeing teams will be an integrated team of community health and social care staff, mental health professionals and our voluntary-sector partners. Staff currently working in community teams will form part of these teams and will include community nurses, physiotherapists, occupational therapists, social work staff and a range of support staff. 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.

Many of the changes cannot be implemented until decisions are made after consultation. One of the advantages of the creation in October 2015 of the Torbay and South Devon Foundation NHS Trust was the establishment of an integrated care organisation bringing health and social care staff together. It is therefore much easier to establish this new structure. There are 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.

At the core of the new care model is the development of health and wellbeing centres that propose to bring together in one place GP's and the health and wellbeing teams. This will help enable joint working, improved communication and shared decision making to happen consistently to serve the needs of each local community.

## **MIUs**

- **What is the catchment area for each MIU?**

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.
- For completeness, Torbay Hospital is primarily used by Torquay and Paignton residents.

- **Where do patients actually live who attend? What is their average travel time?**

The accompanying pivot table gives patient details per town by postcode but travel time is not recorded. As a general comment, where a patient lives is not necessarily relevant in that they will often go to the minor injuries unit closest to where they incurred their injury. The accompanying table provides a breakdown of all EX, PL and TQ postcodes, with all others under 'OOA' (Out of Area).

- **Current opening times of MIU & x-ray facilities?**

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

- **Have the advertised opening times been operated?**

Yes

- **Is there staff available to operate the X-ray facility?**

Yes as per the operating times above. Radiologists are in short supply nationally which is one of the reasons for reducing the number of MIUs and concentrating x-rays in fewer locations.

- **How often over the past year has the MIU had to close? Why? What mitigating actions are put in place? Where were patients directed to instead? Where did they actually attend?**

In May 2015, TSDHCT had to temporarily cease provision of the Minor Injury Unit Service at Dartmouth Community Hospital due to the inability to safely and resiliently staff the unit. Recent retirements and resignations and an inability to recruit to the unit, and the service in general, meant that the Trust had to temporarily close the unit. Patients were re-directed to either local GP provision or the MIU services in Totnes or Brixham Community Hospitals.

Since January 2016, there have been two earlier than planned closures at Dawlish MIU (closed at 4pm instead of 8pm) because of staff illness. Patients were redirected to Newton Abbot MIU.

The Trust continues to seek to recruit staff to its MIUs.

- **Current and historic staffing arrangements: Has staff retention been an issue? Is there a specific reason for this?**

There is no significant difference generally between the staffing profile in MIUs and other local health services. Overall general staff retention across the services is good.

However the smaller MIUs (eg Dartmouth/Ashburton) were not resilient as they often relied on a single or double person basis to operate them. The units had an older staffing profile thus retirements and the inability to recruit replacement staff to those less busy units impacted on the Trust's ability to retain or sustain them. Apart from retirements, a few staff have left for family or relocation reasons. More recently two staff have left to take up promotion positions at local GP practices.

The difficulty in recruiting nursing staff to these posts also reflects the limited availability of this specialist workforce within the Devon area. It is also recognised that the same small pool of staff is being targeted by the high number of MIUs and Emergency Departments around the county. Furthermore, it is evident that the ability to recruit Specialist Advanced Practitioners seems to be much more difficult where they are less likely to be able to attain/maintain particular skill levels in units with low attendances rates and there is a low appetite to work in units where risks are higher because of the lack of colleague staff or absence of on-site diagnostic services eg radiography.

Where it has been difficult to recruit requisite nursing staff, the Trust took the decision to recruit and to in-house train a cohort of paramedical staff. Nevertheless, the constraints outlined above still apply!

There is some evidence from individuals (external to Devon) who were offered posts in rural towns that the primary reasons for declining these offers were because of the high housing costs, remoteness and perceived ineffective transport links. There seems to be growing evidence that other services in the south west are beginning to employ such staff at higher pay bandings too.

- **What other facilities are there currently at the hospitals?** This information is available on the Trust website at: <http://www.torbayandsouthdevon.nhs.uk/visiting-us/ashburton-and-buckfastleigh-community-hospital/>

### 3 Conclusion

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We hope the above information provides a useful basis for face to face discussion.

**Simon Tapley**

Director of Commissioning and Transformation

14 October 2016



Site	Bxham
Row Labels	Count of PC Group
EX2	2
EX4	1
EX8	4
EX16	1
EX18	1
EX39	2
PL3	2
PL4	2
PL5	1
PL9	1
PL12	1
PL13	1
PL15	2
PL21	3
PL23	1
PL34	1
TQ1	22
TQ2	23
TQ3	55
TQ4	135
TQ5	2048
TQ6	52
TQ7	2
TQ9	4
TQ14	3
TQ10	3
TQ12	15
TQ13	1
OOA	391
<b>Grand Total</b>	<b>2780</b>

Site	Dmth
Row Labels	Count of PC Group
EX7	1
PL3	1
TQ1	1
TQ6	19
TQ9	1
OOA	30
<b>Grand Total</b>	<b>53</b>

Site	Dawlish
Row Labels	Count of PC Group
EX1	4
EX2	23
EX3	2
EX4	22
EX5	4
EX6	244
EX7	3497
EX8	15
EX9	1
EX10	2
EX11	1
EX12	1
EX15	2
EX16	3
EX17	1
EX18	1
EX23	5
EX32	2
EX33	2
EX39	2
PL2	1
PL3	4
PL4	4
PL5	5
PL6	1
PL7	2
PL9	3
PL12	1
PL15	3
PL18	2
PL20	1
PL21	3
PL24	2
PL27	2
TQ1	17
TQ2	34
TQ3	30
TQ4	11
TQ5	4
TQ6	5
TQ7	2
TQ9	2
TQ14	1145
TQ11	3
TQ12	97
TQ13	17
OOA	744
<b>Grand Total</b>	<b>5979</b>

Site	Newton
Row Labels	Count of PC Group
EX1	23
EX2	26
EX3	3
EX4	34
EX5	21
EX6	96
EX7	337
EX8	22
EX9	1
EX10	4
EX11	4
EX13	1
EX14	8
EX15	14
EX16	1
EX17	6
EX19	6
EX20	15
EX22	2
EX23	2
EX31	1
EX32	2
EX36	1
EX37	2
EX39	1
PL1	11
PL2	11
PL3	16
PL4	11
PL5	12
PL6	16
PL7	8
PL9	8
PL11	1
PL12	3
PL13	2
PL14	3
PL16	2
PL17	3
PL18	2
PL19	4
PL20	7
PL21	40
PL26	1
PL27	1
PL31	3
PL32	1
TQ1	336
TQ2	432
TQ3	258
TQ4	152
TQ5	85
TQ6	38
TQ7	27
TQ8	1
TQ9	229
TQ14	1515
TQ10	43
TQ11	439
TQ12	10531
TQ13	3067
OOA	937
<b>Grand Total</b>	<b>18889</b>

Site	Pgnton
Row Labels	Count of PC Group
EX2	2
EX3	1
EX4	6
EX5	1
EX6	1
EX7	2
EX14	1
EX16	1
EX17	1
EX24	1
EX31	1
EX32	1
EX39	1
PL5	2
PL6	3
PL9	1
PL12	3
PL14	2
PL19	1
PL21	1
PL23	1
PL30	2
TQ1	121
TQ2	125
TQ3	1679
TQ4	1013
TQ5	232
TQ6	12
TQ7	1
TQ8	2
TQ9	50
TQ14	5
TQ10	1
TQ12	42
TQ13	7
OOA	304
<b>Grand Total</b>	<b>3630</b>

Site	Tmouth
Row Labels	Count of PC Group
EX2	3
EX4	1
EX6	2
EX7	57
EX16	1
EX17	1
EX20	1
EX31	1
EX34	1
PL7	2
PL9	2
TQ1	12
TQ2	5
TQ3	4
TQ4	1
TQ5	2
TQ6	3
TQ9	3
TQ14	883
TQ10	1
TQ12	29
TQ13	9
OOA	85
<b>Grand Total</b>	<b>1109</b>

Site	Totnes
Row Labels	Count of PC Group
EX1	9
EX2	4
EX3	2
EX4	5
EX5	3
EX6	4
EX7	2
EX8	1
EX9	2
EX13	2
EX14	4
EX15	2
EX16	4
EX17	1
EX19	1
EX20	4
EX21	1
EX31	1
EX32	2
EX39	3
PL1	6
PL2	4
PL3	8
PL4	9
PL5	10
PL6	6
PL7	17
PL8	24
PL9	9
PL12	5
PL13	1
PL14	1
PL15	2
PL17	3
PL18	1
PL19	4
PL20	4
PL21	142
PL26	1
PL28	1
PL31	1
PL35	1
TQ1	45
TQ2	73
TQ3	263
TQ4	211
TQ5	163
TQ6	454
TQ7	312
TQ8	13
TQ9	3444
TQ14	11
TQ10	284
TQ11	176
TQ12	149
TQ13	149
OOA	724
<b>Grand Total</b>	<b>6788</b>

## Report to Torbay Overview and Scrutiny Board

14 September 2016

### Community Services Reconfiguration

#### 1 Purpose

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Since the report to Scrutiny Committee in May, the consultation proposals summarised in that report have been subject to the NHS England assurance process. As a result of that process taking longer than anticipated and a desire to avoid consulting in school holidays, formal consultation started on 1 September and will run until Wednesday 23 November. It is anticipated that the CCG governing body will consider the outcome of the consultation as well as any alternative proposals at a meeting in public in January/February 2017.

This paper describes the current position and the main strands of the consultation.

#### 2 Recommendation

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The Scrutiny Committee is asked to note this report and to encourage its staff and residents of the Bay to participate fully in the consultation process.

#### 3 Context

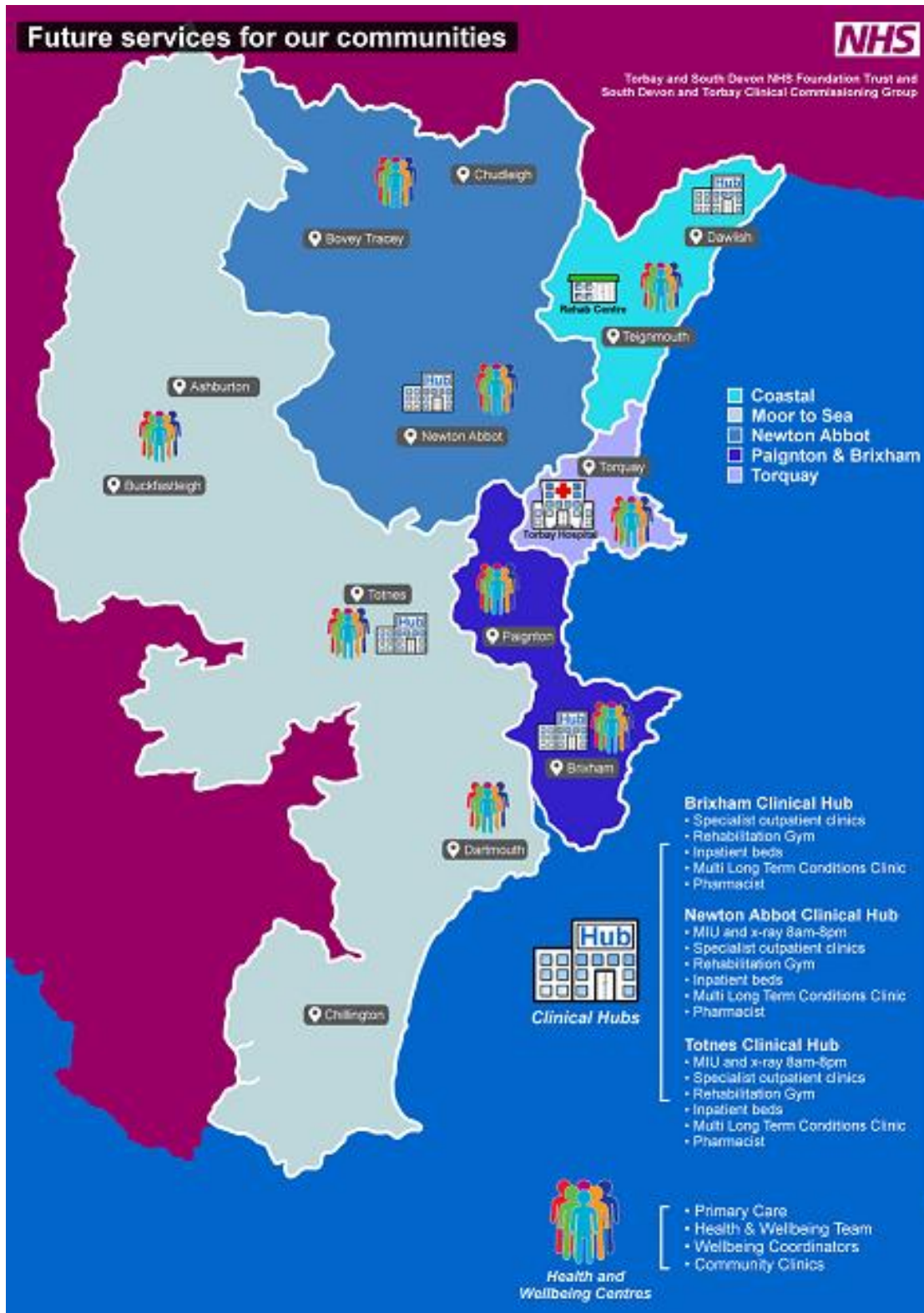
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As indicated in the May report, the current NHS provision in the area is unsustainable and will be unable to cope with rising demand for services, created in part by the increasingly elderly population, increased life expectancy and the number of people with complex long term conditions. As indicated in our May report, change is inevitable and maintaining the status quo is neither sustainable nor clinically sound.

At the heart of the consultation process is the wish to respond to what people told us they wanted from their health services and to provide care in or close to people's homes, via a more integrated joined up health and social care service.

If approved, the consultation proposals would see a switch of spend from bed based to community based care with the number of community hospital beds being reduced to levels evidence suggests we need and more investment being made in the local services which most people use. Under the proposals, if agreed, minor injuries units would be concentrated in fewer locations, operating consistent hours and with x-ray diagnostics so that they would provide a viable alternative to A&E.

The map below shows the spread of services across South Devon and Torbay should the consultation proposals be approved and implemented.



As set out in our May paper and in the current consultation documentation, the main changes in the Bay are the closure of Paignton Hospital and the MIUs in Brixham and

Paignton; the establishment of a clinical hub in Brixham and of health and wellbeing centres in Brixham, Paignton and Torquay.

Totnes and Newton Abbot will be the location of enhanced MIU services and would operate from 8am to 8 pm, seven days a week and with x-ray diagnostics.

#### 4 Consultation

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As indicated above a 12 week consultation started on 1 September and runs until 23 November. During this time our aim is to involve as many people as we can and to generate a debate around the consultation proposals, inviting alternative approaches which are clinically sound, affordable and sustainable.

The CCG website ([www.southdevonandtorbayccg.nhs.uk/community-health-services](http://www.southdevonandtorbayccg.nhs.uk/community-health-services)) hosts all consultation material which can be downloaded and also enables people to request paper copies.

The main elements of the consultation are summarised below:

**Main consultation document:** this covers the entire CCG area, the rationale for the proposals, explains the new model of care, summarises the impact on each locality, includes details of public meetings, how to get involved and the feedback questionnaire.

**Four locality summary documents:** these cover each of the localities which are part of this consultation and summarises the main issues, includes the same locality impact section, sets out how to get involved and includes the feedback questionnaire.

*Electronic copies of the main document and the two Bay locality documents accompany this paper*

**Feedback questionnaire:** in addition to forming part of the above documents, this is also available on line at [www.communityconsultation.co.uk](http://www.communityconsultation.co.uk) Although the questions are identical, the on line form provides some context to the questions for those who might not have read the consultation material or attended a meeting.

**Public meetings:** these are set out in the consultation documents and on the promotional poster which is attached for ease of reference at appendix 1. Each public meeting will have an independent chair.

**Community meetings:** community based groups are being encouraged to invite the CCG to attend one of their meetings to discuss the proposals and to answer questions.

**Staff briefings:** these took place in week one of the consultation and are likely to be repeated later in the process. The Trust is also using its internal communication and engagement channels to ensure staff are kept up to date.

**CCG Website:** ([www.southdevonandtorbayccg.nhs.uk/community-health-services](http://www.southdevonandtorbayccg.nhs.uk/community-health-services)) as well as hosting the above, the site has a range of information including some video case studies, a Frequently Asked Question section, a presentation of the issues in each locality (based on that used in the engagement meetings); and the stakeholder updates. It also includes an interview with Chief Clinical Officer of the CCG, Dr Nick Roberts and Chief Executive of Torbay and South Devon NHS Foundation Trust, Mairead McAlinden broadcast initially by local on line health channel Hiblio TV on 2 September.

**Document request:** individuals and organisations can request paper copies, view or download consultation material via the CCG website or by:

- Emailing [sdtccg.consultation@nhs.net](mailto:sdtccg.consultation@nhs.net)
- Writing to South Devon and Torbay CCG, Pomona House, Torquay, TQ2 7FF
- Calling 01803 652511 during office hours or leaving a message outside these times

**Newspaper advertising:** public meetings are being advertised in local media and efforts are being made to encourage newspaper, radio and television coverage of the issues at the heart of the consultation.

**Social media:** our locality facebook pages and our twitter feed (details on our website) will keep people in touch with the consultation and provide opportunities for discussion and for asking questions.

**Questions:** a team of CCG staff will respond to people who use the above consultation hotline number or who write/email seeking additional information. Our aim is to respond as swiftly as possible and we have established the following service standards: telephone calls or out-of-hours messages left will be responded to by the end of the next working day and written correspondence will be dealt with within five working days.

**Stakeholder update:** this was started during the engagement phase and we plan to continue this email briefing, ensuring those who sign up to receive it are kept in touch with developments. We anticipate that in the early weeks of the consultation, we will produce this weekly, covering main issues arising at the public meetings and highlighting any new information added to our website.

Material is being distributed across the area and the CCG is responding positively to suggestions for ways in which it can reach more people.

Anything the council can do to draw the attention of staff and residents to the proposals and to encourage participation would be appreciated.

## 5 Reporting on the consultation

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Healthwatch Torbay and Healthwatch Devon are attending all public meetings and where practical all other meetings alongside the CCG to note and report on feedback. The feedback questionnaire goes straight to Healthwatch and responses are not seen by the CCG, other than where it is necessary to follow up alternative suggestions.

Healthwatch will independently assess the feedback received in the consultation and produce a report within 12 weeks of the closing date for consideration by the CCG governing body.

## **6 Conclusion**

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Reconfiguring services is never easy and some tough choices need to be made if we are to ensure the sustainability of local health and social care services. The council is familiar with the need to do more with less resources and we hope that irrespective of their views on the consultation proposals, will encourage participation and support the CCG in generating a debate around how best to implement change.

**Simon Tapley**

Director of Commissioning and Transformation

1 September 2016





**South Devon and Torbay  
Clinical Commissioning Group**

## The choices facing our healthcare system

### Switching resources from hospital-based care to community care

### Have your say

- Read the proposals
- Come to a public meeting
- Invite us to a community meeting
- Join the discussion on social media
- Complete the feedback questionnaire
- Suggest alternative proposals



<b>Ashburton:</b>	20 Sept	1pm, 4pm, 7pm	Ashburton Town Hall, TQ13 7QQ
<b>Bovey Tracey:</b>	13 Sept	4.30pm, 7.30pm	Phoenix Hall, TQ13 9FF
<b>Brixham:</b>	29 Sept	6.30pm	Scala Hall, TQ5 8TA
<b>Buckfastleigh:</b>	22 Sept	6.30pm	St Luke's Church, TQ11 0DA
<b>Chudleigh:</b>	16 Sept	6.30pm	Chudleigh Town Hall, TQ13 0HL
<b>Dartmouth:</b>	15 Sept	4pm, 7pm	Dartmouth Academy, TQ6 9HW
<b>Newton Abbot:</b>	13 Oct	6.30pm	Daphne Collman Hall, TQ12 2NF
<b>Paignton:</b>	28 Sept	9am, 4pm, 7pm	Sacred Heart Church, TQ3 2SH
<b>Torquay:</b>	6 Oct	6.30pm	Upton Vale Baptist Church, TQ1 3HY
<b>Totnes:</b>	11 Oct	6.30pm	Totnes Civic Hall, TQ9 5SF
<b>Widcombe:</b>	12 Oct	6.30pm	Widcombe Church House, TQ13 7TA

Latest information: [www.southdevonandtorbayccg.nhs.uk/community-health-services](http://www.southdevonandtorbayccg.nhs.uk/community-health-services)

Feedback questionnaire: [www.communityconsultation.co.uk](http://www.communityconsultation.co.uk)

Want to invite us to a meeting? Got questions about the consultation? Want a paper copy of the proposals?

- email [sdtccg.consultation@nhs.net](mailto:sdtccg.consultation@nhs.net) • call **01803 652511** (Monday-Friday, 8am-5pm)
- write to **South Devon and Torbay CCG, Pomona House, Torquay, TQ2 7FF**

Twitter: [twitter.com/sdtccg](https://twitter.com/sdtccg)      Facebook: [www.facebook.com/nhs.sdtccg](https://www.facebook.com/nhs.sdtccg)

Driving quality, delivering value, improving your services

# Into the future

## Re-shaping community-based health services

A public consultation:  
Thursday 1 September to Wednesday 23 November 2016

- One: Welcome
- Two: The need to change
- Three: Our proposals
- Four: What this might mean
- Five: Getting involved
- Six: Other issues
- Seven: Complete the feedback questionnaire



South Devon and Torbay Clinical Commissioning Group is responsible for planning and organising health services for local people. It is divided into five localities – each led by local GPs.

Driving quality, delivering value, improving services

[www.southdevonandtorbayccg.nhs.uk/community-health-services](http://www.southdevonandtorbayccg.nhs.uk/community-health-services)

## CONTENTS

### One: Welcome 1

### Two: The need to change 3

Seeking your views 3

Why consult now? 4

The challenge of change 4

Nine reasons to change 5

### Three: Our proposals 9

The proposed new model of care 9

Changing to the new model 13

### Four: What this might mean 15

For you as a patient 15

For your area 15

For our communities 20

For NHS staff 20

### Five: Getting involved 21

How our proposals developed 21

Taking part 22

What happens next? 23

Any questions? 23

Make sure your views count 23

### Six: Other issues 24

Travel 24

Urgent care centres 25

National guidance 26

Terminology 26

And finally 26

### Seven: Complete the questionnaire 27

# One: Welcome

Thank you for your interest in the changes being proposed for community health services across South Devon and Torbay. These changes are designed to improve quality of care. Our goal is to ensure that our health system can meet the future needs of our population by providing the best possible health and social care we can within the geographical, staffing and financial limitations in which we operate.

This document describes the reasons for change and the improvements we want to see. It includes dates and times of meetings, sets out how to contribute your views, and explains how to make alternative suggestions. We want to hear from as many people as possible. Please help us by sharing this document with your friends and family, encouraging them to participate and to tell us what they think of the proposals.

Decisions made at the end of this consultation will impact on your NHS services for years to come, so it is important that all parts of our communities get involved.

We hope you will take part.

## THE BENEFITS WE WANT TO SEE

In changing the way we deliver local health services, we want to ensure that in the coming years people in South Devon and Torbay are able to get responsive, quality care which meets their needs and is affordable.

If approved, the changes set out in this consultation would provide the following benefits:

- Easier access to a wider range of community-based services to help people stay well and to support them when they are not
- Earlier identification of those at risk of becoming more unwell through focusing on prevention and self-help
- More effective response in times of crisis when people need services
- Shared information between professionals so that patients only have to tell their story once

- Increased patient involvement in decisions about their care and treatment
- Closer working by different organisations which support people's wellbeing to provide local, seamless care and to make services greater than the sum of their parts
- Reduced travel for as many people as possible for specialist appointments by providing services in clinical hubs – Brixham, Newton Abbot and Totnes – instead of at Torbay Hospital
- Appointments closer to home and repeat visits avoided by organising appointments where specialists can be seen during one visit
- Reduced pressure on A&E by strengthening minor injuries units to treat a wide range of problems, keeping Torbay's A&E service free to deal with life-threatening issues

“ We want to hear from as many people as possible. Please help us by sharing this document with friends and family, encouraging them to participate and to tell us what they think of the proposals. ”

► One: Welcome

Two: The need to change

Three: Our proposals

Four: What this might mean

Five: Getting involved

Six: Other issues

Seven: Complete the questionnaire



- Fewer hospital visits for treatment as a result of more effective support for people at home or in their community
- Reduced demand for services as a result of helping people live independent lives for longer
- Properly staffed and resourced community hospitals which are able to deliver quality, safe care
- Safe, high-quality hospital care when needed but keeping people out of hospital when they don't need to be there
- Reduced 'bed blocking' in hospitals as a result of effective alternative community-based support
- Treatment and recuperation at home, recognising that 'the best bed is your own bed'
- Greater investment in local services by switching funding from hospital to community-based care.

## Who we are

South Devon and Torbay Clinical Commissioning Group (CCG) is the organisation which represents local GP practices and is the NHS body responsible for buying and developing services for the people of the area. We are working closely with Torbay and South Devon NHS Foundation Trust, which provides services at Torbay Hospital as well

as community health and social care services in the area, including community hospitals and minor injuries units. Within South Devon and Torbay, we work in partnership with the local councils and GPs to jointly develop services.

We operate through five localities, each of which is led by local GPs: Coastal (Teignmouth and Dawlish), Moor to Sea (Ashburton, Buckfastleigh, Totnes,

Dartmouth and Chillington), Newton Abbot (includes Bovey Tracey and Chudleigh), Paignton and Brixham, and Torquay. Our Coastal locality is not part of this process because we consulted there in 2015 and improvements are currently being implemented.

## Alternative formats

If you would like information about the consultation in another format such as large print, audio or in another language, please contact the CCG.

We have many Polish and Chinese people in our population, so we're including this statement below in both languages.

We are consulting people in South Devon and Torbay over possible changes to the way community-based health services are provided. If you require information in Polish/Chinese on this consultation please email: [sdtccg.consultation@nhs.net](mailto:sdtccg.consultation@nhs.net) or write to: South Devon and Torbay CCG, Pomona House, Torquay, TQ2 7FF.

Prowadzimy konsultacje z mieszkańcami Południowego Devon i Torbay w sprawie projektu zmian, w jaki zapewniane są usługi zdrowotne w lokalnej społeczności. Osoby pragnące otrzymać informacje o konsultacjach w języku polskim proszone są o kontakt pod adresem: [sdtccg.consultation@nhs.net](mailto:sdtccg.consultation@nhs.net) lub o wysłanie wiadomości na adres: South Devon and Torbay CCG, Pomona House, Torquay, TQ2 7FF.

我们正在向南Devon和Torbay的居民进行征询，收集有可能改变社区健康服务提供方式的意见。如果您需要相关中文信息，请发送电子邮件至：[sdtccg.consultation@nhs.net](mailto:sdtccg.consultation@nhs.net)  
或邮寄信件至：South Devon and Torbay CCG, Pomona House, Torquay, TQ2 7FF。

# Two: The need to change

## Seeking your views: Thursday 1 September to Wednesday 23 November

For these 12 weeks, we – South Devon and Torbay Clinical Commissioning Group – are asking local people from across our communities to comment on our proposals to improve healthcare.

This document sets out how we believe we can best support our different communities. It describes a model of care where hospital beds are always available when needed but where people are only admitted if they cannot be cared for safely at home or in their local community. It explains how we would invest in services to keep people

out of hospital unless it is medically necessary for them to be there, make sure they don't stay a day longer than is right for them, and deliver more care in or closer to people's homes. It also focuses on doing more to stop people getting ill, supporting them to make the best choices to be as healthy as possible, and working in partnership with people with complex needs to become 'experts by experience'.

Our proposals reflect the national Five Year Forward View, which has been endorsed by professional groups, the Government and the NHS as the way services should be provided in future. It 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."

In recognising the changing needs of patients and the impact of new treatments coming on stream, the Five Year Forward View 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."


Our proposals reflect the ways in which we believe we can better meet the health and care needs of local communities. We have engaged extensively with local people and their representatives in developing these proposals and we have used their priorities to inform the proposed changes. We believe these would improve health services and are affordable.

However, we are open to alternative suggestions for redesigning clinically effective, sustainable services that meet local needs.

No decisions will be made until after we have heard the views of the people of South Devon and Torbay.



“To meet the scale of these challenges, change is inevitable, essential and clinically desirable.”

One: Welcome	
Two: The need to change	
Three: Our proposals	
Four: What this might mean	
Five: Getting involved	
Six: Other issues	
Seven: Complete the questionnaire	

## Why consult now?

In late 2013, South Devon and Torbay Clinical Commissioning Group (CCG) – in partnership with our acute hospital, community health providers, Devon County Council and Torbay Council – carried out extensive engagement about our community health and social care services.

People told us that the most important things to them were:

**22 Accessible 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.

Last year's creation of the integrated care organisation (Torbay and South

Devon NHS Foundation Trust, or TSDFT) resulted in the majority of our health and care services – from district nursing, social work, community therapy, complex care and multi-agency teams, to highly specialist acute care – being delivered by the one NHS Trust. The bringing together of these and other services in one organisation created a huge opportunity to develop new ways of working which can deliver what people told us they wanted in 2013.

Since last summer, the CCG, supported by TSDFT, has engaged with groups across the area to discuss how best to deliver services which would meet the future needs of our local population. These engagement discussions involved a range of interests and expertise and looked at, for example, the predicted health needs of our population, the use of hospital beds to look after people who can no longer live on their own, ways of providing more care in the local community and the difficulties of attracting specialist staff to the area.

Out of the 2013 engagement and in parallel with these discussions, representatives of the CCG, Torbay Council, Devon County Council, TSDFT and primary care, including senior

clinicians, have drawn on the feedback provided and considered how best to provide the range of services required in the future. Informed also by TSDFT staff, a new model of care (see page 9) has been developed, which these organisations believe would meet future need, can be delivered and is affordable.

We are grateful for the contributions of everyone who participated in this process and whose views have been taken into account in framing the consultation proposals. A separate paper summarising views expressed is available on our website or in hard copy by request (see back cover for contact details).

## The challenge of change

Communities across South Devon and Torbay are rightly proud of their local health and social care services and their record of meeting the expectations of people who need care, delivering improved health and wellbeing for our local population. The NHS in South Devon and Torbay provides care and treatment to a population of 286,000. Some three million episodes of NHS care are delivered in South Devon and

Torbay every year, a number forecast to rise significantly over the next decade.

Year on year the NHS looks after more people, provides more specialist support and works increasingly in partnership with social care and the voluntary sector.

The NHS has kept up with growing demand by constantly responding to changing needs: redesigning how services are provided, developing new techniques and adopting new drugs and approaches.

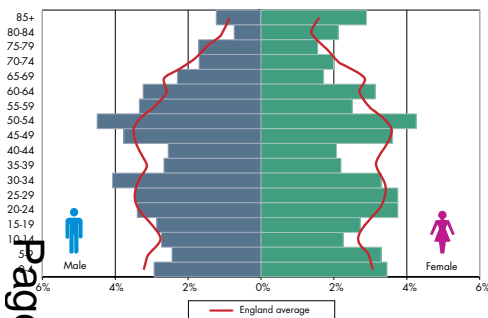
We can easily forget how much the NHS has changed over the years. It is not that long ago, for example, that lengthy hospital stays were required for treatment which now takes place routinely, in a few hours and without a hospital admission.

Delivering health services today is challenging because we have:

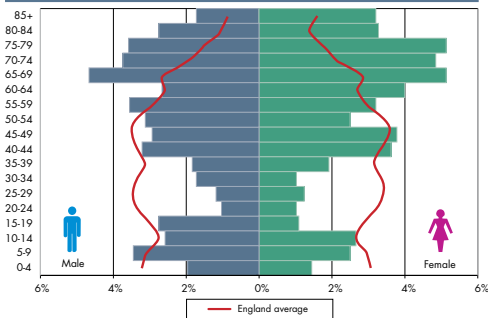
- Increasing numbers of older people, many with long-term and complex health conditions who need support to live independently

- A growing proportion of our younger people living in areas of deprivation, especially in Torbay but also in some rural areas

Population pyramid for the most deprived area in the CCG compared to England average



Population pyramid for the least deprived area in the CCG compared to England average



- Rural and urban communities with different needs

- A high use of urgent care services, especially A&E, which means increasing pressure on emergency and urgent care services

- Flat or reducing finances, especially when health and social care resources are combined
- Changes to professional NHS standards which specify minimum safe staffing levels

- Recruitment problems due to a shortage of doctors, nurses and other clinical staff in some services.

Faced with these challenges, the NHS needs to continue to work differently, creating services which are designed to support people to live well at home and in their local communities. We want to make sure that, at every stage of life, the NHS can provide the best possible care. That is why, in looking at how best to meet the future needs of local people, we want to blend the best of current practice with new, innovative and better ways of working.

Locally and nationally, the NHS must do more with the funding that it receives, responding effectively to the increasing health needs of our population, aligning physical and mental health services, promoting the most clinically effective care and support irrespective of location, and

deploying resources where they can have most impact and where patient demand is greatest.

To meet the scale of these challenges, change is inevitable, essential and clinically desirable. We need to change to ensure we deliver services that support local people to live life to the full.

### Nine reasons to change

#### Deliver high-quality care to an increasing number of people

Our services must meet local people's needs, both now and in the future. Our existing structures and approaches will not cope with the forecast demand for services in the coming years as illustrated in the table on page 6). If we are to provide the care to support people to live the healthiest lives possible, we need to change the way we work.

#### Increase joint working between services

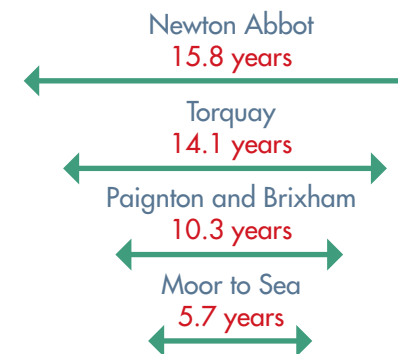
We have an international reputation for our pioneering 'integrated care' model in which adult social care and health services are delivered by local teams working in a joined-up way. Our new integrated care organisation, launched in October, now brings Torbay Hospital and these local community-based health and social care services into a single

provider Trust (Torbay and South Devon NHS Foundation Trust). We want to extend this integration to include a more joined-up way of working with local voluntary and charitable organisations, and with our partners in other public services such as mental health and children's social care.

#### Improve life expectancy

In each of our localities, there are significant differences in life expectancy between our most deprived and least deprived areas, the numbers of people in the under-16 or over-85 age groups, and the number of emergency admissions. We want to strengthen our preventative and self-care services to help tackle health inequalities and reduce the gaps in life expectancy, providing the best care we can to all sections of our communities.

Life expectancy between most deprived and least deprived in each locality area





- One: Welcome
- ▶ Two: The need to change
- Three: Our proposals
- Four: What this might mean
- Five: Getting involved
- Six: Other issues
- Seven: Complete the questionnaire

## Keep more people out of hospital

People should only be admitted to hospital when it is medically necessary. If people do not need specialist nursing or medical help, they are better supported out of hospital. Successive audits have shown that almost a third of beds in community hospitals are occupied by patients who were fit

to leave if more community support had been available.

We therefore want to invest more in community services so we are able to treat and support people in their own homes or in locally accessible services. This is also what people tell us they would prefer.

We know that treating people in a hospital bed is not always the best approach. For example, the longer older people remain in hospital, the harder it is for them to regain their independence and return home, the more likely they are to be readmitted, and the more vulnerable they are to hospital-acquired infections.

### Forecast demand for services, 2015 to 2025

Number of patients with disease, known or not known to primary care	Moor to Sea	Newton Abbot	Paignton and Brixham	Torquay
	2015-25 % change	2015-25 % change	2015-25 % change	2015-25 % change
Coronary heart disease	19.8	20.5	18.3	17.2
Chronic kidney disease	21.5	21.7	19.4	18.5
People aged 65 and over predicted to have:				
• Type 1 or Type 2 diabetes	20.0	20.5	17.1	16.5
• A longstanding health condition caused by a stroke	25.5	25.7	22.1	21.5
• Dementia	34.5	33.4	30.7	30.7
• Depression	20.3	20.7	17.0	16.5
• Severe depression	25.2	25.3	21.7	21.1
• A longstanding health condition caused by bronchitis and emphysema	21.5	21.9	18.5	17.8
• A moderate or severe visual impairment	29.2	28.7	24.9	24.4
• A moderate or severe, or profound, hearing impairment	31.5	31.0	26.0	25.0

This table is based on the CCG's 2015/16 locality structure in which Bovey Tracey and Chudleigh surgeries were part of Moor to Sea. They are now part of the Newton Abbot locality.

Evidence also suggests that some people recover much quicker if they are cared for in their own home, in a more normal environment rather than in a busy hospital setting, and we want to invest in community services to be able to support more people to recover as quickly as possible.

But where people need to be admitted to hospital, we want to make sure that they receive the best quality and experience of care, that we have enough staff to look after them, and that we meet national safety standards. This is challenging, because it is increasingly difficult to attract staff to community hospitals.

### Better support for people in the community

We need to make sure we strengthen out-of-hospital services so that they can help people to avoid the need to be admitted to hospital and respond swiftly should they experience deterioration in their health. This means investing in more community-based services so that



they mirror the availability and reliability of hospital-based care. We must ensure it is provided in the evenings, at weekends, 365 days a year, in urban and in rural areas.

To do this, we need to switch funding from hospital to community-based care so that we can increase the range of local services and the times that they are available.

We also want to make sure that people do not travel further than they need to for treatment and support. The more out-of-hospital services we can provide in or close to people's homes the better.

### Provide effective minor injuries units

Minor injuries units (MIUs) provide a local urgent care service in the community, filling the gap between GP services, the NHS 111 helpline service and A&E, and are intended to reduce unnecessary travel to the emergency department for non-life-threatening injuries. MIUs are an important part of urgent care services, treating people with, for example, minor burns, sprains and fractured bones.

A lack of awareness of MIUs, and inconsistencies in opening times and services provided, including x-ray diagnostic services, have limited their use by local people.

For MIUs to be a viable alternative to A&E for non-life-threatening injuries they need to:

- Be easily accessible
- Provide a treatment service led by a specialist nurse or paramedic
- Open 12 hours a day, 7 days a week
- Have x-ray diagnostic services
- Operate from an environment that can best support high-quality care.

It is estimated that MIUs need to treat 7,000 patients per annum to ensure the best use of highly skilled 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 in the past have not been fully utilised, with only Newton Abbot MIU achieving at least the 7,000 criteria.

### Focus resources where they have most impact

Public finances are under considerable pressure. These are intensified within the NHS by the rising cost of some treatments, the increasing demand for specialist services and the need to look after more people with a number of long-term conditions.

NHS costs traditionally rise faster than inflation, putting further pressure on the local health community budgets.

The CCG currently receives more money than the national funding formula judges it should, and we need to manage our budgets to bring ourselves back into alignment with the formula in the coming years. Taking these factors into account, the demands on services outstrip any new funding available and the CCG needs to make significant savings over each of the coming years. For 2016/17 we currently need to save £20.5million across the services which the CCG commissions.

In addition to the pressures on CCG funding, Torbay and South Devon NHS Foundation Trust is required to make savings across the range of its activity. In 2016/17 this amounts to £13million.

Overall, health and social care services in South Devon and Torbay are under significant financial pressures, and services are likely to be £142million in deficit by 2020/21 if nothing changes.

In reconfiguring services, we need to not only take account of quality and safety issues but also the need to improve value for money and contribute to this funding gap by finding different and more effective ways of meeting

the increasing needs of our population. The proposals which form the basis of this consultation would contribute £1.4million towards the savings requirements of the Trust.

By switching funding from bed-based to community-based care, we would be investing more of our resources in the local services most used by our communities. As the diagram opposite illustrates, the largest volume of activity rests with GPs, community therapy and nursing.

As the diagram below shows, almost five times the number of people admitted to community hospitals (3,239) are cared for at home (15,912).

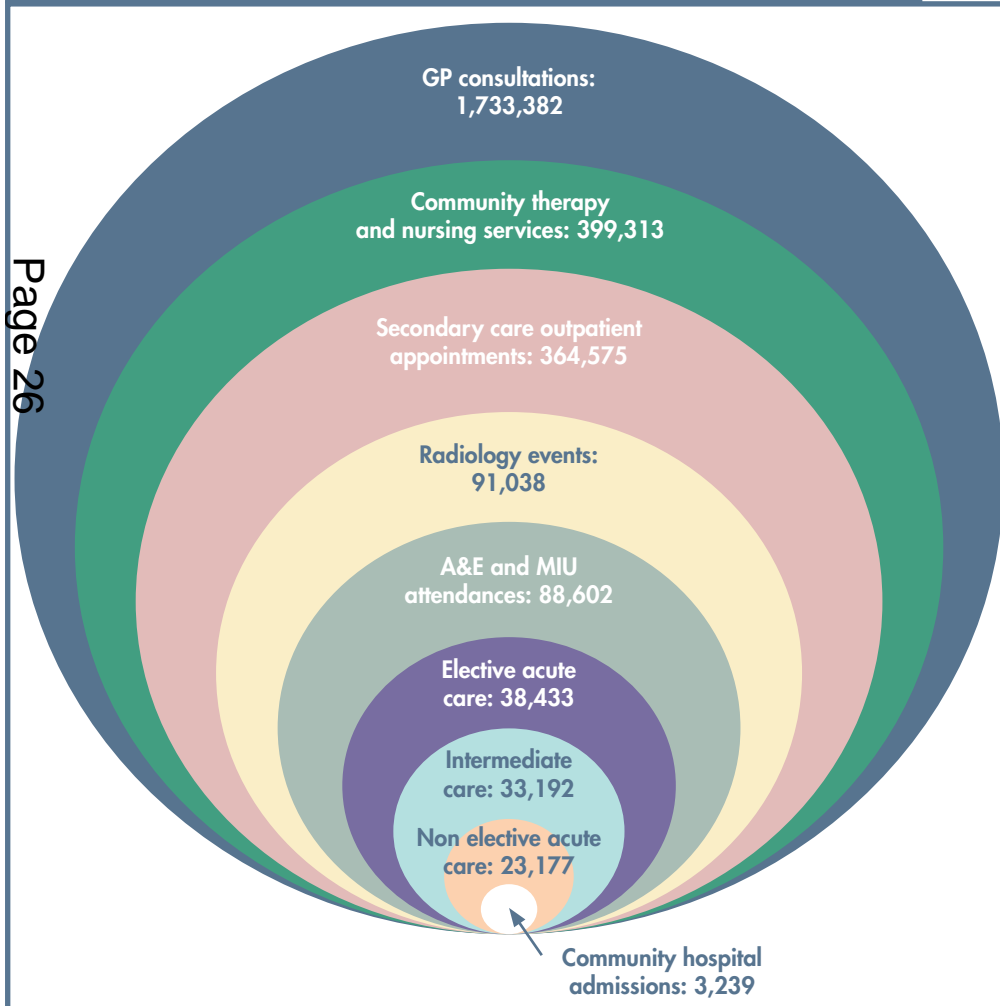
People cared for at home: 15,912

People admitted to a community hospital: 3,239

A separate paper setting out the financial case for change, including details of the financial cost of the different options considered as well as

issues of capital funding, is available from the CCG website and in hard copy on request.

### Activity across South Devon and Torbay



The figures relate to activity not people and are based on extrapolated NHS data.

### Make best use of our staff

We want to make best use of our staff, providing good career opportunities and roles which attract people to work in local health and social care services. There is a shortage of doctors, nurses and other qualified staff nationally. We already see the impact of this locally, with MIUs in Dartmouth and Ashburton temporarily closed and beds temporarily relocated to Newton Abbot from Bovey Tracey Community Hospital. The number of beds at Paignton Hospital has also been temporarily reduced due to safe staffing issues.

Many other services are under similar strain, with difficulties in recruiting to community and hospital nursing posts, some medical and therapy specialties, and to specialist social work and social care.

Our partners in residential and nursing care homes are also experiencing challenges in recruiting staff and in providing the range of specialist care needed, particularly long-term care for people with some forms of dementia. Attracting GPs to this part of the country is also difficult, with many practices struggling to recruit.

We need to design services that make the best use of the time, availability and skills of these staff. By bringing them together to work as integrated teams in

- One: Welcome
- ▶ Two: The need to change
- Three: Our proposals
- Four: What this might mean
- Five: Getting involved
- Six: Other issues
- Seven: Complete the questionnaire



partnership with the local voluntary sector, we would have the range of skills to better respond to the needs of the community they serve. Local bases would enable them to have more patient and client contact rather than use their time in travelling.

### Ensure our buildings are fit for the future

We need to rationalise many NHS and social care premises which are not fit to deliver 21st-century services and use the proceeds to invest in bases locally from which our staff can deliver our future model of care and an enhanced range of services. The major sites from which health services are currently delivered locally are owned by Torbay and South Devon NHS Foundation Trust.

# Three: Our proposals

## The proposed new model of care

The diagram below illustrates the new model of care, which has been

developed in parallel with, and informed by, engagement discussions across the CCG area. It takes account of best clinical practice and is aligned with national NHS approaches such

as the Five Year Forward View. It is this model which forms the basis of this consultation and the following section describes how it would operate if the consultation proposals are approved.

If supported, the model below would see GPs, community health and social care teams and the voluntary sector

The proposed new model of care

Page 27



“ The proposed new model of care aims to provide the majority of care as close to home as possible, supporting people to remain independent. ”

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. It aims to provide the majority of care as close to home as possible, supporting people to remain independent and in their own homes, reducing reliance on bed-based services, but centralising care where that is more resilient, effective and efficient. We want to see local communities helping to support the wellbeing needs of their local population.

We recognise that one size will not fit all. From locality to locality, and from town to town, there are differences in health, demography and geography, as well as variation in the availability of services such as residential and nursing care. The proposed model of care needs to reflect these differences while being able to deliver consistent, high-quality care.

Our new model of care would reflect the needs of the community in each of the four CCG localities which are part of this consultation: Moor to Sea; Newton Abbot; Paignton and Brixham; Torquay.

Accessing services would be made simpler through a central contact point

for information and signposting. By calling a single telephone number, people would be signposted to support in their local community or to local health and social care teams or services according to their needs.

There are four key elements to delivering this care model locally – locality clinical hubs, including community hospital beds and minor injuries units; local health and wellbeing centres; health and wellbeing teams; and intermediate care provision.

### Clinical hubs

In each locality there would be a clinical hub providing people with better access to medical, clinical and specialist services. These hubs would offer a broad range of services to people and, although one is proposed in each locality, they could be used by everybody irrespective of where they live.

The clinical hubs would offer services such as outpatient appointments, specialist conditions clinics and inpatient services. By bringing services together in a single location we would reduce the need for people to travel to Torbay Hospital to access services, therefore adopting the principle of 'care

closer to home'. The clinical hubs would be provided in buildings that are of a high clinical standard and, where necessary, additional investment would be made to improve the quality of environment and range of services offered.

Services provided in the hubs would include:

- **Multi long-term condition clinics:** these would provide a 'one-stop shop' approach to help people manage multiple long-term conditions by accessing information and treatment in a single clinic.
- **Minor injuries unit:** Newton Abbot and Totnes clinical hubs would offer access to MIU and x-ray diagnostic services, between 8am and 8pm, seven days a week.
- **Specialist outpatient clinics:** these are attended by people from a wide geographical area. They are mainly consultant-led and usually have less than 1,000 attendances a year. Specialist services often require more bespoke facilities or equipment which would be available in clinical hubs.

One: Welcome  
Two: The need to change  
▶ Three: Our proposals  
Four: What this might mean  
Five: Getting involved  
Six: Other issues  
Seven: Complete the questionnaire



- **Rehabilitation gym:** this would include equipment used to deliver early-stage rehabilitation services.
- **Inpatient care:** a minimum of 16 beds would be provided in the clinical hubs to ensure compliance with safe staffing standards. The use of inpatient services across all of the clinical hubs would be provided to everybody who requires an inpatient stay in a medical ward, irrespective of where they live.

### Local health and wellbeing centres

Linked to the locality clinical hub, local health and wellbeing centres would be delivered from Ashburton/Buckfastleigh, Bovey Tracey/Chudleigh, Brixham, Dartmouth, Newton Abbot, Paignton, Totnes and Torquay. These would see community staff based locally and working alongside GPs, pharmacists and voluntary-sector organisations to provide health and wellbeing services to the area.

Within these centres, the clinical services most frequently used by local

people would, wherever feasible, be provided by professionals based locally and who would work across community sites.

### Local health and wellbeing teams

Services from these centres would be provided in each local area by local health and wellbeing teams. These would bring together an integrated team of community health and social care staff, mental health professionals and our voluntary-sector partners to organise and deliver most of the health and social care needs of the population, working as a bridge between their GP services, the clinical hub and the highly specialist care that can only be provided in a large hospital like Torbay.

As well as face-to-face support, we would enable remote access to specialist advice using technology such as Telemedicine and support via Telehealth systems.

### CASE STUDY

'Annie' lives alone with no relatives nearby. She suffers from Alzheimer's, heart arrhythmia and COPD, and is at risk from falling. Some time ago, she fell and was unable to get to her phone. She had to wait several hours for help until her care worker turned up and was able to summon assistance.

We have since provided Annie with a community alarm, pendant and key safe for emergency access. When she next fell she was able to contact the

centre immediately via her pendant and we arranged for an ambulance to visit. Within 12 minutes of activating her alarm, the ambulance crew was on site and supporting Annie. Telehealth can provide support and reassurance, minimising distress as far as possible.

The local health and wellbeing team would also oversee arrangements for local intermediate care services which would cover a range of integrated services and would be provided for a limited period, to people who need

extra support and care following a period of ill health. As illustrated in the case study on page 12, 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.



Library image

- One: Welcome
- Two: The need to change
- ▶ Three: Our proposals
- Four: What this might mean
- Five: Getting involved
- Six: Other issues
- Seven: Complete the questionnaire



#### CASE STUDY

'Tony' is 76 and had experienced at least four significant falls at home in four months, before finally coming in to hospital with a fractured hip. He had called an ambulance after each fall, but refused to accept any follow-up care.

After a short stay at Torbay Hospital, Tony was transferred to an intermediate care bed to recover from his surgery and regain his strength and mobility. On discharge home, he was reluctant to accept further help but agreed to short-term support with a programme of balance and mobility to reduce his risk of further falls and help him to regain his confidence. We were keen to help Tony better manage life at home so that he wouldn't keep needing 'crisis interventions'.

Our multi-disciplinary team helped him learn what to do should he have a further fall and discussed ways in which he could make his home environment safer.

Tony remains fiercely independent, but did eventually agree to a package of care that included some occupational therapy for ongoing mobility, meals, visits from the intermediate care team and support from Age UK. He has not experienced any further falls in the last six months and is planning to start going out to a local café, with the support of the volunteer from Age UK.

Providing holistic end-of-life care to people and their families would be one of the core functions of the health and wellbeing teams. This would involve coordinating support to enable a person to die in the setting of their choice, with care and support made available to provide the best possible experience for people and their families.

#### Intermediate or specialist care

By switching resources to home-based care, we would be able to strengthen intermediate care teams, with seven-day cover and input from doctors, pharmacists and personal care teams. Wherever possible, a person's future needs would be assessed in their usual place of residence rather than a hospital bed. Intermediate care would be organised at locality level and delivered locally wherever possible – in the person's own home or in a local nursing or residential home. Where patients don't need to be in hospital but are unable to live alone or be supported to remain at home, they would be able to access residential care or specialist housing with care and support on site.



### CASE STUDY: SPECIALIST CARE AT HOME

'Joe' has a rare condition that led to his being completely paralysed and only able to breathe on a ventilator. In previous years, his only option would have been to be cared for in an institution, either in a specialist hospital or centre. But Joe is not just a patient. He is a husband, father, grandfather and dog-owner. He wanted to make the most of life and be able to return home to live with his family.

We worked with them to put in place a package of care that meant he could continue to live at home, supported by round-the-clock carers and our community matron, as well as other professionals such as physiotherapists, occupational therapists, podiatrists and his GP. Although life is not what Joe had hoped for in retirement, he is at home with his family and much-loved dog, and is still able to get out and about, thanks to a specially-adapted car.

### Putting compassionate care at the heart of what we do every time

As our new care model develops, the importance of giving staff time to deliver compassionate care remains central at all times. One way to do this is to replace the question 'What is the matter with you?' with 'What matters to you?' A key part of giving care and support is to do the things that matter most to people and help them achieve those things for themselves wherever possible.

### Changing to the new model

Moving to the new model of care requires us to do things differently. It means switching funding from hospital to community care and making sure the new services are in place before changing the current provision.

#### Investing in community services

In the current financial year, we are investing £3.9million in strengthening community services in line with the new care model. The full-year effect of this in 2017/18 would be £5.8million. The additional expenditure this year includes:

- £177,000 for wellbeing coordinators, to be employed by our voluntary-sector partners in each locality, to support and signpost local people to the most appropriate services in their local area
- £220,000 to provide clinics and services for people with multiple long-term conditions located at each of our clinical hubs – Totnes (Moor to Sea), Brixham (Paignton and Brixham), Newton Abbot and Torquay town centre – commencing with the first phase in Brixham and Teignmouth (in Coastal locality)
- £2.1 million to provide additional intermediate care services in people's





One: Welcome  
Two: The need to change  
▶ **Three: Our proposals**  
Four: What this might mean  
Five: Getting involved  
Six: Other issues  
Seven: Complete the questionnaire

own homes or close to home in local residential and nursing homes, which would support people to return to maximum independence.

### Fewer, safer community hospital beds

By introducing the new model of care throughout South Devon and Torbay, the number of community hospital beds will fall from 151 to 93. The reduction in the four localities covered by this consultation will be 44 (121 to 77).

The reduction is based on proposals to close four community hospitals (Ashburton and Buckfastleigh, Bovey Tracey, Dartmouth and Paignton) so that more can be invested in local community teams.

If these consultation proposals are agreed, there would be community hospitals in Brixham, Newton Abbot and Totnes (as well as Dawlish in our Coastal locality) serving the population of South Devon and Torbay.

By concentrating medical beds in fewer hospitals, we would be able to ensure we meet national guidance on safe staffing levels.

At present, many people admitted to hospital do not go to the one nearest to them, so concentrating medical beds in fewer locations is in line with general current usage.

### Stronger minor injuries units (MIUs)

To ensure that MIUs provide a viable, effective service, we propose to reduce the number to three and have them located in Newton Abbot and Totnes, as well as Dawlish in our Coastal locality. All MIUs would open 8am to 8pm, seven days a week, and would have x-ray diagnostic services. This means that MIUs in Ashburton, Dartmouth (both of which are currently suspended), Brixham and Paignton would close.

### Intermediate and domiciliary 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 provision at present does not meet current, let alone future, need.

Until there is certainty as to future demand, it is unlikely that the market would 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 under way to identify the most appropriate model for the future.

The way domiciliary care in the home is purchased in Devon has recently changed. In South Devon and Torbay the primary provider is Mears, which is responsible for providing care directly or managing other providers. This change will improve the quality of patient care, as there will be a greater mix of personal care workers. People will receive packages of care more quickly, careworkers' pay and conditions will be improved, and carers will receive more training. This approach complements the proposed model of care.

In addition, the rehabilitation beds in Teignmouth Hospital will also be available to anybody who needs rehabilitation care, irrespective of the locality in which they live.

### Reduced pressure on Torbay Hospital

By improving the availability and quality of support in the community, Torbay Hospital would be able to focus attention on patients who are acutely unwell and cannot be treated near to or in their own homes or in a community hospital. Over the past year, it has had to open an additional 32 beds to cope with demand pressures, caused, in part

at least, by the shortage of out-of-hospital support. Should the proposals set out in this document be approved and implemented, the additional 32 escalation beds would no longer be required. Attendances at A&E are also expected to decline as people's confidence in MIUs increases. As more resources are used to keep people well and independent for longer, then overall people would need fewer admissions to hospital for acute care.



# Four: What this might mean

## For you as a patient

For someone with a number of long-term conditions, this is how the service might work in future if proposals in this document were implemented.

'Mr Jones' lives in Buckfastleigh and has four long-term conditions, including atrial fibrillation, congestive cardiac failure, chronic kidney disease and Type2 diabetes.

Currently	In the future
Attends three separate appointments to see his consultants at Torbay Hospital	Attends a new service in Totnes
Sees two specialist nurses	Has a wellbeing coordinator to put him in touch with local voluntary services
Sees two dieticians	Sees one team, which includes a doctor, nurse and dietician, for all his conditions
Has a total of 25 different hospital appointments a year	Has just six appointments a year
12 appointments at his GP surgery	Through better coordination he only needs three GP visits a year
Admitted twice for heart failure in the last year	Given support from the heart failure team at home
Takes 14 different medications	Better understands his treatment and how to manage his conditions and now only takes nine medications
Lonely as he lives alone and doesn't know what to do for the best	Much happier as he has access to a range of support and voluntary groups which help him achieve what matters most to him




## For your area

The likely impact of these service improvements, if approved, is set out on pages 16-20, alphabetically per locality.

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

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

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

- 
- One: Welcome
  - Two: The need to change
  - Three: Our proposals
  - ▶ **Four: What this might mean**
  - Five: Getting involved
  - Six: Other issues
  - Seven: Complete the questionnaire

## MOOR TO SEA

### What would be different?

A clinical hub would be established at Totnes Community Hospital that would include community inpatient beds and a range of specialist services to reduce the need to travel as far for specialist care. These would include a new multi long-term conditions service, extended day diagnostic services, specialist outpatient clinics and the existing community-based rehabilitation services and minor injuries unit.

Totnes Community Hospital currently provides 18 beds, which would slightly reduce to 16 to meet safe staffing ratios. The MIU would open between 8am and 8pm (currently 9pm), seven days a week, reflecting the times of greatest demand and in line with the planned opening times of MIUs in Dawlish and Newton Abbot. X-ray diagnostic services would also be available during these times.

For the population of Totnes, Dartmouth and Ashburton/Buckfastleigh, local health and wellbeing teams would be co-located, where possible, with GP services. These teams would provide

community nursing, physiotherapy, occupational therapy and social care support.

Community inpatient care and specialist outpatient clinics for the population of Dartmouth, Ashburton and Buckfastleigh would be provided at their nearest clinical hub in Totnes, Brixham or Newton Abbot. MIUs would be provided in Totnes and Newton Abbot.

To deliver more expert care to people in their own homes, we would invest money into more community-based staff and enhanced intermediate care services. We would work in partnership with local care home providers to provide more local intermediate care beds.

Providing much more care to people in or near their own home means that the buildings from which we currently provide inpatient and community services – including Dartmouth Community Hospital (16 beds), Dartmouth NHS Clinic and Ashburton and Buckfastleigh Community Hospital (10 beds) – would no longer be required and would close if these proposals are approved.

For those whose GP is based in Chillington, the proposals have little impact other than if adopted, the nearest MIU and community hospital run by Torbay and South Devon NHS Foundation Trust would be in Totnes.

The Trust is not the main provider of community services in this area.

### What could services look like and where would 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)

- Community clinics
- Rehabilitation gym
- Pharmacy
- Enhanced primary care MIU services
- Health and wellbeing team

#### 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)

- Community clinics
- Health and wellbeing team

#### Health and wellbeing centre in Totnes (options are being explored to co-locate with GPs)

- Community clinics
- Health and wellbeing team

## NEWTON ABBOT

### What would be different?

A clinical hub would be established at Newton Abbot Community Hospital that would include community inpatient beds and a range of specialist services to reduce the need to travel as far for specialist care. These would include a new multi long-term conditions service, extended x-ray diagnostic services and the existing specialist outpatient clinics, gym-based rehabilitation services and the MIU.

Inpatient services at Newton Abbot Community Hospital would expand from 20 beds to 45 beds (plus 15 stroke

beds). The MIU would open between 8am and 8pm (currently 10pm), seven days a week, reflecting the times of greatest demand and in line with the planned opening times of MIUs in Dawlish and Newton Abbot. X-ray diagnostic services would also be available during these times.

For the population of Newton Abbot, Bovey Tracey, Chudleigh and the surrounding areas, the local health and wellbeing teams would be co-located where possible with local GP services. These teams would provide community nursing, physiotherapy, occupational therapy and social care support.

To deliver more expert care to people in their own homes, we would invest money into more community-based staff and enhanced intermediate care services. We would work in partnership with local care home providers to provide more local intermediate care beds. Providing much more care to people in or near their own home means that the buildings such as Bovey Tracey Community Hospital (nine beds currently temporarily relocated to Newton Abbot) would no longer be required and would close if these proposals are approved.

### What could services look like and where would 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 for 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 GP practice)

- Health and wellbeing team
- Community clinics



## PAIGNTON AND BRIXHAM

### What would be different?

A clinical hub would be established at Brixham Community Hospital that would include community inpatient beds and a range of specialist services to reduce the need to travel as far for specialist care. These would include a new multi long-term conditions service, extended specialist outpatient clinics and gym-based rehabilitation services.

The current MIU services offered at Paignton and Brixham Community Hospitals are not sustainable in their current form and, under these proposals, would close. People would 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 would operate consistently seven days a week, 8am to 8pm, and provide x-ray diagnostics.

For the population of Brixham and Paignton the local health and wellbeing teams would be co-located, where possible, with local GP services. These teams would provide community nursing, physiotherapy, occupational therapy and social care support.

To deliver more expert care to people in their own homes, we would invest money into more community-based

staff and enhanced intermediate care services. They would work in partnership with local care home providers to deliver more local intermediate care beds. Providing much more care to people in or near their own home means that the buildings from which we currently deliver inpatient and community services including Paignton Community Hospital (28 beds but currently 12 beds are temporarily closed due to safe staffing issues), Midvale Clinic and Church Street would no longer be required and would close if these proposals are approved.

Community inpatient care and more specialist services such as audiology, cardiology and dermatology outpatient clinics for the population of Paignton would be provided at their nearest clinical hub in Brixham, Totnes or Newton Abbot.

Staff delivering care directly to people in their own homes would have an integrated office base in the King's Ash area, providing easy access to Paignton and Brixham.

### What could services look like and where would they be?

**Clinical hub in Brixham** (currently Brixham Hospital)

- New multi long-term conditions clinic
- Specialist outpatient clinics
- Community beds (16 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)

- Community clinics
- Pharmacist
- Enhanced primary care MIU services
- Health and wellbeing team

**Health and wellbeing centre in Totnes** (options are being explored to co-locate with GPs)

- One: Welcome  
Two: The need to change  
Three: Our proposals  
▶ **Four: What this might mean**  
Five: Getting involved  
Six: Other issues  
Seven: Complete the questionnaire



## TORQUAY

### What would be different?

A health and wellbeing centre would be developed in Torquay as part of proposals to co-locate health and wellbeing services which would include community nurses, physiotherapists, occupational therapists, social care staff, coordination and support staff with local GP practices.

The community would 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 would continue to

deliver high-quality services in people's own homes.

Castle Circus Health Centre would continue to deliver community clinics and a range of health services and Torbay Hospital would continue to provide specialist services and acute care to the population of Torbay and South Devon.

### What could services look like and where would they be?

**Health and wellbeing centre for Torquay** (as part of plans to co-locate health and wellbeing services with local GP practices)

- Health and wellbeing team
- Community clinics



- One: Welcome  
Two: The need to change  
Three: Our proposals  
▶ **Four: What this might mean**  
Five: Getting involved  
Six: Other issues  
Seven: Complete the questionnaire



## For our communities

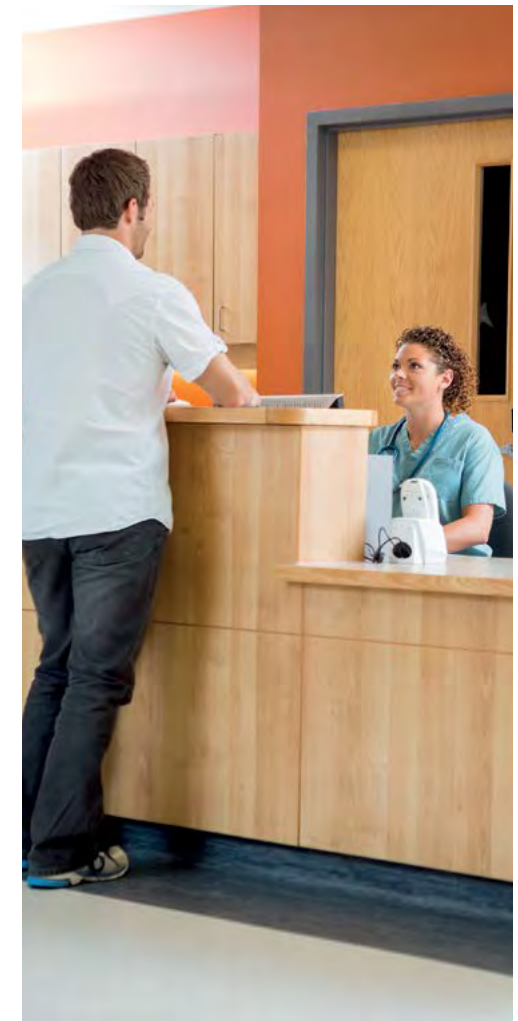
If the proposals set out in this document are approved, core services will be located as shown on this map.

## For NHS staff

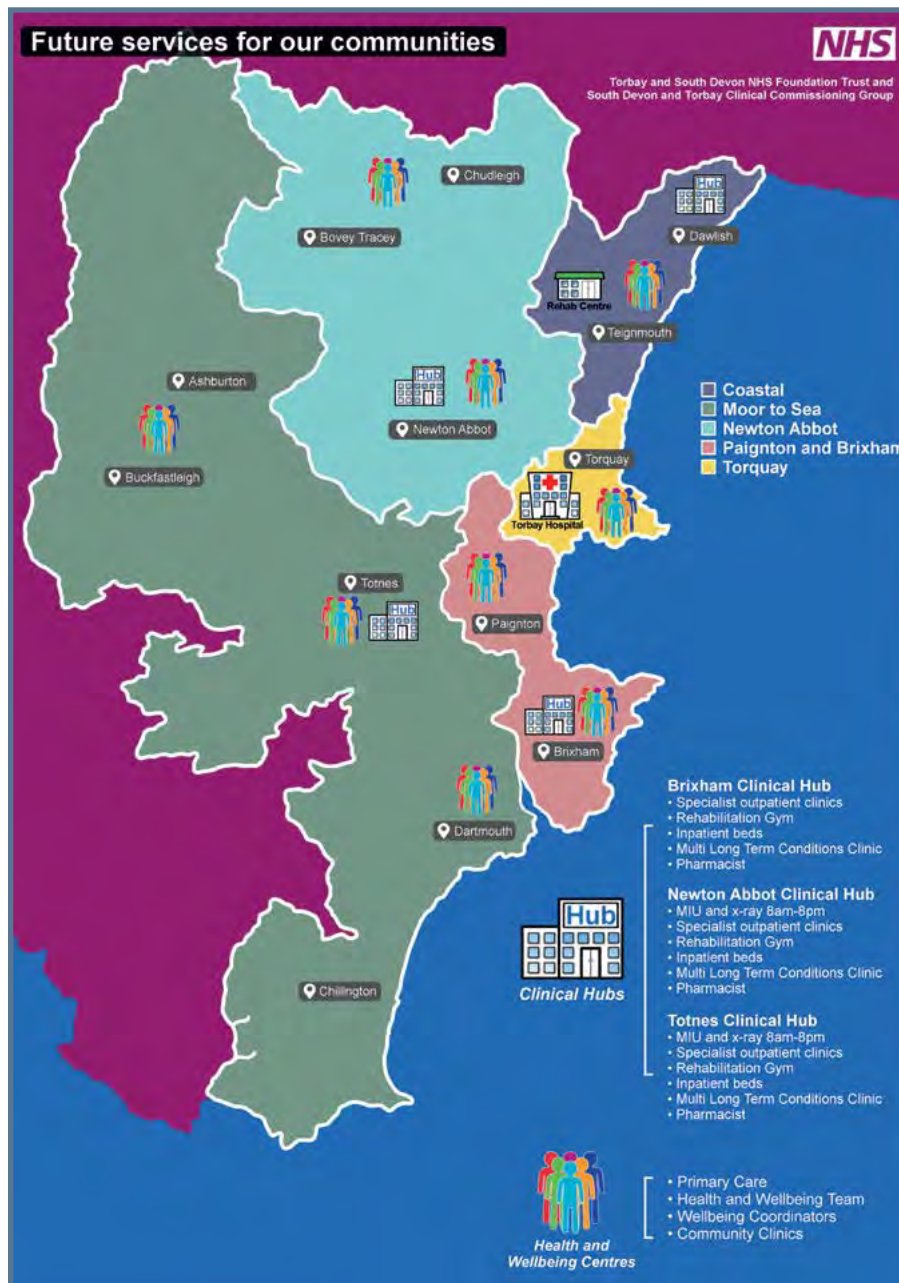
Staff working across the local NHS are part of this consultation and we also want to hear their views.

We believe that more investment into community-based services would mean that local teams would be bigger, stronger and better able to support those with greatest need. They would also be able to provide staff with better career prospects and more varied work. Concentrating staff in larger teams would strengthen our ability to deliver care and make them more resilient to issues which have led to temporary suspension of services in the past.

Once a decision is made we would ensure all staff are properly supported and their skills properly utilised in the new structures. We would ensure they are fully engaged in the changes and work with them to identify any training requirements. We know that we would continue to need the skills of the staff and they have been guaranteed that there would not be any compulsory redundancies as a consequence of these proposals.



Library image



# Five: Getting involved

## How our proposals developed

The new model of care has been developed over the past three years, since the engagement discussions in 2013. In trying to respond to the clinical, demographic and financial pressures that face us, a range of alternative approaches has been explored with different combinations of bed-based and community-based services.

A separate paper which outlines the development and rationale of the consultation option is available on our website or in hard copy by request. Five options were considered, based on the extent to which they would enable investment in community services and deliver the new model of care. The numbers and locations of community hospitals, MIUs and local teams changed according to the option with a range of possibilities being considered.

Each option was evaluated by the multi-agency Community Services Transformation Group on the extent to which it met future patient needs, delivers safe clinical standards, was affordable and financially sustainable. Where an option did not deliver the proposed care model or was not operationally or financially sustainable, it was rejected.

The CCG and Torbay and South Devon NHS Foundation Trust believe that the approach set out in this consultation

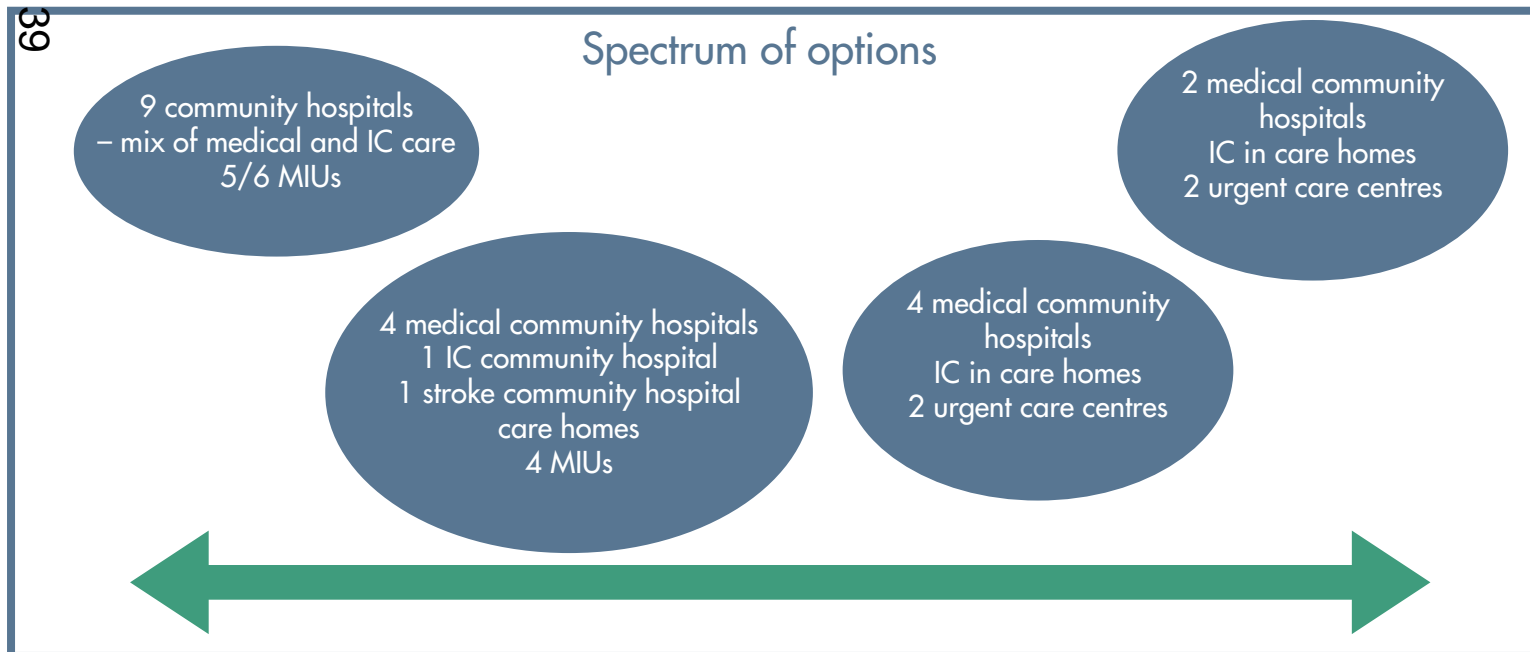
document represents the only viable option for providing what people told us they wanted, in a way that would meet future clinical needs and population pressures within the budget available.

## Alternative approaches

The CCG and the Trust would welcome alternative suggestions and approaches. Views expressed in this consultation will be independently collated by Healthwatch and reported to the governing body of the South Devon and Torbay Clinical Commissioning Group, ahead of it deciding what changes should be made. Before any decision is made, all ideas will be evaluated to assess whether they meet the clinical, demand and financial challenges.


There is a range of ways in which local people can find out more about the proposals, discuss any alternatives and give their views as to the service improvements which we are proposing in this consultation. These are outlined on the following pages.

Page 39



“ The CCG and Trust would welcome alternative suggestions and approaches. ”

One: Welcome  
Two: The need to change  
Three: Our proposals  
Four: What this might mean  
▶ Five: **Getting involved**  
Six: Other issues  
Seven: Complete the questionnaire



## Taking part

### Come to a public meeting

We have arranged public meetings to discuss these proposals across South Devon and Torbay and these will be held at:

Location	Date	Time	Venue
Ashburton	20 Sept	1pm, 4pm and 7pm	Ashburton Town Hall, North Street, TQ13 7QQ
Bovey Tracey	13 Sept	4.30pm and 7.30pm	Phoenix Hall, St Johns Lane, TQ13 9FF
Brixham	29 Sept	6.30pm	Scala Hall, Market Street, , TQ5 8TA
Buckfastleigh	22 Sept	6.30pm	St Lukes Church, Plymouth Rd, TQ11 0DA
Chudleigh	16 Sept	6.30pm	Chudleigh Town Hall, Market Way, TQ13 0HL
Dartmouth	15 Sept	4pm and 7pm	Dartmouth Academy, Milton Lane, TQ6 9HW
Newton Abbot	13 Oct	6.30pm	Exeter Road Campus, Daphne Collman Hall, 28 Old Exeter Road, TQ12 2NF
Paignton	28 Sept	9am, 4pm and 7pm	Sacred Heart Roman Catholic Church, 24 Cecil Road, TQ3 2SH
Torquay	6 Oct	6.30pm	Upton Vale Baptist Church, St. Marychurch Road, TQ1 3HY
Totnes	11 Oct	6.30pm	Totnes Civic Hall, High Street, TQ9 5SF
Widecombe	12 Oct	6.30pm	Widecombe Church House, TQ13 7TA

### Invite us to a local meeting

We are very happy to attend as many meetings that happen routinely in your community, as is practical.

If you would like us to present our proposals and answer questions, please email us to arrange this: [sdtccg.consultation@nhs.net](mailto:sdtccg.consultation@nhs.net); or write to: South Devon and Torbay CCG, Pomona House, Torquay, TQ2 7FF; or call 01803 652511.

### Read up on the detail

In addition to this document, there are more detailed papers on our website [www.southdevonandtorbayccg.nhs.uk/community-health-services](http://www.southdevonandtorbayccg.nhs.uk/community-health-services) covering:

- The clinical case for change
- Information about the use of local services
- Options and rationale
- Population case for change
- The financial case for change
- Travel times
- Summary of stakeholder engagement and feedback
- Consultation terminology.



If you need a paper copy, please email: [sdccg.consultation@nhs.net](mailto:sdccg.consultation@nhs.net); or write to: South Devon and Torbay CCG, Pomona House, Torquay, TQ2 7FF; or call 01803 652511.

You can also visit our website to find a locality-by-locality slide presentation that brings together information used in our engagement meetings over the past year and which summarises the consultation proposals.

### Follow on Twitter or Facebook

Throughout the consultation we will be holding question-and-answer sessions on Twitter and using our social media pages for sharing information.

[www.twitter.com/sdtccg](http://www.twitter.com/sdtccg)

Torquay: [www.facebook.com/ccgtorquay](http://www.facebook.com/ccgtorquay)

Paignton and Brixham: [www.facebook.com/ccgpaigntonandbrixham](http://www.facebook.com/ccgpaigntonandbrixham)

Newton Abbot: [www.facebook.com/ccgnewtonabbot](http://www.facebook.com/ccgnewtonabbot)

Moor to Sea: [www.facebook.com/ccgmoortosea](http://www.facebook.com/ccgmoortosea)

### Ask to receive our regular briefing

During our engagement discussions we have produced a series of simple stakeholder briefings to keep those involved up to date with discussions across the area. We will continue to produce these during the consultation. They will be available on our website and emailed to stakeholders. If you would like to receive these directly, please let us have your email address by emailing [sdccg.consultation@nhs.net](mailto:sdccg.consultation@nhs.net).

We will do our best to make paper copies available locally where it is possible to leave them – for example, in community centres or village halls, information points or GP practices.

### What happens next?

Our consultation starts on 1 September. All feedback will be gathered by Healthwatch (Devon and Torbay) and a report produced for consideration by the Governing Body of South Devon and Torbay Clinical Commissioning Group. All alternative suggestions will be fully explored ahead of any decision.

Both the feedback and details on alternative suggestions will be published.

Discussions will take place with GPs, providers, healthcare professionals and managers before a recommendation

is made to the CCG's Governing Body at a meeting in public in January/February 2017. Once a decision is made, it will be communicated widely and a timetable for any changes set out.

The goal will be to put any major service changes into effect before any changes are made to current provision. As indicated earlier, NHS premises which could be affected by the proposals set out in this document are owned by Torbay and South Devon NHS Foundation Trust. Should a decision be made to close and dispose of any of these NHS premises, proceeds from any sale will be used by the Trust in support of services within South Devon and Torbay.

### Any questions?

During the consultation, if you have any questions or require more information, take a look at our website: [www.southdevonandtorbayccg.nhs.uk/community-health-services](http://www.southdevonandtorbayccg.nhs.uk/community-health-services).

If you can't find what you are looking for please use one of the following ways of getting in touch:

- Email [sdccg.consultation@nhs.net](mailto:sdccg.consultation@nhs.net)
- Write to South Devon and Torbay CCG, Pomona House, Torquay, TQ2 7FF
- Call 01803 652511.

### Make sure your views count

Views expressed at public meetings will be noted by Healthwatch, and views expressed at community meetings attended by the CCG or the Trust will also be fed back to Healthwatch to be included in its consultation report. Other correspondence and petitions will also be noted by Healthwatch.

The questionnaire seeks views on the range of issues underpinning the consultation as this will help us to evolve the model of care.

For your views to be registered as part of the consultation, please complete the questionnaire at the end of this consultation document or electronically at [www.communityconsultation.co.uk](http://www.communityconsultation.co.uk). Paper copies will be available across the area and are available on request by emailing [sdccg.consultation@nhs.net](mailto:sdccg.consultation@nhs.net), or writing to South Devon and Torbay CCG, Pomona House, Torquay, TQ2 7FF, or calling 01803 652511.

# Six: Other issues

## Travel

Impact on mean (and median) travel time to closest site		
	Current model	Proposed model
Public transport weekend	29 mins (19 min)	30 mins (27 mins)
Public transport weekday	20 mins (18 mins)	26 mins (24 mins)
Car peak	7 mins (7 mins)	12 mins (13 mins)
Car off-peak	5 mins (5 mins)	8 mins (8 mins)

Impact on maximum travel time to closest site		
	Current model	Proposed model
Public transport weekend	76 mins	100 mins
Public transport weekday	76 mins	100 mins
Car peak	38 mins	45 mins
Car default speed	27 mins	32 mins

Page 42

- Travel times are based on a journey start point at LSOA (Lower Layer Super Output Areas) population centre. LSOAs are geographic areas used by the Office for National Statistics for census data and are areas that consist of between 1,000 and 3,000 people or 400 to 1,200 households.
- In calculating the above figures for public transport, we have taken travel times between 8am and 6pm for the weekend (average of both days) and for weekdays (average of five days).
- Travel times for car travel (road) are based on data from the Department for Transport (DfT). Off-Peak travel times use the DfT default car speeds. Peak travel times use the DfT average traffic speeds for the morning peak between 7am and 10am.
- For maximum and average travel times, we have calculated the time taken to get to the nearest clinical hub for each LSOA and taken the maximum and average of these times for all the LSOAs in the area. The assumption made in the new model calculations has been that an individual would travel to their nearest clinical hub.

In considering the impact of the proposals on communities, we have looked at the implications for travel.

A key element of these proposals is to bring care closer to people's homes, strengthening community-based services. So, for substantial numbers of people, travel times will be reduced as a result of being supported at or near to their home, in their local health and wellbeing centre or at their locality clinical hub. For many, travel to Torbay Hospital will no longer be necessary.

As the tables on the left indicate, where continued travel is necessary to access clinical hub services (such as community beds), the average time would increase by no more than nine minutes if the proposed changes are implemented, and the maximum time by no more than 32%.

We believe that as so many people will have their travel reduced, a nine-minute average increase for those who will need to travel is not unreasonable in terms of concentrating

limited budgets on securing improved, accessible care for the people of South Devon and Torbay.

For those patients who need to travel to a clinical hub but are not able to secure their own transport or voluntary transport, or are unable to access public transport, then patient transport may be available subject to eligibility criteria.

Additional information relating to travel times is contained in the additional support documentation available on our website or in hard copy on request.

## Urgent care centres

Nationally, the NHS is seeking to develop new and better ways of providing care through an initiative called Vanguard. This aims to speed up the pace of change in the NHS by developing better ways of delivering services which can be copied and implemented across the country.

South Devon and Torbay is one of eight urgent and emergency care Vanguards. Locally, a range of stakeholders, including staff and patients, has been involved in developing an improved

urgent and emergency care model, covering five workstreams: self-care, NHS 111, urgent care centres (UCC), shared records and mental health.

A key Vanguard rationale is to help implement change quickly and we are running this Vanguard initiative alongside and independently of the consultation. Improvements are already being made: for example, 111 and out-of-hours services have recently been re-procured and a project team is looking at the benefits that might flow from developing MIUs into UCCs.

As part of this work, elements of UCCs are likely to be piloted at Newton Abbot over the coming months so that a judgement can be made as to the benefits they could bring in South Devon and Torbay.

The piloting of some aspects of UCCs does not pre-empt the outcome of the community consultation, although, if patient benefits are identified, it is likely that we would want to build on this in the coming year.





One: Welcome  
Two: The need to change  
Three: Our proposals  
Four: What this might mean  
Five: Getting involved  
▶ Six: Other issues  
Seven: Complete the questionnaire

## National guidance

We are carrying out this consultation in line with our duties under the Health and Social Care Act 2012, section 14z2, and in line with Cabinet Office consultation principles published in January 2016.

We have also carried out equality impact assessments on our proposed model of care and our engagement and consultation process.

We have considered all characteristics protected under the Equality Act 2010 and gone further than those, to plan how we will design the consultation so that everyone can take part in it, including those who might not usually hear about such things or get around to taking part.

We are asking groups and organisations to talk about the consultation and will support them to do so. Examples of these are schools, children's centres, groups for older people, local groups that support disabled people and those with sensory loss, drug and alcohol recovery services, and organisations which provide advice.

We have also considered how we communicate changes to groups such as the travelling community, people with learning disabilities and those for whom English is not their first language. We

have identified organisations which can assist in cascading information to such groups.

In terms of the proposed model of care within localities, we have considered accessibility: travel distances, access for people with disabilities or sensory loss, public transport links and parking.

## Terminology

Like every major organisation, there is a range of technical terms used in the NHS. Here are some of the terms used most frequently in this document:

**Self-care:** personal health maintenance. Any activity of an individual, family or community, which is intended to improve or restore health, treat or prevent disease or maintain existing good health.

**Urgent care services:** outpatient care services focused on treatment for injuries or illnesses requiring immediate care but that are not serious enough to require the intensive care and facilities of the acute hospital.

**Intermediate care:** a range of integrated services provided for a limited period of time to promote faster recovery from illness, prevent unnecessary acute hospital admission and premature admission to long-term residential care, support

timely discharge from hospital and maximise independent living.

**Long-term condition:** a condition that lasts longer than a year, impacts on a person's life and may require ongoing care and support. Examples include diabetes, asthma, arthritis and Chronic Obstructive Pulmonary Disease (COPD). Long-term conditions become more prevalent with age and older people are more likely to have more than one long-term condition.

**Primary care:** The care given by a health provider, often a GP, who typically acts as the principle point of consultation for patients and who coordinates access to other specialists.

**Secondary care:** healthcare services provided by medical specialists and other healthcare professionals who generally do not have the first contact with the patient.

## And finally

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 Torbay and South Devon NHS Foundation Trust have sought to develop a model that takes advantage of modern, evidence-based practices, responds to what people tell us they want, and is sustainable and affordable.

This is an opportunity to build with local people a strong system that places compassionate care at its heart, and which will deliver quality care for the diverse communities of South Devon and Torbay.

Please give us your views by completing the questionnaire on the following pages.

# Seven: Complete the consultation feedback questionnaire

## To formally take part in the consultation

The questions here are presented in sections covering people's preferences for health services and the challenges we face, the proposed new model of care, and the best way we think it can be implemented. Each question provides an opportunity to comment on a number of areas and we would like you to give your views on each.

Question 13 enables you to comment more generally on the consultation proposals or to expand on the reasons for any of your answers.

The final section seeks more general information, designed to enable us to assess whether the responses received are representative of our diverse communities.

It is easier – and cheaper – to complete our feedback questionnaire electronically at [www.communityconsultation.co.uk](http://www.communityconsultation.co.uk). If completing this printed version, please send it to Healthwatch Torbay, Freepost-RTCG-TRXX-ZZKJ, Paignton Library & Information Centre, Great Western Road, Paignton, TQ4 5AG.

If there is not enough room for you to provide comments, please do so on a separate piece of paper and give the number of the question to which you are responding

## Service preferences and challenges

1. Do you think that what people told us they wanted from health services in 2013 still applies today?

	Yes	No	Don't know
Accessible services – convenient opening hours, transport and accessible buildings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Better communication – between clinician and patient, and between clinicians themselves	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Continuity of care – to allow relationship-building with clinicians and carers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coordination of care – including joined-up information systems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support to stay at home – with a wide range of services and support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Is there anything else you would want to see? Please list:

Please continue, if necessary, on a separate sheet

2. Do you feel that the NHS needs to change the way it delivers services so as to:

	Yes	No	Don't know
Establish better joint working between services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Look after the rising number of elderly people, many with long-term conditions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tackle differences in life expectancy between affluent and deprived areas?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide alternatives to A&E for non-emergency care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ensure that we have enough appropriately experienced staff to look after patients safely?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Make best use of the money available?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Do you think that we should develop more community health services to help keep people out of hospital and avoid unnecessary use of hospital beds?

Yes	No	Don't know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## New model of care

4. The NHS should support people to keep well and independent for as long as possible by:

	Strongly agree	Agree	Disagree	Strongly Disagree
Investing in health promotion activities (eg exercise classes for those with heart and lung disease)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing support nearer to where people live	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developing more out-of-hospital care and treatments, especially for older, frail people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Funding more community services by reducing the number of hospital beds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page 46

Hospital beds are for patients requiring medical and nursing care that cannot be provided elsewhere and should not be used for people:

	Strongly agree	Agree	Disagree	Strongly Disagree
Who no longer need nursing or medical care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Who feel lonely or isolated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Who have medical needs that can be managed at home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Who have medical needs that can be met in a care home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Whose family feel unable to look after them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. When resources are limited, the NHS should prioritise the use of staff and funding to:

	Strongly agree	Agree	Disagree	Strongly Disagree
Help keep more people well for longer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treat people with the most complicated health conditions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Care for people in their own homes or close to where they live	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Keep open all community hospitals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Implementing the model of care

7. If you need to see a specialist (eg at an outpatient clinic), the most important aspects to you are:

	Strongly agree	Agree	Disagree	Strongly Disagree
The time I have to wait for an appointment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The distance I have to travel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The expertise of the specialist that I see	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Minor injuries units, which provide treatment for non-life-threatening problems and less serious injuries (such as suspected broken bones and sprains, burns and scalds) should:

	Strongly agree	Agree	Disagree	Strongly Disagree
Be open consistent hours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Be open seven days a week	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have x-ray diagnostic services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Be staffed by specialists experienced in dealing with minor injuries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Be easily reached and have good car parking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Operate different hours in different locations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Offer different services in different locations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. If the choice is between:

Using resources to keep open community hospitals which look after people from across the CCG area

OR

Using these resources to expand community health services by recruiting trained nurses and therapists to help keep people healthier, out of hospital and supported closer to their homes

do you agree that it is better to do the latter?

Yes	No
-----	----

If you answered 'yes', please go to question 10 (pages 30 and 31). If you answered 'no', please go to question 11 (page 32).

10. If your answer to Question 9 is 'yes', please respond to the statements below:

Close Ashburton and Buckfastleigh Hospital

Yes

No

Don't know

Please give the reason for your choice:

Please continue, if necessary, on a separate sheet

Page 48

Close Bovey Tracey Hospital

Yes

No

Don't know

Please give the reason for your choice:

Please continue, if necessary, on a separate sheet



10 continued... If your answer to Question 9 is 'yes', please respond to the statements below:

Close Dartmouth Hospital

Yes

No

Don't know

Please give the reason for your choice:

Please continue, if necessary, on a separate sheet

Close Paignton Hospital

Yes

No

Don't know

Please give the reason for your choice:

Please continue, if necessary, on a separate sheet

11. If your answer to Question 9 is 'no', please say why:

Please continue, if necessary, on a separate sheet

12. People sometimes need nursing with extra support and care, following a period of ill health, to help them recover and regain their independence. If similar levels of care and support can be provided, this should be delivered:

Strongly agree	Agree	Disagree	Strongly Disagree
----------------	-------	----------	-------------------

Page 50 a person's own home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
a community hospital	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
a care home near to a person's home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. If you want to comment generally on the proposals set out in this document or have any alternative ideas to put forward for consideration which meet the future needs of our population and the challenges described in this document, please tell us about them below (or in an additional submission):

Please continue, if necessary, on a separate sheet

## Other information

To help put this information into context and ensure we are attracting feedback from across the South Devon and Torbay CCG area please complete the following questions:

14. If responding as an individual, are you a:

- |   |   |  |
|---|---|--|
| <input type="radio"/> Member of the public?             | <input type="radio"/> Social care/local authority employee? | <input type="radio"/> Prefer not to say? |
| <input type="radio"/> Foundation Trust member/governor? | <input type="radio"/> Independent/third sector employee?    |  |
| <input type="radio"/> NHS employee?                     | <input type="radio"/> Volunteer in health or social care?   |  |

Page 51

15. If you are responding on behalf of an organisation, please tell us what type:

- |  |   |  |
|--|---|--|
| <input type="radio"/> NHS provider organisation      | <input type="radio"/> Patient representative organisation | <input type="radio"/> Other – please state in the box                    |
| <input type="radio"/> County or district council     | <input type="radio"/> League of Friends or equivalent     | <div style="border: 1px solid black; height: 100px; width: 100%;"></div> |
| <input type="radio"/> Town council or parish council | <input type="radio"/> Independent healthcare provider     |  |
| <input type="radio"/> Third sector provider          |   |  |

16. Postcode (so that we will know if we are getting feedback from across the area)

- |  |                                      |                                 |
|--|--------------------------------------|---------------------------------|
| <input type="radio"/> Postcode (first four digits) | <input type="radio"/> No fixed abode | <input type="radio"/> Traveller |
|--|--------------------------------------|---------------------------------|

## 17. Age

- |                                |                                   |
|--------------------------------|-----------------------------------|
| <input type="radio"/> Under 16 | <input type="radio"/> 55-64       |
| <input type="radio"/> 16-24    | <input type="radio"/> 65-74       |
| <input type="radio"/> 25-34    | <input type="radio"/> 75-84       |
| <input type="radio"/> 35-44    | <input type="radio"/> 85 and over |
| <input type="radio"/> 45-54    |                                   |

## 18. Do you consider yourself to have a disability?

- |                           |                          |
|---------------------------|--------------------------|
| <input type="radio"/> Yes | <input type="radio"/> No |
|---------------------------|--------------------------|

## 19. Do you have one or more long-term health conditions?

- |                           |                          |
|---------------------------|--------------------------|
| <input type="radio"/> Yes | <input type="radio"/> No |
|---------------------------|--------------------------|

## 20. Do you consider yourself to be a carer?

- |                           |                          |
|---------------------------|--------------------------|
| <input type="radio"/> Yes | <input type="radio"/> No |
|---------------------------|--------------------------|

## 21. Gender

- |                                   |   |
|-----------------------------------|---|
| <input type="radio"/> Male        | <input type="radio"/> Gender fluid      |
| <input type="radio"/> Female      | <input type="radio"/> Prefer not to say |
| <input type="radio"/> Transgender |   |

## 22. Sexuality

- |                                    |   |
|------------------------------------|---|
| <input type="radio"/> Heterosexual | <input type="radio"/> Bi-sexual         |
| <input type="radio"/> Gay          | <input type="radio"/> Prefer not to say |
| <input type="radio"/> Lesbian      |   |

## 23. Ethnic group – which category best describes your ethnicity? Please tick the appropriate circle to indicate

- |  |  |
|--|--|
| <input type="radio"/> White: British                 | <input type="radio"/> Mixed: Other                     |
| <input type="radio"/> White: Irish                   | <input type="radio"/> Chinese                          |
| <input type="radio"/> White: European                | <input type="radio"/> Japanese                         |
| <input type="radio"/> White: Other                   | <input type="radio"/> Asian/Asian British: Indian      |
| <input type="radio"/> Black/Black British: Caribbean | <input type="radio"/> Asian/Asian British: Pakistani   |
| <input type="radio"/> Black/Black British: African   | <input type="radio"/> Asian/Asian British: Bangladeshi |
| <input type="radio"/> Black/Black British: European  | <input type="radio"/> Asian/Asian British: Other       |
| <input type="radio"/> Black/Black British: Other     | <input type="radio"/> Other ethnic group               |
| <input type="radio"/> Mixed: White & Black Caribbean |  |
| <input type="radio"/> Mixed: White & Black African   |  |
| <input type="radio"/> Mixed: White & Asian           |  |

**Please see next page  
for return address**

## Returning the questionnaire to Healthwatch

Thank you very much for completing this questionnaire and for formally contributing to this consultation. Please post your completed questionnaire to: Healthwatch Torbay, Freepost-RTCG-TRXX-ZZKJ, Paignton Library & Information Centre, Great Western Road, Paignton, TQ4 5AG.

There is no need to provide your name and address. If, however, you have suggested an alternative approach, providing contact details below will enable us to get in touch if necessary to clarify any aspect of your proposals.

### OPTIONAL

Name: .....

Email: ..... Phone number: .....

Address: .....

No information which could identify an individual will be passed to the CCG, other than where it is necessary to follow up alternative proposals.

Page 53

For the latest information on the consultation, please go to the following link:

[www.southdevonandtorbayccg.nhs.uk/community-health-services](http://www.southdevonandtorbayccg.nhs.uk/community-health-services) where all the documentation, meeting dates and frequently asked questions can be found. You can also access a link to the consultation questionnaire and watch some short videos about different aspects of the consultation.

If you have any questions about the consultation, want to receive paper copies of the documentation or invite us to attend a public meeting please contact us:

- Email [sdtccg.consultation@nhs.net](mailto:sdtccg.consultation@nhs.net)
- Write to South Devon and Torbay CCG, Pomona House, Torquay, TQ2 7FF
- Call 01803 652511 office hours (answer phone messaging at other times)

We will respond to emails and letters within five working days and to telephone messages by the end of the next working day.

You can also follow us on Facebook and Twitter (see page 23 for details).

# Into the future

## Re-shaping community-based health services in Paignton and Brixham

A public consultation: Thursday 1 September to Wednesday 23 November 2016



Page 54

Driving quality, delivering value, improving services  
[www.southdevonandtorbayccg.nhs.uk/community-health-services](http://www.southdevonandtorbayccg.nhs.uk/community-health-services)

1. Consultation and benefits
2. A new approach and delivering change
3. The potential impact
4. Taking part and finding out more
5. Complete the questionnaire



South Devon and Torbay Clinical Commissioning Group is responsible for planning and organising health services for local people. It is divided into five localities – each led by local GPs.

# Consultation and benefits

## A public consultation: Thursday 1 September to Wednesday 23 November 2016

We're asking people in South Devon and Torbay what they think of proposals for more community-based healthcare and support, closer to their homes.

We want our services to be available when people need help and to make sure that patients don't have to go into hospital unnecessarily.

The CCG is seeking feedback on its proposals and listening to alternative ideas for strengthening services. Any proposals must meet increasing health needs, be clinically sound, sustainable and affordable.

The consultation proposals respond to increasing demand for healthcare, the need to strengthen services that most people use and the benefits to be gained from switching resources from bed-based hospital care to community-based care, enabling more people to be supported in or near their own homes.


We want to hear the views of those who may be affected and who live in the four localities – Moor to Sea, Newton Abbot, Paignton and Brixham, and Torquay – which are part of this consultation. (Our Coastal locality is not part of this process because we consulted there in 2015 and improvements are currently being implemented.) Find out how to take part in this consultation on page 4 and complete the feedback questionnaire (pages 5-12).

## The benefits we want to see

We asked people in 2013 what they wanted from their health and care services. We have been exploring how we can best respond to what people said, most recently working with Torbay and South Devon NHS Foundation Trust (TSDFT) which provides most of our community-based services. By changing the way we do things and by working more closely with social care, we believe our new way of working will deliver benefits such as:

- Easier access to a wider range of community-based services to help people stay well and to support them when they are not

- Earlier identification of those at risk of becoming more unwell through focusing on prevention and self-help
- Properly staffed and resourced community hospitals able to deliver quality, safe care
- Safe, high-quality hospital care when needed but keeping people out of hospital when they don't need to be there
- Reduced 'bed blocking' in hospitals as a result of effective alternative community-based support
- Treatment and recuperation at home, recognising that 'the best bed is your own bed'
- Reduced pressure on A&E by strengthening minor injuries units (MIUs) to treat a wide range of problems, keeping Torbay's A&E service free to deal with life-threatening issues
- Greater investment in local services by switching funding from hospital to community-based care
- Closer working by different organisations which support people's wellbeing to provide local, seamless

- 
- ▶ 1. Consultation and benefits
  2. A new approach and delivering change
  3. The potential impact
  4. Taking part and finding out more
  5. Complete the questionnaire


care and to make services greater than the sum of their parts

- Reduced demand for services as a result of helping people live independent lives for longer.

Since last summer, the CCG, supported by TSDFT, has engaged with groups across the area to discuss how best to deliver services which would meet the future needs of our local population. These engagement discussions involved a range of interests and expertise and looked at, for example, the predicted health needs of our population, the use of hospital beds to look after people who can no longer live on their own, ways of providing more care in the local community and the difficulties of attracting specialist staff to the area.

In parallel with these discussions, representatives of the CCG, Torbay Council, Devon County Council, TSDFT and primary care, including senior clinicians, have drawn on the feedback provided and informed also by TSDFT staff, considered how best to provide future services.

# A new approach and delivering change

1. Consultation and benefits
  - ▶ 2. A new approach and delivering change
  3. The potential impact
  4. Taking part and finding out more
  5. Complete the questionnaire
- 

## A new approach

If implemented, our proposals would see 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. Accessing services would be made simpler through a central contact point.

Page 6  
The four core elements to deliver this approach locally are:

**Clinical hubs:** In each locality there would be a clinical hub providing people with better access to medical, clinical and specialist services. These hubs would offer a broad range of services to people and, although one is proposed in each locality, they could be used by everybody irrespective of where they live.

The clinical hubs would offer services such as outpatient appointments, specialist conditions clinics and inpatient services. By bringing services together in a single location we would reduce the need for people to travel to Torbay Hospital to access services.

Totnes and Newton Abbot would also offer access to minor injuries units

(MIUs). The hubs would be provided in buildings that are of a high clinical standard and, where necessary, additional investment would be made to improve the quality of environment and range of services offered.

**Local health and wellbeing centres:** these would be linked to the clinical hub and see community staff based locally and working alongside GPs, pharmacists and voluntary-sector organisations to provide the health and wellbeing services most frequently used by local people. They would be located in Ashburton/Buckfastleigh, Bovey Tracey/Chudleigh, Brixham, Dartmouth, Newton Abbot, Paignton, Totnes and Torquay.

**Health and wellbeing teams:** these are made up of the staff based in these centres and would include community health and social care staff, mental health professionals and voluntary organisations. Together they would organise and deliver services to meet most of the local population's health and social care needs.

**Intermediate care provision:** this is provided to people who need extra support and care following a period of ill-health. It is designed to help

people recover more quickly, maximising their independence and helping them to resume normal activities. Intermediate care also supports more timely discharge from hospital and helps to avoid unnecessary hospital admissions by supporting people in their local communities, either at home or in another care setting. By switching resources to home-based care, we would be able to strengthen intermediate care teams, with seven-day cover and input from doctors, pharmacists and personal care teams.

## Delivering these changes

**Investment:** strengthening community-based services by investing in:

- Wellbeing coordinators
- Clinics and services for people with multiple long-term conditions
- Additional intermediate care services to support people to return to maximum independence, in or close to people's own homes, in local residential and nursing homes.

**Fewer, safer community hospital beds:** many patients remain in hospital too long because the community-based

support they need is not available. We are therefore proposing to close four community hospitals (Ashburton and Buckfastleigh, Bovey Tracey, Dartmouth and Paignton) so that more money can be invested in local community teams. Community hospital beds would continue to be available in Brixham, Newton Abbot, Totnes and Dawlish for patients who need them.

**Stronger minor injuries units (MIUs):** people can't rely on MIUs being open at present because staff and resources are spread too thinly. By reducing them to three and concentrating our staff in Newton Abbot and Totnes, as well as Dawlish, MIUs would open 8am to 8pm, seven days a week and would have x-ray diagnostic services. This means that MIUs in Ashburton, Dartmouth (both currently suspended), Brixham and Paignton would close.

## Intermediate and domiciliary care

Discussions have already taken place with local authority colleagues and with some care home operators to see how we can stimulate this market to provide greater provision.



# The potential impact

1. Consultation and benefits
2. A new approach and delivering change
- ▶ 3. **The potential impact**
4. Taking part and finding out more
5. Complete the questionnaire



## PAIGNTON AND BRIXHAM

### What would be different?

A clinical hub would be established at Brixham Community Hospital that would include community inpatient beds and a range of specialist services to reduce the need to travel as far for specialist care. These would include a new multi long-term conditions service, extended specialist outpatient clinics and community-based rehabilitation services.

The current MIU services offered at Paignton and Brixham Community Hospitals are not sustainable in their current form and, under these proposals, would close. People would 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 would

operate consistently seven days a week, 8am to 8pm, and provide x-ray diagnostics.

For the population of Brixham and Paignton the local health and wellbeing teams would be co-located, where possible, with local GP services. These teams would provide community nursing, physiotherapy, occupational therapy and social care support.

To deliver more expert care to people in their own homes, we would invest money into more community-based staff and enhanced intermediate care services. They would work in partnership with local care home providers to deliver more local intermediate care beds. Providing much more care to people in or near their own home means that the buildings from which

we currently deliver inpatient and community services including Paignton Community Hospital (28 beds but currently 12 beds are temporarily closed due to safe staffing issues), Midvale Clinic and Church Street would no longer be required and would close if these proposals are approved.

Community inpatient care and more specialist services such as audiology, cardiology and dermatology outpatient

clinics for the population of Paignton would be provided at their nearest clinical hub in Brixham, Totnes or Newton Abbot.

Staff delivering care directly to people in their own homes would have an integrated office base in the King's Ash area, providing easy access to Paignton and Brixham.

### What could services look like and where would they be?

**Clinical hub in Brixham** (currently Brixham Hospital)

- New multi long-term conditions clinic
- Specialist outpatient clinics
- Community beds (16 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)

- Community clinics
- Pharmacist
- Enhanced primary care MIU services
- Health and wellbeing team

**Health and wellbeing centre in Totnes** (options are being explored to co-locate with GPs)





1. Consultation and benefits
2. A new approach and delivering change
3. The potential impact
- ▶ 4. Taking part and finding out more
5. Complete the questionnaire

# Taking part and finding out more

## How to take part in this consultation

- **Read up on the detail:** this pamphlet summarises a more detailed document which, with other material, is available to download from:  
[www.southdevonandtorbayccg.nhs.uk/community-health-services](http://www.southdevonandtorbayccg.nhs.uk/community-health-services).  
Paper copies are available on request.

**Come to a public meeting to discuss these proposals:** the meetings in the Paignton and Brixham locality are listed below. A full list of public meetings is included in the main consultation document and online at:  
[www.southdevonandtorbayccg.nhs.uk/community-health-services](http://www.southdevonandtorbayccg.nhs.uk/community-health-services).

- **Invite us to a meeting in your community:** we will attend as many as is practical, so if you would like us to

present our proposals and answer your questions, just get in touch.

- **Follow on Twitter or Facebook:** we will post information on our Paignton and Brixham Facebook page:  
[facebook.com/ccgpaigntonandbrixham](https://facebook.com/ccgpaigntonandbrixham) and hold question-and-answer sessions on Twitter ([twitter.com/sdtccg](https://twitter.com/sdtccg)).

- **Ask to receive our regular briefing:** an email briefing will keep people in touch with developments, so please let us have your email address if you want to receive it.

## What happens next?

Healthwatch will coordinate all views expressed at public or community meetings attended by the CCG or by Torbay and South Devon NHS Foundation Trust, and will include these in its consultation report.

Other correspondence and petitions will also be noted by Healthwatch.

We would like individual views on the issues which underpin the consultation and for these to be registered as part of the consultation.

## Anonymity

No information which could identify an individual will be passed to the CCG, other than where it is necessary to follow up alternative proposals.

## Make sure your views count

We would like your individual views on the issues which underpin the consultation. For your views to be registered as part of the consultation, please either complete the questionnaire at [www.communityconsultation.co.uk](http://www.communityconsultation.co.uk)

or, if this is not possible, fill it in on the following pages and return it to us by post at: Healthwatch Torbay, Freepost-RTCG-TRXX-ZZKJ, Paignton Library & Information Centre, Great Western Road, Paignton, TQ4 5AG or hand it to Healthwatch at a meeting.

## Any questions?

Take a look at our website, where you will find Frequently Asked Questions: [www.southdevonandtorbayccg.nhs.uk/community-health-services](http://www.southdevonandtorbayccg.nhs.uk/community-health-services).

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- Email [sdtccg.consultation@nhs.net](mailto:sdtccg.consultation@nhs.net)
- Write to South Devon and Torbay CCG, Pomona House, Torquay, TQ2 7FF
- Call 01803 652511 during office hours.

Location	Date	Time	Venue
Brixham	29 Sept	6.30pm	Scala Hall, Market Street, Brixham, TQ5 8TA
Paignton	28 Sept	9am, 4pm and 7pm	Sacred Heart Roman Catholic Church, 24 Cecil Road, Paignton, TQ3 2SH

# Seven: Complete the consultation feedback questionnaire

## To formally take part in the consultation

The questions here are presented in sections covering people's preferences for health services and the challenges we face, the proposed new model of care, and the best way we think it can be implemented. Each question provides an opportunity to comment on a number of areas and we would like you to give your views on each.

Question 13 enables you to comment more generally on the consultation proposals or to expand on the reasons for any of your answers.

The final section seeks more general information, designed to enable us to assess whether the responses received are representative of our diverse communities.

It is easier – and cheaper – to complete our feedback questionnaire electronically at [www.communityconsultation.co.uk](http://www.communityconsultation.co.uk). If completing this printed version, please send it to Healthwatch Torbay, Freepost-RTCG-TRXX-ZZKJ, Paignton Library & Information Centre, Great Western Road, Paignton, TQ4 5AG.

If there is not enough room for you to provide comments, please do so on a separate piece of paper and give the number of the question to which you are responding

## Service preferences and challenges

1. Do you think that what people told us they wanted from health services in 2013 still applies today?

Yes	No	Don't know
-----	----	------------

Accessible services – convenient opening hours, transport and accessible buildings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Better communication – between clinician and patient, and between clinicians themselves	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Continuity of care – to allow relationship-building with clinicians and carers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coordination of care – including joined-up information systems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support to stay at home – with a wide range of services and support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Is there anything else you would want to see? Please list:

Please continue, if necessary, on a separate sheet

2. Do you feel that the NHS needs to change the way it delivers services so as to:

Yes	No	Don't know
-----	----	------------

Establish better joint working between services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Look after the rising number of elderly people, many with long-term conditions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tackle differences in life expectancy between affluent and deprived areas?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide alternatives to A&E for non-emergency care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ensure that we have enough appropriately experienced staff to look after patients safely?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Make best use of the money available?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Feedback form continued...

3. Do you think that we should develop more community health services to help keep people out of hospital and avoid unnecessary use of hospital beds?

Yes	No	Don't know
-----	----	------------

## New model of care

4. The NHS should support people to keep well and independent for as long as possible by:

Strongly agree	Agree	Disagree	Strongly Disagree
----------------	-------	----------	-------------------

Investing in health promotion activities (eg exercise classes for those with heart and lung disease)

Providing support nearer to where people live

Developing more out-of-hospital care and treatments, especially for older, frail people

Funding more community services by reducing the number of hospital beds

Page 60

Hospital beds are for patients requiring medical and nursing care that cannot be provided elsewhere and should not be used for people:

Strongly agree	Agree	Disagree	Strongly Disagree
----------------	-------	----------	-------------------

Who no longer need nursing or medical care

Who feel lonely or isolated

Who have medical needs that can be managed at home

Who have medical needs that can be met in a care home

Whose family feel unable to look after them

6. When resources are limited, the NHS should prioritise the use of staff and funding to:

Strongly agree	Agree	Disagree	Strongly Disagree
----------------	-------	----------	-------------------

Help keep more people well for longer

Treat people with the most complicated health conditions

Care for people in their own homes or close to where they live

Keep open all community hospitals

## Implementing the model of care

7. If you need to see a specialist (eg at an outpatient clinic), the most important aspects to you are:

	Strongly agree	Agree	Disagree	Strongly Disagree
The time I have to wait for an appointment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The distance I have to travel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The expertise of the specialist that I see	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Minor injuries units, which provide treatment for non-life-threatening problems and less serious injuries (such as suspected broken bones and sprains, burns and scalds) should:

	Strongly agree	Agree	Disagree	Strongly Disagree
Be open consistent hours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Be open seven days a week	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have x-ray diagnostic services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Be staffed by specialists experienced in dealing with minor injuries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Be easily reached and have good car parking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Operate different hours in different locations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Offer different services in different locations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. If the choice is between:

Using resources to keep open community hospitals which look after people from across the CCG area

OR

Using these resources to expand community health services by recruiting trained nurses and therapists to help keep people healthier, out of hospital and supported closer to their homes

do you agree that it is better to do the latter?

Yes	No
<input type="radio"/>	<input type="radio"/>

If you answered 'yes', please go to question 10 (pages 30 and 31). If you answered 'no', please go to question 11 (page 32).

10. If your answer to Question 9 is 'yes', please respond to the statements below:

Close Ashburton and Buckfastleigh Hospital

Yes

No

Don't know

Please give the reason for your choice:

Please continue, if necessary, on a separate sheet

Page 62

Close Bovey Tracey Hospital

Yes

No

Don't know

Please give the reason for your choice:

Please continue, if necessary, on a separate sheet

10 continued... If your answer to Question 9 is 'yes', please respond to the statements below:

Close Dartmouth Hospital

Yes

No

Don't know

Please give the reason for your choice:

Please continue, if necessary, on a separate sheet

Close Paignton Hospital

Yes

No

Don't know

Please give the reason for your choice:

Please continue, if necessary, on a separate sheet

11. If your answer to Question 9 is 'no', please say why:

Please continue, if necessary, on a separate sheet

12. People sometimes need nursing with extra support and care, following a period of ill health, to help them recover and regain their independence. If similar levels of care and support can be provided, this should be delivered:

Strongly agree	Agree	Disagree	Strongly Disagree
----------------	-------	----------	-------------------

a person's own home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
a community hospital	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
a care home near to a person's home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. If you want to comment generally on the proposals set out in this document or have any alternative ideas to put forward for consideration which meet the future needs of our population and the challenges described in this document, please tell us about them below (or in an additional submission):

Please continue, if necessary, on a separate sheet



## Other information

To help put this information into context and ensure we are attracting feedback from across the South Devon and Torbay CCG area please complete the following questions:

14. If responding as an individual, are you a:

- Member of the public?
- Foundation Trust member/governor?
- NHS employee?
- Social care/local authority employee?
- Independent/third sector employee?
- Volunteer in health or social care?
- Prefer not to say?

15. If you are responding on behalf of an organisation, please tell us what type:

- NHS provider organisation
- County or district council
- Town council or parish council
- Third sector provider
- Patient representative organisation
- League of Friends or equivalent
- Independent healthcare provider
- Other – please state in the box

16. Postcode (so that we will know if we are getting feedback from across the area)

- No fixed abode
- Traveller
- Postcode (first four digits)

17. Age

- Under 16
- 16-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75-84
- 85 and over

18. Do you consider yourself to have a disability?

- Yes
- No

19. Do you have one or more long-term health conditions?

- Yes
- No

20. Do you consider yourself to be a carer?

- Yes  No

21. Gender

- Male  Gender fluid  
 Female  Prefer not to say  
 Transgender

22. Sexuality

- Heterosexual  Bi-sexual  
 Gay  Prefer not to say  
 Lesbian

23. Ethnic group – which category best describes your ethnicity?  
Please tick the appropriate circle to indicate

- |  |  |
|--|--|
| <input type="radio"/> White: British                 | <input type="radio"/> Mixed: Other                     |
| <input type="radio"/> White: Irish                   | <input type="radio"/> Chinese                          |
| <input type="radio"/> White: European                | <input type="radio"/> Japanese                         |
| <input type="radio"/> White: Other                   | <input type="radio"/> Asian/Asian British: Indian      |
| <input type="radio"/> Black/Black British: Caribbean | <input type="radio"/> Asian/Asian British: Pakistani   |
| <input type="radio"/> Black/Black British: African   | <input type="radio"/> Asian/Asian British: Bangladeshi |
| <input type="radio"/> Black/Black British: European  | <input type="radio"/> Asian/Asian British: Other       |
| <input type="radio"/> Black/Black British: Other     | <input type="radio"/> Other ethnic group               |
| <input type="radio"/> Mixed: White & Black Caribbean |  |
| <input type="radio"/> Mixed: White & Black African   |  |
| <input type="radio"/> Mixed: White & Asian           |  |

Please see overleaf  
for return address

## Returning the questionnaire to Healthwatch

Thank you very much for completing this questionnaire and for formally contributing to this consultation. Please post your completed questionnaire to: Healthwatch Torbay, Freepost-RTCG-TRXX-ZZKJ, Paignton Library & Information Centre, Great Western Road, Paignton, TQ4 5AG.

There is no need to provide your name and address. If, however, you have suggested an alternative approach, providing contact details below will enable us to get in touch if necessary to clarify any aspect of your proposals.

### OPTIONAL

Name: .....

Email: ..... Phone number: .....

Address: .....

No information which could identify an individual will be passed to the CCG, other than where it is necessary to follow up alternative proposals.

Page 67

For the latest information on the consultation, please go to the following link:

[www.southdevonandtorbayccg.nhs.uk/community-health-services](http://www.southdevonandtorbayccg.nhs.uk/community-health-services) where all the documentation, meeting dates and frequently asked questions can be found. You can also access a link to the consultation questionnaire and watch some short videos about different aspects of the consultation.

If you have any questions about the consultation, want to receive paper copies of the documentation or invite us to attend a public meeting please contact us:

- Email [sdtccg.consultation@nhs.net](mailto:sdtccg.consultation@nhs.net)
- Write to South Devon and Torbay CCG, Pomona House, Torquay, TQ2 7FF
- Call 01803 652511 office hours (answer phone messaging at other times)

We will respond to emails and letters within five working days and to telephone messages by the end of the next working day.

You can also follow us on Facebook and Twitter (see page 23 for details).

# Into the future

Re-shaping community-based health services in Torquay

A public consultation: Thursday 1 September to Wednesday 23 November 2016



Page 68

Driving quality, delivering value, improving services  
[www.southdevonandtorbayccg.nhs.uk/community-health-services](http://www.southdevonandtorbayccg.nhs.uk/community-health-services)

**NHS**  
**South Devon and Torbay**  
**Clinical Commissioning Group**

1. Consultation and benefits
2. A new approach and delivering change
3. The potential impact
4. Taking part and finding out more
5. Complete the questionnaire



South Devon and Torbay Clinical Commissioning Group is responsible for planning and organising health services for local people. It is divided into five localities – each led by local GPs.

Agenda Item 2  
Appendix 5

# Consultation and benefits

**A public consultation:  
Thursday 1 September to  
Wednesday 23 November  
2016**

We're asking people in South Devon and Torbay what they think of proposals for more community-based healthcare and support, closer to their homes.

We want our services to be available when people need help and to make sure that patients don't have to go into hospital unnecessarily.

The CCG is seeking feedback on its proposals and listening to alternative ideas for strengthening services. Any proposals must meet increasing health needs, be clinically sound, sustainable and affordable.

The consultation proposals respond to increasing demand for healthcare, the need to strengthen services that most people use and the benefits to be gained from switching resources from bed-based hospital care to community-based care, enabling more people to be supported in or near their own homes.

We want to hear the views of those who may be affected and who live in the four localities – Moor to Sea, Newton Abbot, Paignton and Brixham, and Torquay – which are part of this consultation. (Our Coastal locality is not part of this process because we consulted there in 2015 and improvements are currently being implemented.) Find out how to take part in this consultation on page 4 and complete the feedback questionnaire (pages 5-12).

## The benefits we want to see

We asked people in 2013 what they wanted from their health and care services. We have been exploring how we can best respond to what people said, most recently working with Torbay and South Devon NHS Foundation Trust (TSDFT) which provides most of our community-based services. By changing the way we do things and by working more closely with social care, we believe our new way of working will deliver benefits such as:

- Easier access to a wider range of community-based services to help people stay well and to support them when they are not

- Earlier identification of those at risk of becoming more unwell through focusing on prevention and self-help
- Properly staffed and resourced community hospitals able to deliver quality, safe care
- Safe, high-quality hospital care when needed but keeping people out of hospital when they don't need to be there
- Reduced 'bed blocking' in hospitals as a result of effective alternative community-based support
- Treatment and recuperation at home, recognising that 'the best bed is your own bed'
- Reduced pressure on A&E by strengthening minor injuries units (MIUs) to treat a wide range of problems, keeping Torbay's A&E service free to deal with life-threatening issues
- Greater investment in local services by switching funding from hospital to community-based care
- Closer working by different organisations which support people's wellbeing to provide local, seamless

**Into the future**  
Re-shaping community-based  
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care and to make services greater than the sum of their parts

- Reduced demand for services as a result of helping people live independent lives for longer.

Since last summer, the CCG, supported by TSDFT, has engaged with groups across the area to discuss how best to deliver services which would meet the future needs of our local population. These engagement discussions involved a range of interests and expertise and looked at, for example, the predicted health needs of our population, the use of hospital beds to look after people who can no longer live on their own, ways of providing more care in the local community and the difficulties of attracting specialist staff to the area.

In parallel with these discussions, representatives of the CCG, Torbay Council, Devon County Council, TSDFT and primary care, including senior clinicians, have drawn on the feedback provided and informed also by TSDFT staff, considered how best to provide future services.



1. Consultation and benefits
- ▶ 2. A new approach and delivering change
3. The potential impact
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# A new approach and delivering change

## A new approach

If implemented, our proposals would see 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. Accessing services would be made simpler through a central contact point.

The four core elements to deliver this approach locally are:

**Clinical hubs:** In each locality there would be a clinical hub providing people with better access to medical, clinical and specialist services. These hubs would offer a broad range of services to people and, although one is proposed in each locality, they could be used by everybody irrespective of where they live.

The clinical hubs would offer services such as outpatient appointments, specialist conditions clinics and inpatient services. By bringing services together in a single location we would reduce the need for people to travel to Torbay Hospital to access services.

Totnes and Newton Abbot would also offer access to minor injuries units

(MIUs). The hubs would be provided in buildings that are of a high clinical standard and, where necessary, additional investment would be made to improve the quality of environment and range of services offered.

**Local health and wellbeing centres:** these would be linked to the clinical hub and see community staff based locally and working alongside GPs, pharmacists and voluntary-sector organisations to provide the health and wellbeing services most frequently used by local people. They would be located in Ashburton/Buckfastleigh, Bovey Tracey/Chudleigh, Brixham, Dartmouth, Newton Abbot, Paignton, Totnes and Torquay.

**Health and wellbeing teams:** these are made up of the staff based in these centres and would include community health and social care staff, mental health professionals and voluntary organisations. Together they would organise and deliver services to meet most of the local population's health and social care needs.

**Intermediate care provision:** this is provided to people who need extra support and care following a period of ill-health. It is designed to help

people recover more quickly, maximising their independence and helping them to resume normal activities. Intermediate care also supports more timely discharge from hospital and helps to avoid unnecessary hospital admissions by supporting people in their local communities, either at home or in another care setting. By switching resources to home-based care, we would be able to strengthen intermediate care teams, with seven-day cover and input from doctors, pharmacists and personal care teams.

## Delivering these changes

**Investment:** strengthening community-based services by investing in:

- Wellbeing coordinators
- Clinics and services for people with multiple long-term conditions
- Additional intermediate care services to support people to return to maximum independence, in or close to people's own homes, in local residential and nursing homes.

**Fewer, safer community hospital beds:** many patients remain in hospital too long because the community-based

support they need is not available. We are therefore proposing to close four community hospitals (Ashburton and Buckfastleigh, Bovey Tracey, Dartmouth and Paignton) so that more money can be invested in local community teams. Community hospital beds would continue to be available in Brixham, Newton Abbot, Totnes and Dawlish for patients who need them.

**Stronger minor injuries units (MIUs):** people can't rely on MIUs being open at present because staff and resources are spread too thinly. By reducing them to three and concentrating our staff in Newton Abbot and Totnes, as well as Dawlish, MIUs would open 8am to 8pm, seven days a week and would have x-ray diagnostic services. This means that MIUs in Ashburton, Dartmouth (both currently suspended), Brixham and Paignton would close.

## Intermediate and domiciliary care

Discussions have already taken place with local authority colleagues and with some care home operators to see how we can stimulate this market to provide greater provision.

# The potential impact

Into the future  
Re-shaping community-based  
health services in Torquay

1. Consultation and benefits
2. A new approach and delivering change
- ▶ 3. The potential impact
4. Taking part and finding out more
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## TORQUAY

### What would be different?

A health and wellbeing centre would be developed in Torquay as part of proposals to co-locate health and wellbeing services which would include community nurses, physiotherapists, occupational therapists, social care staff, coordination and support staff with local GP practices.

The community would 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 would continue to

deliver high-quality services in people's own homes.

Castle Circus Health Centre would continue to deliver community clinics and a range of health services and Torbay Hospital would continue to provide specialist services and acute care to the population of Torbay and South Devon.

### What could services look like and where would they be?

**Health and wellbeing centre for Torquay** (as part of plans to co-locate health and wellbeing services with local GP practices)

- Health and wellbeing team
- Community clinics





1. Consultation and benefits
2. A new approach and delivering change
3. The potential impact
- ▶ 4. Taking part and finding out more
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# Taking part and finding out more

## How to take part in this consultation

- **Read up on the detail:** this pamphlet summarises a more detailed document which, with other material, is available to download from:  
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**Come to a public meeting to discuss these proposals:** the meeting in the Torquay locality is listed below.

A full list of public meetings is included in the main consultation document and online at:  
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- **Ask to receive our regular briefing:** an email briefing will keep people in touch with developments, so please let us have your email address if you want to receive it.

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## Any questions?

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- Write to South Devon and Torbay CCG, Pomona House, Torquay, TQ2 7FF
- Call 01803 652511 during office hours.

Location	Date	Time	Venue
Torquay	6 Oct	6.30pm	Upton Vale Baptist Church, St. Marychurch Road, Torquay, TQ1 3HY



# Seven: Complete the consultation feedback questionnaire

## To formally take part in the consultation

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The final section seeks more general information, designed to enable us to assess whether the responses received are representative of our diverse communities.

It is easier – and cheaper – to complete our feedback questionnaire electronically at [www.communityconsultation.co.uk](http://www.communityconsultation.co.uk). If completing this printed version, please send it to Healthwatch Torbay, Freepost-RTCG-TRXX-ZZKJ, Paignton Library & Information Centre, Great Western Road, Paignton, TQ4 5AG.

If there is not enough room for you to provide comments, please do so on a separate piece of paper and give the number of the question to which you are responding

## Service preferences and challenges

1. Do you think that what people told us they wanted from health services in 2013 still applies today?

	Yes	No	Don't know
Accessible services – convenient opening hours, transport and accessible buildings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Better communication – between clinician and patient, and between clinicians themselves	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Continuity of care – to allow relationship-building with clinicians and carers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coordination of care – including joined-up information systems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support to stay at home – with a wide range of services and support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Is there anything else you would want to see? Please list:

Please continue, if necessary, on a separate sheet

2. Do you feel that the NHS needs to change the way it delivers services so as to:

	Yes	No	Don't know
Establish better joint working between services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Look after the rising number of elderly people, many with long-term conditions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tackle differences in life expectancy between affluent and deprived areas?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide alternatives to A&E for non-emergency care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ensure that we have enough appropriately experienced staff to look after patients safely?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Make best use of the money available?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Feedback form continued...

3. Do you think that we should develop more community health services to help keep people out of hospital and avoid unnecessary use of hospital beds?

Yes	No	Don't know
-----	----	------------

## New model of care

4. The NHS should support people to keep well and independent for as long as possible by:

Strongly agree	Agree	Disagree	Strongly Disagree
----------------	-------	----------	-------------------

Investing in health promotion activities (eg exercise classes for those with heart and lung disease)

Providing support nearer to where people live

Developing more out-of-hospital care and treatments, especially for older, frail people

Funding more community services by reducing the number of hospital beds

Page 74

Hospital beds are for patients requiring medical and nursing care that cannot be provided elsewhere and should not be used for people:

Strongly agree	Agree	Disagree	Strongly Disagree
----------------	-------	----------	-------------------

Who no longer need nursing or medical care

Who feel lonely or isolated

Who have medical needs that can be managed at home

Who have medical needs that can be met in a care home

Whose family feel unable to look after them

6. When resources are limited, the NHS should prioritise the use of staff and funding to:

Strongly agree	Agree	Disagree	Strongly Disagree
----------------	-------	----------	-------------------

Help keep more people well for longer

Treat people with the most complicated health conditions

Care for people in their own homes or close to where they live

Keep open all community hospitals

## Implementing the model of care

7. If you need to see a specialist (eg at an outpatient clinic), the most important aspects to you are:

	Strongly agree	Agree	Disagree	Strongly Disagree
The time I have to wait for an appointment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The distance I have to travel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The expertise of the specialist that I see	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Minor injuries units, which provide treatment for non-life-threatening problems and less serious injuries (such as suspected broken bones and sprains, burns and scalds) should:

	Strongly agree	Agree	Disagree	Strongly Disagree
Be open consistent hours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Be open seven days a week	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have x-ray diagnostic services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Be staffed by specialists experienced in dealing with minor injuries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Be easily reached and have good car parking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Operate different hours in different locations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Offer different services in different locations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. If the choice is between:

Using resources to keep open community hospitals which look after people from across the CCG area

OR

Using these resources to expand community health services by recruiting trained nurses and therapists to help keep people healthier, out of hospital and supported closer to their homes

do you agree that it is better to do the latter?

Yes	No
<input type="radio"/>	<input type="radio"/>

If you answered 'yes', please go to question 10 (pages 30 and 31). If you answered 'no', please go to question 11 (page 32).

page 7/5

10. If your answer to Question 9 is 'yes', please respond to the statements below:

Close Ashburton and Buckfastleigh Hospital

Yes

No

Don't know

Please give the reason for your choice:

Please continue, if necessary, on a separate sheet

Page 76

Close Bovey Tracey Hospital

Yes

No

Don't know

Please give the reason for your choice:

Please continue, if necessary, on a separate sheet

10 continued... If your answer to Question 9 is 'yes', please respond to the statements below:

Close Dartmouth Hospital

Yes

No

Don't know

Please give the reason for your choice:

Please continue, if necessary, on a separate sheet

Close Paignton Hospital

Yes

No

Don't know

Please give the reason for your choice:

Please continue, if necessary, on a separate sheet

11. If your answer to Question 9 is 'no', please say why:

Please continue, if necessary, on a separate sheet

12. People sometimes need nursing with extra support and care, following a period of ill health, to help them recover and regain their independence. If similar levels of care and support can be provided, this should be delivered:

Strongly agree	Agree	Disagree	Strongly Disagree
----------------	-------	----------	-------------------

a person's own home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
in a community hospital	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
in a care home near to a person's home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. If you want to comment generally on the proposals set out in this document or have any alternative ideas to put forward for consideration which meet the future needs of our population and the challenges described in this document, please tell us about them below (or in an additional submission):

Please continue, if necessary, on a separate sheet

Page 78

## Other information

To help put this information into context and ensure we are attracting feedback from across the South Devon and Torbay CCG area please complete the following questions:

14. If responding as an individual, are you a:

- Member of the public?
- Foundation Trust member/governor?
- NHS employee?
- Social care/local authority employee?
- Independent/third sector employee?
- Volunteer in health or social care?
- Prefer not to say?

15. If you are responding on behalf of an organisation, please tell us what type:

- NHS provider organisation
- County or district council
- Town council or parish council
- Third sector provider
- Patient representative organisation
- League of Friends or equivalent
- Independent healthcare provider
- Other – please state in the box

16. Postcode (so that we will know if we are getting feedback from across the area)

- No fixed abode
- Traveller
- Postcode (first four digits)

17. Age

- Under 16
- 16-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75-84
- 85 and over

18. Do you consider yourself to have a disability?

- Yes
- No

19. Do you have one or more long-term health conditions?

- Yes
- No

20. Do you consider yourself to be a carer?

- Yes  No

21. Gender

- Male  Gender fluid  
 Female  Prefer not to say  
 Transgender

22. Sexuality

- Heterosexual  Bi-sexual  
 Gay  Prefer not to say  
 Lesbian

23. Ethnic group – which category best describes your ethnicity?  
Please tick the appropriate circle to indicate

- |  |  |
|--|--|
| <input type="radio"/> White: British                 | <input type="radio"/> Mixed: Other                     |
| <input type="radio"/> White: Irish                   | <input type="radio"/> Chinese                          |
| <input type="radio"/> White: European                | <input type="radio"/> Japanese                         |
| <input type="radio"/> White: Other                   | <input type="radio"/> Asian/Asian British: Indian      |
| <input type="radio"/> Black/Black British: Caribbean | <input type="radio"/> Asian/Asian British: Pakistani   |
| <input type="radio"/> Black/Black British: African   | <input type="radio"/> Asian/Asian British: Bangladeshi |
| <input type="radio"/> Black/Black British: European  | <input type="radio"/> Asian/Asian British: Other       |
| <input type="radio"/> Black/Black British: Other     | <input type="radio"/> Other ethnic group               |
| <input type="radio"/> Mixed: White & Black Caribbean |  |
| <input type="radio"/> Mixed: White & Black African   |  |
| <input type="radio"/> Mixed: White & Asian           |  |

Please see overleaf  
for return address



## Returning the questionnaire to Healthwatch

Thank you very much for completing this questionnaire and for formally contributing to this consultation. Please post your completed questionnaire to: Healthwatch Torbay, Freepost-RTCG-TRXX-ZZKJ, Paignton Library & Information Centre, Great Western Road, Paignton, TQ4 5AG.

There is no need to provide your name and address. If, however, you have suggested an alternative approach, providing contact details below will enable us to get in touch if necessary to clarify any aspect of your proposals.

### OPTIONAL

Name: .....

Email: ..... Phone number: .....

Address: .....

No information which could identify an individual will be passed to the CCG, other than where it is necessary to follow up alternative proposals.

Page 81

For the latest information on the consultation, please go to the following link:

[www.southdevonandtorbayccg.nhs.uk/community-health-services](http://www.southdevonandtorbayccg.nhs.uk/community-health-services) where all the documentation, meeting dates and frequently asked questions can be found. You can also access a link to the consultation questionnaire and watch some short videos about different aspects of the consultation.

If you have any questions about the consultation, want to receive paper copies of the documentation or invite us to attend a public meeting please contact us:

- Email [sdtccg.consultation@nhs.net](mailto:sdtccg.consultation@nhs.net)
- Write to South Devon and Torbay CCG, Pomona House, Torquay, TQ2 7FF
- Call 01803 652511 office hours (answer phone messaging at other times)

We will respond to emails and letters within five working days and to telephone messages by the end of the next working day.

You can also follow us on Facebook and Twitter (see page 23 for details).

# Torbay's Joint Health and Wellbeing Strategy.

2015 – 2020

Torbay Council Version

*“Building a Healthy community”*



# Foreword.

This strategy has been developed and approved by the Torbay Health and Well-being Board (HWBB), a board of senior leaders from across the public and voluntary sectors.

This strategy takes into account the Joint Strategic Needs Assessment (JSNA) and the current plans within partner organisations.

Torbay has a national reputation for integrated working and the work of the HWBB and its members has made great strides to further embed this way of working. In the 4 years the HWBB has existed, much has been achieved.

Examples include;

- Work in schools to improve emotional health and support, sex and relationship education and educational aspiration.
- Increases in the number of people screened within care settings for alcohol
- Development of independent living opportunities for people with Learning Difficulties.
- Greater support to carers including young carers.

Since the previous JHWS was written, much work has taken place to bring partners together around a joint plan and it was felt that in this revised and refreshed version, we need to reflect this rather than produce yet another strategy. To this end, the proposed 2015 – 2020 strategy is a pragmatic approach to producing a JHWS which reflects a number of Joint plans already in existence;

- a. The Joined-up Health and Social Care Plan
- b. The Healthy Torbay framework
- c. The Community Safety and Adult and Children's Safeguarding plans

With the emphasis on integration, it is recognised within this strategy is now the over-riding framework which incorporates many of the previous strategies and plans, Thus within Torbay Council, the Children's and Young People plan, the Older People, Active Ageing Strategy and the Supporting Peoples strategy will be taken forward within the Joined-up plan. In addition it is suggested that the HWBB agrees 3-4 key cross-cutting issues each year for particular consideration where there are significant issues to health and well-being.

The emphasis for the JHWS will be on the added value the HWBB can bring through its focus on determinants and cross-cutting issues. This is reflected in strap line / aim - ***“Building a Healthy community”***

## 1. Introduction.

Health and well-being is complex with a number of different factors coming together which affect how “*healthy*” we feel. We need to recognise that well-being is about not only physical health but also psychological and social health. Depending on our backgrounds and life experiences we tend to each view health and well-being differently and may differ on where we feel the focus of any strategy should be. Our different organisational and professional viewpoints will also differ. We may for example want to **reduce the number of people dying early** or **reduce the gaps in life expectancy** between genders or neighbourhoods or be concerned about those living with **multiple complex illnesses** and want to increase the **number of years of healthy life led**. Some are particularly concerned with **quality of care** and aim to support people to live **active, independent and dignified lives**, especially into their later years. Others consider building a **resourceful community** is key and others that supporting people to grow up, live and work in a **safe and nurturing environment** and prevent a life of crime a priority especially for those most **vulnerable**.

The years that this strategy covers will also be ones of unprecedented economic challenge and we will all be concerned with how we provide services at **least cost** and as **quickly and effectively** as possible. Collectively we need to agree what particular priorities are important which, if addressed will have the **maximum benefit** for the people we serve.

In order to consider these priorities we need to consider a number of issues;

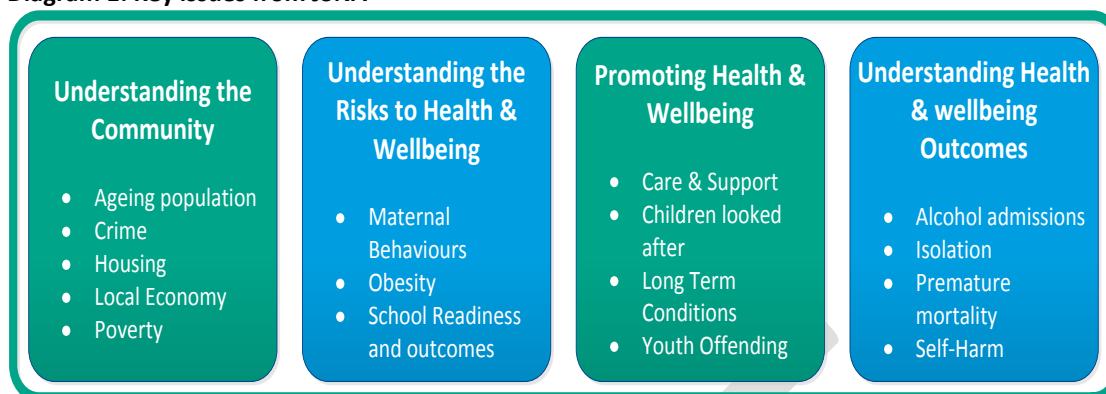
- 1. Health and well-being needs in Torbay and the key drivers of that need**
- 2. What people tell us they would like to see change**
- 3. Government policy – drivers and freedoms.**

## 2. Health and well-being and key drivers of needs

Many of these areas are described in the Joint Strategic Needs Assessment (JSNA). The JSNA is an extensive document and web-based tool that explores all aspects of Torbay’s health and well-being. It’s conclusions reminds us that where you live, how you live your life, how you interact with others and the community and environment around you, have as much effect on your health as how your health and care services are managed. It describes how ill health and the causes of ill health differ across life and also how this accumulates throughout life. It further shows that inequalities are evident across in all age groups. In Torbay for example, those living in more deprived areas live shorter lives, have lower qualifications, have more chronic illnesses and disabilities and live longer with poorer health (an extra 5 years on average) which they develop at an earlier age. This is compounded by an ageing population and together this is causing a rising tide of demand on our health and care services.

Key **needs** from the JSNA Torbay are summarised below:

**Diagram 1: Key issues from JSNA**

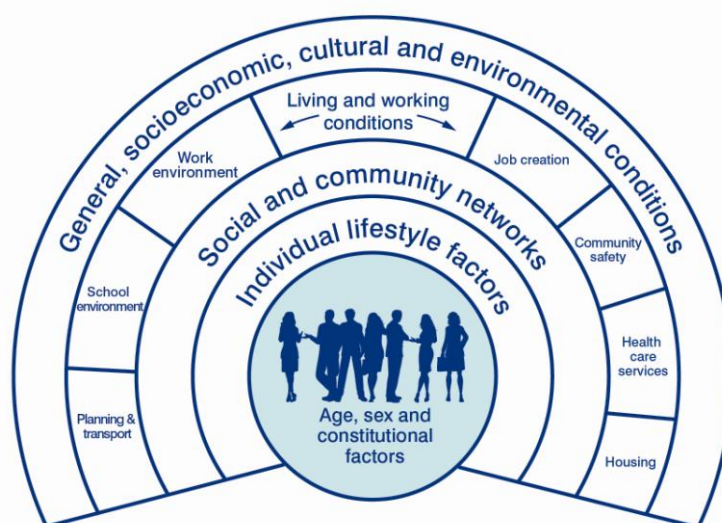


In Torbay the JSNA tell us that the following factors are particular **drivers of this need**;

Factors affecting well-being	What we know
Individual factors	Men have worse health and shorter lives than women overall We have an ageing population
Lifestyle factors	5 behaviours underlie the 5 main causes of illness and 75% of early deaths <ul style="list-style-type: none"> <li>- Smoking</li> <li>- Alcohol</li> <li>- Lack of activity</li> <li>- Poor Diet</li> <li>- Lack of social connection</li> </ul>
Community factors	There are large numbers of people who are vulnerable linked to high rates of self-harm, suicide, alcohol use and violent crime. There are high numbers of looked after children. Isolation and lack of community connectedness is an issue Care and support services are not fully integrated and access and take-up remains an issue with high levels of unmet needs
Social factors	There are 5 social factors linked to poor health; <ul style="list-style-type: none"> <li>- Poverty</li> <li>- Employment and joblessness</li> <li>- Crime and community safety</li> <li>- Education and aspiration</li> <li>- Poor Housing</li> </ul>
Socioeconomic and cultural conditions	The public sectors are facing unprecedented financial pressure which requires disinvestment in some services

This can be illustrated by the following diagram

Diagram 3: Elements affecting health and well-being Adapted from Dalhgren and whitehead.



### 3 What people tell us they would like to see change?

Research and consultation both locally and nationally tells us what people want to see from the care services and how they would like to access them. In summary the following 4 areas are important to people

1. Services that address “what matters to people not what is the matter with them”. Those specified ; **well-being, quality of life, mobility, independence, social connectedness and confidence to manage.**
2. Move away from the medical model to include issues such as housing and neighbourhood environment when planning services. Make greater use of assets including people, communities, neighbours, volunteers, trainers and champions. Integrated models of care should **support and enable the informal workforce and should ensure Community and Voluntary organisations are FULL partners** in the design and delivery of person centred care.
3. Focus on **information and advice and self-care** to promote personal responsibility and give greater control for patient. Improve communication and access to information and support. Help people to help themselves and to live independently at home.
4. Focus on **prevention and promoting health**, especially for those most at risk with emphasis also in the care services esp. in primary care.

## 4. The view from the service user.

Both research and our day to day experiences and consultation involving service users tell us that we are still not intervening early enough to address well-being issues as they arise. Thus people often present to emergency departments with severe illness or in psychological crisis, children are taken into care when families break down and people end up in a police cell who are vulnerable and have poor mental health or have turned to violence, crime or addiction.

Torbay has made great strides towards integration and is nationally recognised for the work it has done. However there are still cases where families and individuals have not been supported early enough and where we could have prevented a costly slide into dependence. We need to create models of care where there is a greater shift in focus to early intervention and prevention and we consider all of people's needs be they housing, debt, behavioural or illness related.

## 5. Government policy – drivers and freedoms

There are 3 areas of government policy that have an influence on future strategy for health and well-being;

- The NHS 5 year plan
- The Care Act
- Devolution
- Public sector funding

### **NHS 5 year plan.**

The NHS 5 year plan outlines 3 areas for prioritisation

1. Radical upgrade in prevention and public health
2. Greater control for patients and carers through a promotion of self-care and better access to information/
3. Breaking down barriers to how care is provided

### **Care Act.**

Under the Care Act, local authorities must ensure people who live in their areas:

- Receive services that prevent their care needs from becoming more serious
- Can get the information and advice they need to make good decisions about care;
- Have a range of providers offering a choice of high quality, appropriate services.

The Care Act makes clear that local authorities working with other partners, like the NHS, should provide or arrange services that help prevent ongoing care and support.

### **Devolution.**

Devolution offers more freedoms to work collaboratively across organisations.

In the South West, the emerging plan – *“Heart of the South West”* has the following areas of focus; Prosperity, Governance, Connectivity, Housing planning, Health, care and well-being integration.

## 6. What's already happening in Torbay?

The JHWS needs to reflect the reality of what is already planned locally and to acknowledge the current financial constraints as well as taking note of the evidence of the requirements for system change to improve health in the longer term.

### 6.1 The Joined-up plan for health, care and well-being services.

Torbay already has a national reputation for integrated care and has led the way nationally in joining up health and social care. Building on this, on 1<sup>st</sup> October 2015, the hospital and community care providers came together to create an Integrated Care Organisation (ICO) marking another stage in this journey. Further plans are developing to bring primary care, children's social care and mental health together as part of a new Integrated care model and to better align the Community, voluntary and independent sectors with public sector services. This should see more community based work, a focus on prevention and integrated services for all ages.

Across the public sector, there are also areas where performance is being actively addressed locally. Particular issues are;

- Mental health services – though there has been significant improvements in performance and efficiency, issues remain with regard to access to urgent care and assessment and a desire to embed mental health further with other services.
- Demand for and access to Child and Adolescent Mental Health Services
- The numbers of children who are looked after in care.
- Poor reach of current lifestyle services issues such as weight management
- High numbers of A/E attendances and numbers of avoidable emergency admissions

The work to respond to these issues and to the JSNA is being led by a partnership group, the *Joined-up Board and Systems Resilience Group*, where both commissioners and providers within the care systems are working together on this new way of working. These are described in the ***Joined-up plan***.

At end of 2014, the Joined-Up Board (JUB) for South Devon and Torbay agreed there should be a single programme of integration projects managed across the health and social care organisations, co-ordinated by a single programme office. These projects cover NHS and Council services from adult social care, children's services and public health. They are all core to the delivery of better outcomes for people of South Devon and Torbay through a focus on:

- Joining up resources/local multi agency working
- Earlier intervention and prevention,
- Quality and cost improvement



These covered the following agreed priority areas.

1. Early help for children and young families to tackle inequalities and to include emotional health of children
2. Integrated care for people with multiple ill health conditions
3. Mental health embedded within services
4. Ageing well to promote independence and improve quality of life in the older years
5. Building community resourcefulness

The following plans are being taken forward within the Joined-up plan.

- 1 Financial recovery- Social/other investment
- 2 Local Integrated Multi-Agency Teams with mental health
- 3 Social Work Innovation Fund Transformation (SWIFT)
- 4 Child & Adolescent Mental Health services (CAMHs)
- 5 Integrated prevention model
- 6 Care Act implementation
- 7 Integrated Personal Care planning & commissioning
- 8 Multi-Long Term conditions
- 9 Single Point of Contact (SPOC)
- 10 Outpatient & inpatient innovation
- 11 Frailty services - acute & community
- 12 Ageing Well Torbay
- 13 Older people's mental health and dementia
- 14 Accommodation-based care

In addition, Health and Social care partners across South Devon and Torbay together through the System Resilience Group (SRG) have received Vanguard status for taking forward work to address issues within Urgent care.

All these issues will be overseen by the Multi-agency Systems Resilience Group.

## **6.2 Healthy Torbay.**

Improving population health however is not just the responsibility of health and social care. The work on integrated care also needs to be underpinned and complemented by interventions designed to tackle the underlying social, economic and environmental determinants of health across populations. As described above, the JHWS also needs to acknowledge the close link between the economy and health and the important role of aspiration and emotional health. It also needs to consider the environment in which people live and play and acknowledge that the health and resourcefulness of a community and its assets needs to be a focus as well as the health of individuals within that community. These areas are described within the ***Healthy Torbay framework***.

In 2014, Torbay Council approved the Healthy Torbay framework. This covers work across the public and community sectors in a number of areas. The following areas are **priorities**:

### **Economy; Employment and skills**

There is a clear link between health and the economy. Being materially poor is THE most important factor affecting health but also improving the health of our workforce and tackling unemployment has a clear health benefit.

Though unemployment rates are falling in Torbay, we must continue to work together to improve health by creating local jobs for local people, creating an environment at work that promotes health and aspiration and by promoting opportunities for all in Torbay including those living with poor health and disabilities. There is also a link to **education** as building aspiration and closing the gap in attainment are two key areas of focus to improve both health and wealth across Torbay.

### **Housing.**

There is also a clear link between decent housing and health with homelessness being a particular issue.

### **Community environment**

The way our towns are planned and the environment in which we live has a profound effect on well-being. Planning, transport and building community resourcefulness are key areas of focus and building networks of healthy workplaces and schools.

Within the framework there is also work on Tobacco control, Alcohol, Diet, Physical Activity and sports promotion.

### **6.3 Community safety and safeguarding.**

Finally it has been acknowledged that within Torbay there are groups within our community that are especially vulnerable, more so at this time of economic challenge when resilience is compromised. Services need to develop integrated ways of working across the wider system, including care services, police, probation and the community and voluntary sector to address the particular needs of these groups within our community. Though overall crime is down, there are high levels of violent crime and youth offending and in spring 2015, the Community Safety Partnership (CSP) ran a workshop looking at the threats and risks facing many of the most vulnerable people in the Bay. With the financial cuts, many of the services supporting those who are homeless, who have mental health issues and who are living in poverty, are at risk, with the potential that these vulnerable people will fall into a downward spiral of needs. Many of these people are also at risk of or have offended and the Community Safety Partnership has set out to develop an urgent piece of work to describe how we can work differently to support these clients. It is suggested that this is an early priority to be included within the JHWS though recognising also that this work would aim, over time, for integration into the Joined-up plan for health, care and well-being services. The issue of particular priority was protecting vulnerable people including those suffering from Mental health issues, Domestic violence, Alcohol and drug misuse issues and homelessness.

The **Torbay adult and child safeguarding boards** have strategies and action plans to address these risks and the lessons learnt and action arising from this work should also be considered within the JHWS.

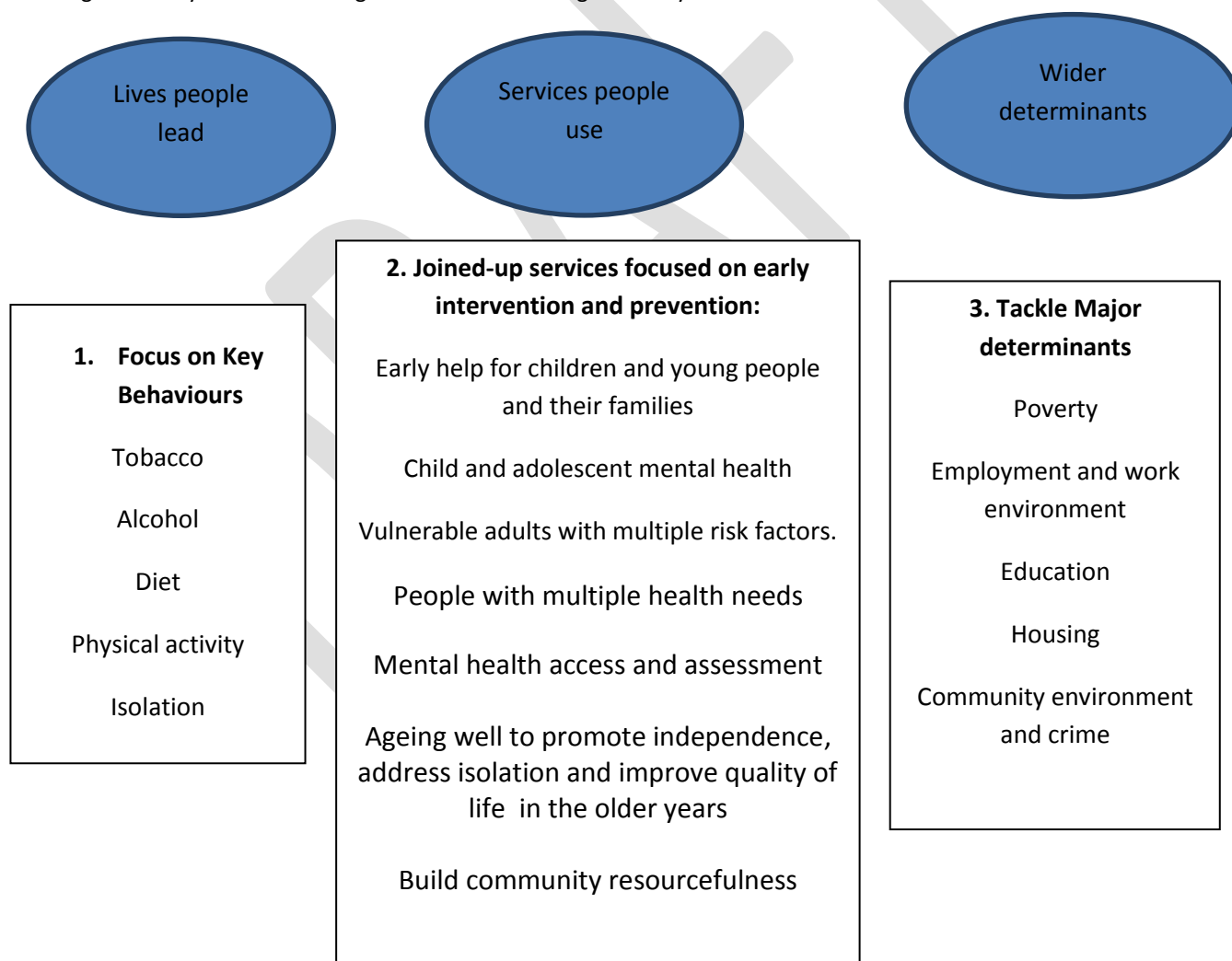
## 7. The proposed approach for Torbay

We are facing a period of unprecedented challenge with escalating costs and demand. Organisations need to work towards a common set of outcomes based on evidence of which issues we should focus on to enable us to “turn the tide” on these costs.

The Joint Health and Well-being strategy needs to outline how all sectors could work together to improve the overall health and well-being of the people in Torbay and the challenges outlined from the JSNA. Much is already happening and this should be reflected in the strategy.

We need to take an approach in this strategy that focused on all the issues outlined above; How people live their lives, how they use services and where current issues lie and how the factors around them effect their health and well-being. Taking the areas identified above the following summarised the proposed approach.

Diagram 3: Key factors affecting health and well-being in Torbay.



## Principles and ways of working.

### 3.1 A life-course approach.

Patterns of behaviours and ways of life are set in very **early life** and have a profound impact on future health and well-being. These patterns dictate future patterns of multi-morbidity. Focusing also on the early years and giving children the best start in life physically, socially and psychologically is therefore incredibly important and of equal urgency to focusing on the old and frail. As children become young adults risk-taking behaviour and vulnerability become embedded so **developing well** is another important area. During **adulthood** these behaviours begin to emerge as early signs of disease and opportunities abound to turn future illness around and lessen the likelihood of longer term disability. Even as we age, by focusing on **ageing well**, promoting exercise, diet and tackling social isolation we can promote independent living and lessen the likelihood of frailty. Finally in the very old we need to ensure people can age and die with dignity and a **good quality of life in the final years** Thus to tackle costs and demands and frailty in older age groups requires not only frailty services but action across ALL the life-course.

### 3.2 A Whole systems approach

Any work within the health and care system also needs to be underpinned and complemented by interventions designed to tackle the underlying social, economic and environmental determinants of health across populations. Thus areas such as planning, crime, housing, planning and transport as well as the wider economy need consideration. Thus we need to ensure health is considered also in local government plans and policies and that determinants are considered in NHS plans and policies.

### 3.2 A focusing on Health Inequalities.

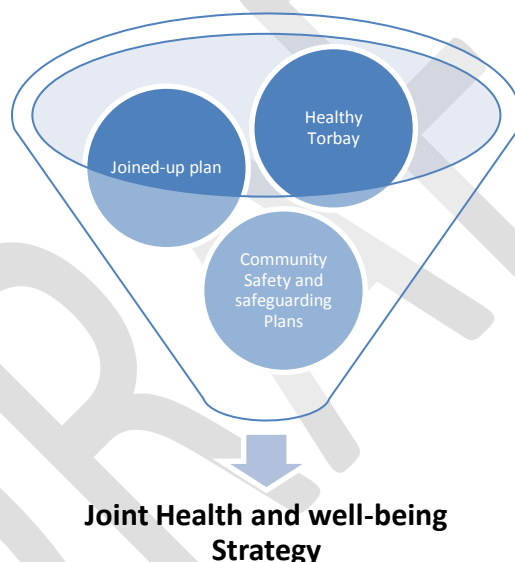
We know from the JSNA that those who live in the more deprived area or who belong to certain groups such as those from BME groups and those with mental health and learning difficulties have worse health. These people not only die younger but spend more years of life suffering from ill health and disability. They often present to the services late and with a greater overall burden of disease for more years than people in more affluent areas. Thus it is imperative we focus on these people, to prevent illness, detect illness earlier and narrow the gap in need, demand and costs that these groups bring. Action is needed in particular in Public Health and in Primary care on tackling lifestyles, access and take-up of services to prevent early escalation of disease.

## 8. Developing the Joint Health and Well-being strategy?

This JHWS needs to acknowledge the work going on in Torbay in the areas outlined in section 6 above. All 3 of these areas have been developed in conjunction with a review of needs and performance issues as well as considerations of local people's views and government policy. Collectively they address the issues outlined in the proposed model above and aim to be delivered with an outcome based population focus.

It would be counter-productive therefore to duplicate the work already going so it is proposed the JHWS going forward encapsulates the 3 area and plans:

- The **Joined-up plan** to address needs through service re-design and through the building of assets within our communities.
- **Healthy Torbay** with its programmes and plans to address underlying causes of ill health and promote health through assets
- The work of the **Community Safety Partnership and Children and Adults safeguarding** Boards to protect the vulnerable, and address safety at the community and individual level.



## 9. 2015/ 16 priorities.

It is also suggested also that the HWBB identify 3-4 issues each year where a focus across all sectors is needed. These areas should be where the Health and Well-being Board (HWBB) through its membership can bring a greater focus to work on specific areas identified as high risk to health and well-being. These should be reviewed on an annual basis. Criteria for selection should be that these issues cover **both** of the following;

- An area of significant need from the JSNA OR an areas where current performance is poor OR an area what is a key driver of significant quantifiable poor health AND
- HWBB members working together can bring added value to delivery

Discussions to date with members have identified the following common issues

- ✚ Urgent mental health support and assessment
- ✚ Alcohol
- ✚ Domestic violence
- ✚ Health, housing and homelessness.

## 10. Measuring success. TBC

The Health and well-being board will need to agree core metrics to monitor the delivery of the strategy as well as having oversight of both a Joint outcome framework and contract management scorecard.

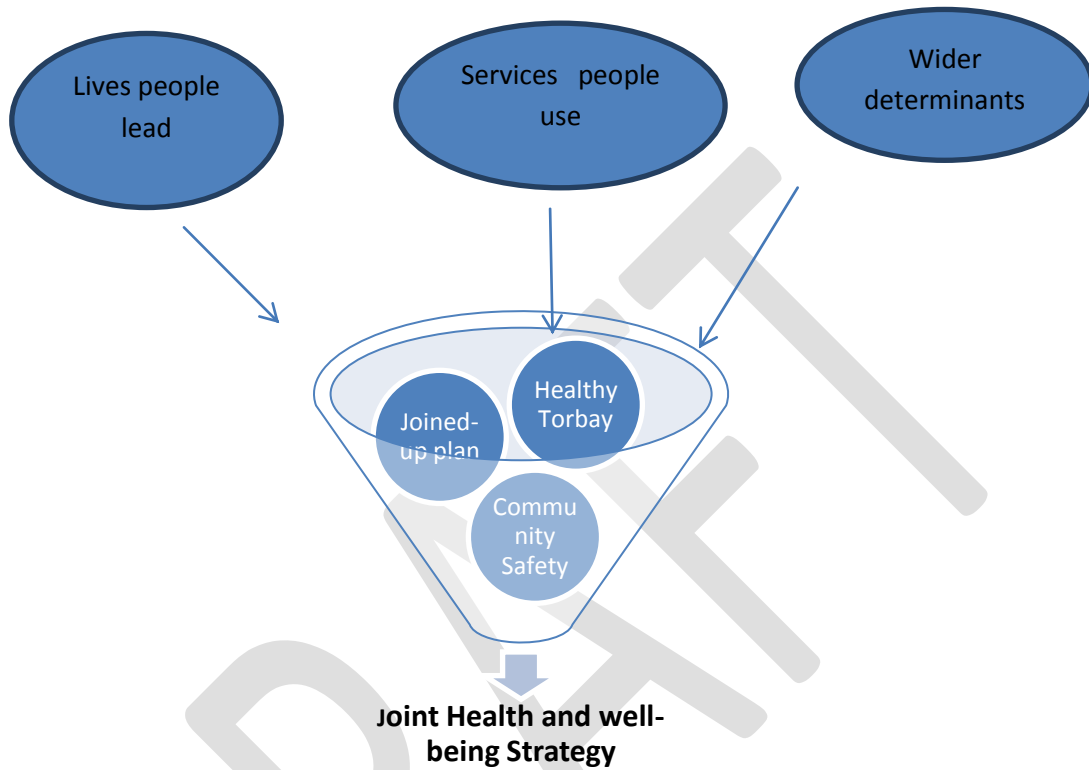
The following are a DRAFT set of proposed over-riding metrics to be considered

Life Course	Key metrics
<b>Early years &amp; developing well</b>	School readiness Non accidental injuries (Self-harm sub-set) 11-18 year olds Numbers of Looked after children Gap in attainment children in receipt of free school meals and others Maternal behaviours (basket) Youth offending Patient/service user experience of care
<b>Living &amp; working well.</b>	Total non-elective admissions Alcohol admissions Mental health assessments (incl within criminal justice settings) Suicide rates Avoidable admissions Patient/service user experience of care Decent homes Homelessness Violent Crime incl. Domestic Violence Employment and income levels
<b>Ageing &amp; dying well</b>	Total non-elective admissions Delayed transfers of care from hospital Proportion of >75 at home 91 days post discharge Permanent admissions of older people to residential & nursing care homes Social isolation Rate of dementia diagnosis Patient/service user experience of care

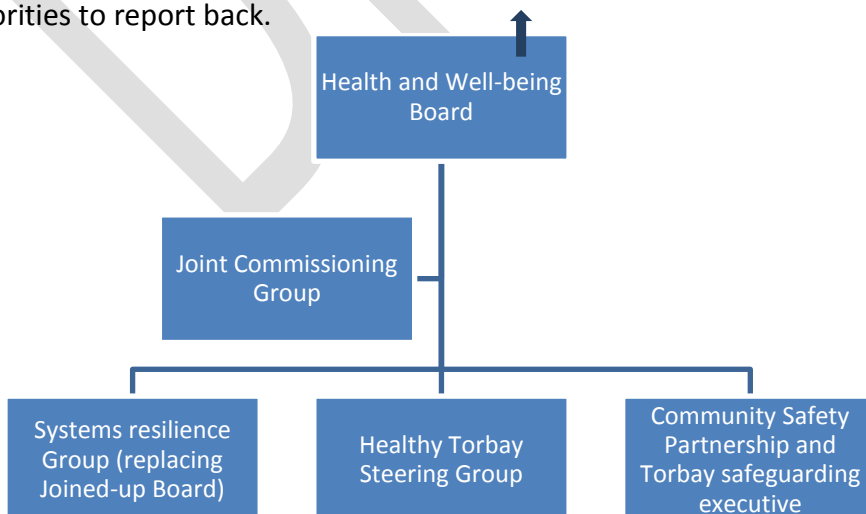
There should also be agreement on reporting of quarterly performance indicators.

## 11. Governance framework.

It is proposed that within the Governance framework of the HWBB, that the 3 strands that feed into the Joint Health and well-being strategy should be assessed to ensure they reflect the needs identified within the JSNA and the complementary work summarised in Diagram 3 on page 5 as follows



It is suggested that the following groups report into the HWBB via the Joint Commissioning Group. The HWBB would decide on the most appropriate group to take forward in-year priorities to report back.



## JoinedUp Plan

Life Course	JoinedUp Project	Description	Ambition
All ages Page 40	<b>Financial recovery Social/other investment</b> (all organisations)	Quality & cost improvement plans in all organisations to achieve balanced budgets. Research/encourage alternative investment including, funding bids, social finance & other models, eg SWIFT development of Public Services Investment Trust Consideration of greater join up across areas ie workforce & shared services Role in economic regeneration & workforce reshaping/development	Balanced books/single pot of money  Productivity- reducing delayed transfers of care & 'hand-offs' between organisations
	<b>Local Integrated Teams with mental health</b> (all organisations)	Development of Local Multi-Agency Teams (LMATs) with GPs across primary & secondary care to meet local population health & care needs to include mental health & CVS, with future inclusion of housing, education, criminal justice agencies & employment support. DPT SMART Recovery programme to develop integrated care pathways, single point of access & integrated working across health & care.	High quality, timely, safe services with local variation  Care closer to home outside acute & crisis settings
Early years & developing well	<b>Social Work Innovation Fund Transformation (SWIFT)</b> (Torbay Council/ICO/primary care)	Develop & embed multi-agency working for children & families in Torbay to provide early support with communities to prevent needs escalating & reduce inequalities. Teams will include health, social care, criminal justice, housing & education with later plan to combine with LMATs (above).	Resourceful communities & self-care valuing all people  Prevention (not just health)
	<b>Child &amp; Adolescent Mental Health services (CAM Hs)</b> (ICO, CCG)	Implement mental health concordat - access to early support 24/7 & to urgent & emergency crisis care (on a par with physical health), supporting recovery & staying well Addressing wider determinants of emotional health including, housing, education, employment Suicide & self-harm prevention	High quality, timely, safe services with local variation  Care closer to home outside acute & crisis



## JoinedUp Plan

		Drug & alcohol services, Managing transition	setting
Living & working well Page 005	<b>Integrated prevention model</b> (all organisations)	Backing for CVS to lead asset based community development to support co-design, production & delivery & self-management, reducing isolation & loneliness, good neighbour & community connectedness. Development of new & blended roles in LMATs to engage & support people to identify what matters & personal goal planning to augment professional & clinical roles. Making sure wider determinants & providers are included on new models of care including, housing, welfare, employment, education, police & local community rehabilitation companies.	Prevention (not just health)  Resourceful communities & self-care valuing all people
	<b>Care Act implementation (carers, safeguarding advice, assessment, market)</b> (Local Authorities, ICO)	Carer support, improving adult safeguarding, universal social care assessment & integrated personal care plans Information, advice & advocacy - Development of directory of services Single Point of Contact (SPOC) Market position statement Engagement of all providers in developing new models/reshaping existing provision	High quality, timely, safe services with local variation  Prevention (not just health)  Resourceful communities & self-care valuing all people
	<b>Integrated Personal Care planning &amp; commissioning</b> (ICO, primary care)	As part of South West Integrated Personal Commissioning network demonstrator site- Developing personal health & care plans with identified cohorts with option for single personal budgets where appropriate implementing principle of shared decision-making Cost modelling to support development of integrated payments & capitated budgets where appropriate	Prevention (not just health)  Resourceful communities & self-care valuing all people
	<b>Multi-Long Term conditions</b>	coordinated multidisciplinary management of coexisting medical conditions in one place at one time outside of the acute setting where possible & avoiding multiple	

## JoinedUp Plan

		appointments per condition	
Page 408	<b>Single Point of Contact (SPOC)</b> (ICO, primary care)	development of multi-media gateway including 24/7 telephone call centre underpinned by comprehensive directory of services to signpost to most appropriate support at first point of contact to prevent needs escalating.	Prevention (not just health)
	<b>Outpatient &amp; inpatient innovation</b> (ICO, primary care)	Developing clinical services to provide care closer to home, increase self-care & self-assessment, reducing number of new & follow-up appointments at the Acute Trust A referral management framework enabling dialogue between primary & secondary care to manage patients in most efficient way reducing waiting times & unnecessary trips to acute trust Pilots in treating patients with heart failure in outpatient rather than inpatient settings & triage for muscular skeletal patients through community physiotherapy team to reduce hand-offs & ensure consistent assessment & active treatment	High quality, timely, safe services with local variation  Care closer to home outside acute & crisis settings
Ageing well	<b>Frailty services - acute &amp; community</b> (ICO, primary care)	Whole system pathway of care stronger relationships between GPs community & acute trust physicians to provide seamless care for frail elderly population	High quality, timely, safe services with local variation  Care closer to home outside acute & crisis settings
	<b>Ageing Well Torbay</b> (CVS)	BIG lottery funded project to reduce loneliness & isolation in over 50s, using community builders to scope existing network/resources & encourage/understand aspirations & ways they can be met in community CVS brokerage & guided conversations to support integrated personal care planning	Resourceful communities & self-care valuing all people
	<b>Older people's mental health</b> (ICO)	Dementia diagnosis & treatment, earlier intervention & support closer to home	Care closer to home outside acute & crisis settings

## JoinedUp Plan

**Accommodation  
-based care**  
(All  
organisations)

Community hospitals, accommodation based care & support including, intermediate care, nursing care & residential care, better use of existing accommodation & support, understanding market & potential to support new models of care/ways of working to facilitate care closer to home.