

Caroline Dinenage
Minister of State for Care
39 Victoria Street
London
SW1H 0EU

17 January 2019

via email to: msc@dhsc.gov.uk

Dear Ms Dinenage

Re: Dartmouth

Thank you for your letter of 20 December 2018 following your meeting with Dr Sarah Wollaston MP.

I welcome the opportunity to explain the background to the recent changes in care provision in Dartmouth and the ways we are engaging local people in exciting plans for a new facility in the town.

Background

In 2016, South Devon and Torbay Clinical Commissioning Group (CCG) carried out a formal public consultation on the introduction of a new integrated model of care in its five locality areas. The broad aim of the proposals was to shift resources from bed based care in traditional settings to providing care closer to home whilst ensuring good access to beds when they are medically appropriate.

Dartmouth is part of the CCG's Moor to Sea locality, which also includes the market towns of Ashburton, Buckfastleigh, and Totnes.

The proposals included:

- Investing in community services
- Primary Care – working together
- Delivering intermediate care in people's own homes and where necessary by purchasing beds in local care homes
- Creating health and wellbeing centres in local towns, including Dartmouth
- Consolidating community hospitals to one in each of the CCG's five localities.
 - In the case of the Moor to Sea locality, it was proposed to retain 16 inpatient beds at Totnes Hospital, due to its central location in the locality and the good state of the building, to deliver inpatient care with a higher level of medical need.
- Closing all other community hospital beds in the locality, including those at Dartmouth Community Hospital.

Chair: Dr Paul Johnson
Interim Accountable Officer: Simon Tapley

Data and local need

The consultation used data provided by the CCG's integrated care provider, Torbay and South Devon NHS Foundation Trust (TSDFT), to forecast the number of intermediate care beds that would be required to meet local needs.

The modelling and methodology was agreed by senior clinical colleagues at the Trust and CCG.

In rows 1-3, Table 1 (below) shows actual community bed usage and intermediate care placements for patients registered to the Dartmouth GP practice in 2014/15. This includes use of a community bed in any local community hospital/care home, not just Dartmouth, and therefore includes patients being sent 'out of area' as requested.

Row 4 shows the number of admissions where bed-based care was being delivered in an acute setting, but would be delivered in an intermediate bed-based setting under the new model of care. This calculation used nationally recognised guidance to extract data on the number of people from Dartmouth in an acute setting who could be treated in an intermediate care bed setting based on their Healthcare Resource Group (HRG) clinical coding.

Table 1 – for patients registered to the Dartmouth GP practice

Row	Type of care	Admissions	Bed days used
1	Community hospital step up care	45	414
2	Community hospital step down care	140	1743
3	Intermediate care (IC) placements	3	47
4	From acute to intermediate setting	40	480
5	Total	228	2770

Note - intermediate care placements include where care was purchased in local care homes.

To calculate the total number of beds:

- 2,770 bed days @ occupancy rate of 92.5%* (divide by 92.5, multiply by 100) divided by 365 days in a year to give the number of beds needed at approx. **8.2**

(*occupancy rates range between 90% and 100% depending on the type of care being provided)

Under the proposed new model, care was to be delivered in three main settings:

- Non-acute medical care in community hospital beds, for example at Totnes and Brixham community hospitals
- Intermediate care in short stay placements in care homes for about 14 days
- In people's own homes

Chair: Dr Paul Johnson

Interim Accountable Officer: Simon Tapley

To determine the proportion of the 8.2 beds where care would be provided in a community hospital, a formula was used based on the total number of community hospital beds that would be available in South Devon and Torbay and projected local need. This resulted in an estimated **3.4 beds** of the 8.2 beds being used in a community hospital setting, leaving **4.8 beds** being needed for intermediate and rehabilitation care for people from Dartmouth.

Therefore, during the consultation the CCG and Torbay and South Devon NHS Foundation Trust discussed extensively with the public the number of beds required for the people of Dartmouth using an estimate of between 4 and 6 beds.

The CCG promised during the consultation that changes would not be made to existing services until the new provision was in place and operating at a level where there was confidence that demand could be met. In fact additional resources were invested in ensuring that community services and intermediate care were in place before any changes were made to community hospitals.

In January 2017, the CCG's Governing Body approved changes to the model of care further to the consultation.

Following the Governing Body's decision, the new model of care was implemented and Dartmouth Community Hospital closed in March 2017. Dartmouth Clinic was re-purposed as an interim Health and Wellbeing Clinic offering a wide range of outpatient clinics.

To provide up to six intermediate care beds it was felt were needed to serve Dartmouth, Torbay and South Devon NHS Foundation Trust block-purchased six intermediate care beds in River View Care Home in Dartmouth. River View was operated by High Trees and the building was owned by U+I, a property investment/development company.

Importantly, Trust data from this period until March 2018 demonstrated that on average, at any given time, two of these six beds were used by Dartmouth residents. Unfortunately, in March 2018, River View closed and since then, intermediate care beds for people living in Dartmouth have been purchased on an ad hoc basis in response to local need from care homes in Dartmouth and nearby towns. Recent Trust data on intermediate care use by people in Dartmouth, included in further detail below, shows that on average, on any given day, people living in Dartmouth use **one** intermediate care bed.

The above data, combined with our experience since bringing in the successful new model of care demonstrates there is no mismatch between the data used by the CCG and the Trust and actual local need – a conclusion supported by the local people representing our partners in the town, including Dartmouth Caring, as set out below.

Chair: Dr Paul Johnson
Interim Accountable Officer: Simon Tapley

Pomona House Oak View Close Torquay TQ2 7FF
www.southdevonandtorbayccg

Public trust and community engagement

We are aware that public expectations regarding the number of intermediate care beds may still be influenced by the CCG's 2016 consultation, which discussed the estimated need for four to six beds where, in practice, Trust data since March 2017 covering the period during which the new model of care has been implemented, shows that two beds are needed.

Our initial plans to develop a new health and wellbeing centre at River View care home were unsuccessful as a financially viable solution could not be agreed with its owners and River View subsequently closed. Understandably, this had an effect on public confidence in the NHS's ability to deliver on its plans.

We share your view that public trust in the local NHS is very important. Our close relationship with local partners means we are attuned to local feeling and the information below clearly shows how we have successfully involved the community in work to deliver the intermediate care beds needed as well as a permanent health and wellbeing facility.

Community engagement on developing a health and wellbeing centre and model of care for the town has been ongoing in various formats since 2015. In October 2018, a single collaborative working group was set up, independently facilitated by Healthwatch Devon. The group includes representatives from:

- South Devon and Torbay CCG
- Torbay and South Devon NHS Foundation Trust
- Devon County Council
- Dartmouth Area Health Action Group
- Dartmouth Medical Practice
- Dartmouth Medical Practice Patient Participation Group (PPG)
- Dartmouth Caring
- League of Friends of Dartmouth and District Healthcare.

The Working Group's main purpose is to:

- Determine the best site for the proposed Health and Wellbeing Centre (further to an evaluation by the group, the preferred site has now been confirmed as land next to the park and ride at the top of the town currently owned by South Hams District Council)
- Discuss the provision of intermediate care beds (to deliver on one of the outcomes of the formal 2016 CCG consultation process)

At its second meeting on 20 November 2018, the working group held in-depth discussions on the success of intermediate care in the community and the future need for intermediate care beds to meet the needs of the people of Dartmouth. The group was presented with Trust data on intermediate care usage by people living in Dartmouth, as below:

Chair: Dr Paul Johnson
Interim Accountable Officer: Simon Tapley

Pomona House Oak View Close Torquay TQ2 7FF
www.southdevonandtorbayccg

On average, on any given day, people living in Dartmouth use:

- two medical community hospital beds (in Totnes and Brixham)
- one intermediate care bed; while
- two people receive intermediate care in their own home.

Additionally, in the last year, two people from Dartmouth have been placed in long term care by the local authority.

The group discussed the issue and agreed that the data supplied indicated there was now a need for two intermediate care beds for people living in Dartmouth, rather than the four to six estimated before the new integrated care model was introduced.

At a further meeting on 11 December 2018, the working group discussed the difference in the actual need for beds and the widely held perception that more are needed. There was consensus that this was because:

- many local people are not fully aware of how successfully people are supported in their own homes by the intermediate care team
- many local people were concerned about the provision of end of life care and are not aware of the work done by hospice teams to support people's choices, meaning more people are supported to die at home if that is their wish
- the previous availability of beds made people feel safe
- historically people have convalesced in a community hospital rather than their own homes
- people were nervous about being discharged home too early
- people worried about the impact on carers and families
- the 2016 consultation message regarding the assumed need for four to six beds had become engrained.

The working group agreed that the important next steps were to secure two intermediate care beds in a local care home and to understand and communicate the evidence regarding the success of the new model of care. This would reassure people that their needs are being met by agencies working together and that people are being supported in their own homes. The next meeting in January will focus on these issues.

To help change people's misconceptions, we are discussing with Healthwatch Devon how they can help monitor people's experience of the new model of care and produce case studies.

It is also noteworthy that in a recent letter to the Secretary of State for Health and Social Care, Dartmouth Caring Manager Nick Hindmarsh, writing on behalf of the Dartmouth Medical Practice PPG, the League of Friends Dartmouth and District Healthcare, and Dartmouth Caring, confirmed the organisations had been working with the NHS for the last five years, stating:

Chair: Dr Paul Johnson
Interim Accountable Officer: Simon Tapley

[...] from our perspective the processes of the Trust and the CCG throughout this period have been transparent, honest, and robust. [...] From our perspective the Trust is attempting to do its best to deliver a purpose built, modern Health and Wellbeing Centre for the town and surrounding villages.

We have a history of strong public engagement in Dartmouth and are committed to continuing this as we further develop services.

I trust the above reassures you that the reasons behind our decisions are robust, that a strong partnership is in place with local stakeholders to develop a new facility and deliver the intermediate care beds, and that plans are in train to address public misconceptions about local services.

I understand a call has been arranged between Dr Wollaston and Liz Davenport, chief executive of TSDFT, on 5 February 2019 to discuss this issue, however, we would be happy to meet Dr Wollaston to discuss this issue further if that is required.

Yours sincerely



Dr Paul Johnson
Clinical Chair, South Devon and Torbay CCG

cc:

Dr Sarah Wollaston MP

Liz Davenport, CEO, Torbay and South Devon NHS Foundation Trust

Sir Richard Ibbotson, Chair, Torbay and South Devon NHS Foundation Trust

Chair: Dr Paul Johnson
Interim Accountable Officer: Simon Tapley

Pomona House Oak View Close Torquay TQ2 7FF
www.southdevonandtorbayccg