

PUBLIC - NHS Devon Clinical Commissioning Group (CCG) Governing Body

MS Teams

17 December 2020 14:30 - 17 December 2020 16:30

AGENDA

#	Description	Owner	Time
1	Spotlight on Integrated Care in the Teignmouth and Dawlish Area Film	Director of Commissioning - Out of Hospital	14:30
2	Welcome and Apologies Verbal	Chair	14:50
2.10	Questions from the public Verbal	Chair	
3	Register of Interests (ROI) Paper  DOI NHS Devon CCG Governing Body @ 202012... 4	Chair	15:00
4	Minutes of last meeting and action log Paper  1 Draft Public GB minutes 26.11.20 v1 nc.docx 9  Copy of Master Action Log - PUBLIC v3 nc.xlsx 20	Chair	15:05
5	Chair's Report Verbal	Chair	15:10
6	Accountable Officer's Report Paper  17 December 2020 - Accountable Officer (AO) repo... 21	Accountable Officer	15:15
7	PROGRAMMES OF WORK		15:20

#	Description	Owner	Time
7.10	Moderninising Health and Care Services in the Teignmouth and Dawlish Area Paper [P] 1 Cover sheet Teignmouth and Dawlish Dec 2020.d... 30 [P] 2 Final GB Teignmouth and Dawlish Dec 2020.docx 35 [P] 3 FINAL HW Teignmouth Dawlish Consultation Rep... 80 [P] 4 QEIA narrative text December 2020 Final.pdf 168	Director of Commissioning - Out of Hospital	
7.20	NHS Devon CCG Engagement Highlights 2019/20 Paper [P] 1 Devon CCG Cover sheet - NHS Devon CCG eng... 202 [P] 2 Devon CCG report - engagement highlights 2019-... 204 [P] 3 NHS Devon CCG.pdf 206	Director of Communications, IT and People	
8	ITEMS OF ESCALATION		16:00
8.10	Assurance Committee's Paper/Verbal [P] Assurance Committees cover sheet.docx 208 [P] December GB - Commissioning Committee Report... 211 [P] Dec +JH Committee Chair Report - Public PCC - D... 213	Committee Chair's	
8.20	Localities Paper/Verbal [P] 0 Locality updates cover sheet.docx 216 [P] 1 Northern Locality Report December Draft V4.docx 219 [P] 2 Locality Update Report - Eastern December 2020... 222 [P] 3 South Locality Update Report December 2020.do... 224 [P] 4 WL Update Report - December 2020 Approved.d... 227	Locality Clinical Leads'	

Declaration of Interests Register - NHS Devon CCG Governing Body

Register updated and generated by the Governance Team - 4 December 2020

Title	Surname	Firstname	Role or Position held with the CCG	Committees attended	Interests	Interests - Partner or Family	Date Interest from	Date Interest to	Date interest updated	Type of Interest	Is the interest direct or	Action taken to mitigate risks	Employer Organisation
	Alcorn	Darryn	Chief Nursing Officer Caldicott Guardian	Member of Governing Body Member of Quality Assurance Committee Senior Leadership Team (SLT) CCG Executive Team Meeting Member of Devon JCEG Commissioning Committee (CC DOI) Member of Audit Committee Member of Primary Care Commissioning Committee (PCCC)	Honorary Associate Professor University of Exeter Seconded to NDHT (to 18 September 2020) Strategic Chief Nurse, Nightingale Hospital Exeter System Chief Nurse, Devon STP		11/05/2020		27/08/2020	Direct	Direct	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon CCG
	Appleby	Gaynor	Non Executive Lay Member (Allied Health Professional)	Member of Governing Body Member of Quality Assurance Committee Member of Primary Care Commissioning Committee (PCCC) Member of Remuneration and Workforce Committee	CQC Specialist Advisor Therapy Lead for Health and Social Care for North Devon		01/11/2019		05/05/2020	Non Financial	Direct	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon CCG
	Atherton	Glynis	Non Executive Lay Member- Quality Geographical remit - Eastern	Member of Governing Body Member Quality Assurance Committee (Chair) Member Primary Care Commissioning Committee (PCCC) Member of Remuneration and Workforce Committee	Consultancy for FORCE cancer charity – not CCG funded but has a relationship with RD&E hospital Trustee for St. Margaret's Hospice, Somerset Volunteer for Hospiscare, Exeter – helping at events and proof reading applications to charitable trusts Volunteer for University of Exeter – mentoring students Member of the Labour party Member of the Devon Ethical Reference Group		14/05/2019		01/09/2020	Financial / Non Financial Personal	Direct	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon CCG
	Bailey	Helen	Associate Director, Urgent Care	Urgent Care Board Senior Leadership team (SLT) Governing Body (presentation) Executive Committee (deputy)	Owner and director of Wayside Health & Care Ltd, a provider of consultancy and interim management services.		18/11/2020		18/11/2020	Financial, Personal	Direct	Whilst employed by NHS Devon CCG, will not take on any work within eayside Health & Care, but ill remain as owner/director. No information generated by work undertaken for Devon will be disclosed to clients of Wayside Health & Care Ltd. Without the permission of NHS Devon CCG. Should any instance occur where discussions or decisions under discussion be of potential benefit to the company, Helen Bailey will declare this interest and where necessary remove herself from said discussion.	NHS Devon CCG
	Ball	Nick	Vice Chair/Non Executive Lay member - Finance and Governance. NHS Devon CCG Lay Member - Governance and Probity NHS Devon CCG Conflict of Interests Guardian for NHS Devon CCG Geographical remit - Western	Member of Governing Body (Vice Chair) Member of Audit Committee (Chair) Member of Finance and Performance Committee Member of Remuneration and Workforce Committee Attendee Primary Care Commissioning Committee (PCCC) non voting	Appointed Chair of Audit Committee for NEW Devon CCG (Dec 2016) Director of the B4 project Director of Community Interest Company: 11319536 , Heavens Thunder C.I.C, Cornwall from 19 April 2018	Virgin Care (spouse/partner was a Portage Home Visitor to 2015)	22/09/2016		19/11/2020	Indirect interest	Indirect	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon CCG
	Blackford	Derek	Associate Director of Finance	Attendee of Audit Committee (Deputy for CFO) Member of Finance and Performance Committee Senior Leadership Team (SLT) Member of Governing Body (Deputy for CFO) Member of Vacancy Control Panel Devon Urgent Care Board	Governor - Torbay and South Devon NHS Foundation Trust (April 2017)	Partner works within NHS Devon CCG	28/04/2017		13/11/2020	Non-Financial Interest Professional	Indirect	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote. No line management responsibility from effective date of interest	NHS Devon CCG
	Brown	Steven	Director of Public Health (DCC)	Governing Body Strategic Commissioning Partnership STP Directors ICS Partnership Board	No interests declared		19/11/2020		19/11/2020				Devon County Council
	Burrows	Charlotte	Non Executive Lay Member - Patient and Public Involvement Geographical remit - Northern	Member of Governing Body Member of Quality Assurance Committee Member of Remuneration and Workforce Committee Member Primary Care Commissioning Committee (PCCC)	Self-Employment business consultant from September 2019 Associate for Research In Practice Feb 2020 Associate for Research In Practice Supplier/Associate for SWAHSN (Feb 2020) Within my role as SWAHSN associate will be part of their project team which is supporting the Think 111 project Associate for Devon Communities Together		04/04/2019		04/08/2020	Financial/Personal Interest	Direct	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon CCG

Carroll	Jayne	Interim Chief Operating Officer	Member Governing Body Member of Senior Leadership Team (SLT) Commissioning Committee (CC DOI) Member of Finance and Performance Committee Devon Urgent Care Board	Independent member of Fostering Panel for Pathway Care.	08/08/2020	08/08/2020	Professional	Indirect		NHS Devon CCG
Chilcott	Ben	Associate Director of Finance	Strategic Medicines Optimisation Group Member of Finance and Performance Committee Primary Care Strategic Meds Group Senior Leadership Team (SLT) Member of Primary Care Commissioning Committee (PCCC) Primary Care Operational Group (PCOG) Member of Governing Body (Deputy for CFO)	CCG representative board member of Resound Health, Plymouth LIFT partner Member of ACRA (Advisory Committee on Resource Allocation) CCG representative shareholder for Delt School Governor for Tavistock Primary and Nursery School	26/09/2017	17/09/2020	Non-Financial Personal Interest	Direct	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon CCG
Coles	Anna	Locality Director - Plymouth	Senior Leadership Team (SLT) Member of Governing Body (Deputy for Director of Commissioning) Strategic Commissioning Partnership Meeting	No interests declared	12/03/2019	22/10/2020				Plymouth City Council
Davis	Alison	Associate Non-Executive Director	Attendee Governing Body	Plymouth City Council – Foster panel Chair Torbay Council- Foster panel Chair Pathway Care Fostering- Ashburton- Independent Reviewing Officer University of Exeter – student mentor Somerset County Council- casual employee	19/10/2019	20/10/2020	Personal, Professional & Financial	Direct	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon CCG
Dimond	Caroline	Co-opted member of Governing Body	Member of Governing Body Member of Strategic Commissioning Partnership Meeting	Director Public Health, Torbay Council Contract CDT in Torbay	04/09/2015	20/10/2020			Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	Torbay Council
Doble	Clare	Head of Governance Deputy Senior Information Risk Owner (SIRO)	Attendee of Audit Committee Quality Assurance Committee Primary Care Commissioning Committee (PCCC) Governing Body (ad hoc) Health and Safety Group Joint Chair Staff Partnership Forum Data Protection Steering Group	Member of Taunton & Somerset NHS Foundation Trust Godmother to member of governance team's daughter Trustee for Lyme Disease Action Charity Secondment one day a week to offer strategic oversight/direction for DPT IG team whilst they recruit a DPO	22/08/2017	26/11/2020	Non-Financial, Financial and Personal Interests	Indirect/Direct	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon CCG
Dowell	John	Director of Finance	Governing Body Finance and Performance Committee CCG Executive Team Meeting Senior Leadership Team (SLT) Attendee Audit Committee Commissioning Committee (CC DOI) Primary Care Commissioning Committee (PCCC)	Vice chair of the HfMA South West Branch Vice Chair of the HfMA Commissioning Faculty.	14/08/2015	20/10/2020	Non-Financial Interest Professional	Direct	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon CCG
Dr Fox	Matthew	Governing Body Locality GP NHS Devon CCG	Member of Governing Body A & E Delivery Board (SD&T)	GP principle, Barton Surgery, Dawlish. Director, Dawlish Medical Group Associate Medical Director TSDFT from 1 April 2019 Barton Surgery have rented a room to Chime. University of Exeter Medical School, Academic tutor and student teacher GP Locality Clinical Director Primary Care Network - The Coastal Network	22/09/2016	28/07/2019	Financial Interest	Direct	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	Torbay and South Devon NHS Foundation Trust
Dr Greenwell	David	Governing Body Locality GP	Member of Governing Body Member of Finance and Performance Committee Remuneration and Workforce Committee(Non exec rem) Member of Devon JCEG	GP partner at Southover medical practice Member of an independent cooperative that provides out of hours medical cover to Devon Prisons Shareholder in Devon Doctors on Call Member of Upton Vale Baptist Church (personal interest) Member of Clinical Cabinet Primary Care Network - Torquay	20/08/2015	22/10/2020	Financial Interest	Direct	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon CCG
Hargadon	Judy	Non Executive Lay Member - Primary Care and Prevention Geographical remit - Southern	Member Governing Body Member Audit Committee Member of Primary Care Commissioning Committee (PCCC) (Chair) Member of Remuneration and Workforce Committee	Spouse is Chair of Dartington Hall Trust Brother is GP in Cornwall	01/05/2019	10/03/2020	Financial / Personal	Direct	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon CCG
Dr Harrell	Ruth	Director of Public Health, Plymouth City Council	Devon STP Clinical & Professional cabinet NHS Devon CCG Governing Body Member of Devon JCEG Member of Strategic Commissioning Partnership Meeting	Director of Public Health for Local Authority	26/10/2016	18/08/2020	General	Direct		Plymouth City Council

	Harris	Penny	Interim Executive Director of Commissioning - In Hospital	Attendee of Governing Body CCG Execs and Clinical Chairs Senior Leadership Team (SLT) Strategic Commissioning Partnership Meeting CCG Executive Team Meeting Finance and Performance Committee Strategic Commissioning Programme Board Commissioning Committee (CC DOI) System Restoration and Transformation Group Devon Urgent Care Board	Director of KERR Darnley Ltd Providing commissioning advice to variety of CCGs and Coaching/contract training Director of Kerr Mediation Ltd - working alongside LMC law taking on primary care mediations commissioned by the LMC.	23/07/2019	29/10/2020	Financial Interest	Direct	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	KERR Darnley Ltd
Dr	Johnson	Paul	Clinical Chair NHS Devon CCG	Member of Governing Body (Chair) Member of Remuneration and Workforce Committee Attendee Primary Care Commissioning Committee (PCCC) non voting Commissioning Committee (CC DOI) Strategic Commissioning Partnership	GP Partner, Cricketfield Surgery (ceased August 2019) Salaried GP, Cricketfield Surgery (ceased December 2019) Member of Templar Care PCN (ceased December 2019) Locality Clinical Director at Torbay and South Devon NHS Foundation Trust (Nov 2016 to 28 March 2017) Church Warden Holy Trinity Church (ceased 2018)	21/08/2015	21/10/2020	Financial Interest	Direct	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon CCG
Dr	Kennedy	Nick	NHS Devon CCG Governing Body Secondary Care Clinician	Member of Governing Body Member of Quality Assurance Committee Attendee Remuneration and Workforce Committee Member of Primary Care Commissioning Committee (PCCC) QEIA Panel Member of Audit Committee Member of Devon JCEG Commissioning Committee (CC DOI) Member of Devon Clinical Cabinet System Restoration and Transformation Group	Governing Body Independent Clinician BNSSG CCG Member South West Clinical Senate Council Advisor to Western Provident Association, Medical Insurer Consultant Anaesthetist, Taunton and Somerset NHS Trust Member of national Independent Funding Request Panel NHS England Non-Executive Director GO-OP, GO-OP is a Multistakeholder Co-operative Society (Somerset Rules), registered under the Co-operative and Community Benefit Societies Acts GO-OPGO-OP will be the UK's first co-operatively owned and run Train Operating Company Introduced PPE supplier (Orthofix International) to Devon CCG. Company part owned by my cousin Non-Executive Director of a start up limited company called LinkExec, an online business aimed at promoting start up businesses and investors. April 2020	26/09/2017	14/08/2020	Financial / Personal	Direct	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon CCG
Dr	Kerr	Simon	Governing Body Clinical Lead – Eastern.	Member of Governing Body Member of Quality Assurance Committee Attendee Remuneration and Workforce Committee Attendee of Audit Committee Member Strategic Commissioning Programme Board Commissioning Committee (CC DOI) Eastern Locality Delivery Group	Chair of East Devon , Exeter and Mid Devon GP Members Forums GP Exec. Partner Coleridge Medical Centre Shareholder in Devon Health GP member of East Devon Health Federation GP Partner in Honiton , Ottery , Sidmouth Primary Care Network	14/02/2017	28/04/2020	Financial / Personal	Direct	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon CCG
Dr	Manton	Sonja	Executive Director SRO for Integrated Care Partnership (Western Devon)	Member of Governing Body CCG Executive Team Meeting Joint Staff Partnership Forum Senior Leadership Team (SLT) Attendee Audit Committee Chair of Integrated Care Partnership Executive Group	Member of the Academic Health Science Network SW Board	03/04/2017	25/09/2020	Professional & personal	Indirect	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon CCG
Dr	McCormick	Shelagh	Lead Clinical Representative (Western) – CCG Governing Body Strategic Clinical lead - Maternity Clinical Lead - Western Locality Clinical lead - Mental Health	Member of Governing Body Member of Quality Assurance Committee Member of QEIA Panel Member of Remuneration and Workforce Committee Member of Primary Care Commissioning Committee (PCCC) Member of Individual Packages of Care Panel (IPOC) Member of Local Maternity System (LMS) Board and Operational Committee	Elected member (and Deputy Chair from September 2019), South West Regional Council of BMA GP Appraiser (NHS England) Shareholder GlaxoSmithKline Working at Church View Surgery as self-employed sessional GP Elected to the Medical managers Committee of the BMA from September 2019	26/09/2017	20/10/2020	Financial, Professional & Personal Interests	Direct & Indirect	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon CCG
	Millward	Andrew	Devon System Director of Communications and Engagement. Chief Communications, IT and People Officer, NHS Devon CCG	Member of Governing Body CCG Executive Team Meeting Joint Staff Partnership Senior Leadership Team (SLT) Attendee Audit Committee Member of Remuneration and Workforce Committee Member of Vacancy Control Panel	Chair of Friends of Eggesford All Saints Trust, a registered charity. Fellow of the Centre for Communications Research, Buckinghamshire New University DELT Board Member, CCG Devon nominated director	19/06/2018	04/03/2020	Non-Financial Interest Professional	Direct	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon CCG
Dr	Pearson	Virginia	Chief Officer for Communities, Public Health, Environment and Prosperity/Director of Public Health, Devon County Council System Director of Population Health and Wellbeing, Devon STP	Co-opted Member of Governing Body Member of Primary Care Commissioning Committee (PCCC) Strategic Commissioning Programme Board	Member, STP Directors Group Member, STP Programme Delivery Executive Group Member, Devon Health and Wellbeing Board Member, Devon Safeguarding Adults Board Member, Association of Directors of Public Health Member, British Medical Association Honorary Clinical Professor, University of Exeter College of Medicine and Health	02/02/2017	22/04/2020	Non-Financial Interest Professional	Direct	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	Devon County Council

Quartermaine	Jade	Senior Administrator	Administrative support to: CCG Senior Leadership Team (SLT) Exec Team Meeting Governing Body	No interests declared	01/08/2016	20/08/2020					NHS Devon CCG
Snaith	Ginny	Board Secretary	Attendee of Governing Body (non voting) Attendee of Quality Assurance Committee Attendee of Finance and Performance Committee Attendee of Audit Committee Attendee of Remuneration and Workforce Committee Attendee of Commissioning Committee (CC DOI) Attendee of Primary Care Commissioning Committee (PCCC) CCG Executive Team Meeting Senior Leadership Team (SLT) Working with Industry and Sponsorship Group System Restoration and Transformation Group Member of Strategic Commissioning Partnership Meeting	No interests declared	22/03/2019	10/08/2020					NHS Devon CCG
Tapley	Simon	Interim Accountable Officer for NHS Devon CCG. Director of Commissioning for NHS Devon CCG Joint Adult Social Care Lead (South Devon), Devon County Council	Member of Governing Body Strategic Commissioning Partnership CCG Executive Team Senior Leadership Team (SLT) Attendee Audit and Assurance Committee (Audit Committee) Finance and Performance Committee Commissioning Committee (CC DOI)	Secondment agreement with Torbay Council (1 July 2017 for six months) Joint role with DCC as Adult Social care lead (south Devon)	Spouse is employed by TSDFT (ICO) 31/03/2017 Brother in Law is employed as Strategic Engagement Manager, NHS Devon CCG Step-son has started working as a health-checker	01/11/2016	21/10/2020	Non-Financial Interest Professional	Direct	Where a piece of CCG work or an item on a CCG Committee agenda concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon CCG
Tetley	Piers	Associate Director of HR and OD	Attendee of Remuneration and Workforce Committee Joint Staff Partnership Senior Leadership Team (SLT) Attendee of Governing Body/Member Governing Body (Deputy for Director of Communications) Member of Vacancy Control Panel CCG R&T Project Team meeting	No interests declared		16/10/2018	19/10/2020				NHS Devon CCG
Turl	Jo	Executive Director of Commissioning - Out-Of-Hospital	A & E Delivery Board Senior Leadership Team (SLT) Mental Health Team Meeting Member of Strategic Commissioning Partnership Meeting Member of Governing Body Attendee Audit Committee Member of Finance and Performance Committee Member of Primary Care Commissioning Committee (PCCC) CCG Executive Team Meeting Strategic Commissioning Programme Board Commissioning Committee (CC DOI) Quality Assurance Committee	No interests declared		13/08/2015	19/10/2020	Indirect interest	Indirect	Where a piece of CCG work or an item on a CCG Committee agenda concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon CCG
Turner	Graham	Non Executive Lay Member-Finance	Member of Governing Body Member of Finance and Performance Committee (Chair) Member of Audit Committee Member of Remuneration and Workforce Committee (Chair)	Co-opted Councillor on Budleigh Salterton Town Council (Independent Member – non-political)	Son employed by Care Quality Commission as an Information Analyst	16/10/2019	26/11/2019	Indirect interest		Where a piece of CCG work or an item on a CCG Committee agenda concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon CCG
Dr	Womersley	John	Governing Body Clinical Lead – Northern Locality	Member of Governing Body Attendee of Audit Committee Member of Finance and Performance Committee Member of Primary Care Commissioning Committee (PCCC) Remuneration and Workforce Committee (Non exec rem)	Member of One Ilfracombe Board Chair of One Northern Devon Partnership Board	14/02/2017	28/09/2020	Personal	Indirect	Where a piece of CCG work or an item on a CCG Committee agenda concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon CCG

Wooldridge	James	Associate Non Executive Lay Member	Attendee Governing Body	Managing Director of Recovery Devon CIC which is directly funded by Devon Partnership NHS Trust (DPNHST) Proprietor of Positive Notions. A private consultancy providing mental health training services to various organisations including but not limited to: DPNHST, University of Exeter, University of Plymouth, Livewell Southwest There may be an increased reputational benefit to my Positive Notions consultancy through membership of Devon CCG. I will advocate for various mental health groups and organisations including Recovery Devon CIC, that may be in receipt of commissioned funding from Devon CCG In receipt of individually funded treatment My general interest lies in mental health, wellbeing and recovery. I intend advocating for groups and organisations that adopt and demonstrate the values and principles associated with the recovery approach	28/10/2019	28/10/2019	Financial /non Financial Professional Interests/ General	Direct	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon CCG
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NHS Devon Governing Body Meeting
DRAFT minutes held in PUBLIC

Date: 26 November 2020

Time: 13:30 – 16:40

Location: Via Microsoft Teams

Item	Discussion	Action
1	Welcome and Apologies The chair welcomed everyone to the meeting and noted that the meeting would be recorded for members of the public to view and he reminded the members to conduct themselves in a way that was in keeping with their professional positions. PJ welcomed and was pleased to have Julia Boas (JB), deputy director of Intercom Trust and Darin Halifax (DH), Sustainable Transformation Programme (STP) Lead for the Voluntary, Community and Social Enterprise present to support the patient experience item on the agenda. Apologies were noted from: Caroline Dimond	
2	Patient Experience CB thanked and welcomed JB to the meeting and offered for her to share experiences of people that Intercom Trust support and this was an opportunity for the members to think about service users in lesbian, gay bisexual and trans (LGBT) communities in vulnerable positions. JB described the LGBT support across Devon and Cornwall and individual barriers service users may face in accessing healthcare. In a recent survey it was identified that this community are not accessing healthcare providers through fear or due to their own experiences. JB noted that she was aware of people from an older generation who have lived through criminalisation and who have been pathologised but have now reached certain freedoms. JB gave some examples of personal experiences and pointed out the duty equality act to meet the needs of service users. JB was pleased to report that good progress has been made and that we have a duty to become more aware and how we sensitively work with people that are LGBT. Currently we are encountering gender variants with no service available for users or some people being asked to go away as opposed to looking at a pathway for treatment. Being dismissed or turned away can be harmful, being able to have openness at a referral pathway would be of benefit as to how we treat people with dignity and respect. Feedback/ comments from members included: JB confirmed that small training packages can be offered for staff that can be delivered remotely	

	• Acknowledgement that top down regulation sometimes gets in the way of sensitive conversations • Systems to be designed with LGBT in mind which will create more diverse identifies • Principles around informed consent to support decisions and having open conversations and understanding • Creation of a safe space for someone from the LGBT community to share their experience • Recognition that signage is not always non-binary and we need to make sure that service users' public areas such as toilets are available to everyone JB explained employer difficulties and the lack of understanding and not taking responsibility in challenging bullying in the workplace. AM referred to the newly formed Equality and Diversity Group and the work that the CCG has started regarding diversity and issues with Black, Asian, Minority Ethnic (BAME) community. This work has highlighted that we don't do enough for staff, patients and the public and felt that the CCG could also support some work in moving forward with the LGBT community. SMC pointed out that the NHS England annual staff survey was lagging as it only allows staff to state if they are male or female. AM responded and committed to feed this back to NHS England via our human resources (HR) department. ACTION 1 AM to liaise with HR regarding the NHS England annual staff survey and gender options for staff to state. CB thanked JB for her time today and showed her appreciation for sharing service users' experiences. <i>JB and DH left the meeting.</i>	
	Questions from the Public There were no questions submitted in advance of the meeting by members of the public.	
2	Register of Interest (ROI) PJ referred to the ROI included in the pack and no amendments or new declarations were made. SMC declared that she would be taking on the clinical lead role for mental health. There were no conflicts of interests declared pertaining to the agenda items scheduled for this meeting. The Governing Body received and noted the ROI and the additional declarations made.	
3	Minutes of the last meeting PJ led a page by page review of the minutes of the last meeting held on 29 October 2020. Subject to a minor amendment on page 10 section 15 these minutes were approved as a true and accurate record of the meeting.	

	Action Log Actions 1-2 had been completed and it was agreed for these to be formally closed	
4	Chairs Report <u>System Lead Executive and Devon CCG Accountable Officer</u> PJ informed the members that following an interview process on the 18 November 2020 a candidate has been recommended and put forward to NHS England for their approval. Once the CCG has received formal approval, we will then proceed to making plans and formally announce the successful appointee and PJ was optimistic of a positive outcome. The Governing received and noted the contents of the Chair's Report.	
	Accountable Officer's (AO) Report ST noted that there were 250 people with COVID-19 in hospital beds, with 18 of them in intensive care and reported that the Nightingale Exeter would be receiving its first patients today being transferred from the Royal Devon and Exeter Hospital (RDE). SM highlighted that the increases in COVID-19 for Devon have exceeded wave 1 and we are experiencing competing pressures and capacity for services. It was recognised that teams in the CCG are working hard with our provider partners and that we have seen a slight impact in case rates and prevalence since the second national lockdown. We continue to manage and balance risk and acknowledge and recognise the efforts of staff. SK asked for assurance around keeping non COVID work going to support people to get access to Non COVID services and it was confirmed that we are using the independent sector to make sure we direct appropriate planned care from urgent care. This is challenging and there has been requests for mutual aid from hospitals who are also experiencing higher volumes of staff absence. Infection control measures are in place and virtual clinics are on-going. The opening of the Nightingale Exeter will have an effect and will also free up more than just beds. NK wondered whether the transfer of patients to the Nightingale Exeter would have a negative impact on ambulance services. SM responded to confirm that arrangements have been out in place including the working through of pathways for the clinical model and transport has been booked over and above what is expected. GT asked if the Governing Body would have an opportunity to review the Integrated Care System submission prior to submission and approval by NHS England. ST confirmed this, and that our partner boards will receive the same paperwork before final submission is made in January 2021. GATH congratulated ST on the staff awards ceremony which was indicative and inclusive of the culture of the CCG. The Governing Body received and noted the contents of the Accountable Officer's Report.	
	Winter Plan JC referred to draft system plan which reflected the system approach for planning for winter. This is an integral part of phase 3 and she thanked all colleagues who have worked together as a system to bring together this overarching plan which has been overseen by the system wide urgent care board.	

JC described the approach taken which has built on the learning from last winter and phase 1 of our response to COVID and she reported that we have delivered operational, locality and system initiatives.

JC gave an overview of the document and signposted the members to section 3, 4 and 5 and noted that extensive work that has been undertaken looking at out of hospital capacity led by localities to help inform and understand gaps in capacity.

Section 6 detailed individual plans for localities to address issues of capacity and section 7 provided information on escalation and governance arrangements. The operations centre acts in a coordinated response in line with the escalation framework around risk-based decisions.

Section 8 described enabling plans for line services and it was recognised that the year has been challenging for all and supporting colleagues for resilience and wellbeing is fundamental as well as effective communications for members of the public.

Section 9 identified the risks and monitoring review progress which is done on a regular basis and JC noted the importance of balancing capacity to maintain elective activity.

As part of our assurance process regional colleagues will be reviewing our response to demand, capacity and surge and we are awaiting formal sign off. Positive feedback received has recognised a big step change in system working, and our plans will be used to share good practice. JC stressed the importance of working together as a system not just for health and social care but for voluntary sector and the wider system.

PH reiterated the level of engagement which has been positively recognised by NHSE

GApp asked about the high demand of packages of care and domiciliary care especially for the two weeks over the Christmas period where sometimes it is difficult to get packages of care. ST responded to confirm that we are in the process of recruiting additional staff to backfill the gaps in personal care hours, and this is a joint community response with better mitigation than previously.

JH was pleased that the CCG plans will be shared with other systems shown as good example. JH was concerned around communications following the national announcement of lowering the offer of flu vaccinations to people over 50 and are we supplementing information for our local services. AM confirmed that we use national materials and adapt locally for our own needs.

NK sought assurance against Think 111 staffing based on agency staff, and JT responded and explained the progress of the project.

NK further asked about paediatric mental health and younger children ending up in acute beds and was this being addressed as part of the winter plan. ST described two recent issues and explained the current process and that the CCG is working with the Director of Children's services in the local authorities to ensure we have the right facilities in place.

DG asked if imaging capacity would be reduced following the opening of the Nightingale Exeter. JC confirmed that it has been agreed to move the Magnetic Resonance Imaging (MRI) scanner to University Hospitals Plymouth (UHP) and discussions are underway with the Nightingale Exeter regarding the use of the Computerised Tomography (CT) scanner.

	SK highlighted that workforce resilience was an issue with providers who are struggling. JC said the this remains a spotlight and is monitored through the Devon Urgent Care Board meetings and risks can and will be escalated through to the Dynamic Decision-Making Group (DDMG) as appropriate. GAth queried the increased in demand for palliative care and risk factors and asked if there was confidence this would be mitigated. JC confirmed that additional funding has been approved recognising the current challenges with demand and reduced funding through charitable donations. A temporary non-recurrent funding has been identified to support the needs and this will be further discussed at the commissioning committee on basis of need, and support needs are currently being scoped. PJ referred to section 5.7 and the reality that modelling was not consistent with our challenges, and JC confirmed that as part of our phase 3 submission we have seen a different picture and this has been tracked through the Devon Urgent Care Board as to how we can ensure recovery of elective activity in our phase 3 trajectory. PJ thanked JC, Ali Wilkinson and Lauren Benham for their contribution and effort in the development of a comprehensive Winter Plan. The Governing Body received and approved the Winter Plan.	
	Month 7 Finance Report JD directed the members to the finance report in the pack for the period to the end of October. JD reminded the Governing Body that for the first half of year we have been working in an emergency financial framework during our response to the pandemic and retrospective reimbursement costs were detailed on page 94. All but £7.6m COVID-19 costs have been reimbursed and we are going through a final check. He assured the Governing Body there was no reason to be concerned the remaining costs would not be recovered. At the half year point the CCG achieved a break-even position. For the remainder of the financial year months 7-12 the CCG has moved back to a fixed allocation and we are expected to manage our costs including COVID-19 related costs within this fixed allocation and the year end forecast will be continued to be revised through to the end of this year. JD referred to appendix 3 the which detailed the operating expenditure and signposted the members to page 88 and the year end adverse variance of £29m which was one element outside of reimbursement. The fixed allocation is a continuation of the hospital discharge programme. The assumption taking in all reimbursement will move the CCG back to an overall break-even position. JD drew the members attention to a £6m risk which related to commissioning of work with the independent sector and was a financial risk at the time of writing this report, this has been mitigated and not passed back to the CCG. SMC queried equity shares which did not appear to be mentioned in the report and JD explained the commitment of equitable resources and that we are working with local systems to develop plans to work forward and implement this for the final quarter of this financial year. SK wondered about the early discharge scheme and JD explained the two aspects of the scheme.	

	PJ asked if there was a sense that the CCG would be in a financial position of strength from April 2021 and JD confirmed that for 2021/22 the CCG would be in a challenging position but following a recent announcement with regards to additional funding for the NHS this would be helpful, but we will undoubtedly need to continue to deliver our savings programme and identify savings efficiencies will need to be considered. The Governing Body received and noted the contents of this month 7 year to date financial performance report including the current risks.	
	Performance and Quality Report JC presented this report and noted that the unvalidated data was for the period to the end of September and this report for the first time included performance on our phase 3 response. Cancer waiting times through the first phase of the pandemic was stable but in September there were variations for our providers who are now seeing challenges with COVID-19 activity and capacity. There is a focus on symptomatic breast standards and this will be further discussed at the next Quality Assurance Committee. There has been an increase in demand and staff sickness and self isolation has added to the challenge. Elective care is being looked at closely and there has been an increase in waiting lists for 52 weeks with most long waiters in Ophthalmology and Orthopaedics and the restoration programme is focusing on this area. The risk of harm is being managed by providers through a clear risk stratification process including prioritisation and review of all patients to ensure they are checked and reassessed. Diagnostics has seen a marginal improvement in September and performance remains below the national target. JC referred to the adapt/ adopt programme and the use of the independent sector which is crucial as we approach the last quarter of year and moving towards a national framework. There has been agreed changes to the model and we are in negotiation with providers for flexibility to support the elective restoration programme. Urgent care performance has seen an increase in COVID-19 and activity flows through hospitals which has resulted in impacts in emergency departments (ED) who have seen attendance increases since May, but lower than in previous years. We are below the national four-hour standard and challenges remain with regards to flows through hospitals and loss of beds due to COVID-19 outbreaks. DA informed the members that 111 is seeing a slow steady improvement in performance. We are reporting national average performance for call abandonment and we are focusing on eliminating comfort calling. We are continuing to see high numbers in the Western System, and we are undertaking an end to end review of these cases to ensure that we are not seeing any harm, and this is a whole system approach. We are paying attention to the impact of staffing absences and resilience and the impact this is having on our elective capacity.	

Continuing Healthcare (CHC) remains on track despite challenges in some areas to reduce backlog.

There have been high numbers of COVID-19 positives and symptomatic spread and as a system we are collectively using best practice infection control measures and we are asking providers to expediate the flu campaign for completion by the 7 or 14 December at the latest.

JC directed the members to section 4 and the first time we are reporting trajectories against phase 3. We are looking at different ways of information activity and we are looking to refine reporting. This data does give a sense of our overall position for the month of September.

PJ asked about the process for potential harm in cancer pathways. DA replied that we are taking a harm review system wide approach, and this is not just about harm but also a risk stratification approach. JC further added that the cancer prioritisation group will also be considering outpatients and two week waits.

AD asked for an update on the current situation with regards to serious incident reviews for Devon Partnership Trust (DPT) and it was confirmed the outstanding backlog of reviews had improved and the CCG was confident of a further improved position by the end of December.

JWo queried as to whether it was recorded how often mutual aid support was requested and JC confirmed that a formalised process had been in place for the system for some time and that a decision making framework approach is taken and this will help towards documenting requests.

JT gave an example of other systems in place across the system to manage pathways such as virtual consultations, and e-consults and we are using digital platforms for maximum effect in Devon.

JC confirmed that we are pushing independent sector provision as far as we can and we are aiming to maximise capacity and flexibility to support the needs in relation to demand and waiting lists and working in line with the national framework which is not as flexible as previously.

JT clarified the pilot sites for reduction in emergency department (ED) attendance and that to date these have shown a positive impact on ED's. We have good communications in place for all parts of the system and primary care commissioning committee will consider any potential impacts and a communication plan will be developed to mitigate anxieties and risks if this becomes a reality.

PJ remarked this was a good performance and quality report and welcomed the opportunity to focus and concentrate on key issues, which will be monitored as part of our delivery of phase 3. He further noted that collaboration had been mentioned throughout this report and this gave a sense of how effectively plans come to fruition when using this mechanism.

The Governing Body:

- **Noted the 1 April 2020 to 30 September 2020 (month 6) performance against Constitutional and routine performance standards;**
- **Noted the quality, nursing and safety performance position for the period 1 April to 31 October 2020;**

	Noted the update on performance against the Devon System Phase 3 trajectories, as submitted to NHS England on 5 October 2020.	
	Emergency Preparedness Resilience Response (EPRR) Framework GS presented this policy which set out how the CCG meets its responsibilities under statute and national policy which is updated on an annual basis. The policy included in the pack had tracked changes applied, but GS confirmed the changes for this year were minimal and these have been made in line with other policies. The Governing Body: Approved this policy which set out how NHS Devon Clinical Commissioning Group (CCG) will ensure that it meets its Emergency Preparedness, Resilience and Response (EPRR) responsibilities, as required by statute and national policy.	
	Audit Committee Chair's Report NB presented this report and highlighted that although the current assurance framework was not fit for purpose this will still be used until the new framework had been fully developed. It was anticipated that the new assurance framework would be developed and mapped against Devon CCG's objectives by January 2021. The Governing Body: Noted that the Assurance Framework was not currently fit for purpose, and that following agreement of Devon CCG's objectives this will enable the Assurance framework to be developed.	
	Quality Assurance Committee Chair's Report Gath referred to this report and noted that the terms of reference (ToRs) for this committee had been amended and was attached to this report for final approval by the Governing Body Gath noted that there were changes as to how this committee conducts its business and this includes the inclusion of Care Quality Commission (CQC) domains and a greater emphasis on patient experience and a patient engagement panel report which will also be presented to the quality committee. The Governing Body - Noted and received the contents of the Quality Assurance Committee Chair's Report and positions of assurance by the Quality Assurance Committee - Approved the updated Quality and Assurance Committee Terms of Reference	
	Commissioning Committee Chair's Report There was nothing further to add to this report. The Governing Body received and noted the contents of the Commissioning Committee Chair's Report.	
	Finance Committee Chair's Report There was nothing further to add to this report.	

	The Governing Body received and noted the contents of the Finance Committee Chair's Report	
	Primary Care Commissioning Committee Chair's Report There was nothing further to add to this report. The Governing Body received and noted the contents of the Primary Care Commissioning Committee Chair's Report.	
	Locality Updates Northern Locality JWo was pleased to report that for the Northern locality as a smaller part of the system during the response to the pandemic they have worked collaboratively and innovatively with local teams. He referred to the integrated delivery group which is functioning well and has a good data set to work from and has a self-regulated system to review performance and look at change. Population Health Management is a significant part of how the Northern local system will assess what needs are required to progress and change to improve health inequalities. The HIP 2 system has started looking at a process of how to improve for the future. JWo also noted that people are working well together to review workforce challenges. JW brought the members attention to One Northern Devon who are finalists in the Health Service Journal awards for collaborative working. Eastern Locality SK highlighted that the Eastern Locality delivery group meet on a weekly basis working through a rolling programme looking at common themes and noted that this has resulted in closer working relationships and builds on the opportunities to create different service pathways. He noted that there were concerns regarding the RDE proposed change in services for Moretonhampstead practices and this is being monitored closely. Active work is underway in developing a leg ulcer service and there has been a re-emergence of the local care partnership executive who will be looking at population health management data to improve better outcomes for the Eastern Locality population. Southern Locality DG confirmed that Derek Blackford, associate locality director is now providing additional support to the Southern Locality. He was pleased to report that Torbay and South Devon Foundation Trust (TSDFT) hospital admissions relating to COVID-19 has started to reduce and that vaccination centre sites were being explored. DG acknowledged the Local Care Partnership (LCP) development was lagging but was pleased to confirm that the LCP delivery group had been reconvened and he reported a recent meeting had been productive and he was encouraged with progress.	

	Western Locality SMC referred to the frailty project which is being managed by the Plymouth LCP. This has been favourably received and will be presented to the commissioning committee for investment consideration. The Plymouth LCP is in advanced stages of development and the next Western Locality report will detail and reflect the practicalities to demonstrate progress to the Governing Body. SMC was pleased to report positive news with regards to COVID-19 hot hubs which are continuing and are an example of collaborative working and has motivated GPs to support the local system. Vaccination sites are being explored and one has been identified as a favoured. Concerns were raised regarding Western LCP development and how patients, the population and practices in Western are going to be effectively supported in the system as a small LCP. NB added that it was important to establish a principle that is applied to all LCPs to ensure there was the right level of involvement. ST suggested for proposals to be developed and discussed at the Governing Body development session in January. The Governing Body received and noted the contents of the locality updated reports.	
	Any other business There were no other business items raised.	
	The meeting closed at 16:37	

Attendees (attended** / apologies ^A)	
Name and initials	Title and organisation
Alison Davis (AD) **	Associate Non-Executive Director, Devon CCG
Andrew Millward (AM) **	Devon System Lead Director of Communications and Engagement; and Director of Communications and Human Resources, Devon CCG
Caroline Dimond – Dr (CD) ^A	Director of Public Health, Torbay Council
Charlotte Burrows (CB) **	Non-Executive Director/ Lay Member – Patient Public Involvement, Devon CCG
Darryn Allcorn (DA) **	Chief Nurse, NHS Devon CCG
David Greenwell – Dr (DG) **	Clinical Lead Representative, Southern Locality, Devon CCG
Ginny Snaith (GS) **	Board Secretary, Devon CCG
Gaynor Appleby (GApp) **	Non-Executive Director/ Lay Member – Allied Health Professional, Devon CCG
Glynnis Atherton (Gath) **	Non-Executive Director/ Lay Member – Quality Assurance of Services, Devon CCG
Graham Turner (GT) **	Non-Executive/ Lay Member – Finance and Remuneration, Devon CCG
James Wooldridge (JW) **	Associate Non-Executive Director, Devon CCG
Jayne Carroll (JC) **	Chief Operating Officer, Devon CCG
John Dowell (JD) **	Chief Finance Officer, Devon CCG
John Womersley – Dr (JWo) **	Clinical Lead Representative, Northern Locality Devon CCG

Jo Turl (JT) **	Director of Commissioning – West, Devon CCG
Judith Hargadon (JH) **	Non-Executive Director/ Lay Member – Primary Care
Matt Fox (MF) ^{A (in absence of DG)}	Clinical Representative, Southern Locality, Devon CCG
Nick Ball (NB) Vice Chair **	Non-Executive/ Lay Member – Financial Management and Audit, Devon CCG
Nick Kennedy – Dr (NK) **	Secondary Care Doctor, Devon CCG
Paul Johnson – Dr (PJ) Chair **	Clinical Chair, Devon CCG
Penny Harris – (PH) **	Director, Devon CCG
Ruth Harrell - Dr (RH) **	Director of Public Health, Plymouth City Council
Simon Kerr – Dr (SK) **	Clinical Lead Representative, Eastern Locality, Devon CCG
Shelagh McCormick – Dr (SMc)**	Clinical Lead Representative, Western Locality, Devon CCG
Simon Tapley (ST)**	Interim Accountable Officer, Devon CCG
Sonja Manton – Dr (SMa) **	Executive Director and SRO for Integrated Care Partnership (Western Devon), Devon CCG
Steve Brown (SB) **	Director of Public Health, Devon County Council
In Attendance	
Nikki Coombes (NC) ** Minute Taker	Executive Assistant, Devon CCG
Darin Halifax (DH) ** item 2 only	STP Lead for the Voluntary, Community and Social Enterprise
Julia Boas (JB) ** item 2 only	Deputy Director, Intercom Trust
Minutes approved	Date: Signed by chair:

GOVERNING BODY - PUBLIC ACTION LOG									
Action Number	Date of Meeting		Target Date	Lead	Progress on action	Date Closed	By whom	Reported to Committee	OPEN/CLOSED
Actions should be listed in sequential order	State the date of the meeting	Set out the actions needed in order to deal with the issue identified by the group and be narrate so that if minutes are not available the action is very clear to the owner and the committee members	State the expected date for completing the action	Name of person responsible for completing the action	The most up to date information to be provided to the group on the actions undertaken Yes/No confirmation if all actions		This will be the lead or person to whom the action was designated	Confirmation that committee that raised the action is content the action has been completed	Confirmation if action complete
1	26-Nov-20	AM to liaise with HR regarding the NHS England annual staff survey and gender options for staff to state.	17-Dec-20	Andrew Millward	09.12.20 Letter from HR sent to Picker Institute developer of surveys and research tools to request that in future years the national NHS staff survey incorporates a more diverse gender identity option other than to just not specify a gender identity.				IN PROGRESS

GOVERNING BODY

Report title: Accountable officer's Report

Date of committee: 17 December 2020

Date report produced: 3 December 2020

Author (s) Name and Title:

Simon Tapley, accountable officer

Sam Cush, internal communications manager

Contact Details: sam.cush@nhs.net 01392 675 367

Supporting Executive:

Name and Title: Simon Tapley, accountable officer

Contact Details:

Report Approved by:

Name and Title: Simon Tapley, accountable officer

Date: 3 December 2020

Public or Private (Governing Body only):

Public

X

Private

Please state reason for inclusion as a private paper (and mark as CONFIDENTIAL):

Executive summary:

This report contains updates on:

1. Tier 2 arrangements
2. NHS Nightingale Hospital Exeter
3. Coronavirus vaccine
4. Integrated Care System
5. CCG annual assessment
6. Outstanding engagement rating
7. Think 111 First
8. Preparing for the end of the EU Exit transition period
9. Caring for people affected by domestic abuse

Management of Conflict of interests:

Conflicts of interests are recorded on the register of interests, at each committee a list of recorded declarations is provided and confirmations of declarations are requested and noted. Any new declarations must be fully recorded and included in the minutes of the meeting and notified to the Governance team via d-ccg.governance@nhs.net to update the central register.

Committees that have previously discussed/agreed the report and outcomes:

N/A

Key recommendations and actions requested:

This report is for information only.

Impact on Strategic Objectives

(Delete as applicable)

We will continue to commission safe, effective and accessible services

We will work as a strategic partner in Devon

We will improve the physical and mental health of our population

We will make best use of our resources

Reference to other documents or accompanying papers:

N/A

Does this report have implications in any of the areas highlighted below?

	If Yes, please give details	No
Quality of Services		X
Health Inequalities		X
Equality (staff or public)		X
Resource and Finance		X
Legal		X
Engagement and Consultation		X
Risk		X

The CCG has made every effort to ensure this report does not have the effect of discriminating, directly or indirectly, against employees, patients, contractors or visitors on grounds of race, colour,

age, nationality, ethnic (or national) origin, sex, sexual orientation, marital status, religious belief or disability.

Accountable officer's report

1. Devon enters tier 2

Devon is now under tier 2 restrictions, after the national lockdown ended on Wednesday 2 December 2020.

Every area in England is in tier 2 (high) or 3 (very high) apart from Cornwall and the Isles of Scilly (tier 1 – medium).

Tiers were set by central government and, in a statement to Parliament by the Secretary of State for Health and Social Care on 26 November, the factors cited for Devon being in tier two were case rates (particularly in Plymouth, Torbay, Exeter and people aged over-60), a positivity rate (the number of positive cases detected as a percentage of tests taken) of 4.2%, and pressure at the Royal Devon and Exeter Hospital.

Thanks to the support of local people and the incredible dedication of health and care staff, Devon has seen lower coronavirus cases and mortality rates than other areas.

However, as with other parts of the country, we have seen a clear increase, with more people in hospital and intensive care.

Although numbers in Devon are relatively low compared to other parts of the country, the virus is still serious.

We're therefore working closely with our partner organisations to keep patients, professionals and the public up to date with the latest information.

One element of that includes a new weekly video that we've launched to provide the latest local coronavirus information and advice.

Our clinical chair, Dr Paul Johnson, will present a new video every Friday, which will be published on the CCG's website and social media.

We're also continuing to encourage our staff to work from home, where possible, and supporting them through regular wellbeing check-ins, staff webinars and newsletters.

2. Nightingale opens for coronavirus patients

The NHS Nightingale Hospital Exeter is now caring for patients with COVID-19.

The hospital is designed to provide care for patients with COVID-19 and can support both ventilated and non-ventilated care.

Since the beginning of July, the Nightingale has been providing local people with fast and safe access to a range of important diagnostic tests.

These additional services will now stop at the hospital to allow COVID-19 patients to be cared for.

Diagnostic tests will continue to be available through existing services across the region.

3. Coronavirus vaccine approved for use

I welcome the news that a coronavirus vaccine has been approved for use in the UK and is now being given to people in Devon and nationwide. It marks a big moment in our collective fight against the virus.

Derriford Hospital in Plymouth is one of the first to receive the vaccine in the county and will vaccinate local people in line with the national priority groups.

It's a massive task and we are working together with partners across the county to make sure we can roll out the vaccine as fast as possible.

To help the local NHS deliver the coronavirus vaccine, we're inviting people with experience of vaccinating others, or are willing to be trained, to come forward.

This includes people who are not currently actively working in health and social care, retired, on a career break, or work in the private sector.

We expect more information to be released about the vaccination programme over the coming days and weeks, which we will share with our staff and local communities.

4. Integrated Care Systems take shape

Devon has been preparing to become an Integrated Care System (ICS) for the past few years.

In late November, NHS England considered a [document](#) outlining legislative recommendations that could make ICSs statutory corporate NHS bodies. This would additionally bring CCG statutory functions into the ICS.

We are ahead of these proposals as our CCG already mirrors the ICS footprint, unlike many parts of the country.

Some of the things we have put in place to encourage system working include:

- Merging our two Devon CCGs last year
- Updating our senior leadership structure in September
- Teams and joint roles across the CCG and the Devon system
- Providers collaborating and sharing resources

As part of the changes, NHS England has committed to support staff by:

- Not making significant changes to roles below the most senior leadership roles
- Minimising the impact of organisational change to staff
- Preserving terms and conditions to the new organisations to help provide stability and to remove uncertainty.

We have seen the value of non-executive and clinical leadership in commissioning, and would want to see those benefits continue in any future ICS organisational form.

To shape the proposals, NHS England have launched a [national engagement process](#) from Thursday 26 November 2020 until Friday 8 January 2021.

We are working closely with our staff to provide the latest information as the proposals are developed.

5. CCG annual assessment

We remain committed to working with our staff, partners and local people, following the publication of the national CCG assessment ratings.

I am disappointed in the rating – ‘inadequate’ is not how I would describe our CCG.

There has been a history of financial and performance issues in Devon. While these are slowly improving, it is not at the level or speed we would want to see.

The year has been a challenging one for all NHS organisations but particularly ours as this was on top of a recent merger.

Notwithstanding this, we have done our best for local people, managing the NHS’ response to the pandemic, and helping to secure major multi-million-pound investment for our hospitals under the Government’s Hospital Improvement Programme.

While we received an inadequate rating overall, our engagement with local communities has been rated outstanding – see section 6 below for more information.

We have also laid a solid base on which to build for the future, with programmes aimed at staff development and values-based initiatives.

6. CCG’s engagement rated outstanding

I’m proud that we have been rated ‘outstanding’ for our patient and community engagement.

We were awarded a coveted ‘green star’ (the top rating) by NHS England for the second year running.

The accolade recognises our efforts to put local people at the heart of our work and ensure services meet the population’s needs.

The impact of COVID-19 on engagement has been significant, but we have been able to continue many forms of engagement.

Over the last year, we have engaged on a range of topics including:

- Gathering 5,500 pieces of feedback on Devon’s Long Term Plan
- Setting up an online engagement panel (Virtual Voices) of 1,700 members
- Engaging on Devon’s Ethical Framework
- Working in partnership with local people in rural areas like Holsworthy to develop health and social care recommendations
- Training and supporting public and voluntary sector organisations in the best practice approaches to public engagement.

7. Think 111 First

I was pleased to see the improved 111 service launch at the start of December, helping to keep people safe and treat them as quickly as possible.

People who have an illness or injury that isn't life-threatening, should call 111 first or click www.111.nhs.uk.

Clinicians will then advise people on where to go, or what to do next, and to book a time to attend a service – such as a hospital, pharmacy or GP practice – where appropriate.

To encourage people to use 111, we have launched a wide-reaching local campaign across many platforms including TV, radio and social media.

8. Preparing for the end of the EU Exit transition period

The CCG and our provider colleagues are well-prepared to maintain the delivery of healthcare to our local populations after the EU transition period ends this month.

The UK formally left the EU on 31 January 2020 and entered an eleven-month period of transition that will end on 31 December 2020.

In 2018, the Government asked the NHS to prepare for any potential disruption to supply chains – including medicines and other supplies – whether a trade deal is agreed or not.

Nationally, the Department of Health and Social Care (DHSC) and NHS England and NHS Improvement (NHSEI) have made significant preparations to maintain healthcare.

In Devon, we and our provider organisations have put in place measures to prevent or mitigate issues that have been identified through risk assessments and have provided assurance to NHSEI.

We also have a senior responsible officer with executive authority to lead our response through the end of transition and any supply chain disruption that may follow it.

Until further guidance is received from NHSEI, the CCG and our providers will maintain the current level of preparedness.

9. Caring for people affected by domestic abuse

NHS services in Devon are at the forefront of expert work to identify and care for people affected by domestic abuse and sexual violence, especially as case numbers rise during COVID-19 pandemic.

The aim is to not only help local GPs identify and support victims but also perpetrators of abuse so that people can be supported to change.

Earlier this year, we appointed the CCG's first domestic abuse and sexual violence lead, Collette Eaton-Harris, who is now working to further enhance improvements across the county, so that Devon remains at the forefront of best practice.

And between 25 November and 10 December, we are supporting Public Health England South West's campaign to mark the international 16 days of action movement by reminding employers across the South West of their duty of care to employees to provide a safe and effective work environment.

Twenty-nine GP practices in the Devon and Torbay areas are part of a successful programme called IRIS (Identification and Referral to Improve Safety).

It offers GP teams tailored training and access to a named specialist domestic abuse and sexual violence advocate.

Hospitals in Exeter and Barnstaple are also taking part in delivering key interventions as recommended by Pathfinder, a national project.

The scheme aims to transform healthcare's response to domestic abuse by ensuring a coordinated and consistent approach across the health system including acute, mental health and primary care services.

To help local people experiencing abuse, we've published a range of advice and support services on our [website](#) and have been promoting the campaign via the media and social media.

GOVERNING BODY

Report title: Modernising Health and Care Services in the Teignmouth and Dawlish Area

Date of committee: 17.12.2020

Date report produced: 3.12.2020

Author (s) Name and Title: Jenny Turner, Head of Integrated Care, South

Supporting Executive: Jo Turl
Name and Title: Director of Commissioning
Andrew Millward
Director of Communications and Human Resources

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Report Approved by: Jo Turl
Name and Title: Director of Commissioning

Date: 3.12.2020

Public or Private (Governing Body only):

Public

x

Private

Executive Summary:

1. For more than five years, the way in which care is delivered across the Teignmouth and Dawlish areas has been the subject of local discussion and debate, both through the canvassing of opinion through engagement processes, and through a previous public consultation.
2. One of the priorities of the CCG is to integrate services in order to make real improvements for the most vulnerable people in our communities. In the Teignmouth and Dawlish areas, the agreed vision is to provide excellent integrated services; considerable progress has been made with this.
3. However, there are three main reasons why change is needed: the joined-up community care now provided means the 12 rehabilitation beds previously designated for Teignmouth Community Hospital are no longer needed, there is a pressing need to safeguard the future of primary care in Teignmouth, and both national and Devon strategy is further to integrate care. The NHS also needs to make best use of its estate.
4. In response to the opportunity presented by the building of a new Health and Wellbeing Centre in Teignmouth, the CCG put to formal consultation from 1 September to 26 October 2020 a proposal that consists of four elements:
 - Move the most frequently used community clinics from Teignmouth Community Hospital to the new Health and Wellbeing Centre

- Move specialist outpatient clinics, except ear nose and throat clinics, from Teignmouth Community Hospital to Dawlish Community Hospital, four miles away
 - Move day case procedures from Teignmouth Community Hospital to Dawlish Community Hospital
 - Continue with a model of community-based intermediate care, reversing the decision to establish 12 rehabilitation beds at Teignmouth Community Hospital
5. The CCG commissioned the independent group, Healthwatch in Devon, Plymouth and Torbay to take an administrative and oversight role in the consultation and to analyse the responses submitted. It received 1,013 completed questionnaires. The key findings are:

“The proposal consists of four elements. All things considered, do you support the overall proposal?”

61.3% said they did support it. 34% did not support it.

Element a) Move high-use community clinics from Teignmouth Community Hospital to the Health and Wellbeing Centre

63.18% supported the proposed move. 24.78% of respondents did not support it.

Element b) Move specialist outpatient clinics from Teignmouth Community Hospital to Dawlish Community Hospital

44.92% of respondents supported the move. 35.74% of respondents did not support it.

Element c) Move day case procedures from Teignmouth Community Hospital to Dawlish Community Hospital

45.11% of respondents supported moving the day case procedures. 35.14% did not support it.

Element d) Continue with the model of community-based intermediate care, reversing the decision to establish 12 rehabilitation beds in Teignmouth Community Hospital

43.83% of respondents supported reversing the decision; 31.49% did not support it.

6. The key themes raised during the consultation were:
- Integration of services: significant support for the idea of services being joined up so that care can be well coordinated around the needs of individuals.
 - Appreciation for the work of GPs and community teams in the area.
 - Significant support for a Health and Wellbeing Centre
 - Concern about parking, especially in Teignmouth town centre and near the Health and Wellbeing Centre
 - Concern about transport, travel, and accessibility, with increased traffic in Teignmouth town centre and the ability of some people to get to Dawlish.
 - The closure of Teignmouth Community Hospital and the rehabilitation beds and the ability of local services to cope with increase in demand.
 - The capacity of services to meet demand and concerns about continuity of care
7. As a result of the evaluation of alternative options put forward in the consultation, and the review of the consultation in the context of the feedback from the consultation and the Quality and Equality Impact Assessments, the Steering Group agreed to make a recommendation to the CCG Governing Body that:
- The four elements of the proposal put forward in the consultation be approved.
 - Option 12 - Move specialist orthopaedic clinics to the Health and Wellbeing Centre – be approved as an alternative proposal

- Torbay and South Devon NHS Foundation Trust be asked to consider in detail the suggestions put forward for additional services at the Health and Wellbeing Centre
 - Torbay and South Devon NHS Foundation Trust be asked to consider providing secondary office space at Dawlish Community Hospital for physiotherapists, occupational therapists and district nurses
 - Torbay and South Devon NHS Foundation Trust work with Teignbridge District Council to mitigate parking issues for staff and patients as much as possible.
8. The Quality Impact Assessment indicates that overall, the impact on people using the services affected by this proposal is of benefit. The Equality Impact Assessment indicates that overall, impact on people using the services affected by this proposal is neutral or of benefit.
9. The Steering Group is confident that the CCG has discharged its statutory duties in the conduct of this consultation, under the National Health Service Act 2006 (as amended) and The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, and has met the criteria for the conduct of public consultation set out under the Gunning Principles.

Management of Conflict of interests:

Conflicts of interests are recorded on the register of interests, at each committee a list of recorded declarations is provided and confirmations of declarations are requested and noted. Any new declarations must be fully recorded and included in the minutes of the meeting and notified to the Governance team via d-ccg.governance@nhs.net to update the central register.

Committees that have previously discussed/agreed the report and outcomes:

Teignmouth Steering Group, Executive Group

Key recommendations and actions requested:

Based on the evaluation of the alternative proposals, the review of the consultation proposal in the context of feedback from the consultation and the Quality and Equality Impact assessments the Governing Body is asked to:

- a) Approve the move of the most frequently used community clinics from Teignmouth Community Hospital to the new Health and Wellbeing Centre
- b) Approve the move of specialist outpatient clinics, except ear nose and throat clinics and specialist orthopaedic clinics, from Teignmouth Community Hospital to Dawlish Community Hospital, four miles away
- c) Approve the move of day case procedures from Teignmouth Community Hospital to Dawlish Community Hospital
- d) Continue with a model of community-based intermediate care, reversing the decision to establish 12 rehabilitation beds at Teignmouth Community Hospital
- e) Approve the move of specialist ear, nose and throat clinics and specialist orthopaedic clinics to the Health and Wellbeing Centre
- f) Request Torbay and South Devon NHS Foundation Trust consider in detail the suggestions put forward for additional services at the Health and Wellbeing Centre

- g) Request Torbay and South Devon NHS Foundation Trust consider providing secondary office space at Dawlish Community Hospital for physiotherapists, occupational therapists and district nurses
- h) Request Torbay and South Devon NHS Foundation Trust work with Teignbridge District Council to mitigate parking issues for staff and patients as far as possible.

Impact on Strategic Objectives

(Delete as applicable)

We will continue to commission safe, effective and accessible services

We will work as a strategic partner in Devon

We will improve the physical and mental health of our population

We will make best use of our resources

Reference to other documents or accompanying papers:

Report from Healthwatch in Devon, Plymouth and Torbay.

Does this report have implications in any of the areas highlighted below?

	If Yes, please give details	No
Quality of Services	The Quality Impact Assessment indicates that overall, the impact on people using the services affected by this proposal is of benefit.	
Health Inequalities	The Equality Impact Assessment indicates that overall, impact on people using the services affected by this proposal is neutral or of benefit	
Equality (staff or public)	The Equality Impact Assessment indicates that overall, impact on people using the services affected by this proposal is neutral or of benefit	
Resource and Finance		
Legal	Legal duties regarding public consultation	
Engagement and Consultation	Outcome of public consultation	
Risk		

The CCG has made every effort to ensure this report does not have the effect of discriminating, directly or indirectly, against

employees, patients, contractors or visitors on grounds of race, colour, age, nationality, ethnic (or national) origin, sex, sexual orientation, marital status, religious belief or disability.

Modernising health and care services in the Teignmouth and Dawlish areas

1. Background and context

For more than five years, the way in which care is delivered across the Teignmouth and Dawlish areas has been the subject of local discussion and debate, both through the canvassing of opinion through engagement processes, and through a previous public consultation.

The discussions held with the communities in the Teignmouth and Dawlish areas led to the development of the proposal, put to consultation from 1 September – 26 October 2020, for changes in the way services are delivered.

One of the aims of the CCG is to integrate services in order to make improvements for the most vulnerable people in our communities – those needing frequent and multiple services to help and support them. The drive is for quality services that are properly joined up so that vulnerable people do not have to struggle to get the support they need or risk falling through the gaps between different organisations and services. The one-team approach is at the core of the care the CCG wants to make available.

The need for changes was driven by three important factors: the new way of caring for people in their homes was so effective that the 12 rehabilitation beds previously designated for Teignmouth Community Hospital were in fact no longer needed, action was needed to safeguard the future of GP services in Teignmouth by making available premises that are fit for the future, and local and national NHS strategy under the NHS Forward View was further to integrate health and care services. The NHS also needs to make the best possible use of its estate.

The backdrop for the current CCG proposal is the plan by Torbay and South Devon NHS Foundation Trust for a new, £8million Health and Wellbeing Centre in Teignmouth. This paper describes how, after engagement with local people, in which they said they wanted it to be on a level area in the centre of town, Brunswick Street in the heart of Teignmouth was identified as the preferred site. The Health and Wellbeing Centre will allow primary care, the health and wellbeing team and the voluntary sector to come together under one roof to provide integrated care. The question of whether some services should move from Teignmouth Community Hospital to this new centre, and others to Dawlish Community Hospital, is at the heart of the proposal.

This paper sets out the context in which these changes are proposed, not just in terms of the updated model of care in Devon, but also the COVID-19 pandemic and its profound impact – now and for the future - on ways of working, the delivery of services and on the configuration of NHS premises.

The rationale for change is set out, alongside clinical evidence, and the detail of how other options for change were evaluated before the CCG decided on its proposal to put to consultation.

After a formal consultation in 2014/15, it was agreed that in order to meet “critical mass” and the safe running of services, minor injury and X-ray services for the Teignmouth and Dawlish communities would be provided at Dawlish Community Hospital, along with 16 medical beds. Teignmouth Community Hospital would have 12 therapy-led rehabilitation beds.

In 2015 a new model of care was introduced in the area, with significant investment in community services resulting in an Enhanced Intermediate Care Team and the delivery of much more care in people's own homes.

In 2017 Torbay and South Devon NHS Foundation Trust decided to build a Health and Wellbeing Centre in Teignmouth. After engagement with local people and the evaluation of other sites, the site at Brunswick Street in the centre of Teignmouth was identified as that to take forward.

This opened up opportunities for changing the way services were configured, and in particular how different teams and disciplines could work together to provide well-coordinated care across the spectrum of primary care, health, care and wellbeing services, and voluntary sector services.

It also addressed the pressing need for less cramped, modern, fit for purpose accommodation for GP services, particularly in light of the expansion of primary care foreseen in the General Practice Forward View published by NHS England in April 2016.

At the same time, the Health and Wellbeing Centre presented an opportunity to make further progress in achieving the vision agreed by the Coastal Locality serving the Dawlish, Teignmouth, Shaldon and Holcombe areas for excellent integrated services.

Further discussions were then held with community representatives, resulting in the current proposal for modernising health services in the Teignmouth and Dawlish areas.

This proposal was put to formal consultation from 1 September-26 October 2020. It consisted of four elements:

a) Move the most frequently used community clinics from Teignmouth Community Hospital to the new Health and Wellbeing Centre

- This includes podiatry, physiotherapy and audiology. Because they are closely related to audiology, specialist ear nose and throat services would also move to the new centre

b) Move specialist outpatient clinics, except ear nose and throat clinics, from Teignmouth Community Hospital to Dawlish Community Hospital, four miles away

- These are the specialist clinics, 23 in number, that are less frequently used at Teignmouth Community Hospital, making up only 27% of total appointments there
- They are currently used by people from all over South Devon and Torbay as well as those from Teignmouth and Dawlish. 70% of people using them come from outside the Dawlish and Teignmouth area

c) Move day case procedures from Teignmouth Community Hospital to Dawlish Community Hospital

- This service includes minor procedures that require a specific treatment room
- 86% of those using them come from outside the Dawlish and Teignmouth area, with more than half from Torbay
- Journey times for many patients would increase, by up to four miles

d) Continue with a model of community-based intermediate care, reversing the decision to establish 12 rehabilitation beds at Teignmouth Community Hospital

- After investment in community teams, we can now treat four times as many patients in their own homes as we could on a ward at Teignmouth Community Hospital
- With the Nightingale Hospital established in Exeter, current analysis shows the 12 beds would not be needed for patients with COVID-19

2. The rationale for change

In 2015, following extensive engagement and the formal consultation, the new model of care was introduced in the Teignmouth and Dawlish areas.

Among the clinical evidence upon which the model of care was based was the following:

- About a third of people in community hospital beds at any one time were medically fit to leave if there was appropriate community support
- The longer an older person remains in a hospital bed, the harder it is for them to regain their independence and return home
- Hospitalisation and bed rest can mean enforced immobilisation and lead to reduction of plasma volume, accelerated bone loss and sensory deprivation. This can be irreversible
- Older people are more vulnerable to hospital-acquired infections
- Older people admitted to hospital stay longer and are more likely to be re-admitted

2.1 Reasons for change:

By 2018, it became evident that change was needed in Teignmouth and Dawlish:

- The new way of caring for people in their homes was so effective that the 12 rehabilitation beds at Teignmouth Community Hospital were not needed
- Action was needed to safeguard the future of GP services in Teignmouth
- Local and national NHS strategy under the NHS Forward View was further to integrate health and care services

2.1.1 Four main reasons for change

2.1.2 Reason for change 1 – evidence shows the joined-up way we care for people is so effective in keeping them at home and out of hospital that we don't need the 12 rehabilitation beds that were planned for Teignmouth Community Hospital.

The model of care in the Teignmouth and Dawlish areas has been successful in supporting rehabilitation in people's own homes rather than in a hospital bed. It has been showcased both nationally and internationally.

It sees 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 in the area in which they live. They have demonstrated that intermediate care can provide the rehabilitation needed in people's homes, in short residential placements or occasionally in Dawlish Community Hospital.

We can now treat four times as many people in their own homes as we could in a rehabilitation ward in Teignmouth Community Hospital with the same investment.

Successfully reducing the need for bed-based care

Researchers from the University of Plymouth studied how well the current way of caring for people in Teignmouth and Dawlish was working.

Their findings include:

- The Teignmouth and Dawlish area has a much lower proportion of over-70s needing some form of bed-based care than other parts of South Devon and Torbay. This could be because the intermediate care team in the Teignmouth and Dawlish area can manage more complex cases at a community level, often in people's homes, without the need to use any type of bed-based care
- A higher proportion of over-70s in the Teignmouth and Dawlish area receive bed-based care in their own bed compared with other areas, thanks to the way care is provided in the area. This way of caring for people would have to change if staff were diverted to running a bedded rehabilitation ward in Teignmouth Community Hospital
- The proportion of over-70s in the Teignmouth and Dawlish area who have to use an emergency hospital bed is much lower compared with other areas

Further information on the University of Plymouth research is at Appendix A.

NHS England South West Clinical Senate

The NHS England South West Clinical Senate, a panel of independent expert clinicians, reviewed the model of care that was in place across South Devon and Torbay (including Teignmouth and Dawlish) in 2016.

Members of the original 2016 clinical panel were subsequently convened in 2019 to undertake a further review of emerging proposals for changes to services in the Teignmouth and Dawlish area.

The panel gave formal answers to a series of questions, including the following:

Can the Clinical Senate be assured that the 12 new rehabilitation beds originally proposed in the 2015 Consultation (which it did not input into at the time) are no longer required?

Answer: It seems very clear that they do not need the 12 rehabilitation beds that were proposed for Teignmouth hospital in 2015, but which have never been implemented.

The impact of the Integrated Care Team has reduced the need for beds despite the demographic and demand.

Can the Clinical Senate confirm that the relocation of services out of Teignmouth Community Hospital does not constitute a change in Service Model?

Answer: The Clinical Senate is satisfied that the relocation of services out of the hospital does not constitute a change in the service model. There is a change to the proposed service model that was originally consulted on as regards to the rehabilitation beds however these were never

operational due to the success of the Enhanced Intermediate Care Team and therefore the actual service model is not being significantly changed.

Overall it is a variation in service capacity and location with reasonable justification.

Further details of the NHS England South West Clinical Review are at Appendix B.

2.1.3 Reason for change 2 – safeguarding the future of GP services

GPs from the bigger of Teignmouth's two practices, Channel View Medical Group, wish to co-locate their services with community services and Volunteering in Health at the new Health and Wellbeing Centre. This will further integrate primary care – all those services provided by the surgery – with other community services for patients and carers. Sharing the new building will provide greater scope for flexible responses, team development, and sharing of some administrative functions.

Change is needed for GP services to be fit for purpose, sustainable into the future and flexible to meet the changing needs of the population. There are a number of current issues for GPs in Teignmouth, who want to be able to take advantage of the expansion foreseen in the workforce under the NHS General Practice Forward View, such as the inclusion of pharmacists and social prescribers.

a. Current surgery buildings are not fit for purpose

The GP buildings are old residential buildings, converted years ago. They are cramped with no further scope for expansion and have limited access, especially for disabled people. The 2018 engagement exercise showed people supported co-location and wanted their GP practice to be on a flat site, in the centre of town, easily accessible by public transport.

b. Difficulty in recruiting new GPs

This is a countrywide issue. GPs need to be attracted to work in this area at a time when fewer GPs are willing to become partners who lead and develop GP practices. Recent advertisements for GPs by Channel View Medical Group, the bigger of Teignmouth's practices, have failed to attract candidates. Some GPs are discouraged by the commitment and liability of owning buildings at the beginning of their careers, when they might already have sizeable student loans and their own private mortgage.

Working from a modern purpose-built Health and Wellbeing Centre, in which GPs would lease rather than own premises, would make Teignmouth a more attractive option for new GPs. Currently, constrained space limits the scope to teach and train medical students and trainee GPs and nurses.

Primary care needs to be flexible and adapt to meet the future needs of the population. How working patterns have had to change in response to the COVID-19 pandemic is only one example of this.

Extract from NHS England's GP Forward View:

'We also need to increase the flexibility of facilities to accommodate multi-disciplinary teams and their training, innovations in care for patients and the increasing use of technology. And new premises may be needed to cater for significant population growth, and to facilitate primary care at scale or enable patient access to a wider range of services.'

2.1.4 Reason for change 3 – making the most of the local community hospital estate

Teignmouth Community Hospital was opened 66 years ago, in 1954. The hospital cannot be economically reconfigured to provide the modern facilities required today and in the future. During the 2018 public engagement (see section 3.2 below) the issues of limited parking and the hospital's location up a steep hill on the edge of town were highlighted. Support for a new centre for many was conditional on finding a flat site, which people can access by car, public transport or on foot. Most respondents thought that a town centre site was the best option.

Teignmouth Hospital six facet survey dated 30 November 2018, was commissioned by Torbay and South Devon NHS Foundation Trust and carried out by independent surveyors. The six-facet survey considers physical condition (by visual inspection), functional suitability, use of space, quality, statutory requirements and environmental management.

A summary of the survey: Approximately £604,400 (inclusive of VAT) would need to be spent to bring the building up to required standards in the short term. An additional £960,000 (inclusive of VAT) would be needed between now and 2022 to address building issues.

The physical condition of the building was found to be sound, operationally safe and exhibiting only minor deterioration. The hospital itself was found to be a 'less than acceptable' facility for people using the building, requiring significant capital investment. Fire and Health and Safety assessment showed the building to be below the required statutory standard. The space is underutilised; this relates to the currently empty ward area.

While the current space is underused, it would not be sufficient to meet the requirements of a modern health and wellbeing centre with primary care. The building contains asbestos. The environmental impact of the building is high, it is not energy efficient and would require significant investment to bring it to standard.

Dawlish Community Hospital is a modern, purpose-built hospital with space and capacity that can be better used. It was opened in 1999, built under a Private Finance Initiative. It is about four miles from Teignmouth and is accessible, including by public transport. Some respondents to the consultation, however, noted that for many people a 10-minute walk is required from the bus stop. (See the consultation outcome below).

2.1.5 Reason for change 4 – delivering national and local plans and strategy for health and care that emphasise the need for further integration of health and care services

Among the aims of the **NHS Long Term Plan** are:

- bringing together different professionals to coordinate care better helping more people to live independently at home for longer

- developing more rapid community response teams to prevent unnecessary hospital spells, and speed up discharges home
- upgrading NHS support to people living in care homes
- giving people more control over their own health and the care they receive
- encouraging more collaboration among GPs, their teams and community services to increase the services they can provide jointly, and increase the focus on NHS organisations working with their local partners
- planning and delivering services which meet the needs of their communities
- training and employing more professionals and making the NHS a better place to work
- getting the most out of taxpayers' investment in the NHS
- accelerating estates transformation and making best use of the NHS estate

The **NHS GP Forward View** includes a focus on investing in GP buildings to improve services for patients and enable access to a wider range of health services closer to where they live.

The **Devon integrated care model** outlines how organisations work together in local communities, bringing together GPs, mental health, social care and community services to meet people's needs.

The key elements of the model are to:

- Work proactively together to make sure that people are linked into services that will support them to live as independently as possible at home
- Ensure individuals and their carers have easy and ready access to information about local services and that they are supported to navigate these options and make informed decisions about their care
- Support organisations working together to develop services and deliver care that meets the needs of individuals living in the community
- Make sure that people can easily access services for urgent health and social care needs
- Ensure providers and practitioners have ready access to the information they need and share information appropriately

The Coastal locality's vision for health and care services in Teignmouth and Dawlish: 'To provide excellent integrated services'

- To build on the success so far of integrating services
- To ensure the sustainability of primary care in Teignmouth
- To help people stay well and support them when they need help
- To enable people to stay at home for as long as possible

Developing integrated care is a key aim of the **NHS Long Term Plan**, and of the emerging Devon Long Term Plan, called Better for Devon, Better for You, produced by the Devon **Sustainability and Transformation Partnership (STP)**, comprising NHS and local authority partners. The STP is now known as Together for Devon.

'Expanded neighbourhood teams will comprise a range of staff such as GPs, pharmacists, district nurses, community geriatricians, dementia workers and Allied Health Professionals such as physiotherapists and podiatrists/ chiropodists, joined by social care and the voluntary sector.' NHS Long Term Plan

The Enhanced Intermediate Care Team established in 2015 with additional investment met with considerable success. Because of its efficiency in meeting people's care needs, largely in their own homes, in 2017 the CCG agreed to review the need for rehabilitation beds in the area.

3. The Health and Wellbeing Centre

3.1 Torbay and South Devon NHS Foundation Trust decided in 2017 to build a Health and Wellbeing Centre in the centre of Teignmouth to allow the co-location of a number of services, including primary care.

This decision gave rise to questions about where this centre should be sited, and which health and care services should be provided within it.

3.2 Engagement

The CCG carried out an engagement exercise in 2018 to ask local people for their views on bringing services together in a new building in Teignmouth. A central outcome from these discussions was that people wanted a building in the centre of town where access was on the flat.

The CCG, along with partner organisations, then considered seven options for the siting of the Health and Wellbeing Centre:

- Brunswick Street
- Teignmouth Community Hospital full site
- Broadmeadow Lane
- Teignmouth Community Hospital part site
- Eastcliff car park
- Quay Road car park
- Rugby Club Site

The criteria used to evaluate the potential options for the site of the Health and Wellbeing Centre included:

- Site area - is the site large enough to accommodate the proposed facilities? Is a degree of design compromise required?
- Parking - is there space on the site for adequate parking or is sufficient parking available nearby?
- Public transport - is public transport available nearby to and from the site?
- Access- is suitable and safe vehicular and pedestrian access available?
- Abnormal costs - are there abnormal costs associated with the site?
- Deliverability - is the building deliverable i.e. considering ownership, legal issues, planning issues, surrounding and existing land use, site constraints, trees/landscape?
- Development timeframe - are there issues which would lengthen the development timeframe?
- Future proofing - so the site characteristics allow for future proofing/expansion, eg ease of extension and planning?
- Demography/geography - how close is the site to the town centre, centres of population and areas of deprivation?
- Impact of seasonal traffic - will access to the site be unduly affected by seasonal traffic?

A site appraisal was carried out in February 2018 with the Stakeholder Group. Brunswick Street was identified as the preferred option.

3.3 Design and planning for the Health and Wellbeing Centre

3.3.1 As at December 2020, the new, £8 million Health and Wellbeing Centre is still subject to planning consents. The trust has been conducting detailed planning discussions with Teignbridge District Council. It has gone this far in the process “at risk”.

The centre is being designed to meet environmental and energy-efficiency standards. The fact that all of this part of Teignmouth town centre is on a flood plain is being taken into account in the design process, with no underground development planned. The fact that Brunswick Street is within the conservation area means no building may rise above four storeys.

The plan – outside the scope of the public consultation – is for the Health and Wellbeing Centre to be occupied by:

- Channel View Medical Group, the larger of the two Teignmouth GP practices, with 17,966 patients on its list
- the health and wellbeing team, comprising community nurses, therapists and social workers
- the voluntary sector in the form of Volunteering in Health
- potentially one of the existing Teignmouth pharmacies

Torbay and South Devon NHS Foundation Trust would hold a head lease on the Health and Wellbeing Centre and would sub-let to the GP practice. The practice's rental costs would be paid by Devon CCG, in line with normal national funding procedures for GP premises.

Torbay and South Devon NHS Foundation Trust, which provides the community services in the town, has developed plans for the building, subject to planning consents, and how it could be used.

3.3.2 The space provided

Community clinics and health and wellbeing team **38%**

GP practice/practices **57%**

Pharmacy **5%**

Subject to the outcome of the formal consultation, the most frequently-used community clinics currently run from Teignmouth Community Hospital would also be located there.

3.3.3 It should be noted that GPs from Channel View practice in Teignmouth will hold their own discussions with patients about a move to the new Health and Wellbeing Centre in the town centre.

3.4 The new Health and Wellbeing Centre will provide:

Improved training opportunities – better opportunities to train new GPs and other clinical staff. Improved professional development for senior staff and greater opportunities to encourage new GPs and nurses to work in Teignmouth for the longer term.

Working under the same roof as other health and care colleagues – greater ease in providing integrated care, to support people in their own homes, further reducing hospital admissions and demand on Torbay Hospital. Flexibility in use of space and potential to share administrative functions.

Great place to work – offering a bright, modern and airy environment, build to a specification designed to meet local need. Easier access for patients and carers, especially those with disabilities.

More space so other services can be included on a drop-in basis such as housing and mental health.

4. The proposal and its development

4.1 The development of the Health and Wellbeing Centre in Brunswick Street in Teignmouth gave rise to consideration of how services should be delivered, including the location for community clinics, specialist clinics and day case procedures and whether to implement 12 rehabilitation beds at Teignmouth Community Hospital or continue with the community based model of intermediate care.

4.2 The options for the community and specialist clinics and day case procedures were evaluated by the CCG, Torbay and South Devon NHS Foundation Trust, local clinicians and community groups in January 2020 using agreed criteria, each criterion weighted:

- Space
- Finance
- Delivery of the vision for excellent integrated services
- Sustainability
- Public transport
- Car parking
- Travel impact
- Pedestrian access
- Impact on the vicinity
- Environmental impact

The proposal concerning the rehabilitation beds versus the continued delivery of community based intermediate care was evaluated on the following criteria:

- Clinical evidence
- Capacity
- Finance
- Delivery of the vision for excellent integrated services

4.3 The options considered at the evaluation:

a) Community Clinics

These are high-use clinics that are currently provided from Teignmouth Community Hospital and include physiotherapy, podiatry and audiology. There is a commitment to maintain the current levels of clinic provision.

Three options were considered for the location of these clinics:

- Health and Wellbeing Centre
- Existing Teignmouth Community Hospital
- New build on Teignmouth Community Hospital site

b) Specialist Outpatient Clinics

These are less frequently attended clinics, usually provided by a consultant. There is a commitment to maintain the current levels of clinic provision.

Five options were considered for the location of these clinics:

- Dawlish Community Hospital
- Existing Teignmouth Community Hospital
- New build on Teignmouth Community Hospital site
- Newton Abbot Community Hospital
- Torbay Hospital

c) Day Case Procedures

Day case procedures are minor procedures undertaken by a specialist that requires an operating and recovery space. These procedures are undertaken in a treatment room and include only procedures where a local anaesthetic is required. There is a commitment to deliver current levels of activity.

Five options were considered for the location of these clinics:

- Dawlish Community Hospital
- Existing Teignmouth Community Hospital
- New build on Teignmouth Community Hospital site
- Newton Abbot Community Hospital
- Torbay Hospital

d) Rehabilitation Beds

During the previous formal consultation, it was proposed that the medical beds at Teignmouth Community Hospital were re-designated as therapy-led rehabilitation beds and a plan developed to deliver these. This proposal was approved by the CCG. However, during the development time, the introduction of the intermediate care team meant that the CCG decided to review the need for the beds.

Two options were considered for the beds:

- Implement rehabilitation/non-medical beds in Teignmouth Community Hospital
- Continue with the model of community-based intermediate care

4.4 Outcome of the evaluation

In January 2020 the Options Evaluation stakeholder group undertook an evaluation process, scoring the identified options against each criterion.

Stage 1: The criterion of space/capacity/stays-local was applied to the options for community clinics, specialist outpatient clinics and day case procedures as a Yes/No criterion. This criterion was applied to all options in the first instance and only options that scored positively were considered further. Options that did not meet this criterion did not proceed to the second stage of the evaluation.

Stage 2: Those options that passed stage 1 of the evaluation proceeded to stage 2. These were evaluated against each criterion with a score from 1 – 5 (with 1 being that the options do not meet the requirements of the criterion and 5 being that the options fully meet the requirements of the criterion. Each criterion had a weighting applied to it depending on the importance of the criterion to the evaluation. Weighting 1 = low, 2= medium, 3 = high.

Location for Community Clinics

		Total
Health and Wellbeing Centre	89	621
Existing Teignmouth Community Hospital	34	240
Teignmouth Community Hospital site new build	37	261

Location for Specialist Outpatient Clinics

		Total
Dawlish Community Hospital	85	593
Existing Teignmouth Hospital	40	283
Teignmouth Hospital site new build	43	303
Newton Abbot Community Hospital	Ended at Stage 1	
Torbay Hospital	Ended at Stage 1	

Location for Day Case Procedures

		Total
Dawlish Community Hospital	85	593
Existing Teignmouth Community Hospital	41	289
Teignmouth Community Hospital site new build	45	317
Newton Abbot Community Hospital	Ended at Stage 1	
Torbay Hospital	Ended at Stage 1	

Rehabilitation Services

		Total
Implement rehabilitation Beds	17	120
Continue with enhanced community model	59	414

As a result of this evaluation, the CCG drew up the proposal which was approved by the CCG Governing Body in February 2020 and put to formal consultation from 1 September to 26 October 2020.

4.5 The proposal put to public consultation

The proposal consists of four elements:

- a) **Move the most frequently used community clinics from Teignmouth Community Hospital to the new Health and Wellbeing Centre**

- This includes podiatry, physiotherapy and audiology. Because they are closely related to audiology, specialist ear nose and throat services would also move to the new centre
- b) Move specialist outpatient clinics, except ear nose and throat clinics, from Teignmouth Community Hospital to Dawlish Community Hospital, four miles away**
 - These are the specialist clinics, 23 in number, that are less frequently used at Teignmouth Community Hospital, making up only 27% of total appointments there
 - They are currently used by people from all over South Devon and Torbay as well as those from Teignmouth and Dawlish. 70% of people using them come from outside the Dawlish and Teignmouth area
- c) Move day case procedures from Teignmouth Community Hospital to Dawlish Community Hospital**
 - This service includes minor procedures that require a specific treatment room
 - 86% of those using them come from outside the Dawlish and Teignmouth area, with more than half from Torbay
 - Journey times for many patients would increase, by up to four miles
- d) Continue with a model of community-based intermediate care, reversing the decision to establish 12 rehabilitation beds at Teignmouth Community Hospital**
 - After investment in community teams, we can now treat four times as many patients in their own homes as we could on a ward at Teignmouth Community Hospital
 - With the Nightingale Hospital established in Exeter, current analysis shows the 12 beds would not be needed for patients with COVID-19

The consultation document stated that if the proposal were approved, Teignmouth Community Hospital would no longer be needed for NHS services, and it would be likely to be sold by Torbay and South Devon NHS Trust, with the proceeds reinvested in the local NHS.

5. The Consultation

5.1 Consultation timing

The consultation was approved by the CCG Governing Body in February 2020 following consideration of the pre-consultation business case (Appendix C) and, although due to start in March 2020, was postponed due to the COVID-19 pandemic.

The CCG therefore set out the following timeline:

- 1 September – 26 October 2020 eight-week consultation
- 26 October – 29 November 2020 analysis and evaluation of alternative options put forward
- 17 December 2020 – meeting of Devon CCG's Governing Body for decision-making

5.2 Communications objectives for the consultation

The communications objectives for the consultation were set out as follows:

- To support an open and transparent consultation process
- To ensure everyone who would want to take part is able to do so
- To ensure people have enough information to make an informed choice in their responses
- To ensure people have enough time to consider the information, by publicising the consultation in advance of its start and ensuring sufficient information is available from the start of the consultation process
- To add to the information available where it is requested
- To ensure prompt responses to questions and enquiries
- To ensure that responses to the consultation are, and are seen to be, conscientiously considered and taken into account in the decision-making process

5.3 Clinical objectives for the consultation

The key clinical objectives were to promote understanding of:

- The care model and out-of-hospital, community-based care and the success of the changes made after the 2015 Coastal consultation
- The need to ensure the sustainability of primary care by co-locating GPs [with other health and care services] in a new, fit for purpose building
- The potential benefits of co-locating the health and wellbeing team and voluntary sector representatives in the same building
- The evidence of the past two years which demonstrates that the proposed 12 rehabilitation beds are no longer needed

5.4 Conduct of the consultation

Because of the COVID-19 pandemic, and with the virus still circulating in Devon communities, the CCG made the decision to conduct the consultation remotely, thereby reducing the risks associated both with travel and with large gatherings of people.

To this end, and to meet the communications and clinical objectives set out above, the CCG acted to ensure the widest possible awareness of the consultation, and to facilitate participation by as broad a range of people as possible.

The CCG:

- Produced a consultation document setting out the proposals and the rationale behind them
- Sent out 16,000 consultation documents and survey forms, to reach all households in the Teignmouth and Dawlish area
- Created a dedicated consultation section on the CCG website with links to the consultation document, supporting documentation (including regularly updated Frequently Asked Questions), videos and the Pre-consultation Business Case
- Invited people to use the website to register as an interested stakeholder and receive regular updates, to express an interest in attending an online meeting or to invite the CCG to meet remotely with a community group to discuss the proposal at a community or consultation meeting
- Had 133,000 leaflets delivered to postcodes in South Devon and Torbay
- Developed an easy read and audio version of the consultation document. The CCG website also featured the support software tool, Browsealoud, which facilitates access and participation

for people with dyslexia, low literacy, English as a second language, and those with mild visual impairments by providing speech, reading, and translation. Large print and easy read versions of the core documentation were also produced

- Ensured weekly news coverage in local media, enhanced with in-print and online advertising
- Publicised the consultation on Twitter, with 19,999 views and 174 engagements
- Arranged paid-for Facebook posts, which were viewed 47,153 times
- Contacted all the schools in Teignmouth and Dawlish to request they raise awareness of the consultation via their communications within the school community

There were a number of ways people could take part in the consultation, namely:

- Respond to the hard copy survey included in the consultation document
- Complete the survey online
- Attend one of the six online consultation meetings that were held
- Watch the online consultation meeting back after the live event
- Invite the CCG to a community meeting to discuss the proposals
- Request a telephone appointment to have 1-1 discussions about the proposals
- Contact Healthwatch with queries or to request further information on a freephone telephone number, Monday to Friday
- Write (Freepost) or email with queries and/or feedback

5.5 Activity recorded

The following activity was carried out during the consultation:

- 1,013 survey responses
- 56 phone calls from local people calling with a range of queries.
- Six online public meetings on different days of the week and at different times of the day:

Public meeting	Total audience	Households attending live event	Views of meeting recording
Fri 11/9, 2.30-4pm	77	12	65
Thurs 17/9, 10.30am-12pm	54	19	35
Wed 23/9, 6-7.30pm	62	17	45
Tues 29/9, 3-4.30pm	51	12	39
Mon 5/10, 11.30am-1pm	46	24	22
Sat 17/10, 11am-12.30pm	38	14	24

- Feedback was received that some people were attending on behalf of a number of others, asking questions on their behalf etc. More than one person could watch per household.
- Extensive social media promotion as above

- The following online meetings were attended
 1. Torbay and South Devon NHS Foundation Trust Governors x 2
 2. Torbay and South Devon NHS Foundation Trust staff x 3
 3. Teignmouth Town Centre Partnership
 4. Teignmouth Town Council
 5. Dawlish Town Council
 6. Dawlish Luncheon Club
 7. Dawlish Rotary Club
 8. Volunteering in Health

9. Devon County Council Health and Adult Social Care Scrutiny Committee
10. Devon County Council Commissioning Involvement Group
11. Joint Engagement Forum

- The CCG website had 4,000+ views of the Teignmouth and Dawlish consultation pages and 410 document downloads
- 34 letters and emails were received by Healthwatch

5.6 The role of Healthwatch in Devon, Plymouth and Torbay

Healthwatch in Devon, Plymouth and Torbay supported the CCG with the consultation by actively contacting community groups to encourage participation and raise awareness. It also supported the consultation by:

- Collating all responses and analysing all responses to the survey
- Using social media to publicise the consultation
- Running a freephone telephone line Monday to Friday 10am-4pm for people to contact with queries and requests for information along with a contact email address
- Attending all meetings to take notes to form part of the feedback
- Chairing the online public meetings
- Receiving correspondence and managing replies
- Compiling a final report with analysis of the feedback received

6. The outcome of the consultation

6.1 Report by Healthwatch in Devon, Plymouth and Torbay

Healthwatch in Devon, Plymouth and Torbay published its independent report on the consultation on 10 December 2020 (Appendix D). Available on both the CCG and Healthwatch websites, the report provides an analysis of the responses to the consultation questionnaire, as well as highlighting common themes, comments and criticisms, and listing a range of alternative proposals and suggestions made by the public.

Alongside the consultation questionnaire the report draws on comments, concerns and ideas put forward at the six online public meetings, during discussions with community groups and from correspondence submitted to Devon CCG or directly to Healthwatch.

6.2 Profile of those responding

- In total there were 1,013 survey responses
- The significant majority of respondents (90.43%, 916 people) lived in the Teignmouth TQ14 postcode and the Dawlish EX7 postcode areas
- Of all the respondents to the survey, 67.82% lived in the Teignmouth TQ14 postcode area, and 22.61% in the Dawlish EX7 area

- Of all the respondents to the survey, 56.66% had **not** used services at Teignmouth Community Hospital in the past year and 68.9% had not used services at Dawlish Community Hospital in this period.
- The majority of respondents (78.38%, 794 people) were over the age of 55
- The significant majority (92.3%, 935 people) described themselves as White British
- 361 respondents (35.64%) were male, and 593 respondents (58.54%) were female. 25 respondents (2.47%) selected “prefer not to say” and ten respondents (0.99%) selected “prefer to self-describe”
- 872 respondents (86.08%) identified as heterosexual, 15 respondents (1.48%) identified as gay, and four respondents (0.39%) identified as bisexual. 57 respondents (5.63%) selected “prefer not to say,” and 16 respondents (1.58%) selected “prefer to self-describe”
- 234 respondents (23.10%) answered yes to the “Do you have a disability” question and 750 respondents (74.04%) answered no. Of those who identified as having a disability, 152 respondents (15.0%) had a physical disability, 40 respondents (3.95%) were deaf/blind, 22 respondents (2.17%) had a mental illness, and six respondents (0.59%) had a speech disability. 97 respondents (9.58%) selected “prefer to self-describe”
- 132 respondents (13.03%) identified as carers, and 838 respondents (82.72%) said they did not
- 610 respondents (60.22%) described themselves as Christian, six respondents (0.59%) described themselves as Buddhist, and one respondent (0.10%) described themselves as Muslim. 236 respondents (23.30%) had no religion, 76 respondents (7.50%) selected “prefer not to say” and 44 respondents (4.34%) selected “other”

6.3 Understanding of the proposal

- 96.64% of respondents understood the proposal being made
- 83.1% of respondents said that the reasons why changed is needed were clearly explained
- 74.44% of respondents said they had ‘completely’ or ‘mostly’ been able to get the information they needed and been able to contribute their feedback, 17.97% said they had been able to do so to ‘some extent’ and 5.13% answered ‘no’

6.4 Outcome of the questionnaire responses

6.4.1 The model of care in the Teignmouth and Dawlish areas is at the heart of this proposal.

- 89.73% of respondents said they thought integrated (joined up) services were important

6.4.2 The four elements of the proposal

A significant outcome from the survey rested on Question 20: **“The proposal consists of four elements. All things considered, do you support the overall proposal?”**

- 61.3% said they did support it. 34% did not.

Element a) Move high-use community clinics from Teignmouth Community Hospital to the Health and Wellbeing Centre

- 63.18% supported the proposed move. 24.78% of respondents did not support it. 10.37% were unsure.

Element b) Move specialist outpatient clinics from Teignmouth Community Hospital to Dawlish Community Hospital

- 44.92% of respondents supported the move. 35.74% of respondents did not. 17.18% were unsure.

Element c) Move day case procedures from Teignmouth Community Hospital to Dawlish Community Hospital

- 45.11% of respondents supported moving the procedures. 35.14% did not. 18.46% were unsure.

Element d) Continue with the model of community-based intermediate care, reversing the decision to establish 12 rehabilitation beds in Teignmouth Community Hospital

- 43.83% of respondents supported the proposal, 31.49% did not support it. 22.21% were unsure.

6.5 Themes emerging

6.51 Support for:

- Integration of services and the idea of services being joined up so that care can be well coordinated around the needs of individuals.
- Appreciation for the work of GPs and community teams in the area.
- Significant support for a Health and Wellbeing Centre

6.5.2 Parking

- Concerns at the lack of parking spaces at the Health and Wellbeing Centre
- Concerns about the ability to park in Teignmouth town centre once the new centre opens
- Parking capacity and cost at Dawlish Community Hospital

6.5.3 Transport, travel, and accessibility

- Increased traffic in Teignmouth due to the new Health and Wellbeing Centre
- Trouble accessing services at Dawlish Community Hospital – many areas do not have a direct public transport route to Dawlish

6.5.4 The new Health and Wellbeing Centre

- Proposed location is in a flood risk area
- Questions about why it was beneficial to have multiple services under one roof (given technology)

6.5.5 Closure of Teignmouth Community Hospital and the rehabilitation beds

- Questions raised about why Teignmouth Community Hospital could not be updated with the money that would be used to build the new Health and Wellbeing Centre
- Concern at the loss of a valued community asset
- Concern about closure of the physiotherapy department, which was recently updated
- Ability of local services to cope with the COVID-19 outbreak or future pandemics if Teignmouth Community Hospital loses beds

6.5.6 Services and capacity

- Concerns about the quality of current inter-service communication and continuity of care
- Capacity at Dawlish Community Hospital to deal with new clinics
- Capacity of the workforce to deliver community-based care

6.5.7 NHS resources and funding

- Concerns about covert privatisation of NHS services

6.5.8 The full report from Healthwatch in Devon, Plymouth and Torbay is at Appendix D.

6.6 Other Feedback Received

6.6.1 Petition to keep Teignmouth Community Hospital

It should be noted by the Governing Body that following the close of the consultation a petition calling for Teignmouth Community Hospital to be retained as a base for inpatient and outpatient care was forwarded to the CCG by Devon County Council Health and Adult Care Scrutiny Committee which received it at its meeting on 12 November.

This had not been submitted to Healthwatch in Devon, Plymouth and Torbay.

The petition is titled “Save the 1st purpose built NHS hospital (Teignmouth) from closure”.

The petition was opened in 2018 and at the time of receipt by the CCG had 2,788 signatories.

Of these, 2,129 were received in 2018, 63 in 2019 and 596 in 2020.

The number of signatures added during the consultation period 1 September 2020-26 October 2020 was 467 with fewer than half (44%/206) giving addresses in Devon. A number of the petition signatories were from overseas.

6.6.2 Letters to Devon County Council Health and Adult Care Scrutiny Committee members

After the consultation, 14 letters to scrutiny committee members were forwarded to the CCG. In the main, these argued that Teignmouth Community Hospital was a vital local asset and should be maintained as a hospital with inpatient beds.

One letter highlighted the fact that, in the consultation supporting documentation, a photograph of the day case procedures room was inaccurate as it showed a side room rather than the procedures room itself. The narrative accompanying the photograph was accurate and supplied to the CCG by Torbay and South Devon NHS Foundation Trust. The CCG has apologised for the error and corrected the photograph on its website.

6.6.3 Letters from Anne Marie Morris MP

During the consultation, the CCG received and responded to three letters from Anne Marie Morris, MP for Newton Abbot. She raised a number of points including whether the Health and Wellbeing Centre and Teignmouth Community Hospital were within scope of the consultation, whether a separate consultation were needed on the future of Teignmouth Community Hospital, and whether a consultation should be held during a pandemic.

7. The evaluation process and criteria

7.1 During the consultation the CCG invited the submission of alternative proposals. The consultation report by Healthwatch in Devon, Plymouth and Torbay summarises alternative proposals and suggestions made by the public via the questionnaire, in correspondence or at online meetings and meetings with community groups. These are presented in its report in a verbatim manner.

On 10 November 2020, the Teignmouth Steering Group met to determine which proposals were within the scope of the consultation and would be presented therefore to the evaluation panel as below. Where several similar proposals were submitted, these were consolidated to avoid repetition and to enable clarity in the proposal.

7.2 Criteria

The alternative proposals were assessed using the same criteria as in the previous evaluation of proposals to go to consultation.

Criterion	Factors to consider	Weighting
Space/capacity	- Is the location/site large enough to accommodate all the currently provided services? - Does the location support the commitment to provide services within the Teignmouth and Dawlish locality?	Yes/No
Does it support delivery of the vision for the Coastal area: 'Excellent Integrated Services'?	- To build on the success so far of integrating services by bringing a range of local services together under one roof in a new Health and Wellbeing Centre in Teignmouth - To ensure the sustainability of primary care in Teignmouth - To help people stay well and support them when they need help - To enable people to stay at home for as long as possible - To optimise use of the purpose-built Dawlish Community Hospital	High
Sustainability of service ➤ Service ➤ Population ➤ Building ➤ Staff	- Can the option respond to future changes to service models and population growth? - Is the option in a building that has long term viability? - Is it an attractive proposition for staff?	High
Clinical Evidence – best place to care for people	NHSE South West Clinical Senate	High
Finance	- Is it affordable? - Capital cost required – are there any abnormal costs?	High

	Has funding been identified to deliver?	
Public transport	Is public transport available nearby to and from the site?	Medium
Car parking	- Number of disabled spaces (and proximity) - Nearby parking - Cost of parking	Medium
Travel impact	What is the impact on distance travelled by people using the service?	Medium
Pedestrian access	Is there easy pedestrian access?	Medium
Impact on local vicinity	- What will be the impact of any additional traffic on the local area? - Will access to the site be unduly affected by seasonal traffic? - What impact will this have on the local economy? - How convenient will it be to access other local services?	Medium
Environmental impact	- What is the environmental impact on the difference in travel arrangements? - Are the buildings environmentally friendly and sustainable?	Low

7.3 Evaluation Panel

The alternative options were evaluated on 25 November 2020 by a panel made up of representatives from:

- Teignmouth Hospital League of Friends
- Dawlish Hospital League of Friends
- Coastal Engagement Group
- Voluntary and community sector
- Teignmouth Town Council
- Dawlish Town Council
- CCG commissioning
- CCG Governing Body GP
- Channel View Medical Group
- Channel View Medical Group PPG
- Teign Estuary Medical Group
- Teign Estuary PPG
- Barton Surgery, Dawlish
- Barton Surgery PPG

Advisers to the panel, providing factual information only, included:

- Torbay and South Devon NHS Foundation Trust, estates department
- Teignbridge District Council
- Devon County Council highways department
- CCG finance department
- CCG commissioning
- Healthwatch in Devon, Plymouth and Torbay

Observers

- Chair of Healthwatch in Devon, Plymouth and Torbay

- Chair and vice chair of Devon County Council Health and Adult Care Scrutiny Committee

7.4 Alternative Options Evaluated

Eighteen alternative proposals were considered. However, as a matter of important record, suggestions put forward that were outside the scope of the consultation were also included for the panel to see. These included the siting of the new Health and Wellbeing Centre, planned for Brunswick Street in Teignmouth, additional services that a Health and Wellbeing Centre could offer, and other suggestions on future use of NHS premises that will be recognised and passed to Torbay and South Devon NHS Foundation Trust for its consideration.

7.4.1 Alternative Proposals

Number	Alternative option proposed
1	Refurbish Teignmouth Community Hospital to deliver community clinics, specialist clinics and day case procedures.
2	Refurbish Teignmouth Community Hospital to deliver community clinics, specialist clinics and day case procedures plus rehabilitation beds.
3	Refurbish Teignmouth Community Hospital to deliver day case procedures and rehabilitation beds.
4	Refurbish Teignmouth Community Hospital to deliver community clinics, specialist clinics and day case procedures plus rehabilitation beds plus medical beds (up to 34 beds in total).
5	Redevelop Teignmouth Community Hospital with new building to deliver community clinics, specialist clinics and day case procedures.
6	Redevelop Teignmouth Community Hospital with new building to deliver community clinics, specialist clinics and day case procedures plus rehabilitation beds.
7	Redevelop Teignmouth Community Hospital with new building to deliver community clinics, specialist clinics and day case procedures plus rehabilitation beds, medical beds and MIU and clinics currently provided by Dawlish Community Hospital.
8	Build a new hospital on the Brunswick Street site to deliver community clinics, specialist clinics and day case procedures.
9	Build a new hospital on the Brunswick Street site to deliver community clinics, specialist clinics and day case procedures plus rehabilitation beds.
10	Move day case procedures to the new Health and Wellbeing Centre
11	Move specialist outpatient clinics to the new Health and Wellbeing Centre
12	Move specialist orthopaedic clinics to the Health and Wellbeing Centre.
13	Build a new hospital at Broadmeadow to deliver community clinics, specialist clinics and day case procedures.
14	Build a new hospital at Broadmeadow to deliver community clinics, specialist clinics and day case procedures plus rehabilitation beds.
15	Build a health hub between Dawlish and Teignmouth to deliver community clinics, specialist clinics and day case procedures, with adequate parking.
16	Keep Teignmouth Community Hospital as it is to deliver community clinics, specialist clinics and day case procedures.
17	Build a new 12 bed rehabilitation unit in Teignmouth
18	Provide 12 rehabilitation beds at Dawlish Community Hospital alongside the medical beds

7.4.2 Other Suggestions

	Suggestions that build on proposals
24	The Health and Wellbeing Centre could include: a) Health visitors and midwives b) Dental and optician services c) Mental health services d) Osteopath and acupuncture services e) Paediatrics f) A weekend GP service g) Clinics such as chemotherapy h) An optician and retinal screening i) A lab for bloods/urine analysis j) Respiratory clinics
25	Achieve integration through technology, along with more digital appointments and screening.
26	Provide a base/second base for physiotherapists, occupational therapists and district nurses at Dawlish Community Hospital.
27	Concerns were expressed both about limited parking availability at the Health and Wellbeing Centre, the cost of parking at Dawlish Community Hospital and at the transport links between Teignmouth and Dawlish Community Hospital. Representative suggestions are set out as follows: • “A shuttle bus between Shaldon Teignmouth and Dawlish to run hourly and also from Bishopsteignton is an absolute necessity. Dawlish Hospital is not easily accessible, we do not all have access to cars and taxis are far too expensive.” • “It needs better transport links to Dawlish Hospital. The new service 186 does not suit most as the first bus is 9:15am and the last bus is 2:15pm; if you have an early or late appointment you cannot get there by public transport.” • “Could you work with the council to develop a scheme that would give priority to local residents for short-stay parking in the centre of Teignmouth?” • “Help with transport between Dawlish and Teignmouth, with a direct bus service.”

7.4.3 Out of scope

	Out of scope
19	Convert one of the vacant bank buildings and lease it to the practice or build fit for purpose GP facilities on the Brunswick Street site and lease them to the practice.
20	Achieve integration with modern communication methods rather than in one building.
21	Build a much smaller doctor's surgery in town to their requirements only and perhaps save some well-needed parking spaces. Use the spare money to update the hospital.
22	Build the Health and Wellbeing Centre on a dedicated out-of-town site with good access, parking and space to expand.
23	Do not build the new centre at Brunswick Street. Build new surgeries on Eastcliff car park.

7.5 Scoring

The Options Evaluation Panel undertook an evaluation process, scoring the options against each criterion.

Stage 1: The criterion of **space/capacity** was applied to all options in the first instance and only options that scored positively were considered further. Options that did not meet this criterion did not proceed to the second stage of the evaluation.

Stage 2: Those options that passed stage 1 of the evaluation proceeded to stage 2. These were evaluated against each criterion with a score from 1 – 5 (with 1 being that the options do not meet the requirements of the criterion and 5 being that the options fully meet the requirements of the criterion. Each criterion has a weighting applied to it depending on the importance of the criterion to the evaluation. Weighting 1 = low, 2= medium, 3 = high.

Number	Alternative option proposed	Average Score	Total Score
1	Refurbish Teignmouth Community Hospital to deliver community clinics, specialist clinics and day case procedures.	63	825
2	Refurbish Teignmouth Community Hospital to deliver community clinics, specialist clinics and day case procedures plus rehabilitation beds.	56	677
3	Refurbish Teignmouth Community Hospital to deliver day case procedures and rehabilitation beds.	57	678
4	Refurbish Teignmouth Community Hospital to deliver community clinics, specialist clinics and day case procedures plus rehabilitation beds plus medical beds (up to 34 beds in total).	58	696
5	Redevelop Teignmouth Community Hospital with new building to deliver community clinics, specialist clinics and day case procedures.	61	730
6	Redevelop Teignmouth Community Hospital with new building to deliver community clinics, specialist clinics and day case procedures plus rehabilitation beds.	58	696
7	Redevelop Teignmouth Community Hospital with new building to deliver community clinics, specialist clinics and day case procedures plus rehabilitation beds, medical beds and MIU and clinics currently provided by Dawlish Community Hospital.	61	730
8	Build a new hospital on the Brunswick Street site to deliver community clinics, specialist clinics and day case procedures.	Ended at Stage 1	
9	Build a new hospital on the Brunswick Street site to deliver community clinics, specialist clinics and day case procedures plus rehabilitation beds.	Ended at Stage 1	
10	Move day case procedures to the new Health and Wellbeing centre	Ended at Stage 1	
11	Move specialist outpatient clinics to the new Health and Wellbeing Centre	Ended at Stage 1	
12	Move specialist orthopaedic clinics to the Health and Wellbeing Centre.	84	1095
13	Build a new hospital at Broadmeadow to deliver community clinics, specialist clinics and day case procedures.	50	555
14	Build a new hospital at Broadmeadow to deliver community clinics, specialist clinics and day case procedures plus rehabilitation beds.	49	543

Number	Alternative option proposed	Average Score	Total Score
15	Build a health hub between Dawlish and Teignmouth to deliver community clinics, specialist clinics and day case procedures, with adequate parking.	48	523
16	Keep Teignmouth Community Hospital as it is to deliver community clinics, specialist clinics and day case procedures.	Scored as Option 1	
17	Build a new 12 bed rehabilitation unit in Teignmouth	57	596
18	Provide 12 rehabilitation beds at Dawlish Community Hospital alongside the medical beds	67	802

7.6 Steering Group Review

7.6.1 The steering group reviewed the outcomes from the evaluation panel, the feedback from the consultation and the updated Quality and Equality Impact Assessment on 1 December 2020. The group noted that the scores fall into 3 categories – less than 800 points (low), 800-999 points (medium) and more than 1,000 points (high). The points raised in the discussion are summarised in the table below:

Number	Alternative option proposed	
1	Refurbish Teignmouth Community Hospital to deliver community clinics, specialist clinics and day case procedures	• Teignmouth Community Hospital would have the capacity with good facilities if refurbished • The building needs extensive renovation and does not have a sustainable future • Capital cost of refurbishment is considered high • Keeping services on this site would not achieve the vision of further integration with primary care • Pedestrian access is considered poor • Medium score in evaluation (825) • Previously evaluated and not supported.
2	Refurbish Teignmouth Community Hospital to deliver community clinics, specialist clinics and day case procedures plus rehabilitation beds	• Teignmouth Community Hospital would have the capacity with good facilities if refurbished • The building needs extensive renovation and does not have a sustainable future • Keeping services on this site would not achieve the vision of further integration with primary care • Clinical evidence supports caring for people in their own homes • Pedestrian access is considered poor • Low score in evaluation (678) • Previously evaluated and not supported.
3	Refurbish Teignmouth Community Hospital to deliver day case procedures and rehabilitation beds	• Teignmouth Community Hospital would have the capacity with good facilities if refurbished • The building needs extensive renovation and does not have a sustainable future • Capital cost of refurbishment and extension is considered high

Number	Alternative option proposed	
		- Keeping services on this site would not achieve the vision of further integration with primary care or other services - Clinical evidence supports caring for people in their own homes - Pedestrian access is considered poor - Low score in evaluation (677)
4	Refurbish Teignmouth Community Hospital to deliver community clinics, specialist clinics and day case procedures plus rehabilitation beds plus medical beds (up to 34 beds in total).	- Teignmouth Community Hospital would have the capacity with good facilities if refurbished - The building needs extensive renovation and does not have a sustainable future - Capital cost of refurbishment and extension is considered high - Keeping services on this site would not achieve the vision of further integration with primary care - Clinical evidence supports caring for people in their own homes - No evidence for requirement of additional medical beds - Pedestrian access is considered poor - Low score in evaluation (696)
5	Redevelop Teignmouth Community Hospital with new building to deliver community clinics, specialist clinics and day case procedures	- Teignmouth Community Hospital would have the capacity with good facilities if new build - Capital cost of new build is considered high - Keeping services on this site would not achieve the vision of further integration with primary care - Pedestrian access is considered poor - Medium score in evaluation (730) - Previously evaluated and not supported
6	Redevelop Teignmouth Community Hospital with new building to deliver community clinics, specialist clinics and day case procedures plus rehabilitation beds	- Teignmouth Community Hospital would have the capacity with new build - Capital cost of new build is considered high - Keeping services on this site would not achieve the vision of further integration with primary care or other services - Clinical evidence supports caring for people in their own homes - Pedestrian access is considered poor - Low score in evaluation (696)
7	Redevelop Teignmouth Community Hospital with new building to deliver community clinics, specialist clinics and day case procedures plus rehabilitation beds, medical beds and MIU and	- Teignmouth Community Hospital would have the capacity with new build - Capital cost of new build is considered high - Keeping services on this site would not achieve the vision of further integration with primary care or other services

Number	Alternative option proposed	
	clinics currently provided by Dawlish Community Hospital	- Clinical evidence supports caring for people in their own homes - Continued commitment to Dawlish Community Hospital PFI and suitability of Dawlish as a community hospital as modern fit-for-purpose accommodation - Pedestrian access is considered poor - Low score in evaluation (696)
8	Build a new hospital on the Brunswick Street site to deliver community clinics, specialist clinics and day case procedures	Ended at Stage 1 – site does not have capacity
9	Build a new hospital on the Brunswick Street site to deliver community clinics, specialist clinics and day case procedures plus rehabilitation beds	Ended at Stage 1 – site does not have capacity
10	Move day case procedures to the new Health and Wellbeing centre	Ended at Stage 1 – site does not have capacity
11	Move specialist outpatient clinics to the new Health and Wellbeing Centre	Ended at Stage 1 – site does not have capacity
12	Move specialist orthopaedic clinics to the Health and Wellbeing Centre.	- Health and Wellbeing Centre would have the capacity within new build - Capital cost is low - Would achieve the vision of further integration with community physiotherapy clinics and primary care - Clinical evidence supports closer working with community physiotherapy services. - Good public transport links and pedestrian access - High score in evaluation (1095)
13	Build a new hospital at Broadmeadow to deliver community clinics, specialist clinics and day case procedures	- There could potentially be a site available, but none has been identified - Capital cost of a new build is considered high - Would not achieve the vision of further integration with primary care - Pedestrian access is considered poor - Low score in evaluation (555)
14	Build a new hospital at Broadmeadow to deliver community clinics, specialist clinics and day case procedures plus rehabilitation beds	- There could potentially be a site available, but none has been identified - Capital cost of a new build is considered high - Would not achieve the vision of further integration with primary care - Clinical evidence supports caring for people in their own homes - Pedestrian access is considered poor - Low score in evaluation (543)

Number	Alternative option proposed	
15	Build a health hub between Dawlish and Teignmouth to deliver community clinics, specialist clinics and day case procedures, with adequate parking	• There could potentially be a site available, but none has been identified. Teignbridge District Council and Devon County Council Highways expressed concern at development in a rural area • Capital cost of a new build is considered high • Would not achieve the vision of further integration with primary care • Pedestrian access is considered poor • Large majority of people would have to travel from either town to access • Low score in evaluation (543)
16	Keep Teignmouth Community Hospital as it is to deliver community clinics, specialist clinics and day case procedures.	This was scored as Option 1 as Teignmouth Community Hospital would need to be refurbished to continue to deliver services
17	Build a new 12 bed rehabilitation unit in Teignmouth	• There could potentially be a site available, but none has been identified • Capital cost of a new build or refurbishing an existing building is considered high • Would not achieve the vision of further integration with primary care • Clinical evidence supports caring for people in their own homes • Low score in evaluation (596)
18	Provide 12 rehabilitation beds at Dawlish Community Hospital alongside the medical beds	• Dawlish Community Hospital could potentially be extended to accommodate • Capital cost of an extension is considered high • Would integrate rehabilitation beds with medical beds • Clinical evidence supports caring for people in their own homes • Pedestrian access, public transport and parking considered good • Medium score in evaluation (802)

7.6.2 The Steering Group considered that the only option to score in the 'high' category was option 12 - to move specialist orthopaedic clinics to the Health and Wellbeing Centre in Teignmouth, rather than to Dawlish Community Hospital. This would mean that the specialist orthopaedic clinics would sit alongside the community physiotherapy clinics. The option scored highly against the criteria of finance, supporting the vision for excellent integrated services, and clinical evidence. The logic of siting the specialist orthopaedic clinics with the community physiotherapy clinics would be the same as that under which it is proposed to co-locate specialist ear nose and throat clinics and the related community audiology clinics at the Health and Wellbeing Centre.

7.6.3 The Steering Group considered that both option 12 - Refurbish Teignmouth Community Hospital to deliver community clinics, specialist clinics and day case procedures and option 18 - provide 12 rehabilitation beds at Dawlish Community Hospital, attracted a 'medium' score.

7.6.4 Option 1 would have capacity were Teignmouth Community Hospital refurbished but the capital required to do this would be considerable (£1.564million). This would also require Torbay and South Devon NHS Foundation Trust to meet the revenue costs of three buildings in the Coastal locality (Dawlish Community Hospital, Health and Wellbeing Centre and Teignmouth Community Hospital). It was also noted that keeping services on this site would not achieve the vision of further integration with primary care and that pedestrian access is considered poor.

7.6.5 Option 18 Dawlish Community Hospital would have the capacity if it were extended to provide accommodation for an additional ward of 12 rehabilitation beds but the capital costs to deliver this are considered to be high (£2.1million). This option would allow for the integration of rehabilitation beds with the medical beds already provided on this site in a sustainable, fit-for-purpose building. Pedestrian access, public transport and parking are considered to be good. However, the vision and clinical evidence supports people being cared for in their own homes rather than in a hospital bed.

7.6.6 The Steering Group considered that all other options attracted a 'low' score.

7.6.7 The Steering Group noted that several of the suggestions for extra services in the Health and Wellbeing Centre could potentially be offered, as they would not require specialist equipment or modifications to the building.

Mental health services, for example, could be offered on a drop-in basis, with the community Talkworks mental health clinics being able to benefit from integration with the mental health support provided by the GP practice at the centre.

7.6.8 The Steering Group agreed providing a second base for physiotherapists, occupational therapists and district nurses at Dawlish Community Hospital was likely to be achievable and could be suggested to Torbay and South Devon NHS Foundation Trust.

7.6.9 The Steering Group noted that much progress had been made over the past eight months with the use of digital technology to support patient and clinician contact. It was supportive of this being continued in the new Health and Wellbeing Centre for both primary care and community clinic delivery.

7.6.10 The Steering Group noted that many of the concerns raised and suggestions put forward during the public consultation related to parking in Teignmouth town centre and agreed that Torbay and South Devon NHS Foundation Trust be asked to work with Teignbridge District Council to mitigate parking issues as far as possible for both staff and patients.

7.7 Recommendation

As a result of the evaluation of alternative options and the review of the consultation in the context of the feedback from the consultation and the Quality and Equality Impact Assessments, the Steering Group agreed to make a recommendation to the CCG Governing Body that:

- The four elements of the proposal put forward in the consultation be approved
- Option 12 - Move specialist orthopaedic clinics to the Health and Wellbeing Centre – is approved as an alternative proposal

- That Torbay and South Devon NHS Foundation Trust be asked to consider in detail the suggestions put forward for additional services at the Health and Wellbeing Centre
- That Torbay and South Devon NHS Foundation Trust be asked to consider providing secondary office space at Dawlish Community Hospital for physiotherapists, occupational therapists and district nurses
- That Torbay and South Devon Foundation Trust work with Teignbridge District Council to mitigate parking issues for staff and patients as far as possible.

8. The impact of COVID-19

8.1 The COVID-19 pandemic has had a profound effect on the health and social care system. Services across the spectrum have had to be delivered in different ways, to reduce the risk of infection and to keep both staff and patients as safe as possible. This different way of working, making more effective use of technology and time, will not fully be reversed if or when the pandemic comes to an end.

Before the pandemic, advances in technology were already resulting in more and more use of remote consultations in both primary and secondary care. Primary Care Networks had been making increasing use of e-Consult for appointments with patients. Torbay and South Devon NHS Foundation Trust has said it expects 50% of outpatient appointments to be conducted remotely across all specialties by the middle of 2021. In addition, it will become the norm for follow up appointments to be made only at the request of the patient (patient-initiated follow up).

8.2 Demand for hospital beds during future COVID-19 surge

To examine whether the proposed model of care in Teignmouth and Dawlish remains fit for purpose, the NHS in Devon in July 2020 modelled the need for beds for future COVID-19 surge capacity and looked at the impact on the delivery of rehabilitation services, the delivery of primary care services and the delivery of outpatient services.

Demand modelling for a second wave of COVID-19 was undertaken by Devon CCG's business information team, and presented in the consultation document, based on projections from the information available at that time.

The information showed that across the Devon and Cornwall system, with NHS Nightingale Hospital Exeter, in place, there was adequate capacity. This was without the need to use the beds or space at Teignmouth Community Hospital for MV/O+ (mechanically ventilated/non-invasive ventilation) and O patients (patients requiring oxygen).

The modelling was based on the assumption that a second wave would be similar in size to the first wave, in line with estimates at that time.

As at December 2020, Britain is experiencing a second wave of COVID-19, at its peak greater in impact than the first.

The modelling for the demands that COVID-19 will put on the system is being kept under review as there are still unknowns, including the effect that gatherings at Christmas will have, when a safe, effective vaccine may be deliverable to all aged 55 and over and to all with underlying health conditions, and for how long any vaccine might confer immunity.

8.3 Suitability of community hospitals for use in COVID-19 care

Torbay and South Devon NHS Foundation Trust has reviewed its community hospitals in terms of their suitability for use in the care of patients with COVID-19.

In October 2020, the Trust designated Brixham and Totnes community hospitals as those to be used in the care of patients with, or recovering from, COVID-19. Brixham started being used for this purpose in November 2020.

Teignmouth Community Hospital has been categorised as unsuitable. To make it suitable, there would need to be investment into the estate. Investment would also be required in upgrading kitchen equipment, legionella checks to the water system and ensuring that all work surfaces could be cleaned to the required standard. Neither Brixham Community Hospital nor Totnes Community Hospital has needed investment of this type.

Additionally, with only one entrance/exit to the ward at Teignmouth Community Hospital, it would be impossible to put in place the one-way system that good infection prevention and control demands.

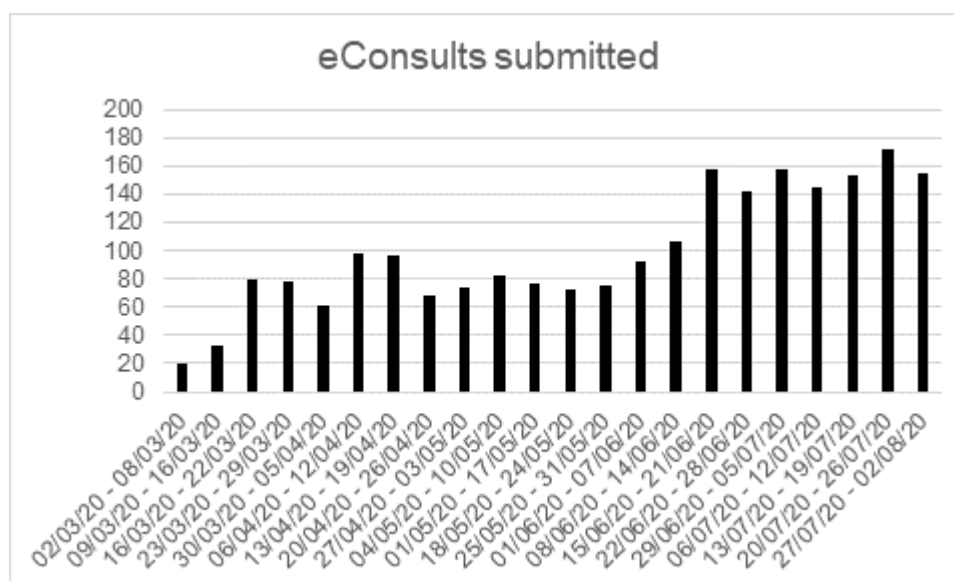
8.4 Delivery of rehabilitation services

During the COVID-19 pandemic patients have been discharged from hospital along nationally defined pathways. Pathway 0 includes discharges home with no additional support in place. Pathway 1 is for people who can go home with additional support, pathway 2 is for people who need a short term bedded placement and pathway 3 is for people who are experiencing life changing circumstances. From April to July 1,120 discharges were made from the TSDFT hospitals along pathways 1-3. Of these 77% were through pathway 1, 8% of discharges through pathway 2 and 15% through pathway 3.

Care homes have been able to meet the needs of Pathway 2 in short term placements.

8.5 Delivery of primary care and community services during the pandemic

Digital technology has been instrumental in the delivery of primary care services during the pandemic. In the Coastal primary care network 2,191 e-consultations were delivered between 2 March and 2 August 2020 showing a steady increase during the pandemic (see graph below). The number of video consultations undertaken May – July was 466. This model of care will continue. Patients will still need to be seen face to face by clinicians, but this will be reduced. The new Health and Wellbeing Centre will have fully functioning digital technology allowing delivery of this emerging model of primary care.



Community services, too, have been operating remotely where appropriate during the pandemic and again, with advances in technology, this will increase.

8.6 The layout of the new Health and Wellbeing Centre

The layout has been reviewed in light of the requirements placed on the delivery of health services by the COVID-19 pandemic in terms of social distancing and infection control. The fact that the building has two entrances, is spread over a number of floors, has a number of reception and patient waiting areas and has two staircases and two lifts allows for safe flow around the building and the separation of patients and staff to ensure social distancing and delivery of different types of care in different building areas.

During the pandemic Teignmouth Community Hospital was used to run the Primary Care COVID-19 hub for the locality. The hub was intended for patients who were suspected to have COVID-19 and needed a clinical assessment to supplement telephone triage/video assessment or patients with potential dual diagnosis. The hub was run from the outpatient department at Teignmouth Community hospital where it was possible to isolate the area from other parts of the building and not disrupt other activities. From 23 March – 30 June the hub saw 208 patients.

The community team continued to be based at Teignmouth Community Hospital and their focus during the pandemic was on the co-ordination of care in people's own homes including care homes. Staff from across the Trust were deployed into the team to support the community response resulting in an increased capacity to manage elevated referral numbers alongside the community led testing that was taking place. The team has been involved in supporting care homes with management of outbreaks, COVID testing and supporting discharge from hospital as well as urgent intervention to prevent hospital admission, where safe to do so. The team has worked closely with local GPs and voluntary sector.

8.7 Delivery of outpatient services

Specialist outpatient services have had to be delivered differently during the COVID-19 pandemic with the use of telephone consultation and digital technology. The emerging impact on the model of care indicates that there will continue, across all specialties, to be a move away from face to face

appointments with specialists where this can be done remotely. The majority of follow-up appointments will be those instigated by the patient themselves.

9. Compliance with statutory engagement and consultation obligations

9.1 NHS England published guidance in November 2015 entitled 'Planning, Assuring and Delivering Service Change for Patients' setting out a best-practice framework for developing proposals and undertaking consultation as well as the mechanisms for the NHS England assurance processes.

The CCG has complied with the letter and spirit of this guidance and in relation to the engagement and consultation, including with the following specific statutory duties.

9.2 Section 14Z2 of the Health and Social Care Act

Section 14Z2 of the Health and Social Care Act 2012 lays down the duty to engage and involve people in decisions that affect them. The guidance states that users of services should be involved (whether by being consulted or provided with information or in other ways) in:

- a) The planning of the provision of those services,
 - b) The development and consideration of proposals for changes in the way those services are provided
- and
- c) The decision to be made affecting the operation of those services.

This applies if implementation of the proposal would have an impact on the manner in which services are delivered and/or the range of health services available to users.

Recognising that the need to modernise would lead to a proposal for a change in the way services were delivered in Teignmouth and Dawlish, the CCG has ensured that it has met these requirements in the way the consultation proposals were developed and in the way it has regularly communicated with different groups. This includes extensive engagement, the close involvement of the Coastal Engagement Group that represents key stakeholders and the representation on the panel that has evaluated alternative options put forward during the consultation.

9.3 The Government's four tests for service reconfiguration

a) Strong public and patient engagement

There has been significant discussion with the Coastal locality community over a number of years. A 2013 public discussion identified the issues that mattered to our population across South Devon and Torbay.

Working with the Coastal Engagement Group, the CCG drew up proposals for change that went to consultation in 2014/15.

b) Consistency with current and prospective need for patient choice

The proposal does not have an impact on patient choice. No existing services are being discontinued.

c) Clear, clinical evidence base

The CCG produced a clinical evidence paper as part of the supporting documentation for the consultation, using research conducted by researchers at the University of Plymouth. It also presented the findings of the NHS England South West Clinical Senate, a panel of independent expert clinicians, which reviewed and supported the model of care that was in place across South Devon and Torbay (including Teignmouth and Dawlish) in 2016.

Members of this original 2016 clinical senate were subsequently reconvened in 2019 to undertake a further review of the emerging proposal for changes to services in the Teignmouth and Dawlish areas. This is set out at Section 2.1.2 above.

The model of care drawn up for South Devon and Torbay was informed by the Joint Strategic Needs Assessment which outlines local assessment of current and future health and social care needs.

d) Support for proposals from clinical commissioners

The Governing Body (clinically led) approved the proposal for consultation in February 2020 as well as consistent support from local GPs.

9.4 Assurance processes

9.4.1 Duties under the Local Authority Regulations 2013

The CCG has conducted the consultation in line with its statutory duties. It has put the rationale, proposal and consultation process before Devon County Council's Health and Adult Care Scrutiny Committee in a formal presentation and has provided the committee with regular updates. Members of the committee have undertaken a site visit to the Community Health and Care Team in Teignmouth and received a full report following the patient and public engagement exercise. In addition, the committee received further information in March and September 2020 in respect of the formal public consultation and the CCG has demonstrated that recommendations from the committee in relation to information supplied for consultation have been implemented. The minutes of the September 2020 committee meeting record that members noted:

"...the quality and clarity of the consultation material widely distributed in the South [Devon and] Torbay area, which was commended by Members and the virtual arrangements as a result of the pandemic"

In November the CCG returned to the committee to update members on the overarching themes arising from the consultation process, including setting out the process for evaluating the alternative options that would have been put forward. As the committee was unable to consider the report by Healthwatch in Devon, Plymouth and Torbay – the report not having been ready for publication at this time – it requested a "spotlight" review for December, at which it would also consider the evaluation process for alternative proposals.

9.4.2 Spotlight review

On 14 December 2020, therefore, the CCG was to consult the scrutiny committee once again in this spotlight review. Healthwatch in Devon, Plymouth and Torbay was to present its full report on the consultation findings. Devon CCG was to provide up to date information on the process of evaluating alternative options put forward by the public during the consultation. Both the chair and the vice chair of Devon County Council Health and Adult Care Scrutiny Committee had attended this evaluation meeting as observers (see section 7 above).

The outcome of this spotlight review will be drawn to the attention of the Governing Body at its meeting on 17 December.

The CCG therefore considers that it has fulfilled its duties under the National Health Service Act 2006 (as amended) and The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013. At the start of the consultation, the scrutiny committee commended the CCG's approach. The CCG is confident that both the content and timescale for consultation have been adequate and that the proposal is in the interest of health services in the Coastal locality.

9.4.3 NHS England

The CCG also underwent a rigorous assurance process with the NHS England Programme Assurance team to secure approval for the consultation.

This assurance process included the NHS England four key tests for change, the financial planning behind the proposals, clinical quality, strategic fit, workforce planning, impact on travel, communication plans and quality and equality impact assessments.

9.5 The Gunning Principles for public consultation

These principles guide all consultations by public bodies and state that:

a) Public bodies need to have an open mind during a consultation and not have already made the decision

The CCG evidenced the case for change and its proposed change to the way in which services are delivered. It put forward a single option which it believed represented the only affordable, sustainable, reasonable and clinically sound way of meeting the changing needs of the Teignmouth and Dawlish communities. The proposal was prompted by plans by South Devon and Torbay NHS Foundation Trust to build a new Health and Wellbeing Centre in the heart of Teignmouth. This building was itself outside the scope of the consultation; what the CCG was consulting upon was which services, if any, should move to it from Teignmouth Community Hospital, and which from Teignmouth Community Hospital should go to Dawlish.

It has, through the consultation process, invited the public to both comment on the option and to put forward alternative suggestions which they believe would meet the quality care, sustainability and affordability criteria. See the Evaluation process at Section 7 above.

b) They must give sufficient reasons for proposals to permit ‘intelligent consideration’. People involved in the consultation need to have enough information to make an intelligent choice and contribute to the consultation

The CCG produced clear documentation which was (and remains) available at the CCG website including:

- Full consultation document
 - Information about local services
 - The plans for building the Health and Wellbeing Centre in Teignmouth town centre
 - The rationale for the proposal
- Clinical evidence
- Financial information
- The impact of COVID-19
- Travel times and transport
- Equality impact assessments
- A regularly updated Frequently Asked Questions section on the website
- Regular stakeholder updates during the consultation

c) There must be adequate time for consideration and response

No timescale for consultation is laid down in the guidelines. The CCG believes that, since discussions in the Teignmouth and Dawlish area have been going on for several years, and since the consultation was ready to be launched in February 2020 but delayed by COVID-19, an eight week consultation provided adequate time for consultation on the proposal. Devon County Council’s Health and Adult Care Scrutiny Committee was content with this timeframe.

d) The feedback and responses given at consultation must be conscientiously taken into account

The independent report by Healthwatch in Devon, Plymouth and Torbay presented the feedback, views and ideas expressed during the consultation, which it had collated and analysed. The report is available on the websites of both Healthwatch and the CCG. Alternative proposals, their evaluation by a community panel, and the key themes, including concerns, are presented at Section 7 above.

9.6 Cabinet Office consultation principles published in January 2016

These reflect the Gunning Principles and set out the requirement for consultations to be clear and concise, have a purpose, be informative, part of an engagement process, proportionate, targeted and involve groups affected by the proposals. They require information to assist scrutiny and the outcome needs to be published in a timely fashion. They also require consultation to avoid electoral periods.

10. Learning review

10.1 A learning review was held during and after the close of the eight week consultation to reflect on the process and extract learning points from it. The final review was held on 11 November 2020.

A mid-point learning review was held after the first four weeks of the consultation, at which several key areas for improvement were identified. These changes were put into immediate effect, as set out at section 10.2.2.

10.2 The mid-point review

10.2.1 As part of the CCG's commitment to continuous learning, a midpoint review was held on 30 September 2020 to consider the process so far, the feedback which had been received and identify any learning that the CCG should take into the second half of the consultation.

The meeting was attended by the team managing the consultation, comprising staff from the CCG, Torbay and South Devon NHS Foundation Trust and Healthwatch as well as Roger Trapani, lay member representative of the CCG Engagement Panel, and Charlotte Burrows, CCG Governing Body non-executive lay member (patient and public involvement) who led the reflection.

10.2.2 Changes made as a result of feedback

The CCG took the following measures to increase attendance at the webinars:

- Increasing social media activity
- Increasing paid advertising in the local media
- Direct contact with schools, churches and other community groups
- Promoting the meetings in the regular briefings which were sent to stakeholders
- Promoting the meetings on posters displayed in key community facilities such as supermarkets and post offices

10.3 Conclusion of the learning review

The conclusion drawn from the full learning review was that:

- A change of IT platform should be considered for future online meetings held as part of a consultation, allowing for greater breakout discussions, whole meeting interaction and dialogue
- Future consultations should, COVID-19 permitting, offer both online meetings and face to face public meetings
- Future consultations should include a midpoint review to enable appropriate changes in approach to be made

11. Quality Equality Impact Assessment

11.1 A Quality Equality Impact Assessment (QEIA) was made before the proposal went to consultation.

11.2 In preparation for the consultation, the QEIA was reviewed by Devon CCG Quality Equality Panel, which includes a lay member, as follows:

- November 2018: the panel made recommendations with regard to equality considerations on potential options for consultation. These were acted upon and the panel was subsequently assured.
- January 2020: prior to the consultation then intended for March 2020, a virtual review by the panel of the QEIA took place on the options proposed. The panel remained assured that the assessment was thorough.

- December 2020: panel review of a refresh of the QEIA in light of further feedback received from the public through the consultation held from 1 September-26 October 2020. The panel remained assured that the assessment was thorough.

11.3 Summary findings of the quality impact assessment and the equality impact assessment are set out below. The full Quality Equality Impact Assessment can be seen at Appendix E.

11.4 Quality Impact Assessment

11.4.1 The Quality Impact Assessment indicates that overall, the impact on people using the services affected by this proposal is of benefit.

Quality indicator	Assessment
Safety	Benefit
Effectiveness	Significant benefit
Experience	Benefit

11.4.2 Safety

Assessed safety impact: benefit.

Description of impact

All services would be 'lifted and shifted' and therefore would still meet the same staffing, treatment and administration standards that are currently in place.

Dawlish Community Hospital is a purpose built, modern community hospital. At Dawlish Community Hospital there is level access at both ground and lower ground floors with a lift from the lower ground floor. Therefore, safety would be at the very least maintained and would be likely to be improved.

The Health and Wellbeing Centre at Brunswick Street in Teignmouth will be a brand new, purpose-designed building with modern facilities meeting today's standards. Therefore, safety will be maintained and likely improved.

DAY CASE PROCEDURES - A day case procedures operating suite designed to current NHS guidance will be provided on the ground floor at Dawlish Community Hospital. The suite will be a stand-alone unit with a changing and pre-operative area, a theatre space and a recovery area. The equipment and technical environment would remain at the same level of safety or improved by a modernised environment.

SPECIALIST and COMMUNITY CLINICS - outpatient clinic services would still meet the same staffing, treatment and administration standards that are currently in place. It is proposed that they are moved either to Dawlish Community Hospital which has established safety procedures or to the Health and Wellbeing Centre which would be a purpose-built health and care facility and therefore a safe environment.

REHABILITATION BEDS - There is no reduction of safety as these are not currently implemented. There is clinical evidence and research to demonstrate that the health and wellbeing care team is looking after patients safely, as members both actively support patients who are at risk of admission and liaise with the acute hospital to support timely supported discharge. People are recovering more quickly and effectively, returning to their level of independence and ability more quickly than they would have if they had spent more time in a hospital bed.

11.4.3 Effectiveness

Assessed effectiveness impact: significant benefit to patients through improved model of care and compliance with national standards.

Description of impact

The model of care in Teignmouth has been evaluated by researchers in residence at Torbay and South Devon NHS Foundation Trust. This demonstrates how the health and wellbeing team supports its local population in terms of patient motivation, mental wellbeing scale, frailty and further use of the health and care system. Co-locating this team with primary care in a new Health and Wellbeing Centre will further increase the effectiveness of how they all work in support of each other.

DAY CASE PROCEDURES AND SPECIALIST CLINICS - There would be no change to the operational features of the day case procedures and specialist clinics moving to Dawlish Community Hospital in terms of workforce or leadership. The team would be 'lifting and shifting'.

COMMUNITY CLINICS - Combining the health and wellbeing team and community clinics with primary care would provide a first-grade integrated service that will support people and all members of the community with their health needs. It would also include other statutory and voluntary sector for rounded patient care and support.

REHABILITATION BEDS - The health and wellbeing team is working effectively to support local patients to avoid a hospital admission or to support them to be discharged safely home or near home. Being able to give this support in people's own homes or care homes means that the rehabilitation beds that have never been implemented are not now needed. People are recovering more quickly and effectively, getting back to their level of independence and ability more quickly than they would have if they had spent more time in a hospital bed.

GPs and paramedic services make referrals to the team and work as part of it. Outcomes of this way of working and supporting rehabilitation in this way in the Teignmouth and Dawlish areas have been identified as:

- Avoiding unnecessary admission to the acute hospital (6% reduction in emergency admissions compared with a CCG average 3% increase)
- The lowest rate in the CCG of bed days used per 1,000 population aged over 70
- The voluntary sector's membership of the team supports people to focus on their strengths, which contributes towards more sustainable outcomes for individuals.

Implementing the rehabilitation beds would have an adverse impact on the effectiveness of care provided in the Teignmouth and Dawlish area as this would mean refocussing staff on inpatient beds rather than providing support in the community.

11.4.4. Experience

Assessed experience impact: Benefit through an already positive independent review of integrated model of care in Teignmouth and Dawlish that has been presented to health and care teams nationally and worldwide. There have been multiple letters of praise from people and families. Through enabling the teams to be more integrated and more effective in their care of people at home, this experience would be expected to be enhanced.

A positive independent review of the integrated model of care in the Teignmouth and Dawlish area has been presented to health and care teams nationally and worldwide. Multiple letters of praise have been received from people and families. Through enabling the teams to be more integrated and more effective in their care of people at home, it is anticipated that this experience would be further enhanced.

Description of impact

There would be no change to the operational features of day case procedures and specialist outpatients if they moved Dawlish Community Hospital. Patients from Teignmouth and outside of the locality south and west of Teignmouth who attend day case procedures or specialist outpatients would have less than four miles further to travel. There are main line/route bus and train links to Dawlish as well as Teignmouth (this is on the same train line). For some coming from the north and east of the locality the journey would be shorter. The parking at Dawlish Community Hospital is larger in capacity than at Teignmouth and is on a significantly flatter site, with easier access into the building than at Teignmouth Community Hospital.

DAY CASE PROCEDURES - The suite would be a stand-alone unit with a changing and pre-procedure area, a procedure space and a recovery area. The layout of the rooms would ensure privacy and dignity standards were met, which is an improvement from the current facilities. There would be level access at both ground and lower ground floors with a lift from the lower ground floor. 1,173 patients use this facility in a year. 51% of these are from Torbay. 35% are from Newton Abbot and the Moor to Sea localities combined. Just 13% are from the Teignmouth and Dawlish area.

SPECIALIST AND COMMUNITY CLINICS - These have been split so that those most used by local people would stay in the same town. Specialist outpatient clinics moving to Dawlish would be 'lifted and shifted' so for people using these clinics the journey time would be different. Feedback from engagement undertaken in Teignmouth demonstrates that people welcome the prospect of the health and wellbeing team and other voluntary and statutory services co-locating with primary care in a new building and understand this is likely to enhance patient experience. Concerns have been raised through the engagement and consultation processes about the building and parking logistics such as whether there will be enough parking or if the waiting rooms will be too large and overwhelming. These have been noted as the building is developed.

The area immediately to the west and north of Teignmouth Community Hospital has the second highest score of indices of multiple deprivation in this area (a score of 33.31 against the Devon average of 17.09). Our data shows around 500 people a year from this area use the clinics that would move one mile away to the town centre and 55 people use the services that would move four miles away to Dawlish. The area with the highest deprivation score in the area is that which immediately surrounds the location of the proposed Health and Wellbeing Centre.

Experience of consultants: journeys from Torbay Hospital to Dawlish Community Hospital, to which the specialist outpatients would move, are assessed as four minutes longer than to Teignmouth.

1.5 Equality assessment

11.5.1. The equality impact assessment indicates that overall, impact on people using the services affected by this proposal is neutral or of benefit.

Quality indicator	Assessment
Gender	Neutral
Race	Neutral
Disability: physical	Benefit
Disability: sensory	Benefit
Disability: learning disability	Neutral
Disability: mental health	Neutral
Sexual orientation	Neutral
Age: 0-18	Neutral
Age: 18-65	Neutral
Age: 65-85	Benefit
Age: over 85	Benefit
Religion and belief	Neutral
Asylum seekers, refugees and travellers	Benefit
Rurally isolated	Neutral
Parity of esteem with mental health	Benefit
Least deprived	Neutral
Most deprived	Benefit

The full Quality Equality Impact Assessment can be seen at Appendix E.

12. Implementation

12.1 Timeframes

The CCG undertook during the consultation not to stop the provision of any services during the process of relocation.

Construction of the Health and Wellbeing Centre in Teignmouth is due to be completed in 2022. Until that time, community clinics would continue to be provided from Teignmouth Community Hospital, and GP services at Channel View Medical Group from their existing premises at The Den and Courtney Road.

Specialist clinics would move to Dawlish Community Hospital when arrangements had been finalised for relocating them.

Day case procedures would move to Dawlish Community Hospital when the necessary building works had been carried out. This is estimated to be during 2021.

13. Conclusion

13.1 For more than five years, the way in which care is delivered across the Teignmouth and Dawlish areas has been the subject of local discussion and debate, both through the canvassing of opinion through engagement processes, and through a previous public consultation. One of the priorities of the CCG is to integrate services in order to make improvements for the most vulnerable people in our communities. In response to the reasons for change and the opportunity presented by the new Health and Wellbeing Centre to make further progress in achieving the vision agreed by the Coastal Locality serving the Dawlish, Teignmouth, Shaldon and Holcombe areas for excellent integrated services, the CCG put to formal consultation from 1 September to 26 October 2020 a proposal that consisted of four elements:

- a. Move the most frequently used community clinics from Teignmouth Community Hospital to the new Health and Wellbeing Centre
- b. Move specialist outpatient clinics, except ear nose and throat clinics, from Teignmouth Community Hospital to Dawlish Community Hospital, four miles away
- c. Move day case procedures from Teignmouth Community Hospital to Dawlish Community Hospital
- d. Continue with a model of community-based intermediate care, reversing the decision to establish 12 rehabilitation beds at Teignmouth Community Hospital

13.2 The CCG commissioned the independent group, Healthwatch in Devon, Plymouth and Torbay to take an administrative and oversight role in the consultation and to analyse the responses submitted. It received 1,013 completed questionnaires. The key findings are:

“The proposal consists of four elements. All things considered, do you support the overall proposal?”

- 61.3% said they did support it. 34% did not support it.

Element a) Move high-use community clinics from Teignmouth Community Hospital to the Health and Wellbeing Centre

- 63.18% supported the proposed move. 24.78% of respondents did not support it.

Element b) Move specialist outpatient clinics from Teignmouth Community Hospital to Dawlish Community Hospital

- 44.92% of respondents supported the move. 35.74% of respondents did not support it.

Element c) Move day case procedures from Teignmouth Community Hospital to Dawlish Community Hospital

- 45.11% of respondents supported moving the day case procedures. 35.14% did not support it.

Element d) Continue with the model of community-based intermediate care, reversing the decision to establish 12 rehabilitation beds in Teignmouth Community Hospital

- 43.83% of respondents supported reversing the decision; 31.49% did not support it.

13.3 The key themes raised during the consultation were:

- Integration of services: significant support for the idea of services being joined up so that care can be well coordinated around the needs of individuals.
- Appreciation for the work of GPs and community teams in the area.
- Significant support for a Health and Wellbeing Centre
- Concern about parking, especially in Teignmouth town centre and near the Health and Wellbeing Centre
- Concern about transport, travel, and accessibility, with increased traffic in Teignmouth town centre and the ability of some people to get to Dawlish.
- The closure of Teignmouth Community Hospital and the rehabilitation beds and the ability of local services to cope with increase in demand.
- The capacity of services to meet demand and concerns about continuity of care

13.4 As a result of the evaluation of alternative options, and the review of the consultation in the context of the feedback from the consultation and the Quality and Equality Impact Assessments the Steering Group agreed to make a recommendation to the CCG Governing Body that:

- The four elements of the proposal out forward in the consultation be approved
- Option 12 - Move specialist orthopaedic clinics to the Health and Wellbeing Centre – is approved as an alternative proposal
- That Torbay and South Devon NHS Foundation Trust be asked to consider in detail the suggestions put forward for additional services at the Health and Wellbeing Centre
- That Torbay and South Devon NHS Foundation Trust be asked to consider providing a second base at Dawlish Community Hospital for physiotherapists, occupational therapists and district nurses
- That Torbay and South Devon Foundation Trust work with Teignbridge District Council to mitigate parking issues for staff and patients as much as possible.

13.5 The Quality Impact Assessment indicates that overall, the impact on people using the services affected by this proposal is of benefit. The Equality Impact Assessment indicates that overall, impact on people using the services affected by this proposal is neutral or of benefit.

13.6 The Steering Group is confident that the CCG has discharged its statutory duties in the conduct of this consultation, under the National Health Service Act 2006 (as amended) and The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, and has met the criteria for the conduct of public consultation set out under the Gunning Principles.

14. Recommendations

Based on the evaluation of the alternative proposals, the review of the consultation proposals in the context of feedback from the consultation and the Quality and Equality Impact Assessments the Governing Body is asked to:

- a. Approve the move of the most frequently used community clinics from Teignmouth Community Hospital to the new Health and Wellbeing Centre
- b. Approve the move of specialist outpatient clinics, except ear nose and throat clinics and specialist orthopaedic clinics, from Teignmouth Community Hospital to Dawlish Community Hospital, four miles away
- c. Approve the move of day case procedures from Teignmouth Community Hospital to Dawlish Community Hospital
- d. Continue with a model of community-based intermediate care, reversing the decision to establish 12 rehabilitation beds at Teignmouth Community Hospital
- e. Approve the move of specialist ear, nose and throat clinics and specialist orthopaedic clinics to the Health and Wellbeing Centre
- f. Request Torbay and South Devon NHS Foundation Trust consider in detail the suggestions put forward for additional services at the Health and Wellbeing Centre
- g. Request Torbay and South Devon NHS Foundation Trust consider providing secondary office space at Dawlish Community Hospital for physiotherapists, occupational therapists and district nurses
- h. Request Torbay and South Devon NHS Foundation Trust work with Teignbridge District Council to mitigate parking issues for staff and patients as far as possible

Appendices

Appendix A University of Plymouth research

<https://devonccg.nhs.uk/download/teignmouth-and-dawlish-consultation-appendix-5b-intermediate-care>

<https://devonccg.nhs.uk/download/teignmouth-and-dawlish-consultation-appendix-5c-voluntary-sector>

Appendix B NHS England South West Clinical Senate

<https://devonccg.nhs.uk/download/teignmouth-and-dawlish-consultation-appendix-5a-south-west-clinical-senate-teignmouth-desktop-review#>

Appendix C Pre-consultation business case

<https://devonccg.nhs.uk/download/teignmouth-and-dawlish-consultation-business-case#>

Appendix D Report by Healthwatch in Plymouth, Devon and Torbay: Modernising healthcare services in Teignmouth and Dawlish consultation report

Appendix E Quality and Equality Impact Assessment

Modernising healthcare services in Teignmouth & Dawlish

Commissioned
Consultation
Report

December
2020



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Introduction

The Devon Clinical Commissioning Group (CCG) is the organisation responsible for planning, commissioning (or buying) and developing healthcare services for the 1.2 million people who live in Devon.

The stated aim of the CCG's Coastal locality is to provide excellent integrated community health and care services in the Teignmouth and Dawlish area, and over a number of years it developed a proposal for changes they wanted to make to help achieve this aim.

The background to the CCG proposal is a plan by Torbay and South Devon NHS Foundation Trust to build a new £8million Health and Wellbeing Centre in Brunswick Street, in the heart of Teignmouth, to house the town's biggest GP practice and other health and care services.

The CCG proposes moving some less frequently used outpatient services from Teignmouth to Dawlish.

It sets out that no services currently being provided would be stopped, and all the services now provided in Teignmouth Community Hospital would stay in either Teignmouth or Dawlish towns.



Part of the proposal is to move community outpatient services and clinics which consist of audiology, physiotherapy, podiatry as well as the specialist ear nose and throat - to the new Health and Wellbeing Centre in Teignmouth. These clinics are more frequently used by people in Teignmouth and Dawlish. Other specialist clinics would move to Dawlish Community Hospital, along with day case surgery.

The final element of the proposal is to reverse an earlier CCG decision to provide 12 rehabilitation beds at Teignmouth Community Hospital.

If the new proposal is approved, the CCG says Teignmouth Community Hospital would no longer be needed for NHS services and it would be likely to be sold by the Trust to generate funds for reinvestment in the NHS.

Before any decisions are made about the new proposals, the CCG wanted to find out more about what local people think regarding modernising health and care services in the Teignmouth and Dawlish area.

They appointed local Healthwatch in Devon, Plymouth and Torbay - the independent consumer champion for health and social care - to oversee a formal public consultation with the public, evaluate their response and learn how this new proposal may affect the people who use the services that may change.

The independent report, written by Healthwatch in Devon, Plymouth and Torbay, details the feedback gathered and engagement undertaken and will be used by the CCG to inform them prior to any final decisions being made about the new proposals.



Executive Summary of Key Consultation Findings

- In total there were 1013 survey responses from across Devon, 98 households attended six public meetings, over 80 people attended seven community meetings and 44 people attended three staff meetings.
- Most of the consultation survey feedback came from white British (92.3%) Teignmouth and Dawlish residents (90.43%) over the age of 55 (78.38%). There was a mix of gender, sexual orientation, disabilities, and religion.
- More respondents had not used services at Teignmouth Community Hospital (56.66%) and Dawlish Community Hospital (68.90%) in the previous 12 months than had used services. Of those who had used services in the last 12 months, the most used services were Community Clinics (Teignmouth Community Hospital) and 'Other' (Dawlish Community Hospital). 137 respondents (13.52%) had received care at home in the Teignmouth and Dawlish area.
- The majority of survey respondents (96.64%) fully understood the consultation proposal and thought integrated (joined-up) services are important (89.73%). Most respondents (83.81%) stated the Devon CCG document clearly explained the reasons for change and a similar majority (74.44%) said they had been 'mostly' or 'completely' provided with all the consultation information they needed to contribute their feedback.
- 163 survey respondents said that the consultation document was comprehensive and sufficiently detailed, while others (65 people) felt that information was missing or inadequate; topics of concern included parking, statistics (e.g. on service usage at Dawlish Hospital), and figures (e.g. alternative proposals weren't costed), and the moving of services. Some respondents (41) felt that the consultation document was biased towards the proposed changes (e.g. in favour of the new Health and Wellbeing Centre and closure of Teignmouth Community Hospital) and some questioned whether their feedback would be considered.
- The majority of respondents (61.3%) supported the overall proposal, with more Dawlish residents (77.63%) supporting the proposals than Teignmouth residents (58.13%). Recurring issues raised throughout by residents included parking and traffic in Teignmouth town centre and transport and accessibility issues faced getting to Dawlish Community Hospital. Many (130 respondents) also had concerns about the quality and capacity of community-based care if the rehabilitation beds were to be closed and



there were repeated objections to the closure of Teignmouth Community Hospital from some people.

- **The majority of respondents (63.18%) supported the proposal to move high-use community clinics from Teignmouth Community Hospital to the Health and Wellbeing Centre in Teignmouth town centre.** Dawlish residents (72.81%) supported this more than Teignmouth residents (61.49%).
- **The proposal to move specialist outpatient clinics from Teignmouth Community Hospital to Dawlish Community Hospital was met with mixed feelings** with more respondents saying they supported the proposal (44.92%) than those who did not support it (35.74%). 17.8% said they were 'not sure' about this proposal. Teignmouth residents were considerably less supportive of the proposed move than Dawlish residents.
- There were similar **mixed feelings to the proposal to move day case procedures from Teignmouth Community Hospital to Dawlish Community Hospital**, with more respondents (45.11%) stating they supported the proposal than those who said they did not support it (35.14%). 18.46% responded that they were 'Not sure' about this proposal. Again, Teignmouth residents were less supportive of the proposed change than Dawlish residents.
- **Comparable results were found in feedback about the proposal to reverse the decision to establish 12 rehabilitation beds in Teignmouth Community Hospital**, with more respondents (43.83%) saying they supported the proposal compared to those who stated they did not support it (31.49%). 22.21% said they were 'Not sure' about this proposal. Once again Teignmouth residents were less supportive than Dawlish residents.
- Suggestions for alternative proposals included many feeling that the money spent on developing the new Health and Wellbeing Centre would be better spent on improving Teignmouth Community Hospital. **Respondents also had repeated concerns about travel and parking.** Many (421 people) mentioned that extra parking spaces were needed around the associated sites, and some suggested that extra bus routes should be added to make Dawlish Community Hospital more accessible, particularly as there is quite a big distance from the existing bus stop to the Dawlish Community Hospital entrance, and the elderly or infirm will struggle.
- During the online public meetings and community meetings, **recurring concerns were raised with parking, transport, travel, and accessibility.** There were also objections to the closure of Teignmouth Community Hospital and the rehabilitation beds. Many staff members (17) raised the issue of parking at the new Health and Wellbeing Centre as parking is already limited in Teignmouth town centre.



Background

The predominantly coastal area of Teignmouth and Dawlish in South Devon is mainly made up of the towns of Bishopsteignton, Shaldon, Teignmouth, Ashcombe, Dawlish, Mamhead and Starcross, with an estimated overall population of 35,700 people.



In 2015 a new way of caring for people (also known as a 'model of care') was introduced in Teignmouth and Dawlish. Sixteen medical beds were established at Dawlish Community Hospital and twelve rehabilitation beds were due to be introduced at Teignmouth Community Hospital.

Under the new model of care, the health and wellbeing team for Teignmouth and Dawlish began delivering integrated care, bringing many different health and care organisations together to deliver care centred on a person's needs, mainly delivered in their home.

Services in Teignmouth and Dawlish

Services that help people avoid an unnecessary hospital visit include: a **Health and Wellbeing Team** (including GPs, nurses, therapists, healthcare assistants and support, care & charity workers) to plan the care of people who are most at risk of deteriorating to the point of needing a hospital stay; **Intermediate Care** to support people coming out from hospital, preventing people from being admitted unnecessarily and providing rehabilitation for those recovering from injury or illness, and **Rapid Response** to provide care visits for someone who may be in crisis at home.

Extra support at home can be provided by **Social Care Reablement** for short-term care support (up to four weeks) with a focus on rehabilitation; **Night Sits** for people who need regular overnight support due to a short-term crisis, and **Domiciliary Care**, that is, means-tested longer term support provided by private agencies.

In addition, Teignmouth and Dawlish each have a community hospital providing services:

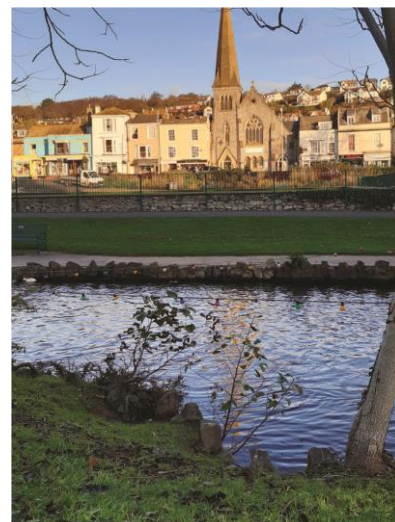
Teignmouth Community Hospital

- **Community Clinics** (which make up 73% of outpatient appointments):
Including audiology, physiotherapy and podiatry.
- **Day case procedures**
Including minor procedures that require a specific treatment room such as oral surgery, pain management, or minor plastic surgery.
- **Specialist outpatient clinics** (making up 27% of outpatient appointments):
Including Abdominal Aortic Screening, Anaesthetics, Breast, Cardiology, Chronic Fatigue/ME, Clinical Psychology, Colorectal, Dermatology, Ear, nose & throat, Genetics, Gynaecology, Neurology, Oral outpatients, Orthopaedics, Orthoptist, Pain Management, Paediatrics, Parkinson's, Plastics, Retinal Screening, Rheumatology, Upper Gastrointestinal and Urology.



Dawlish Community Hospital

- Sixteen **medical beds** - for more acutely ill and complex patients
- **Minor Injury Unit** (provide treatment for less serious injuries)
- **Outpatient clinics** - more than 20 types of service, including: *Abdominal aortic screening, Audiology, Bladder and Bowel Care, Baby Clinic, Catheter, Combined Coastal Clinic (GP Improved Access), Fibroscan Clinic (liver Service), Health Visitor, Line Flushing, Lower Limb Therapy Team, , Ear, nose & throat, Micro-Suction, Midwife, Orthoptist, Retinal Eye Screening, Screening, Speech and Language, Talkworks, Vasectomy, X-ray.*



Reasons for Change

By 2018, the CCG says, there were three main reasons why change was needed in Teignmouth and Dawlish:

1. The new way of caring for people in their homes was so successful, the 12 rehabilitation beds at Teignmouth Community Hospital were no longer needed.
2. Action was needed to safeguard the future of GP services in Teignmouth.
3. Local and national NHS strategy was to further integrate health and care services.

Therefore, in 2018 the CCG asked local people what they thought of the opportunity to bring some health and care services together in a new building in Teignmouth. Based on feedback from this engagement, the NHS, GPs, and local partners then drew up a vision for local health and care services: **'To provide excellent integrated services'**.

Teignmouth Community Hospital was opened in 1954, the first hospital built under the NHS. The CCG and Torbay and South Devon NHS Foundation Trust say the hospital cannot be economically reconfigured to provide modern facilities required today and in the future. The 2018 public engagement highlighted the issues of limited parking and the hospital's location up a steep hill on the edge of town. Support for a new centre for many was conditional on finding a flat site, which people can access by car, public transport or on foot. Torbay and South Devon NHS Foundation Trust subsequently identified and agreed to develop (subject to planning consent) a new Health and Wellbeing Centre at Brunswick Street in the centre of Teignmouth.

The CCG then put forward a proposal for formal public consultation which included moving some services from Teignmouth Community Hospital into the new Health and Wellbeing Centre in Teignmouth. This would also house the larger of Teignmouth's GP practices, the health and wellbeing team and the voluntary sector.

Other clinics and day case surgery would move to Dawlish Community Hospital, which the CCG says is a modern, purpose-built hospital with space and capacity that can be better used. It is about four miles from Teignmouth.



The Proposal

The new CCG proposal has been directly shaped by the views of local people and is the latest step in a long period of talking to people in Teignmouth, Dawlish and surrounding areas about what is important to them.

The vision has been developed by local NHS partners, including GPs, commissioners and Torbay and South Devon NHS Foundation Trust. Developing integrated care is a key aim of the NHS Long Term Plan, and the emerging Devon Long Term Plan, called Better for Devon, Better for You, produced by the Devon Sustainability and Transformation Partnership (STP), a partnership of NHS and local authority partners.

The background to the proposal is that the NHS plans to build a new £8million Health and Wellbeing Centre in Brunswick Street, in the heart of Teignmouth, to house the town's biggest GP practice, the health and wellbeing team and the voluntary sector, plus potentially one of Teignmouth's existing pharmacies.

The CCG proposes moving some less frequently used outpatient services from Teignmouth to Dawlish. No services currently being provided would be stopped, and all the services now provided in Teignmouth Community Hospital would stay in either Teignmouth or Dawlish.

Part of the proposal is moving community clinics - a set of outpatient services made up of audiology, physiotherapy, podiatry as well as the specialist ear nose and throat clinic - to the new Health and Wellbeing Centre in Teignmouth. These are the clinics that are most frequently used by people in Teignmouth and Dawlish.

If the proposal is approved, Teignmouth Community Hospital would no longer be needed for NHS services and would be likely sold to generate funds for reinvestment in the local NHS.

COVID-19

The COVID-19 pandemic has meant that the health and social care system has had to deliver services in different ways, including using more digital technology, and this is being considered in CCG planning for the future and longer-term changes to the way services are provided.

The COVID-19 pandemic has also highlighted the importance of staff and patients being able to move safely round healthcare facilities.

The CCG states that the new Health and Wellbeing Centre would have up to date digital technology, allowing this new model of primary care to continue. In addition, it says, the centre is being designed to allow for social distancing and the safe flow of staff and patients.

The CCG Proposal

- a. Move high-use community clinics from Teignmouth Community Hospital to a health and wellbeing centre in Teignmouth.
- b. Move specialist outpatient clinics from Teignmouth Community Hospital to Dawlish Community Hospital, four miles away.
- c. Move day case procedures from Teignmouth Community Hospital to Dawlish Hospital.
- d. Continue with the model of community-based intermediate care, reversing the decision to establish 12 rehabilitation beds in Teignmouth Community Hospital.

For more information on the CCG proposal or the reasons behind it, please see the consultation document in the Appendix.



Role of local Healthwatch

Healthwatch in Devon, Plymouth and Torbay is the consumer champion for health and social care in Devon.

Local Healthwatch organisations were established as independent bodies run by local people, for local people. They are part of a national network of local Healthwatch in England that was set up under the Health and Social Care Act 2012.

Their main focus is to engage with the local community effectively and give residents of Devon, Plymouth and Torbay a stronger voice to influence and challenge how health and social care services are provided for them.

The CCG commissioned local Healthwatch to oversee a widespread consultation with the public, evaluate the responses and learn how the proposal might affect the people who use these services in Teignmouth and Dawlish.

The COVID-19 pandemic and Government guidelines meant that the consultation approach needed to be adapted to limit social contact and to ensure people could express their views in a safe manner.

Healthwatch in Devon, Plymouth and Torbay's role included ensuring that all areas of the local community had the opportunity to provide feedback on the CCG's proposal and that their feedback was independently and accurately represented within this consultation report.

healthwatch
in Devon, Plymouth and Torbay



Consultation Objectives

The CCG's main communications objectives for the consultation were:

- To support an open and transparent consultation process
- To ensure everyone who would want to take part is able to do so
- To ensure people have enough information to make an informed choice in their responses
- To ensure people have enough time to consider the information, by publicising the consultation in advance of its start and ensuring sufficient information is available from the start of the consultation process
- To add to the information available where it is requested
- To ensure prompt responses to questions and enquiries
- To ensure that responses to the consultation are, and are seen to be, conscientiously considered and taken into account in the decision-making process

The CCG's key clinical objectives were to promote understanding of:

- The care model and out-of-hospital, community-based care and the success of the changes made after the 2015 Coastal consultation.
- The need to ensure the sustainability of primary care by locating GPs in a new, fit for purpose building
- The potential benefits of co-locating GPs, the health and wellbeing team and voluntary sector representatives in the same building.
- The evidence of the past two years which demonstrates that the proposed 12 rehabilitation beds are no longer needed.



Methodology

To engage with local people to find out their views about the new proposal, an eight-week public consultation was launched from 1st September to 26th October 2020.

Because COVID-19 was still present in the community, the consultation took a different form to ensure the public could have their say and share their feedback about the new proposals.

The CCG produced a consultation document (available at Appendix number 1), explaining the background to the consultation, the reasons for change, full details of the proposal and a copy of the consultation survey itself (also available at Appendix number 1). The full consultation document was delivered to every home in TQ14 & EX7 postcode areas with surrounding areas including Torbay receiving a flyer about the consultation and how to obtain further details if required.

An online version of the consultation survey was created on Healthwatch in Devon, Plymouth and Torbay's secure website.

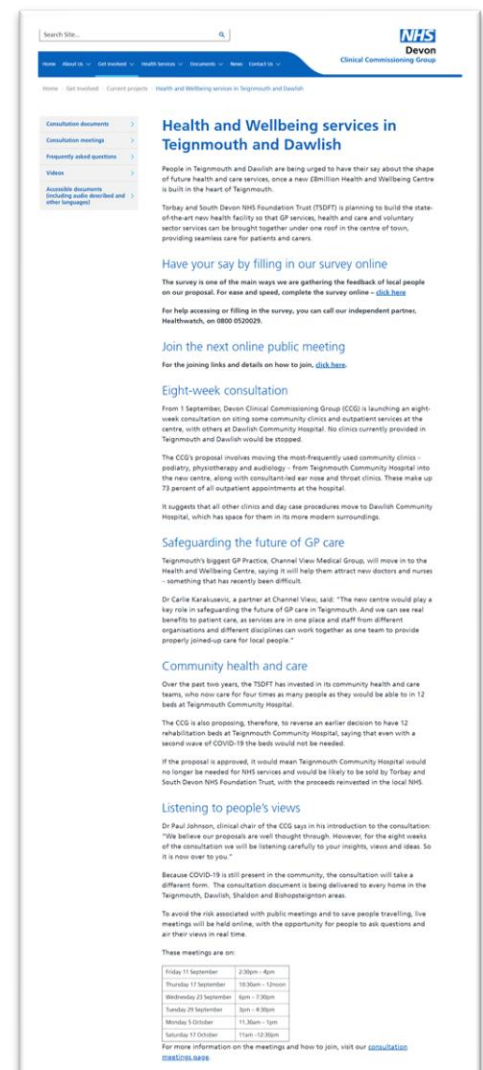
The consultation survey consisted of both multiple-choice questions and open-ended questions which allowed respondents to elaborate on their answers. There were 25 main questions and ten further demographical questions.

To avoid the COVID-19 health risks associated with public meetings and to save people travelling, live meetings were held online via Microsoft Teams, with the opportunity for people to ask questions and air their views in real time. Six of these were held at various different times, including an evening and weekend meeting.

Three separate meetings were also held for staff and seven for different community groups, and the option to have CCG telephone clinics was also made available (on request).

The CCG created a dedicated consultation section of their website (pictured right) which included:

- Links to all current consultation resources, including the consultation document, consultation survey and an EASY READ version (provided by Living Options Devon) and audio version of the consultation document.
- Links to all public meetings and guidance on exactly how the public can join a meeting from their own home. This included videos of all the online public meetings so people can view recordings of all live meetings.
- A regularly updated 'Frequently Asked Questions' section regarding the proposal and consultation.





- Supporting background information, including details about the new Health and Wellbeing Centre, and pre-consultation documents such as the Travel Impact and Teignmouth Community Hospital assessment reports.
- Videos, accessible documents, and resources detailing the proposal in full, including in audio described and other languages formats. The website also featured a support software tool called Browsealoud, which helps improve accessibility by adding speech, reading and translation helping to reach a much wider audience - such as those with dyslexia, low literacy, mild visual impairments or where English is a second language.
- The option to register as an interested stakeholder and receive regular updates, express an interest in attending an online meeting or to invite the CCG to meet remotely with a community group to discuss the proposal at a community or consultation meeting.

Marketing Strategies

In order to promote the consultation and ensure as much of the local population in Teignmouth, Dawlish and surrounding areas saw the information about the new proposal and had the opportunity to feedback on it, a number of different marketing strategies were used by both the CCG and local Healthwatch.

Social Media - Healthwatch

This was one of the main promotional areas as we were able to share links to the survey itself, the online public meetings, and the CCG consultation section of their website.

Healthwatch Devon and Torbay Facebook accounts have an overall audience of 1,798 'likes' and 2,142 followers. During the consultation, 24 related Facebook posts (example on the right) were created on these accounts. These received a reach of 3,517 people and 115 engagements (including likes, shares and link clicks).

During the consultation, 21 related Twitter posts (example on the right) were shared on the Healthwatch Devon and Torbay Twitter accounts to their combined 6,136 followers. These received 4,357 impressions (number of times a tweet appears to users) and 96 engagements (including click throughs).

Many different local community organisations were tagged into all the social media posts and encouraged to share with their own followers.

In addition to this, we used our online social media accounts to share the consultation information directly to other Facebook community groups, including sharing a Polish translated version to a Polish group.





Social Media - CCG

The CCG also used social media to promote the survey to their 5,419 Facebook followers and 10,200 Twitter followers, in addition to reaching non-followers through paid social media advertising.

On Twitter, the CCG posted 49 tweets promoting the consultation and consultation meetings with a total reach of 20,462 impressions

A simple daily social media campaign was developed to countdown towards the next online public meeting to encourage people to attend - sample graphics are



pictured right. These were posted on Twitter and Facebook. Other campaigns included images giving a sample of the types of topic covered at the meetings.

In addition to the above, paid-for Facebook advertising was used to reach people living in the Teignmouth and Dawlish area to help spread awareness of the meetings. There were 47 posts on Facebook, five of which were paid-for. The total reach was 76,754 (including paid-for reach of 44,160) impressions.

The CCG also asked local community sites to carry messaging promoting awareness about the consultation and the public meetings.

Media Coverage

The CCG took out paid-for advertising in the Teignmouth Post/Dawlish Gazette. Three half-page adverts were run throughout the campaign while a prominent home-page on the home pages of the website was taken to increase awareness for six weeks.

The CCG issued eight press releases during the campaign, reiterating the key aspects of the consultation and promoting the online public meetings. These were covered by a variety of local media, including Devon Live and the Teignmouth Post / Dawlish Gazette.

As well as prominent coverage inside the papers, the consultation was covered three times on the front page of the Teignmouth Post in the run up to and during the consultation process - sample coverage pictured right. The consultation was also reported on ITV Westcountry TV news and BBC Radio Devon.





Websites and E-News Audience

There were over 6,000 Teignmouth and Dawlish consultation-related website views on the CCG website. Two consultation videos on the website and further background, were viewed approximately 115 times.

In addition, there were 136 unique page views of the Teignmouth consultation pages on our Healthwatch Devon and Torbay websites.

The consultation was also reported on other local news websites with larger online audiences such as We Are South Devon and Devon Live (pictured right).

Healthwatch Devon and Torbay's weekly email-newsletters go out to over 1,500 verified email accounts, including many from local community and statutory organisations. An article encouraging the public to share their feedback was included in every weekly email newsletter during the consultation, read by a combined 1,583 of our subscribers, with 682 engagements (link clicks) during the consultation period.

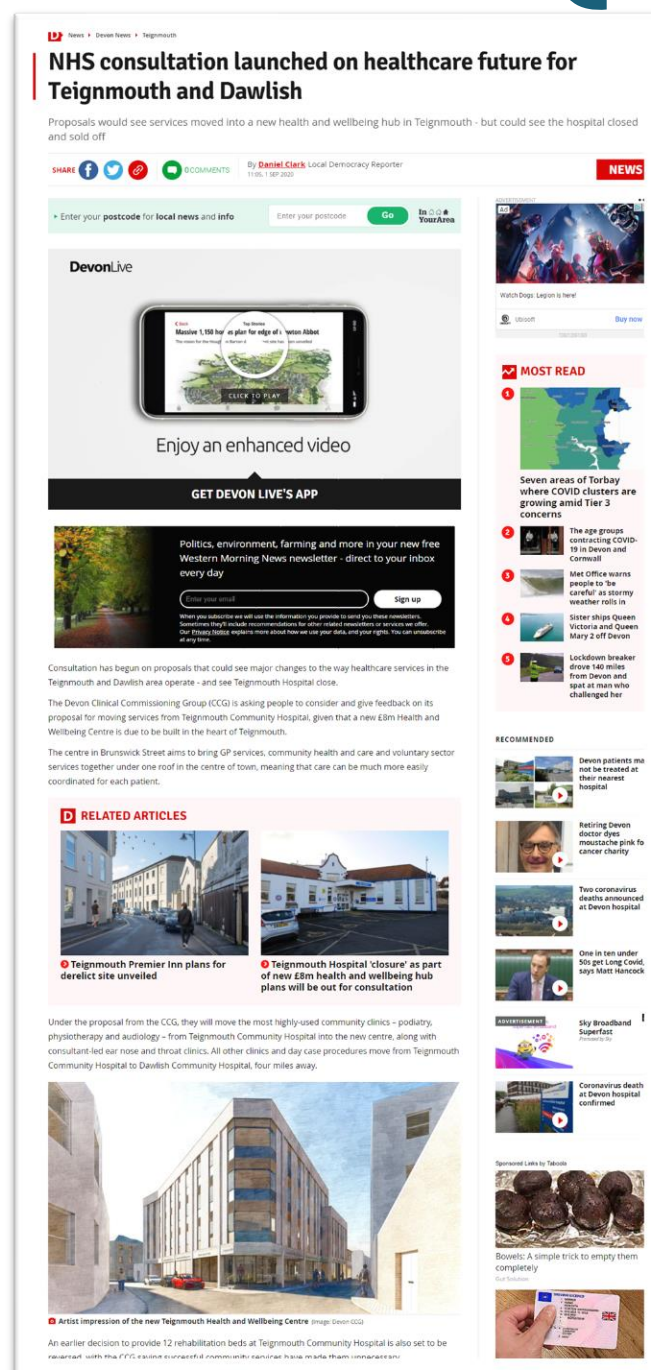
Other Marketing and Promotion

Hundreds of consultation posters were sent to local display point including GP Practices, councils and libraries.

In addition, Healthwatch personally contacted over 200 various community support groups and voluntary organisations in the Teignmouth, Dawlish and surrounding areas, via email and/or telephone -

This included a number of different organisations who worked with 'harder-to-reach' groups of people who fell under one or more of the nine 'protected characteristics' of the UK Equality Act: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. A table of the community organisations contacted and where relevant, their protected characteristic, can be found at Appendix 2.

Furthermore, the CCG contacted local primary and secondary schools to raise awareness of the consultation to both students and parents. The consultation was shared with local Church groups, the Care Home network, and the Kingsway area of Teignmouth.





Data Reporting Summary

The following table gives a brief summary of how information was collated, how many people were involved, and how many different responses were received during the consultation period. There are supporting documents for some of these figures in the Appendix (numbers 2 - 5).

DETAILS	NUMBER
Households the consultation document was sent to	16,000+
Households the consultation leaflet was sent to	133,000+
Community Meetings	7
Attendees at Community Meetings	80 (approx.)
Staff meetings	3
Attendees at staff meetings	44
Online Public Meetings / Webinars	6
Households who attended Public Meetings / Webinars	98
Views of Public Meetings / Webinars recordings	230
CCG Consultation-related Website Views	6,041
Consultation Document Downloads	1,772
Views of two Consultation videos on CCG website	115
Paper copies of document/survey requested and posted out	155
Hard copy responses to the consultation and/or survey	463
Online survey responses	550
Telephone calls about consultation	56
Written/Email correspondences about consultation	40
Direct social media correspondences (reach of CCG paid for Facebook posts)	47,153 views
Healthwatch Social Media Reach (of Consultation-related Facebook & Twitter posts)	7,874
CCG Stakeholder briefings	5
Other briefings (including Torbay & South Devon NHS Foundation Trust, Dawlish & Teignmouth Town Councils, Teignmouth Town Centre Partnership and Devon Overview & Scrutiny)	12
Newspaper or media adverts (including the Teignmouth Post and Dawlish Gazette)	9
Press releases and media interviews (including BBC Radio Devon and ITV News)	11
Community groups and other voluntary organisations contacted (including harder-to-reach groups under the 9 protected characteristics of the UK Equality Act)	212



Evaluation of the consultation process

In total there were 1,013 survey responses from across Devon. Of the 988 people who answered the question *“During this consultation, have you been able to get the information you need and contribute your feedback?”* the majority (754 people, 74.44%) answered “yes, completely” or “yes, mostly”. 182 people (17.97%) answered “to some extent,” and 52 respondents (5.13%) answered “no.”

163 survey respondents said that the consultation document was comprehensive and sufficiently detailed, while others felt that information was missing or inadequate; topics of concern included parking, statistics (e.g. on service usage at Dawlish Community Hospital), and figures (e.g. alternative proposals weren’t costed), and the moving of services. Some respondents (41) felt that the consultation document was biased towards the proposed changes (e.g. in favour of the new Health and Wellbeing Centre and closure of Teignmouth Community Hospital) and some (33 people) questioned whether their feedback would be considered.

The following themes emerged about the consultation process from both survey feedback and points raised directly to Healthwatch in Devon, Plymouth and Torbay or Devon CCG:

Consultation Document & Survey

The consultation document itself, delivered to every household in the Teignmouth, Dawlish, Shaldon and Bishopsteignton area, received mixed responses.

There were lots of responses (163) stating that the consultation document was comprehensive, well-explained, very clear and detailed. Many of these were impressed that so many households were sent such extensive documents in the post.

Some people (65) were concerned with missing or inadequate information, particularly referencing the lack of information about parking, travel, transport and also a lack of supporting statistics, particularly around how well-used all the services are in each area. It was also mentioned that the potential financial gain to the NHS of these proposals was not clear.

Others (41 comments) raised issues with potential ‘bias’, stating they felt the document appeared to be ‘in favour of the Health centre’ and of closing Teignmouth Community Hospital and that the survey questions appeared to be ‘directed towards meeting the needs of the professionals’.

There were also a few concerns (7 people) about why the questionnaire was located in the middle of the document, that it was ‘too long’ and that only one being sent to each household meant only one resident could fill out a survey. One person enquired about the cost of posting out thousands of documents and leaflets, with another pointing out that many people may be unaware they could request a paper copy.

It was also noted by Healthwatch in Devon, Plymouth and Torbay that some people would fill out one survey as a couple, making the true number of responses difficult to ascertain for sure.



Healthwatch also received some feedback from Torbay and wider Devon residents puzzled as to why they were being sent leaflets about Teignmouth and Dawlish services, but all were advised that people from their area could still access services in the Teignmouth and Dawlish area, and that Devon CCG wanted to ensure they were included in the consultation.

Impact of COVID-19

Because COVID-19 continues to circulate, to avoid the health risks associated with public meetings and to save people travelling, live meetings were held online, with the opportunity for people to ask questions and air their views in real time.

However, due to the COVID-19 pandemic, organising community meetings could be challenging. Over two hundred organisations were contacted, with seven community meetings then taking place. Many organisations or support groups were focussing on their own response to the virus for the people they support, with some not even operating due to the impact of the virus.

There were a few suggestions from members of the public (6 people) that the consultation be delayed until Coronavirus guidelines have been alleviated to the point where all residents are able to meet properly in public and have an open discussion about the proposals.

Online Public Meetings

Two attendees of public online meetings said they felt they were limited to just questions and answers, and lacked the elements found in face-to-face public meetings where dialogue, discussion and debate can take place.

Others (12 people) had difficulty accessing the meetings due to either technical difficulties or limited IT skills, knowledge, or confidence. A few people also mentioned having difficulty hearing the speaker or the participants well. Further concerns were raised about some sections of the population, particularly elderly residents not being able to join in online due to lack of internet access or skills.

Some feedback from online meetings (5 people) suggested they didn't gather as many people as they maybe should have and that they needed to be publicised more, with further support and guidance on exactly how people could join. Some people (3) were, however, positive about the webinars, stating they attended them and had 'no problem'.

Two people questioned how people without internet or equipment, or those with learning disabilities or without the ability to use computers would engage with the meetings.

Responding to feedback, some people (33) expressed uncertainty around whether their feedback will be listened to or considered, suggesting that 'the decision has already been made'.

Healthwatch monitored correspondence and is assured that Devon CCG responded to all individual concerns and queries raised via telephone, email, or letter directly, throughout the consultation process. Healthwatch was able to respond directly to queries about where to find information.



Analysis of the consultation feedback about the proposal

The results section is presented in the following headings:

1. Consultation Survey Feedback
2. Public and Community Meetings Feedback
3. Staff Feedback

1. Consultation Survey Feedback

The consultation survey consisted of both multiple-choice questions and open-ended questions which allowed respondents to elaborate on their answers. There were 25 main questions and ten further demographical questions.

In total there were 1013 survey responses from across Devon. This section summarises the feedback to each question.

Responses to qualitative or open-ended questions have been summarised, themed, and ordered according to theme frequency, with the most discussed theme appearing first. Where possible, graphs have been used for ease of analysis. Where responses to questions seem polarised or a definitive answer statistically difficult to judge, responses may have been segmented further by one (or more) of:

- Location of Respondent (e.g. residents of Teignmouth, Dawlish or outside this area)
- Age of Respondent (e.g. the older population are more likely to need to use a local service)
- Frequent service users (e.g. Those who have used a relevant Teignmouth/Dawlish service in the last 12 months)

This is to help identify some of the reasoning behind participant responses to ascertain a clear understanding of the overall results to each question.

Please be aware that wherever possible, verbatim extracts have been used to ensure authenticity and the presence of a real public voice throughout. Any featured quotes in this section are therefore not the views of local Healthwatch or the Devon CCG.



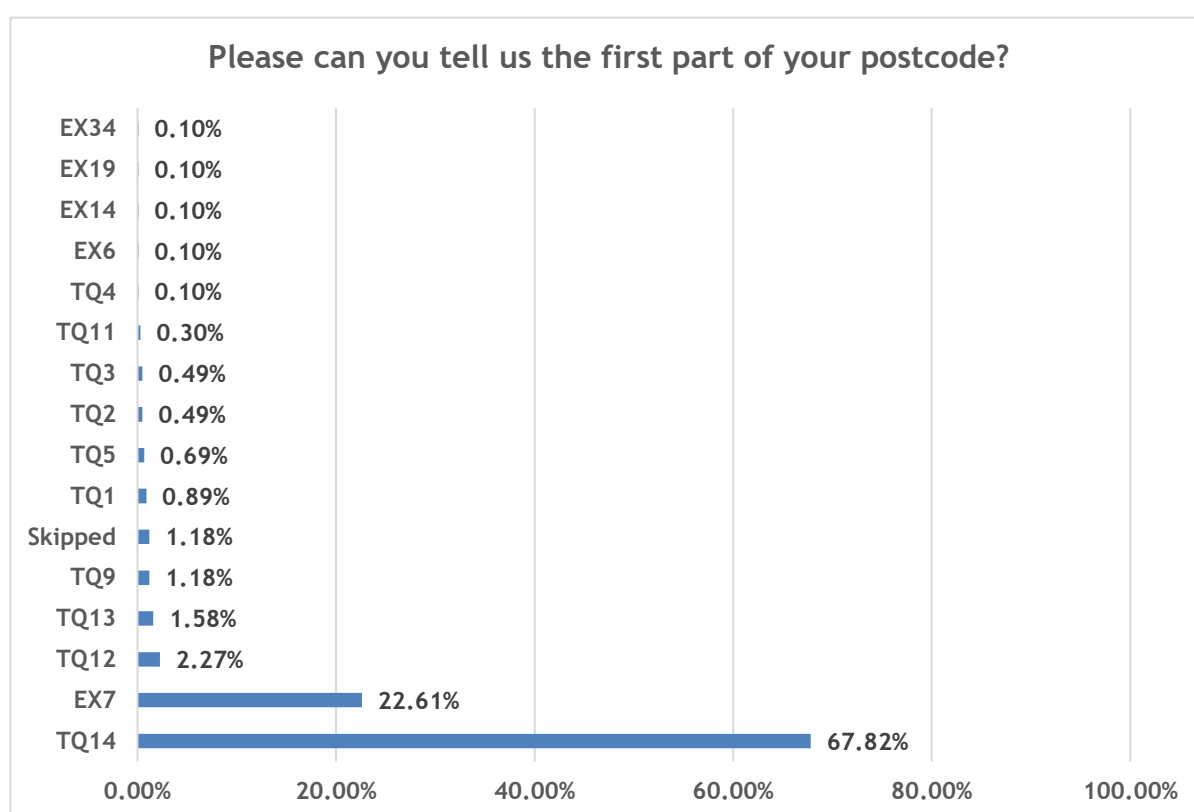
Demographic Questions

1. A) Please can you tell us the first part of your postcode?

1,001 people answered this question and 12 people did not answer it.

The significant majority of respondents (90.43%, 916 people) lived in the Teignmouth TQ14 postcode (67.82% or 687 people) and the Dawlish EX7 postcode (22.61% or 229 people).

54 respondents lived in the TQ9-TQ13 postcodes (5.33%), 27 respondents lived in the TQ1-TQ5 postcodes (2.67%), and four respondents lived in the EX6, EX14, EX19, and EX34 postcodes (0.39%).



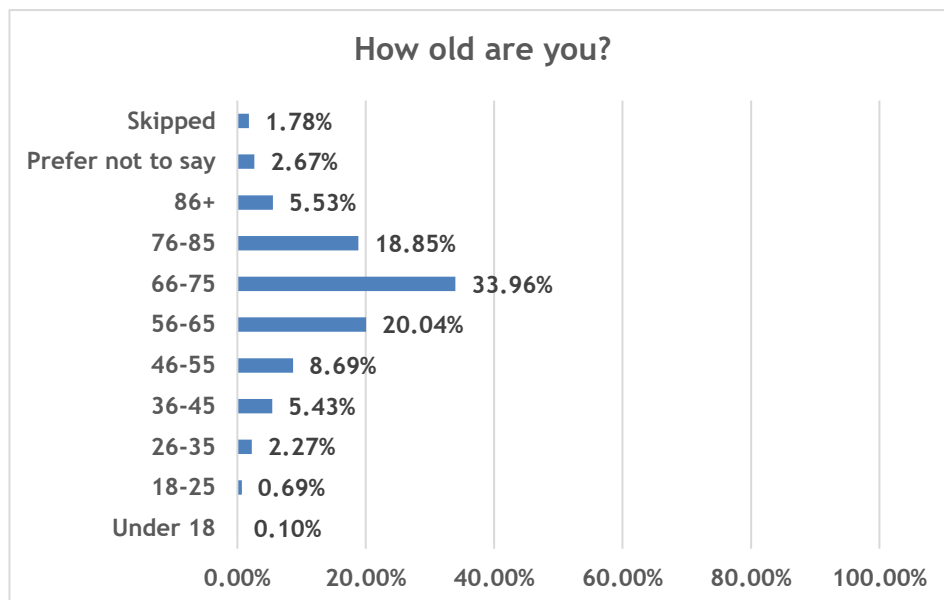


1. B) How old are you?

995 people answered this question and 18 people did not answer it.

The majority of respondents (78.38%, 794 people) were over the age of 55.

344 respondents (33.96%) were aged 66-75, 203 respondents (20.04%) were aged 56-65, 191 respondents (18.85%) were aged 76-85, 88 respondents (8.69%) were aged 46-55, 56 respondents (5.53%) were aged over 86, 55 respondents (5.43%) were aged 36-45, 23 respondents (2.27%) were aged 26-35, seven respondents (0.69%) were aged 18-25, and one respondent (0.10%) was under 18. 27 respondents (2.67%) selected “prefer not to say.”



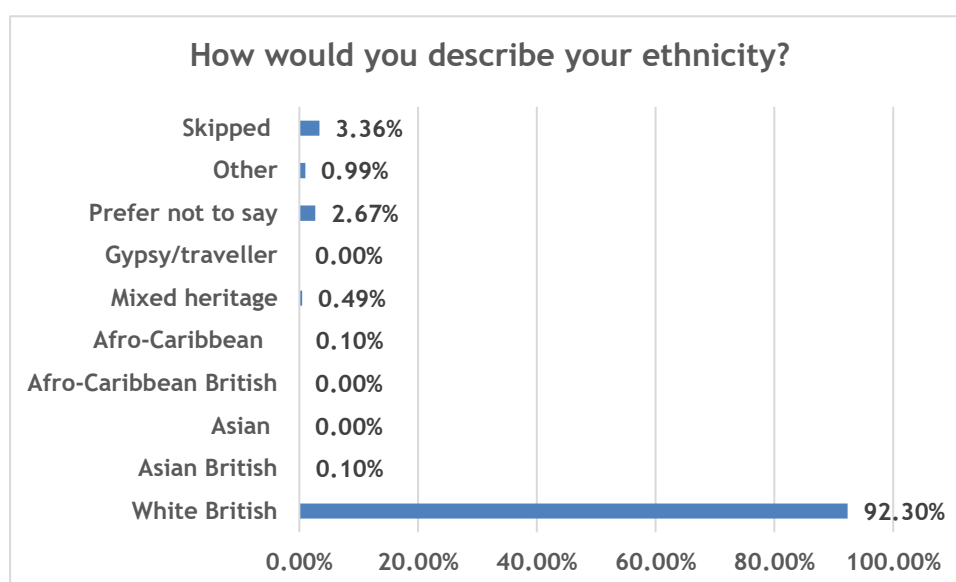


1. C) How would you describe your ethnicity?

979 people answered this question and 34 people did not answer it.

The significant majority (92.3%, 935 people) described themselves as White British.

935 respondents (92.30%) described themselves as White British, five respondents (0.49%) described themselves as mixed heritage, one respondent (0.10%) described themselves as Asian British, and one respondent described themselves as Afro-Caribbean. 27 respondents (2.67%) selected “prefer not to say” and ten respondents (0.99%) selected “other.”

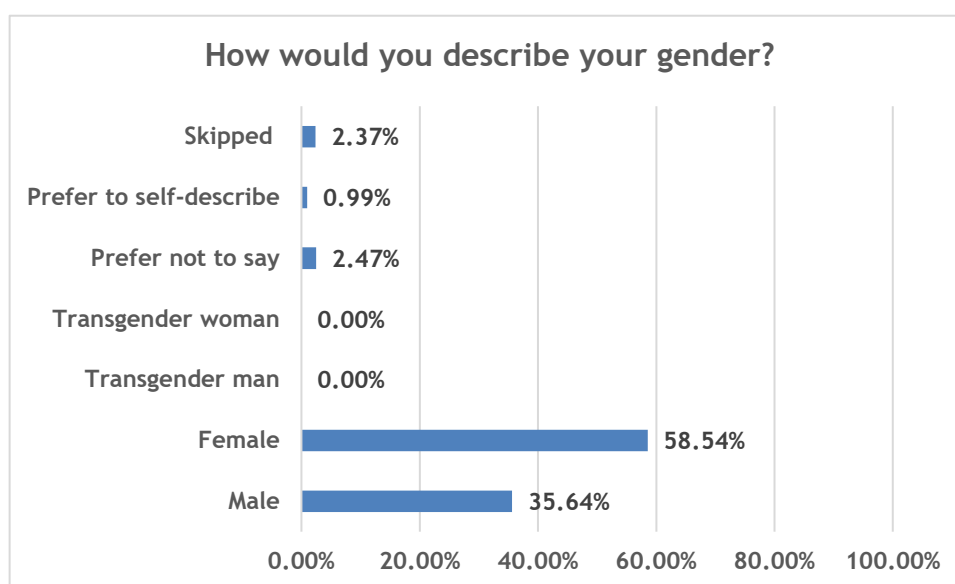




1. D) How would you describe your gender?

989 people answered this question and 24 people did not answer it.

361 respondents (35.64%) were male, and 593 respondents (58.54%) were female. 25 respondents (2.47%) selected “prefer not to say” and ten respondents (0.99%) selected “prefer to self-describe.”

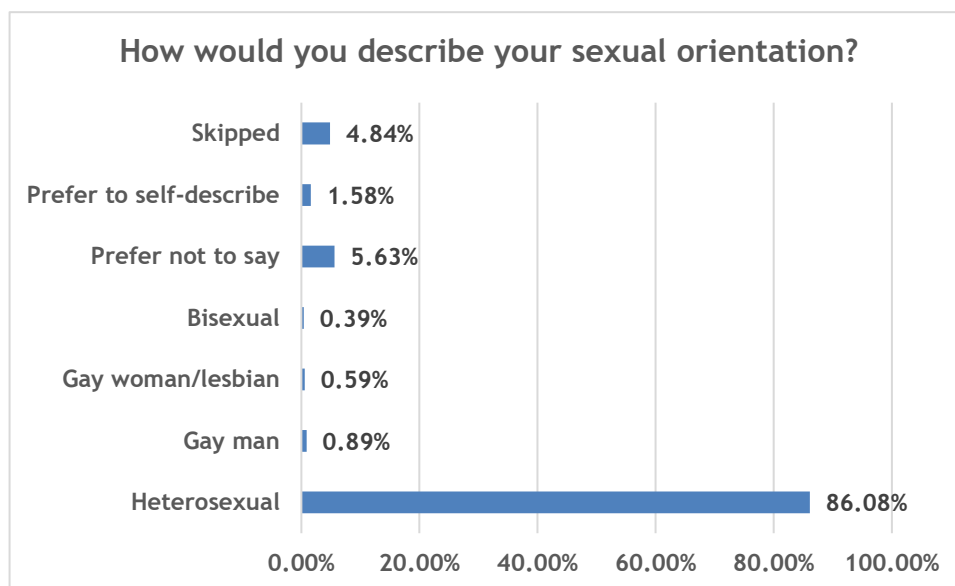




1. E) How would you describe your sexual orientation?

964 people answered this question and 49 people did not answer it.

872 respondents (86.08%) identified as heterosexual, 15 respondents (1.48%) identified as gay, and four respondents (0.39%) identified as bisexual. 57 respondents (5.63%) selected “prefer not to say,” and 16 respondents (1.58%) selected “prefer to self-describe.”

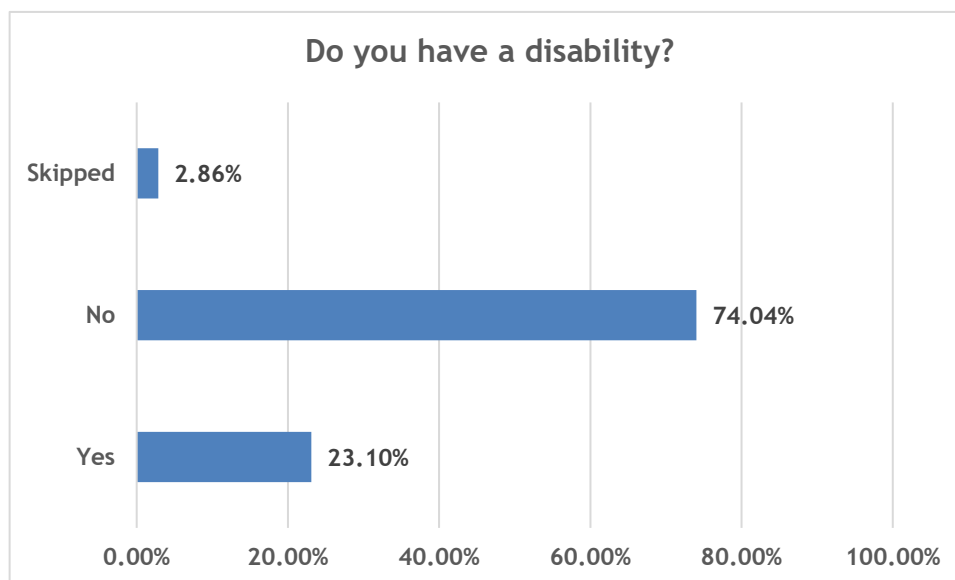




1. F) Do you have a disability?

984 people answered this question and 29 people did not answer it.

234 respondents (23.10%) answered yes to this question and 750 respondents (74.04%) answered no.

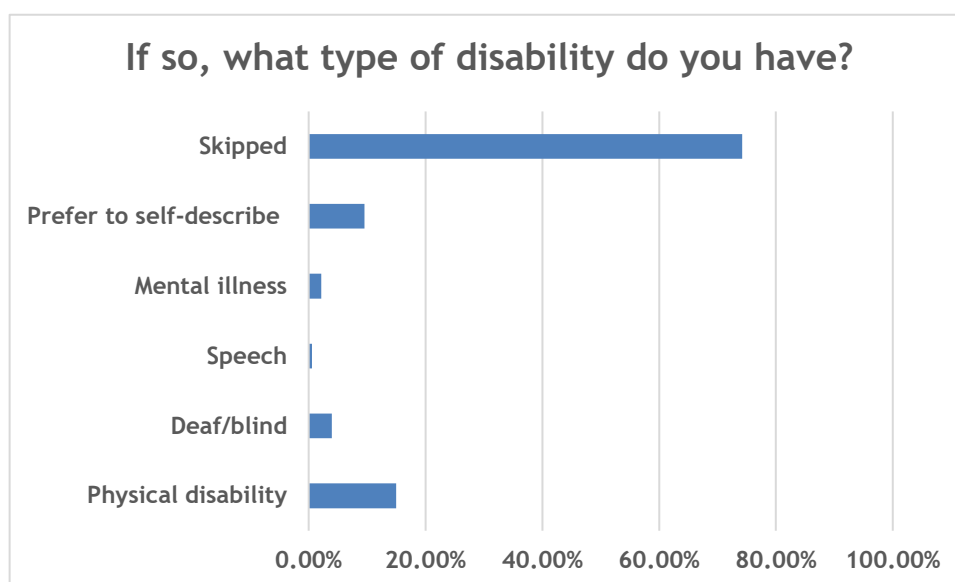




1. G) If so, what type of disability do you have?

261 people answered this question and 752 people did not answer it.

152 respondents (15.0%) had a physical disability, 40 respondents (3.95%) were deaf/blind, 22 respondents (2.17%) had a mental illness, and six respondents (0.59%) had a speech disability. 97 respondents (9.58%) selected “prefer to self-describe.”

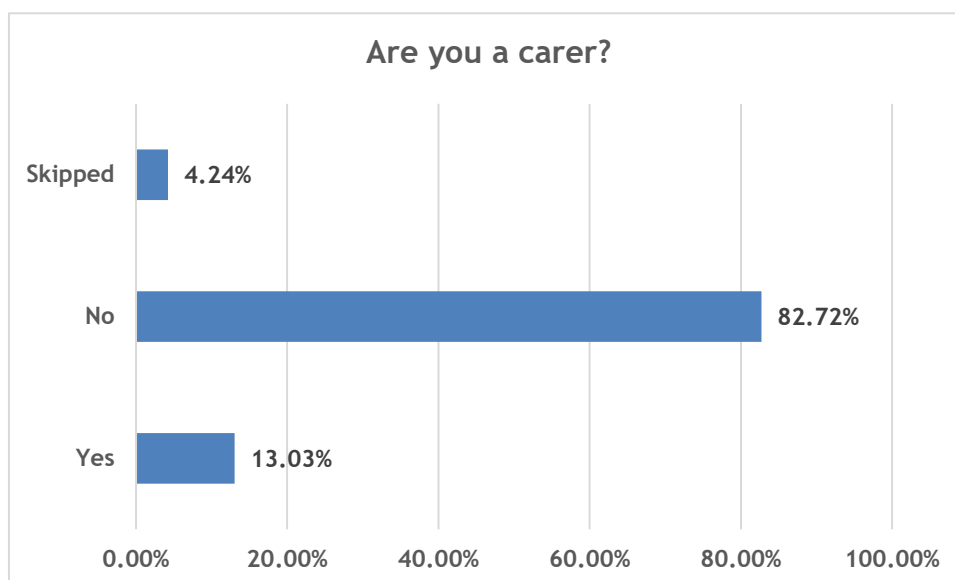




1. H) Are you a carer?

970 people answered this question and 43 people did not answer it.

132 respondents (13.03%) answered yes, and 838 respondents (82.72%) answered no.



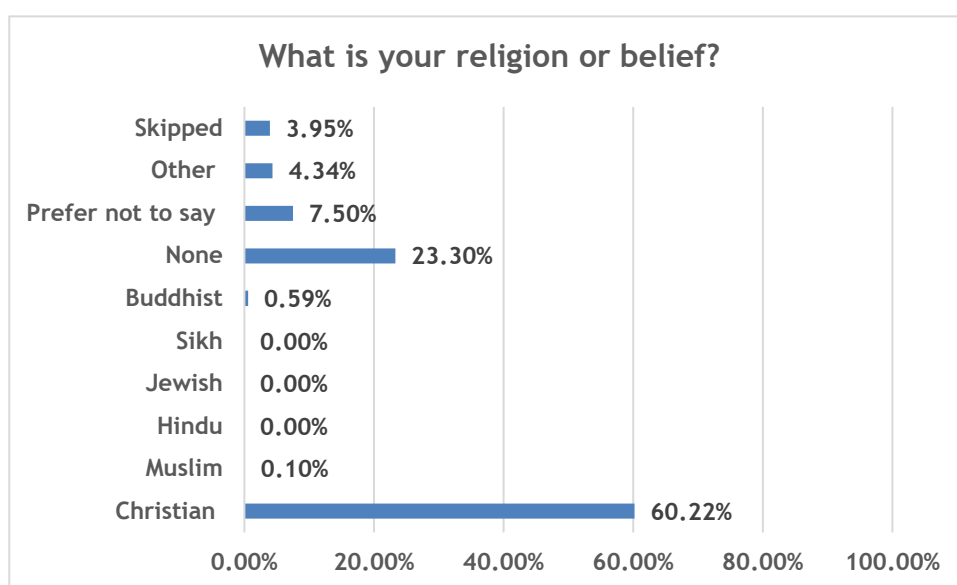


1. I) What is your religion or belief?

973 people answered this question and 40 people did not answer it.

610 respondents (60.22%) described themselves as Christian, six respondents (0.59%) described themselves as Buddhist, and one respondent (0.10%) described themselves as Muslim.

236 respondents (23.30%) had no religion, 76 respondents (7.50%) selected “prefer not to say” and 44 respondents (4.34%) selected “other.”





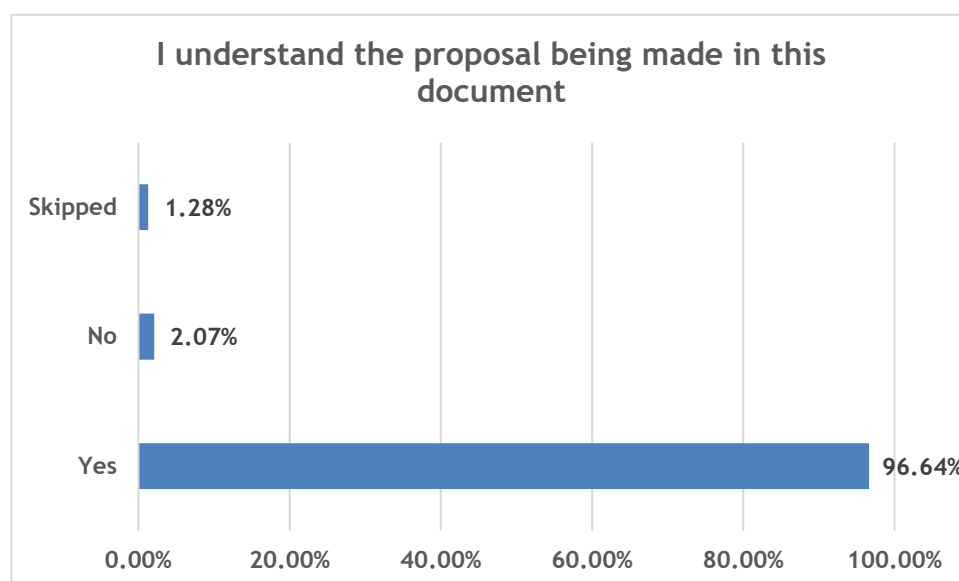
Main Survey Questions

Question 2. I understand the proposal being made in this document.

1,000 people answered this question and 13 people did not answer it.

979 respondents (96.64%) answered yes, and 21 respondents (2.07%) answered no.

Reasons for respondent's answers are outlined in the next question.





Question 3. If you don't understand the proposal being made, please explain which aspects you don't understand.

Despite 21 people stating they didn't understand the proposal in the previous question, 110 people answered this question and 903 people did not answer it.

Many responses were “not applicable” or similar. Many respondents used this question to raise objections to the proposed changes, rather than to express genuine confusion. Respondents who did not understand the proposal had questions about implications for GP services, the development of the new Health and Wellbeing centre, and the services offered after the proposed changes.

The following questions and concerns were raised:

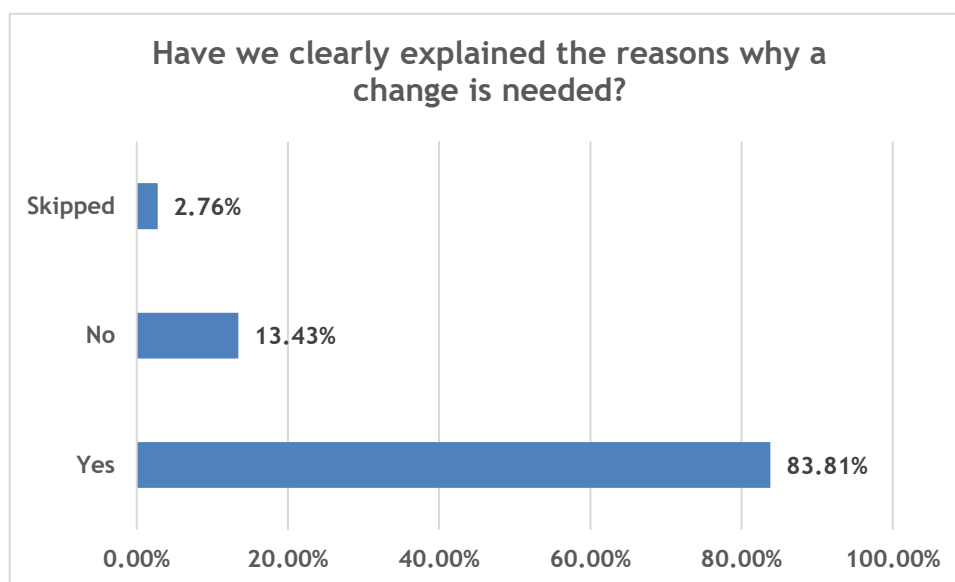
- “The document does not properly specify: exactly where the new health centre will be, its planning status, timescales, exactly what buildings are affected on the hospital site (i.e. what is the old nurses home), what is the catchment area for the hospital clinics at Teignmouth towards Exeter, and why Newton Abbot hospital hasn't been considered”
- “Will the Den surgery be incorporated into this new provision? Will I be able to keep my present doctor?”
- “Where are the A&E minor injuries going to be?”
- “Why the centre of Teignmouth is considered to be the best place for a multi organisational health centre.”
- “Do patients remain with their own practice or are they sent to any of the doctors on the premises?”
- “I don't understand how the extra facilities are to be accommodated at Dawlish.”
- “I don't understand why the hospital has to close if a new health and wellbeing centre is built in the town centre. I think both are needed.”

**Question 4. Have we clearly explained the reasons why change is needed?**

985 people answered this question and 28 people did not answer it.

849 respondents (83.81%) answered yes, and 136 respondents (13.43%) answered no.

There was no free text box available for this question to enable respondents to give a reason for their answer.



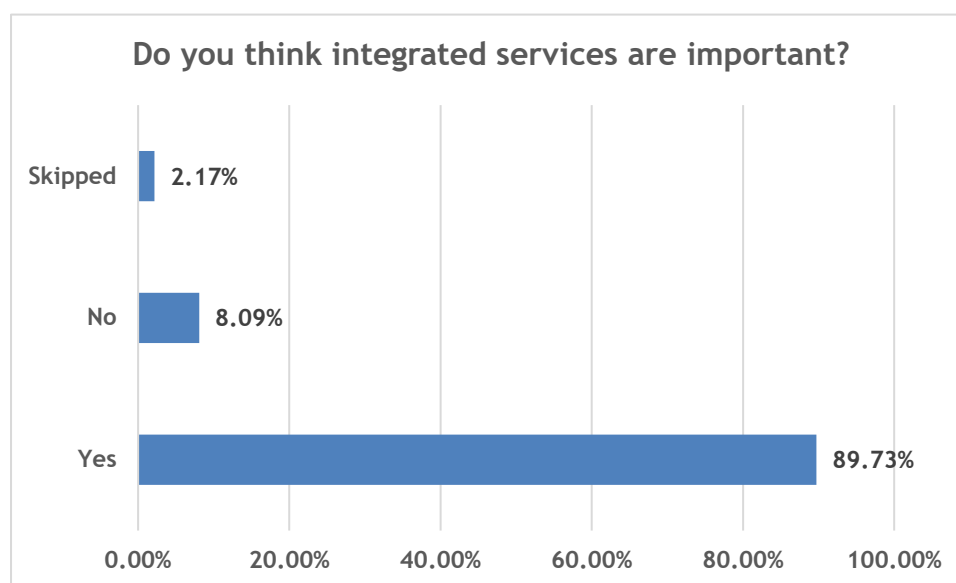


Question 5. Our vision is to provide 'excellent integrated services'. Do you think integrated (joined-up) services are important?

991 people answered this question and 22 people did not answer it.

909 respondents (89.73%) answered yes, and 82 respondents (8.09%) answered no.

There was no free text box available for this question to enable respondents to give a reason for their answer.

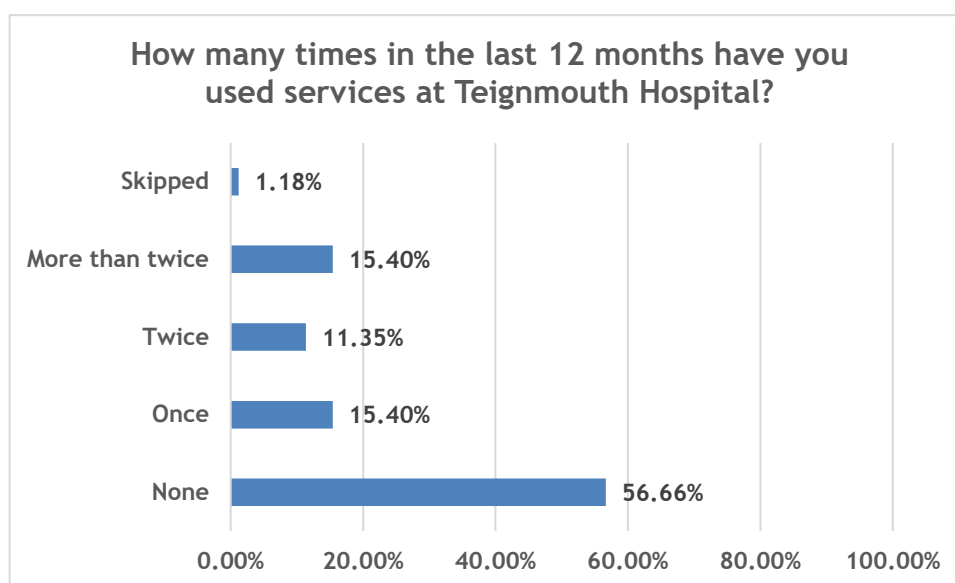




Question 6. How many times in the last 12 months have you used NHS services at Teignmouth Community Hospital?

1,001 people answered this question and 12 people did not answer it.

574 respondents (56.66%) had not used services, 156 respondents (15.40%) had used services once, 115 respondents (11.35%) had used services twice, and 156 respondents (15.40%) had used services more than twice.

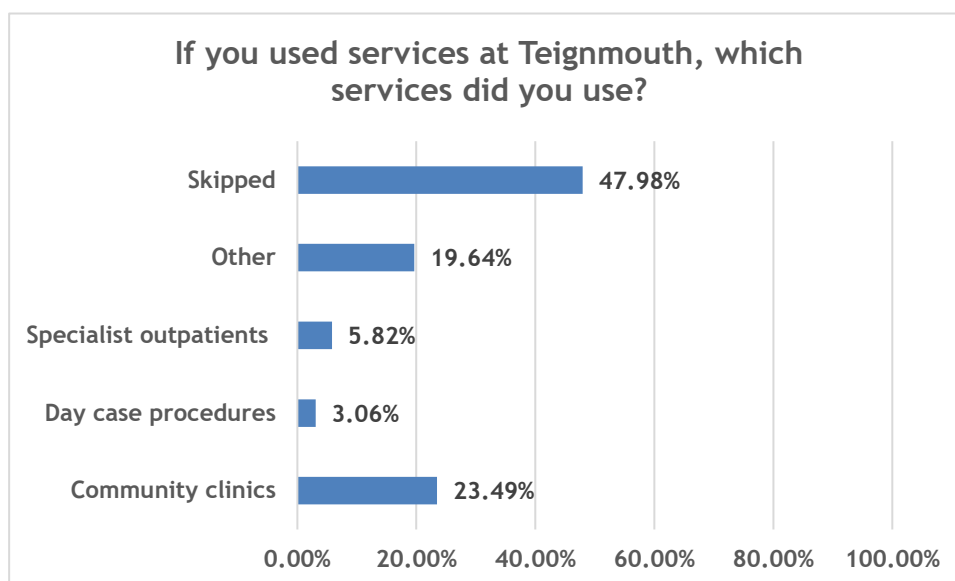




Question 7. If you have used services at Teignmouth Community Hospital, which services did you use?

527 people answered this question and 486 people did not answer it.

238 respondents (23.49%) had used community clinics, 31 respondents (3.06%) had used day case procedures, 59 respondents (5.82%) had used specialist outpatient clinics, and 199 respondents (19.64%) selected “other.”

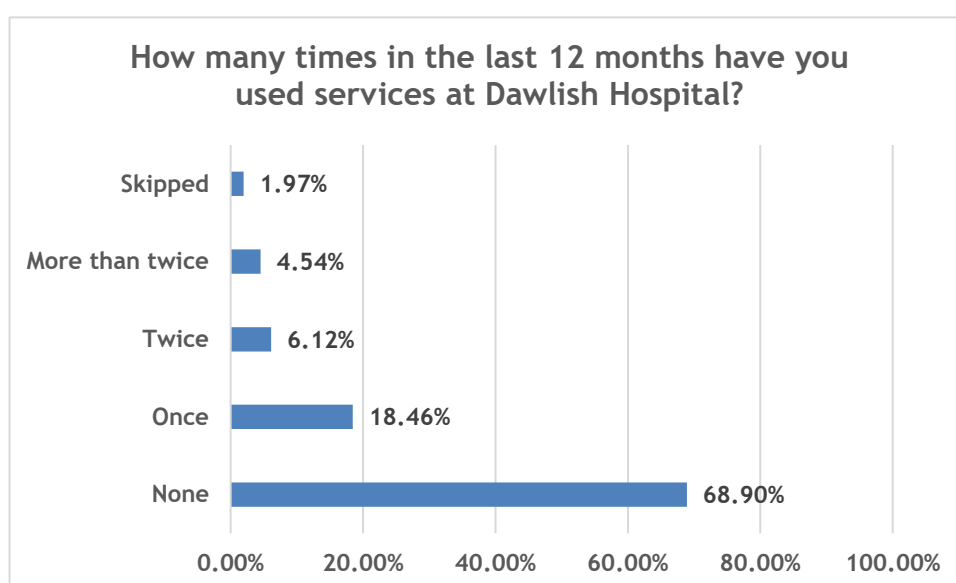




Question 8. How many times in the last 12 months have you used NHS services at Dawlish Community Hospital?

993 people answered this question and 20 people did not answer it.

698 respondents (68.90%) had not used services, 187 respondents (18.46%) had used services once, 62 respondents (6.12%) had used services twice, and 46 respondents (4.54%) had used services more than twice.

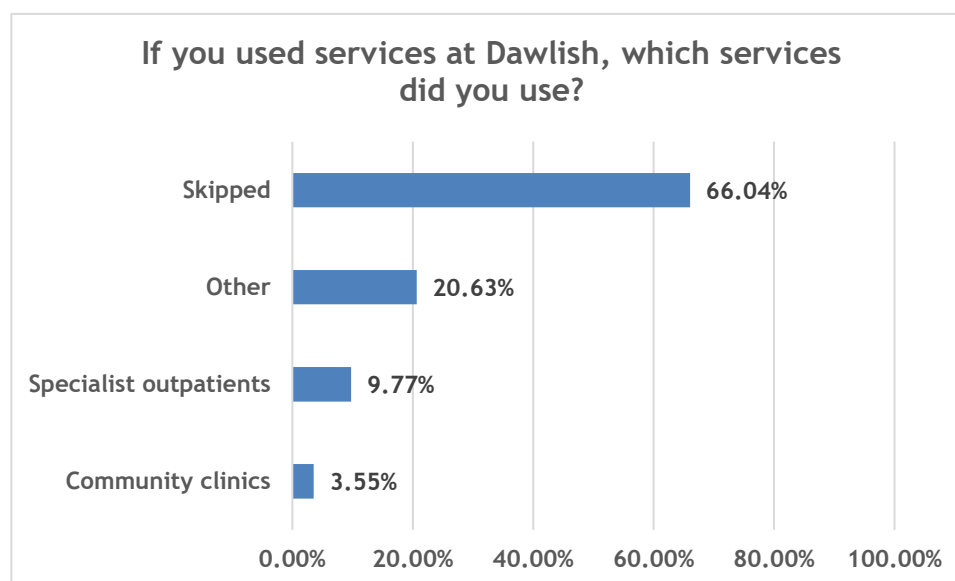




Question 9. If you have used services at Dawlish Community Hospital, which services did you use?

344 people answered this question and 669 people did not answer it.

36 respondents (3.55%) had used community clinics, and 99 respondents (9.77%) had used specialist outpatient clinics. 209 respondents (20.63%) selected “other.”

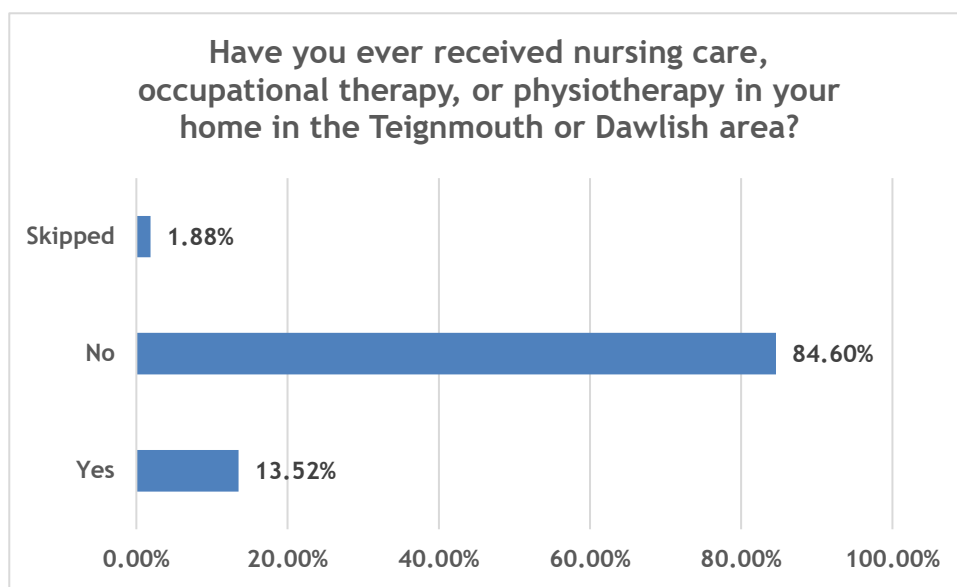




Question 10. Have you ever received nursing care, occupational therapy, or physiotherapy in your home in the Teignmouth and Dawlish area?

994 people answered this question and 19 people did not answer it.

137 respondents (13.52%) answered yes to this question and 857 respondents (84.60%) answered no.

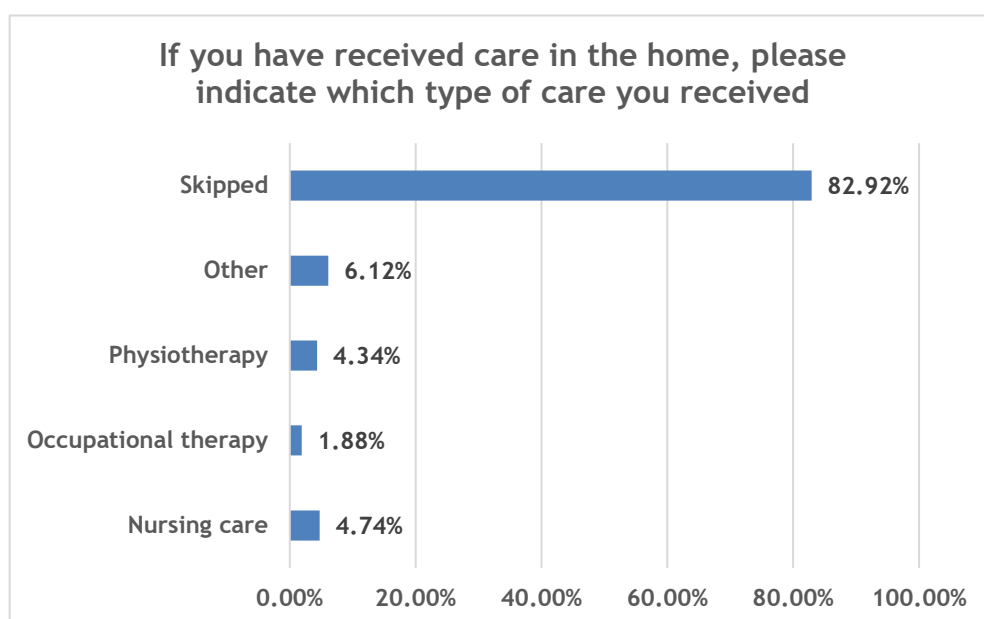




Question 11. If you have received nursing care, occupational therapy, or physiotherapy in your home in the Teignmouth and Dawlish area, please indicate which type of care you received:

173 people answered this question and 840 people did not answer it.

48 respondents (4.74%) had received nursing care, 19 respondents (1.88%) had received occupational therapy, and 44 respondents (4.34%) had received physiotherapy. 62 respondents (6.12%) selected “other.”





Question 12. Element a) - What is your view on moving high-use community clinics from Teignmouth Community Hospital to the Health and Wellbeing Centre in Teignmouth?

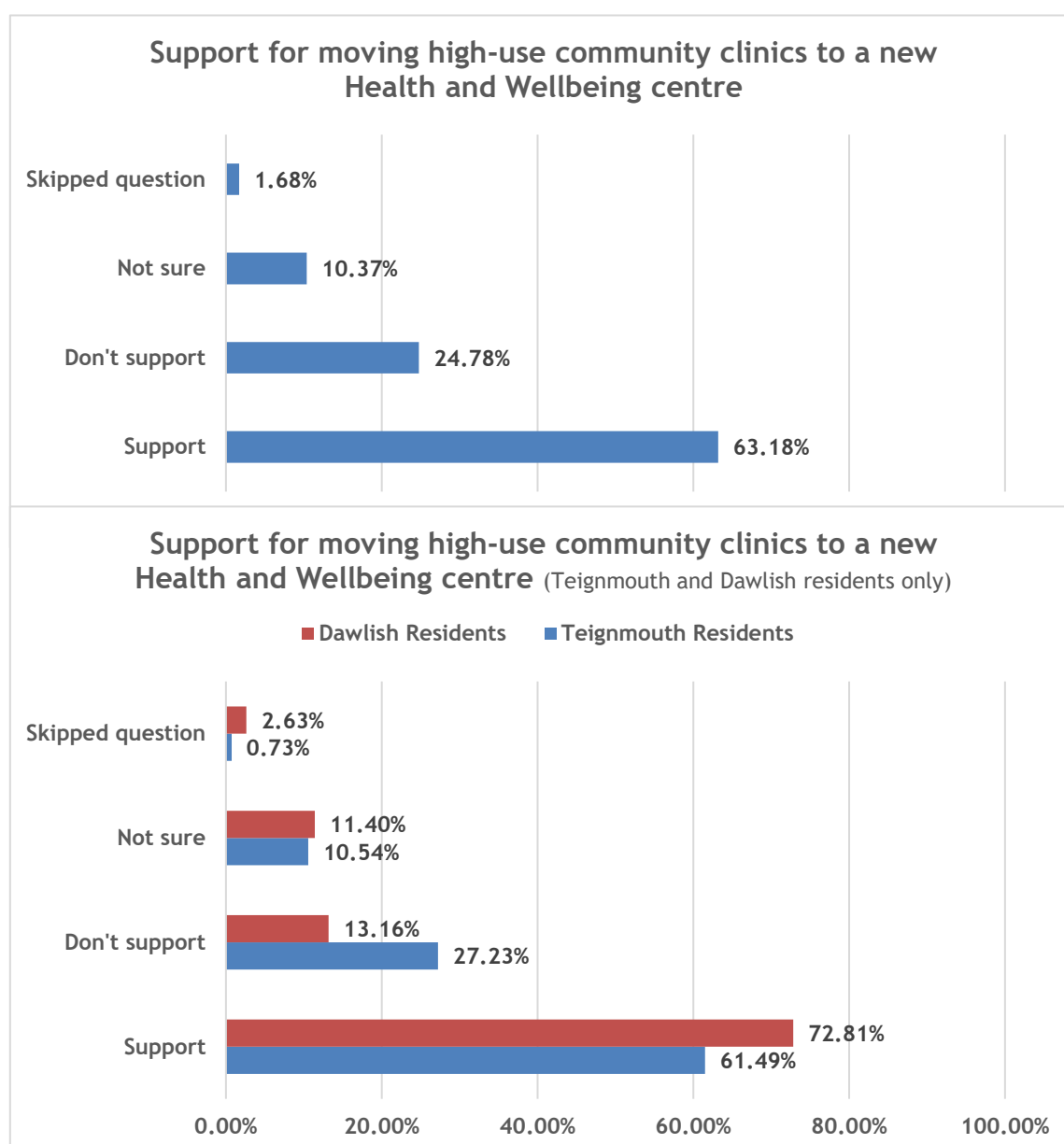
996 people responded to this question and 17 people did not answer it.

The majority of all respondents (640 people or 63.18%) supported the move. 251 people (24.78%) did not support the move and 105 people (10.37%) were unsure.

The majority of Teignmouth (TQ14) residents (61.49%) supported the proposed move, while 27.23% opposed it.

Of the TQ14 residents who didn't support the move, over a third (34.41%) had not used services at Teignmouth Community Hospital in the previous 12 months.

Reasons for respondents' answers are outlined in the next question.



**Question 13. Please give the reasons for your answer:**

868 people answered this question and 145 people did not answer it.

Those who supported the move felt it would be advantageous and economical to have centralised services. 13 respondents said that the current Teignmouth Community Hospital was not fit for purpose and 38 the proposed new centre would be more accessible.

However, many residents had concerns about parking and traffic in the town centre. Respondents also had concerns about space and capacity; some questioned whether all the proposed services would fit under one roof, and some questioned whether it was a good idea to centralise services during the Covid-19 pandemic.

Many of those who did not support the move said they wanted Teignmouth Community Hospital to remain open but did not provide further detail.

The following themes were identified:***Supportive comments (480)***

- “As high-use community clinics, it would make sense to integrate these services in new modern facilities”
- “It makes sense to centralise services. Teignmouth Community Hospital is not conveniently accessible.”
- “Teignmouth Hospital is very dated; a new, purpose-built building would be much better.”
- “Easier for me to get to. I don’t drive and am disabled. Teignmouth Hospital is up a hill I cannot walk up”
- “New build central facility will be better located; level access, public transport, central location, and more cost effective than converting existing buildings.”
- “There is no reason to keep them in a deteriorating building and having services under one roof allows combined visits”

Parking (136 comments)

- “The new centre is in the middle of town and parking will be a big problem for staff and patients. Even with a blue badge and parking permit it is frequently impossible to park in town”
- “Any high use clinic will have associated parking problems, made worse with the loss of Brunswick carpark and the new Premier Inn. It is already very difficult to park in Teignmouth”
- “There is no parking in Teignmouth. It will be impossible to attend appointments, especially in summer, because the infrastructure to get there is simply not good enough. Parking is essential and there is not enough in Teignmouth already”
- “I live some way away where there is no public transport and when I have had to attend these hospitals I would have been sunk if there was no parking”



Wanting to keep Teignmouth Community Hospital open (130 comments)

- “I want to see a continuation of all services at Teignmouth Hospital”
- “Upgrading the existing hospital facilities would cost a fraction of the new build proposal.”
- “There is a great need for more local community hospitals with the ageing population. By all means invest in new GP practices or update existing ones but also invest in the current Teignmouth Hospital.”
- “A community hospital is essential for Teignmouth to enable all people from there to have access to the full NHS facilities we all pay for and deserve”
- “Teignmouth is growing so we need as many local resources as possible.”

Travel and accessibility (47 comments)

- “Too far to go from this end of town, people on a low income cannot afford taxis. If your appointments are late in the day, there is a big chance the buses have stopped running.”
- “Too much travel. As I get older, I require more services. It is just too far by bus”
- “As a regular user of this service I am anxious that on the closure of Teignmouth Hospital I don’t have to travel further as I do not have my own transport.”

Space and capacity (32 comments)

- “I think it’s just going to be too crowded”
- “The clinics are independent and having them all together would not benefit the majority of people and cause more congestion
- “Gathering so many people together in one centre poses great risks of covid transmission”

Concerns about developing the new Health and Wellbeing centre (18 comments)

- “I support the principle of combining services, but I don't think locating them in the crowded, high-density, heart of Teignmouth with no integrated parking, and with parking already in severely short supply is a good idea. I think it should be sited where the hospital is. The rebuilding could then include underground parking.”
- “I don't think opening a health centre in the centre of town as opposed to developing the existing hospital on the outskirts is beneficial to the town. Firstly, the accessibility to services will be greatly restricted in the town, and secondly, I believe the economy would benefit from having something other than a health centre on that site.”
- “Moving to town centre location will increase congestion. A multi-level building will be reliant on functioning lifts, with associated virus spread risks”



Question 14. Element b) - What is your opinion on moving specialist outpatient clinics from Teignmouth Community Hospital to Dawlish Community Hospital, four miles away?

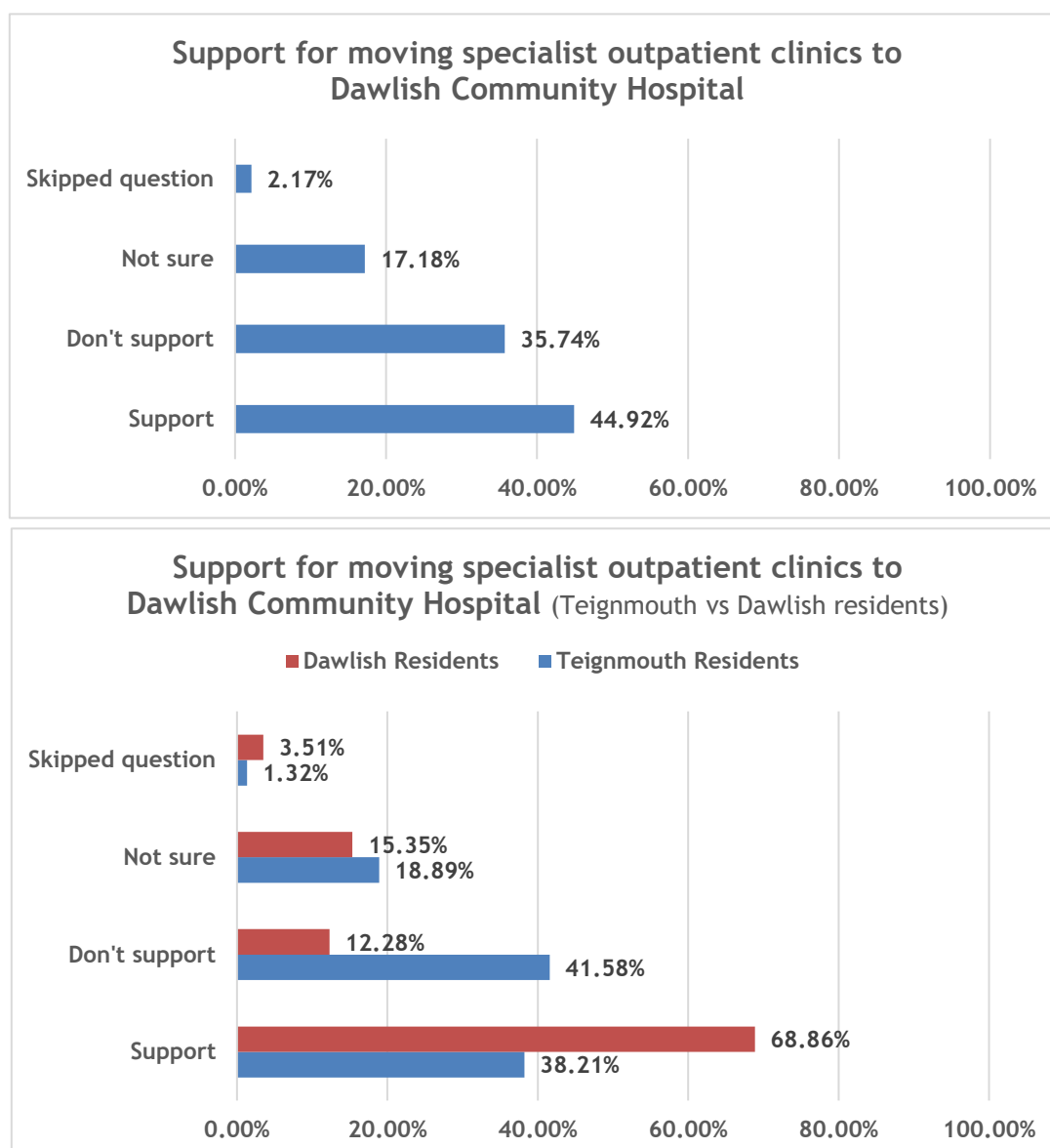
991 people answered this question and 22 people did not answer it.

Overall, the plurality of respondents (455 people or 44.92%) supported the proposed move. 362 respondents (35.74%) opposed the move, and 174 respondents (17.18%) were not sure.

Teignmouth residents (TQ14) were considerably less supportive of the proposed move than Dawlish (EX7) residents. 38.21% of Teignmouth residents supported the proposed move and 41.58% opposed it, while 68.86% of Dawlish residents supported the move and 12.28% opposed it.

Of the TQ14 residents who didn't support the move, over a third (37.32%) had not used services at Teignmouth Community Hospital in the previous 12 months, and over two thirds (71.48%) had not used services at Dawlish Community Hospital in the previous 12 months.

Reasons for respondent's answers are outlined in the next question.



**Question 15. Please give the reasons for your answer:**

873 people answered this question and 140 people did not answer it.

Those who supported element B commented that Dawlish had better, more modern facilities and better parking. Some commented that Dawlish would be more accessible than Teignmouth as it was on a flat site.

Among those who did not support the proposal, transport and accessibility was a major issue, particularly among those who lived in outlying villages such as Bishopsteignton. Many said they would need to take multiple buses to reach Dawlish Community Hospital, and that there would be a long walk from the bus stop to the entrance.

Respondents also had concerns about whether Dawlish Community Hospital has the capacity to accommodate additional clinics, and some were worried this would stretch resources and increase waiting times.

Some respondents commented that they wanted Teignmouth Community Hospital to remain open but did not go into further detail.

The following themes were identified:***Supportive comments (312 comments)***

- “Specialist outpatient services are not regularly used, and Dawlish Hospital would be convenient to house these services”
- “Central expertise at one location, should mean more experienced clinicians, thus better treatment. Dawlish is easy to get to”
- “Dawlish Hospital is modern, and purpose built. Really important to keep care away from main hospitals like Torbay.”
- “Teignmouth Hospital has poor access for visiting patients as it is on a hill and has poor parking facilities. The cost of maintaining an outdated facility is too high and Dawlish Community Hospital is a short distance away and has more modern facilities”
- “There are little used clinics, it would keep them local without using space in the new Health Centre”
- “Better quality building, delivered for long-term vision rather than spending additional money on upgrading existing building”
- “Facility is modern, seems under used presently”

Access, transport, and parking (285 comments)

- “There is no direct bus service from Teignmouth to Dawlish hospital and people would have to use the Exeter bus, get off in town and walk 20 mins to the hospital.”
- “Dawlish Community Hospital is not in Teignmouth and contrary to what has been written in the consultation paper, it is not on public transport routes. Dawlish Hospital is a fair walk from the train station and bus stops.”
- “The TQ outlying villages have too far to travel”



- “Severely disadvantages the elderly who will have to pay more for taxis as the distance is doubled.”
- “Too far away - the travel is not eco-friendly. Why send patients from a higher population area to a smaller one?”
- ““Only” four miles away is fine if you're mobile, or if you have superb, cheap public transport. I'm 64 and can hop into my car and drive to Dawlish, and have done several times for treatment. But in 10 or 15 years, that option may no longer be open to me.”
- “Travel should be kept to a minimum to reduce carbon footprint. Transport between Teignmouth Hospital and the new Health and Wellbeing centre should be provided as a joined up integrated system.”
- “4 miles is a lot for anyone who can't drive - and in any case traffic conditions may make the journey difficult. Public transport to Dawlish Hospital is time-consuming”
- “I am concerned about the increase in traffic and consequential pollution - what about a shuttle bus between the two sites?”

Wanting Teignmouth Community Hospital to remain open (82 comments)

- “It is so vital for local people to be able to use their local hospital”
- “Bringing the present hospital up to date would be cheaper”
- “Don't understand the need for any movement as long as maintenance and upgrade to Teignmouth Hospital is carried out”
- “Teignmouth is a very large town and should have its own hospital facilities”
- “Teignmouth is obviously larger than Dawlish so makes sense to keep it here where more patients live.”

Capacity of Dawlish Community Hospital (45 comments)

- “The whole of South Devon is being developed at such a rate that services will be needed to provide care for all communities, very soon Dawlish will not be large enough to cope with what is being proposed.
- “Teignmouth has a growing population and will have a surge of older patients in the next 10 years as people reach retirement age.”
- “Depends on the amount of patients. If it slows down the number of appointments in Dawlish then no, if it increases it, then yes.”
- “Will Dawlish hospital cope with that many more patients through the door everyday?”
- “Will there be sufficient space at Dawlish Hospital to contain clinics without detracting from existing services, like the minor injuries unit?”



Question 16. Element c) - What is your view on moving day case procedures from Teignmouth Community Hospital to Dawlish Community Hospital?

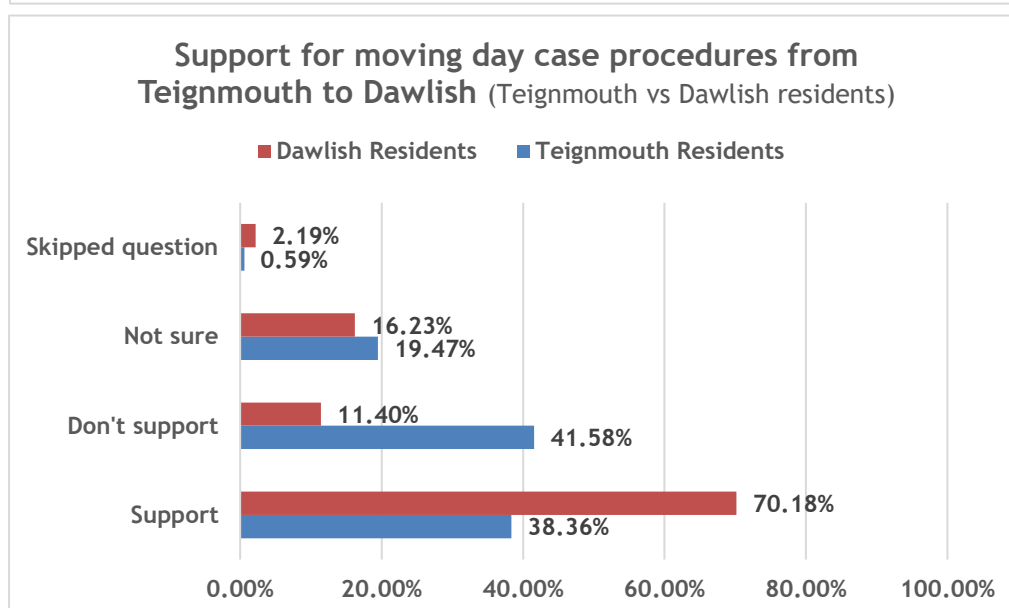
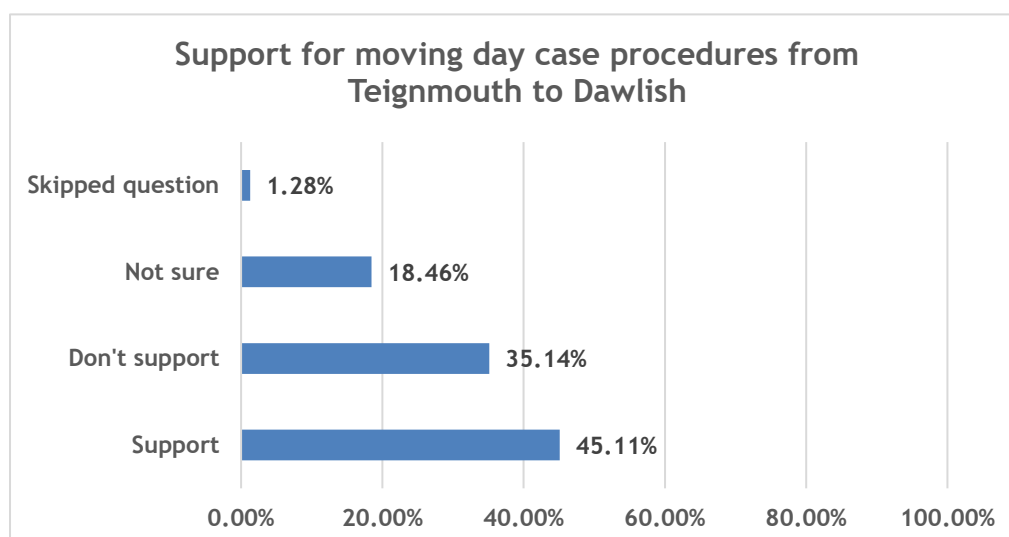
1,000 people answered this question and 13 people did not answer it.

The plurality of respondents (457 respondents or 45.11%) supported moving day case procedures. 356 respondents (35.14%) did not support the proposed move and 187 respondents (18.46%) were not sure.

Teignmouth residents were less supportive of the proposed change than Dawlish residents; 38.36% of Teignmouth residents supported the proposed move and 41.58% opposed it, while 70.18% of Dawlish residents supported the move and 11.40% opposed it.

Of the TQ14 residents who opposed the move, over a third (37.32%) had not used services at Teignmouth Community Hospital in the previous 12 months, and over two thirds (70.77%) had not used services at Dawlish Community Hospital in the previous 12 months.

Reasons for respondents' answers are outlined in the next question.





Question 17. Please give the reasons for your answer:

838 respondents answered this question and 175 people did not answer it; due to the similarity of this element to element B, many responses said “as above,” referring to their response to question 15.

Those who supported moving day case procedures mentioned that Dawlish Community Hospital had better, more modern facilities and better parking.

Some believed that centralising services would be advantageous, and some believed that Dawlish Community Hospital was more accessible.

For those who were unsure or unsupportive, the biggest issue was transport and accessibility, particularly for those from surrounding towns like Bishopsteignton. Some said it would take them multiple buses to reach the hospital, and some said that the closest bus stop was too far from the entrance.

Respondents also had concerns about whether Dawlish had the capacity to accommodate new procedures, with some questioning whether day case procedures could be accommodated by the proposed new Health and Wellbeing Centre. Many respondents objected to this aspect of the proposal because they believed Teignmouth Community Hospital was adequate and that it should remain open.

The following themes were identified:

Supportive comments (233 comments)

- “Dawlish has the facilities to provide treatment which meets present day needs - Nostalgia can be very expensive”
- “More modern facility, easier to get to, saves spending money to upgrade Teignmouth Hospital
- “Dawlish Hospital is conveniently placed for these services supporting patients from a wide area”
- “These are the services are used less frequently by local people”
- “Access for disabled is better but more should be provided for disabled parking.
- “Teignmouth hospital as a building is not fit for purpose, access is poor”
- “Dawlish Hospital always seems underused”
- “Teignmouth Community hospital is not a sustainable future option and a new build is not cost effective.”
- “Why do we need 2 sets of hospitals? The well-being clinic is easily accessible and having an integrated approach seems much more efficient and better for both staff and patient. It could also allow better communication channels between all the various health professionals involved.”
- “More modern facility, easier to get to, saves spending money to upgrade Teignmouth Hospital”
- “Centralised services; avoid duplication.”



Travel, transport, and parking (170 comments)

- “Travelling for older patients is a real problem; the local connection is so important in a growing town.”
- “The road infrastructure between Dawlish and Teignmouth is very poor, making journeys at the beginning and end of the procedure stressful and tiring”
- “Dawlish is hard to get to by public transport, especially in bad weather for people living in Teignmouth and Bishopsteignton”
- “The parking along the road by hospital is already becoming a nightmare”
- “Not everyone has their own transport; buses and trains are not convenient for Dawlish Community Hospital so it’s difficult for older patients.”
- “Good to make use of the assets in Dawlish, but I am concerned about the increase in traffic and consequential pollution - what about a shuttle bus between the two sites?”

Wanting services to stay at Teignmouth Community Hospital (77 comments)

- “Teignmouth Hospital already has a working theatre, not so in Dawlish.”
- “Teignmouth has done day case procedures for many years... I can’t believe it would be cheap to add these facilities to Dawlish”
- “Teignmouth has all facilities in place, provided by the League of Friends, and is easily reached.”
- “Facilities exist in Teignmouth; it is a waste of resources.”
- “These services are already in Teignmouth; Teignmouth covers Bishopsteignton and Shaldon, a bigger population than Dawlish. All services should remain in Teignmouth.”
- “Teignmouth Residents need their own hospital.”
- “I have undergone day surgery at Teignmouth Hospital, and it was the best hospital experience of my whole life. Trekking to Dawlish is not sensible or necessary given that excellent care and treatment was available at Teignmouth”
- “The facilities at Teignmouth could be updated as economically as Dawlish might be adapted allowing both communities to retain the convenient access which they have supported over many years.”
- “Taking away services from the local community adversely affects patients’ ability to access those services”

Capacity of Dawlish Community Hospital (46 comments)

- “Overloading another hospital could mean mistakes are made”
- “More houses about to be built, we need both hospitals.”
- “Longer waits for people in EX7”
- “Will Dawlish cope with all the extra patients and extra workload?”

Using the Health and Wellbeing Centre at Teignmouth (17 comments)

- “Could not day cases be done at the new Centre in Teignmouth?”
- “As many services as possible should be provided in the new centre”
- “There should be space available in the new Health and Wellbeing centre”



Question 18. Element d) - What is your view on continuing with the model of community-based intermediate care, reversing the decision to establish 12 rehabilitation beds in Teignmouth Community Hospital?

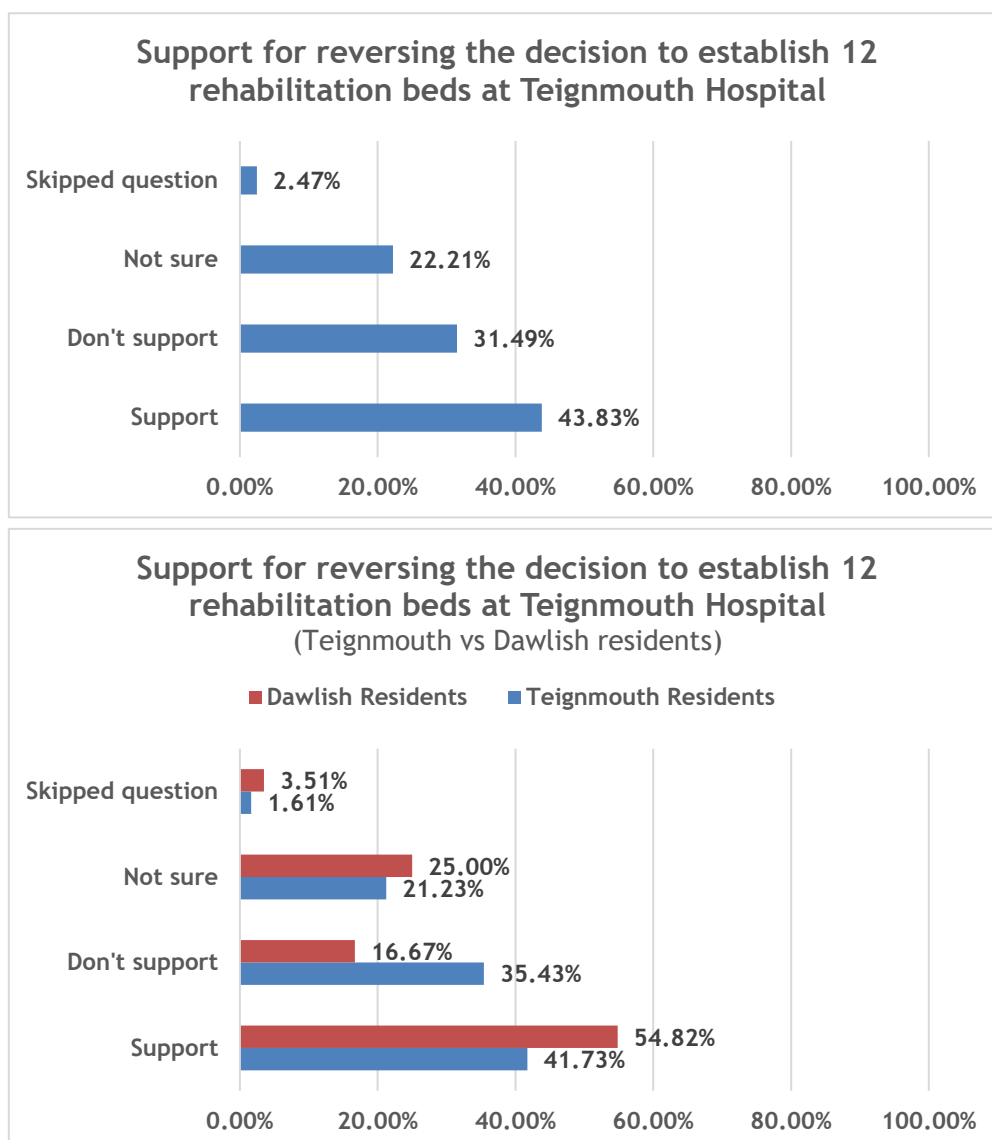
988 respondents answered this question and 25 people did not answer it.

Overall, the plurality of respondents (444 people or 43.83%) supported reversing the decision to establish the beds. 319 respondents (31.49%) did not support the proposal, and 225 respondents (22.21%) were not sure.

Teignmouth residents were less supportive than Dawlish residents, with 41.73% supporting the reversal and 35.43% opposing it. 54.82% of Dawlish residents supported the reversal and 16.67% opposed it.

Of the TQ14 residents who opposed the move, 39.67% had not used services at Teignmouth Community Hospital in the previous 12 months, 69.38% had not used services at Dawlish Community Hospital in the previous 12 months.

Reasons for respondents' answers are outlined in the next question.



**Question 19. Please give the reasons for your answer here:**

804 people answered this question and 209 people did not answer it.

Respondents who supported the proposal felt that community-based care was superior to hospital rehabilitation, that Teignmouth Community Hospital is not fit for purpose, and that closing the hospital would be more economical.

However, respondents had concerns about the quality and capacity of community-based care. Some respondents felt that there would not be enough nurses to provide care, and some felt that community-based care was of low quality or not sufficient to meet patients' needs, particularly those without family support or those needing 24 hour care.

There were also concerns about other local hospitals (e.g. Torbay, Newton Abbot) having adequate capacity to deal with extra patients if the beds were closed; multiple respondents mentioned bed-blocking.

Respondents also felt that the beds would be needed due to the Covid-19 pandemic.

The following themes were identified:***Supportive comments (250 comments)***

- “I can’t see how 12 beds would support the needs of the community, and would much prefer to be supported at home.”
- “Community based intermediate care is really important and needs more recognition, more staffing especially occupational therapists and more funding to ensure we are serving the population effectively.”
- “Thankfully, the 'joining up' of services has removed the needs for these beds and people can stay in their own homes and/or have a brief stay in a residential home.”
- “Most people want to remain within their own homes where possible and consultation document illustrates this is currently working effectively in Teignbridge.”
- “Builds patients’ resilience at home, using their strengths and fostering independence. People recover better at home, and feel more settled.”
- “I have seen integrated care in another location, and it works well, provided there is adequate funding and resources.”
- “It’s not economically viable to have patients at Teignmouth hospital. People don't realise that you have to have housekeeping, catering, security and nurses for overnight patients.”
- “In these times we have to make the most economical and rational decisions and Teignmouth hospital is old and hard to reach. Day beds are very labour intensive.”
- “More beds are not the answer. Further investment in social care, rehab, and support at home for person and their carer or family is needed to make the new model work.”
- “Integrated care is a superb system, and it is far better for people to be treated in their own homes, therefore the budget is better spent on staff to care for folk at home.”



Concerns about the quality, capacity, or accessibility of community-based care (130 comments)

- “Community care cannot normally give 24 hour coverage, which hospital beds can. Problems often occur at night, when gaining support may entail calling emergency services.”
- “With all the best of intentions there are never enough staff or time; people need 24 hours company and care. Not flying visits.”
- “Having my mother in Teignmouth hospital meant friends could visit and we were assured of 24/7 care. When we had her home the support we had was poor and someone putting her to bed at 5.30 pm was not ideal.”
- “Rehabilitation beds in Teignmouth Community Hospital could be used in conjunction with community-based intermediate care, you assume one size fits all.”
- “Cottage hospitals are a blessing for the very old who fall or get a serious illness. Care in the community is appreciated but has its limitations. I can only see from the viewpoint of my very elderly parents who have been closed down by so called community care.”
- “Community based integrated care seems not to be funded adequately and to be difficult to access.”
- “Not all present intermediate care can be accessed in the community as care homes are often full... care services are often at breaking point.”
- “Community based care is not the same as 24 hour care in hospital when you are old, sick, and alone. In my experience older people are left with a couple of visits a day.”
- “Community based care isn't always adequate - as people live longer, they need prolonged periods of intensive “end of life care””
- “These rehabilitation beds are vital for the community; many individuals do not have family or friends to help them. Rehabilitation is aided when you have someone to ask and refer to when needed. The company aspect is vital as when you feel alone anxiety increases and the fear of doing something wrong or falling and being unfounded hinders rehabilitation.”
- “The reality of home-based care is not the same as its projected image. 24 hour care would be available in the rehabilitation beds.”

Capacity, resources, and bed blocking (104 comments)

- “Covid has shown we need beds locally. There is more housing being built so we need local beds. more pressure would be put on services in Dawlish and appointments would be harder to get.”
- “Many patients discharged from Torbay and RD&E hospitals need rehab beds for a week or so. Dawlish Hospital has never had enough beds for this purpose and people who live in Dawlish & Teignmouth have often had to go to other community hospitals. With a large elderly population, there is the need for this otherwise the large hospitals get bed blocking; it's often not realistic for very elderly patients to be able to go home straight away.”
- “Torbay is always full up and some people get sent home too soon.”



- “Teignmouth residents should have access to their own hospital. It could also help with easing bed blocking in Torbay.”
- “When I hear talk of 'bed blockers' in Torbay, I think it is essential to retain the beds in Teignmouth.”
- “Torbay Hospital is always short of beds, even before Covid-19, so why not relieve pressure on them by opening rehab beds for short stay locally when so many care homes are closing down and Dawlish beds are often full.”
- “As people live longer they need prolonged periods of intensive "end of life care" which will rapidly exhaust the care capabilities and capacity of community nurses. Nurses too are becoming a scarce resource.”
- “The district hospital is oversubscribed, and the 12 beds at Teignmouth would have helped to prevent the annual bed blocking problems.”

Covid-19 pandemic (25 comments)

- “Covid has shown we need beds locally.”
- “There is a great shortage of this type of facility, and it is even more important as it appears some people recovering from Covid-19 require long term support, so this facility could relieve pressure on an acute bed.”
- “Rehabilitation beds are needed and will increasingly be needed as Covid-19 continues.”



Question 20. This proposal consists of four elements. All things considered, do you support the overall proposal?

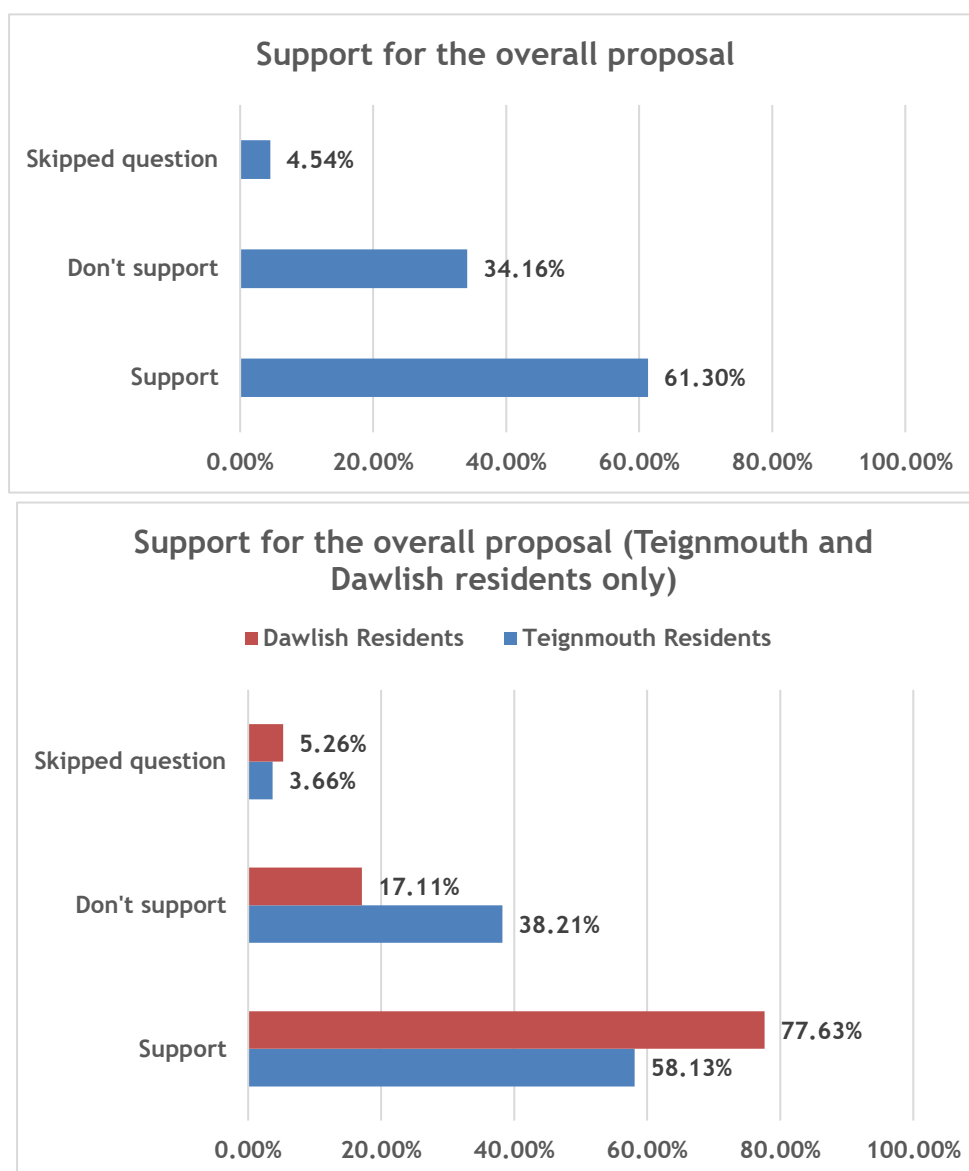
967 people answered this question and 46 people did not answer it.

The majority of respondents (621 people or 61.30%) supported the overall proposal, while 346 respondents (34.16%) did not support the proposal.

The majority of Teignmouth residents (58.13%) supported the proposal overall, while 38.21% opposed it. 77.63% of Dawlish residents supported the proposal and 17.11% opposed the proposal.

Of the TQ14 residents who opposed the proposal, over a third (35.63%) had not used services at Teignmouth Community Hospital in the previous 12 months, and over two thirds (68.96%) had not used services at Dawlish Community Hospital in the previous 12 months.

Reasons for respondents' answers are outlined in the next question.





Question 21. If not, please tell us why not below:

400 respondents answered question 21 and 613 people did not answer it.

Many respondents had concerns about the quality and capacity of community-based care if the rehabilitation beds were to be closed.

Some respondents had concerns about travelling to Dawlish Community Hospital, saying they would struggle with the current public transport provisions.

Relatively few respondents objected to the idea of integrating services in a new centre, but some believed that the money used to develop it should instead be used to upgrade Teignmouth Community Hospital.

Some also had reservations about the location of the proposed new Health and Wellbeing Centre.

Many respondents who objected to the closure of Teignmouth Community Hospital did not provide specific details.

The following themes were identified:

Wanting to keep Teignmouth Community Hospital open (112 comments)

- “I don't want to lose the convenience of Teignmouth hospital.”
- “It is vital that the residents of Teignmouth continue to have a fully functioning community hospital in the town.”
- “Teignmouth is nearer, easier to get to and parking/lifts are easier.”

The new Health and Wellbeing Centre (59 comments)

- “Although I agree with the integration of surgeries into a purpose built building, I think the money needed to upgrade the hospital is far less than what is needed to put the services in the new building.”
- “The GP practice may need to stay central in Teignmouth, but why change the service already provided in Teignmouth at the lower cost than an £8 million wellbeing centre?”
- “There is not enough parking in town at the moment, many people who live in town struggle for parking, even in the winter; there is a new hotel on the site, and neither staff nor patients will be able to park, and if they can they will take much needed spaces from an already difficult parking situation”
- “The basic principles are excellent BUT I can't think of a worse place than Brunswick St Teignmouth for any centralised service - such a site is madness due to congestion and access already being simply awful there without adding the proposed centre. You must find a more easily accessible site.”



Moving services to Dawlish (54 comments)

- “Whilst I agree we do need to support our doctors with better facilities, Dawlish hospital is not easy to get to. Teignmouth is on a bus route. Has Dawlish the capacity to cope with more clinics?”
- “I don't agree with so many procedures being relocated to Dawlish and feel they should be in Teignmouth.”
- “I support a central, integrated unit in Teignmouth but not services being moved to Dawlish. The Teignmouth unit should also include all the current provisions at TCH. The town is continually growing and expanding, and demand will inevitably increase, not lessen as time goes on. We need to build for the future, not just now.”
- “Care needs to be in the local community. This enables cooperation and links between local services. If half the services are in another town this will not work to the detriment of the patients”

Closure of the rehabilitation beds (46 comments)

- “Covid-19 is a deadly disease with a long recovery time. This is the worst possible time to close community beds, which provide the best recovery care, especially for older patients.”
- “Care at home is great if it works, but for some it doesn't, we need to make sure there is more provision in Teignmouth for those who cannot be looked after in their own homes.”
- “Community beds are a must to lessen the load on Exeter and Torbay hospitals.”



Question 22. Can you think of another proposal that would help us to deliver the vision of providing excellent integrated services?

599 people answered this question and 414 people did not answer it.

Many respondents felt that the money to be spent on developing the new Health and Wellbeing Centre would be better spent on improving Teignmouth Community Hospital.

Respondents also had concerns about travel and parking. Many mentioned that extra parking spaces were needed around the associated sites, and some suggested that extra bus routes should be added to make Dawlish Community Hospital more accessible.

The following themes emerged from the feedback:

Keeping and/or improving Teignmouth Community Hospital (170 comments)

- “Redevelop Teignmouth Hospital and if necessary, build new surgeries on East Cliffe Car Park. Do not build the new centre.”
- “Teignmouth hospital site is 4 times larger than the one you are proposing and could accommodate the new wellbeing centre leaving the existing hospital for future expansion.”
- “I don’t understand why Devon CCG and Torbay and South Devon FT aren’t asking the Government for sufficient funding to reinstate Teignmouth Hospital, so that the building and site can be properly modernised and developed, to provide a fully functioning community hospital, together with a modernised GP hub.”

Travel, parking, and accessibility (40 comments)

- “A shuttle bus between Shaldon Teignmouth and Dawlish to run hourly and also from Bishopsteignton is an absolute necessity. Dawlish Hospital is not easily accessible, we do not all have access to cars and taxis are far too expensive.”
- “It needs better transport links to Dawlish Hospital. The new service 186 does not suit most as the first bus is 9:15am and the last bus is 2:15pm; if you have an early or late appointment you cannot get there by public transport.”



The new Health and Wellbeing Centre (30 comments)

- “All the GP surgeries in Teignmouth are already on flat sites in the town centre, closer to public transport than Brunswick St. They have been managing very well at their current locations with staff and patients able to move safely around the premises. If it is essential that the Channel View Medical Group moves from its current premises, I would suggest that the NHS for a small fraction of the proposed £8 million, acquire and convert one of the vacant bank buildings and lease it to the practice, or build fit for purpose facilities on the Brunswick Street site and lease them to the practice.”
- “Integrated care is dependent on effective communication, of which there are now many kinds, and not necessarily dependent on being housed in the same building. Communication, availability and approachability between services are important in delivering integrated care. Being situated within one site doesn't necessarily make this happen.”

Community care (28 comments)

- “More community and district nurses covering this large area.”
- “Completely review efficiency of intermediate care and outcomes for the patients who use the service. Consider investing in a nursing unit like the Fleet in Dartmouth and block booking beds. Invest in adequate social care service to work alongside community support services”
- “I am very concerned about the qualifications of staff visiting homes and missing vital issues.”

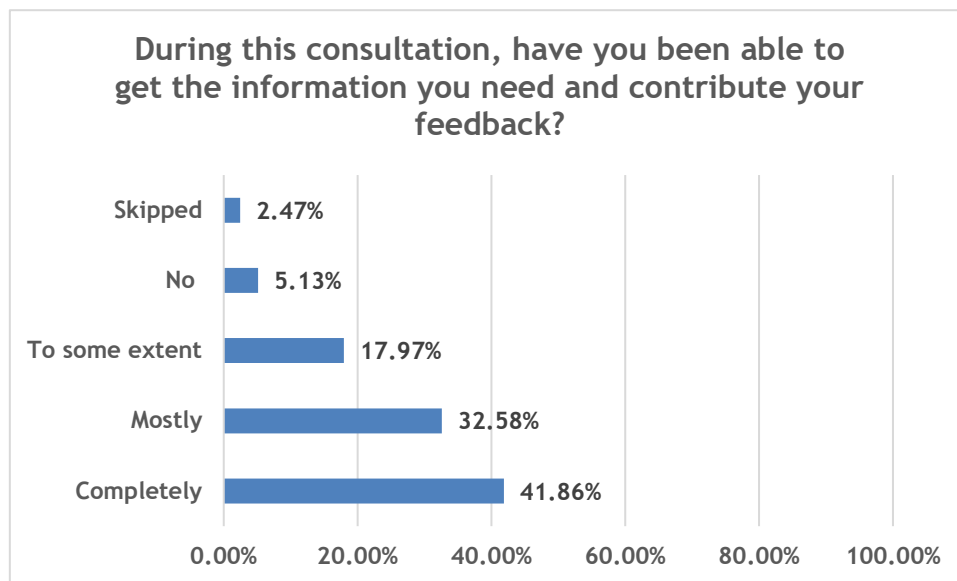


Question 23. During this consultation, have you been able to get the information you need and contribute your feedback?

988 people answered this question and 25 people did not answer it.

424 respondents (41.86%) answered “yes, completely,” 330 respondents (32.58%) answered “yes, mostly,” 182 respondents (17.97%) answered “to some extent,” and 52 respondents (5.13%) answered “no.”

Reasons for respondent’s answers are outlined in the next question.





Question 24. Please give the reasons for your answer here:

571 people answered this question and 442 people did not answer it.

163 respondents commented that the consultation document was comprehensive and sufficiently detailed, while 65 respondents commented that information was missing, inadequate, or confusing; topics of concern included parking, statistics and figures, and the moving of services.

41 respondents commented that the consultation document was biased towards the proposed changes and some questioned whether their feedback would be considered.

The following themes emerged from the feedback:

Supportive comments (163 comments)

- “I only used the consultation document as my source of info but it was comprehensive and well-explained”
- “The document that accompanies this appears very detailed”
- “Thought the publication provided makes it very clear”
- “Well set out, informative consultation document. Makes sense to move services to central purpose-built provisions. Further integration of health and care is essential.”
- “Attended all the webinars, read the book, thought it through, asked questions, got answers. No problem”

Missing, inadequate, or unclear information (65 comments)

- “There is nothing about parking!”
- “Incomplete information regarding travelling, parking and branch surgeries.”
- “Not at all clear where all the staff and patients will be able to park for the new premises in central Teignmouth, parking is always a MAJOR problem in the town for locals and visitors.”
- “Overall good. However, I am rather confused regarding the relocation of services to Dawlish Community Hospital to a degree.”
- “Have you included any access to chaplains or religious leaders to have a room to talk with people should they need it? This is important for most faiths”
- “No statistics - therefore how do I know, for example, how many use Teignmouth for each service or how many use Dawlish for each service?”

Concerns about bias (41 comments)

- “I think the information given is biased in favour of the Health centre and the questions are somewhat skewed to this information book.”
- “I feel the survey is directed towards meeting the needs of the professionals. It is less focused on the benefits for the individuals, for example, no parking”



- “A rather biased picture toward closing Teignmouth Hospital.”
- “I have been able to access a lot of information, but I do not know who by or how my viewpoint will be considered.”
- “I think this is a ‘tick box’ exercise, that the decision has already been made. That whatever the feedback states, this proposal will go ahead anyway.”
- “There is a bias in question formulation, which indicates what we are encouraged to support.”
- “You have only included the views of people in favour.”

Online meetings and resources (14 comments)

- “Public online meetings were limited to Q&A, and lacked the essential elements found in face to face public meetings where dialogue, discussion and debate can take place.”
- “I attended one of the meetings online and found it frustrating that people were only able to submit questions in writing, so it wasn’t a ‘conversation’ as was claimed. I submitted a question and then soon after found I had been blocked from asking any more.”
- “The booklet contained a bad URL for more information and to arrive at this form. Some people may not understand how to navigate to the correct page, and may prevent them from completing their form.”



Question 25. Are there any other comments that you would like to make?

582 people answered this question and 431 people did not answer it.

Most respondents used this opportunity to reiterate concerns covered by previous questions.

Many respondents mentioned the issue of parking.

Some respondents used this question to express their support for the proposal.

Others made comments about Teignmouth Community Hospital and the proposed new Health and Wellbeing Centre.

The following themes emerged from the feedback:

Parking and travel (120 comments)

- “My biggest fear with this proposal is the lack of free parking around this site. Are you going to provide a shuttle service or a hospital bus?”
- “Accessibility is paramount. There is the presumption most patients will use public transport. Access during the summer months will be very difficult.”
- “This is glossing over the huge problems of the proposal for parking in Teignmouth and the increasingly bad congestion on roads around Teignmouth. It is not satisfactory to say there is public transport to Dawlish from Teignmouth as people will not arrive near the hospital. Would have to change buses in Dawlish to the 186 bus which has an hourly service and finishes early in the afternoon or else have a long walk”
- “I would like to ensure that where transport to Dawlish is required, this would be available”

Teignmouth Community Hospital (85 comments)

- “I feel that the current Teignmouth Hospital site could be developed to house a complete new, effective and efficient building that is fit for purpose and so will not infringe the already crowded town centre.”
- “I like the idea of the new centre, but in addition to Teignmouth Hospital.”
- “Since the population of Teignmouth is greater than Dawlish, we need to keep the facilities there”
- “With an increasingly old population and increasing numbers of people in our area, the ward is needed at Teignmouth to relieve pressure at Torquay & Newton Abbot”

Supportive comments (85 comments)

- “I can't wait to have a purpose-built modern Health & Wellbeing centre in the middle of Teignmouth. It makes perfect sense to have everything in one place.”
- “I understand the sentiment for Teignmouth Hospital... but it's 2020 and we need to move on”



The new Health and Wellbeing centre (43 comments)

- “When you go ahead with the Medical Centre, among other features, there must be a bus stop immediately outside and there must be dedicated patient parking with the building’s footprint.”
- “I understand that the local doctors do need better facilities and merging them all under one purpose-built building would be beneficial, but will this provide the people of the town with better service? It is already very difficult to make appointments. People are discharged from hospital without follow ups from doctors. The nursing homes are oversubscribed, and Torbay is desperate to send patients home even in the early hours of the morning without support. Surely transferring to a ward in a hospital in their own town would be beneficial for their wellbeing.”
- “I hope the new centre will not mean that GP practices stop providing satellite surgeries in, for instance, Bishopsteignton.”



2. Public and Community Online Meetings Feedback

In total there were six public online meetings attended by 98 people and seven community meetings requested, attended by approximately 80 people. The following feedback themes emerged from the public and community meetings. A record of questions raised at each of the public meetings is at Appendix number 5.

Each of the six meetings was chaired by the chair of Healthwatch Torbay, and had a panel made up of a senior CCG clinician, a Teignmouth GP, senior management representative from the CCG, senior management representative from Torbay and South Devon NHS Foundation Trust.

The sessions were moderated by Healthwatch in such a way that questions could be put to the panel, without undue repetition. Questions were put forward and answered by the most appropriate panel member. Each of the meetings was scheduled to last 90 minutes.

The following themes and concerns emerged from the meetings:

Parking

Concerns about ability to park in Teignmouth town centre once the new centre opens:

- “What patient parking will be available?”
- “Can you pressure Teignbridge to change Quay Rd to short stay?” “I foresee a problem with parking by blue badge holders on double yellow lines outside the Health and Wellbeing Centre.”
- Where is the car parking to use the new facilities? Teignmouth is difficult to park in at the best of times, let alone in the summer...”

Parking capacity at Dawlish Community Hospital:

- “Parking in Dawlish is like gold during the day. Where are you planning extra parking spaces?”

Transport, travel, and accessibility

Increased traffic in Teignmouth due to the new Health and Wellbeing Centre:

- “We have articulated lorries travelling down this road...that already struggled to get round the bend due to parked cars on double yellow lines.”

Trouble accessing services at Dawlish Community Hospital - many areas do not have a direct public transport route to Dawlish:

- “Why add a 20-minute journey time for more residents from a bigger population to travel along a very busy road to access services we already have?”
- “Moving services from Teignmouth to Dawlish will increase traffic along Bitten Park Road, which is already heavily polluted. Air pollution is a major cause of health problems.”



The COVID-19 pandemic

Concern that the need for beds during the COVID-19 has been underestimated:

- “Is co-locating all services in just two locations the correct thing to do in the COVID crisis?”
- “We need to know what chronic long-term clinical impacts COVID survivors may be affected by, so closing hospital facilities now may be a mistake.”
- “Losing the hospital would be reckless, especially with COVID running riot.”

The new Health and Wellbeing Centre

Proposed location is in a flood risk area:

- “Why is the Health and Wellbeing Centre being built in a part of town this is increasingly threatened by floods?”

Residents questioned why it was beneficial to have multiple services under one roof:

- “Do changes in the way things are done [since COVID-19] mean that being in the same building is as important as it was before?”

Closure of Teignmouth Community Hospital and the rehabilitation beds

Questions raised about why Teignmouth Community Hospital can't be updated with the money that would be used to build the new Health and Wellbeing Centre:

- “If you're definitely not going to put the beds back, why not rename the hospital as Teignmouth Health and Wellbeing Centre, spend the £3million or so there and leave the new premises for Channel View practice?”
- “Can we..[acknowledge] that having community hospital beds available locally adds to the safety and capacity of the whole team, including carers?”
- “Surely public money invested into the refurbishment and reinstatement of Teignmouth Community Hospital would be a far better solution.”

Concern about closure of the physiotherapy department, which was recently updated

- “Teignmouth League of Friends has raised huge amounts of money to support Teignbridge Community Hospital's work. Would facilities paid for by League of Friends' funding be replicated or moved to the Health and Wellbeing Centre?”

Services and capacity

Local residents have concerns about the quality of current interservice communication and continuity of care, and the capacity at Dawlish Community Hospital to deal with new clinics:



- “The local MP has expressed grave concerns about Dawlish Community Hospital being able to accommodate all the clinics.”

Capacity of the workforce to deliver community-based care:

- “Where are all the health visitors, nurses, paramedics etc coming from as existing provision is already stretched?”

NHS resources and funding

Concerns about covert privatisation of NHS services:

- “Clearly the proposed changes are being made to cover the costs of PFIs and the underfunding of the NHS. Is this scheme a Trojan horse to move more people towards private healthcare or to a multi-tier system?”
- “Are any of these people [on the panel] dedicated clinicians or are they working for financiers?”

Teignmouth GP Practices’ patients

Concern about whether patients from Teign Estuary Medical Group would benefit from the new Health and Wellbeing Centre [given that the practice is not proposing to move there]:

- “Will some of the room be available to use by the other practice?”
- Will I and other [Teign Estuary Medical Group] patients be able to access all the other non-GP services in the new building, or are these just for Channel View surgery?”



3. Staff feedback

In total there were three staff meetings attended by approximately 44 people, including 15 from a nursing team meeting.

The following feedback themes emerged from the staff meetings:

Parking

- Many staff members raised the issue of parking at the new Health and Wellbeing Centre; parking is already limited in Teignmouth town centre

Development of the new Health and Wellbeing Centre

- Will staff have their own dedicated spaces, e.g. for lunch and breaks?
- The hospital currently uses public Wi-Fi, which causes issues for staff - will this be resolved
- The need for a loading space outside the new centre to enable equipment transport



Other options put forward for consideration and outcomes

Throughout the eight-week consultation period members of the public submitted their suggestion for alternatives to the CCG's proposal, this included nearly six hundred people who answered survey question number 22 asking for alternative proposals for consideration. The themes and suggestions mentioned were repeated throughout the survey responses and in the online public and community meetings. Some suggestions were also sent directly to the CCG and to Healthwatch.

The four most common themes of all the alternative proposals put forward by the public were centred on:

- **Keeping and/or improving Teignmouth Community Hospital**
- **The new Health and Wellbeing Centre**
- **Travel, parking, and accessibility**
- **Community care**

The most frequent suggestions and comments related to the four themes above are included below. These have been summarised below and ordered according to theme frequency, with the most discussed theme appearing first.

Keeping and/or improving Teignmouth Community Hospital

Many respondents felt that the money to be spent on developing the new Health and Wellbeing Centre would be better spent on improving Teignmouth Hospital. Some simply objected to the closure of Teignmouth Hospital but did not provide specific details. Specific suggestions put forward included:

- “Redevelop Teignmouth Hospital and if necessary, build new surgeries on East Cliffe Car Park. Do not build the new centre.”
- “Teignmouth hospital site is 4 times larger than the one you are proposing and could accommodate the new wellbeing centre leaving the existing hospital for future expansion.”



- “I don’t understand why Devon CCG and Torbay and South Devon FT aren’t asking the Government for sufficient funding to reinstate Teignmouth Hospital, so that the building and site can be properly modernised and developed, to provide a fully functioning community hospital, together with a modernised GP hub.”
- “Why move the services instead of updating and maintaining the existing hospital? A much smaller building could be built for the doctors’ surgery”
- “Why not build a much smaller doctors’ surgery in town to save some well needed parking spaces? This will allow the hospital to be brought up to date and still cost less than the £8m available.”
- “Build a new hospital at Broadmeadow.”
- “Bring in a care provider from the private sector to lease the top floors of Teignmouth Community Hospital to help fill the desperate shortage of care places.”
- “Make the investment not in a Health and Wellbeing Centre but in Teignmouth Community Hospital/ with a new building for GPs.”
- “Improve Teignmouth Community Hospital, provide GP practice facilities there with space for minor clinics, and have beds including overnight care and intermediate care/redevelop Teignmouth Community Hospital and move the GPs there.”
- “If Teignmouth Community Hospital is sold, provide 12 rehabilitation beds in a small unit.”
- “Sell the lower half of the site (the old nurse’s home) for development to help towards the capital costs. Or, why not demolish it and build the new well being hub there adjacent to the hospital?”
- “Achieve integration through technology, along with more digital appointments and screening.”

The new Health and Wellbeing centre

There were also proposals put forward related to the new Health and Wellbeing Centre, including different ideas of exactly where a new centre should be built and a few suggestions involving building the Centre as planned but adding hospital services to the site such as minor surgery, specialist outpatient clinics and rehabilitation beds. Other specific suggestions put forward related to the new health and wellbeing centre included:

- “All the GP surgeries in Teignmouth are already on flat sites in the town centre, closer to public transport than Brunswick St. They have been managing very well at their current locations with staff and patients able to move safely around the premises. If it



is essential that the Channel View Medical Group moves from its current premises, I would suggest that the NHS for a small fraction of the proposed £8 million, acquire and convert one of the vacant bank buildings and lease it to the practice, or build fit for purpose facilities on the Brunswick Street site and lease them to the practice.”

- “Integrated care is dependent on effective communication, of which there are now many kinds, and not necessarily dependent on being housed in the same building. Communication, availability, and approachability between services are important in delivering integrated care. Being situated within one site doesn't necessarily make this happen.”
- “Build a much smaller doctor's surgery in town to their requirements only and perhaps save some well-needed parking spaces. This would allow the hospital to be brought up to date and still cost less than the £8 million available.”
- “Build a new hospital on the Brunswick Street site.”
- “Give GPs a building in Teignmouth with parking available. Base physiotherapists, occupational therapists and district nurses at Dawlish Community Hospital.”
- “Build a health hub between Dawlish and Teignmouth with adequate parking.”
- “Build the Health and Wellbeing Centre on a dedicated out-of-town site with good access, parking and space to expand.”
- “Close/sell Dawlish Community Hospital and move the services to Teignmouth, including a Minor Injuries Unit.”
- “Build the new facility as proposed and have Teignmouth Community Hospital as a high-quality specialist care unit.”
- “Build the Health and Wellbeing Centre but have a second base for staff, out of the town centre but in walking distance, thereby reducing the 50-70 car parking spaces that would be needed at the centre.”
- “Do not build a Health and Wellbeing Centre, and absolutely not at Brunswick Street. Build a new GP surgery at Eastcliffe if both practices agree. Keep Teignmouth Community Hospital open with nursing care and extend the car park. Do not move day surgery and facilities to Dawlish.”
- “Move specialist physio-led orthopaedic clinics to the Health and Wellbeing Centre and not to Dawlish Community Hospital.”

Travel, parking, and accessibility

Respondents also had concerns about travel and parking. Many mentioned that extra parking spaces were needed around the associated sites, and some suggested that extra



bus routes should be added to make Dawlish hospital more accessible. Specific suggestions include:

- “A shuttle bus between Shaldon Teignmouth and Dawlish to run hourly and also from Bishopsteignton is an absolute necessity. Dawlish Hospital is not easily accessible, we do not all have access to cars and taxis are far too expensive.”
- “It needs better transport links to Dawlish Hospital. The new service 186 does not suit most as the first bus is 9:15am and the last bus is 2:15pm; if you have an early or late appointment you cannot get there by public transport.”
- “Could you work with the council to develop a scheme that would give priority to local residents for short-stay parking in the centre of Teignmouth?”
- “Help with transport between Dawlish and Teignmouth, with a direct bus service.”

Community care

There were also a few concerns raised with community care, including the qualifications of staff visiting homes and potentially “missing vital issues”. Specific suggestions include:

- “More community and district nurses covering this large area.”
- “Completely review efficiency of intermediate care and outcomes for the patients who use the service. Consider investing in a nursing unit like the Fleet in Dartmouth and block booking beds. Invest in adequate social care service to work alongside community support services”

For clarity, there were also a few individual impractical suggestions that have not been included in this section as they were deemed neither feasible nor realistic (e.g. “abolish the CCG” or “find an extra £100Million”).



Statement from Healthwatch in Devon, Plymouth and Torbay

The CCG commissioned Healthwatch in Devon, Plymouth and Torbay to: oversee their consultation with residents; ensure that all local communities had the opportunity to provide feedback on the proposal; and independently and accurately represent their views within this consultation report.

The COVID-19 outbreak and Government guidelines necessitated a shift in consultation methodology to ensure that residents could express their views in a safe manner. Having undertaken this review, we believe that the CCG employed all reasonable methods to ensure that local residents had the opportunity to feedback about the proposal during the eight week consultation.

This was progressed by: creating a detailed and multiple-accessible consultation document and posting it with a survey to over 16,000 households; creating an information leaflet and posting it with a link to the online survey to over 133,000 households; running six live public online meetings at different times; seven different community group meetings; three staff meetings, and running an extensive marketing campaign both in print and online. We consequently believe that local residents had sufficient opportunity to share their feedback about the proposals bearing in mind the restrictions caused by the Coronavirus pandemic.

In addition, Healthwatch contacted over 200 community organisations who worked with 'harder-to-reach' groups who fell under one or more of the nine 'protected characteristics' of the UK Equality Act. This aimed to ensure that all areas of the community were aware of the consultation and had the opportunity to take part. It should also be noted that the CCG directly engaged and responded to each individual resident's enquiries throughout the consultation process.

There were: 1013 survey responses from across Devon; 98 people attended six public meetings; over 80 people attended seven community meetings; and 44 people attended three staff meetings. There was a mix of gender, sexual orientation, disabilities, and faith and belief.

Issues raised during this engagement included: parking and traffic in Teignmouth town centre; transport; and difficulties in travelling to Dawlish Hospital. Many residents had concerns about the quality and capacity of community-based care if the rehabilitation beds



were to be closed, and there were a number of objections to the closure of Teignmouth Hospital.

Should the CCG go ahead with their proposals, we would hope a follow up public engagement, at least 12 months after any changes are implemented, would be implemented. This would ascertain whether the proposals have been well-received and whether any concerns have or have not been addressed.

We will be asking the CCG for a response to this report on behalf of local residents, and for the CCG to outline how its key findings will be used to form any future plans for modernising healthcare services in Teignmouth & Dawlish. We will publish their response on our websites, social media accounts, and in our weekly email bulletins. This information can be accessed in the 'Contact Us' section at the end of this report.

healthwatch

in Devon, Plymouth and Torbay



Recognition

Healthwatch in Devon Plymouth and Torbay would like to thank everyone involved in the production of this report, including (but not limited to):

- The general public for sharing their valuable feedback in this report.
- The voluntary sector in Teignmouth and Dawlish
- Coastal Engagement Group
- Dawlish Hospital League of Friends
- Teignmouth Hospital League of Friends
- Staff and volunteers at both local health and care services and Healthwatch in Devon Plymouth and Torbay
- The NHS Devon Clinical Commissioning Group
- Torbay and South Devon NHS Foundation Trust
- Wider Devon voluntary sector and community
- Living Options



Appendices

This section contains many of the supporting information mentioned throughout the report.

Appendix 1 - Consultation Documents

Consultation Document

Teignmouth and Dawlish consultation - Consultation document

<https://devonccg.nhs.uk/download/teignmouth-and-dawlish-consultation-consultation-document?wpdmdl=5821&refresh=5f99d2835c39f1603916419>

Consultation Survey

Teignmouth and Dawlish consultation - Consultation survey

<https://devonccg.nhs.uk/download/teignmouth-and-dawlish-consultation-consultation-survey?wpdmdl=5822&refresh=5f99d2835e5fb1603916419>

Easy Read Consultation Document

Teignmouth and Dawlish consultation - Consultation document (easy read)

<https://devonccg.nhs.uk/download/teignmouth-and-dawlish-consultation-consultation-document-easy-read?wpdmdl=5978&refresh=5f99d283600491603916419>

If you would like printed copies of any of these documents please contact NHS Devon Clinical Commissioning Group on D-CCG.Communications@nhs.net.



Appendix 2 - Community Groups contacted directly by local Healthwatch and offered to participate in the consultation.

Contact method	Group Type/Name	Protected characteristic covered
email	The Old Peoples Social Centre	Age - old
email	Teignbridge Action 4 Children	Age - young
email and phone	Teignbridge Homeless Action Today	Homeless
email and phone	Homeless in Teignbridge Support	Homeless
email and phone	Walk This Way Teignbridge	N/A
email	Scouts	Age - young
email	Teignbridge Titans Netball Club	Age - young
email and phone	Dawlish and Teignmouth European Relief	Race
email	Assist Community Support Project - Teignbridge	Disability
email	Dawlish and Teignmouth Camera Club	N/A
email	Dawlish Ladies Guild	Sex
email and phone	The Open Daw, Dawlish Community Information Centre	N/A
email	A.I.M.S. (Dawlish)	Disability
email and phone	Alice Cross Dementia Support in Teignmouth (Memory Cafe)	N/A
email	Singing for the Brain	Age - older; Dementia
email	The University of the Third Age (U3A)- Dawlish	Age - old
email	Dawlish Memory Cafe	Age - old
email and phone	Dawlish Dancers	Age - old
email	Teignmouth Community College Parent Teacher Friend Association	N/A
email and phone	Teignbridge Youth Group Special Needs	Disability
email	Seeing	Disability - visually impaired
email and phone	Horsemanship for Health	Mental Health
email	Hand in Hand	Mental Health
email and phone	Assist Teignbridge	Age- older
email	Oaklands Park School PTFA	N/A
Email	Dawlish Guides	N/A
email and phone	VOYC Devon	Age - young
email	Pluss- Employment services	Disability
email and phone	Living Options Devon	Disability
email and phone	Action for blind people	Disability - blind
email and phone	Devon Sensory Outreach Service	Disability - visually impaired
email	Moor Vision	Disability - visually impaired
email	New Key	Disability
email and phone	Pluss Opportunities / Seetec Plus	Mental Health
email and phone	Roots Community Enhancement	Mental Health
email and phone	Teignbridge Gypsy and Traveller Forum	Race
14/09/2020	Dawlish Christian Fellowship	Religion and belief
14/09/2020	Ladies Hockey Club	Sex
email and phone	Dawlish Womens Institute	Sex
email	Mother's Union	Sex ; Pregnancy and maternity
email and phone	EAST TEIGNBRIDGE COMMUNITY TRANSPORT ASSOCIATION	N/A
email	Crochet Workshops	N/A
email	Redeeming out Communities (ROC)	N/A
email	Dawlish Conservation Trust	N/A
email	Friends of Dawlish Comm Hospital	N/A



email	Home-start Teignbridge	Age
email and phone	Strand Community Trust	N/A
email and phone	Waves	N/A
email and phone	Dawlish Art Group	N/A
email	Rotary Club of Dawlish Water	N/A
email	Sing along	N/A
email	U-Kan-Strum	
email and phone	Dawlish Library	N/A
email	Dawlish Musical Theatre	N/A
email	Dawlish and Starcross District girl guides	Sex
email	Rotary Club of Dawlish Benevolent Fund	N/A
email	Dawlish Repertory	N/A
email and phone	Dawlish & District Indoor Bowling Association	N/A
email and phone	Rotary Club of Dawlish	Age - old
email and phone	Flexercise with Emily	Age
email	Probus Club _ Newton Abbot and District	Age - old
email and phone	Community, equality, disability action (CEDA)	Disability
email and phone	Dawlish Gardens Trust	Disability
email and phone	Devon Link-up	Disability
email	The Key at Hannahs	Disability - visually impaired
email	Artists Way Health Trainers	N/A
Email	Active Devon	N/A
email	Youth Parliament	Age - young
email and phone	Young Devon	Age - young
email and phone	Action for Children	Age
email	Memory Cafe	Age - old
email	Shaldon Parent Toddler Group and Preschool Learning Alliance	Age
email	Scouts - River Teign Sea Scouts	Age - young
email and phone	Shaldon and Ringmore Village Hall	Age - young
email and phone	Sea Cadets - Teign Valley	Age - young
email	Surf Life Saving - Teignmouth	Age - young
email	Teignbridge Titans Netball Club	Age - young
email and phone	Patient Participation Group (Devon Square)	N/A
email	Patient Participation Group (Devon Square)	N/A
email	Devon Federation of Young Farmers Clubs	Age- young
email and phone	Shaldon Over-Sixty Club	Age - old
email and phone	Alice Cross Community Centre	N/A
email	Age Concern Teignmouth and Shaldon (Alice Cross)	Age - old
email and phone	Action on Hearing Loss (RNID)	Disability - deaf or hard of hearing
email and phone	Devon Mind	Mental Health
email and phone	Hikmat Devon	Race
email and phone	LGB Transaction	Sexual orientation + Gender Reassignment
email	Devon Fawcett Group	Sex
email and phone	Proud2 be	Sexual orientation
Email	Atlas Respite & Therapy - Dementia Specialist Activity Centre	N/A
email and phone	The League of Friends of Teignmouth Hospital	N/A
email and phone	Coastal Youth Action	Age - young
email	Bishopsteignton Healthy Living Centre	N/A
email	Local Refugee Resettlement Worker	Race
email and phone	Refugee Support Devon	Race
email	UBUNTU	Race



email	Splitz	Domestic Abuse
email	Mutual Aid	N/A
email and phone	Helping Dawlish	N/A
email and phone	Little Swans Preschool Dawlish	Pregnancy and Maternity
email	Gatehouse School Association	N/A
email and phone	Dawlish Action for Youth	Age - young
email	Dawlish United FC	N/A
email	Citizens Advice	N/A
email	DCT	N/A
email and phone	Devon Senior Voice	Age- old
email and phone	Devon Age UK	Age - old
email and phone	Mencap: Teignbridge needs youth group	Disability
email and phone	Dawlish Disability Network	Disability
email	Dawlish AIMS	Disability
email and phone	Devon In Sight	Disability
email	Multilingua	Race
email and phone	Dawlish Methodist Group	Religion and belief
email and phone	Intercom Trust	Sexual orientation + Gender reassignment
email and phone	Proud2be Families Group)	Sexual orientation
email	Dawlish Community Transport Action	N/A
email	Dawlish Choral Society	N/A
email	Dawlish Rocks	N/A
email	Friendship Club	N/A
email and phone	Devon Carers	Carers
email and phone	Carers Support group	Carers
email	Black Swan Bell ringers	N/A
email	Chess and Draughts club	N/A
email	Dawlish Coasters	N/A
email	Dawlish History Group	N/A
email	Dawlish Painters	N/A
email	Friends of Dawlish Library	N/A
email	Friends of Dawlish station	N/A
email	Dawlish Amateur Repertory Company	N/A
email	Dawlish Museum Society	N/A
mail	Holcome Village Hall	N/A
email	Plants for Future	N/A
email and phone	Bishopsteignton Care Watch	Age - old
email	Teignbridge Community Voluntary Services	N/A
email	Scouts - 4th Teignmouth	Age - young
email	Hazeldown Parent Teachers Association	Age
email	Scouts - 1st Bishopsteignton	Age - young
email	Dawlish Wives Group	Sex
email	Youth Parliaments	Age - young
email	Active Devon	Age
email and phone	Rotary Club of Dawlish	Age- old
email and phone	The Salvation Army	N/A
email and phone	National Childbirth Trust (Torbay/ South Devon)	Pregnancy and Maternity
email and phone	Carry on Choir	N/A
email and phone	Recovery Devon	Mental Health
email	Bishopsteignton Healthy Living Group	N/A
email	Bishopsteignton Parish Council	N/A



email	Citizens Advice - Teignbridge	N/A
email	Devon Memory Cafe Consortium	N/A
email	Memory Cafe - Bishopsteignton	N/A
email	Memory Cafe - Shaldon (St Peter's Church)	Religion and belief
email	Friends of Teignmouth Library	N/A
Email	Inverteign Wildlife Area Project	N/A
email and phone	Kingsway Residents Association	Deprived
email	Lighthouse CIC	Pregnancy and Maternity
email and phone	Pow Wow Cafe	Deprived
email	Shaldon Optimists Cricket Club	N/A
email	Teign Heritage Centre	N/A
email	Teignmouth Arts in Action Group	N/A
email	Shaldon Wildlife Trust Limited	N/A
email	Teignmouth District Girl Guides Association	Gender and Age - young
email and phone	The New Road Area Community Association	N/A
email and phone	The Teignmouth Soup Kitchen Trust	N/A
email and phone	Teignmouth and Dawlish Ramblers	N/A
email and phone	Dawlish Baptist Church	Religion and belief
email and phone	Dawlish History Group	N/A
email and phone	Dawlish Celebrates Carnival	N/A
phone	Dawlish Chamber of Trade	N/A
phone	Sunflower Bunch	Cancer support
phone	Teignmouth Amateur Football Club	N/A
phone	Teignmouth Rugby Football & Supporters Club	N/A
phone	Dawlish Friends	N/A
phone	Friendship Club	N/A
phone	Friends Together	
email and phone	Happy Days Nursery	Pregnancy and Maternity
phone	Dawlish Freemasons	N/A
phone	Dawlish Social Luncheon Club	N/A
phone	Craft and Chat	N/A
email and phone	Devon Communities Together	N/A
phone	Teignmouth Congregation of Jehovah's Witnesses	Religion and belief
email and FB	Devon Faith and Belief Forum	Religion and belief
email	Pink Families	Sexual orientation
email and phone	Devon Maternity Voices	Pregnancy and Maternity
email	Sikh Community Devon and Cornwall	Religion and belief
email	South Devon Methodist Circuit	Religion and belief
email and phone	Depression and Anxiety Service	Mental Health
phone	Dawlish Civil Service Retirement Fellowship (CSRF)	Age
phone	Age Concern Luncheon	Age- old
phone	Reading Group for the Visually Impaired	Disability - visual
phone	Polish Community	Race
phone	South Devon and Torbay Community Sight Loss Hub	Disability - visual
phone	Craft and Chat	Age
phone	Youth ROC Dawlish	Age - young
email	Bossom buddies	Pregnancy and Maternity
email and phone	Action for Children	Age - young
email	Bishopsteignton Parish Council	N/A



email and phone	Bishopsteignton Preschool Playgroup	Pregnancy and maternity ; Age - young
email and phone	East Teign Nursery	Pregnancy and Maternity
email and phone	Teignmouth Baptist Church	Religion and belief
email and phone	Teignmouth Library	N/A
email	Bishopsteignton Village Website	N/A
Twitter	Fairplay South West	SEX
email and phone	St Gregory's of Dawlish	Religion and belief
email and phone	Starcross Pre-school	Pregnancy and Maternity
FB	Quaker Gatherings Devon and Cornwall	N/A
FB	Inclusive Exeter	N/A
FB	Devon Community Foundation	N/A
FB	DDE at the Global Centre	N/A
Email	South Devon Seabird Trust	N/A
Email	Girlguiding Devon	Age - young ; SEX
email and phone	Friends of Dawlish Hospital	N/A
email and phone	Hearing Dogs for Deaf People	Disability - Deaf
email	Red rock youth centre (Dawlish)	Age - young

Appendix 3 - Community Groups that accepted the invitation to participate in an online meeting

Meeting date	Group Type/Name	Meeting time	Location	Number of participants attended (CCG not included)
09/08/2020	Teignmouth Town Centre Management Partnership	9.15am	Zoom (online)	12
23/09/2020	Volunteering in Health	10:00am	Zoom (online)	not known
29/09/2020	Rotary Club of Dawlish	6:30pm	Zoom (online)	around 32 people (a lot of participants joined as a pair on the same Zoom account)
10/01/2020	Community Nurses	12:30pm	Microsoft Teams (online)	roughly 14 (there was a group of community nurses who were seating in one room, using one laptop and so a lot of them were offscreen)
10/07/2020	Dawlish Town Council	6:30pm	Zoom (online)	16
13/10/2020	Teignmouth Town Council	6:00pm	Zoom (online)	14
14/10/2020	Dawlish Social Luncheon Club	3:30pm	Zoom (online)	6



Appendix 4 - records of the online public meetings

The dates and times the online public consultation meetings were held o, including links to the recordings of each, are in the table below:

Friday 11 September	2:30pm - 4pm	Watch a recording of the meeting https://youtu.be/2gFoF6JG3zg
Thursday 17 September	10:30am - 12noon	Watch a recording of the meeting www.youtube.com/watch?v=FoTX17EqiJg
Wednesday 23 September	6pm - 7:30pm	Watch a recording of the meeting https://www.youtube.com/watch?v=qqufvRsmGLE&t=4s
Tuesday 29 September	3pm - 4:30pm	Watch a recording of the meeting https://youtu.be/xK374PEERXg
Monday 5 October	11.30am - 1pm	Watch a recording of the meeting https://www.youtube.com/watch?v=sLAHmIEeZWE
Saturday 17 October	11am - 12:30pm	Watch a recording of the meeting https://youtu.be/057jy6x9wMI

Appendix 5 - Summaries of each online public meeting

Meeting 1 - 11 September 2020

Panel

Twelve households attended the meeting. The panel was chaired by Kevin Dixon, Chair of Healthwatch in Devon, Plymouth and Torbay. The panel consisted of the following:

- Simon Tapley (Accountable Officer, NHS Devon CCG)
- Liz Davenport (Chief Executive, Torbay and South Devon NHS Foundation Trust)
- Dr David Greenwell (Clinical Representative, NHS Devon CCG)
- Dr Carlie Karakusevic (GP Partner, Channel View medical group, Teignmouth)

The following questions and concerns were raised, organised by theme:

Parking

- What patient parking will be available at the new Teignmouth doctors' building?



- As you cannot provide parking on site, can you pressure Teignbridge to change Quay Rd to short stay to accommodate the increased number of people brought to town?
 - Has any consideration been given to underground parking for the new build?
- Co-location of services
- Is locating all services in just two locations the correct thing to do in the current COVID crisis?
 - Why is it good for GPs to work in the same building as other services - how does this help patients?

Covid-19 pandemic

- Won't beds in Teignmouth Community Hospital be needed if there is another COVID outbreak?

Services and capacity

- Can you fit everything you propose in Dawlish Community Hospital?
- Will the new Health and Wellbeing Centre have sufficient capacity to cope with a new influx of residents resulting from new residential developments?
- Are all outlying surgeries going to close?
- Will services be reduced as part of this proposal?
- Why is it better to look after people in their own homes? People feel safe in hospital

Implications for local residents

- Will TQ14 residents continue to have access to Newton Abbot hospital services?
- What does this proposal mean for Newton Abbot?
- Implications of the proposed changes for Teign Estuary patients

Questions about the proposal/consultation

- How have you involved local people in developing the proposal?
- Not much in the current proposal about specialist cancer treatment
- What will happen to the current Teignmouth Hospital building?

Meeting 2 -17 September 2020

Panel

Nineteen households attended the meeting. The panel was chaired by Kevin Dixon, Chair of Healthwatch in Devon, Plymouth and Torbay. The panel consisted of the following:

- Simon Tapley (Accountable Officer, Devon CCG)
- Liz Davenport (Chief Executive, Torbay and South Devon NHS Foundation Trust)
- Dr David Greenwell (Clinical Representative, NHS Devon Clinical Commissioning Group)
- Dr Matthew Fox (GP Partner, Barton Surgery, Dawlish)

The following questions and concerns were raised, organised by theme:



Parking

- Street parking in Teignmouth: we have articulated lorries travelling down this road for the Co-op that already struggled to get round the bend due to parked cars on double yellow lines. Lorries have been blocked in the past by larger/wider vehicles. There are also garages that would become inaccessible if on-street parking was allowed outside the HWC.
- I foresee a problem with parking by blue badge holders on double yellow lines outside the HWC
- Parking can be hard to come by in the holiday months. Could you work with the council to develop a scheme that would give priority to local residents for short-stay parking in the centre of Teignmouth?
- Parking in Dawlish is like gold during the day. Where are you planning extra parking spaces?

Moving services from/closing Teignmouth Hospital

- Is the ENT clinic to stay in Teignmouth or move to Dawlish?
- With specialist outpatient clinics moving to Dawlish, patients may have a long, uphill walk
- Concern about lack of mention of mental health in the proposal; where does mental health sit within the proposal? Will trauma informed practice be considered in proposed changes?
- Clinical psychology services will be moved to Dawlish under the new proposal. Will this include IAPT and/or psychological services? Will any mental health services be available at the new HWC?
- I wonder if mental health referrals are low because the nearest psychotherapies (IAT) are in NA and Exeter. This can mean long travel for therapy and group sessions. Would it be a good idea to bring these services to Teignmouth and Dawlish hospitals?
- Money from the sale of Teignmouth Hospital will be reinvested in local services - does this mean health and wellbeing services exclusively?
- Why are the South Devon trust trying to decommission services at Teignmouth Hospital when there are new houses being built in Teignmouth and Dawlish?

Development of the new Health and Wellbeing Centre

- As a resident living immediately opposite the proposed development, my home will be plunged into darkness if there is no consideration to the two-storey residential properties opposite. Are there plans to step back the upper floors to allow daylight to reach these dwellings?
- The new building on Brunswick St will include a pharmacy. Why is this necessary when there are already two?
- Why is the HWC being built in a part of town that is increasingly threatened by floods?
- Will provision be made for people to securely leave their cycles at or near the centre?



- Teignmouth League of Friends has raised huge amounts of money to support TCH's work. Would facilities paid for by LoF funding be replicated or moved to HWC?
- Closure of the rehabilitation beds
- Regarding Dr Fox wanting to keep people in their own homes as long as possible. Where are all health visitors, nurses, paramedics etc coming from as existing provision is already stretched? How many more carers are being recruited to meet future needs?
 - End of life care is currently left predominantly to privately run care homes, many of which fail to meet required standards expected by the CQC.

Meeting 3 - 23 September 2020

Panel

Seventeen households attended the meeting. The panel was chaired by Kevin Dixon, Chair of Healthwatch in Devon, Plymouth and Torbay. The panel consisted of the following:

- Jo Turl (Director of Commissioning, NHS Devon CCG)
- Liz Davenport (Chief Executive, Torbay and South Devon NHS Foundation Trust)
- Dr Paul Johnson (Clinical chair, NHS Devon CCG)
- Dr Carlie Karakusevic (GP Partner, Channel View medical group, Teignmouth)
- Dr Matthew Fox (GP Partner, Barton Surgery, Dawlish)

The following questions and concerns were raised, organised by theme:

Parking

- How many parking spaces will be available to both staff and patients?
- NHS resources and funding
- Where does £8m come from to build the new HWC?
 - The NHS is losing nurses from its workforce and already needs an extra 50,000 nurses. How will the NHS cope with a major shortage if more nurses are rushing around between homes. Surely keeping all existing hospitals is a top priority as they enable fewer nurses to cope efficiently with more patients?
 - There is frequent mention of the voluntary sector becoming more involved. Clearly the proposed changes are being made to cover the cost of PFIs and the underfunding of the NHS. Is this scheme a Trojan horse to move more people towards private healthcare or to a multi-tier system?

Moving services from/closing Teignmouth Hospital

- Why move the services instead of updating and maintaining the existing hospital? A much smaller building could be built for the doctors' surgery
- Why add a 20 minute journey time for more residents from a bigger population to travel along a very busy road to access services we already have? By not reneging on past promises to keep the respite beds open, we could relieve the bed blocking and help get care in the community timed to find suitable care for more vulnerable



patients

- Have contracts for the closure of TCH already been drawn up or will the site be put up for open tender?
- The fact remains that one large practice wants better premises, that's all. Everything else is already taking place in Teignmouth, having let the building deteriorate due to lack of maintenance, just remedy this by spending the money available to update it, leaving the town of Teignmouth well-served with continued support from the excellent League of Friends

Questions about the consultation

- The proposed HWC is planned to be built in a flood risk area. Why?
- It is important that the voluntary sector is seen as an equal partner. Cross-agency cooperation is important to support our local communities.
- On page 18 in the brochure, you predict footfall for audiology, podiatry, and physiotherapy but no numbers for similar monthly average appointments for the ENT clinic. Also, for volunteering and health, I don't know the numbers of people that visit on a regular basis or what staff are associated onsite with the activity?
- Are any of these people [on the panel] dedicated clinicians or are they working for financiers?

Meeting 4 - 29 September 2020

Panel

Twelve households attended the meeting. The panel was chaired by Kevin Dixon, Chair of Healthwatch in Devon, Plymouth and Torbay. The panel consisted of the following:

- Jo Turl (Director of Commissioning, NHS Devon CCG)
- Adel Jones (Director of Transformation and Partnerships, Torbay and South Devon NHS Foundation Trust)
- Dr Paul Johnson (Clinical Chair, NHS Devon CCG)
- Dr Carlie Karakusevic (GP Partner, Channel View medical group, Teignmouth)

The following questions and concerns were raised, organised by theme:

Comments made by Anne-Marie Morris MP

- The local MP has expressed grave concerns about DCH being able to accommodate all the clinics that are intended to be located there and suggested TCH should not be closed until it has been proven to be possible.
- The local MP also says that the consultation cannot agree that the 12 rehab beds should be moved and this should be another consultation post-Covid, same for hospital closure
- Anne-Marie Morris also says your information is out-of-date and pre-Covid. Insufficient clarity about separation of infectious and non-infectious patients and no plans as to how they might run them together.



The new Health & Wellbeing Centre

- How many people do you expect to use the facility on a daily basis?
- It seems that the new colocated services proposed will be in an area prone to flooding

Covid-19 pandemic

- Shouldn't this consultation be postponed until the impact of Covid pandemic becomes clearer?

Meeting 5 - 5 October 2020

Panel

Twenty-four households attended the meeting. The panel was chaired by Kevin Dixon, Chair of Healthwatch in Devon, Plymouth and Torbay. The panel consisted of the following:

- Jo Turl (Director of Commissioning, NHS Devon CCG)
- Liz Davenport (Chief Executive, Torbay and South Devon NHS Foundation Trust)
- Dr David Greenwell (Clinical Representative, NHS Devon CCG)
- Dr Carlie Karakusevic (GP Partner, Channel View medical group)

The following questions and concerns were raised, organised by theme:

Travel and accessibility

- The travel survey shows that 60% of specialist clinic users said they would find it difficult to get to Dawlish and 44% of community clinic users said the same, with very few saying it would be easier. That seems very clear. What further details are you hoping for from this consultation?

Parking and traffic

- Where is the car parking to use the new facilities? Teignmouth is difficult to park in at the best of times, let alone in the summer, bearing in mind one car park has already been taken over by a hotel
- Why not build a much smaller doctors' surgery in town to save some well needed parking spaces? This will allow the hospital to be brought up to date and still cost less than the £8m available.
- moving services from Teignmouth to Dawlish will increase traffic along Bitten Park Road which is already heavily polluted. Air pollution is a major cause of health problems.

Questions about the consultation

- Why was only the option of closing the hospital and moving the clinics fully costed and offered for scrutiny? It isn't possible from the figures available to compare refurbishing or rebuilding the hospital
- At this time of the pandemic, with huge uncertainty about our ability to respond to a



second wave of coronavirus, and a clear need to have as much available hospital capacity as possible, how can you even consider holding this public consultation now, with a view to closing the hospital?

- When you say “stays in hospital” do you mean both acute and community hospital stays together, because they are very different outcomes. One is part of planned community care and one is part of a breakdown in planned community care.
- What were the outcomes of previous consultations?
- Dr Fox has said that all services will be working together in one building. They won’t. They’ll still be split between Dawlish and Teignmouth instead of between Teignmouth and Teignmouth. What is the advantage?
- This is a consultation so what are the real chances of our views and concerns resulting in any substantial changes to the plans and proposals? My view would be the HWC concept is good (somewhere that isn’t a flood risk would be better) but losing the hospital would be reckless, especially with COVID running riot
- What learning from other HWCs has been considered when putting together the plans for Teignmouth and Dawlish?
- In order to offer the current site for the HWC, a bin store on this site used by shops in Northumberland Place has been closed and apparently no alternative arrangements have been offered by Teignbridge. Are there plans for alternative provisions?
- Why did the CCG lead local GPs in 2018 to believe that the construction of the HWC in Teignmouth was dependent on funds from the sale of the TCH, which the CCG itself has since stated is not the case?
- How many people who actually work or use the facilities in the hospital would actually want to move to the new centre or Dawlish if current facilities were brought up to date?
- Will the HWC be funded using PFIs?
- Can I say thank you to the panel for addressing our questions, you are obviously dedicated professionals. But you do seem to have been given a role passing off cuts to services and better care that cannot sit happily with you as the caring professionals you all seem to be. Can we hear what you really think for 2 minutes?

Community care and rehabilitation

- From previous meetings it seems that local care homes will be required to do a lot of heavy lifting, but most of them aren’t fit for purpose and fail CQC inspections. Can we have any faith whatsoever that vast improvements will be carried out to make these facilities fit for purpose and not the antiquated rabbit warrens most of them currently are?
- Can you reference the source of the figure regarding a 10% reduction in the use of long-term residential care? Is it anything to do with the shortage of care beds?
- Who is providing the care in the homes for the frail and elderly and how much time does a day visit consist of?
- Claiming that TCH could not be used with the longer term impacts of Covid seems expediently knee-jerk when the types of conditions cannot yet be known due to their



potentially chronic nature, and could therefore require much more end of life care than could be supported in patients' own homes

- Can we celebrate the wonderful work the GPs and community services do, keeping people safe and well at home, while acknowledging that having community hospital beds available locally adds to the safety and capacity of the whole team, including carers.
- If you're definitely not going to put the beds back, why not rename the hospital as Teignmouth Health and Wellbeing Centre, spend the £3m or so there and leave the new premises for Channel View practice?

Teignmouth Hospital

- How will closing the hospital make it easier for statutory and non-statutory services to work together? Why is it necessary for the GP centre to be opened?
- Community care and voluntary services are all functioning well under one hospital and roof already. Why not spend this money on upgrading and maintaining this hospital instead of splitting services between Dawlish and yet to be filled premises?
- The only reason that TCH needs so much refurbishment is because it has been allowed to decline, possibly deliberately, to provide ammunition for its demolition. There is a lot of manipulation going on behind the scenes to ensure that the CCG get their determined outcome
- Can we guarantee that the proceeds from the sale of the hospital will be ringfenced for the local NHS?

Meeting 6 - 17th October 2020

Panel

Fourteen households attended the meeting. The meeting was chaired by Kevin Dixon, Chair of Healthwatch in Devon, Plymouth and Torbay. The panel consisted of the following:

- Simon Tapley (Accountable officer, NHS Devon CCG)
- Liz Davenport (Chief executive, Torbay and South Devon NHS Foundation Trust)
- Dr Paul Johnson (Clinical chair, NHS Devon CCG)
- Dr Carlie Karakusevic (GP partner, Channel View medical group)

The following questions and concerns were raised, organised by theme:

Covid-19 pandemic and NHS capacity

- Surely the Covid experience has changed the scene in ways that cannot yet be fully understood. Is this a good time to stop meddling with systems? It would seem logical to stand down the CCG consultation until the pandemic runs its course.
- Do changes in the way things are done (since Covid) mean that being in the same building is as important as it was before?
- Schools and other essential services will struggle if Covid cases are allowed to continue to rise. Essential services could be seriously affected, even decimated, in areas with the highest



infection rates unless intelligent measures are taken to bring the epidemic under control. High levels of key workers falling sick will have its own consequences too; we are currently faced with our health systems being extremely challenged. Already there is talk of hospitals being unable to cope, with the rapidly increasing number of Covid cases expected. With the likelihood of future significant challenges, should we not learn some lessons here, rethink reorganisation plans that seek to close down the highly valued South Devon community hospital, that aim to contract rather than expand our health services, and instead make plans to invest in and utilise all NHS community hospitals and reopen those previously closed.

- In today's world, coastal towns require up-and-running full hospital services. This consultation was dreamed up pre-Covid. The current experience of Liverpool and other towns, where it is now recognised that there is a lack of hospital capacity, point to the need for the NHS hospital services to be protected, developed, and expanded. Why is the Devon CCG still pushing ahead with consultation proposals that completely run contrary to, and completely ignore, the current realities and challenges to be met in the future?

General questions about the proposal or consultation

- Could the CCG clarify which GP practices will be located in the proposed health centre?
- When will the MIU (currently closed) at Dawlish be reopened, and will it continue to operate at Dawlish hospital after the reorganisation?
- As a patient of Glendevon, my practice has been given good reasons as to why they are not moving. Will I and other patients be able to access all the other non-GP services in the new building or are these just for Channel View surgery?
- How can we genuinely complain about this process? It must be stopped, it's so flawed and ill-conceived at such a terrible time.
- When will the public find out the result of this consultation, and if agreed, what is the timeline for building and moving services?

The closure of Teignmouth Community Hospital

- One of the reasons given for building the new state-of-the-art HWC in Teignmouth is to provide more integrated, joined-up care in the community. The new building will only consist of a GP surgery, four community clinics, and volunteer services. While it is clear that local GP services need modernising, surely public money invested into the refurbishment and reinstatement of Teignmouth community hospital would be a far better solution. Has this option been considered and why have the comparative costs not been made public?
- The likely decision by Torbay and South Devon Foundation Trust to close Teignmouth Hospital appears like an afterthought at the end of the consultation proposal. If the hospital is closed and sold off, another publicly-owned and NHS-run hospital will be lost forever to the community and to the country. The proposed new HWC will be financed partially by private money, and the local hospitals that are being left untouched and/or expanded, like Newton Abbot and Dawlish Hospital, were all built with money from PFI contracts. Are these new developments in Teignmouth another move on the slippery slope towards NHS privatisation?
- This is a done deal, isn't it, not a consultation? If these proposals go ahead, services in Teignmouth will be decimated, as there aren't enough NHS services already, despite the claims being made. Where are all the extra staff keeping folk in their own homes coming from?

The new Health and Wellbeing centre

- Why are such desperate promises being made? Typically, they want to build a new medical centre in an area that's going to become increasingly prone to flooding. Climate change is guaranteed.
- Given that the primary care network workforce is intended to expand over the next four years, possibly by 20 people, and the staff in the surgery are increasing, and the proposed



hospital staff moving in too, it is essential that the new premises can be extended in the future to accommodate a bigger workforce than there is now. How do you intend to achieve and guarantee that the new building is future-proof for the next 10+ years?

- The new health hub will not be ready until 2022. It is confirmed that services will be moving to Torbay, Newton Abbot, and Dawlish, but is it your plan to move services in a block or will there be a gradual closing of services over time?
- Will the GPs' £1 million secured from NHS England improvement primary care estates funding be used solely to fund the GP part of the new HWC or the whole building?
- What happens to Glendevon patients' share of the funding if they do not move? Assuming it will remain and go into the new building, will some of the rooms be available to use by the other practice?
- What are the parking options going to be for staff and patients using the new centre? If this is not resolved it will be a nightmare for anyone using the building.

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This report was produced by Healthwatch Torbay and Engaging Communities South
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Modernising healthcare services in Teignmouth and Dawlish

Quality Equality Impact Assessment

December 2020

QEIA lead name:	Jo Curtis, Commissioning Manager
Project lead title/group:	Modernising healthcare services in Teignmouth and Dawlish
Who holds overall responsibility?	Jenny Turner, Head of Integrated Care - South
Who else has been involved in the decision?	Project steering group
Summary of proposed change:	
The CCG and its partners' work in the Teignmouth and Dawlish area over the last few years has included a number of engagement processes which brought us to the point of one proposal for public consultation, with four components: a) Move the most frequently used community clinics from Teignmouth Community Hospital to the new Health and Wellbeing Centre in the centre of town. b) Move specialist outpatient clinics, except ear nose and throat clinics, from Teignmouth Community Hospital to Dawlish Community Hospital, four miles away c) Move day case procedures from Teignmouth Community Hospital to Dawlish Community Hospital d) Continue with a model of community-based intermediate care, reversing the previous decision to establish 12 rehabilitation beds at Teignmouth Community Hospital. In preparation for and following this public consultation, a Quality Equality Impact Assessment (QEIA) was developed and reviewed by the CCG Quality Equality Impact Assessment panel at the following points: - November 2018 – the panel reviewed the QEIA of potential options for consultation. The panel made recommendations with regard to the consideration of equality impact. These were acted upon and the panel was subsequently assured. - January 2020 - prior to the public consultation intended to start in the spring, a virtual review by the panel of the QEIA took place on the options proposed. The panel continued to be assured that the assessment was thorough. The public consultation was delayed due to the COVID-19 pandemic but then took place from 1 September-26 October 2020. - December 2020 - panel review of a refresh of the QEIA which was informed by further feedback received from the public through consultation. The QEIA panel was assured by the assessment made on the potential impacts of this proposal for service change.	

Supporting Documents:	Clinical evidence Intermediate Care appendix of the business case. Voluntary sector appendix of the business case. Travel impact assessment 2018 Engagement Feedback report Healthwatch 2019 travel survey Strategic context Teignbridge Joint Strategic Needs Assessment profiles	
Date of change & duration:	09/12/2020	
Version:	9 Final final	
Impact checker:		
[mandatory completion: If one or more option is selected as “yes” please complete the QEIA impact assessment excel spreadsheet in full, if none of the below are selected continue with this document]		
Adversely affect patient safety or clinical effectiveness		☐
Adverse effect as a result of variations or deviations from national guidance e.g. NICE requirements, CQC, Equality Act, Care Act etc.		☐
Adversely affect patient, carers or service user experience		☐
Adversely affect staff experience		☐
Adversely affect access to services		☐
Adversely affect people with protected characteristics		☐

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1. The purpose of this document

The purpose of this document is to support the CCG to understand the equality and inequality issues arising from the proposal so that it can properly consider them in line with its statutory duties. These duties are under:

- s.149 of the Equality Act 2010 – have due regard to the public sector equality duty. In assessing the potential impacts of this proposal, particular regard has been given to the duty of eliminating discrimination and advancing equality of opportunity between those who share a relevant protected characteristic, and those who do not.
- s.14T of the NHS Act 2006 (as amended) – have regard to the need to reduce inequalities of access to health services and outcomes achieved between patients.

2. Background

In January 2017, South Devon and Torbay NHS Clinical Commissioning Group agreed a new model of care which invested in health and wellbeing teams, including intermediate care, and the development of health and wellbeing centres. The Coastal locality was an early adopter of this model which sited its acute community services (medical beds and minor injury service) in Dawlish, and health and wellbeing services (outpatient clinics, planned day case procedures and the health and wellbeing team base, including the Volunteering in Health information centre) in Teignmouth. These services were designed to coordinate and provide services for the whole of the Teignmouth and Dawlish area together, rather than be specific to one town or the other.

Twelve rehabilitation beds were included in the plans but never implemented due to the effectiveness of intermediate care provided by the health and wellbeing team.

3. Context

Completing the implementation of the care model and planning for their sustainable future, the Teignmouth GP practices (two of which then merged) wished to co-locate their main surgeries in a new Health and Wellbeing Centre where the health and wellbeing team and voluntary sector would join them. The practices are responsible for holding discussions with their registered patients about such a move and this is governed through the CCG Primary Care Committee.

During the CCG consultation period, one of the GP practices decided it would not move to the new proposed centre. The remaining practice, the larger of the two in Teignmouth, continues to be part of the centre's development.

A move of the health and wellbeing staff base or the voluntary sector is not a matter for public consultation. However, the development of the Health and Wellbeing Centre presented an opportunity to review the location of all services in Teignmouth and Dawlish and how they work together.

4. Final CCG proposal for consultation

The CCG is responsible for public consultation in relation to outpatient clinics and day case procedure services which are provided at Teignmouth Community Hospital. It also needed to re-consult on 12 rehabilitation beds which had never been implemented due to the success of the enhanced intermediate care provided by the health and wellbeing team.

The formal 8-week public consultation on the future delivery of services in the Teignmouth and Dawlish areas closed on 26 October 2020, with more than 1,000 people having taken part.

The consultation invited views and comments on a proposal by the CCG that arose from plans by Torbay and South Devon NHS Foundation Trust to build the new £8million Health and Wellbeing Centre in the heart of Teignmouth. This will house Channel View Medical Group, the local health and wellbeing team, Volunteering in Health and possibly one of the existing Teignmouth pharmacies.

The proposal for consultation consisted of four elements:

- a) Move the most frequently used community clinics and the ear nose and throat specialist clinic from Teignmouth Community Hospital to the new Health and Wellbeing Centre
- b) Move specialist outpatient clinics, except ear nose and throat clinics, from Teignmouth Community Hospital to Dawlish Community Hospital, four miles away
- c) Move day case procedures from Teignmouth Community Hospital to Dawlish Community Hospital
- d) Continue with a model of community-based intermediate care, reversing the decision to establish 12 rehabilitation beds at Teignmouth Community Hospital

The consultation document stated clearly that if the proposal were approved, Teignmouth Community Hospital would no longer be needed for NHS services, and it would be likely to be sold by Torbay and South Devon NHS Foundation Trust, with the proceeds reinvested in the local NHS.

There is a desire to keep providing in the locality all services currently delivered from Teignmouth Community Hospital.

The impact of moving the patient-facing services commissioned by the CCG to Dawlish Community Hospital four miles away or to the Health and Wellbeing Centre in Teignmouth town centre, one mile away, has been evaluated. This Quality Equality Impact Assessment reviews the impact of moving frequently used community clinics to the Health and Wellbeing Centre. These clinics are most used by people in the Teignmouth and Dawlish area. It reviews the impact of day case procedures and specialist outpatient clinics moving to Dawlish Community Hospital. These services are used in high proportion by people outside the Teignmouth and Dawlish area. If all the changes described here took place, it is likely that Teignmouth Community Hospital would be closed.

Teignmouth Community Hospital sees 23,478 people in a year across all the services. Divided by 52, this averages to 451 people attending per week.

5. The role of local Healthwatch

Healthwatch in Devon, Plymouth and Torbay is the consumer champion for health and social care in Devon.

The CCG commissioned its local Healthwatch to oversee a consultation with the public, evaluate the responses and gather information on how the proposal might affect the people who use these services in Teignmouth and Dawlish.

The COVID-19 pandemic and Government guidelines meant the consultation approach needed to be adapted to limit social contact and to ensure people could express their views in a safe manner.

The role of Healthwatch in Devon, Plymouth and Torbay included ensuring that all areas of the local community had the opportunity to provide feedback on the CCG's proposal and that their feedback was independently and accurately represented back to the CCG.

In total there were 1,013 survey responses from across Devon. Of the 988 people who answered the question "During this consultation, have you been able to get the information you need and contribute your feedback?" the majority (754 people,

74.44%) answered “yes, completely” or “yes, mostly”. 182 people (17.97%) answered “to some extent,” and 52 respondents (5.13%) answered “no.”

6. Quality impact assessment

The quality impact assessment concludes that the likely impact on people using the services affected by this proposal is beneficial.

Quality indicator	Assessment
Safety	Benefit
Effectiveness	Significant benefit
Experience	Benefit

The assessment below details the review of this.

6.1 Safety

Assessed safety impact: benefit.

Description of impact

All services would be 'lifted and shifted' and therefore would still meet the same staffing, treatment and administration standards that are currently in place.

Dawlish Community Hospital is a purpose built, modern community hospital. At Dawlish Community Hospital there is level access at both ground and lower ground floors with a lift from the lower ground floor. Therefore, safety would be at the very least maintained and would be likely to be improved.

The Health and Wellbeing Centre at Brunswick Street in Teignmouth will be a brand new, purpose-designed building with modern facilities meeting today's standards. Therefore, safety will be maintained and likely improved.

DAY CASE PROCEDURES - A day case procedures operating suite designed to comply with current NHS guidance would be provided on the ground floor at Dawlish Hospital. The suite would be a stand-alone unit with a changing and pre-operative area, a theatre space and a recovery area. The equipment and technical environment would remain at the same level of safety or improved through updates. Safety in practice would be maintained at its current level or improved by a modernised environment.

SPECIALIST and COMMUNITY CLINICS - outpatient clinic services would still meet the same staffing, treatment and administration standards that are currently in place. It is proposed that they are moved either to Dawlish Community Hospital which has established safety procedures or to the Health and Wellbeing Centre which would be a purpose-built health and care facility and therefore a safe environment.

REHABILITATION BEDS - There is no reduction in safety as these are not currently implemented. There is clinical evidence and research to demonstrate that the health and wellbeing care team is looking after patients safely, as members actively support patients who are at risk of admission and liaise with the acute hospital to arrange timely, supported discharge. People are recovering more quickly and effectively, returning to their level of independence and ability more quickly than they would if they had spent more time in a hospital bed. Data to support this can be found in [Clinical evidence](#) and the [Intermediate Care](#) and [Voluntary sector](#) appendices of the business case.

6.2 Effectiveness

Assessed effectiveness impact: significant benefit to patients through improved model of care and compliance with national standards.

Description of impact

The model of care in Teignmouth has been evaluated by researchers in residence at Torbay and South Devon Foundation Trust. This can be seen in the [Intermediate Care](#) and [Voluntary sector](#) appendices of the business case. These demonstrate how the health and wellbeing team supports its local population in their own homes where possible, in terms of patient motivation, mental wellbeing scale, frailty and further use of the health and care system. Co-locating this team with primary care in the new Health and Wellbeing centre will further increase the effectiveness of how they all work in a coordinated way and in support of each other.

DAY CASE PROCEDURES AND SPECIALIST CLINICS - There would be no change to the operational features of the day case procedures and specialist outpatients moving to Dawlish in terms of workforce or leadership. The team would be 'lifting and shifting'.

COMMUNITY CLINICS - Combining the health and wellbeing team and community clinics with primary care would provide a first-grade integrated service that will support people and all members of the community with their health needs. It would also include other statutory and voluntary sector for rounded patient care and support. Specialist outpatients would be 'lifted and shifted' to Dawlish so there would be no change to effectiveness.

REHABILITATION BEDS - The health and wellbeing team is working effectively to support local patients to avoid a hospital admission or to support them to be discharged safely home or near home. Being able to give this support in people's own homes or care homes means that the rehabilitation beds that have never been implemented are not now needed. People are recovering more quickly and effectively, getting back to their level of independence and ability more quickly than they would have if they had spent more time in a hospital bed.

GPs and paramedic services make referrals to the team and work as part of it. Outcomes of this way of working and supporting rehabilitation in this way in the Teignmouth and Dawlish areas have been identified as:

- Avoiding unnecessary admission to the acute hospital (6% reduction in emergency admissions compared with a CCG average 3% increase)
- The lowest rate in the CCG of bed days used per 1,000 population aged over 70
- The voluntary sector's membership of the team supports people to focus on their strengths, which contributes towards more sustainable outcomes for individuals.

Implementing the rehabilitation beds would have an adverse impact on the effectiveness of care provided in the Teignmouth and Dawlish area as this would mean refocussing staff on inpatient beds rather than providing support in the community.

6.3 Experience

Assessed experience impact: Benefit.

A positive independent review of the integrated model of care in the Teignmouth and Dawlish area has been presented to health and care teams nationally and worldwide. Multiple letters of praise have been received from people and families. Through enabling the teams to be more integrated and more effective in their care of people at home, it is anticipated that this experience would be further enhanced.

Description of impact

There would be no change to the operational features of day case procedures and specialist outpatients if they moved Dawlish Community Hospital. Patients from Teignmouth and outside of the locality south and west of Teignmouth who attend day case procedures or specialist outpatients would have less than four miles further to travel. There are main line/route bus and train links to Dawlish as well as Teignmouth (this is on the same train line). For some coming from the north and east of the locality the journey would be shorter. The parking at Dawlish Community Hospital is larger in capacity than at Teignmouth and is on a significantly flatter site, with easier access into the building than at Teignmouth Community Hospital.

DAY CASE PROCEDURES - The suite would be a stand-alone unit with a changing and pre-procedure area, a procedure space and a recovery area. The layout of the rooms would ensure privacy and dignity standards were met, which is an improvement from the current facilities. There would be level access at both ground and lower ground floors with a lift from the lower ground floor. 1,173 patients use this facility in a year. 51% of these are from Torbay. 35% are from Newton Abbot and the Moor to Sea localities combined. Just 13% are from the Teignmouth and Dawlish area.

SPECIALIST AND COMMUNITY CLINICS - These have been split so that those most used by local people would stay in the same town. Specialist outpatient clinics moving to Dawlish would be 'lifted and shifted' so for people using these clinics the journey time would be different. Feedback from engagement undertaken in Teignmouth demonstrates that people welcome the prospect of the health and wellbeing team and other voluntary and statutory services co-locating with primary care in a new building and understand this is likely to enhance patient experience. Concerns have been raised through the engagement and consultation processes about the building and parking logistics such as whether there will be enough parking or if the waiting rooms will be too large and overwhelming. These have been noted as the building is developed.

The area immediately to the west and north of Teignmouth Community Hospital has the second highest score of indices of multiple deprivation in this area (a score of 33.31 against the Devon average of 17.09). Our data shows around 500 people a year from this area use the clinics that would move one mile away to the town centre and 55 people use the services that would move four miles away to Dawlish. The area with the highest deprivation score in the area is that which immediately surrounds the location of the proposed Health and Wellbeing Centre.

Experience of consultants: journeys from Torbay Hospital to Dawlish Community Hospital, to which the specialist outpatients would move, are assessed as four minutes longer than to Teignmouth.

In December 2019/January 2020 Healthwatch Torbay conducted a month-long [survey](#) on understanding the experience of people travelling to Teignmouth Community Hospital and the impact they might experience if their clinic were moved to either the Health and Wellbeing Centre one mile away in Teignmouth town centre or to Dawlish Community Hospital four miles away. They surveyed 231 people, two thirds of whom would need to travel to Teignmouth town centre for their future appointment if the proposals go ahead and one third would need to travel to Dawlish. Key findings of this survey included:

- The **significant majority of respondents reported as having 'no issues'** with Teignmouth Hospital. Those who did, cited parking as the major issue.
- The **small majority** of respondents **said moving to the centre of Teignmouth would make it 'easier' or make 'little or no difference'**, with most who didn't, again citing parking as being the main issue.
- Generally, **patients who walked or caught the bus were happier to be in Teignmouth Town Centre** but people who drive would prefer to stay using the hospital site, raising concerns about parking and traffic in the town centre,

particularly during the summer. As the majority of respondents said they would be using a car to attend clinics, this issue will need to be addressed.

Relevant additional documents for this section are:

- [Travel Impact Assessment](#)
- [Clinical evidence](#)
- [2018 Engagement Feedback report](#)

7. Equality impact assessment

An overview of the equality impact assessment can be seen in the table below, followed by a more detailed assessment of the potential impact on people using the services affected by this proposal.

Overview of assessed equality impact:

Quality indicator	Assessment
Gender	Neutral
Race	Neutral
Disability: physical	Benefit
Disability: sensory	Benefit
Disability: learning disability	Neutral
Disability: mental health	Neutral
Sexual orientation	Neutral
Age: 0-18	Neutral
Age: 18-65	Neutral
Age: 65-85	Benefit
Age: over 85	Benefit
Religion and belief	Neutral
Asylum seekers, refugees and travellers	Benefit
Rurally isolated	Neutral
Parity of esteem with mental health	Benefit
Least deprived	Neutral
Most deprived	Benefit

7.1 Gender

Assessed impact on people based on gender: neutral.

Description of impact

There is no evidence to suggest people of any gender would be more disadvantaged by this proposal than those of another. It is proposed that the services be 'lifted and shifted' from one location to another. The new location for the service would be either one mile away in the same town, or four miles away in the next town. This

proposed change is not one that would cause a potential impact on someone due to their gender.

Has there been specific engagement or consultation with this group?

More women than men have engaged with us to give us their feedback through the following processes:

Respondents to the 2018 engagement process were 140 men, 249 women, 1 gender fluid and 9 prefer not to say

Respondents to the 2019/20 engagement process were 110 men, 116 women, 1 transgender woman and 2 prefer not to say

Respondents to the 2020 consultation were 361 men, 593 women, 25 preferred not to say and 10 preferred to self-describe

None of the respondents to the 2020 consultation indicated gender reassignment, though 'transgender man' and 'transgender women' were options to select

7.2 Race

Assessed impact for people based on race: neutral for all ethnicities considered within the assessment.

Description of impact

Users of the services affected by the proposal and those participating in the engagement processes over the years have been predominantly white European. Having said this, there is no evidence to suggest people of any race or heritage would be more disadvantaged by this proposal, where services were 'lifted and shifted' from one location to another, either one mile away in the same town, or four miles away in the next town, than those of another race or heritage.

Has there been specific engagement or consultation with this group?

Respondents to our 2018 engagement process were 365 white British, 4 white Irish, 4 white European, 3 white other, 1 Chinese and 5 'other'.

Respondents to our 2019/20 engagement process were 96% white British. The rest were white European and 1 preferred not to say.

Respondents to the 2020 consultation saw 935 describe themselves as white British people, 5 people of mixed heritage, 1 Asian British person, 1 African-Caribbean person, 27 people preferred not to say and 10 selected 'other'.

The comments that non-white people made during consultation reflected appreciation of services being moved to modern one-stop facilities and observation

of how people recover more quickly in their own homes. Concerns raised were about parking in Teignmouth town centre and the distance from bus stops of Dawlish Community Hospital.

7.3 Disability

The assessed impact for people based on disability:

- Benefit for people with physical and sensory disability and those with long term health conditions.
- Neutral for Deaf people, people with learning disability, mental ill health and dementia.

More specific assessments by type of disability follow below.

Overall description of impact for people based on disability

The Joint Strategic Needs Assessment shows Central Teignmouth has highest deprivation level in terms of health and disability. Moving the more frequently used services closer to this area with associated transport links and other services would be of benefit.

Dawlish Community Hospital is on a level site with good car parking and access. The building is modern and accessible and includes an induction loop. A new build for the Health and Wellbeing Centre would be in a level part of Teignmouth which is an improvement over the current hospital site and better enables a multi-disciplinary approach.

Users of patient transport would not be disadvantaged as the service would absorb the cost of any additional miles.

There is no evidence to suggest people with any kind of disability would be more disadvantaged by this proposal than those with another kind of disability, or those without disability.

Has there been specific engagement or consultation with this group?

In terms of disability in general, respondents to Coastal engagement in 2018 were 35 people with a disability, 156 with a long-term condition and 32 people were carers. We did not request any more specific information than this in that process. However, subsequently we have been able to ensure we have engaged with people more specifically and have been able to understand more about people's perspectives due to the nature of their disability. This is detailed in the following sections.

In terms of the positive or negative impact that disabled people and others disabled by their health condition felt this proposal may have, this is as follows:

Negative impact:

- Concerns about parking in proximity to the Health and Wellbeing Centre and the availability of spaces, particularly in the summer
- Concerns about the additional cost of transport or access to public transport for accessing services moving to Dawlish
- Poor proximity of bus stops to Dawlish Community Hospital and concern about the distance for mobility scooters
- Rehabilitation beds – some people feel more vulnerable in their own home and want more support with food and company around the clock
- Would prefer to go to a hospital rather than a care home for intermediate care

Positive impact

- The Health and Wellbeing Centre would be an easier location to access on foot and by public transport
- Dawlish Community Hospital offers easy access and parking
- Rehabilitation beds – the experience of fitness and independence levels deteriorating less at home than would have been the case in a hospital bed.

7.3.1 Physical disability

Assessed impact for people with physical disability: benefit.

The Joint Strategic Needs Assessment shows Central Teignmouth has highest deprivation level in terms of health and disability. Moving the more frequently used services closer to this area with associated its transport links and other services would be of benefit.

Dawlish Community Hospital is on a level site with good car parking and access. The building is modern and accessible. A new build for the Health and Wellbeing Centre would be in a level part of Teignmouth which is an improvement over the current hospital site and better enables a multi-disciplinary approach to support people with long term health conditions.

Users of patient transport would not be disadvantaged as the service would absorb the cost of any additional miles.

Has there been specific engagement or consultation with this group?

Respondents to the Coastal engagement in 2018 included 35 people with a disability. 156 people said they had a long-term health condition.

We asked local community transport organisations to help make the Teignmouth Hospital travel engagement in 2019/20 surveys accessible to their customers. 96 of the 231 respondents to this process considered themselves to have a disability. 78 of these said their disability was physical. Seven people who stated they had a physical disability cited health conditions such as 'kidney failure' (3) 'arthritis' (2), 'COPD', and 'heart problems'.

Healthwatch proactively promoted the 2020 consultation to community groups, including those that support people with disability. Of the 984 people who answered the question about disability, 234 people (23%) considered themselves to have a disability. More people (261) further indicated the type of their disability and 152 of these respondents specified theirs was a physical disability.

7.3.2 Sensory

Assessed impact for people with sensory disability: benefit.

Audiology is one of the clinics that would be co-located in the Health and Wellbeing Centre. If people with sensory impairment were to use new facilities, they would benefit from good disability access and a more modern layout.

People using services that would move to Dawlish under these proposals would also benefit from easier access and a modern building, including an induction loop.

Has there been specific engagement or consultation with this group?

Of the 96 respondents to the 2019/20 engagement who considered themselves to have a disability, 11 of these said their disability was visual and 20 said their disability was with their hearing.

Healthwatch proactively promoted the 2020 consultation to community groups, including those that support people with sensory loss. Of the 984 people who answered the question about disability, 234 people (23%) considered themselves to have a disability. More people (261) further indicated the type of their disability and 40 of these respondents specified theirs was deaf/blind. Six people said their disability related to speech.

7.3.3 Learning disability

Assessed impact for people with learning disability: neutral.

People with learning disability could benefit from integrated services operating from the Health and Wellbeing Centre. Teignmouth residents could be disorientated by travelling to Dawlish for outpatient appointments if this is a change for them, but the services that would move there are less likely to be frequently used; instead they would be either for specific episodes of care necessitating a short series of appointments or for infrequent reviews of long term conditions.

Eligibility for patient transport is included for those unable to plan or undertake a journey so some people with a learning disability would be entitled to this additional support. The patient transport service would absorb any additional travel cost from current journey distance.

Has there been specific engagement or consultation with this group?

Of the 96 respondents to the 2019/20 engagement who considered themselves to have a disability, two of these people said they had a learning disability.

The demographic questions in the 2018 engagement and 2020 consultation did not specify learning disability as a possible response option, so this information was not collected. However, Healthwatch proactively promoted the 2020 consultation to community groups, including those that support people with learning disability.

7.3.4 Mental health

Assessed impact for people with mental ill health: neutral.

Concerns were received through the 2020 consultation about parking availability close enough to the new Health and Wellbeing Centre, particularly from carers of people with dementia concerned they would be unable to drop off the person they were bringing to an appointment, and would want to accompany them over only a short distance.

The health and wellbeing team is actively working with Devon Partnership NHS Trust as part of its regular multidisciplinary meetings to ensure all aspects of people's needs are considered.

Integration in the Health and Wellbeing Centre would enhance the collaborative working between primary care, social prescribing and community mental health services which would enable broader benefit to people receiving support. Including mental health services in the Health and Wellbeing Centre was one of the suggestions recorded at the 2020 consultation.

Eligibility for patient transport includes being unable to plan or undertake a journey. The patient transport service would absorb any additional travel cost from current journey distance.

Has there been specific engagement or consultation with this group?

Feedback from the 2018 engagement included concerns about large, busy wellbeing centre waiting rooms affecting anxiety.

Of the 96 respondents to the 2019/20 engagement who considered themselves to have a disability, four of these said they suffered with mental ill health.

In the 2020 consultation, of the 984 people who answered the question about disability, 234 people (23%) considered themselves to have a disability. More people (261) further indicated the type of their disability and 22 (2%) of these respondents specified theirs was a mental illness.

The impact that this proposal might have on people with mental ill health as indicated by their consultation responses were as follows:

Negative impact:

Health and Wellbeing Centre – concern about congestion and parking availability
Concern about infection control in a building reliant on lifts
Concern that there might be a negative impact on GP appointments

Positive impact

Health and Wellbeing Centre - good to have services under one roof with easy access by public transport
Dawlish Community Hospital – good access
Rehabilitation beds – people are supported better at home
General comments – this is better than travelling to Torbay for these services

A request to engage with people affected as the project develops, including carers, has been recorded.

7.4 Sexual orientation

Assessed impact for people based on sexual orientation: neutral.

There is no indication that people of any sexual orientation would be more or less disadvantaged than others by these proposals that would 'lift and shift' services from one location to another, either one mile away in the same town, or four miles away in the next town.

Has there been specific engagement or consultation with this group?

325 of the respondents to the 2018 engagement said they were heterosexual, 5 people said they were gay, 2 lesbian, 2 bisexual and 36 preferred not to say.

181 respondents to the 2019/20 engagement said they were heterosexual with 18 people preferring not to say and 1 person stating bisexual.

Healthwatch proactively promoted the 2020 consultation to community groups, including those that support people through issues around sexual orientation. 964 people answered this question in the 2020 consultation. 872 people identified as heterosexual, 15 identified as gay and 4 identified as bisexual. 57 people preferred not to say and 16 people said they would prefer to self-describe.

There is no reason why the proposed changes would either disadvantage or have a distinct positive impact on anyone due to their sexual orientation.

7.5 Age 0-18

Overall assessed impact for people based on age: neutral.

A more thorough assessment by age range follows below.

7.5.1. Age 0-18

Assessed impact for people based on age group: neutral.

The Joint Strategic Needs Assessment states that 20% of Teignmouth residents are aged 0-19. The services affected by this proposal are predominantly provided to adults. However, some, such as physiotherapy, may be provided to younger people. This service would move to the town centre which would be easier to get to for most families or teenagers travelling alone.

For those who will need to change their travel arrangements and go from Teignmouth to Dawlish, the hospital is within walking distance from public transport and on a more level route than that of the services' current site at Teignmouth Community Hospital.

There is no indication that children and young people would be more or less disadvantaged than people of other ages by these proposals that would 'lift and shift' services from one location to another, either one mile away in the same town, or four miles away in the next town.

Has there been specific engagement or consultation with this group?

Healthwatch proactively promoted the 2020 consultation to community groups, including those that support children and young people, as well as parents and young families. One of the respondents to the 2020 consultation and one to the 2019/20 engagement were under 18. The respondents to the 2018 engagement were aged 16-24.

During a consultation in this area during 2014/15, the CCG visited children's centres to seek the views of parents/grandparents. It also contacted schools to seek the views of families and teachers of children of this age as well as the students themselves. There was minimal specific take up, although the CCG did use a comprehensive school as a venue for a public event.

During the 2020 consultation, the CCG contacted local primary and secondary schools to raise awareness of the consultation among both students and parents.

7.5.2 Age 18-65

Assessed impact for people based on age group: neutral.

The Joint Strategic Needs Assessment states that 19% of Teignmouth residents are aged 20-39 and 27% are aged 40-59. The services affected by this proposal are predominantly provided to adults.

There is no indication that people aged 18-65 would be more or less disadvantaged than people of other ages by these proposals that would 'lift and shift' services from one location to another, either one mile away in the same town, or four miles away in the next town.

Has there been specific engagement or consultation with this group?

11 respondents to the 2018 engagement were aged 25-34, 22 were aged 35-44, 49 respondents were aged 45-54 and 85 respondents were aged 55-64.

From the respondents to the 2019/20 engagement, 5 people were aged 18-25, 9 people aged 26-35, 9 people aged 36-45, 20 people aged 46-55 and 43 people aged 56-65.

In the 2020 consultation, 995 people answered the question on age and 18 people did not answer it.

The majority of respondents (78.38%, 794 people) were over the age of 55.

- 203 respondents (20.04%) were aged 56-65
- 88 respondents (8.69%) were aged 46-55
- 55 respondents (5.43%) were aged 36-45
- 23 respondents (2.27%) were aged 26-35
- seven respondents (0.69%) were aged 18-25
- 27 respondents (2.67%) selected “prefer not to say”

7.5.3 Age 65-85

Assessed impact for people based on age group: benefit.

The Joint Strategic Needs Assessment states that a quarter of Teignmouth residents are aged 60-79.

Dawlish Community Hospital is on a level site with good car parking and access. The building is modern and accessible.

A new build for the Health and Wellbeing Centre would be in a level part of Teignmouth and nearer to transport links, car parks and other services, which is improved from the current hospital site. This would indicate a positive benefit.

This age group is one of those that the health and wellbeing team support most in their own homes and which would benefit from further-improved integrated working.

Concerns have been received through the 2020 consultation with regard to how close to the Health and Wellbeing Centre people will be able to park, which indicates the potential for a negative impact. The Health and Wellbeing Centre will not include many parking spaces, which is a similar position to the current GP practices in the town. A [travel and parking assessment](#) was completed as part of the consultation preparation. This sets out the range and cost of car park and on-street parking availability in areas around both the Health and Wellbeing Centre and Dawlish Community Hospital.

Has there been specific engagement or consultation with this group?

112 respondents to our 2018 engagement were aged 65-74 and 102 people were aged 75-84.

Of the respondents to the 2019/20 engagement, 66 were aged 66-75 and 43 were aged 76-85.

Healthwatch proactively promoted the 2020 consultation to community groups, including those that support people in older age, or those that people of retirement age tend to take part in. The largest group of respondents were in the 66-75 age bracket, which was 344 respondents (33.96%). 191 respondents (18.85%) were aged 76-85.

The consultation was proactively shared by Healthwatch with the care home network.

7.5.4 Age over 85

Assessed impact for people based on age: benefit.

The Joint Strategic Needs Assessment states that almost 9% of the Teignmouth population is aged 80 and over.

Dawlish Community Hospital is on a level site with good car parking and access. The building is modern and accessible.

A new build for the Health and Wellbeing Centre would be in a level part of Teignmouth and nearer to transport links, car parks and other services, which is an improvement over the current hospital site. This would indicate a positive benefit.

This age group is one of those that the health and wellbeing team support most in their own homes or care homes and which would benefit from further-improved integrated working.

Concerns have been received through the 2020 consultation with regard to how close to the Health and Wellbeing Centre people will be able to park, which indicates the potential for a negative impact. The Health and Wellbeing Centre will not include many parking spaces, which is a similar position to the current GP practices in the town. A [travel and parking assessment](#) was completed as part of the consultation preparation. This sets out the range and cost of car park and on-street parking availability in areas around both the planned Health and Wellbeing Centre and Dawlish Community Hospital.

Has there been specific engagement or consultation with this group?

15 respondents to our 2018 engagement were aged 85+.

28 of the respondents to the 2019/20 engagement were aged 86+.

Healthwatch proactively promoted the 2020 consultation to community groups, including those that support people in older age, or those that people of retirement age tend to take part in. 56 respondents (5.53%) to the 2020 consultation were aged over 85. The impact that this group of people suggested through their consultation responses were as follows:

Positive impact

Health and Wellbeing Centre would be easier to access from Dawlish
Dawlish Community Hospital has more parking and more disabled spaces (but there could be more)
Home visits cause less distress than a hospital ward

Negative impact

Dawlish Community Hospital is further away from Bishopsteignton and other rural areas and Dawlish town is difficult to drive within
The distance that Dawlish Community Hospital is from bus stops is too far for a mobility scooter
Rehabilitation beds - people in their own homes need constant support, not sporadic visits
It can be worrying for a carer not to know when the next visit is going to be, especially at night with no phone signal in rural areas

7.6 Religion and belief

Assessed impact for people based on religion and belief: neutral.

Torbay and South Devon NHS Foundation Trust's Chaplaincy and Pastoral Care team visits people in bed-based services, including in community hospitals such as Dawlish. Visits can also be arranged from local faith groups. The proposals in this consultation are focussed around appointment-based or home-visit based, non-residential stay services which should not affect anyone's ability to observe religious practice.

Appointments and home visits can be arranged around such requirements. Any practice required within people's homes required by any particular religion, such as the removal of shoes on entry, will be observed. Torbay and South Devon Foundation Trust has equality and diversity training that is mandatory for all staff.

The proposals would 'lift and shift' services from one location to another, either one mile away in the same town, or four miles away in the next town. There is no indication that people would be more or less disadvantaged by these proposals due to their religion or belief.

Has there been specific engagement or consultation with this group?

We asked local churches of various denominations to promote previous engagement processes. We did not collect faith and belief data in previous processes, but the 2020 consultation was proactively shared with local Church groups.

973 people answered the religion or belief question in the 2020 consultation and 40 people did not answer it.

- 610 respondents (60.22%) described themselves as Christian
- six respondents (0.59%) described themselves as Buddhist
- one respondent (0.10%) described themselves as Muslim
- 236 respondents (23.30%) had no religion
- 76 respondents (7.50%) selected “prefer not to say”
- 44 respondents (4.34%) selected “other”

7.7 Asylum seekers, refugees and travellers

Assessed impact for people who are asylum seekers, refugees or travellers: benefit.

There is no data available in respect of these groups using services.

The change of location proposed in consultation should not have a negative impact on asylum seekers, refugees or travellers. With proposed locations closer to public transport links and other services, this should result in a positive impact.

Has there been specific engagement or consultation with this group?

Healthwatch proactively promoted the 2020 consultation to community groups and workers, including those that support refugees, gypsies and travellers.

7.8 Rurally isolated

Assessed impact for people based on rural isolation: neutral.

The Joint Strategic Needs Assessment data states that nearly 5% of people in the Teignmouth area are residents of rurally isolated communities, as opposed to nearly 20% across Devon.

The model of care which currently replaces the 12 rehabilitation beds at Teignmouth Community Hospital enables the health and wellbeing team to care for people in their own homes. This means a reduction in travel for appointments, which is of benefit for this group. As people would already have to travel by vehicle to all appointments, moving them a maximum of either 1 or 4 miles from their current location is of neutral impact. For many people in the rural area, the services that would move 4 miles from the current location might be less of a distance for them to travel if they live between the two towns.

Has there been specific engagement or consultation with this group?

We asked community transport organisations to help us with our engagement in 2018 and in 2020 Healthwatch actively contacted more than 200 community groups in the area, including those in village settings.

7.9 Parity of esteem between physical and mental health services

Assessed impact for people based on parity of esteem: benefit.

Specific actions are taking place to ensure better integration between physical and mental health services. The health and wellbeing team is actively working with Devon Partnership NHS Trust as part of its regular multidisciplinary meetings to ensure all aspects of people's needs are considered.

Integration in the Health and Wellbeing Centre would enhance the collaborative working between primary care, social prescribing and community mental health services which would enable broader benefit to people receiving support. Including mental health services in the Health and Wellbeing Centre was one of the suggestions recorded through the 2020 consultation.

Has there been specific engagement or consultation with this group?

Please see section 7.7 in the 'disability' section.

7.10 Least deprived parts of the population

Assessed impact for people based on being least deprived: neutral.

The proposed sites are close by (less than a mile, and less than 4 miles from Teignmouth Community Hospital) and accessible by public transport or on foot.

The least deprived areas are in Teignmouth north of the town centre, and across the estuary in Shaldon and Bishopsteignton. Those travelling from the north of Teignmouth town centre may have the same or slightly more distance to travel to the Health and Wellbeing Centre, although this is within a mile. Their journey to Dawlish Community Hospital by car would be less than the 4 miles as they are closer.

Those travelling from Shaldon and Bishopsteignton would have less than a mile further to travel to the Health and Wellbeing Centre (unless the people coming from Shaldon came by ferry, in which case it would be closer) and 4 miles further to get to Dawlish Community Hospital (unless they drove 'across country' from Bishopsteignton which would be less distance).

A [travel impact assessment](#) was completed for the 2020 consultation which set out where people travelled from for the appointments, how this might change and what the associated travel and parking costs might be.

Has there been specific engagement or consultation with this group?

Indications of people's deprivation levels have not been collected throughout previous engagement and consultation. Geography of where people lived was not collected more specifically than the first part of respondents' postcodes which is wider than the areas identified on deprivation indices.

7.11 Most deprived parts of the population

Assessed impact for people based on being least deprived: benefit.

The English Indices of Deprivation measure relative levels of deprivation in defined small areas of England called Lower Super Output Areas (LSOAs). The overall measure is called the Index of Multiple Deprivation (IMD).

Teignmouth town centre and sea front area, which is where most of the services would move to, has the highest IMD score in the Teignmouth and Dawlish area (38.26). This is closely followed by Teignmouth Hospital and Mill Lane area which is where the services are currently situated (33.31), Dawlish Warren and Cockwood, which is where some services would be moving towards (32.44) and Dawlish seafront (30.98). The next highest areas are in Teignmouth, between where the Health and Wellbeing Centre is proposed and the Community Hospital where services are currently.

The table below shows the IMD score and rank in 2017 for key areas in Teignmouth and Dawlish, compared with the overall scores for Devon and Teignbridge.

Area	Area IMD score	Teign-bridge score	Devon score
Teignmouth: Town Centre and Seafront area	38.26	16.53	17.09
Teignmouth: Hospital and Mill Lane area (north and west of hospital, to Broadmeadow)	33.31		
Dawlish Warren and Cockwood	32.44		
Dawlish: Seafront area	30.98		
Teignmouth: Landscore Road area (north of town, towards college)	28.41		
Teignmouth: Westbrook Avenue area (east of hospital, to town)	24.15		
Dawlish: Coronation Avenue area (south of Dawlish Community Hospital)	21.89		
Dawlish: Church Street area (rural area west of Community Hospital)	21.07		
Dawlish: Gatehouse Hill area	18.69		
Dawlish: Longlands and Wallace Avenue area	14.64		
Dawlish (East)	14.15		
Teignmouth: Haldon Avenue area	12.25		
Teignmouth: Woodway Road area	11.72		

Dawlish: Teignmouth Road area	11.68		
Teignmouth: Moorview Drive area	10.35		
Shaldon West and East, Stokeinteignhead and surrounding areas	10.06		
Bishopsteignton (south) and surrounding areas	9.16		
Bishopsteignton (north), Luton and surrounding areas	9.01		
Shaldon Central	8.49		
Teignmouth: Buckeridge Road area (around the community college and Trinity School)	8.24		
Teignmouth: Pellow Way and St Marys Road area (across higher part of Exeter Road)	8.08		

It is notable that the areas with the highest IMD scores are in the urban areas of both Teignmouth and Dawlish, within walking distance of either Dawlish Community Hospital or the proposed site of the Health and Wellbeing Centre, the latter of which falls within the most deprived area. The second most deprived area (Teignmouth Hospital and Mill Lane) is a longer, but still walkable distance from the Health and Wellbeing Centre which is where most services would move to. People from this area would have to walk past the site where services are currently.

Public transport links can be accessed from the top 7 most deprived areas.

If travelling to Dawlish from Teignmouth on public transport, it is accessible by bus and train and is less than 4 miles away from Teignmouth. From the main bus or train stops in Dawlish, it is an 8-10 minute relatively level walk to Dawlish Community Hospital. It costs £3-4 return for a bus ticket with a journey time of 10-14 minutes.

Currently, from Dawlish to Teignmouth Community Hospital, regular buses stop at the bottom of a steep hill. It is possible to catch a less frequent bus from the town centre to right outside the hospital.

All public transport routes go via Teignmouth town centre which is closer to the site of the proposed Health and Wellbeing Centre and is the most deprived area identified above.

Our patient transport policy adheres to <https://www.nhs.uk/using-the-nhs/help-with-health-costs/healthcare-travel-costs-scheme-htcs/>

The CCG has received a written commitment from local community transport organisations to work with the NHS on transport issues that affect people with complex health or financial needs.

The overall assessment for people in the most deprived areas of Teignmouth and Dawlish is that the proposed changes would be of benefit, with only one area

needing to travel slightly further for their services. This is mitigated by the proposed location being in the town centre area, where other essential activities could be combined with the outing.

Has there been specific engagement or consultation with this group?

The 2020 consultation was proactively shared by Healthwatch with groups from the relevant areas of Teignmouth and Dawlish. Healthwatch worked with the community link from Teignbridge Community Voluntary Services and groups in the hospital and Mill Lane area including the Kingsway Residents Association and the Pow Wow café and nursery. Healthwatch ensured posters and papers copies of the consultation document were available and that people in the community were aware of the CCG's offer to attend virtual community meetings.

8. Outline of any actions to ensure equality and engagement

The quality equality impact assessment has determined that any likely impact of this proposal on people, whatever their protected characteristic or issue of inequality is either neutral or beneficial.

Concerns have been raised through engagement and consultation about parking around the Health and Wellbeing Centre in Teignmouth, transport to and the cost of parking at Dawlish Community Hospital, which is four miles away from the current service location, and Dawlish Community Hospital's proximity to bus stops.

These concerns will be kept under review in the following ways:

1. The CCG Governing Body is being asked to approve a recommendation to:
 - Request Torbay and South Devon NHS Foundation Trust consider providing secondary office space at Dawlish Community Hospital for physiotherapists, occupational therapists and district nurses. [This would alleviate some of the parking difficulties.]
 - Request Torbay and South Devon NHS Foundation Trust work with Teignbridge District Council to mitigate parking issues for staff and patients as far as possible.
2. The CCG will continue discussions with community transport organisations on issues affecting people with complex health or financial need. A commitment to work on this with the NHS has already been received.

The CCG has been engaging with people in the Teignmouth and Dawlish areas over a number of years.

Previously, proposal development was discussed with Teignmouth Town Council, the chair of which represented the most deprived area. The Coastal Engagement Group has been an essential part of proposal development and advised on content and format of consultation materials. This group has representation from key parts of the community in the local area:

- Teignmouth and Dawlish Town Councils
- Teignmouth and Dawlish Leagues of Friends
- Community, voluntary and social enterprise sector
- GP practice Patient Participation Groups

The 2020 public consultation process

Healthwatch in Devon, Plymouth and Torbay was contracted by the CCG to ensure a thorough process in which people could take part. Because COVID-19 was still present in the community, the consultation took a different form from that originally planned to ensure the public could have their say and share their feedback about the new proposals.

The CCG produced a [consultation document](#) explaining the background to the consultation, the reasons for change, full details of the proposal and a paper copy of the consultation survey itself. The full consultation document was delivered to every home in TQ14 & EX7 postcode areas (16,000+ households), with surrounding areas including Torbay receiving a flyer informing them about the consultation and how to obtain further details if required (133,000+ households).

An online version of the consultation survey was created on the secure website of Healthwatch in Devon, Plymouth and Torbay.

To avoid the health risks associated with public meetings at a time of COVID-19 and to obviate the need for travel, live meetings were held online via Microsoft Teams, with the opportunity for people to ask questions of a panel made up of senior clinicians and managers and air their views in real time. Six of these were held at different times of day, including evening and weekend meetings.

Three separate meetings were also held for staff and seven were taken up by different community groups. The consultation team also offered telephone clinics.

A dedicated consultation section of the CCG website included:

- Links to all current consultation resources, including an [EASY READ version](#) (provided by Living Options Devon) and [audio version](#) of the consultation document.

- [Links to all public meetings](#) and guidance on exactly how the public can join a meeting from their own home. This included recordings of all the online public meetings for people to watch after the event.
- A regularly updated '[Frequently Asked Questions](#)' section regarding the proposal and consultation.
- [Supporting background information](#), such as the Travel Impact Assessment.
- [Videos](#), accessible documents, and resources detailing the proposal in full, including in audio described and other languages formats. The website also featured a support software tool called Browsealoud, which helps improve accessibility by adding speech, reading and translation helping to reach a much wider audience – such as those with dyslexia, low literacy, mild visual impairments or where English is a second language.

Social media was used by both the CCG and Healthwatch to promote the consultation, sharing links to the survey itself, the online public meetings, and the CCG consultation section of its website. Healthwatch tagged local community organisations in social media posts and encouraged them to share with their own followers.

Healthwatch also used its online social media accounts to share the consultation information directly to other Facebook community groups, including sharing a version in Polish with a Polish group.

In addition to the standard methods of promoting the consultation, Healthwatch directly contacted over 200 community support groups and voluntary organisations in the Teignmouth, Dawlish and surrounding areas, via email and/or telephone. This included a number of different organisations which work with 'harder-to-reach' groups of people who fell under one or more of the nine 'protected characteristics' of the UK Equality Act: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. A table of the community organisations contacted and where relevant, their protected characteristic, can be found at Appendix 1.

9. Conclusion

The proposal is for services to 'lift and shift' from one location to another, either one mile away in the same town, or four miles away in the next town. All aspects of the quality equality impact assessment have been thoroughly evaluated, supported by feedback gathered through engagement processes.

Concerns have been noted about parking in Teignmouth town centre and the distance that Dawlish Community Hospital is from a bus stop and these are addressed in section 8.

However, the overall assessment of the quality indicators is that this proposal would have a beneficial impact on the people using these services.

The overall assessment of the equality indicators is that this proposal would have a neutral or beneficial impact on the potentially most vulnerable or disadvantaged members of our community.

Appendix 1

Community Groups contacted directly by local Healthwatch and offered to participate in the consultation.

Contact method	Group Type/Name	Protected characteristic covered
Email	The Old Peoples Social Centre	Age - old
Email	Teignbridge Action 4 Children	Age - young
Email/phone	Teignbridge Homeless Action Today	Homeless
Email/phone	Homeless in Teignbridge Support	Homeless
Email/phone	Walk This Way Teignbridge	N/A
Email	Scouts	Age - young
Email	Teignbridge Titans Netball Club	Age - young
Email/phone	Dawlish and Teignmouth European Relief	Race
Email	Assist Community Support Project - Teignbridge	Disability
Email	Dawlish and Teignmouth Camera Club	N/A
Email	Dawlish Ladies Guild	Sex
Email/phone	The Open Daw, Dawlish Community Information Centre	N/A
Email	A.I.M.S. (Dawlish)	Disability
Email/phone	Alice Cross Dementia Support in Teignmouth (Memory Cafe)	N/A
Email	Singing for the Brain	Age - older; Dementia
Email	The University of the Third Age (U3A)- Dawlish	Age - old
Email	Dawlish Memory Cafe	Age - old
Email/phone	Dawlish Dancers	Age - old
Email	Teignmouth Community College Parent Teacher Friend Association	N/A
Email/phone	Teignbridge Youth Group Special Needs	Disability
Email	Seeing	Disability - visually impaired
Email/phone	Horsemanship for Health	Mental Health
Email	Hand in Hand	Mental Health
Email/phone	Assist Teignbridge	Age- older
Email	Oaklands Park School PTFA	N/A
Email	Dawlish Guides	N/A
Email/phone	VOYC Devon	Age - young
Email	Pluss- Employment services	Disability
Email/phone	Living Options Devon	Disability
Email/phone	Action for blind people	Disability - blind
Email/phone	Devon Sensory Outreach Service	Disability - visually impaired
Email	Moor Vision	Disability - visually impaired
Email	New Key	Disability
Email/phone	Pluss Opportunities / Seetec Plus	Mental Health
Email/phone	Roots Community Enhancement	Mental Health
Email/phone	Teignbridge Gypsy and Traveller Forum	Race

14/09/2020	Dawlish Christian Fellowship	Religion and belief
14/09/2020	Ladies Hockey Club	Sex
Email/phone	Dawlish Women's Institute	Sex
Email	Mother's Union	Sex; Pregnancy and maternity
Email/phone	East Teignbridge Community Transport Association	N/A
Email	Crochet Workshops	N/A
Email	Redeeming out Communities (ROC)	N/A
Email	Dawlish Conservation Trust	N/A
Email	Friends of Dawlish Comm Hospital	N/A
Email	Home-start Teignbridge	Age
Email/phone	Strand Community Trust	N/A
Email/phone	Waves	N/A
Email/phone	Dawlish Art Group	N/A
Email	Rotary Club of Dawlish Water	N/A
Email	Sing along	N/A
Email	U-Kan-Strum	
Email/phone	Dawlish Library	N/A
Email	Dawlish Musical Theatre	N/A
Email	Dawlish and Starcross District girl guides	Sex
Email	Rotary Club of Dawlish Benevolent Fund	N/A
Email	Dawlish Repertory	N/A
Email/phone	Dawlish & District Indoor Bowling Association	N/A
Email/phone	Rotary Club of Dawlish	Age - old
Email/phone	Flexercise with Emily	Age
Email	Probus Club Newton Abbot and District	Age - old
Email/phone	Community, equality, disability action (CEDA)	Disability
Email/phone	Dawlish Gardens Trust	Disability
Email/phone	Devon Link-up	Disability
Email	The Key at Hannah's	Disability - visually impaired
Email	Artists Way Health Trainers	N/A
Email	Active Devon	N/A
Email	Youth Parliament	Age - young
Email/phone	Young Devon	Age - young
Email/phone	Action for Children	Age
Email	Memory Cafe	Age - old
Email	Shaldon Parent Toddler Group and Preschool Learning Alliance	Age
Email	Scouts - River Teign Sea Scouts	Age - young
Email/phone	Shaldon and Ringmore Village Hall	Age - young
Email/phone	Sea Cadets - Teign Valley	Age - young
Email	Surf Life Saving - Teignmouth	Age - young
Email	Teignbridge Titans Netball Club	Age - young
Email/phone	Patient Participation Group (Devon Square)	N/A
Email	Patient Participation Group (Devon Square)	N/A
Email	Devon Federation of Young Farmers Clubs	Age- young
Email/phone	Shaldon Over-Sixty Club	Age - old
Email/phone	Alice Cross Community Centre	N/A
Email	Age Concern Teignmouth and Shaldon (Alice Cross)	Age - old

Email/phone	Action on Hearing Loss (RNID)	Disability - deaf or hard of hearing
Email/phone	Devon Mind	Mental Health
Email/phone	Hikmat Devon	Race
Email/phone	LGB Transaction	Sexual orientation + Gender Reassignment
Email	Devon Fawcett Group	Sex
Email/phone	Proud2Be	Sexual orientation
Email	Atlas Respite & Therapy - Dementia Specialist Activity Centre	N/A
Email/phone	The League of Friends of Teignmouth Hospital	N/A
Email/phone	Coastal Youth Action	Age - young
Email	Bishopsteignton Healthy Living Centre	N/A
Email	Local Refugee Resettlement Worker	Race
Email/phone	Refugee Support Devon	Race
Email	UBUNTU	Race
Email	Splitz	Domestic Abuse
Email	Mutual Aid	N/A
Email/phone	Helping Dawlish	N/A
Email/phone	Little Swans Preschool Dawlish	Pregnancy and Maternity
Email	Gatehouse School Association	N/A
Email/phone	Dawlish Action for Youth	Age - young
Email	Dawlish United FC	N/A
Email	Citizens Advice	N/A
Email	DCT	N/A
Email/phone	Devon Senior Voice	Age- old
Email/phone	Devon Age UK	Age - old
Email/phone	Mencap: Teignbridge needs youth group	Disability
Email/phone	Dawlish Disability Network	Disability
Email	Dawlish AIMS	Disability
Email/phone	Devon In Sight	Disability
Email	Multilingua	Race
Email/phone	Dawlish Methodist Group	Religion and belief
Email/phone	Intercom Trust	Sexual orientation + Gender reassignment
Email/phone	Proud2be (Families Group)	Sexual orientation
Email	Dawlish Community Transport Action	N/A
Email	Dawlish Choral Society	N/A
Email	Dawlish Rocks	N/A
Email	Friendship Club	N/A
Email/phone	Devon Carers	Carers
Email/phone	Carers Support group	Carers
Email	Black Swan Bell ringers	N/A
Email	Chess and Draughts club	N/A
Email	Dawlish Coasters	N/A
Email	Dawlish History Group	N/A
Email	Dawlish Painters	N/A
Email	Friends of Dawlish Library	N/A

Email	Friends of Dawlish station	N/A
Email	Dawlish Amateur Repertory Company	N/A
Email	Dawlish Museum Society	N/A
Email	Holcombe Village Hall	N/A
Email	Plants for Future	N/A
Email/phone	Bishopsteignton Care Watch	Age - old
Email	Teignbridge Community Voluntary Services	N/A
Email	Scouts - 4th Teignmouth	Age - young
Email	Hazeldown Parent Teachers Association	Age
Email	Scouts - 1st Bishopsteignton	Age - young
Email	Dawlish Wives Group	Sex
Email	Youth Parliaments	Age - young
Email	Active Devon	Age
Email/phone	Rotary Club of Dawlish	Age- old
Email/phone	The Salvation Army	N/A
Email/phone	National Childbirth Trust (Torbay/ South Devon)	Pregnancy and Maternity
Email/phone	Carry on Choir	N/A
Email/phone	Recovery Devon	Mental Health
Email	Bishopsteignton Healthy Living Group	N/A
Email	Bishopsteignton Parish Council	N/A
Email	Citizens Advice - Teignbridge	N/A
Email	Devon Memory Cafe Consortium	N/A
Email	Memory Cafe - Bishopsteignton	N/A
Email	Memory Cafe - Shaldon (St Peter's Church)	Religion and belief
Email	Friends of Teignmouth Library	N/A
Email	Inverteign Wildlife Area Project	N/A
Email/phone	Kingsway Residents Association	Deprived
Email	Lighthouse CIC	Pregnancy and Maternity
Email/phone	Pow Wow Cafe	Deprived
Email	Shaldon Optimists Cricket Club	N/A
Email	Teign Heritage Centre	N/A
Email	Teignmouth Arts in Action Group	N/A
Email	Shaldon Wildlife Trust Limited	N/A
Email	Teignmouth District Girl Guides Association	Gender and Age - young
Email/phone	The New Road Area Community Association	N/A
Email/phone	The Teignmouth Soup Kitchen Trust	N/A
Email/phone	Teignmouth and Dawlish Ramblers	N/A
Email/phone	Dawlish Baptist Church	Religion and belief
Email/phone	Dawlish History Group	N/A
Email/phone	Dawlish Celebrates Carnival	N/A
Phone	Dawlish Chamber of Trade	N/A
Phone	Sunflower Bunch	Cancer support
Phone	Teignmouth Amateur Football Club	N/A
Phone	Teignmouth Rugby Football & Supporters Club	N/A
Phone	Dawlish Friends	N/A
Phone	Friendship Club	N/A
Phone	Friends Together	

Email/phone	Happy Days Nursery	Pregnancy and Maternity
Phone	Dawlish Freemasons	N/A
Phone	Dawlish Social Luncheon Club	N/A
Phone	Craft and Chat	N/A
Email/phone	Devon Communities Together	N/A
Phone	Teignmouth Congregation of Jehovah's Witnesses	Religion and belief
Email/FB	Devon Faith and Belief Forum	Religion and belief
Email	Pink Families	Sexual orientation
Email/phone	Devon Maternity Voices	Pregnancy and Maternity
Email	Sikh Community Devon and Cornwall	Religion and belief
Email	South Devon Methodist Circuit	Religion and belief
Email/phone	Depression and Anxiety Service	Mental Health
Phone	Dawlish Civil Service Retirement Fellowship (CSRF)	Age
Phone	Age Concern Luncheon	Age- old
Phone	Reading Group for the Visually Impaired	Disability - visual
Phone	Polish Community	Race
Phone	South Devon and Torbay Community Sight Loss Hub	Disability - visual
Phone	Craft and Chat	Age
Phone	Youth ROC Dawlish	Age - young
Email	Bosom buddies	Pregnancy and Maternity
Email/phone	Action for Children	Age - young
Email	Bishopsteignton Parish Council	N/A
Email/phone	Bishopsteignton Preschool Playgroup	Pregnancy and maternity; Age - young
Email/phone	East Teign Nursery	Pregnancy and Maternity
Email/phone	Teignmouth Baptist Church	Religion and belief
Email/phone	Teignmouth Library	N/A
Email	Bishopsteignton Village Website	N/A
Twitter	Fairplay South West	SEX
Email/phone	St Gregory's of Dawlish	Religion and belief
Email/phone	Starcross Pre-school	Pregnancy and Maternity
FB	Quaker Gatherings Devon and Cornwall	N/A
FB	Inclusive Exeter	N/A
FB	Devon Community Foundation	N/A
FB	DDE at the Global Centre	N/A
Email	South Devon Seabird Trust	N/A
Email	Girlguiding Devon	Age - young; SEX
Email/phone	Friends of Dawlish Hospital	N/A
Email/phone	Hearing Dogs for Deaf People	Disability - Deaf
Email	Red rock youth centre (Dawlish)	Age - young

GOVERNING BODY

Report title: NHS Devon CCG engagement highlights 2019/20

Date of committee: Governing Body

Date report produced: December 2020

Author (s) Name and Title:

Nellie Guttman, Senior strategic engagement manager

Jon Sewell, Strategic engagement manager

Jean Almond, Joint commissioning engagement manager

Supporting Executive:

Name and Title: Andrew Millward, Devon System Lead Director of Communications and Engagement; and Director of Communications and Human Resources

Contact Details: andrew.millward@nhs.net

Report Approved by:

Name and Title: Andrew Millward, Devon System Lead Director of Communications and Engagement; and Director of Communications and Human Resources

Date 09/12/20

Public or Private (Governing Body only):

Public

✓

Private

Please state reason for inclusion as a private paper (and mark as CONFIDENTIAL):

Executive Summary:

This report highlights the key engagement projects over the last 12 months that contributed to the CCG achieving the highest “green star” rating.

Management of Conflict of interests:

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Committees that have previously discussed/agreed the report and outcomes:

None		
Key recommendations and actions requested:		
None		
Impact on Strategic Objectives		
(Delete as applicable) We will continue to commission safe, effective and accessible services We will work as a strategic partner in Devon We will improve the physical and mental health of our population We will make best use of our resources		
Reference to other documents or accompanying papers:		
N/A		
Does this report have implications in any of the areas highlighted below?		
	If Yes, please give details	No
Quality of Services		
Health Inequalities		
Equality (staff or public)		
Resource and Finance		
Legal		
Engagement and Consultation	This report highlights the key engagement projects over the last 12 months	
Risk		

The CCG has made every effort to ensure this report does not have the effect of discriminating, directly or indirectly, against employees, patients, contractors or visitors on grounds of race, colour, age, nationality, ethnic (or national) origin, sex, sexual orientation, marital status, religious belief or disability.

NHS Devon CCG engagement highlights 2019/20

1. Introduction

In November NHS Devon CCG (CCG) was awarded a “green star rating” from NHS England, as part of its assessment of the CCG. This means that the NHS England consider the CCGs engagement activity to be ‘outstanding’.

This success is the second year running the CCG has received the green star, which is further endorsement of its new approach to engaging with local people.

NHS England assess each CCG on the following domains, as part of the Patient and Community Engagement Indicator:

- A. Governance
- B. Annual reporting*
- C. Day-to-day practice
- D. Feedback and evaluation
- E. Equalities and health inequalities

**(Newly merged CCGs were not assessed against domain B (annual reporting) therefore the total score is out of a total possible of 12 (rather than 15). Scoring formulae to reach RAGG* ratings were adjusted accordingly.)*

This report highlights the key engagement projects over the last 12 months that contributed to the CCG achieving the highest “green star” rating.

2. How we achieved our green star rating

NHS Long Term plan

More than 5,700 people from across the whole of Devon contributed their views to help inform the Devon Long Term Plan during an eight-week period of engagement from 11 July to 5 September 2019.

Devon Virtual Voices Panel (VVP)

The VVP is an online panel made up of more than 1,700 volunteer members. It is a platform via which the views from members, who were specifically recruited to be representative of the population of Devon, can inform NHS services and priorities.

Devon Virtual Voices have completed multiple online surveys covering topics such as:

- Long Term Plan for Devon,
- mental health and wellbeing,
- integrated care, and more recently;
- patient behavioral insight through the COVID-19 pandemic and support for the development of a Devon-wide Ethical framework

Holsworthy Community Involvement Group

2019 saw the culmination of more than two years of engagement work with the community in Holsworthy, where more than 1,200 people directly influenced 28 specific recommendations about local health and care services. These were published to the community and local and statutory

organisations in 2020.

The CCG Engagement Panel has supported and reviewed some key engagement activity. Membership included senior commissioners, engagement and communications leads, clinicians and lay members. The panel helped those considering further involvement and engagement activity, which has directly supported our formal consultation process in Teignmouth in 2020.

The CCG continues to work very closely with engagement partners in the system, such as Healthwatch, Devon Maternity Voices Partnership (MVP), **Parent Carer Forums**, **Devon County Councils' Joint Engagement Forum (JEF)**, and other supporting networks like the Academic Health Science Networks **Quality Improvement Partner Panel (QulPPS)**.

Through partners such as **Living Options** and **Healthwatch** we continue to ensure we engage with those groups who are harder to hear from, or have specialist requirements to enable meaningful engagement, such as Learning Disabilities, interpretation or translation requirements.

3. Engagement work undertaken during COVID-19

Engagement has gone from strength to strength in 2020, despite the restrictions the COVID-19 have placed on face to face engagement. The CCG has undertaken some extensive engagement on some challenging topics.

Engagement undertaken during COVID-19

- In July, we used our VVP to understand people's challenges in attending healthcare settings, to help inform the communications campaign 'The NHS is here for you'
- In August we held online focus groups, along with an online survey, with members of the community who were adversely affected by COVID-19, namely; those over 65, those with a disability (including a learning disability) and those from Black, Asian and Minority Ethnic (BAME) communities, to help develop an Ethical Framework and associated clinical guidance for Devon
- Through September and October, we held our first ever online full consultation with the population of Teignmouth and Dawlish and surrounding areas to talk about the modernisation of healthcare. 1200 pieces of feedback were received in total
- In October we tested our approach to "111 First" with the VVP and the QulPPS panel which supported the launch of the new service in Devon
- In November we engaged through the Social Care Discussion Group with people with Learning Disabilities and Autism about barriers and motivation for getting vaccinations
- With support from the NOUS Group (experts in the field of addressing BAME inequalities). We are currently working with our ICS partners to understand more about the disparities in outcomes and experience for BAME communities, alongside informing an inclusive vision for the NHS workforce and a clear imperative for improving the experience for BAME staff
- Now in December, we are engaging with the Devon population and health and care staff on their views on the COVID-19 vaccination. This included focus groups with people with a learning disability and people from BAME communities. All of this feedback will help shape the way the vaccination is delivered and communicated across Devon over the next few months. At time of writing we have had over 750 responses.

**Communications and engagement team
NHS Devon CCG
December 2020**

Sent via email

Public Participation Team
Experience, Participation and Equalities
Directorate of Nursing
NHS England and NHS Improvement
Quarry House
Quarry Hill
Leeds
LS2 7UE

Telephone: 0113 825 0861

Email address: england.engagement@nhs.net

25 November 2020

Dear Accountable Officer

Compliance with statutory guidance on patient and public participation in commissioning health and care: the NHS Oversight Framework Patient and Community Engagement Indicator

As you will know, under the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012), CCGs have a statutory duty to involve the public in commissioning (section 14Z2). In addition to meeting statutory responsibilities, effective patient and public participation helps CCGs to commission services that meet the needs of local communities and tackle health inequalities.

NHS England has a legal duty (section 14Z16) to assess how well each CCG has discharged its public involvement duty (section 14Z2), as well as a commitment to supporting continuous improvement in public participation. A robust, and improvement focused, process of national assessment has been now been carried out for 2019/20 to reach final RAGG* ratings and scores for individual CCGs.

I am writing to inform you that the final RAGG* rating and score for 2019/20 for your CCG following the national assessment and moderation process are as follows:

NHS Devon CCG

Domain A	Domain B	Domain C	Domain D	Domain E	Final Score	Final RAGG*
3	0	3	2	3	11	GREEN STAR

If you are the Chief Officer of more than one CCG you will receive a separate letter notifying you of the assessment outcome for each relevant CCG.

Please see section 2.4.1 of the [Guidance for CCGs](#) for information about the scoring approach for the indicator. All RAGG* ratings and scores are final and will be issued as part of the Q4 2019/20 NHS Oversight Framework assessments.

Supporting improvement

This is a challenging time for all of us and our shared focus is rightly on the response to the COVID-19 pandemic. The experience over recent weeks and months has highlighted the vital importance of strong partnerships with people and communities, and we are committed to continuing to support you with this over the coming year, taking into account the ongoing priority of our collective response to COVID-19.

Over the coming months we will:

- send each CCG a detailed assessment summary, focusing on those criteria that were identified as requiring improvement following 2019/20 assessments, to guide your improvement work;
- offer each CCG that has rated Amber in 2019/20 an optional one to one improvement and support session (by telephone or video call);
- work with our regional NHS England and Improvement colleagues on activities to further support improvement;
- share examples of good practice identified during the assessments.

You and your team may also find it helpful to join our Engagement Practitioners Network for access to resources, support and tools for engagement, as well as information about our latest events and webinars. Email england.engagementpractitioner-network@nhs.net to join.

We would be grateful if you could share this letter with relevant colleagues in your CCG, including engagement, participation and communications teams, your PPI Lay Member and, where appropriate, with your CSU.

If you have any queries please contact my team at england.engagement@nhs.net

Yours sincerely



Olivia Butterworth
Head of Public Participation
Experience, Participation and Equalities, Directorate of Nursing
NHS England and NHS Improvement

GOVERNING BODY

Report title: Assurance Committees – items of escalation to Governing Body

Date of committee: 17 December 2020

Date report produced: 9 December 2020

Author (s) Name and Title:

Nikki Coombes

Executive Assistant

Supporting Executive:

Name and Title: Dr Paul Johnson, clinical chair

Contact Details: paul.johnson4@nhs.net

Report Approved by:

Name and Title: Paul Johnson, clinical chair

Date 9 December 2020

Public or Private (Governing Body only):

Public

✓

Private

Please state reason for inclusion as a private paper (and mark as CONFIDENTIAL):

Executive Summary:

The committee assurance reports attached to this report are for information.

There are no items of escalation for the Governing Body from the following committees:

- Commissioning Committee
- Primary Care Commissioning Committee

Due to the timing of meetings and publication of the Governing Body papers no written reports have been produced for Finance and Performance and Quality Assurance Committees. If, however there are items of escalation from these committees held on the morning of 17 December they will be verbally brought to the Governing Body's attention.

Management of Conflict of interests:

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Committees that have previously discussed/agreed the report and outcomes:

None.

Key recommendations and actions requested:

The Governing Body are asked to:

- note the contents of the assurance committee reports
- note the items of escalation and consider and agree actions as appropriate

Impact on Strategic Objectives**(Delete as applicable)**

We will continue to commission safe, effective and accessible services

We will work as a strategic partner in Devon

We will improve the physical and mental health of our population

We will make best use of our resources

Reference to other documents or accompanying papers:

None

Does this report have implications in any of the areas highlighted below?

	If Yes, please give details	No
Quality of Services		√
Health Inequalities		√
Equality (staff or public)		√
Resource and Finance		√
Legal		√
Engagement and Consultation		√
Risk		√

The CCG has made every effort to ensure this report does not have the effect of discriminating, directly or indirectly, against

employees, patients, contractors or visitors on grounds of race, colour, age, nationality, ethnic (or national) origin, sex, sexual orientation, marital status, religious belief or disability.

GOVERNING BODY

Report title: Committee Chair Report – Commissioning Committee

Date of Governing Body: Thursday 17th December 2020

Dates of Committees covered in this report: Thursday 25th November 2020 (Minutes of the committee meeting are to be available as an addendum)

Chair's Name and Title: Dr Claire Hooper, Strategic Lead for Planned Care

Presented by Dr Nick Kennedy, Independent Secondary Care Clinician

Contact Details: claire.hooper2@nhs.net / nick.kennedy3@nhs.net

Reports received and noted

Thursday 25th November Meeting

Position paper: CCG funding for Children & Young People with diabetes in education settings

- A post meeting note was shared after the meeting on 12th November to state that the Associate Director overseeing this piece of work will now be Lorraine Webber in place of Paul O'Sullivan. It was noted that the letters that are being shared with the Directors of Children's Services of each locality authority would be sent by Jo Turl as executive lead.

Leg Ulcers

- The Committee were provided with an update on the current Leg Ulcer position. The Committee requested further information on the funding arrangements and also the preferred prescribing model that will be taken forward. A further update will be provided to the Committee in January.

Hospices

- The Committee were presented a paper on the current Hospice funding position. The Committee asked for a rapid piece of work to be undertaken to ensure stability for the hospices for the next few months. The committee requested that this item was brought back to the Committee on 10th December with further information to make an informed decision.

Mental Health First Response

- The Committee were updated on Mental Health First Response that has been in place since March 2020, a service that is being provided by Devon Partnership Trust and Livewell Southwest. The Committee noted that a clear specification with outcomes and further granularity on the key performance indicators would be required before a decision could be made. The committee requested that this item was brought to a future committee date.

Community Mental Health Framework

- The Committee were provided with an update on the Community Health Framework. The committee requested further time and information to be made available at the 10th December committee to discuss this item in further detail.

Risk Register Review Updates

The Risk Register was last shared with Committee members on 12th November 2020 and will be re-shared with Committee members on Thursday 10th December for review.

Committee Decisions

Thursday 12th November Meeting

Transforming Care Partnership Test of Change Procurement

- The Committee endorsed the recommendation to approve 14 providers to be formally admitted to the establishment of a framework agreement for Transforming Care Partnerships to NHS Devon CCG.

ADHD & Autism Review

- The Committee endorsed the Autism and ADHD implementation plan and associated documents on risk management and communication.
- The Committee endorsed the recommendation to support the prioritization of development of early help work (pre-assessment and wider peer led/voluntary sector follow up) to enable to implementation to plan to be effective.
- The Committee approved the proposed commissioning schedules for Autism assessment and ADHD for Devon Partnership Trust and Livewell Southwest.
- The Committee approved the proposed schedule for a one-off contract for ADHD assessment, this should be required as part of waiting list management and give delegated authority to the Director of Commissioning to implement.
- The Committee endorsed the recommendation to note and comment on proposed actions to develop shared care particularly for ADHD
- The Committee endorsed the recommendation to note the QEIA and future monitoring commitments.

Items of concern to be escalated to the Governing Body

None.

Recommendations for Governing Body

None.

Recommendations for other Committees

None.

Terms of Reference or other committee effectiveness issues

None.

Management of Conflict of interests:

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The CCG has made every effort to ensure this report does not have the effect of discriminating, directly or indirectly, against employees, patients, contractors or visitors on grounds of race, colour, age, nationality, ethnic (or national) origin, sex, sexual orientation, marital status, religious belief or disability.

GOVERNING BODY

Report title: Committee Chair Report – Primary Care Committee (Public)

Date of Governing Body: 17th December 2020

Date of Committee covered in this report: 3rd December 2020 (Minutes of this committee meetings to be available as an addendum)

Chair's Name and Title: Judy Hargadon

Contact Details: judy.hargadon@nhs.net

Reports discussed and assurances received:

Members of the Committee discussed the following presentation/reports:

- **Think111 First initiative.** - PCCC members considered the plans presented in considerable detail to make sure there would not be unplanned adverse impacts on practice workloads and hence patients.
- **Locality and strategy reports.** – the Committee reviewed, and were asked to give feedback on, the draft strategy planning document and new reporting metrics.

Reports received and noted:

The Committee noted:

Associate Director's Report – which included updates on:

- LMC Negotiations- a report on the discussion and decisions at the November meeting
- The Devon Digital Accelerator (DDA) - named as a finalist for three HSJ Awards Workforce planning
- General Practice COVID Capacity Expansion Fund - intended to support expanding general practice capacity up until end March 2021 to enable practices to support the Mass Vaccination programme whilst continuing to deliver a range of targeted primary care services which NHS has described as '7 priority goals'.
- Transfer of work – Phlebotomy - A temporary local contract has been agreed
- De-prioritisation and pausing of enhanced services – to ensure capacity is available for the COVID 19 vaccination programme
- Optimal Deployment of the CCG Medicines Optimisation Team – it is proposed that some pharmacists and pharmacy technicians are redeployed to backfill acute hospitals for Nightingale Hospital needs and support Primary Care Networks.
- Workforce planning - The team was commended for its work to improve uptake of the additional roles scheme

The Finance report detailing the financial position to the 31st October 2020 (month 7) and included reference to the impact of the COVID19 pandemic and the financial consequences for the CCG during 2020/21.

- Under the Month 1-6 finance regime, for Primary Care, up to the end of September, all expenditure has been funded and there is no reported variance.
- Under the Month 7-12 finance regime, budgets have been set internally based on the forecast expenditure plans for the remainder of the year. For Primary Care this means break-even is forecast.

The Quality Report: The Committee was given updates on

- GP access survey initiative to gather patient experience feedback from a wider demographic
- Practices needing to improve positive patient experience
- Difficulties in Monitoring current COVID outbreaks in General Practice
- Themes for quality improvement which have come to light

Risk Register Review (changes and areas of concern)

The Risk Register was reviewed by the Committee,

No risks have been closed.

No new risks have been added

Three changes have been made after a review on 2nd December

Risk 117 – COVID impact on GP practice

Risk score increased to 16 from 12 – rationale as practices are now having to manage a second wave whilst reinstating and mobilising for mass vaccinations

Risk 118 – COVID impact on Primary care team

Risk score increased from 9 to 12 – increased as primary care team are now having to manage business as usual, as well as Phase 3 recovery and supporting mobilisation of designated sites for mass vaccinations

Risk 108 – Sustainability of General Practice

Risk score increased from 12 to 16 – rationale as demand on General practice has increased significantly and this is reflected in the number of GP practice alerts and requests for pastoral and resilience support services

Committee Decisions

Recommendations for Governing Body

None

Recommendations for other Committees

None

Terms of Reference or other committee effectiveness issues

A list of dates for PCCC meeting for the year 2021/22 and the year planner for 2021/22 were attached to the board pack and approved by the Committee.

Management of Conflict of interests:

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and confirmations of declarations are requested and noted. Any new declarations must be fully recorded and included in the minutes of the meeting and notified to the Governance team via d-ccg.governance@nhs.net to update the central register.

The CCG has made every effort to ensure this report does not have the effect of discriminating, directly or indirectly, against employees, patients, contractors or visitors on grounds of race, colour, age, nationality, ethnic (or national) origin, sex, sexual orientation, marital status, religious belief or disability.

GOVERNING BODY

Report title: Locality Updates – items of escalation to Governing Body

Date of committee: 17 December 2020

Date report produced: 9 December 2020

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Report Approved by:

Name and Title: Paul Johnson, clinical chair

Date 9 December 2020

Public or Private (Governing Body only):

Public

✓

Private

Please state reason for inclusion as a private paper (and mark as CONFIDENTIAL):

Executive Summary:

The locality update reports attached are for information.

Items of escalation for the Governing Body from the localities are as follows:

- **Northern Locality**
 - Pressures in Northern Devon Healthcare Trust such as COVID admissions, staff sickness and elective cancellations
- **Eastern Locality**
 - Operational impact of rising COVID-19 case numbers locally could further impact on CCG priorities and key workstreams.
- **Southern Locality**
 - Recovery and restoration, staffing capacity and primary care
- **Western Locality**
 - Staffing capacity across commissioning team
 - COVID-19 system wide risks
 - Workforce capacity across all providers
 - Community capacity for future COVID-19 peaks
 - Cornwall capacity across community and impacts on flow from University Hospitals Plymouth
 - Primary Care Networks recruitment

Management of Conflict of interests:

Conflicts of interests are recorded on the register of interests; at each committee a list of recorded declarations is provided, and confirmations of declarations are requested and noted. Any new declarations must be fully recorded and included in the minutes of the meeting and notified to the Governance team via [d-ccg.governance@nhs.net](mailto:dccg.governance@nhs.net) to update the central register.

Committees that have previously discussed/agreed the report and outcomes:

None.

Key recommendations and actions requested:

The Governing Body are asked to:

- note the contents of the Locality Update reports
- note the items of escalation and consider and agree actions as appropriate

Impact on Strategic Objectives**(Delete as applicable)**

We will continue to commission safe, effective and accessible services

We will work as a strategic partner in Devon

We will improve the physical and mental health of our population

We will make best use of our resources

Reference to other documents or accompanying papers:

None

Does this report have implications in any of the areas highlighted below?

	If Yes, please give details	No
Quality of Services		√
Health Inequalities		√
Equality (staff or public)		√
Resource and Finance		√
Legal		√
Engagement and Consultation		√

Risk		√
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Locality update report

Locality:	Northern.
Period covered by update:	End November 2020
Locality clinical representative:	Dr. John Womersley
Locality executive lead:	Andrew Millward
Locality non-executive representative:	Charlotte Burrows

Key achievements/progress

The Northern locality has managed to maintain key performance aspirations including:

- Restarting elective care
- Delivery of the hospital 4-hr target in ED
- Delivery of the bed-occupancy assumptions.
- Very low DTOC – (NB no longer formally measured)
- Management of the Green-to-Go list
- Integrated MDT working to overcome issues with same day discharge.
- Development of 111 First appointments in Bideford MIU

The Tuesday Northern Covid call meetings continues to produce significant results through rapid system collaboration on priority issues. All members of the call are keen to continue with this meeting throughout the current Covid second wave and across the winter period.

HIP2 Programme - across November and December, members of the CCG locality team, supported by local GP representatives, have been supporting a series of 'Clinical Case for Change' events, held by NDHT, to develop their Strategic Outline Case for the redevelopment of acute site facilities in Northern Devon, funded from the Government's Health Improvement Programme (HIP2). To date, the events have covered emergency care, woman's and children's services, elective care and diagnostics. Further events are scheduled across December and the New Year, and the locality team will continue to support and provide commissioning input into the programme.

Northern 20/21 iBCF Winter Schemes underway - the beginning of December saw the start of the Northern IBCF winter schemes, that were jointly worked-up and agreed between the locality CCG, NDHT (community and hospital services) and primary care. These schemes include:

Scheme Name	Scheme Description	Key benefits
Weekend Discharges	Increasing weekend discharges to community	Expected outcome increase weekend discharges to 50% of discharges Monday to Friday
Weekend Discharges	Discharge Coordination and Infrastructure to support weekend discharges from NDHHT	Expected outcome increase weekend discharges to 50% of discharges Monday to Friday
Social Care Assessments – Discharge to Assess	Speeding up ASC assessments and agreeing needs for patients	Additional 16 assessments , arranging care and case management per month Daily Social Work in-reach into NDDH
7 Day Discharges	Personal care market capacity	Increasing market capacity with provider approx. 7-9 visits per day
Primary Care urgent visiting service	Increased Urgent GP visits to home and care homes	support discharge and prevent admissions

The December Northern Integrated Delivery (IDG) meeting again built on the previous meeting in November and was widely attended and supported by a wide range of Northern Locality partners. This meeting format continues to develop and a key area of focus in the December meeting was towards the adoption locally of the wider system data and performance report that is being collated across the ICS system.

This report will form the basis for the IDG's review of locality performance issues which in turn will provide focus for the key workstreams that emerge from the IDG.

The second part of the meeting provided the opportunity for system partners to highlight their current high pressure/problem areas and facilitated a discussion on how these issues can be resolved through partnership working. Due to the current intensity of Covid and winter pressures, it was agreed that the next IDG would be scheduled for the beginning of February.

As of the 2nd December, Devon has moved to Level 2 (High) restrictions, following a 4-week national lockdown. The Northern Locality has seen an increase in the admission of Covid patients resulting in significant increased pressure in the hospital.

Key priorities for the next three months

- Supporting the system to manage the current intense pressures from Covid and normal winter pressures (as detailed above)
- Continued focus on maintain elective and diagnostic activity
- Development of locality data set

- Locality support for the HIP2 programme work
- Continued focus towards the agenda of prevention, falls, mental health, and dementia
- Addressing the concerns of temporary closures of Bideford and Ilfracombe MIU and the impact this has on primary care
- Support for the community provision including care home capacity and staffing shortfalls.
- Response to the Holsworthy Community Involvement Group from the recommendations issued earlier this year.

Issues of concern or risk

The Trust has experienced a number of pressures:

- A greater Covid admission rate than modelled or prepared for.
- Covid infections in staff.
- Sickness, Covid infection and staff resignation in MIU services causing the Ilfracombe re-opening to be placed on hold and the re-closure of Bideford MIU pending recruitment and re-organisation for a more robust model.
- Some non-Covid infection control restrictions on wards and bays.

Very recently the Trust has experienced a coming together of pressures that caused some elective cancellations and rapid re-organisation of wards to better cohort and contain Covid pressures. This was achieved very quickly, under difficult circumstances with managed and proportionate escalation.

Support required from CCG/system or barriers to progress

There remain some key tasks for the system in the coming months:

- Robust delivery of urgent care including any possible post-Christmas spike in January
- Expansion/development of the Same Day Emergency Care (SDEC) agenda in the face of physical, staffing and financial issues.
- A partnership solution to reopening the existing MIUs short-term, that can translate into an ICP-type model for Community Urgent Care into the future that overcomes the inherent issues in Northern of rurality/distances and low population/footfall inhibitors to large centres of delivery
- Support from the communication team on handling communications, both temporary and longer term, resulting from the MIU closures

Locality update report

Locality:	Eastern
Period covered by update:	November/December 2020
Locality clinical representative:	Simon J Kerr
Locality executive lead:	John Dowell
Locality non-executive representative:	Glynis Atherton

Key achievements/progress

- Nightingale Hospital Exeter accepted the first inpatients and provides additional capacity for patients with a positive Covid test. The initial patients have come from Royal Devon & Exeter NHS Foundation Trust (RDEFT).
- Discharge performance has seen sustained improvement, with discharge teams within acute and community working hard to make efficiencies and think differently about every case to enable best use of the capacity available.
- Commissioners continue to work closely to ensure sufficient capacity within out of hospital services in the locality. Designated beds are provided at Sidmouth Community Hospital, well-embedded agency care has been supplied to key areas and spot purchasing bedded capacity where needed have all contributed to the performance of discharge teams.
- It has been agreed that the Eastern Urgent Community Response team will over-recruit up to 30 additional Healthcare Assistants (in blocks of 10) to mitigate the immediate challenge of personal care supply across the East. This scheme will run for 6 months from the 1 Jan to 30 June 2021 and will be formally reviewed by 31 March 2021. Commissioner oversight will remain on this strategy, alongside finance colleagues.
- Following an assessment of RDEFT practice with regards to national Discharge to Assess policy, improvement areas have been identified and an action plan has been agreed. This includes initial plans for a pilot test of

change in the Exeter South & West cluster of a Home First model, similar to that used by Livewell Southwest. Choosing a single cluster to pilot the model enables us to test the concept quickly and safely without overwhelming pressured teams. The Home First model brings real benefit to patients as well as increasing discharge responsiveness so further detail will be shared as plans develop.

Key priorities for the next three months

- Monitor winter schemes, reporting costs and benefits realised on a monthly basis.
- Support the Devon-wide development of Think 111 First and Emergency Department demand management and extended provision of Same Day Emergency Care services.
- Continue developments in out of hospital services and ensuring a robust winter response that maintains acute occupancy levels and elective activity.
- Embedding the longer-term clinical leadership for each care home and continuing to shape the response to care home resilience plans.
- Specify and commission leg ulcer services in response to practices notice to cease services previously provided under the Leg Ulcer Local Enhanced Service as part of a Devon-wide review of services.
- Continue the work to strengthening the role and acuity of community urgent care sites to develop them into viable alternatives for patients to attend rather than an emergency department and therefore less likely to result in a patient admission.
- Establishing an Estates sit rep for each of the community estates to form a wider locality plan for estates utilisation.
- Pilot test of change in Exeter (South & West) cluster of a Home First model.

Issues of concern or risk

- The operational impact of rising COVID-19 case numbers locally could further impact on CCG priorities and key workstreams.

Support required from CCG/system or barriers to progress

None specified this month.

Locality update report

Locality:	South
Period covered by update:	December 2020
Locality clinical representative:	Dr David Greenwell
Locality executive lead:	Jayne Carroll
Locality non-executive representative:	Judy Hargadon

Key achievements/progress

Local Care Partnership (LCP) development: the LCP Delivery Group meets fortnightly and the LCP Executive Group on a monthly basis. The locality profile has been presented at both the Executive and Delivery Groups and a focus on the emerging themes and development of priorities has started.

Urgent Care: The rhythm has been established in the South Locality for reporting through both the CCG and regional escalation processes. Discussions have begun with TSDFT around Same Day Emergency Care to agree where the CCG can support the ongoing development of already well-established arrangements in the South locality. The Community Urgent Care Group has also revised its Terms of Reference.

Winter planning: The Winter Planning meeting has been merged with the System Flow meeting to focus on maintaining flow throughout winter. The group will provide oversight of the system flow across the south locality including understanding the demand, capacity and resilience of out of hospital provision, the expedition of discharges from TSDFT, and monitoring the implementation and impact of the winter plan for 2020/2021.

Public Consultation: The formal public consultation on the future delivery of services in the Teignmouth and Dawlish areas ended at midnight on 26 October 2020, with more than 1000 people having taken part. The final report and Healthwatch report along with recommendations are being presented to Governing Body at this meeting in December.

Long Term Conditions: Continued progress with the redesign of Diabetes patient education; further information gathering and collaboration across organisations regarding the transfer of the diabetes lipid clinics from RD&E to Torbay; collaboration across organisations to support TUPE transfer of Parkinson's Specialist Nurse from RD&E to T&SD; collaboration with T&SD regarding finalisation of cardiac improvement delivery plan, exploration of options for alternative delivery for pulmonary rehabilitation, collaboration with key clinicians for re-establishment of diabetes PCN workshops, PARM tool re-launch across Primary Care.

Primary care: Preparations for COVID vaccine rollout.

Key priorities for the next three months

Locality Care Partnership: Work will continue to develop the locality profile and commissioning context with both the Delivery and Executive Groups focussed on identifying key messages, engaging on and the setting of priorities and the development of a local strategy and locality workplan. Partnership Forum members and Terms of Reference to be finalised and initial forum meeting due to be arranged.

System Flow: Continue to monitor the actions to address any gaps in the discharge to assess processes. Address any gaps in capacity in out of hospital services. Delivery and implementation of the schemes under the winter plan to be completed and monitored on a monthly basis.

Urgent treatment centres/minor injury units: use of Newton Abbot Urgent Treatment Centre and Dawlish and Totnes MIUs to be reviewed as well as primary care Minor Injuries LES.

Enhanced health in care homes framework: Sub-groups continue to develop and continue to deliver objectives. Data collection from the Network Contract Directed Enhanced Service to be picked up with primary care team for assurance and completion.

Frailty: Frailty Partnership sub-groups continue to develop and deliver agreed objectives. Strategy to be endorsed, published and shared system wide.

Fracture prevention – oversee implementation of Fracture Prevention Service

Population health management: Agreed cohort of patients (18-25 with contact with MH services) to be given to Newton West practices for their review. Stakeholders to be drawn into MDT discussions. Arrangements being developed to ensure alignment with work to inform priorities.

Urgent Community Care: Options to be explored for potential care coordination hub which can link in with SWAST.

Voluntary, community and social enterprise sector (VCSE): Taking forward specific tests and projects, including High Intensity Users, Discharge to Assess and VCSE rapid response to discharge.

Primary Care: Safe delivery of primary care through agreed hot hubs; Newton Abbott, South Hams Hospital and Galpmtown. Preparations for COVID vaccine rollout. Continued work on estates strategy; identifying and prioritising significant building extensions.

Long-term Conditions: Launch of new referral pathway for diabetes education, delivery of diabetes PCN virtual workshops, next steps determined for diabetes lipid clinics transfer, finalisation of Parkinson nurse TUPE transfer, diabetes resource library on GP Team Net finalised and published, clear pathway forwards for delivery of pulmonary rehabilitation to reduce waiting list, key priorities identified for cardiac pathway improvements.

Issues of concern or risk

Recovery and restoration: Balancing recovery of services with challenges of COVID and winter – balancing elective care and maintain urgent care systems.

Staffing capacity: Capacity to manage priorities at pace especially the public consultation.

Workforce capacity: specifically, for care at home. This will be mitigated through the winter planning process.

Primary care: Transfer of workload from secondary to primary care. The need to take a sensible and proactive approach to ensure the best management of patients in the context of business as usual and COVID-19 response. Concern that a transactional approach may not support this.

Support required from CCG/system or barriers to progress

Locality update report

Locality:	Western
Period covered by update:	December 2020
Locality clinical representative:	Dr Shelagh McCormick
Locality Director:	Anna Coles
Locality non-executive representative:	Nick Ball

Key achievements/progress

- Ongoing due diligence and assurance activity with NHSE/I and Preferred Bidder for Integrated Care Partnership procurement
- Locality winter plan in delivery phase monitored through Urgent Care Forum.
- COVID Hot Hub in place with additional capacity to support admission avoidance to University Hospitals Plymouth (this includes plans for home visiting service).
- First successful drive-through primary care flu clinic completed in partnership with Plymouth City Council
- Plymouth Local Care Partnership 3rd meeting focussed on Workforce, Estates and Leadership Role. Delivery Grp established to support.
- First Fair Shares (equity funding) proposal (identification and support of patients with frailty) presented to Plymouth Local Care Partnership and ready to progress for CCG Exec approval.
- Direct booking from 111 now live into in-hours Primary Care

Key priorities for the next three months

- Conclude the Integrated Care Partnership procurement in line with assurance requirements
- Increased community capacity including home first capacity, and reinstatement of beds lost at UHP for social distancing.
- Increased use of community solutions by SWASFT (supported by ECIST) for Plymouth, South Hams & West Devon and then also Cornwall.
- Joint work with UHP to support vaccination programme roll out
- Support to Care Providers with LFD and vaccination roll out through weekly Plymouth Webinars
- Implementation of the local Lower Back and Radicular Pain pathway in line with the agreed specification.

- Finalise the development of Western Locality profile

Issues of concern or risk

- Staffing capacity across the commissioning team to manage priorities and operational demand
- COVID-19 – system-wide risks including to patients due to non-availability of services across both health and care
- Workforce capacity across all Providers including nursing, domiciliary care, pharmacy, voluntary sector
- Community capacity for future COVID-19 peaks including Care Homes, surge beds and community care as outbreak numbers increase
- Cornwall capacity across community both Care Home provision and Dom Care which impacts on flow from UHP.
- PCNs may not be able to recruit to additional roles effecting their ability to deliver the DES requirements

Support required from CCG/system or barriers to progress

- Continued deployment of additional capacity to support Integrated Care Partnership (ICP) procurement
- Continuation of additional capacity to support co-ordination of urgent care system through winter until recruitment complete
- Alignment of resources to support delivery of operating plan at locality once recruitment completed