NHS
Devon
Clinical Commissioning Group

Modernising health and care services in the Teignmouth and Dawlish area

Vision of the future? How a new Health and Wellbeing Centre for Teignmouth could look

Pre-Consultation Business Case

February 2020

CONFIDENTIAL

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1. Introduction

1.1 **Context**

The Long Term Plan for the NHS published in January 2019 confirms that the NHS must be more joined-up and coordinated, ensuring organisations, teams and funding streams work together better to support people with long-term conditions more effectively. To enable this, out-of-hospital care must be boosted to 'dissolve the historic divide between primary and community health services.'

This pre-consultation business case outlines the proposals to build on the success of integration so far in the Coastal locality and ensure the sustainability of primary care in Teignmouth. The Coastal locality consists of Teignmouth and Dawlish and surrounding villages. Health and care services are provided by one GP practice in Dawlish and three GP practices in Teignmouth, Torbay and South Devon NHS Foundation Trust (TSDFT), Devon County Council and a number of voluntary and independent sector organisations. NHS Devon Clinical Commissioning Group (CCG) is responsible for commissioning health services for the area.

The aim is to commence public consultation in Spring 2020 supporting the vision of integrating health, social care, primary care and voluntary sector services in a new Health and Wellbeing Centre in Teignmouth town centre and proposing the move of services provided in Teignmouth Community Hospital site to either the Health and Wellbeing Centre or Dawlish Community Hospital.

1.2 **Public consultation**

The pre-consultation business case outlines how NHS Devon CCG along with its partners in health and social care have ensured that the plans for public consultation meet the government's five tests and the requirements of the NHS England gateway process.

NHS England published 'Planning, assuring and delivering service change for patients' in March 2018 which sets out guidance for NHS bodies with regard to service change. There is no legal definition of service change but broadly it encompasses any change to the provision of NHS services which involves a shift in the way front line health services are delivered, usually involving a change to the range of services available and/or the geographical location from which services are delivered.

NHS commissioners and providers have duties in relation to public involvement and consultation, and local authority consultation. They should comply with these duties when planning and delivering service change. The public involvement and consultation duties of commissioners are set out in s.13Q NHS Act 2006 (as amended by the Health and Social Care Act 2012) for NHS England and s.14Z2 NHS Act 2006 for CCGs. The range of duties for commissioners and providers covers engagement with the public through to a full public consultation. Public involvement is also often referred to as public engagement. Where substantial development or variation changes are proposed to NHS services, there is a separate requirement to consult the local authority under the Local Authority (Public Health, Health & Wellbeing Boards and Health Scrutiny) Regulations 2013 ("the 2013 Regulations") made under s.244 NHS Act 2006.

All service change should be assured against the government's four tests:

- Strong public and patient engagement
- Consistency with current and prospective need for patient choice
- A clear, clinical evidence base
- Support for proposals from clinical commissioners

Where appropriate, service change which proposes plans significantly to reduce hospital bed numbers should meet NHS England's fifth test – a test for proposed bed closures and commissioners should be able to evidence that they can meet one of the following three conditions:

- Demonstrate that sufficient alternative provision, such as increased GP or community services, is being put in place alongside or ahead of bed closures, and the new workforce will be there to deliver it, and/or
- Show that specific new treatments or therapies, such as new anti-coagulation drugs used to treat strokes, will reduce specific categories of admissions, or
- Where a hospital has been using beds less efficiently than the national average, that it has a credible plan to improve performance without affecting patient care (for example in line with the Getting it Right First Time programme)

1.3 Background

South Devon and Torbay has been recognised nationally as an exemplar for integrating health and care services within its local communities. As the first area in the country to take this approach it has paved the way for others, both in the UK and internationally.

A new model of care was introduced in the Coastal locality in 2015 and rolled out across the rest of South Devon and Torbay in 2017. The significant success of this model of care in the Coastal Locality is a result of the work that has been undertaken to put patients at the centre of their own health and care. Services are being delivered to people in their own homes and they have been empowered to have more control over their own health.

The Enhanced Intermediate Care Team (EICT) which covers Teignmouth and Dawlish has reduced acute hospital admissions by 2.5% and attendances by 2.5% (2017/18) and demonstrated that EICT can provide the rehabilitation required in people's homes, in short residential placements or occasionally in Dawlish Community Hospital.

In the community there are more complex cases but EICT can now treat three times as many people in their own homes than they could in Teignmouth Community Hospital. This is a real testimony to their success.

The primary care estate in Teignmouth and Teignmouth Community Hospital are not fit to provide modern health and care services. A six-facet survey undertaken in November 2018 by independent surveyors stated that approximately £604,400 (inclusive of VAT) would need to be spent to address backlog maintenance and bringing 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 GP practices are housed in old buildings with limited disabled access. This is having an impact on the GPs' ability to recruit and retain staff and to plan for delivery of primary care in the future. GPs are the bedrock of the NHS; they are everyone's first port of call. Ensuring primary care is sustainable and able to support integrated working is crucial. Local GPs need to be equipped to deliver the benefits of integrated working, so they can continue to enhance the existing model of care and further embed services locally.

Extensive public involvement and engagement has been undertaken by the CCG, local GPs, acute and community clinicians and the voluntary sector over a number of years. This has helped shape the successful services Teignmouth now has and has contributed to the vision for further modernisation.

The next step in Teignmouth is to further integrate services with primary care, and we believe the only way to achieve this is by having them all under one roof, co-located in a fit for purpose building.

Having those services based in one location in Teignmouth would put real focus on prevention, independence and keeping people well and out of hospital - physical and mental health would work alongside social care and the voluntary sector. Everything that is currently available would continue to be available – the same services, delivered through an enhanced model of care, but in a more modern location with people being able to work better together. Attracting and recruiting doctors, nurses and carers would be vastly improved within an environment in which people want to work.

Since 2013 the CCG and its partners have been working to develop health and care services in the Coastal locality that meet the needs of the population and provide sustainable services into the future. In 2013 the public engagement asked people what was important to them in terms of health and care services.

This was followed in 2014/15 by a public consultation in Teignmouth and Dawlish on the future of health services in the locality. The emphasis in this consultation was on the integration of services and implementation of a new model of care based on care as close to home as possible. This led to the decision to have the health and wellbeing team located in Teignmouth Community Hospital along with 12 rehabilitation beds (the need for these beds has been under review and therefore not implemented to date), specialist outpatient clinics, room for planned day case procedures and community clinics. Dawlish Community Hospital retained 16 medical beds, an extended Minor Injuries Unit and community clinics.

In 2017 the CCG Governing Body decided to review need for rehabilitation beds in Teignmouth Community Hospital as the health and wellbeing team were looking after local patients successfully, meeting the full range of bed-based and home-based care needs without the beds.

2. Drivers of change

2.1 **Local and national strategic direction**

The proposal fits fully with the national strategic direction set out in the NHS Long Term Plan, the NHS Five Year Forward View and General Practice Forward View. It is designed to combine the benefits of primary care at scale and integrated delivery models.

The Long-Term Plan for the NHS published in January 2019 confirms that the NHS must be more joined-up and coordinated, ensuring organisations, teams and funding streams work together better to support people with long-term conditions more effectively. To enable this, out-of-hospital care must be boosted to 'dissolve the historic divide between primary and community health services.'

To support the vision to provide excellent integrated services and the development of in Teignmouth of a Health and Wellbeing Centre for the area, it is proposed to commence public consultation to the move the services provided on the current Teignmouth Community Hospital site to either the Health and Wellbeing Centre or Dawlish Community Hospital.

Our Devon Integrated Care Model outlines a model of integrated care at neighbourhood level, bringing together Primary Care Networks, mental health, social care and hospital services to meet population 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

2.2 **Success of the model of care**

The model of care 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 locality in which they live. It aims to provide the majority of care as close to home as possible, supporting people to remain independent and in their own homes, reducing reliance on bed-based services, but centralising care where that is more resilient, effective and efficient.

Based on the developments in the Coastal locality, the clinical case for change was developed in 2016 by Dr David Greenwell, a local GP and member of the CCG Governing Body. This case for change was reviewed by the South West Clinical Senate in 2016.

Since 2015:

- The role of inpatient care at Dawlish Community Hospital ward has been expanded to take more acutely unwell patients and more admissions from the community, with a nursing model of two registered nurses on every shift.
- Part of the lower floor in Teignmouth Hospital has been refurbished to create space for the Enhanced Intermediate Care Team (EICT) and a voluntary sector information and support centre along with investment in additional community nurses, therapists, social care and support staff.

- The shared office space has enabled improved communication between the different professions within the locality including social care, therapy, nursing, pharmacy and the voluntary sector. Sharing this space has been highly successful and has resulted in reduced duplication and improved flow between the locality teams so the relevant staff group can attend and intervene without delay, ensuring that staff are able to work in an integrated manner irrespective of profession or employer (for example Devon County Council social care staff, voluntary sector staff or NHS staff). This multi-agency, multi-professional environment has enabled delivery of care, support and treatment to meet the needs of a much larger proportion of the vulnerable and older population than previously.
- The Enhanced Intermediate Care Team (EICT) covering Teignmouth and Dawlish has reduced acute hospital admissions by 5% and emergency department attendances by 2.5% (2018/19). They have demonstrated that EICT can provide the rehabilitation required in people's homes, in short residential placements or occasionally in Dawlish Hospital. In the community there are increasingly more complex cases but EICT can now treat four times as many people in their own homes as they could in Teignmouth Community Hospital. Further details on the clinical evidence can be found in section 7.

2.3 **Sustainability of primary care**

All three GP practices are suffering from cramped space and deteriorating buildings where access, especially disability access, is an issue. There is limited space to be able to teach and train medical students and trainee GPs. Recruitment and retention issues have been caused by lack of ability to train and an unattractive setting. For example, two of the three practices have advertised in the last year for salaried GPs and for the first time ever have had no applications and only two GP partners in the town are aged under 50 years old.

GPs have expressed a wish to co-locate in a new building and the 2018 public engagement exercise showed that people supported co-location but wanted their GP practice to be on a flat site, in the centre of town, easily accessible by public transport. The GPs would like to work more closely together to share good practice and some back-office functions. If we do not change the way of providing primary care and address the estate issues, the risk of a workforce crisis within the next five years is significant due to the number of GPs reaching retirement age.

2.4 **Community hospital estate**

Teignmouth Community Hospital was opened in 1954. The hospital cannot be economically reconfigured to provide modern facilities required today and in the future. The most recent hospital conditions survey shows that the building is nearing the end of its effective life with wear and tear taking its toll, mechanical and electrical infrastructure approaching the end of its economic life, drainage problems and DDA (disability discrimination) issues. The existing site also has access issues being at the top of a steep hill with poor transport links.

A six-facet survey was carried out by independent surveyors in November 2018, commissioned by Torbay and South Devon NHS Foundation Trust (SDFT). The survey considers physical condition, 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 and 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 exhibits only minor deterioration but 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 of the building are

below the required statutory standard. The space is under-utilised – this relates to the current empty ward area. CCG/TSDFT note: While the current space is under-utilised, 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 capacity for expansion.

3. Vision – Primary Care and Torbay and South Devon NHS Foundation Trust

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

As providers of health and care for the people of Teignmouth and the surrounding area, we have a shared ambition to help people stay well and support them when they need expert help. We believe the best way to support people is to bring services together and integrate them around the needs of individuals, enabling them to stay well and at home for as long as possible.

By bringing the services of general practice, voluntary sector and community services together we can create a more resilient, integrated health and care provision, delivered in modern facilities designed better to meet the needs of service users, their families and carers. Coming together in one building will enable closer working relationships and co-ordination benefiting patients, their carers and families and staff. This will also support the GP practices who need to ensure that they are able to recruit staff and continue to deliver high quality care in order to sustain local health provision into the future.

Through our partnership we will invest in these local services and the buildings they are delivered in so that local people will receive care that is resilient and sustainable in buildings that are fit for purpose both now and in the foreseeable future. Without these changes, the future of GP services in the town may not be sustainable over the next decade.

3.1 Our shared plans include:

- Bringing services into the heart of the community through the creation of a vibrant new Health and Wellbeing Centre on the Brunswick Street site. This will accommodate the three Teignmouth GP practices - Channel View Medical Practice, Teign Estuary Medical Group and Teignmouth Medical Group and a range of other services for the local population. These will include the health and wellbeing team of community nurses and therapists and lifestyles and prevention services. It will help connect people to wider services and activities to support their physical health, mental health, social care and wellbeing
- Supporting sustainable GP services working together with partners to bring services from hospital closer to people's homes, improving communications between services, enhancing 'joined up' working and training the future workforce of doctors and nurses
- Developing new ways of working and new services for the benefit of the local population and extending education of the workforce needed to deliver this care
- Supporting people who need rehabilitation care to receive this in their own homes or in a short term placement in a care home
- Ensuring that local people are able to access GP and some other services from a new centre

- Housing voluntary sector services including Volunteering in Health in the new Health and Wellbeing Centre, linking up a range of community services
- Pooling our resources and facilities so we can better respond to the health and care needs of the people of Teignmouth

4. Our solution – a new build Health and Wellbeing Centre

Building on the drivers of change and the vision, there is now the opportunity to build on the success of integrating services, promoting independence and wellbeing and improving outcomes for people, by taking the next step and co-locating the three GP practices in Teignmouth alongside the health and wellbeing team and voluntary sector in an accessible new build in the centre of Teignmouth. This solution is supported by the NHS Devon CCG, primary care and TSDFT. The centre will house the Teignmouth GPs, TSDFT's health and wellbeing team and Volunteering in Health.

4.1 **System Impact**

The Torbay and South Devon system is experiencing increasing pressure on services and the existing model of care is not delivering the standards of care required to comply with national expectations. the cost of services is in excess of budget with TSDFT having an underlying deficit of £44 million in 2019/20. The new care model has been designed to improve the resilience of services in response to increased demand, to improve service performance and improve system finances.

The TSDFT Board has re-confirmed its commitment to this strategy and investment in out of hospital care to reduce demand for expensive hospital services as one that is not only delivering improvements in performance but is able, and has more potential to, manage increasing demand and deliver financial savings. This has been evidenced through statistically significant research findings as outlined in the clinical evidence in Section 7.

In the view of the whole system this case:

- Fits with the continued strategy of investment in out of hospital care to reduce hospital admissions and Emergency Department (ED) attendances, thereby improving ED performance
- Delivers financial savings and the opportunity for further efficiencies through closer collaborative working
- Makes the best use of scarce capital resources, to deliver the most positive benefits for patients
- Increases the sustainability of primary care

The impact across our health and care system will be:

- An increase in the number of people supported at home without the need for referral to hospital service including an ability to more readily access services provided within the local community and from the voluntary sector
- More people accessing specialist clinics in their local community, reducing need to attend Torbay Hospital
- A reduction in people who present to urgent and emergency care services with a particular focus on people aged over 65 years
- More people with mental health needs supported locally to meet their physical and mental health needs.
- A reduction in the number of bed days occupied in a hospital setting
- Improvements in self-reported health and wellbeing and in the ability of people to manage their health care needs independently

TSDFT has worked in partnership with Plymouth University to evaluate the impact of the model to date. This has demonstrated the following benefits:

- Total ED attendances reduced by 0.3% compared with a national increase of 11.1%
- Slight increase in number of ED attendances for people of 65 years of 0.8% compared with a national increase of 19.5%
- Total bed days reduced by 16.4%
- Bed days for over 65 years reduced by 21.7%
- Decrease in number of people receiving long term residential or nursing care services by 10.4% since 2015/16
- Patient activation improved by 24%
- Self-reported wellbeing scores improved by 20%

Although a number of these benefits have been accrued over the period since the care model has been implemented it is anticipated that the opportunity to enhance multi- disciplinary working across all sectors and client groups will ensure improved consistency, with ongoing improvements against these and associated performance measures.

As the care model is developed with an increasing range of services provided in local communities and neighbourhoods, there is an opportunity to review specialist services provided on the Torbay Hospital site, ensuring that care pathways are robust and access improved. This will be achieved through a redesign of pathways into the hospital and an extension of clinical networks across the wider Devon system with the aim of improving access to services and with it compliance with performance standards and a reduction in costs of services that rely on high numbers of temporary staff.

4.2 **Benefits of the Health and Wellbeing Centre**

The development of the Health and Wellbeing Centre model was co-created with health and social care commissioners, local stakeholders and people who use services and their representatives with the aim of improving the quality and sustainability of services while meeting increasing demand and reducing costs. This will be achieved through proactive intervention, timely access to specialist advice from clinical specialists working with primary care, and enhanced community support from intermediate care teams and the voluntary sector resulting in reduced reliance on bed-based care.

Teignmouth practices want to improve services to patients, building on opportunities to expand services offered in a shared building, such as "near patient testing" to reduce need to travel for some tests, introduction of practice-based pharmacists to support medication advice, as well as social prescribing to support wellbeing. Co-location would enable sharing ‘back office’ working which would release funding to patient-facing staff.

A new Health and Wellbeing Centre would enable the practices to provide services from a modern building, fit for purpose, with comprehensive disabled access. There are demonstrable benefits of the new integrated care model, and scope for further improvements could be jeopardised if we do not act now.

The benefits of a Health and Wellbeing Centre are:

- Opportunity to co-locate the health and wellbeing team and voluntary sector together with primary care in an easily accessible new building and enhance the outcomes of multi-agency working already evidenced at Teignmouth Community Hospital
- Greater integration which will improve our ability to support people in their own homes, further reducing hospital admissions and demand on the acute hospital. The main challenges for TSDFT are Emergency Department performance and finance. This development will directly contribute to improvement in these areas through a reduction in hospital-based care. Based on evidence of success so far, as detailed in Section 7, integration of services alongside primary care would deliver further efficiencies and improvement in performance

- Further development of the multi-professional, multi-agency, self-managed team with strength of therapy and nursing leadership in clinical decision making
- Provision of more space so other services can be included on a drop-in basis
- Recognition of the public support for co-location of GP practices and other services shown in the public engagement in June 2018
- Support the sustainability of primary care with a modern fit-for-purpose building providing a more attractive partnership model without the burden of property ownership
- Improved training opportunities for GPs and other clinical staff with better professional development
- Providing a great place to work, in a bright, modern and airy environment
- Providing the ability to share services especially back office functions

4.3 **Options for the new Health and Wellbeing Centre**

The options appraisal on the location of the Health and Wellbeing Centre is not part of the proposal and is not subject to public consultation.

Seven options were considered for the site for the Health and Wellbeing Centre:
- Brunswick Street
- Teignmouth Community Hospital full site
- Broadmeadow Lane
- Teignmouth Community Hospital part site
- Eastcliffe 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. Each site was evaluated on 10 criteria, which were each weighted against their importance to the delivery of the Health and Wellbeing centre. See Appendix 1

These sites were evaluated with stakeholders and Brunswick Street was identified as the preferred option.

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4.4 Weighting

Criteria	Weighting	Numerical Weighting
Site area	High	5
Parking	Medium	4
Public transport	Medium/High	4
Access	Medium	3
Abnormal costs	High	5
Deliverability	High	5
Development timeframe	High	5
Future proofing	Medium	4
Demographics	Medium/Low	1
Impact of seasonal traffic	Low	1

A desk top analysis (Appendix 2) was undertaken by independent environmental impact consultants WSP on behalf of TSDFT in December 2017, to assess the transport conditions on four of the proposed sites: Broadmeadow Lane; Eastcliffe car park; Brunswick Street; Mill Lane (existing Teignmouth Hospital site).

The assessment consisted of reviewing and scoring each site based on five criteria, being;

- Existing vehicle access to the site
- Pedestrian and cycle access to the site
- Off-site parking surrounding the site
- The traffic impact of the proposed site on the local highway network
- Public transport provision

The summary outcomes of the stakeholder evaluation and desktop analysis as well as feedback from the public engagement on sites are collated below:

Site	Rationale for proposal/rejection
Brunswick Street	• Site appraisal – low score mainly because the site was considered too small. The site now available has increased in size. • Transport analysis - scored highly in terms of access as both vehicular accesses benefit from the one way system and double-yellow lines on the western side of Brunswick Street, providing suitable visibility. Footways are present on both sides of Brunswick Street and street lighting and pedestrian crossings are located along the length of the route to bus stops and Teignmouth Railway Station. • Public engagement: site was suggested by respondents as a suitable site.

	• Provides the potential for the Health and Wellbeing Centre to be integrated within a planned, whole site, central town centre regeneration, being part of the Brunswick St Regeneration proposed within the Teignbridge Council Local Plan. (Brunswick Street had previously been considered as a site option in isolation of wider development plans). The 0.88-acre site, which currently contains a 56-space car park, two former garages, retail and residential buildings is in a Conservation Area and is allocated for redevelopment in the Local Plan. The site is under-used and partly derelict in places but holds much potential because it is within the heart of the town centre. Teignbridge District Council has assembled parcels of land with the aspiration of reviving the area and has investigated various options for the overall site. PREFERRED OPTION
Teignmouth Hospital Full Site	• Site appraisal: high score – was presented as an option during public engagement • Transport analysis - scored poorly in terms of access due to visibility being unsuitable to that required by Manual for Street standards. The site also suffers due to its location on a steep gradient, making pedestrian and cyclist access to the site unattractive and unsuitable for certain patients. The site is also a fair distance from Teignmouth Railway Station, however, it does benefit from bus stops for both directions being located within 30metres of the site, and is served by the Teignmouth Town Centre bus service. • Public engagement - Concerns were raised that the Teignmouth Hospital site presented a challenge in terms of accessibility, particularly if Primary Care services were co-located. • GPs did not support it as a location for primary care due to accessibility for patients. REJECTED
Broadmeadow Lane	• Site appraisal: low score • Transport analysis - scored the worst mark out of all the sites. This is because of the inadequate highway layout on the approach for vehicles to access the site via Broadmeadow Lane, and the change of levels and electrical substation to the south of the site, making it unsuitable to provide a new vehicle access to the A381 Bishopsteignton. REJECTED
Teignmouth Hospital Half Site	• Site Appraisal: mid score • Transport analysis - the existing hospital site, along Mill Lane, scored poorly in terms of access due to visibility being unsuitable to that required by Manual for Street standards. The site also suffers due to its location on a steep gradient, making pedestrian and cyclist access to the site unattractive and unsuitable for certain patients. The site is also a fair distance from Teignmouth Railway Station, however, it does benefit from bus stops for both directions being located within 30metres of the site, and is served by the Teignmouth Town Centre bus service. • Public engagement - Concerns were raised that the Teignmouth Hospital site presented a challenge in terms of accessibility, particularly if Primary Care services were collocated. REJECTED
Eastcliffe Car Park	• Site appraisal: high score – was presented as an option during public engagement.

	• Transport analysis - scored well in terms of access due to the good visibility along Dawlish Road at the vehicle access, and also the pedestrian footway along Dawlish Road leading towards the town centre and public footpath to the east of the site linking to Teignmouth Beach. The site suffers from a high risk transport impact score because of the impact of closing the only long stay car park on the eastern side of Teignmouth. • Public engagement - raised concerns about the loss of parking for visitors and coach parking during the Summer months. REJECTED
Quay Road Car Park	• Site Appraisal: low score REJECTED
Rugby Club Site	• Site Appraisal: low score REJECTED

In September 2018, Teignbridge District Council formally considered recommendations for redevelopment of Brunswick Street, including space for a new hotel, improved town centre parking, and, subject to the outcome of NHS public consultation, the Council agreed to work with the NHS to progress the delivery of the Health and Wellbeing Centre, within the development. This is now the preferred site for the Health and Wellbeing Centre.

4.5 Delivering the health and wellbeing centre

TSDFT's strategic estates partners have co-ordinated the work on the Health and Wellbeing Centre to date on behalf of the health community, as part of their partnership with TSDFT.

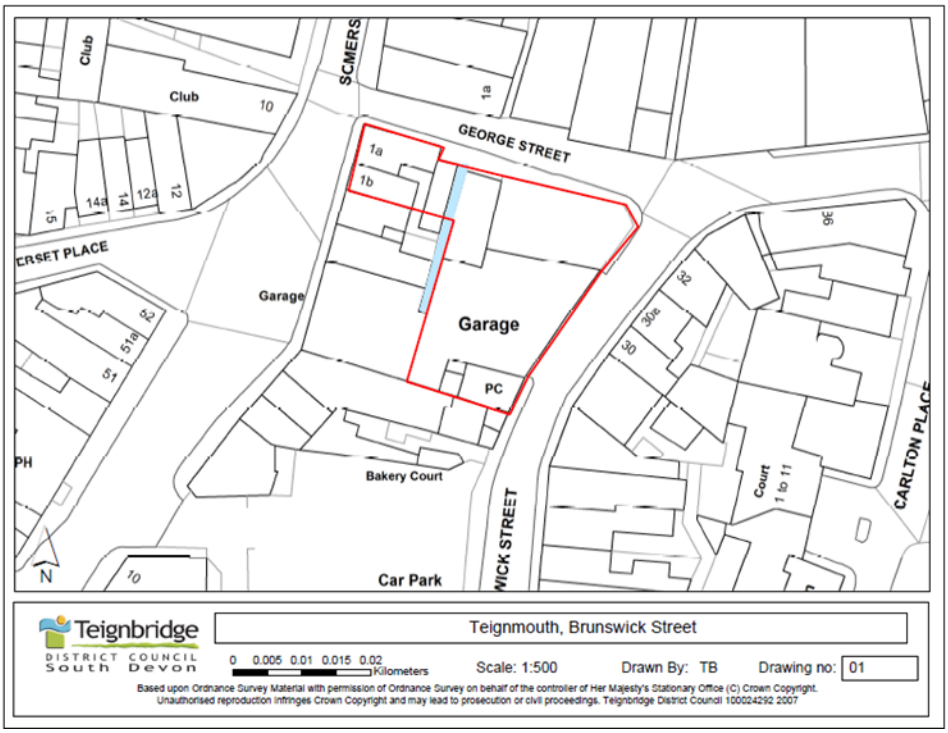
The proposed option is for Teignbridge District Council to forward sell the Brunswick Street site to TSDFT who will, on behalf of the local health community and local stakeholders, secure funding and construct a Health and Wellbeing Centre on the identified site. The purchase of the land by TSDFT was approved by Teignbridge Council at their full committee meeting on 29 July 2019. Plans have been developed and agreed with all stakeholders and pre-planning discussions are underway.

4.6 Health and wellbeing centre finance

Costs for developing a Health and Wellbeing Centre on the preferred site at Brunswick
Street including three GP practices, the health and wellbeing team, Volunteering in Health, a pharmacy and the community clinics are £8.35m.

a) Outline of capital investment/primary care estates funding

TSDFT's Finance Committee has approved the formal concept proposal and the financial model for the Health and Wellbeing Centre on a site on Brunswick Street in Teignmouth.



The proposed option is for Teignbridge District Council to sell the Brunswick Street site to TSDFT who will, on behalf of the local health community and local stakeholders, construct a four-storey Health and Wellbeing Centre on the identified site. To deliver the Health and Wellbeing Centre TSDFT and partners are required to purchase the land for development from the council and secure the funding for construction.

The plot of land which the Trust is proposing to purchase forms part of the Town Centre Mixed Use Development site on Brunswick Street which is identified as a primary regeneration site for Teignmouth in the Teignbridge Local Plan (2013-2033) and is the subject of a Local Development Order which was approved in April 2016.

The land sits on the North East corner of the site and the new health and wellbeing centre building will front onto the site boundaries of Brunswick Street and George Street. At present the site is made up of No. 3 George Street, the adjacent piece of land known as the former Tindle printing site, the old Central Garage on Brunswick Street and the public toilet block next to it. These buildings will be demolished in preparation for construction of the new Health and Wellbeing Centre.

The site is subject to a party wall and also a passageway and right of light air related to it that must be maintained. There is also an underground culvert (drain) that will need to be diverted during construction.

It is likely that the ground floor will be offices and administration space as The Local Development Order restricts the use of the ground floor due to the site being in Flood Zone 3. Lifts would be installed.

Health partners have agreed to:

- include the cost of the abnormals (under ground clearance) and 50% of the market value of the land in their costs - £500k
- mitigate the loss of the £1million car parking income to the council as a result of having the Health and Wellbeing Centre on the site rather than a car park – £30,000 pass through cost of rental received from a retail pharmacy paid to the council
- Cover the build cost of the 120m^2 pharmacy

The Council has agreed to:

- Cover the costs of demolition above ground and provide the Trust with a site clear of structures
- Provide a different site to that originally proposed whereby the Trust would have required to compulsory purchase two additional buildings

- Reduce the purchase cost to 50% of the market value

Indicative costs at this stage are:

- Maximum Development Cost - **£8.35m**
- Contract sum - **£6.7m** ex fees and contingency; **£7.8m** inclusive of fees and contingency

The financial model has been developed and approved by TSDFT's Finance Committee. TSDFT will contribute £1.4m capital and the GPs £1million secured from NHSE/I primary care estates funding. TSDFT's joint venture partner will work to secure a developer/funder to support the remainder of the build costs. This high-level funding model and consequential revenue commitment is supported by the CCG, GPs and other stakeholders and is affordable. It delivers an NHS owned asset at the end of the 30-year lease period.

b) Revenue Costs

The revenue costs of leasing the centre per annum will be met by the rent charged. The rental costs charged will be less than market rates which are between £160 and £190 per metre^2.

Occupier	**M2**	**Cost per m2**	**Lease Income**	**Lease Expenditure**
Trust/Voluntary Sector	953	£146	139,519	
Primary Care	1421	£146	208,034	
Pharmacy	120	£250	30,000	
Building owner				347,553
Teignbridge District Council				30,000
Total			**377,553**	**377,553**

The current rental and revenue running costs to TSDFT and Devon CCG for the current Teignmouth Community Hospital and GP premises are £411,390 pa. (excluding revenue running costs incurred by the GP practices). The new rental costs and revenue running costs to TSDFT and Devon CCG for the new health and wellbeing centre would be £396,553 pa (excluding revenue running costs incurred by the GP practices). This includes the CCG commitment to meeting the increase in primary care rental costs from the current cost of £131,940pa to £208,000pa (inclusive of VAT). The impact of the capital contributions is to reduce the revenue consequences for this scheme such that the affordability is now more favourable than the existing arrangements and delivers an overall annual cost reduction of £14,837.

	Space m^2	**Rental Cost pa**	**Revenue running cost pa**
Current GP premises	1102	£131,940 (£131 per m2)	-
Current Teignmouth Community Hospital - Trust	-	-	£279,450

New Health and wellbeing centre – GP	1421	£208,034 (£146 per m2)	£73,938
New Health and Wellbeing centre - Trust	953	£139,519 (£146 per m2)	£49,000

The revenue running costs of the Health and Wellbeing Centre building would be covered by the income generated through a service charge (see below).

	Brunswick Street Development			GIFA	2,494	m2
				External	-	m2

Item	Description	Measure	Unit	Rate	Total	Comments
1.0	FIXED CHARGES					
1	EFM Costs					
1.1	Cleaning	90	hr	11.54	54,156	6 days
1.2	Consumables	5	%	-	2,708	
1.3	Property Maintenance		E	-	10,000	
1.4	Fire, Health & Safety Support		E		1,800	
1.5	Pest Control		E	-	500	
1.6	Security		E	-	1,300	
1.7	Grounds & Gardens				500	
	SUB-TOTAL				70,964	
2.0	VARIABLE CHARGES					
2	EFM Costs					
2.1	Telecommunications		E	-	10,200	
2.2	Utilities		E	-	36,000	
2.3	Water and Sewage Rates		E	-	1,864	
2,4	Waste Disposal		E	-	3,000	
2.5	Linen & Laundry		E		2,500	inc disposables
2.6	Car Parking				-	Staff to pay per Trust Policy
	Other Costs					
2.7	Postroom & Courier Services		E		2,036	
2.8	EBME		A	-	2,000	
	SUB-TOTAL				57,600	
3.0	INFLATION					
	Inflation Allowance	2%	%		1,152.00	
	TOTAL REVENUE COSTS				129,716	
4.0	PROPORTION OF COSTS	M2	%			
4.1	Pharmacy	120	4.80		6,226	
4.2	Trust/Voluntary Sector	953	38.20		49,551	
4.2	GP	1421	57.00		73,938	
	TOTAL SERVICE CHARGE				129,716	

5. Proposal

5.1 **Proposal**

Our vision is to provide excellent integrated services and we are going to do this by building on our success of integrating services and co-locating the three GP practices in Teignmouth, alongside the health and wellbeing team and voluntary sector in a new build in the centre of Teignmouth.

This proposal has been developed through engagement with local GPs, clinical commissioners, the Coastal Locality Engagement Group, other key stakeholders and staff. The proposal helps us deliver the next phase of our vision of excellent integrated health and care services in Teignmouth and Dawlish, addresses the drivers of change and supports the creation of a new, purpose-built health and wellbeing centre in Teignmouth. The proposal is to:

- Move high-use community clinics from Teignmouth Community Hospital into the Health and Wellbeing Centre in Teignmouth
- Move specialist outpatient clinics from Teignmouth Community Hospital into Dawlish Community Hospital.
- Move day case procedures from Teignmouth Community Hospital into Dawlish Community Hospital
- Continue with a model of community-based intermediate care, reversing the decision to establish 12 rehabilitation beds in Teignmouth Community Hospital

5.2 **Rationale for the proposal**

We have had ongoing conversations with the public over many years to help us develop health and care services in Teignmouth and Dawlish and our vision to provide the best support possible, locally. Our plan is to develop a Health and Wellbeing Centre in the centre of Teignmouth which will accommodate the local GPs along with Volunteering in Health and the health and wellbeing team both of whom are currently based at Teignmouth Community Hospital. In light of the drivers of change (Section 2) the vision (Section 3), and the plans for the Health and Wellbeing Centre (Section 4), Devon CCG along with partner agencies needed to consider the most appropriate location for the remaining services in Teignmouth Community Hospital – community clinics, specialist outpatient clinics and day case procedures and the future of the rehabilitation beds that were agreed in 2015 but not implemented. To achieve this an evaluation exercise was undertaken as described below and in Appendix 13.

5.2.1 **Options**

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 current levels of clinic activity.

Three options were identified 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 current levels of clinics activity.

Five options were identified 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 procedures where a local anaesthetic is required. There is a commitment to deliver current levels of activity.

Five options were identified 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 Services

During a previous 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. However, during the development time, the introduction of a model of community-based intermediate care meant that the CCG decided to review the need for the beds.

Two options were identified for the rehabilitation services:

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

5.2.2 Criteria

The CCG worked with a stakeholder group to determine the criteria to be used to evaluate the options.

The criteria used were:

a) Community Clinics, Specialist Outpatient Clinics, Day Case Procedures

- Space/capacity: Is the location/site large enough to accommodate all currently provided services? Does the location support the commitment to provide services within the Teignmouth and Dawlish area?
- Finance: Is it affordable? Capital cost required- has funding been identified to deliver?
- Does it support delivery of the vision for the Coastal locality?: 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.
- Sustainability of service: 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?
- Public transport: Is public transport available nearby to and from the site?
- Car parking: Number of disabled spaces (and proximity); Can you park nearby? Cost of parking

- Travel impact: What is the impact on distance travelled by people using the service?
- Pedestrian access: Is there easy pedestrian access?
- 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?
- Environmental impact: What is the environmental impact on the difference in travel arrangements? Are the buildings environmentally friendly and sustainable?

b) Rehabilitation Services

- Clinical evidence: view of NHSE South West Clinical Senate, what is the clinical case for change?
- Capacity: number of people per year who can be cared for
- Finance: Staffing costs? Capital cost required?
- Does it support delivery of the vision for the Coastal locality: 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?

5.2.3 Evaluation

A stakeholder group undertook an evaluation process, scoring the options against each criterion. The evaluation process identified the following options as viable options to take to consultation:

- Community clinics to the health and wellbeing centre
- Specialist outpatient clinics and day case procedures to Dawlish Community Hospital
- To continue with a model of community-based intermediate care

a) Community Clinics

Site	Rationale for proposal/rejection
Health and Wellbeing Centre	• Access to considered good • Keeps services in the Coastal Locality • Benefits of co-location with health and wellbeing team, primary care and voluntary sector – supporting the vision of multi-agency working and integration • The current clinics can be 'lifted and shifted' • High score in evaluation (621)
Remain within Teignmouth Hospital or new build on hospital site	• Teignmouth Community Hospital or a new build would have the capacity for the community clinics to remain with good facilities • Keeps services within the Coastal Locality • The building needs extensive renovation and does not have a sustainable future and the cost of a new build is considered high • Keeping the clinics on this site would not achieve the vision of further integration • Access is considered poor • Low score in evaluation (240 and 261)

b) Specialist Outpatient Clinics

Site	Rationale for proposal/rejection
Dawlish Community Hospital	• Dawlish already has acute outpatient clinics (as well as some community outpatients), but the outpatient clinics are running at only 20% giving capacity for extra activity from Teignmouth • A table-top exercise has been completed with the matrons, and without having to reschedule clinics, the current clinic schedule can be 'lifted and shifted' • Keeps services within the Coastal Locality • Access to considered good • High score in evaluation (593)
Remain within Teignmouth Hospital or new build on hospital site	• Teignmouth has capacity for the outpatient clinics to remain • Keep services within the Coastal Locality • The building needs extensive renovation and does not have a sustainable future and the cost of a new build is considered high • Access is considered poor • Low score in evaluation (283 and 303)
Newton Abbot Community Hospital	• Outpatient facilities do not have the capacity to accommodate this extra activity • Does not keep services within the Coastal Locality • Did not pass Stage One of the evaluation process
Torbay Hospital	• Outpatient facilities do not have the capacity to accommodate this extra activity • Does not keep services within the Coastal Locality • Did not pass Stage One of the evaluation process

c) Day Case Procedures

Site	Rationale for proposal/rejection
Dawlish Community Hospital	• Deemed to have potential for expansion and, under a different financial arrangement to that at Newton Abbot Hospital, assessed as an affordable option • Keeps services within the Coastal Locality • Access considered good • High score in evaluation process (593)
Remain within Teignmouth Hospital or new build on hospital site	• Teignmouth has capacity for the day case procedures to remain • Keep services within the Coastal Locality • The building needs extensive renovation and does not have a sustainable future and the cost of a new build is considered high • Access is considered poor • Low score in evaluation process (289 and 317)
Newton Abbot Community Hospital	• Newton Abbot Hospital does have a day case procedure room and this option was explored to identify whether it could absorb capacity and what changes were required. Capacity is constrained and would require physical expansion to accommodate this service • Does not keep services within the Coastal Locality • Did not pass Stage One of the evaluation process
Torbay Hospital	• There is minimal capacity within the existing unit • Further complicated by the fact that discussions are underway regarding the substantial upgrade required to theatres and the current vulnerability of the existing theatre infrastructure

	• Would place additional strain and reliance on the Torbay Hospital theatre capacity • Does not keep services within the Coastal Locality • Did not pass Stage One of the evaluation process

d) Rehabilitation Services

Implementing Rehabilitation Beds	• Could reduce the pressure on primary care as requires less medical input into people's own homes although some medical cover would still be required • Teignmouth Community Hospital requires significant investment to be able to provide bed-based care • Does not support the model of care • Low score in the evaluation process (120)
Continue model of community-based intermediate care	• The evidence of the success of the community-based model of care and the intermediate care team • Allows for primary care and GPs to be part of the multi-disciplinary team developing greater integration • The community-based model of care was supported by South West Clinical Senate, a panel of independent clinicians who reviewed clinical evidence • The Intermediate Care team cares for approximately 880 people (both in care homes and in their own home) in a year compared with approximately 230 people a year who could be cared for on a bedded rehabilitation ward for about the same cost • Low score in the evaluation process (414)

6. NHSE Five Tests - Support from clinical commissioners

6.1 **Primary Care Estates Funding**

The Teignmouth GP practices along with other providers and commissioners have been working collaboratively to co-design a vision for health and social care for people living within Teignmouth and surrounding areas (see above).

They developed a business case for a new purpose-built health and care facility funded partly via NHSE/I primary care states funding to allow the co-location of three practices alongside the community health and well-being team and voluntary sector and the disposal of three existing GP premises.

The business case developed by the three GP practices highlights the outcomes that they envisage as:

- a first-grade service that will integrate with the community and other healthcare services that will support people and all members of the community with their health needs
- people identified as at risk will be supported to remain at home, supported by health and well-being teams based locally within the hub that can provide a quick response to avoid unnecessary hospital admissions
- greater range of opportunities for patients to be cared for in the community
- patients experience a seamless pathway of care between services

This business case was successful in attracting £1 million of funding from NHS England/Improvement. Further information can be seen in Appendix 3.

6.2 **GP led Commissioning**

Clinicians have been actively involved in the development of the model of care in the Coastal locality including the establishment of Clinical Director role (Dr Matthew Fox), monthly Coastal management meetings and Teignmouth Integrated Care meetings. GPs have been involved in many meetings developing the model of care and the proposals outlined, with evidence from minutes from a variety of locality meetings: Locality Commissioning meetings and Teignmouth Steering Group. See Appendix 4.

Clinicians were actively involved in developing the engagement materials for the engagement in June 2018 and attended public events to talk to members of the public and explain how the new model of care was operating in the locality. Clinicians are part of the ongoing project steering group and are integral to planning the consultation proposals, materials and participating in the public events.

Dr Carlie Karakusevic is the GP lead for the Teignmouth GP practices and Dr Matthew Fox is the Clinical Director and GP lead for the wider Coastal locality.

7. NHSE Five Tests - clinical evidence

Based on developments in the Teignmouth and Dawlish area in 2015, the clinical case for change for the rest of South Devon and Torbay was developed in 2016 by Dr David Greenwell, a local GP and member of the CCG Governing Body (see Appendix 5). This was developed to support the delivery of the 2016 community services reconfiguration consultation and the new model of care. The case for change references: The Five Year Forward View, the 2013 Keogh Report, local hospital acuity audits, 2014 National Audit of Intermediate care, Cochrane Systematic Reviews, The King's Fund reports, and the Devon County Council Health Overview and Scrutiny Committee's Future of Community Hospitals task group 2012.

Since the consultation in 2014/15:

- The role of Dawlish Hospital ward has been expanded to care for more acutely unwell patients and more admissions from the community, with a safer nursing model of two registered nurses on every shift. The ward is run by the local GP practice with weekday and Saturday ward rounds; this model allows the hospital to admit a higher acuity of patients from their own homes, avoiding the need to be admitted to Torbay Hospital. In addition, it is used by the local GPs to investigate frail patients, for End of Life care and is used for complex rehabilitation and discharge planning.
- The ground floor in Teignmouth Hospital has been reconfigured and refurbished to create space for the Enhanced Intermediate Care Team (EICT) and a voluntary sector information and support centre along with investment in more community nurses, therapists, social care and support staff.
- The reconfiguration meant that the health and wellbeing team were accommodated in one office space including social care, therapy, nursing, pharmacy and the voluntary sector.
- The medical beds in Teignmouth Hospital were moved to Newton Abbot Community Hospital in 2016 due to staffing shortages and the desire to prepare for the rehabilitation beds.
- A physiotherapist consultant on the Stroke Unit in Newton Abbot Hospital worked with local clinicians to create a specification for how a rehabilitation unit would be structured, staffed and supported, with costings for the existing ward to be converted. The building works were due to be in phase 2 of the conversion of Teignmouth Hospital.
- The local GPs remained employed by TSDFT and attended the daily morning meetings of the EICT.

Overall this created an environment in Teignmouth hospital from which the needs of the vulnerable and older population could be supported, enabling improved communication between the different professions within the locality. The sharing of space led to decreased duplication, and improved flow between the

locality teams so the relevant staff group can attend and intervene without delay. This sharing is both powerful and highly effective and ensures that staff are able to work in an integrated manner irrespective of profession or employer (for example Devon County Council social care staff, voluntary sector staff or NHS staff).

Dr Liz Tough (Clinical Lead Physiotherapist) states that ***"****working under the same roof as the GPs should allow patients a better experience of joined up care between their GP and allied health professionals (AHPs); it should give both GPs and MSK physiotherapists a better understanding of each other's' role especially around single point of access and onward referral into secondary care. It would also be great to collaborate on training opportunities and service development ideas around health and fitness."*

7.1 **South West Clinical Senate**

The model of care now being proposed for Teignmouth and Dawlish is based on the new model of care which has not changed since the 2016 consultation. The 2016 consultation culminated in the development of health and wellbeing teams and health and wellbeing centres (including co-location with GPs) across the South Devon and Torbay footprint. The NHS England South West Clinical Senate reviewed and supported the model of care proposed in 2016 and subsequently adopted.

The South West Clinical Senate reviewed the South Devon and Torbay model of care in 2016 and members of the original 2016 clinical panel were subsequently convened in 2019 to undertake a desktop review and to consider the latest version of the Pre-consultation Business Case for proposals to services in the Teignmouth and Dawlish area (Appendix 5a). With the following questions:

- *Can the Clinical Senate be assured that the model being proposed for Teignmouth/the Coastal Locality is the same as the model reviewed in 2016 for other localities?*

Yes, the model they are using for Teignmouth and the Coastal locality is largely the same as that used for the other localities within South Devon.

The key components are very similar but with redistribution of activity to the remaining clinical hub. The proposal does include a Clinical Hub, health and wellbeing centre and Health and Wellbeing Team as well as Enhanced Intermediate Care.

The model for other localities did reference the Teignmouth model and the provision of rehab beds and in this sense the model has changed as the rehab beds proposed, but never implemented, are removed permanently however the rationale for this is understood.

- *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?*

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?*

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 EICT and therefore the actual service model is not being significantly changed.

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

7.2 **Developing new ways of working with GP practices**

The population of Teignmouth is changing, bringing an increase in demand on services due to ageing and a greater number of people living longer with multiple long-term conditions. In order to meet the workload, there needs to be a change in the delivery of primary care.

The NHS Long Term Plan describes the national situation facing primary care that is reflected in Teignmouth:

"Community health services and general practice face multiple challenges – with insufficient staff and capacity to meet rising patient need and complexity. GPs are retiring early and newly-qualified GPs are often working part-time…. Use of locum GPs has increased and there is a shortage of practice and district nurses. The traditional business model of the partnership is proving increasingly unattractive to early and mid-career GPs."

The three practices are not flexible to change if they stay in three separate and out-dated buildings. Each practice has already made changes to their premises and has no more scope for improvement in terms of space or fulfilling current accepted standards of access. Co-location of the three GP surgeries into a new building provides an exciting opportunity to implement new ways of working with community services and the voluntary sector to meet the needs of the local population and fits with the wide Devon system strategy.

In order to meet the increased demand, there needs to be investment in the workforce. All three practices are involved in teaching, but their offer is limited by space. For the future sustainability of primary care, the workforce needs to be trained and developed in order to ensure staff are retained and recruited.

New infrastructure in terms of IT and buildings will support more flexibility in working approaches and the scope for better solutions for the future. The ability to improve direct communication between health, social care and the voluntary sector is essential for service delivery. This is further underpinned by shared IT systems already piloted and now fully embedded in the locality.

Data showing the impact of the introduction of the new model of care and specifically the locality health and wellbeing team which is supported by all the three GP practices demonstrates the efficacy of collaborative working with fewer emergency admissions to Torbay Hospital. Greater collaboration between GP teams, the community health and social care workforce and voluntary sector must be developed to meet the needs of the population and the increase in workload. This will enable the locality to meet the commitment made in the NHS Long-Term Plan:

"More NHS community and intermediate health care packages will be delivered to support timely crisis care, with the ambition of freeing up over one million hospital bed days. Urgent response and recovery support will be delivered by flexible teams working across primary care and local hospitals, developed to meet local needs, including GPs, allied health professionals (AHPs), district nurses, mental health nurses, therapists and reablement teams. Extra recovery, reablement and rehabilitation support will wrap around core services to support people with the highest needs.

"The £4.5 billion of new investment will fund expanded community multidisciplinary teams aligned with new primary care networks based on neighbouring GP practices that work together, typically covering 30-50,000 people. … Expanded neighbourhood teams will comprise a range of staff such as GPs, pharmacists, district nurses, community geriatricians, dementia workers and AHPs such as physiotherapists and podiatrists/chiropodists, joined by social care and the voluntary sector. In many parts of the country,

functions such as district nursing are already configured on network footprints and this will now become the required norm."

7.3 **Evaluation of Impact of Enhanced Intermediate Care Team (EICT)**

The integrated care model has been evaluated by Researchers in Residence (RiR) from Plymouth University, Dr Felix Gradinger and Dr Julia Elston. This involves a two-year mixed-method case study of the experience and impact of two part-time RiRs, embedded within an Integrated Care Organisation to support the implementation of new models of care. Information on this method of research can be found at Gradinger, F., Elston, J., Asthana, S., Martin, S. and Byng, R. (2019) Reflections on the Researcher-in-Residence model co-producing knowledge for action in an Integrated Care Organisation: a mixed methods case study using an impact survey and field notes, *Evidence & Policy*, vol 15, no 2, 197–215, DOI: 10.1332/174426419X15538508969850.

A presentation of their emerging themes was presented at the International Conference for Integrated Care in April 2019 and can be seen in Appendix 5b and 5c and is summarised below.

The consultation of 2014-5 led to the creation of the award-nominated and nationally recognised Coastal EICT based at Teignmouth Community Hospital as well as the highly efficient and high performing inpatient ward in Dawlish Community Hospital; with these services in place the local population can be supported without the need for dedicated rehabilitation beds.

The Enhanced Intermediate Care Team (EICT) including local GPs are able to provide rehabilitation, mainly in peoples own homes or in short term residential or nursing home placements.

This had an immediate benefit to the EICT in terms of being able to support a greater acuity of person with GP support and also resulted in an improved understanding of the role of the EICT by the GPs. This is reflected in the high GP referral rate to EICT in comparison with other localities.

There is a locality multidisciplinary team (MDT) meeting daily to discuss those clients at current high risk, requiring intervention from one or more sector. This includes reviewing people admitted to the acute hospital over the previous 24 hours so in-reach work can take place if appropriate. There is also a focus on end of life patients who are being supported at home. Teignmouth Community Hospital previously supported 12 inpatient beds, but the new model enables support of a population of 10,000 within the community setting.

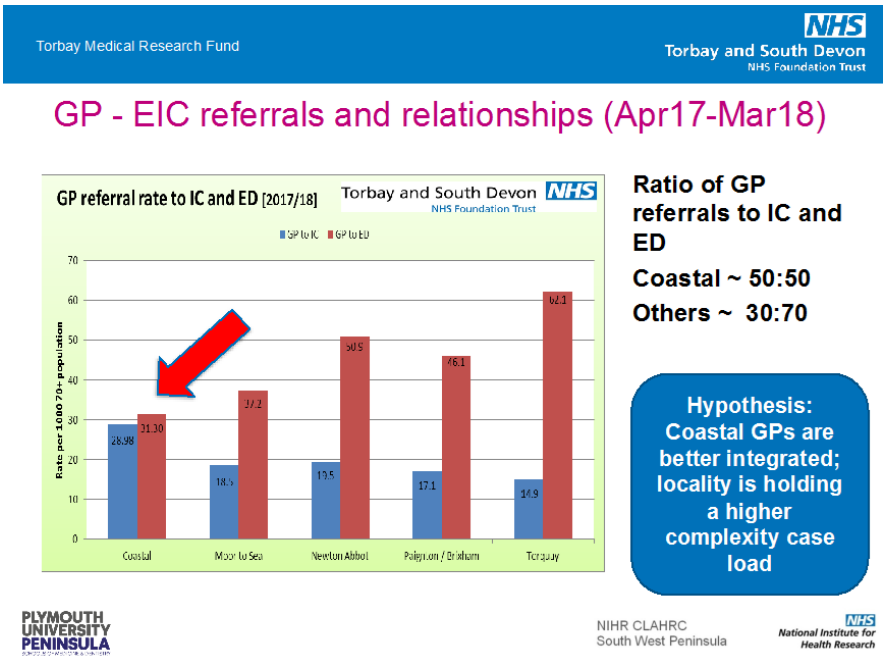
The research has identified the outcomes of Enhanced Intermediate Care (EIC) as:

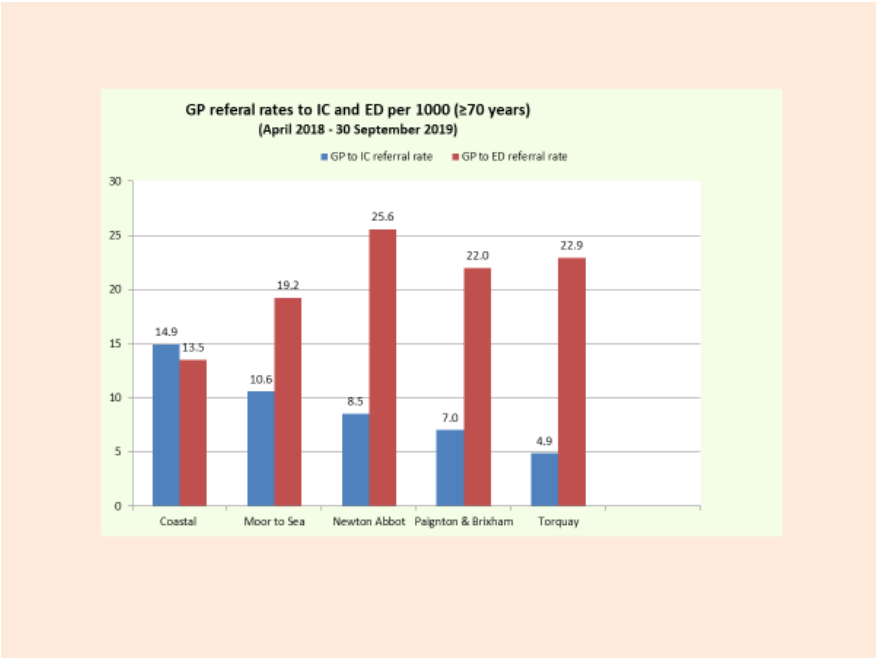
- Closer working has been achieved by the creation of the environment, embedding all parts of the team, including the voluntary sector in the same physical room. The MDT meeting has access to all the IT systems used by all providers including community staff, social care, GP surgeries and the acute trust so can access all relevant patient information.
- A monthly strategic planning meeting chaired by the locality GP brings all the agencies together to assess current activity against local dashboards and to plan the further expansion of the team to support a wider proportion of the population.
- The zone manager, covering both health and social care, is in a joint post created between the NHS and Devon County Council.
- By working in a combined office space there has been a shift in culture, hugely improving understanding of each other's work roles and responsibilities. For example, the therapy, nursing and social care leads all understand each other's roles and responsibilities and are empowered to provide support, guidance and backup to members of the other agencies.
- A dedicated coordinator refers to any of agencies and the MDT has access to all the local IT systems including nursing, social care, mental health, GP and the acute trust.
- By working in this manner, the outcomes for patients have been changed as below:

- The highest referral rate into and use of the EICT in the CCG, including social prescribing
- The lowest rate of bed days used per 1000 population over 70 in the CCG
- An estimated saving of over £200,000 in year by using the EICT instead of other agencies
- A 6% reduction in emergency admissions compared to a 3% CCG average increase with a 2% cost saving against a 7% CCG average increase
- Recorded patient experience scores throughout the process of an average score of 66%

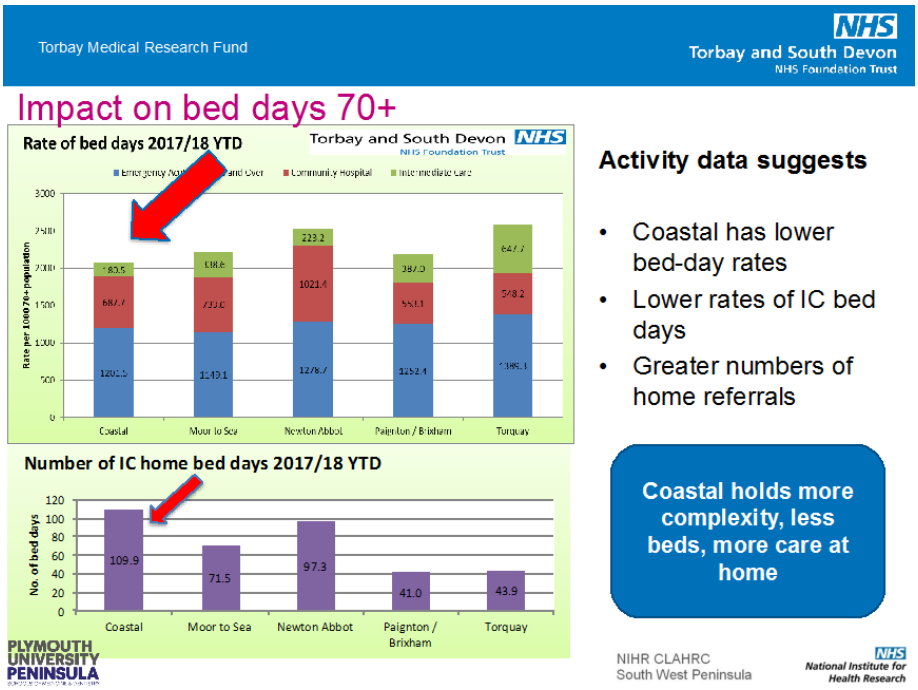
- Staff work in a dynamic and positive environment, in a self-managed team. There is an ethos of patient centred care, problem solving and risk management. The MDT meetings feel positive, energised and dynamic
- Quality of care for Coastal patients has improved hugely. The patients are likely to spend less time in hospital, are less likely to be in residential care and more likely to have any care they need at home.
- The Coastal GPs and paramedic services routinely refer to the EICT for emergency intervention to avoid unnecessary admission to the acute hospital
- In a collaborative project with the voluntary sector an information hub has been created at Teignmouth Community Hospital so members of the public can be signposted to voluntary services and local groups to support them focusing on a strengths-based approach

The success of the team in integrating health and social care to put the patient at the centre and support more people at home has been recognised locally, nationally and internationally. The Coastal locality has hosted multiple visits from NHS Trusts both within Devon and further afield including NHS Cornwall and the Isle of Man and nationally from NHS England and the previous Secretary of State for Health, Jeremy Hunt, all keen to learn how such working could be replicated in other communities. The team has been shortlisted for a coveted Health Service Journal (HSJ) Award, (out of 1,700 applications from the whole of the NHS) and members of the team have spoken at national and international conferences, including the [International Conference on Integrated Care] on their success.





Independent research by University of Plymouth using last full year data illustrates that because of the local use of the EICT, there is a viable alternative to admitting patients to A&E.



More Coastal patients are looked after in the community than in other localities, fewer days in Torbay Hospital or community hospital beds.

TSDHC NHS Trust

Community Hospital Performance YTD:

	Total Admissions	Target YTD		Mar-18 Average LoS	Mar-18 Target YTD	
Community Hospital Admissions (General Total)	2,866	2,520	↑	11.0		
Direct Admissions (General Total)	274	252	→	8.4	12.0	↓
Transfer Admissions (General Total)	2,592	2,268	↑	11.4	12.0	↓
Brixham Hospital	536	645	↓	10.8		
Direct Admissions	8	15	↓	9.2	12.0	↓
Transfer Admissions	528	630	↓	10.8	12.0	↓
Dawlish Hospital	656	481	↑	7.5		
Direct Admissions	119	94	↑	6.6	12.0	↓
Transfer Admissions	537	387	↑	7.7	12.0	↓
Newton Abbot (General Rehab)	1,203	832	↑	12.6		
Direct Admissions	124	106	↑	9.6	12.0	↓
Transfer Admissions	1,079	726	↑	13.0	12.0	→
Totnes Hospital	446	562	↓	12.0		
Direct Admissions	23	37	↓	10.3	12.0	↓
Transfer Admissions	423	525	↓	12.1	12.0	→
Newton Abbot Hospital (Neuro Rehab)	25	0		0.0		
Newton Abbot Hospital (Stroke)	301	266	↑	15.1	18.0	↓

NB. Measure for total admissions is performance rated as follows:
Green: activity 95% - 103% of plan; Amber: 95% - 98% or 104% - 109% of plan; Red: <95% of plan; Purple: >=110% of plan.

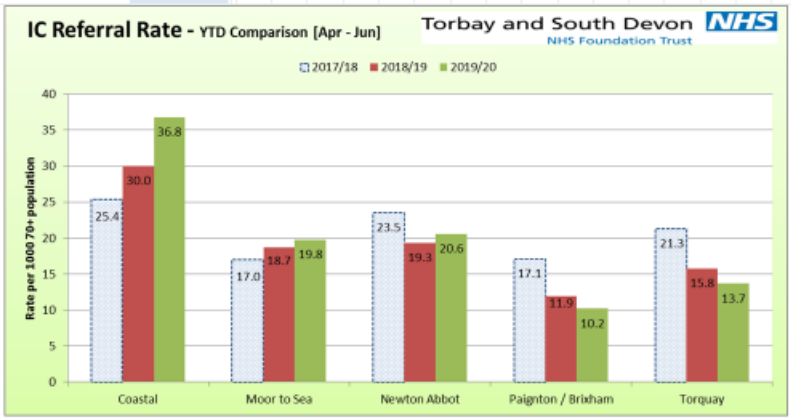
This is confirmation of the efficiency of Dawlish Community Hospital. There are 16 beds in Dawlish, 16 in Totnes, 20 in Brixham (including 4 IC beds) and 45 in Newton Abbot. Dawlish Community Hospital has many more admissions from home, much shorter length of stay, bed occupancy of 85% illustrating greater efficiency and usually has same day bed availability for community admissions from home or transfer from the acute hospital. Close working between the hospital GPs, nursing staff and the EICT makes the hospital by far the most efficient and highly performing community hospital not just locally but in the whole of Devon.

Enhanced Intermediate Care (EIC) referral rates

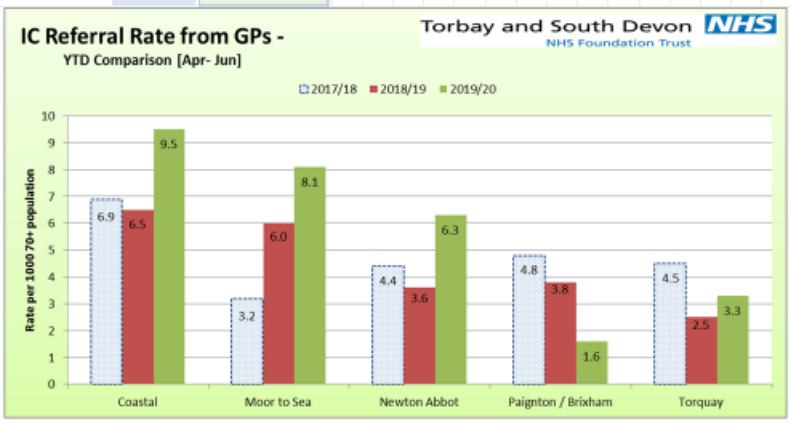
In reviewing the metrics, the data relating to EIC shows that Coastal is the only locality where the numbers of referrals to the service have increased significantly over the past two years. In other localities referrals have plateaued or fallen.

As a consequence, the EIC referral rate (based on the >70 population) in Coastal is roughly twice the average for Torbay and South Devon, and almost four times that in some other areas. These differences are also apparent in rates of referrals from GPs to EIC. GPs have a choice for patients that show signs of deteriorating health; to send them to ED or EIC. It might be expected that this pool of patients is of relatively similar size across localities (as a proportion of those >70s) and referral thresholds to be similar, which would imply similar ratios of referral rates to EIC and ED. However, Coastal locality has a very different referral rate and referral ratio to other localities.

Intermediate Care Referrals	FY 2017/18	FY 2018/19	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	YTD	2019/20 Outturn
Total IC Referrals	4488	4046	360	327	312	345	332	332	399	336	314	367	311	311	359	329	336	1024	6144
Total IC Referrals - Coastal	881	950	94	73	76	88	79	87	93	71	62	82	70	75	93	99	106	298	1788
Total IC Referrals - Moor to Sea	529	506	51	48	33	37	46	36	39	35	47	52	43	39	41	52	47	140	840
Total IC Referrals - Newton Abbot	1199	1102	81	80	80	87	91	74	118	124	87	112	81	87	92	78	87	257	1542
Total IC Referrals - Paignton/Brixham	994	773	64	57	68	70	59	77	85	55	68	52	62	58	64	53	44	161	966
Total IC Referrals - Torquay	901	715	70	69	55	63	57	58	66	51	50	69	55	52	69	47	52	168	1008



Intermediate Care GP Referrals	FY 2017/18	FY 2018/19	Sparkline	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	YTD	2019/20 Outturn
Total IC GP Referrals	1062	1098		82	66	76	89	78	89	107	93	89	97	94	78	106	83	90	279	1674
Total IC GP Referrals - Coastal	230	251		22	13	16	25	20	31	29	25	14	14	21	21	22	28	27	77	462
Total IC GP Referrals - Moor to Sea	141	174		15	15	11	10	8	14	15	13	21	21	15	16	22	19	16	57	342
Total IC GP Referrals - Newton Abbot	349	386		13	14	17	22	25	18	35	34	29	31	34	24	28	22	28	78	468
Total IC GP Referrals - Paignton/Brixham	266	207		18	18	23	19	16	19	20	13	17	14	21	9	12	6	8	26	156
Total IC GP Referrals - Torquay	176	120		14	6	9	13	9	7	8	8	8	17	13	8	22	8	11	41	246



- Coastal has the highest overall EIC referral rate
- Coastal has the highest GP referral rate (x2 Torbay and South Devon average)
- Coastal has lowest referral rate and absolute numbers of referrals to ED
- The ratio of referral rates to EIC and ED is ~ 50:50 in Coastal compared to 30:70 elsewhere

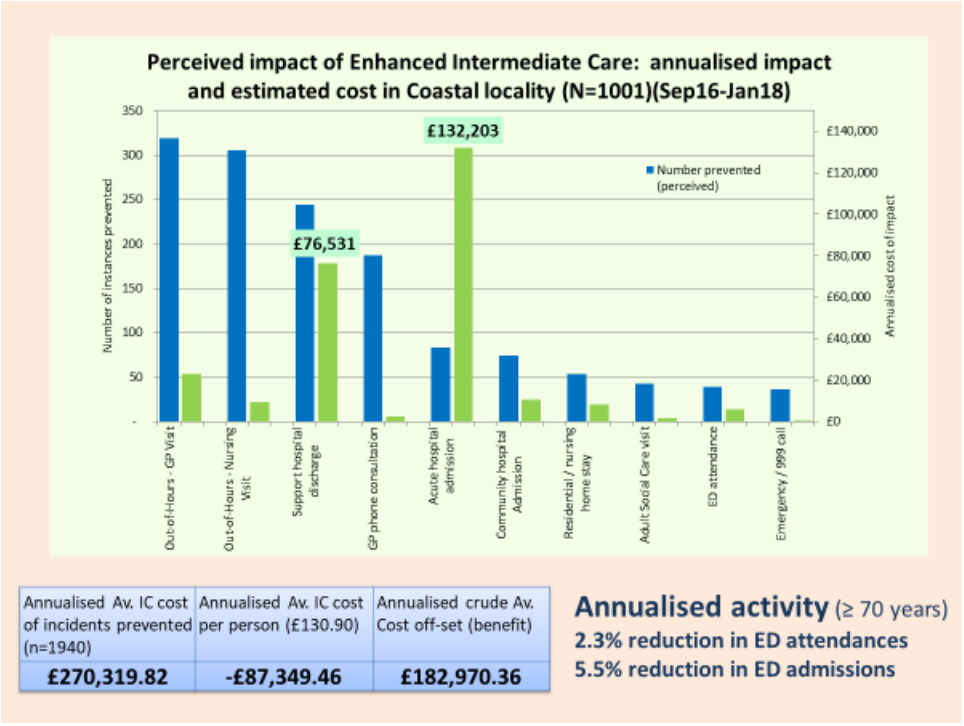
Thus, there appears to be a correlation between high use of IC, high GP referrals to EIC and lower use of ED in Coastal. This supports a hypothesis that Coastal is holding a higher complexity case load.

How does the number of referrals and proportion and length of placements impact on use of bed-days?

This data suggests that Coastal has lower bed-day rates overall, lower rates of intermediate care bed days, and a greater numbers and rate (as Coastal has a relatively smaller population of >70s than other localities) of home referrals than other localities, all pointing to a difference in practice in Coastal compared to other localities.

However, across Torbay and South Devon it is not clear if there is a correlation between low intermediate care bed days and high home-based placements.

Again, this supports a hypothesis that Coastal is holding a higher complexity case load but using fewer beds as more care is provided at home.



Annualised Av. IC cost of incidents prevented (n=1940)	Annualised Av. IC cost per person (£130.90)	Annualised crude Av. Cost off-set (benefit)
£270,319.82	-£87,349.46	£182,970.36

Annualised activity (≥ 70 years)
2.3% reduction in ED attendances
5.5% reduction in ED admissions

The EICT in Coastal has been capturing data on what service activity they have prevented due to their work over the past year, since the service became “enhanced”. This data is based on the professional judgement of the EICT lead and recorded shortly after the episode but has not been externally audited so may be positively biased. Nevertheless, the data gives an indication of the average benefit of the EICT.

You can see that the benefits of EIC (blue bars) accrue to the wider health system, particularly general practice, and not just the acute and community services. In relation to A&E attendances and A&E acute admissions, these numbers represent about 2.5% of the attendances and 2.5% of the admissions from the Coastal population (>70s) over the same period of time.

If these prevented consequences are costed up using national tariff costs (green bars) compared to the average tariff cost for the number of people using the service, the service more than pays for itself (on average), with an annualised benefit of £149,323 (£127,169-£167,866). The majority of these cost benefits come from preventing hospital admissions and proactive hospital discharges.

It must be noted that these do not represent real costs or savings (or the marginal benefit of investing in an “Enhanced” IC).

7.4 **Impact of Wellbeing Co-ordination Service**

Detail from the study by Researchers in Residence show that the impact of the holistic wellbeing coordinator service on frailty was also assessed using the validated Rockwood Clinical Frailty Scale (RCFS), which measures frailty on a scale 1-9 (very fit to terminally ill).

This shows a small but statistically and clinically significant average improvement in frailty of 4.1% (nearly one level). Or put another way, 41% of people reduced their score by 1 to 2 levels.

This means that those using the holistic wellbeing coordinator service are, on average, more able to look after themselves in relation to Activities of Daily Living (ADL).

Impact on Health & Social Care use 12mth - before after (n=96)
The results show that 47% of participants saw a reduction or no change in activity or cost in the 12 months after first referral compared with the 12 months before.
In South Devon, 10 people accounted for 80% of the costs. This prompted an investigation of the drivers of increased service use and costs in Coastal locality.
This showed that 13 people accounted for 60% of the overall increase in health and social care cost. A deep dive on these 13 people found that this increase was due to a significant, rapid escalation in morbidity and frailty. Wellbeing coordinators played a valuable key-worker type of role, improving continuity of care, reducing isolation, improving mental health and supporting carers.
Statistical modelling identified that only Rockwood Clinical Frailty Score was statistically associated with cost, and that was for social care costs only.

Overview of wellbeing coordinator review
Evaluation focused on triage and assessment and the wellbeing coordinator (holistic coaching goals) = 12 weeks of support and 12 month follow up.
Nearly half were referred from MDT and hospital. Nearly half used three or more service types in previous year.
In general, the cohort was mainly the frail elderly, who are using a range of different types of services.

- Over half of the people going through the service were aged 80+ years
- Nearly half were referred from the new integrated locality services, so were likely to be fairly frail
- Half of participants were using three or more types of service so they were fairly dependent on health and social care services

8. NHSE Five Tests - public and patient engagement

8.1 **Public engagement 2018**

Before any decisions were made, the CCG wanted to hear what local people thought of the opportunity to bring some health and care services together in a new building in Teignmouth. The engagement process ran April-June 2018 discussing four core aspects:

- The increasing pressure on GPs, resulting in the three Teignmouth practices concluding that the best way of creating capacity to secure the survival of primary care in the town is for them to co-locate in a new building
- The opportunity a new building would provide for other services which might benefit from being co-located with GPs such as the multi-disciplinary health and wellbeing team and some voluntary sector services
- The key factors that should be taken into account when identifying a site for any new NHS building in Teignmouth
- The conclusion of both the CCG and TSDFT that the success of the post 2014/15 consultation changes means that the proposed 12 rehabilitation beds do not need to be established at Teignmouth Community Hospital, due to the success of the health and wellbeing team and services in supporting people out of hospital

As part of the engagement:

- 427 people completed the feedback questionnaire either on-line or in paper format
- 180 people signed in at the drop-in events, with others also attending
- 60 people wrote or called the CCG to give feedback and/or ask questions
- Meetings were held with local MP Anne Marie Morris, Teignmouth Town Council, Teignmouth League of Friends, Coastal Health & Wellbeing Forum, The Coastal Engagement Group as well as staff. Individuals such as the local MP, the chair of Devon County Council's Overview and Scrutiny Committee, Teignbridge District Council leader and local county councillors were briefed, as was Devon County Council's Joint Engagement Forum.

Through the answers to the questions we asked in the engagement process, 10 key points arose as themes:

i. There is support for GPs co-locating in a modern health and wellbeing centre, although for some people, this is conditional on finding the right site
ii. Having other services and voluntary sector representation also co-located with GP practices in a new building is viewed positively
iii. A new centre is seen as a way of improving care, by bringing together the teams that work most closely together, including social care and voluntary sector representation
iv. In planning any new centre, care needs to be taken to ensure any development complements its surroundings and does not have a disruptive impact on the adjacent area
v. Opinion is divided among those who believe a new centre should be in a refurbished Teignmouth Community Hospital, in a new building on the hospital site or at another location
vi. Support for a new centre is, for many, 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
vii. Reflecting a petition submitted, some people want to retain the hospital and avoid the loss of any outpatient services and the day case procedure services from Teignmouth
viii. Some people said that 12 rehabilitation beds should be restored to the hospital in line with the previous consultation
ix. There is a lack of understanding as to the way care is delivered locally and the services that form part of the health and wellbeing team. This is compounded by confusion over social care and health care provision in the community
x. There is scepticism as to whether the recent engagement and any future consultation is anything more than a tick box exercise. Some people believe that decisions have already been made

For more detailed information about this engagement process, see Appendix 6.

8.2 **Engagement with key stakeholders**

Since the public engagement in June, the CCG has been engaging with key stakeholders including the Teignmouth Town Council, Dawlish Town Council, Teignmouth League of Friends, Coastal Health and Wellbeing Forum, the Coastal Engagement Group as well as TSDFT staff and governors. Individuals such as the local MP, the chair of Devon County Council's Overview and Scrutiny Committee, Teignbridge District Council leader and local county councillors were briefed, as was Devon County Council and the CCGs' Joint Engagement Forum. The aim of these discussions was to develop the vision and discuss the rationale that are influencing the development of detailed proposals.

From these discussions with stakeholders, key areas of discussion and influence have been:

- Discussion and agreement of the vision

- Discussion about the challenges, drivers and where this could lead us in terms of possible options for change
- The kind of information that should be prepared for a consultation

The range of concerns and suggestions that arose in these discussions included:

Concerns

- The likelihood of services being moved outside of Coastal locality
- Whether there is enough funding available, where it will come from and how it will be spent
- The financial implications of having a private company involved with new builds – how much profit is taken, implications of similar arrangements to previous PFI
- Investment should be made on the current hospital rather than spending it elsewhere
- The possibility of the hospital being retained as well as the health and wellbeing centre built
- Whether there will be enough space on the Brunswick site for everything planned
- Whether there will be enough parking in town for the additional services moving in
- Affordable housing should take priority on the hospital site if it is sold
- Whether a day case procedure room at Dawlish will be as good as the current facilities at Teignmouth

Suggestions

- Make a vibrant health and wellbeing centre like at Holsworthy or Budleigh Salterton
- The practices could merge in the new centre
- Provide more parking in the town such as adding a storey to Quay Road car park
- Negotiate changes to bus routes to go nearer both Dawlish and Teignmouth hospitals
- Show clear drawings and models to show vision for new centre

8.3 **Support from Devon County Council Overview and Scrutiny Committee**

The outline proposals were presented to Devon County Council Health Overview and Scrutiny Committee on 22 November 2018. The report outlined the vision for primary care and community services, details of the public engagement undertaken in the Coastal locality, the success of the model of care so far and details of the proposal developed to date. The committee raised queries on the impact on traffic and parking, the impact on Dawlish Community Hospital and sought assurance that the proposals would not results in any loss of service. They also requested that documentation for consultation was robust with regard to consultation on a single option. See Appendix 7.

In March 2019, an update was provided detailing the outcomes of the assurance meeting with NHS England and the South West Clinical Senate review. In June 2019 a further update outlined the six-facet survey of Teignmouth Hospital and progress in our discussions with Teignbridge District Council and the development of a robust business case.

9. NHSE Five Tests - patient choice

9.1 **Impact on Patient Choice**

The GP practices will retain their individual identities and remain as separate practices within the new Health and Wellbeing Centre. Patients will continue to have a choice of general practice.

Patients within the Coastal locality and the wider CCG will have the ability to choose outpatient and day case procedure services within the Coastal locality. Choice is unaffected. The final proposals take into

account the views of local people in identifying locations for day case procedures and outpatient re-provision.

9.2 **Quality and Equality Impact Assessment**

The detailed assessment can be found in Appendix 8. Key parts of it are summarised as:

Safety: All services are being 'lifted and shifted' and therefore will still meet the same staffing, treatment and administration standards that are currently administered now.

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 will be at the very least maintained and is likely to be improved.

A Health and Wellbeing Centre at Brunswick Street would be a brand new, purpose- designed building with all modern facilities. Therefore, safety will be at the very least maintained and very likely improved.

Day case procedures - A minor 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 treatment space and a recovery area. The equipment and technical environment would remain at the same level of safety or improved through these updates. Practice would remain at the current level of safety.

Outpatients and community clinics - outpatient clinic services will still meet the same staffing, treatment and administration standards that are currently administered.

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

Effectiveness: The model of care in the Coastal locality has been evaluated by researchers in residence at TSDFT. 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 would further increase the effectiveness of how they all work in support of each other.

Day case procedures - There will be no change to operational features if the day case procedures and specialist outpatients move to Dawlish in terms of workforce or leadership. The team is 'lifting and shifting'.

Outpatients and community clinics - Combining the health and wellbeing team and community clinics with primary care will provide a first-grade integrated service that will support people and all members of the community with their health needs. It will also include other statutory and voluntary sector for rounded patient care and support. Specialist outpatients will be 'lifted and shifted' to Dawlish so no change to effectiveness.

Rehabilitation beds - Data shows that 232 patients would be cared for in 12 rehab beds over a year but 881 people per year are being effectively looked after in their own homes or other beds. The intermediate care team are working effectively to support patients locally to avoid a hospital admission or to support them to be discharged safely home or near home. Being able to do this in people's own homes or care

homes means that the rehabilitation beds that have never been implemented are not needed. People are recovering more quickly and effectively, getting back to their level of independence and ability than they would have if they had spent more time in a hospital bed.

Experience: There is no change to operational features of day case procedures and specialist outpatients if moving to Dawlish. Patients from Teignmouth and outside of the locality south and west of Teignmouth who attend day case procedures or specialist outpatients will have 3.8 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 will be shorter. The parking at Dawlish Community Hospital is larger in capacity than at Teignmouth and is on the flat, with easier access into the building than at Teignmouth Community Hospital.

Day case procedures - The suite will be a stand-alone unit with a changing and pre-procedure area, a treatment space and a recovery area. The layout of the rooms will ensure privacy and dignity standards are met, which is an improvement from the current facilities. There will 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 Moor to Sea combined. Just 13% are from Coastal sub-locality. Some of these patients would have further to travel.

Outpatients and community clinics- These have been split so that those which are most used by local people are staying in the same town. Specialist outpatients moving to Dawlish are being 'lifted and shifted' so the journey will be different for people using these clinics. Feedback from engagement undertaken already 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. There are concerns about building and parking logistics such as whether there will be enough parking or if the waiting rooms will be too large and overwhelming, and these are being taken account of in the proposal development.

The area immediately to the east and north of Teignmouth Community Hospital is an area with one of the highest indices of multiple deprivation in Devon (a score of 38 against the highest in Devon - 45 and the Coastal average of 19). Our data shows around 500 people a year from this area use the clinics that would move to the town centre and 55 people use the services that would move to Dawlish.

Experience of NHS consultants: Journeys from Torbay hospital to Dawlish hospital where the specialist outpatients would move to are 4 minutes longer than to Teignmouth.

Experience of consultation: public opinion is supportive of the vision of further integrating services and having a new health and wellbeing centre, but many do not want this to be at the expense of losing a community hospital. There is an active Save Our Community Hospitals branch in Teignmouth and we can expect public demonstrations. The Steering Group has considered this and discussed with Healthwatch who will facilitate the consultation process. Drop-in events and public events are under evaluation for best effect of discussing issues and collecting feedback.

Healthwatch Torbay has 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 is moved. 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 to Dawlish.

Reputation: The following factors will affect our reputation:

- Reversing the previous decision on rehabilitation beds.

- People's views in previous consultation that it was the first of a two-stage process to close Teignmouth hospital.
- A perception that the loss of community hospital buildings and beds represents a reduction in service.

This will be addressed in consultation documentation and discussion.

Equality: A full equality impact assessment has been undertaken and our impact score is 16.

Physical disability: Respondents to Coastal engagement in 2018 were 35 people with a disability, 156 with a long-term condition and 32 people were carers.

96 of the 231 respondents to the Teignmouth Community Hospital engagement on travel in 2019/20 considered themselves to have a disability. 78 of these said their disability was physical. We asked local community transport organisations to help make our surveys accessible to their customers.

Dawlish Community Hospital is on a level site with good car parking and access. The building is modern and accessible including induction loop. A new build for the health and wellbeing centre would be in a level part of Teignmouth which is improved from the current hospital site. The Joint Strategic Needs Assessment shows central Teignmouth has highest deprivation level in terms of health and disability. Users of patient transport would not be disadvantaged as the service will offset the cost of any additional miles.

Sensory: 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. Audiology is one of the clinics to be co-located in health and wellbeing centre. If people with sensory impairment were to use new facilities, they would benefit from good disability access.

Learning disability: 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.

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 specialist outpatient appointments. Eligibility for patient transport is ‘to not be able 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 soak up any additional travel cost from current journey distance.

Mental health: 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. Feedback from the 2018 engagement included concerns of large busy wellbeing centre waiting room affecting anxiety. Eligibility for patient transport is ‘to not be able to plan or undertake a journey’. The patient transport service would soak up any additional travel cost from current journey distance.

Long-Term Conditions: Seven people who stated they had a physical disability in the 2019/20 engagement cited health conditions such as ‘kidney failure’ (3) ‘arthritis’ (2), ‘COPD’, and ‘heart problems’. 156 respondents to the 2018 engagement had a long-term condition.

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 improved from the current hospital site. Users of patient transport would not be disadvantaged as the service will soak up cost of any additional miles.

Least deprived: The proposed sites are close by (less than a mile, and less than 4 miles) and accessible by public transport. The least deprived areas are Bishopsteignton, which would require a further journey to Dawlish, and Teignmouth East which is closer to Dawlish.

Most deprived: The area immediately to the west and north of Teignmouth Community Hospital (West Teignmouth) is an area with one of the highest indices of multiple deprivation in Devon (a score of 38 against the highest in Devon - 45 and the Coastal average of 19). Our data shows around 500 people a year from this area use the clinics that would move to the town centre where primary care is located, and 55 people per year use the services that would move to Dawlish.

Dawlish is accessible by bus & train and is less than 4 miles away. It is 8-10 minute level walk from bus or train stops to Dawlish hospital. £3-4 return bus ticket with a journey of 10-14 minutes. Our patient transport policy adheres to https://www.nhs.uk/using-the-nhs/help-with-health-costs/healthcare-travel-costs-scheme-htcs/

In terms of gaps and actions to address them, we discussed proposal development with Teignmouth Town Council, the chair of which represented the most deprived area. We are using the community stakeholder list that we developed for our last consultation which reflects groups and individuals across the protected characteristics. A gap in our knowledge of perspectives highlighted by this assessment and further engagement undertaken with people using the services at Teignmouth Community Hospital is race and ethnic group, gender identity, faith and belief, maternity and pregnancy and marriage and civil partnership as well as asylum seekers and refugees and travellers.

10.NHSE Five Tests - patient care test

In 2014 the CCG led a consultation exercise on the future on community services in the Coastal locality and the CCG Governing Body considered the feedback from the consultation and made the decision in June 2015 to implement the proposal including the provision of 12 rehabilitation beds in Teignmouth Hospital.

From April 2016 the changes agreed as part of the consultation were implemented across the locality with the medical beds being moved from Teignmouth hospital to Newton Abbot community hospital whilst a model for rehabilitation beds was developed. The Minor Injuries Unit in Dawlish Community Hospital was extended, the community intermediate care team increased by seven members of staff, wellbeing co-ordinators employed, GPs started to take part in the daily multi-disciplinary team meeting, the office space was reconfigured to support multiagency working and the former x-ray area revamped to provide space for an information centre and base for Volunteering in Health.

In January 2017, the CCG Governing Body agreed eto review the need for rehabilitation beds in light of the success of the community-based model of care and enhanced intermediate care. The proposal states that it is not considered necessary to implement the rehabilitation beds in Teignmouth.

The clinical evidence for the provision of alternative services is described in Section 2.2 and Section 7, options appraisal in Section 5.2 and the financial impact is described in in Section 11.2.

11.Impact assessment

11.1 Estates impact assessment

a) Teignmouth Community Hospital

Current state of Teignmouth hospital building *[text from Currie & Brown six-facet survey, Nov 18]* Appendix 9.

Teignmouth Hospital was originally constructed in 1954 and has received a number of extensions since. The property is in a reasonable condition from a building fabric condition, with the Mechanical and Electrical (M&E) elements on the mechanical side towards the end of their useful life. A number of improvements could be made to the layout internally to improve the reception and waiting areas and better use of the first-floor areas could be made to utilise the facility to its full.

The Building Fabric both external and internally is generally in a good condition, with cyclical decorations required. The M&E report suggests there are a number of elements which are towards the end of their useful life on the mechanical side which will need to be addressed.

Privacy and dignity issues need to be addressed along with the disconnect between the main reception and waiting area. Ventilation systems require investment.

The premises were constructed prior to modern building regulation standards. The property is well insulated in terms of the flat roof areas, having had coverings replaced within the last five years to a number of areas. There are double glazed windows throughout, although some areas towards the end of their useful life.

Day Case Unit size is not in line with latest recommended size (40m2 vs 55m2). Theatre functional adjacencies with prep, CU, DU and staff change is acceptable.

b) GP premises

In response to a Department of Health directive, the Strategic Community Estate Strategy for South Devon and Torbay was published in October 2016. For the Teignmouth area it concluded that four of the (then) five GP practices were overcrowded, operating from functionally unsuitable premises and that there was potential for consolidation and expansion to deliver estate efficiencies yet facilitate the growing demand. A vision was articulated of an integrated health and wellbeing centre to support primary and multidisciplinary care delivery, in fit for purpose, accessible premises which would enable increasing Primacy Care demand in the area to be accommodated alongside the delivery of other health and community services.

Since 2016, four practices have consolidated to three: Teignmouth Medical Practice, (which incorporates Richmond House and Kingsdown Clinic), Channel View Surgery and Teign Estuary Practice. Channel View and Teign Estuary practices each also have morning only branch surgeries in Bishopsteignton and Shaldon, which will remain. The Community Estate Strategy highlighted the functional unsuitability issues with some of the GP premises and of space constraints in some (and over provision in the other). The consolidation of GP practice premises has enabled some operational efficiencies to relieve some demand and pressures. However, these are limited due to the estate related issues with the current buildings and the constraints this, in turn places on operational functionality and the level of service that can be delivered to patients. Benefits of cross and multi service co location and integration cannot be realised in the current model.

In particular the issues are:

- All practice buildings suffer from cramped space and deteriorating building condition, having modernised and expanded as far as possible
- Space and disability access is an issue
- All the practices have limited space to be able to teach and train medical students, trainee GPs and nurses
- The lack of ability to train and the unattractive settings are compounding recruitment and retention issues. Two of the practices advertised in the last year for salaried GPs and for the first time ever, have had no applications

As part of the relocation process, the footprint of the current buildings (and branch sites) was reviewed to ensure adequate space is available for General Practice use.

Surgeries due to relocate are:

- Teignmouth Medical Practice
- Channel View Surgery
- Teign Estuary

Branch sites not included in relocation
- Teign Estuary Branch
- Bishopsteignton and Chudleigh (Channel View Surgery)

The total metres^2 currently used by the GP practices is 1,902 metres2. 800m2 of this will remain in branch sites. Therefore, the current space occupied by those GP premises that are moving is 1,102m^2. The GPs will be moving into the health and wellbeing centre on Brunswick Street, occupying 1,421 – an increase of 319 m^2. The health and wellbeing centre will provide a more functionally suitable space as well as opportunities for shared space both between GP practices and with other occupants such as shared reception areas, meeting rooms, staff space. This combined with the increase in actual floor space will allow for any growth in future demand.

11.2 **Financial Impact Assessment**

The financial impact of the proposal is outlined below. This excludes the finances for the health and wellbeing centre as this development is outside the scope of the public consultation and is outlined in Section 4.6.

a) Financial cost/savings of moving community clinics to health and wellbeing centre

The capital cost of the community clinics based in the health and wellbeing centre is included in the capital cost for the health and wellbeing centre. The staffing costs for community clinics would remain the same as current spend.

b) Financial cost/savings of moving specialist outpatient clinics and day case procedures to Dawlish Community Hospital.

A capital investment of £359,383 would be required at Dawlish Community Hospital. The staffing costs would remain the same as current spend.

Item	Description	Qty	Unit	Rate	Total	Comments
1.0	NETT BUILDING COST					
1.1	Minor Theatre (G/010)				-	
1.1.1	Upgrade of Lighting	1		5,000	5,000	
1.1.2	Upgrade of scrub area to latest requirements	1		10,000	10,000	
1.1.3	Theatre Air Filtration System & plant modifications	1		70,000	70,000	
1.1.4	Modification to fixtures and fittings to accommodate clean utility storage	1		5,000	5,000	
1.2	Patient Changing Rooms (G/015)			-	-	
1.2.1	Modification to room & upgrade to requirements	1		12,500	12,500	
1.3	Recovery Room (G/014)				-	
1.3.1	Modification to room	1		12,500	12,500	
1.4	Examination Rooms (G/014)			-	-	
1.4.1	Modification to room & upgrade to requirements	2		20,000	40,000	
1.4.2	Access Arrangements (G/081)	1		10,000	10,000	
1.5	Flow Room (G/079)	1			-	
1.5.1	Modification to room & upgrade to requirements	1		10,000	10,000	
1.6	Segregation Double Doors (G/012)				-	
1.6.1	Modification to ceiling & installation of Double Doors	1		10,000	10,000	
	Nett Construction Cost				**185,000**	
2.0	INFLATION					
	Inflation Allowance	**5.00%**			**9,250**	
	Nett Construction Cost (inc. Inflation)				**194,250**	
3.0	PRELIMS					
3.1	Contractor's Preliminaries	13%			25,253	
	Total PC + Prelims				**219,503**	
4.0	DESIGN TEAM FEES					
4.1	Architect	3.75%			6,938	
4.2	Structural & Civil Engineer	5.00%			9,250	
4.3	Services Engineer	5.00%			9,250	
	Total Contractors Design team fees				**25,438**	
	Total Contractor cost + design fees				**244,940**	
5.0	CONTRACTOR ONCOSTS					
5.1	Contractors Overheads	4%			9,798	
5.2	Contractors Profit	10%			24,494	
5.3	Design & Build Risk allowance	5%			12,247	
	Total Contractor Oncosts				**46,539**	
6.0	KNOWN ABNORMAL RISKS					
6.1	Risk/Contingency	5%			12,247	
	Risk Allowance				**12,247**	
7.0	VAT					
7.1	**VAT on project costs excluding fees**	**20%**			**55,658**	
8.0	**Total (inc. Risk and Inflation and VAT)**				**359,383**	

c)Financial cost/savings of rehabilitation beds v enhanced intermediate care

The staffing costs of the enhanced intermediate care team would remain the same. The cost and productivity assessment of providing 12 beds versus community provision when there has been low demand for IC beds over the last two years shows that the total cost of running the EICT and purchasing beds as required from the independent sector for 2017/18 was £665,000 per annum. This team has cared for 881 people (both in care homes and in their own home) in the year and purchased 1430 bed days in care homes for 85 people. The 12 bedded rehabilitation ward would cost £627,000 (based on 2017/18 figures) making available 3,942 bed days per annum and would be able to care for approximately 232 people in a year.

Cost of Enhanced Intermediate Care 2017/18

Cost of IC Team (staffing)	£540,000
Number of IC Referrals	881
Cost per referral/client	£613

Cost of IC Beds (Purchase in the Independent Sector)	£125,000
Number of IC Bed days (Purchase in the Independent Sector)	1,430
Average Weekly Rate per bed (Independent Sector)	£615
Cost per bed per day	£87
Number of Clients (Independent Sector Bed)	85
Length of Stay (days)	17

Cost of 12 bedded rehabilitation ward

Cost of ward staff	£558,605
Non pay costs	£68,000
Total Costs	£626,605
Number of bed days available (assuming 90% occupancy)	3,942
Average Weekly Rate per bed	£1,001
Cost per bed per day	£143
Number of Clients able to be cared for assuming 90% occupancy and 17 day length of stay	232

Transitional costs and how will they be funded
Whilst we will not close anything before the alternative site is available there will be no double running or transition costs other than capital expenditure as outlined above.

Workforce & activity models and cost
All activity and staffing for proposed changes is based on lift and shift

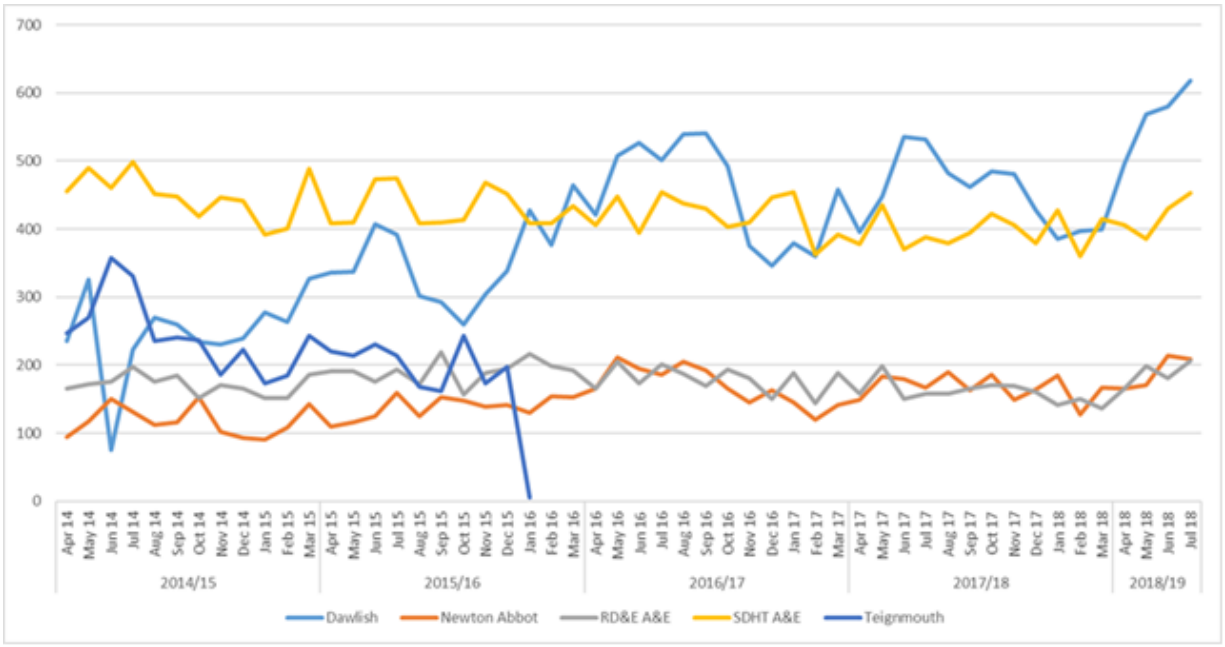
11.3 **Impact Assessment across CCG / NHS England commissioned services**

a) Impact on urgent and emergency care

Looking at the patterns of attendance of coastal residents at Minor Injury Units (MIUs) and Emergency Departments (EDs) from before the previous consultation that resulted in a change to the model of care, it is evident that:

a. Attendance at Dawlish MIU has increased and since April 2016 has been the most likely destination for residents. It continues to increase.
b. Attendance at Torbay ED has remained constant with a marginal overall decrease. Since January 2016 it moved from the first to the second most likely destination for residents.
c. Attendance at Newton Abbot MIU has remained constant with a marginal overall increase. In April 2016 it moved from being the least likely destination, to a similar level to RD&E.
d. Attendance at RD&E ED has remained constant and now equals Newton Abbot MIU in least likely destination.

Changes to specialist outpatients and day case procedures which deal with planned care are unlikely to affect this number of attendances or destinations. Changes to community clinics and bringing them in-house with primary care and the health and wellbeing team may well provide better opportunity to intercept an emerging crisis and therefore reduce the number of attendances at these sites.



111
The 111 data available is not consistent or comprehensive enough to show any impact either way.

South West Ambulance Service 999
TQ14 0, TQ14 8 and TQ14 9 SWASFT data for April – August 2018.

The residents of Teignmouth call 999 at about the rate expected for a town of that size – around 350 times per month or 10 times a day.

Of these calls:

- 10% are Hear & Treat (telephone resolution)
- 40% are See & Treat (paramedics fix the patient on the spot)
- 50% are See & Convey (patient is transferred to a hospital setting for further treatment)

Very few of the calls to SWASFT end up with a conveyance to Dawlish or Newton Abbot.
Torbay is the most frequent destination for Teignmouth patients.

	DAWLISH HOSPITAL	DERRIFORD HOSPITAL	NEWTON ABBOT HOSPITAL	OTHER HOSPITAL	ROWCROFT HOSPICE	RDE WONFORD	TORBAY HOSPITAL	Total
Health Care Professional	5	0	1	1	7	5	134	153
HCP (111)	0	0	0	0	0	5	137	142
Managed	2	5	6	3	0	23	526	565

Total	7	5	7	4	7	33	797	860

For patients who are taken to Dawlish, most of these (5 out of 7) are as a result of the GP deciding that is what's best for the patient – that's only 1 per month.

Dawlish Community Hospital is mainly used for Dawlish patients (EX7 0, EX7 9), although that's also at a low rate – 4 per month.

	DAWLISH HOSPITAL					
	EX7 0	EX7 9	TQ14 0	TQ14 8	TQ14 9	Total
HCP	2	7	1	2	2	14
HCP (111)	0	0	0	0	0	0
Managed	2	8	0	2	0	12
Total	4	15	1	4	2	26

On the basis of this, there is going to be no impact for SWASFT or the 999 service for Teignmouth residents under these proposals.

b) Patient Transport

There may be impact on patient journeys travelling further from Torbay/South Devon to Dawlish. The provider of the transport service is on a block contract so will absorb the additional cost. Reviewing the number of patients transported over the last year to Teignmouth hospital outpatients (91) the service has evaluated that it could absorb the suggested change easily. It would impact on the service to circa £1.5k for vehicle costs and 27 hours of added journey times.

11.4 **Travel Impact**

For further information see Appendix 11. Healthwatch Torbay has 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 is moved. 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 to Dawlish. See Appendix 11a.

a) Distance travelled by those using the clinics

A note about clinic use and deprivation.
The area immediately to the west and north of Teignmouth Hospital is an area with one of the highest indices of multiple deprivation in Devon (a score of 38 against the highest in Devon - 45 and the Coastal average of 19). Our data shows around 500 people a year from this area use the clinics that would move to the town centre and 55 people use the services that would move to Dawlish.

Day case procedures

1,173 patients in total in year October 2018-September 2019.
415 from Moor to Sea and Newton Abbot combined = 35%

603 from Torbay = 51%
155 from Coastal = 13%

This means that 86% of patients who already come from outside of the Teignmouth and Dawlish area will have to travel 4 miles further for their appointments. These people will have committed to a journey already via car or public transport.

Coastal residents make up 13% of day case procedure patients. Of these:

- 29% (46 people in a year) would have to travel past the current location of the procedure clinics, 4 miles further to the proposed location at Dawlish Community Hospital.
- 32% (51 people) would have their journey increased by up to three miles. Some of these people would experience the same distance to travel.
- 23% (36 people) would have to travel less distance to get to Dawlish Community Hospital than Teignmouth Community Hospital.
- 3% of Coastal patients (5 people) attended day case procedure appointments from the areas immediately adjacent to the hospital, which includes Kingsway, an area of notable deprivation. Therefore, there is less impact on people from the most deprived areas due to numbers attending, however, those who do, will have to travel to an alternative venue 4 miles away.

Specialist outpatient clinics

5,470 patients in total October 2018-September 2019 (not including ad hoc clinics).
1,327 from Newton Abbot = 24%
431 from Moor to Sea = 8%
2,068 from Torbay = 38%
1,644 from Coastal = 30%

Within Coastal:

- 11% of Coastal specialist clinic patients (183 people) would need to travel further, going past Teignmouth Community Hospital area to get to Dawlish.
- 36% (602 people) would have their journey increased by up to three miles, although some of these people would experience the same distance to travel.
- 35% (569 people) would have to travel less distance to get to Dawlish Community Hospital than Teignmouth.

Community clinics

10,850 people in total October 2018 – September 2019 (not including wheelchair clinic).
392 from Newton Abbot = 4%
154 from Moor to Sea = 1%
407 from Torbay = 4%
9,844 from Coastal = 91%

Within Coastal:

- 22% (3,128 people) from Shaldon/Stokenteignhead or Bishopsteignton direction would have to travel past Teignmouth Community Hospital to get into town, although some of these may catch the ferry from Shaldon and walk 0.3mile to get to Brunswick Street.
- 24% (2,389 people) live in Teignmouth, nearer to the town centre than the hospital.
- 13% (1,238 people) live north or east of the hospital but closer to that than the town centre, so would have to travel slightly further to get to town.
- 39% (3,851 people) come from the area between Teignmouth and Dawlish and from the whole Dawlish area. These people would not have any further to travel if their appointment was moved from Teignmouth Community Hospital to the town centre but would be redirecting to a transport hub area.

Maps showing where people travel from to attend clinics at Teignmouth Community Hospital are shown on in Appendix 11. These are grouped by postcodes by Lower Super Output Area. For each clinic type, there is a wider view, showing much of the South Locality of NHS Devon CCG and then a closer view, focussing on Coastal sub-locality.

b) Public Transport

Getting to Teignmouth Hospital

Buses
The nearest main bus stop to Teignmouth Community Hospital is at the bottom of the hill and along the road, the other side of the turning for Shaldon Bridge which is described online as an 8-minute walk.

Teignmouth is served by Stagecoach route 2 between Exeter city centre and Newton Abbot and route 22 between Paignton and Dawlish Warren, stopping at Torquay and Shaldon. Both of these routes stop at Shaldon Bridge and Teignmouth Town Centre.

The Dartline bus number 184 runs four times a day between Newton Abbot and Teignmouth, travelling via Kingsteignton and Bishopsteignton. It stops at Teignmouth railway station and the Seaview Diner.

The only bus to stop outside Teignmouth Community Hospital is the Country Bus route 81. This runs between Morrison's supermarket and the Seaview Diner via residential areas of Teignmouth. It stops outside the hospital in Mill Lane at intervals of between 40 minutes and 1 hour and twenty minutes.

Trains
Teignmouth is on a mainline train route between the major stations of Exeter and Newton Abbot. It is a 7-minute journey from Newton Abbot, running at intervals of between 15 and 45 minutes. An off-peak day return is £3.60.

It is just under a mile from Teignmouth train station which is described online as a 19-minute walk.

Getting to Brunswick Street
All the buses listed above stop at the Post Office in the town centre which is a 3-minute, 0.1 mile walk to Brunswick street. Brunswick Street is a 7-minute walk over 0.3 of a mostly flat mile from Teignmouth train station.

Getting to Dawlish Community Hospital
The nearest main bus stop to Dawlish Community Hospital is near Dawlish train station and is described online as a 10-minute walk. This is a more level journey.

Buses
Buses 2 or 22 are the most regular with around three options per hour. A standard single is £1.95
Bus number 186 travels around Dawlish from Sainsbury's and stops outside the hospital at 25 minutes past the hour from 9.25am-2.25pm east-bound and 7 minutes past the hour west bound.

Trains
The train journey between Teignmouth and Dawlish takes 4 minutes, at intervals of between 15 minutes and 45 minutes. An off-peak return is £3.50

Further information can be seen in Appendix 11 (from page 12), including maps with the Community Hospitals and their proximity to public transport access. It also sets out travel information from Torbay.

c) Car parking

Teignmouth
There is free parking at the hospital however a limited number of spaces are available. There is free on-street parking nearby, however this causes local congestion and disruption.

In the town centre there are seven car parks including Teign Street (63 spaces), Quay road (171 spaces) , The Point (225 spaces), Eastcliffe (157 spaces). All car parks charge £1.80 for 1 - 2 hours.

Dawlish
There is no visitor parking on the hospital site and only a small staff car park which a staff parking permit is required for. However, there is a public pay and display car park immediately adjacent to hospital that is owned and managed by Teignbridge District Council. This is Barton Hill car park which has 245 spaces charging £1.80 for 1 - 2 hours.

More information can be found from page 24 of Appendix 11.

11.5 Resilience

How will the proposed change impact on the ability of the local health economy to plan for, and respond to, a major incident?

No impact

12. Strategic Fit

12.1 National context

The proposal fits fully with the national strategic direction set out in the NHS Long Term Plan, the NHS Five Year Forward View and General Practice Forward View. It is designed to bring the benefits of primary care at scale and integrated community delivery models focussed on improving health and wellbeing and achieving quality care when it is needed at or close to home.

The Long-Term Plan for the NHS published in January 2019 confirms that the NHS must be more joined-up and coordinated, ensuring organisations, teams and funding streams work together better to support people with long-term conditions more effectively. To enable this, out-of-hospital care must be boosted to ‘dissolve the historic divide between primary and community health services.’

12.2 Together for Devon

The vision for an integrated health and wellbeing centre in Teignmouth is aligned with the strategic objectives set out by the Devon STP in its two-year report for Devon published in 2018 and with the draft Devon Long Term Plan, (called *Better for Devon, Better for You*, being developed by Together for Devon, the new identity for the Devon STP).

The 2018 STP report states:

We will deliver:
- *Excellence in service delivery and performance.*
- *Improved health and wellbeing for populations and communities.*

- *Integrated care for people.*
- *Improved care for people.*
- *Empowered users who are experts in managing their care needs.*

The STP report also identified a focus on four key shifts in the way it operates, across all of its services between 2016 and 2019*:*

- *Recognising that traditional, building-based care focus will no longer serve today's population and their health needs and much more can be achieved in, and with, communities.*
- *Working beyond and not being constrained by organisational boundaries and forming partnerships and networks for resilience and improvement in care*
- *Designing health and wellbeing care around the individual and their families*
- *Shifting from a system that reacts to illness to one that helps prevent or delay its onset and keeps people as well and independent as possible.*

These key shifts represent changes to the way we operate and will be brought about by delivering a range of activities and initiatives planned around our four strategic priorities:

1. *enable more people to be healthy and stay healthy*
2. *enhance self-care and community resilience*
3. *integrate and improve community services and care in people's homes*
4. *deliver modern safe and sustainable services*

In the draft Long Term Plan for Devon, *Better for You, Better for Devon*, delivering an integrated care model is a key ambition:

- *We will move towards out-of-hospital care through enhanced Primary Care Networks, community (including mental health), social care, and voluntary and community services. This will improve access to local services and enable more people to be cared for at home.*

12.3 **Integrated Care Model**

Our Devon Integrated Care Model outlines a model of integrated care at neighbourhood level, bringing together Primary Care Networks, mental health, social care and hospital services to meet population 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

12.4 **South Devon and Torbay Strategic Community Estate Strategy 2016**

The strategy recognises the poor condition of the current health estate in Teignmouth both in terms of Primary Care and the Community Hospital. The plan suggests the development of a health and wellbeing centre in Teignmouth. The Strategy also expresses the TSDFT's intention to purchase and retain Dawlish Community Hospital at the end of the private finance initiative in 2024.

The STP has recognised the risk in the South Devon and Torbay estate and the need to reduce backlog maintenance in healthcare facilities. Through divestment of old buildings and investment in new buildings to

facilitate the new model of care. Improvement in the patient environment and replacement of the aged GP and Hospital buildings in Teignmouth is a shared priority for local partners.

The NHS and local Councils are working in collaboration under the banner of one public estate to make best use of public money and deliver integrated development schemes, this is one such scheme.

12.5 **Council Local Plan**

The Teignbridge Local Plan (2013-2033) includes a strategic policy for Teignmouth setting out a vision for infrastructure and change. The aim for Teignmouth is:
"Teignmouth will support new homes, jobs and services and function as a seaside resort that is well connected and accessible, a centre for water sports, leisure and culture and a well-designed town, safe from flood risk, adaptable to climate change and with reduced carbon dependence." (Teignbridge Local Plan 2013-2033)

The local plan identifies that *(S4 Land for New Homes)*
Sufficient land will be made available to increase the rate of new house building to 640 dwellings per year by 2016 and to maintain this rate thereafter to 2033. (average of 620 per year over the plan period). A proportion of these dwellings will be affordable housing in accordance with WE2. The allocation of new builds, of the 640 per year, for Teignmouth is identified as 5%, which equates to 527 new homes to be provided between 2016 and 2033. (of which, 25% is the target for affordable homes).

One of the key elements that the plan seeks to achieve with relevance to the H&WBC, apart from allocating land 'for at least 340 new homes' is to *'regenerate Brunswick Street/Northumberland Place'.* The plan allows for the residential development of an area to the north west of Teignmouth and the regeneration of town centre and quay areas.

12.6 **Demographic Context**

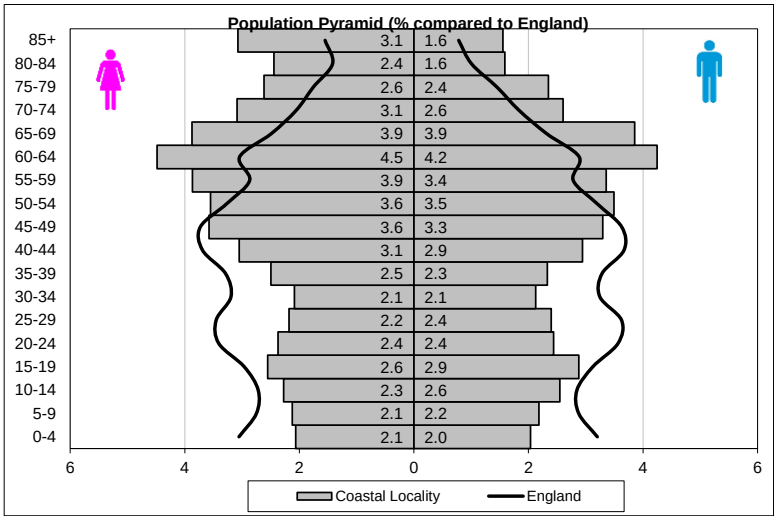
NHS Devon Clinical Commissioning Group (CCG) area serves a population of nearly 1.2 million people, including rural communities, urban centres with a budget of more than £1.8 billion. Teignmouth and Dawlish are coastal towns situated within South Devon and Torbay locality of the CCG and within with Teignbridge District Council area. The population of Teignbridge is expected to increase by 13.3% (or 17,500 residents) between 2019 and 2039. (https://new.devon.gov.uk/communities/your-community/teignmouth-profile#areaDefinitionDiv).

Teignmouth provides a range of local shops and services for residents and a rural hinterland. Teignmouth is set to expand over the next 10 years with over 500 new homes planned. The town is currently served by 3 GP practices operating from three main and two branch sites across the town, with a total patient list size, of 20,480 for Teignmouth and the immediate area.

The patient profile: The Teignmouth and Dawlish practices have a total registered population of 36,263 (including all branch surgeries).

Of these 17,491 are men and 18,772 are women. 13,510 patients are aged over 60 years old and 9,486 of these have a long term condition. 1,599 patients are over 85 years old and 1,385 of these have a long term condition. 17,714 people in total have at least 1 long term condition. 7,061 of patients have more than 1 long term condition making their health even more complex to manage. The profile of people living longer with long term conditions is expected to continue to rise, putting more strain on front line services.

The diagram below of the population statistics for the Coastal Locality (which includes both Teignmouth and Dawlish) shows that the towns have an above average number of people aged over 55 years many of whom will have at least 1 long term condition or illness.



Statistics also show us that the number of people living in Teignmouth and Dawlish with at least one long term condition is rising. Figures from Public Health predict that between 2013 and 2018 the number of people with a long standing heart condition will increase by 20%, the number of people with a respiratory illness (emphysema, asthma) will be up by 20%, and the number of falls will increase by 20%. Statistics also show that people with a long term condition use 50% of all GP appointments and 70% of all inpatient bed days.

12.7 **Patient Feedback**

In feedback received prior to the consolidation of four premises into three, patients advised of some of the issues experienced at the current practices including:

- access issues (including restricted parking)
- a lack of lift to upper floors in two of the buildings, presenting challenging access issues for the elderly and disabled
- Insufficient space and other constraints due to the configuration and age of the buildings

Most of the issues cannot be addressed viably in the existing practices due to the structural constraints and / or age/size of the buildings.

13. Activity

Patient flows and capacity modelling

Current services and clinic activity and where this would be re-located to is described in Appendix 12. All provision and levels of activity would remain as currently provided.

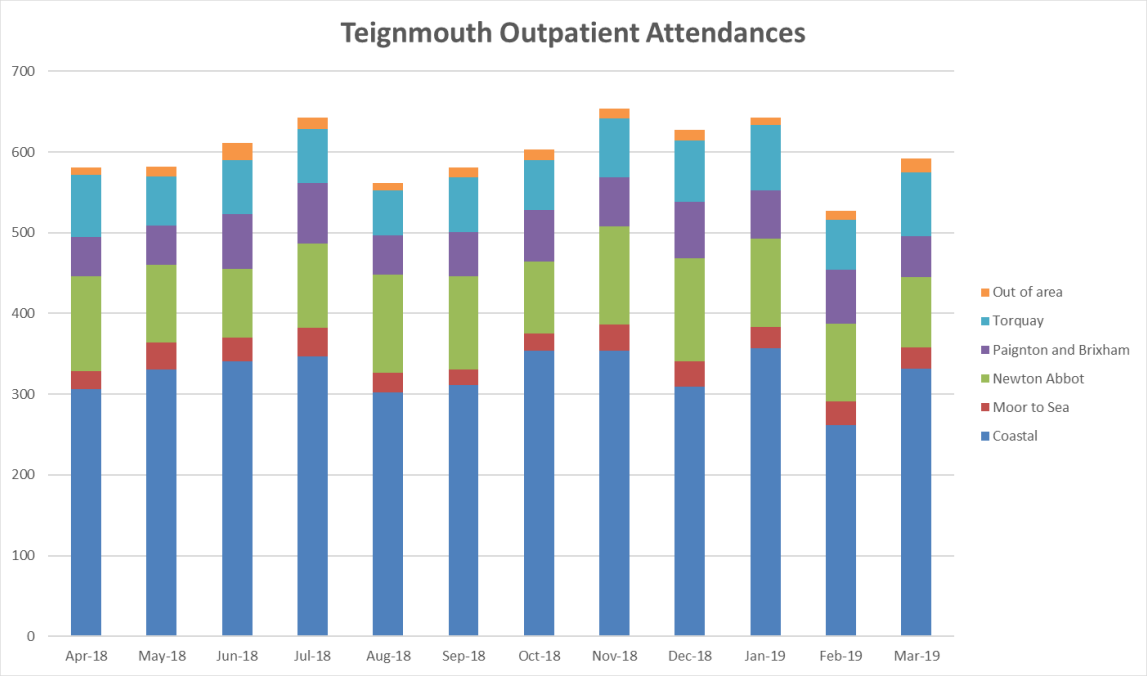
a) Specialist outpatient clinics

Specialist outpatient appointments in Teignmouth cover the following specialties:

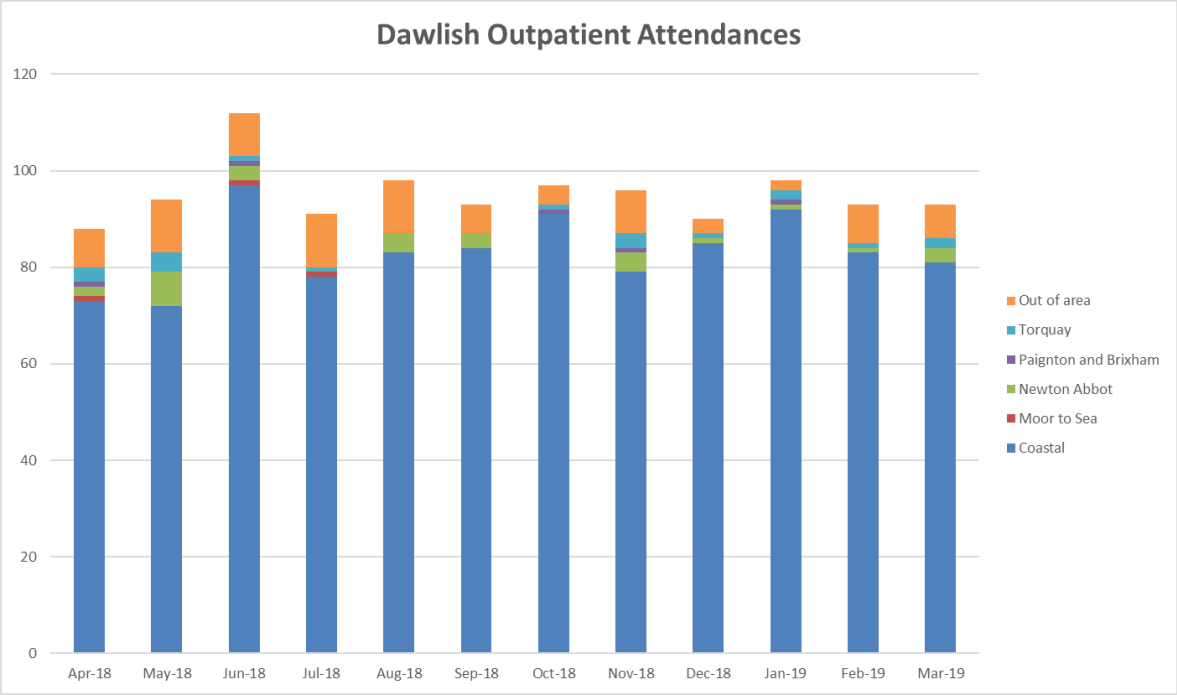
- Urology with a third of attendees coming from the Coastal Locality and then Newton Abbot.

- Colorectal with a third attendees from Newton Abbot and then up to a third from Coastal, followed by Moor to Sea and Torquay.
- Trauma and orthopaedics with half of attendees from Coastal and then equal attendance from the other localities.
- Plastic surgery follow-up with over a third Paignton and Brixham, Torquay and Moor to Sea taking a significant proportion with Coastal and Newton Abbot not using these services as much.
- Pain management outpatients with Coastal taking half the attendance, and the rest split evenly between the other localities.
- The same for cardiology follow-up, neurology, rheumatology, paediatrics, gynaecology, Ear, nose and throat and audiology.

Teignmouth specialist outpatient appointment activity by locality resident attendance 2018/19. This shows significant attendance from other localities, particularly Newton Abbot, Paignton and Torquay, as well as some from outside of the CCG area.

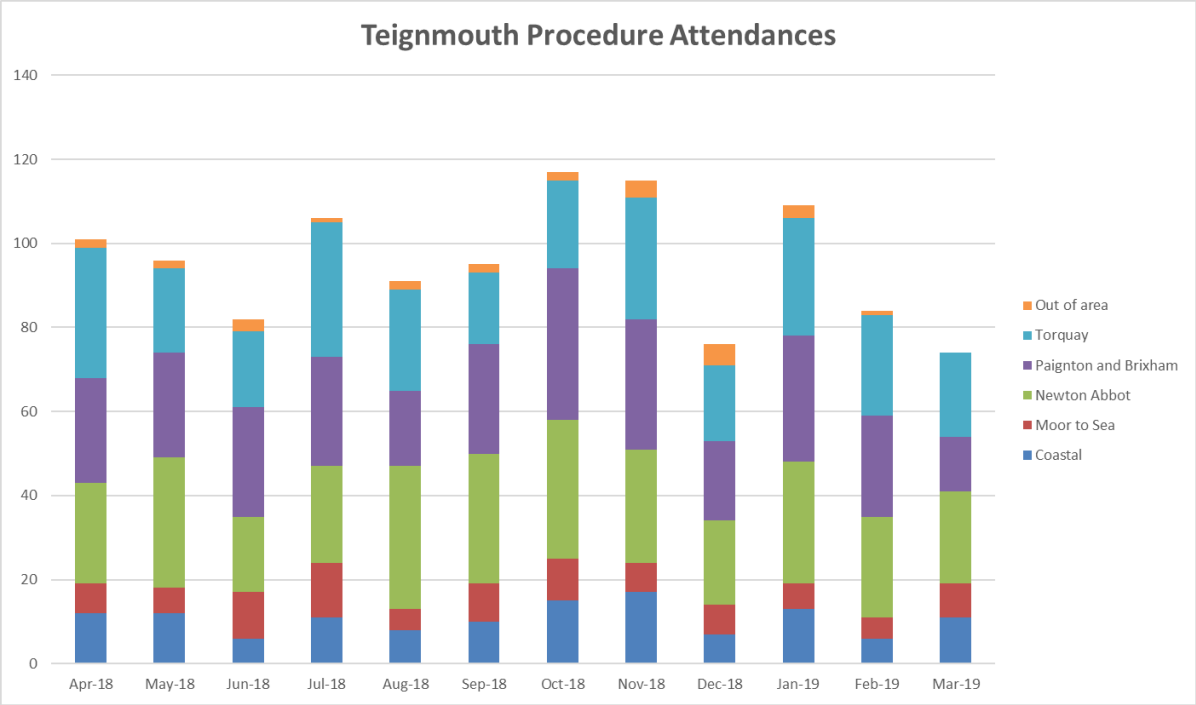


Dawlish specialist outpatients by attendance and resident locality of patient 2018/19 show nearly all are from the Coastal locality and this has not changed over the last four years.

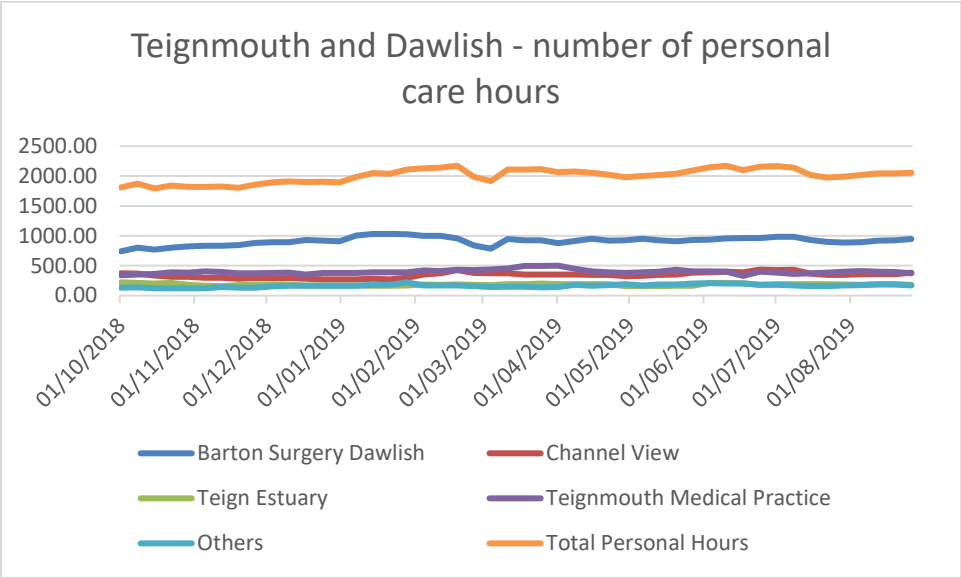


b) Day Case Procedures

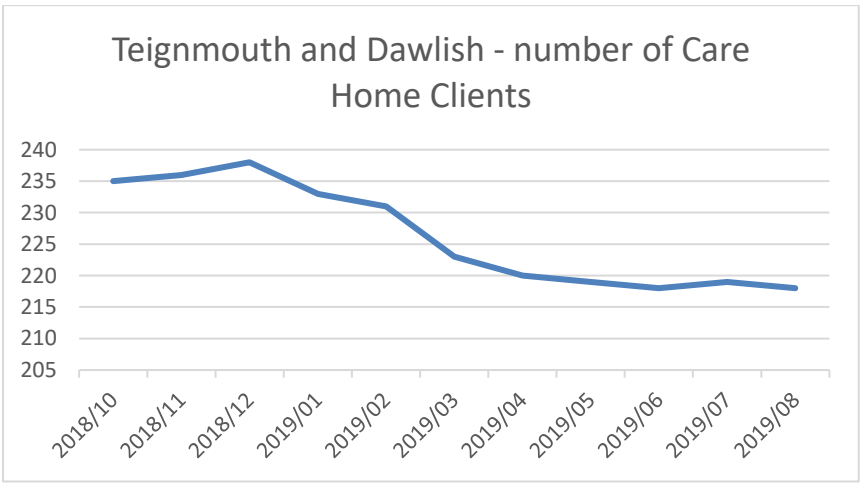
Teignmouth day case procedures attendance by resident locality 2018-19 shows there is minimum attendance from Coastal residents with many from Torquay and Paignton and Brixham, as well as Moor to Sea.



c) Personal Care Hours



d) Coastal Care Home Usage



14. WORKFORCE

14.1 Workforce plan and implications for future

All services will 'lift and shift' from their current locations and there will be no change to workforce numbers. However, we do anticipate the integration and co-location of services in a new build in the centre of Teignmouth will increase our ability to recruit and retain staff.

14.2 Evidence of appropriate staff engagement

Members of the health and wellbeing team have been involved in the development of the proposals and have a place on the project steering group.

Staff at Teignmouth Community Hospital met with TSDFT's Chair on 13 September 2018 and were provided with the feedback report from the public engagement process.

On 24 October 2018, two sessions were held at the hospital to engage with them as stakeholders in this process. 35 people attended. Issues that arose in discussion were:

Concerns:

- Concerns about size of site for health and wellbeing centre, particularly for physiotherapy. Clarification sought on what will be included
- Concerns that it will be done properly, not just to a quick schedule
- Clarification on what the final options are for community services required
- Is there an option that the hospital won't close? Is it feasible to have the HWBC and keep services on the hospital site?
- Sadness of leaving site having played key role in developing services there over many years
- What will happen with this building and site?
- What will parking be like for staff going in and out? Carrying equipment to and from car. We currently are able to unload and then go and park
- The hospital is well looked after, beautifully cleaned by domestic services. People find it difficult to accept that it is not fit for purpose when they use our services
- Not in the office at the same time, but sometimes we do need to meet together at the same time. Enough space for this?
- Just had disaster with private care agencies and we have all had to work extra hours. Three homes shut in last 3/4 years. Can't rely on private concerns.
- How long will it be until we are up and running in new building?
- What will happen to the hospital and site?

Suggestions

- See advantage of being co-located. Currently can be disjointed while trying to get different people to interact with complex patients
- Day case services - Dawlish is the best option if we can't stay at Teignmouth
- Even considered temporary pop up day case procedure space in Newton Abbot car park at £8k a day.
- Quay car park going multi storey?
- Feel services going to Dawlish will soften the blow for the public
- People who are more knowledgeable accept we don't need beds any more. But we can't leave ward end empty
- Need input into practical operational planning for new site. Suggest lots of staff engagement around this
- Engage community. Ask people what they think is most important and other suggestions
- Negotiate parking permits for Teignbridge car parks for staff

15.IT

- Specialist outpatients to Dawlish Community Hospital lift and shift - the equipment is already in place and there will be no cost implications
- Day case procedures to Dawlish Community Hospital - need to create an additional two outpatient clinic rooms. Some of the IT and equipment from the Teignmouth clinic rooms, and day case procedure room will be moved

IT infrastructures and the cabling unit will be able to take the additional data points, need to account for reprogramming telephones between Teignmouth and Dawlish and the time and cost to move and reconnect the IT equipment.

Any costing from Estates for the creation of the extra two clinic rooms and changes required to create the day case procedure space including any additional data points should be included in their estimates as part of the normal costing and tender process.

16. Public Consultation

16.1 Consultation and Communications Plan

The proposed public consultation will run for 8 weeks from 10 March 2020 to 5 May 2020

Communication throughout the consultation will build on the experience of the 2014/15 coastal locality consultation, the wider 2016 South Devon and Torbay community consultation and the 2018 coastal engagement over the future of services in Teignmouth and the surrounding areas.

Communication will consist of three elements:

- CCG led statutory consultation on service change choices
- Primary care led patient consultation, consistent with above
- TSDFT led consultation with staff, to run concurrently with, and as part of, the statutory consultation, with further consultation/discussion dependent on outcome.

By engaging earlier this year at the ideas stage, we have acquired a better understanding of the issues and concerns which local people hold, the position of key voluntary sector organisations, the type of information which will need to be provided in any consultation, whatever its scope.

Consultation objectives

The main communications objectives for the consultation will be:

- 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 key clinical objectives will be 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

A survey has been developed which people can complete in hard copy or online.

16.2 CCG and primary care consultations

The CCG will coordinate the overall consultation process, producing the documentation, arranging public events and coordinating communications and correspondence responses.

In parallel, the three GP practices will run a process with their own patients. The consultation implications for primary care are smaller in proportion than for the CCG and the practices benefit from the views collected last year on the prospect of co-locating to a single site in Teignmouth. The detailed responses have been analysed and informed the thinking in taking forward the concept.

People said they were in favour of one central site for GP services and many were keen to retain the individuality of the 3 practices. Brunswick Street was made as a suggestion by the local population in this process and this site is in a close vicinity, ranging from 25m to 500m to the current practice buildings.

Whilst the three practices would like to hear from patients with ideas for future development of services, further formal public consultation is not required to progress this. There is no further opportunity for patients to influence the decision for the practices to move to the Health and Wellbeing Centre. The CCG's Primary Care Committee is satisfied that this is a matter for communication rather than consultation.

The three practices are keen to communicate with their patient lists and happy to work with the CCG on the most comprehensive way that this can be achieved.

CCG Primary Care team currently advise the following with regard to communication:

- Large display board in reception for at least four weeks.
- Information on the TV screen in the waiting room.
- Printed information in the waiting room in all waiting areas and reception desks, as well as given out by clinicians.
- Newsletters posted or emailed to patients direct.
- Information on prescriptions.
- Information included in all patient correspondence for at least four weeks.

16.3 **Consultation documentation**

The consultation document will describe how services are currently delivered, the changes proposed, the rationale for these and a summary of the evidence highlighted below. It will describe clearly how people can answer different parts of the overall consultation. We will distribute it widely via the channels identified later in this document. An easy read version will also be available.

Throughout the consultation, material will be made available both electronically and in hard copy and an FAQ document will be updated weekly. A dedicated section of the CCG website will be established containing all available information, including an on-line feedback form and links to it by the Trust, GP practices and other key local organisations

Supporting Documents

- Clinical case for change
- Financial information
- Estates rationale for change
- How the options were arrived at
- Current services
- Strategic context
- Travel analysis

Stakeholder briefings

Regular stakeholder briefings will continue to be written and distributed to key stakeholders including:

- Torbay and South Devon NHS Foundation Trust staff, staff side/unions
- Governors, staff and members
- Coastal Engagement Group
- Coastal Health and Wellbeing forum
- League of Friends, Dawlish and Teignmouth
- Patients registered at the three Teignmouth GP practices
- Patient Participation Groups
- MPs
- Devon County Councillors
- Devon County Council Health Overview and Scrutiny Committee
- Teignbridge District Council leaders/portfolio holders
- Teignmouth Town Council
- Dawlish Town Council

The briefing is also be sent to the list of local people who have asked to be kept updated; anyone asking to be kept informed during the consultation and local NHS staff.

16.4 **Communication Channels**

NHS and Social Care channels
All current communication channels will be used to build understanding by continuing to explain the rationale and approach, while encouraging questions and feedback.

Media relations
A proactive approach will be taken, initiating material on a regular basis. This will be a mix of:

- News releases on different aspects of the consultation proposals
- Promotion of drop-in events, public meetings, consultation questionnaire
- Reactive approach to coverage and questioning.

Advertising
We shall formally advertise all CCG-run public events in the Teignmouth Post and Dawlish Times. Events and other opportunities to participate will also be advertised on community noticeboards and sites as well as in NHS (e.g. hospital, primary care) and other public buildings (town council).

Social media
All social media channels will be used to share information. Our aim will be to use existing local social media channels for this, as well as those managed by the NHS.

Drop in events
These attracted positive feedback in the engagement process and we will run them in locations across the Teignmouth and Dawlish area.

Other meetings
We will seek to attend community group meetings, targeting those supporting people identified in the quality equality impact assessment and will respond positively to invitations to participate in events organised by others.

Other activity
Our goal will be to reach the spectrum of the population and we are developing ideas for sharing information via major employers, talking to sixth formers and to community groups.

Correspondence
We will repeat the approach taken in engagement and in previous consultations where we will establish dedicated email contacts, as well as providing for written and other electronic correspondence. All correspondence will be logged as part of the consultation period and a prompt response will be given to all correspondence where queries are raised.

Questions, requests for more information etc throughout the consultation will be managed by the CCG, adopting the same approach as that used during engagement.

Review and evaluation
We will review activity on a regular basis to ensure that planned and reactive activity is effective, adjusting it in the light of conclusions reached.

Factors to be considered will include:
- Media coverage
- Exposure on non-CCG outlets
- Feedback on clarity of the proposals
- Healthwatch feedback
- Complaints
- Numbers of people participating

17. Next Steps

The CCG has commissioned Healthwatch to collate and analyse the survey returns, notetake at meetings, analyse the feedback and write a final report. Any suggestions and alternative options will be evaluated and a report presented to the CCG Governing Body in summer 2020. At this point, the CCG Governing Body will decide whether to proceed with the proposal or to pursue an alternative option.