Supporting Information - Strategic Context

1. National and local strategic context

The national strategic direction set out in the NHS Long Term Plan, Five Year Forward View and the General Practice Forward View in particular outlines the benefits of primary care at scale and integrated community delivery models focussed on improving health and wellbeing and achieving quality care at home or as or close to home as possible.

The Devon Health and Wellbeing Strategy and the overall care model for NHS Devon Clinical Commissioning Group reflects this national direction and emphasises the concept of care in people's own homes. The strategy is based on learning from progress made, including the positive impact of the Health and Wellbeing Team in Teignmouth.

Devon Sustainability and Transformation Plan (STP), initially published in 2016 and also the STP two year update published in 2018, outline how the system will support people to remain as healthy and independent as possible and when they need care this happens in their home homes or as close to home as possible.

The strategic objectives set out by the STP in its two-year report for Devon published in 2018 and the draft Devon Long Term Plan aim to 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 of services who are experts in managing their care needs*

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

- *Recognising that the local population's health needs and much more can be achieved in and with communities rather than in building-based care*
- *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 family*
- *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. They will be brought about by 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

2. Local commissioning plans

NHS Devon Clinical Commissioning Group (CCG) area serves a population of nearly 1.2 million people, including rural communities and 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 two 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.

Local 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.

The Teignbridge Local Plan (2013-2033)

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 Health and Wellbeing Centre, 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.

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 (GP premises) and Teignmouth Community Hospital. The plan suggests the development of a wellbeing centre in Teignmouth. The strategy also expresses the Trust's intention to purchase and retain Dawlish Community Hospital at the end of the private finance initiative in 2024.

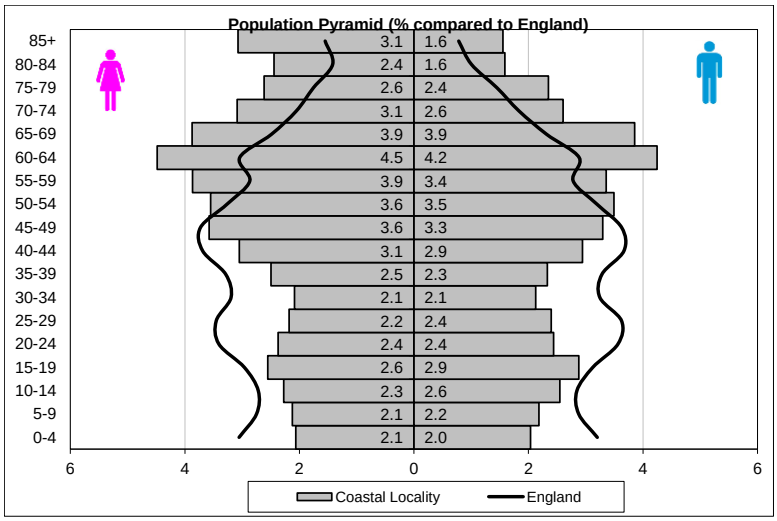
The system-wide STP has recognised the risk in the South Devon and Torbay estate and the need to reduce backlog maintenance in healthcare facilities. This will be through divestment of old buildings and investment in new buildings to facilitate the new model of care. Improvement in the patient environment 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, such as of the new Health and Wellbeing Centre.

3. Demographic context

The patient profile: the Teignmouth and Dawlish practices have a total registered population of 36,263 (including 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 one long term condition. 7,061 of patients have more than one 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 one 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.

4. NHS Planning Assumptions

Activity assumptions based on demographic growth (Devon Long Term Plan)

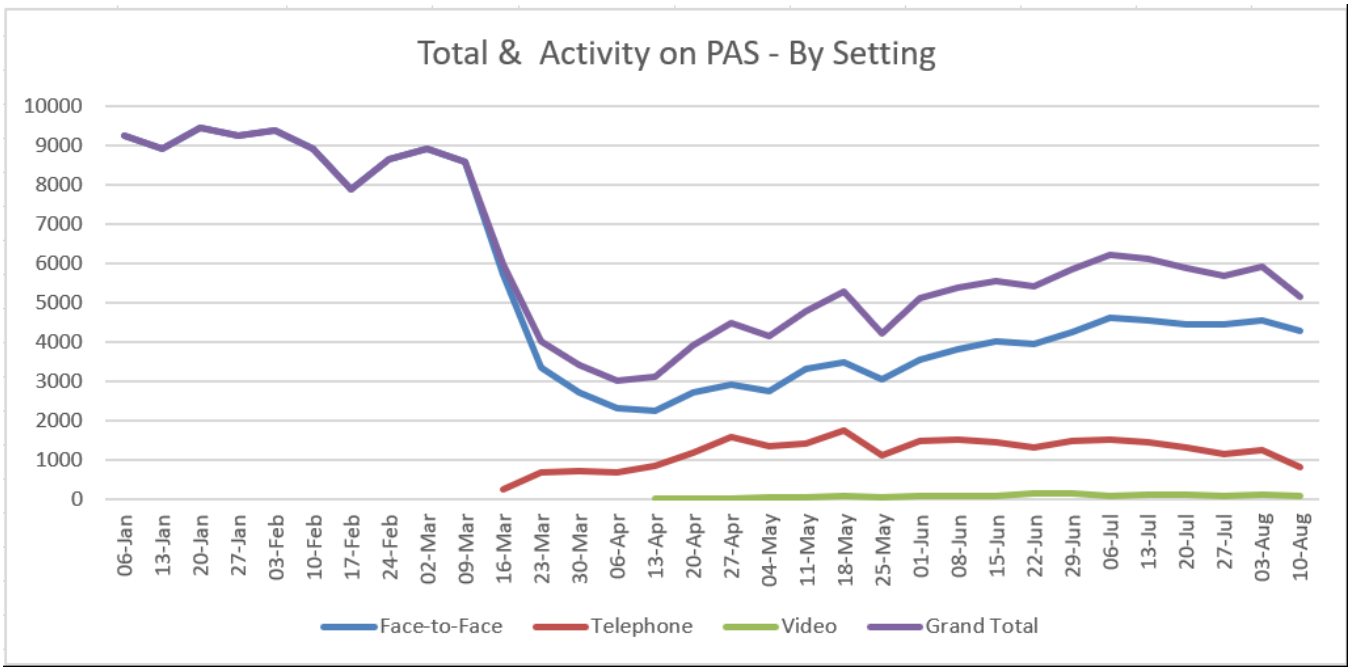
Area	Western	Eastern	Southern	Northern
	2018-24	2018-24	2018-24	2018-24
Emergency admission (excluding zero day LoS)	1.23%	1.84%	1.62%	1.47%
Elective admissions	1.00%	1.66%	1.46%	1.25%
Daycase admissions	0.97%	1.64%	1.44%	1.23%
Elective inpatients admissions	1.10%	1.76%	1.56%	1.33%
1st outpatients attendances	0.80%	1.47%	1.27%	1.06%
Follow-up outpatient attendances	1.03%	1.67%	1.48%	1.26%
ED attendances (type 1)	0.57%	1.22%	1.02%	0.83%
MIU attendances (type 3)	0.45%	1.07%	0.87%	0.65%

Outpatient services - restoring outpatient services in a new way

After responding to the peak of the COVID-19 pandemic, Torbay and South Devon NHS Foundation Trust has been moving to restore its outpatient services that were necessarily disrupted over several weeks.

As of August 2020 it was delivering about 65% of the outpatient appointment numbers (PAS recorded) delivered before COVID-19. This number is rising and with the opening of outpatient facilities on Level 2 in Torbay Hospital, more clinics are being established.

This graph shows how the Trust is delivering those outpatient appointments – face to face, telephone and digital (NHS Attend Anywhere); note this is PAS clinic data, not total data for the Integrated Care Organisation.



To maximise capacity, the Trust will be making greater use of virtual appointments. This is a national directive too from NHS England. The CEO of the NHS, Simon Stevens wrote to all NHS organisations on 31 July 2020, specifically concerning outpatients, asking them to:

- Reduce infection risk and support social distancing across the hospital estate, clinicians should consider **avoiding asking patients to attend physical outpatient appointments**

- Use advice and guidance where possible and treat patients **without** an onward referral

- Give patients more control over their outpatient follow-up care by adopting a **patient-initiated follow-up** approach

- Where an outpatient appointment is clinically necessary, the national benchmark is that at least **25% could be conducted by telephone or video** including **60%** of all follow-up appointments

The Trust is looking to:

- Increase the number of non-face to face consultations (both digital and telephone), ensuring that consultations are virtual rather than face to face as default position. **The Trust's ambition is to deliver 50% of all outpatient consultations virtually by September 2021.**

Trust ambitions:

1) 50% of all outpatient appointments delivery by the ICO will be completed remotely by September 2021

2) All services should aim to discharge patients rather than routinely follow up, supporting patients using an open or patient initiated follow up offer. This system should be operational for all specialties by March 2021, starting from October 2020

3) All services should offer advice and guidance to GPs, across all specialties

The Trust is working with all services to ensure they have the technical facilities and kit needed to allow for more non face to face appointments.

GP premises size

The total metres^2 currently used by the GP practices is 1,902 metres^2. 800m^2 of this will remain in branch sites. Therefore, the current space occupied by those GP premises that are moving is 1,102m^2. Note: this includes the Glen Devon site (part of Teign Estuary Medical Group) who have not confirmed if they are moving.

The GPs will be moving into the Health and Wellbeing Centre on Brunswick Street, occupying 1,421m^2 – an increase of 319 m^2.

The new total metres^2 for the GP practices including branch surgeries will be 2,221 m^2. There is a standard formulaic method for identifying whether a practice is under or over-sized for their list. Based on a list size of 22,000 patients, the formula calculates a footprint of 1,153 m^2 is required for practices.

This additional space above the recommended footprint will allow for any population growth. However, it should be noted that increasingly appointments with primary care clincians are being offered online and via the telephone although there will always be a need for face to face appointments.