

Health and Adult Care Scrutiny Committee

# **Teignmouth Community Hospital Task Group Interim Report**

June 2023

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# 1. Introduction

At the meeting on 21 March 2023 the Health and Adult Care Scrutiny Committee resolved that:

“A Task Group...be established to gather evidence (in consultation with NHS Devon) in regard to a proposal to make a referral to the Secretary of State on the grounds that the proposal (from the NHS) to close the Community Hospital ‘*would not be in the interests of the health service in the area*’ for report to the next meeting of this Committee on 13 June 2023.”

The Task Group comprised the following members:

- Councillor Philip Sanders – Chair (Vice Chair, Children’s Scrutiny)
- Councillor David Cox
- Councillor Alistair Dewhirst (Chair, Corporate Infrastructure and Regulatory Services Scrutiny)
- Councillor Pru Maskell
- Councillor Colin Slade (Vice Chair, Corporate Infrastructure and Regulatory Services Scrutiny)
- Councillor Martin Wrigley

Councillor Rob Hannaford chaired the first two meetings of the Task Group, but due to Committee changes, he stood down as the Chair and member of the Review.

The Task Group has met three times to date and is using this interim report to set out the history of consideration of the issue and to focus the questions to put to the local NHS. At this stage the Task Group has not come to any conclusions but continues to have concerns about the future of services in the Teignmouth/Dawlish locality.

Councillors are keenly aware of the pressure that the local NHS faces and have chosen to be focused in their questioning to avoid placing undue pressure on the already stretched service. To address this point, this report details the questions that the Task Group on behalf of the Committee would like to put to the NHS. At this time, Scrutiny is acting in accordance with article 21 of The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013:

‘21.— (1) A local authority may review and scrutinise any matter relating to the planning, provision and operation of the health service(1) in its area.

(2) In carrying out the review and scrutiny of a particular matter, the local authority must—

(a) invite interested parties to comment on the matter; and

(b) take account of relevant information available to it and, in particular, relevant information provided to it by a Local Healthwatch organisation(2) or Local Healthwatch contractor (“a referrer”) when that referrer refers a matter falling within paragraph (1) to the authority.’

The focus of this work is the movement of health services from Teignmouth Community Hospital to Dawlish. The formal public consultation on the future delivery of services in the Teignmouth and Dawlish areas took place in 2020. The then Devon Clinical Commissioning Group (later to become NHS Devon) [reported](#) that the implication of moving these services is that the building of Teignmouth would no longer be required. The consultation document stated that if the proposal were approved, Teignmouth Community Hospital would no longer be needed for NHS services, and it would be likely to be sold by Torbay and South Devon NHS Trust, with the proceeds reinvested in the local NHS.

The previous referral by Devon County Council to the Secretary of State for Health summed up the local situation as follows:

*The Coastal Locality, on the south coast of Devon, includes the towns of Teignmouth and Dawlish, which combined have an estimated patient population of 36,000 people. Around 40% are over the age of 60 and about half of the population have at least one long-term health condition, with these numbers expected to rise as people live longer. The area of Teignmouth town centre and sea front has the highest score of multiple deprivation in the locality (a score of 38 against an overall score for Devon of 17 from a 2017 survey).*

*NHS services for the area are provided by one GP practice in Dawlish and two in Teignmouth, with secondary care provided by Torbay and South Devon NHS Foundation Trust, who in 2015 became one of the first NHS trusts in England to join up hospital, community, and social care together into one integrated organisation. The trust provides acute healthcare and a full emergency department service from Torbay Hospital in Torquay, along with five community hospitals, including Teignmouth Community Hospital and Dawlish Community Hospital, which are approximately four miles apart.*

*Teignmouth Community Hospital, built in 1954, provides outpatient clinics, specialist clinics, and minor day case procedures for people from across south Devon and Torbay. Dawlish Community Hospital is a purpose-built hospital opened in 1999 and acts as a clinical hub for the locality, providing outpatient clinics, an X-ray service, minor operations and 16 beds on a medical inpatient ward.*

The proposal that was brought before Scrutiny in 2020 was as follows:

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

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

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

- These are the specialist clinics, 23 in number, that are less frequently used at Teignmouth Community Hospital, making up only 27% of total appointments there

- They are currently used by people from all over South Devon and Torbay as well as those from Teignmouth and Dawlish. 70% of people using them come from outside the Dawlish and Teignmouth area

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

- This service includes minor procedures that require a specific treatment room

- 86% of those using them come from outside the Dawlish and Teignmouth area, with more than half from Torbay

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

- After investment in community teams, we can now treat four times as many patients in their own homes as we could on a ward at Teignmouth Community Hospital

- With the Nightingale Hospital established in Exeter, current analysis shows Teignmouth Community Hospital would not be needed for patients with COVID-19. The consultation document stated clearly that if the proposal were approved, Teignmouth Community Hospital would no longer be needed for NHS services, and it would be likely to be sold by Torbay and South Devon NHS Trust, with the proceeds reinvested in the local NHS.'

This was then taken as a decision in December 2020 at the [Devon CCG Governing Board meeting](#).

## 2. Making a referral to the Secretary of State

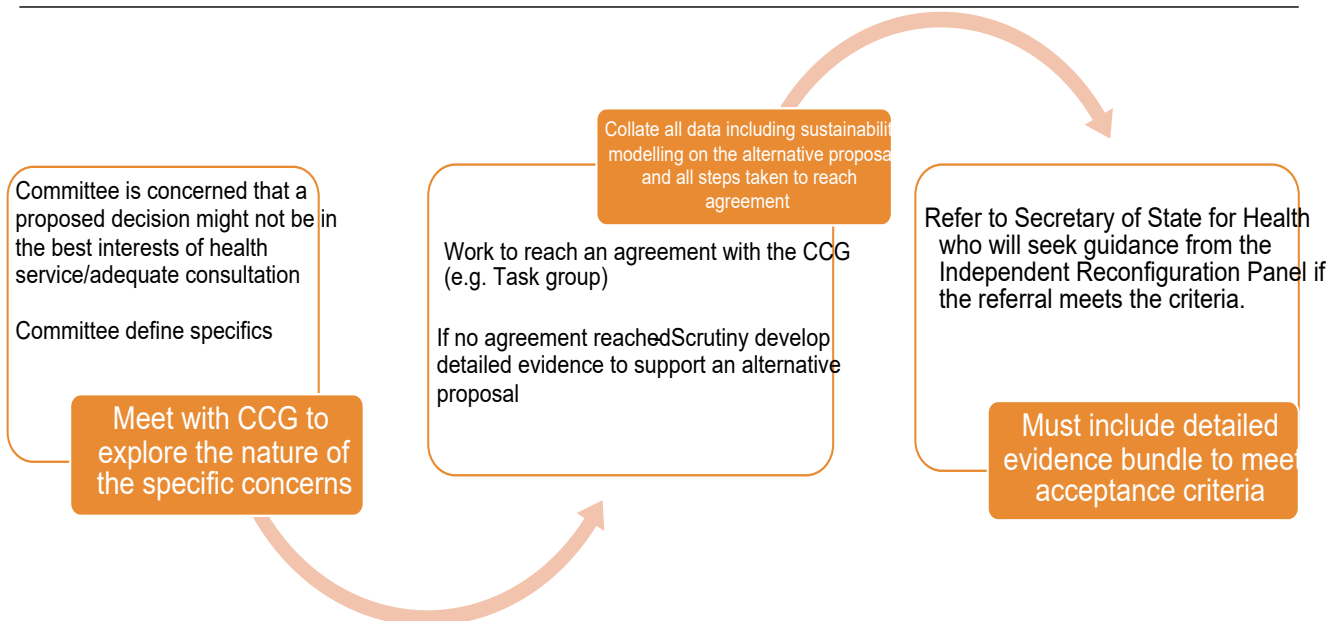
Health Scrutiny is able to make a referral to the Secretary of State for Health and Social Care when considering a health proposal on the grounds of:

- It is not satisfied with the adequacy of **content of the consultation**.
- It is not satisfied that **sufficient time** has been allowed for consultation.
- It has **not been consulted**, and it is not satisfied that the reasons given for not carrying out consultation are adequate.
- It considers that the **proposal would not be in the interests of the health service in its area**.

The process for making a referral on the grounds of the proposal 'not being in the interests of the health service in its area' is not straightforward and has a heavy emphasis upon local resolution underpinned by a strong working relationship between the NHS and Health Scrutiny. These steps are summarised below. They require the NHS to put a proposal for changes to health services in and for the health scrutiny committee to identify areas that they believe are against the principles of sustainability in the local NHS health service. The Scrutiny Committee must then explore the nature of their concerns with the NHS and give the opportunity for the NHS to answer and resolve the concerns. From this point it is only if the local NHS are unable to satisfy the local Health Scrutiny Committee that a referral can be made. The referral must meet a high standard of evidence and demonstrate an alternative proposal would be better in the interests of the health service than the one proposed. Whilst many referrals have been made and accepted, as demonstrated in Appendix 2, not one has been upheld and led to changes to the decisions taken locally.

## Steps to referral

Simplified diagram to represent the stages that Health Overview and Scrutiny needs to go through before an issue can be referred to the Secretary of State



This issue has previously been considered and was referred to the Secretary of State on 18 March 2021 on the basis of 'no consultation process has been undertaken or even suggested by the Trust with respect to the future of the Hospital this part of the substantial change be referred to the Secretary of State for Health and Social Care.

### 3. History of consideration of the issue in Devon

There has been significant consideration of this issue by Health and Adult Care Scrutiny in Devon. The following table details key events:

2020	Synopsis	Event
17 August	Chairs met with NHS Devon CCG for update on public consultation on the future of services in the Teignmouth and Dawlish area.	Briefing
18 August	NHS Devon CCG provide members with a briefing document.	Information
1 Sept	Further NHS Devon CCG briefing circulated to members on the public consultation, which ran from 1 September 2020 – 26 October 2020.	Information
10 Sept	Consultation document presented and members content with the information provided on the vision for the future in Teignmouth. Members broadly endorse the consultation document.	Health and Adult Care Scrutiny Committee
10 Sept	Financial and travel supporting documents circulated to Committee.	Information
12 November	Devon CCG report on the progress of the consultation which stated that if the proposal was approved, Teignmouth Community Hospital would no longer be needed for NHS services, would likely be sold by Torbay and South Devon NHS Trust, with the proceeds reinvested in the local NHS. Committee members received a petition with 2783 signatories against the proposals and agreed to set up a Spotlight Review to look at Consultation.	Health and Adult Care Scrutiny Committee
14 December	The consultation report from Healthwatch in Devon, Plymouth and Torbay and the evaluation of alternative options were not available to members until 10 December 2020 The result of the Spotlight review was that Scrutiny formally made comments on the proposals under regulation 23(4) of the 2013 Regulations in a report that was submitted to the CCG Governing Body on 17 December 2020 in which members made a one page statement to the CCG Governing Body stating that 'members do not believe that the consultation has convincingly supported the claim that the proposed changes are in the best interests of the health needs of the population in the area.'	Spotlight Review
17 Dec	Minutes record: 'JH referred to the scrutiny report and asked if the CCG was surprised to receive these comments. JT noted the CCG had been working closely with the scrutiny committee over the past 6 months who had been supportive of the process so far but hoped that the Governing Body were reassured at this meeting of the process that had been undertaken.'	CCG Governing body
2021		
26 January	The minutes from Committee on 26 January 2021 reveal members discontent with the Governing Body response in terms of 'concerns about the CCG in addressing the views and concerns highlighted by the consultation and points raised by this Committee's Spotlight Review'. An amendment calling for the proposals for Modernising Health and Care Services in the Teignmouth and Dawlish area be referred to the Secretary of	Health and Adult Care Scrutiny Committee

	State by reason that the proposals do not service the best interest of health services in the area and inadequacy of the consultation process was lost.	
<b>5 February</b>	Make an informal approach to the Independent Reconfiguration Panel seeking its advice and views about the issues and concerns raised in regard to the proposals (and whether the proposals serve the best interest of health services in the area) and the adequacy of the consultation process before any further action is considered.	Letter to the IRP
<b>18 March</b>	The IRP were not able to offer the detailed advice that members sought and at 18 March 2021 Committee members felt they had no choice other than to make the formal referral to the Secretary of State. The CCG were notified in public at this time.	Health and Adult Care Scrutiny Committee
<b>11 May</b>	SoS seeks additional information to accept the referral because of 'insufficient information on a number of grounds'.	Clarification from SoS before accepted as a referral
<b>21 May</b>	Response to additional information request sent to the SoS	Email to SoS with additional information
<b>7 June</b>	SoS seeks additional information to accept the referral 'particularly concerning demonstrating that you have fulfilled the process required as set out in Regulation 23.'	Clarification from SoS before accepted as a referral
<b>16 June</b>	Further clarity sought from SoS relating to the evidence required to make the referral.	Email to SoS
<b>25 June</b>	SoS highlights additional information required to accept the referral: Including – when recommendations were made from Scrutiny to CCG + Report from Scrutiny as part of the referral process – and particularly the steps taken to reach agreement.	Clarification from SoS before accepted as a referral
<b>2 August</b>	Detailed response sent to the SoS which highlights the 'key point to the members referral to the Secretary of State is that while Scrutiny Committee members were consulted on the movement of services from Teignmouth to Dawlish, there was no consultation with Scrutiny or the public on the future of Teignmouth Community Hospital in terms of the building and site, as well as no mention of the consequence of services being moved being the inevitable sale of Teignmouth Community Hospital. '	Scrutiny answers the questions of the SoS
<b>10 November</b>	SoS advises that he has 'written to the Independent Reconfiguration Panel (IRP) asking them to undertake an initial assessment of this case'.	SoS letter
<b>11 November</b>	The Chair had decided that the Committee should be apprised of a letter recently received from the Rt Hon Sajid Javid MP, Secretary of State for Health and Social Care. This confirmed that he had written to the Independent Reconfiguration Panel (IRP) asking them to undertake an initial assessment of this case. He had asked the Panel to report to him by the middle of December 2021 subject to them being in receipt of all relevant information. The Committee noted this development.	Health and Adult Care Scrutiny Committee

<b>2022</b>		
<b>20 January</b>	The Chair reported that there had been no development since the last meeting and the Committee was still waiting to hear from the Secretary of State for Health and Social Care.	Health and Adult Care Scrutiny Committee
<b>17 March</b>	SoS responds advising that he has accepted the IRP advice in full 'that the CCG did consult adequately with the Scrutiny Committee in terms of content and time allowed. However, while agreeing with the CCG on adequacy and timing, they have made a number of recommendations where improvements can be made'.	SoS issues final comments
<b>21 June</b>	CCG Report summarising the response from the SoS on the referrals from the Committee. Member discussion with Officers highlighted that the sale of the land for the hub has been approved by the District Council, planning permission was pending, and the anticipated building works were due to start in 2023. There was confirmed that funds were in the place for the hub and that only one of the GPs practices in Teignmouth would move into the hub. A motion to refer the closure of Teignmouth Hospital to the Secretary of State on the grounds that the proposal was not in the best interests of the health service was lost.	Health and Adult Care Scrutiny Committee
<b>22 November</b>	Update on Teignmouth wellbeing centre as part of the Health and Care General Update report. The report highlighted full planning permission had been submitted, GP services and clinical services based in the facility and that the cost of the facility would be £11m. The Committee had previously been aware it would cost £8m. Members asked Officers for an update on the Centre and the progress of the purchase of the site, of which information should be sought from the District Council and South Devon NHS Trust.	Health and Adult Care Scrutiny Committee
<b>2023</b>		
<b>21 March</b>	After concerns were raised by local Members, the Health and Adult Care Scrutiny Committee resolves to set up a Task Group to gather evidence (in consultation with NHS Devon) in regard to a proposal to make a referral to the Secretary of State on the grounds that the proposal (from the NHS) to close the Community Hospital 'would not be in the interests of the health service in the area'.	Health and Adult Care Scrutiny Committee

## 4. The previous Spotlight Review

The Health and Adult Scrutiny Committee carried out a Spotlight Review on 14 December 2020 of the consultation process on the then Devon CCG's proposals for *Modernising Health and Care Services in the Dawlish and Teignmouth Areas*. The Review concentrated on the efficacy of the consultation process. Members met with the Healthwatch team to discuss their report commissioned by Devon CCG on the responses of their survey of residents and with the CCG to interrogate the process undertaken to consider the other possible options.

Members did not believe that the consultation, from the evidence presented, offered a credible case for change that both clinicians and residents advocated. Co-production was not visible in this consultation and it could not be described as an open collaborative approach. Members cited four examples.

1. The CCG heavily determined the questions for the survey (many of them closed) carried out by Healthwatch.
2. The online meetings were not set up to encourage inter-active conversation on the issues. The technology of Microsoft Teams or Zoom to go into breakout rooms was not utilised.
3. Patient experience does not feature in the evaluation of options process.
4. A key concern of many residents about the merits or demerits of rehabilitation within a hospital or care home setting were not presented. The proposed change is based on the CCG's belief that the quality of services would be maintained and that capacity of community intermediate home-based care is and will continue to be so effective thus making rehabilitation in a hospital setting redundant.

During the Scrutiny Review members noted that although the CCG has been rolling out this model in other parts of the County, there was no systematic evaluative research co-produced by clinicians, professionals, and service users that presents clear evidence of success (using both quantitative and qualitative methodology) to support this extensive change proposed. Members did not believe that the consultation had convincingly supported the claim that the proposed changes are in the best interests of the health needs of the population in the area.

This resulted in a referral to the Secretary of State for Health on 18 March 2021. On 17 March 2022 the Secretary of State responded advising that he had accepted the IRP advice in full 'that the CCG did consult adequately with the Scrutiny Committee in terms of content and time allowed'. However, while agreeing with the CCG on adequacy and timing, the IRP made a number of recommendations where improvements can be made. The Secretary of State noted particular support the IRP's recommendations that:

- The NHS must engage the local community and interested parties, such as the local authority, in a programme to determine the future of the TCH site.
- The CCG should explore transport options for affected patients, and establish a specific time-limited standing group of stakeholders, including patient representatives, transport providers, and planning authorities, to scope out the work required and the time frame for each action

What the IRP said:

***'After a thorough review of the evidence in this case, the Panel understands how the proposal will deliver the vision of patient-centred and integrated local services by modernising and making the best use of health and care facilities and staff resources in the Teignmouth and Dawlish area. The history and contribution of Teignmouth Community Hospital is cherished by some of the local community, and they need to be involved in its future possibilities.'***



## 5. Perspective from The League of Friends of Teignmouth Community Hospital

On 23 May 2023 the Task Group met with Graham Bond, representing The League of Friends of Teignmouth Community Hospital. The following issues were raised with members:

- The League of Friends (LOF) has around 100 members. It is a highly motivated group, who have held dozens of demonstrations on issues relating to Teignmouth Community Hospital (TCH). LOF believe it to be a waste of resource to close TCH and be a move that will be regretted. Devon has some of fewest community hospital beds in the country. LOF does not agree with the argument that the integrated care model renders community hospitals redundant.
- In recent years, particularly post pandemic there are many people in the community waiting for treatment. It would be logical to put 16 rehabilitation beds back in at TCH and reduce the demand at the acute hospitals in Torbay and Exeter.
- The need to consider the demographic of Teignmouth – it has a large older population, where it is very helpful to have local treatment. It improves people's care and they get more visitors, which again helps their rehabilitation.
- The hospital has maintenance issues, as the site has become increasingly run down.
- LOF think the new Health and Wellbeing Centre in Teignmouth will be helpful for the populace and the GPs. There are however fears that the hub will now prove to be unaffordable and unsustainable. It would be most logical to build the new Health and Wellbeing Centre on the old nurses' home at the TCH site. It would be the best solution for everyone.
- TCH, which is owned by Torbay and South Devon NHS Foundation Trust, continues to provide a high level of care. Theatre operates from Monday - Friday from 8am-6pm with approximately 3000 procedures carried out in theatre a year for plastic and general surgery, maxilla-facial and dermatology.
- There are Occupational Therapists, District Nurses, a rehabilitation team and social workers based at the main hospital, with midwives and health visitors located in the old nurses' home adjacent to the hospital. Upstairs is a virtual suite used by the pain management team. There are 5 clinic rooms plus a soundproof room for audiology and a specialist room for podiatry. The other clinic rooms provide space for a huge range of services including:
  - Neurology
  - Urology
  - Specialist spinal service
  - Cardiac nurse
  - Social prescribers
  - Women's health
  - Catheter clinic
  - New born hearing assessment
  - General surgery consultations
  - Ear, nose & throat clinic
- The hospital is loved and treasured. LOF has as a result received a huge amount of money in donations over the years, in excess of £6 million since its inception in 1958. LOF put £697k into improving the Physiotherapy Unit, which would represent a significant waste of money if the hospital was to close. LOF would cease if TCH closes, with funds likely to be given to Dawlish LOF or Devon LOF.

## 6. Concerns of the Task Group today

The concerns of the Task Group are specified as questions for the NHS in Appendix 1, the background and context for the questions is detailed below.

### **The system**

The Secretary of State determined: 'On the issue of rehabilitation beds in Teignmouth, the Panel acknowledges the CCG's evidence on reducing hospital admissions and that the integrated care model is able to care for around four times as many patients at home when compared to caring for patients on a ward at Teignmouth Community Hospital. This model of care was evaluated by researchers from the University of Plymouth over a two-year case study published in 2019.

The Panel recognises the Devon system as a national exemplar of providing integrated care which highlights the importance of admission avoidance and supports emerging national evidence on people staying well out of hospital.'

The Task Group understands the direction of travel and the model of care where people are moved home as quickly as possible after a stay in an acute hospital. However anecdotally Members have heard about lengths of stay which are in excess of what they should be in acute hospital because patients are unable to have packages of care put in place for their move home. This in turn puts pressure on the system and leads to strain on all areas of healthcare, where people cannot be treated or admitted to hospital because there is no bed for them.

### **Staffing**

The Secretary of State commented: 'Given the critical contribution of the integrated care model in keeping people out of hospital beds, its sustainability depends on the resilience of the wider community workforce, including domiciliary care and those working in residential and nursing homes. Therefore, as with many parts of the NHS, the Panel feels it is important to flag the potential staffing risks to the service arising from vacancies, sickness absence and redeployment.

After examining the impact of COVID-19, the Panel recommends that the NHS keeps its scenario planning and risk analysis of bed and workforce capacity under close review.'

The Task Group is concerned about the County-wide situation in recruitment. This in turn leads to parts of the system being under extreme pressure and exacerbates problems with retention. The task group would like to see evidence to support positive recruitment and retention strategies to support the positive working of the whole system.

### **The business case**

Information presented on the 10 September 2020 in the report: [Consultation Modernising Health and Care Services in the Teignmouth and Dawlish Area](#) stated that:

*'An £8 million centre in the heart of Teignmouth for integrated GP and other health and care services'. Health and Adult Care Scrutiny heard that 'Teignmouth hospital would need £604,400 spent on it to bring the building up to the short term required standards and a further £960,000 between 2020 and 2022 to address other issues. The hospital site itself is sound and safe but a "less than acceptable" facility for people using the building, requiring significant capital investment – issues including health and safety issues, asbestos, energy inefficiency and the space being underutilised.'*

Information presented on the [21 June 2022](#) stated that planning permission was pending and that the anticipated building works were due to start in 2023. In October 2022 updates to the Health and Adult Care Scrutiny Committee placed the cost of the [Health and Wellbeing Centre](#) at £11million, describing it as a 'state-of-the art facility would bring GP services, and health and care and voluntary sector services under one roof.'

Information presented on the 22 November 2022 in [NHS Devon Financial Overview](#) Outlined the total income for NHS Devon in 2022/23 is £3.56bn, and that £138.9m of savings and efficiencies planned would still leave an £18.2m deficit, due to the deficit at the Royal Devon University Healthcare NHS Foundation Trust.

This position was updated to the Committee on 21 March 2023 as part of the [Health and Care General Update](#).

- At Month 10 (22/23). Devon Integrated Care System (ICS) reporting a deficit of £37m-£17.6 more than expected.
- At Month 10 (22/23), NHS Devon Independent Care Board (ICB) is reporting a year-to-date surplus of £0.1m.
- The Secretary of State has written to all ICBs asking them to make a 30% real terms reduction in their running costs budget by 2025/26, with at least 20% to be delivered in 2024/25.
- Devon ICB's current allowance of £22.6m in 2023/24 is expected to be reduced to £17m in 2025/26.

The Task Group believes that planning permission is due to be discussed on the 13th June 2023. However, with the financial situation of the NHS Members are concerned about the stability of the local health system and this project. The task group therefore seek reassurances that the decisions taken are still financially viable and desirable for the local NHS.

## 7. Conclusion/next steps

The Task Group has yet to reach a conclusion on this issue but has shared its data gathering activities to date because of the significant public interest in this item. This gives the opportunity to share the next steps of the investigation. From this report the Task Group asks the Committee to formally ask NHS Devon to respond to the questions detailed in Appendix 1. The Task Group will then conduct further information gathering activities, including speaking to local people. It is hoped that the Task Group will conclude their investigation in time for the September 2023 Scrutiny Committee meeting.

## 8. Bibliography

- Report to Devon County Council Health and Adult Care Scrutiny Committee Modernising Health and Care Services in the Teignmouth and Dawlish area 3 November 2020 [121120 Teignmouth and Dawlish Consultation update from Devon CCG.pdf](#)
- [Modernising healthcare services in Teignmouth and Dawlish: Commissioned consultation report](#) (Healthwatch, December 2020)
- 10<sup>th</sup> September 2020 [Consultation Modernising Health and Care Services in the Teignmouth and Dawlish Area](#)
- [Local Authority \(Public Health, Health and Wellbeing Boards and Health Scrutiny\) Regulations 2013](#)
- [IRP's terms of reference](#)
- [IRP's methodology for advising the Secretary of State for Health and Social Care](#)
- Department of Health and Social Care's guidance (2014) "[Advice to local authorities on scrutinising health services](#)
- [Torrington Community Hospital Spotlight Review, Health & Wellbeing Scrutiny \(June 20116\)](#)
- [Modernising Health and Care Services in the Teignmouth and Dawlish Area – Letter to IRP \(February 2021\)](#)
- [Modernising Health and Care Services in the Teignmouth and Dawlish Area – Letter from Secretary of State \(March 2022\)](#)
- [Update report on Modernising Health and Care Services in the Teignmouth and Dawlish Area – NHS Devon \(June 2022\)](#)

## Appendix 1: Questions that the Task Group would like the NHS to respond to:

- Is the current system in Teignmouth/Dawlish enabling people to be treated when they need to be?
- How will this change with the planned opening of the new Health and Wellbeing Centre in Teignmouth?
- How does the movement of services support a more sustainable staffing model?
- What measures are in place to ensure adequate staffing across Devon, but particularly in the Coastal Locality?
- What is the current state of play with the proposed Health and Wellbeing Centre in Teignmouth? What is happening with the planning permission for the site?
- When can local residents expect the site to be in operation?
- Does NHS Devon still expect the project to cost £11m?
- What lessons have been learnt from the delay in developing this site?
- How will the directive from the Secretary of State to save 30% impact upon the business case to move services?
- In light of the financial challenges locally and nationally, are any changes proposed to the decision to move services from Teignmouth to Dawlish?
- What will happen with regard to GP services in the locality if the Health and Wellbeing Centre in Teignmouth is not up and running before the expiration of the current lease of the GP surgery?
- Does the move support achieving the financial challenges that are outlined by the Secretary of State for Health?
- What is the status of the time-limited group of stakeholders, have they met? What have they been involved in developmentally?
- How have developments in the digital agenda been considered in planning future health services?
- What provision is made to provide mental health provision in the locality?
- Can Councillors from the Task Group undertake a visit to view the facilities at the Teignmouth Community Hospital?

## Appendix 2: Independent Reconfiguration Panel Outcomes – Dates and Timescales

The following table details recent referrals to the Secretary of State and the outcome achieved:

Council and Services	Reasons for Referral	IRP Advice to SoS or Minister	Comments and considerations
Devon County Council  Teignmouth and Dawlish community services	Scrutiny was not satisfied with the adequacy of the consultation on the Hospital site (23(9)(a) of the 2013 regulations)	<b>Referral not successful</b> - NHS Devon “consulted adequately” with DCC on the proposals.	
Medway Council  Kent and Medway Stroke Services	Proposals were not in the interests of the health service (23(9)(c))	<b>Referral not successful</b> - The proposal should proceed alongside the commitments to deliver business cases for comprehensive stroke rehabilitation and prevention.	<ul style="list-style-type: none"> <li>• December 2014 – Review of acute stroke Services in Kent and Medway began in response to concerns about performance and sustainability.</li> <li>• June 2015 – the first of a series of clinical senate reports reviews the case for change.</li> <li>• July 2015 – Case for change published</li> <li>• 11 August 2015 – NHS Report to Medway HASC and agreed for a Joint HOSC to be set up</li> <li>• 8 January 2016 – Kent/Medway Joint HOSC first met to discuss review</li> <li>• 2017 – work continued on different options</li> <li>• Aug/Sept 2017 – Joint HOSC Members attended evaluation workshops on options</li> <li>• 24 January 2018 – Pre consultation business case published</li> <li>• Feb to April 2018 – Public Consultation</li> <li>• May 2018 – Review and analysis of consultation</li> <li>• 5 July 2018 – Report presented to Joint HOSC</li> <li>• 2018 – Work to identify a preferred options and a decision making business case.</li> <li>• 14 December 2018 – Report to Joint HOSC from Medway HASC expressing the view there has been a flaw in the process. Joint HOSC referred to the Joint Committee of CCGs.</li> <li>• 1 February 2019 – Joint HOSC met and Medway Members submitted a minority report</li> <li>• 26 February 2019 – Joint HOSC voted not to refer the proposals to the SOS.</li> <li>• 12 March 2019 – Medway HASC voted to refer the proposals to the SOS.</li> </ul>

Council and Services	Reasons for Referral	IRP Advice to SoS or Minister	Comments and considerations
<p>London Borough of Merton</p> <p>Improving Healthcare Together 2020 to 2030 – Surrey, Sutton and Merton areas.</p>	<p>Scrutiny was not satisfied with the adequacy of the consultation (23(9)(a)) and proposals were not in the interests of the health service (23(9)(c))</p>	<p><b>Referral not successful</b> - taking account of the observations and specifically the requirement for ongoing financial assurance, the proposals should proceed.</p>	<ul style="list-style-type: none"> <li>• January 2018 – Improving Healthcare Together 2020-2030 programme established – vision for future healthcare</li> <li>• June 2018 – Issues Paper published, followed by a pre-consultation exercise.</li> <li>• 16 October 2018 – Joint Scrutiny Sub Committee met for the first time (LBs of Croydon, Kingston upon Thames, Merton, Sutton, Wandsworth and Surrey CC)</li> <li>• December 2018 – Clinical Senate provided an initial review of the case for change, clinical model and longlist of options.</li> <li>• March 2019 – A full review of the draft pre-consultation business case provided 94 recommendations in 7 areas.</li> <li>• Into Autumn 2019 – Focus Groups to develop long list of options and workshops involving stakeholders and the public.</li> <li>• 6 January 2020 – CCG Committees in Common met to review evidence and consider recommendations – approved the business case and agreed to proceed to consultation on the proposals.</li> <li>• 8 January 2020 – Improving Healthcare Together consultation launched and ran for 12 weeks – to 1<sup>st</sup> April 2020.</li> <li>• 4 June 2020 – Joint HOSC met to consider its response</li> <li>• 22 June 2020 – Joint HOSC submitted its response but did not make any recommendations – supporting the case for change but acknowledging the model was unsustainable without capital investment. Did not express a consensus view on the proposed location of the specialist emergency care hospital.</li> <li>• 3 June 2020 – CCG CIC agreed to build the specialist emergency care hospital in Sutton.</li> <li>• 21 July 2020 – Merton referred the decision to the SoS – on consultation and interests of the health service.</li> <li>• 28 October 2020 – IRP letter</li> </ul>
<p>Dorset County Council</p> <p>Dorset Clinical Services</p>	<p>Scrutiny considers that the proposal would not be in the interests of the health service in the area (23(9)(C)) This was based on concerns due to travel times by Ambulances and concerns that there is no local alternative to the loss of community hospitals.</p>	<p><b>Referral not successful</b> - the proposals should proceed.</p>	<ul style="list-style-type: none"> <li>• March 2014 – NHS Dorset CCG initiated a clinical services review across Dorset.</li> <li>• 10 September 2014 – Dorset HSC made aware of CRS via briefing paper at a meeting</li> <li>• October 2014 – Review was formally launched.</li> <li>• November 2014 – further Paper to Dorset HSC</li> <li>• January 2015 – CCG publishes information setting out the need to change and 6 evaluation criteria.</li> <li>• March 2015 – Clinical Senate peer review on the emerging clinical design.</li> <li>• April 2015 – Stage 1 assurance reviewed from NHS England.</li> <li>• 22 May 2015 – Dorset HSC report updating members on progress.</li> </ul>

Council and Services	Reasons for Referral	IRP Advice to SoS or Minister	Comments and considerations
			<ul style="list-style-type: none"> <li>• 20 July 2015 – Joint HSC met for the first time and agreed each HSC would retain its right to make a referral.</li> <li>• July 2015 – Clinical Senate report making 16 recommendations</li> <li>• September 2015 – Briefings with Town and Parish Councils and Scrutiny.</li> <li>• 13 November 2017 – Dorset HSC vote to refer to SoS subject to the outcome of the next Joint HSC</li> <li>• 12 December 2017 – Joint HSC voted against the Dorset HSC decision to refer.</li> <li>• 20 December 2017 – Dorset HSC vote not to refer to SoS.</li> <li>• 8 March 2018 -Dorset HSC set up a task group to review new and existing evidence and determine criteria for making a future referral.</li> <li>• 18 Sept 2018 – Task group decide to recommend to the HSC Not to make a referral but continue scrutinsing through the Joint HSC</li> <li>• 5 November 2018 – Task Group makes it recommendation to Dorset HSC but the HS votes to refer to the SOS.</li> <li>• December 2018 – Motion at Poole HSC fails but the Committee wrote to support the Dorset referral.</li> <li>• 30 August 2019 – Date of letter to Minister of State</li> </ul>
Telford and Wrekin Council	Referral on all grounds of 23(9) – consultation and interests of the health service. Also referred on the grounds of the views of the public via the consultation.	<b>Referral not successful -</b> “proposal...is in the interests of health services in Shropshire, Telford and Wrekin and should proceed without further delay”.	<ul style="list-style-type: none"> <li>- 2008 – Developing an acute services strategy has been worked on by the local NHS since at least 2008</li> <li>- 2013 – Future Fit set up to look at local changes in response to Govt ‘Call to Action’.</li> <li>- November 2013 – CCG consultation exercise with public and clinicians.</li> <li>- March 2014 – Telford &amp; Wrekin and Shropshire Joint HOSC received a report on the Future Fit programme – Joint HOSC endorsed the case for change and principles.</li> <li>- June 2014- further report to Joint HOSC – no decision had been made,</li> <li>- 17 December 2018 – Due to disagreement between Members, Joint HOSC unable to make a decision on referral regarding consultation or the Committee’s overall response.</li> <li>- 29 January 2019 – CCG agree preferred option.</li> <li>- 18 February 2019 – Telford &amp; Wrekin Full Council referred the decision to the SoS</li> </ul>



Council and Services	Reasons for Referral	IRP Advice to SoS or Minister	Comments and considerations
<p>Northumberland County Council</p> <p>Rothbury Community Hospital</p>	<ul style="list-style-type: none"> <li>- Scrutiny was not satisfied with the adequacy of the consultation (23(9)(a))</li> <li>- Proposals were not in the interests of the health service (23(9)(c))</li> </ul>	<p><b>Referral not successful –</b> although the IRP recommended further action locally is required to agree and implement the proposed health and wellbeing centre at Rothbury Community Hospital.</p>	<ul style="list-style-type: none"> <li>• Summer 2016 – A steering group from the CCG and Trust set up to look at how community beds were being used.</li> <li>• 2 September 2016 – temporary suspension of inpatient admissions to Rothbury for 3 months with a 6 week public engagement exercise</li> <li>• 17 November 2016 – Public meeting to look at findings.</li> <li>• December 2016 – CCG undertook an options appraisal of 5 potential options.</li> <li>• 31 January 2017 – Formal public consultation began</li> <li>• 27 June 2017 – Health Scrutiny - presentation from CCG.</li> <li>• 5 July 2017 – Full Council Motion agreed that stated that if Health Scrutiny was not convinced by the evidence to support the decision, it had the power to refer.</li> <li>• 27 September 2017 – Decision making report and Decision to permanently close the inpatient ward and shape services around a health and wellbeing centre.</li> <li>• 17 October 2017 – Health Scrutiny votes to refer to the SOS</li> <li>• 9 May 2018 – SoS requested IRP advice.</li> </ul>