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To: The Chair and Members of the Health and
Adult Care Scrutiny Committee

County Hall
Topsham Road
Exeter
Devon
EX2 4QD

Date: 16 January 2024

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HEALTH AND ADULT CARE SCRUTINY COMMITTEE

Wednesday, 24th January, 2024

A meeting of the Health and Adult Care Scrutiny Committee is to be held on the above date at 2.15 pm at Daw Room (Committee Suite - County Hall) to consider the following matters.

Donna Manson
Chief Executive

A G E N D A

6 Teignmouth Community Hospital Task Group (NHS Devon Response to Recommendations) (Pages 1 - 188)

Appendices to the Report of NHS Devon (online-only supplement), attached.

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GOVERNING BODY

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

Date of committee: 17.12.2020

Date report produced: 3.12.2020

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

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

Date: 3.12.2020

Public or Private (Governing Body only):

Public

x

Private

Executive Summary:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Management of Conflict of interests:

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

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

Teignmouth Steering Group, Executive Group

Key recommendations and actions requested:

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

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

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

Impact on Strategic Objectives

(Delete as applicable)

We will continue to commission safe, effective and accessible services

We will work as a strategic partner in Devon

We will improve the physical and mental health of our population

We will make best use of our resources

Reference to other documents or accompanying papers:

Report from Healthwatch in Devon, Plymouth and Torbay.

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

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

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

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Modernising health and care services in the Teignmouth and Dawlish areas

1. Background and context

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

2. The rationale for change

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

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

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

2.1 Reasons for change:

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

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

2.1.1 Four main reasons for change

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

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

It sees GPs, community health and social care teams and the voluntary sector working together to provide for the vast majority of people's health and wellbeing needs in the area in which they live. They have demonstrated that intermediate care can provide the rehabilitation needed in people's homes, in short residential placements or occasionally in Dawlish Community Hospital.

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

Successfully reducing the need for bed-based care

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

Their findings include:

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

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

NHS England South West Clinical Senate

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a. Current surgery buildings are not fit for purpose

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

b. Difficulty in recruiting new GPs

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

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

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

Extract from NHS England's GP Forward View:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

The key elements of the model are to:

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

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

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

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

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

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

3. The Health and Wellbeing Centre

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

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

3.2 Engagement

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

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

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

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

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

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

3.3 Design and planning for the Health and Wellbeing Centre

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

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

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

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

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

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

3.3.2 The space provided

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

GP practice/practices **57%**

Pharmacy **5%**

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

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

3.4 The new Health and Wellbeing Centre will provide:

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

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

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

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

4. The proposal and its development

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

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

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

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

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

4.3 The options considered at the evaluation:

a) Community Clinics

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

Three options were considered for the location of these clinics:

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

b) Specialist Outpatient Clinics

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

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Five options were considered for the location of these clinics:

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

c) Day Case Procedures

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

Five options were considered for the location of these clinics:

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

d) Rehabilitation Beds

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

Two options were considered for the beds:

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

4.4 Outcome of the evaluation

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

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

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

Location for Community Clinics

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

Location for Specialist Outpatient Clinics

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

Location for Day Case Procedures

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

Rehabilitation Services

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

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

4.5 The proposal put to public consultation

The proposal consists of four elements:

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

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

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

5. The Consultation

5.1 Consultation timing

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

The CCG therefore set out the following timeline:

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

5.2 Communications objectives for the consultation

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

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

5.3 Clinical objectives for the consultation

The key clinical objectives were to promote understanding of:

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

5.4 Conduct of the consultation

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

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

The CCG:

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

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

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

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

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

5.5 Activity recorded

The following activity was carried out during the consultation:

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

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

- Feedback was received that some people were attending on behalf of a number of others, asking questions on their behalf etc. More than one person could watch per household.
- Extensive social media promotion as above
- The following online meetings were attended
 1. Torbay and South Devon NHS Foundation Trust Governors x 2
 2. Torbay and South Devon NHS Foundation Trust staff x 3
 3. Teignmouth Town Centre Partnership
 4. Teignmouth Town Council
 5. Dawlish Town Council
 6. Dawlish Luncheon Club
 7. Dawlish Rotary Club
 8. Volunteering in Health

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

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

5.6 The role of Healthwatch in Devon, Plymouth and Torbay

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

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

6. The outcome of the consultation

6.1 Report by Healthwatch in Devon, Plymouth and Torbay

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

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

6.2 Profile of those responding

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

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

6.3 Understanding of the proposal

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

6.4 Outcome of the questionnaire responses

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

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

6.4.2 The four elements of the proposal

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

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

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

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

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

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

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

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

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

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

6.5 Themes emerging

6.51 Support for:

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

6.5.2 Parking

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

6.5.3 Transport, travel, and accessibility

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

6.5.4 The new Health and Wellbeing Centre

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

6.5.5 Closure of Teignmouth Community Hospital and the rehabilitation beds

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

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6.5.6 Services and capacity

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

6.5.7 NHS resources and funding

- Concerns about covert privatisation of NHS services

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

6.6 Other Feedback Received

6.6.1 Petition to keep Teignmouth Community Hospital

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

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

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

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

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

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

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

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

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

6.6.3 Letters from Anne Marie Morris MP

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

7. The evaluation process and criteria

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

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

7.2 Criteria

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

Criterion	Factors to consider	Weighting
Space/capacity	<ul style="list-style-type: none"> Is the location/site large enough to accommodate all the currently provided services? Does the location support the commitment to provide services within the Teignmouth and Dawlish locality? 	Yes/No
Does it support delivery of the vision for the Coastal area: 'Excellent Integrated Services'?	<ul style="list-style-type: none"> To build on the success so far of integrating services by bringing a range of local services together under one roof in a new Health and Wellbeing Centre in Teignmouth To ensure the sustainability of primary care in Teignmouth To help people stay well and support them when they need help To enable people to stay at home for as long as possible To optimise use of the purpose-built Dawlish Community Hospital 	High
Sustainability of service <ul style="list-style-type: none"> ➤ Service ➤ Population ➤ Building ➤ Staff 	<ul style="list-style-type: none"> Can the option respond to future changes to service models and population growth? Is the option in a building that has long term viability? Is it an attractive proposition for staff? 	High
Clinical Evidence – best place to care for people	<ul style="list-style-type: none"> NHSE South West Clinical Senate 	High
Finance	<ul style="list-style-type: none"> Is it affordable? Capital cost required – are there any abnormal costs? 	High

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	<ul style="list-style-type: none"> • Has funding been identified to deliver? 	
Public transport	<ul style="list-style-type: none"> • Is public transport available nearby to and from the site? 	Medium
Car parking	<ul style="list-style-type: none"> • Number of disabled spaces (and proximity) • Nearby parking • Cost of parking 	Medium
Travel impact	<ul style="list-style-type: none"> • What is the impact on distance travelled by people using the service? 	Medium
Pedestrian access	<ul style="list-style-type: none"> • Is there easy pedestrian access? 	Medium
Impact on local vicinity	<ul style="list-style-type: none"> • What will be the impact of any additional traffic on the local area? • Will access to the site be unduly affected by seasonal traffic? • What impact will this have on the local economy? • How convenient will it be to access other local services? 	Medium
Environmental impact	<ul style="list-style-type: none"> • What is the environmental impact on the difference in travel arrangements? • Are the buildings environmentally friendly and sustainable? 	Low

7.3 Evaluation Panel

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

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

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

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

Observers

- Chair of Healthwatch in Devon, Plymouth and Torbay

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

7.4 Alternative Options Evaluated

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

7.4.1 Alternative Proposals

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

7.4.2 Other Suggestions

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Suggestions that build on proposals	
24	The Health and Wellbeing Centre could include: a) Health visitors and midwives b) Dental and optician services c) Mental health services d) Osteopath and acupuncture services e) Paediatrics f) A weekend GP service g) Clinics such as chemotherapy h) An optician and retinal screening i) A lab for bloods/urine analysis j) Respiratory clinics
25	Achieve integration through technology, along with more digital appointments and screening.
26	Provide a base/second base for physiotherapists, occupational therapists and district nurses at Dawlish Community Hospital.
27	Concerns were expressed both about limited parking availability at the Health and Wellbeing Centre, the cost of parking at Dawlish Community Hospital and at the transport links between Teignmouth and Dawlish Community Hospital. Representative suggestions are set out as follows: <ul style="list-style-type: none"> • “A shuttle bus between Shaldon Teignmouth and Dawlish to run hourly and also from Bishopsteignton is an absolute necessity. Dawlish Hospital is not easily accessible, we do not all have access to cars and taxis are far too expensive.” • “It needs better transport links to Dawlish Hospital. The new service 186 does not suit most as the first bus is 9:15am and the last bus is 2:15pm; if you have an early or late appointment you cannot get there by public transport.” • “Could you work with the council to develop a scheme that would give priority to local residents for short-stay parking in the centre of Teignmouth?” • “Help with transport between Dawlish and Teignmouth, with a direct bus service.”

7.4.3 Out of scope

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

7.5 Scoring

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

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

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

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

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

7.6 Steering Group Review

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

Number	Alternative option proposed	
1	Refurbish Teignmouth Community Hospital to deliver community clinics, specialist clinics and day case procedures	<ul style="list-style-type: none"> • Teignmouth Community Hospital would have the capacity with good facilities if refurbished • The building needs extensive renovation and does not have a sustainable future • Capital cost of refurbishment is considered high • Keeping services on this site would not achieve the vision of further integration with primary care • Pedestrian access is considered poor • Medium score in evaluation (825) • Previously evaluated and not supported.
2	Refurbish Teignmouth Community Hospital to deliver community clinics, specialist clinics and day case procedures plus rehabilitation beds	<ul style="list-style-type: none"> • Teignmouth Community Hospital would have the capacity with good facilities if refurbished • The building needs extensive renovation and does not have a sustainable future • Keeping services on this site would not achieve the vision of further integration with primary care • Clinical evidence supports caring for people in their own homes • Pedestrian access is considered poor • Low score in evaluation (678) • Previously evaluated and not supported.
3	Refurbish Teignmouth Community Hospital to deliver day case procedures and rehabilitation beds	<ul style="list-style-type: none"> • Teignmouth Community Hospital would have the capacity with good facilities if refurbished • The building needs extensive renovation and does not have a sustainable future • Capital cost of refurbishment and extension is considered high

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Number	Alternative option proposed	
		<ul style="list-style-type: none"> • Keeping services on this site would not achieve the vision of further integration with primary care or other services • Clinical evidence supports caring for people in their own homes • Pedestrian access is considered poor • Low score in evaluation (677)
4	Refurbish Teignmouth Community Hospital to deliver community clinics, specialist clinics and day case procedures plus rehabilitation beds plus medical beds (up to 34 beds in total).	<ul style="list-style-type: none"> • Teignmouth Community Hospital would have the capacity with good facilities if refurbished • The building needs extensive renovation and does not have a sustainable future • Capital cost of refurbishment and extension is considered high • Keeping services on this site would not achieve the vision of further integration with primary care • Clinical evidence supports caring for people in their own homes • No evidence for requirement of additional medical beds • Pedestrian access is considered poor • Low score in evaluation (696)
5	Redevelop Teignmouth Community Hospital with new building to deliver community clinics, specialist clinics and day case procedures	<ul style="list-style-type: none"> • Teignmouth Community Hospital would have the capacity with good facilities if new build • Capital cost of new build is considered high • Keeping services on this site would not achieve the vision of further integration with primary care • Pedestrian access is considered poor • Medium score in evaluation (730) • Previously evaluated and not supported
6	Redevelop Teignmouth Community Hospital with new building to deliver community clinics, specialist clinics and day case procedures plus rehabilitation beds	<ul style="list-style-type: none"> • Teignmouth Community Hospital would have the capacity with new build • Capital cost of new build is considered high • Keeping services on this site would not achieve the vision of further integration with primary care or other services • Clinical evidence supports caring for people in their own homes • Pedestrian access is considered poor • Low score in evaluation (696)
7	Redevelop Teignmouth Community Hospital with new building to deliver community clinics, specialist clinics and day case procedures plus rehabilitation beds, medical beds and MIU and	<ul style="list-style-type: none"> • Teignmouth Community Hospital would have the capacity with new build • Capital cost of new build is considered high • Keeping services on this site would not achieve the vision of further integration with primary care or other services

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

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

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

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

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

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

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

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

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

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

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

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

7.7 Recommendation

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

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

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

8. The impact of COVID-19

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

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

8.2 Demand for hospital beds during future COVID-19 surge

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

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

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

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

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

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

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

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

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

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

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

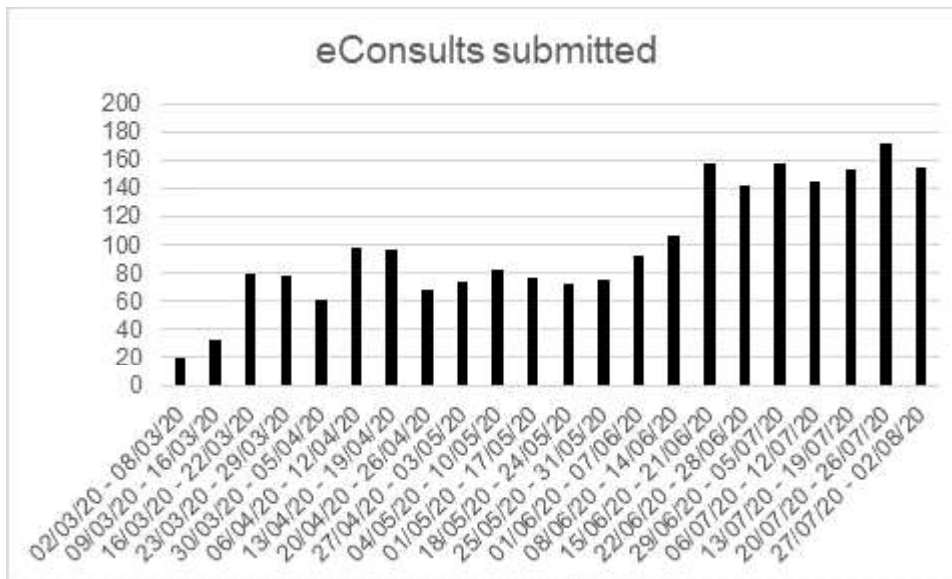
8.4 Delivery of rehabilitation services

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

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

8.5 Delivery of primary care and community services during the pandemic

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



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

8.6 The layout of the new Health and Wellbeing Centre

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

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

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

8.7 Delivery of outpatient services

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

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

9. Compliance with statutory engagement and consultation obligations

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

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

9.2 Section 14Z2 of the Health and Social Care Act

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

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

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

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

9.3 The Government's four tests for service reconfiguration

a) Strong public and patient engagement

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

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

b) Consistency with current and prospective need for patient choice

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

c) Clear, clinical evidence base

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

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

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

d) Support for proposals from clinical commissioners

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

9.4 Assurance processes

9.4.1 Duties under the Local Authority Regulations 2013

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

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

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

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9.4.2 Spotlight review

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

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

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

9.4.3 NHS England

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

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

9.5 The Gunning Principles for public consultation

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

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

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

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

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

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

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

c) There must be adequate time for consideration and response

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

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

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

9.6 Cabinet Office consultation principles published in January 2016

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

10. Learning review

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

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

10.2 The mid-point review

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

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

10.2.2 Changes made as a result of feedback

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

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

10.3 Conclusion of the learning review

The conclusion drawn from the full learning review was that:

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

11. Quality Equality Impact Assessment

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

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

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

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

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

11.4 Quality Impact Assessment

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

Quality indicator	Assessment
Safety	Benefit
Effectiveness	Significant benefit
Experience	Benefit

11.4.2 Safety

Assessed safety impact: benefit.

Description of impact

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

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

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

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

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

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

11.4.3 Effectiveness

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

Description of impact

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

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

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

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

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

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

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

11.4.4. Experience

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

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

Description of impact

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

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

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

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

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

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1.5 Equality assessment

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

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

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

12. Implementation

12.1 Timeframes

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

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

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

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

13. Conclusion

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

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

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

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

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

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

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

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

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

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

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

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

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

13.3 The key themes raised during the consultation were:

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

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

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

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

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

14. Recommendations

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

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

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Appendices

Appendix A University of Plymouth research

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

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

Appendix B NHS England South West Clinical Senate

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

Appendix C Pre-consultation business case

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

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

Appendix E Quality and Equality Impact Assessment



Modernising healthcare services in Teignmouth & Dawlish

Commissioned
Consultation
Report

December
2020



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Introduction

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

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

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

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

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



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

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

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

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

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

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



Executive Summary of Key Consultation Findings

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



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

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



Background

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



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

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

Services in Teignmouth and Dawlish

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

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

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

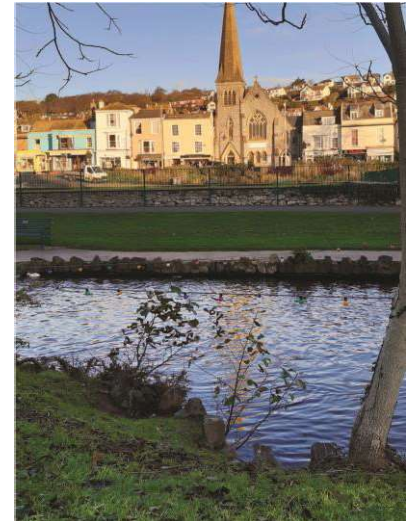
Teignmouth Community Hospital

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



Dawlish Community Hospital

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



Reasons for Change

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

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

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

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

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

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



The Proposal

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

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

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

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

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

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

COVID-19

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

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

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

The CCG Proposal

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

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



Role of local Healthwatch

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

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

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

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

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

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

healthwatch
in Devon, Plymouth and Torbay



Consultation Objectives

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

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

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

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



Methodology

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

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

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

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

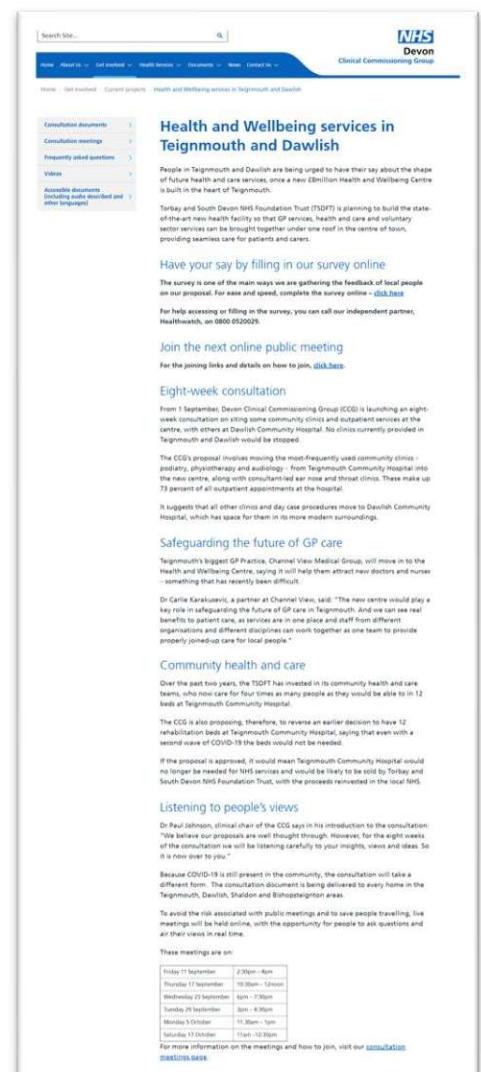
The consultation survey consisted of both multiple-choice questions and open-ended questions which allowed respondents to elaborate on their answers. There were 25 main questions and ten further demographical questions.

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

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

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

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





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

Marketing Strategies

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

Social Media - Healthwatch

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

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

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

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

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





Social Media - CCG

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

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

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



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

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

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

Media Coverage

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

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

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





Websites and E-News Audience

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

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

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

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

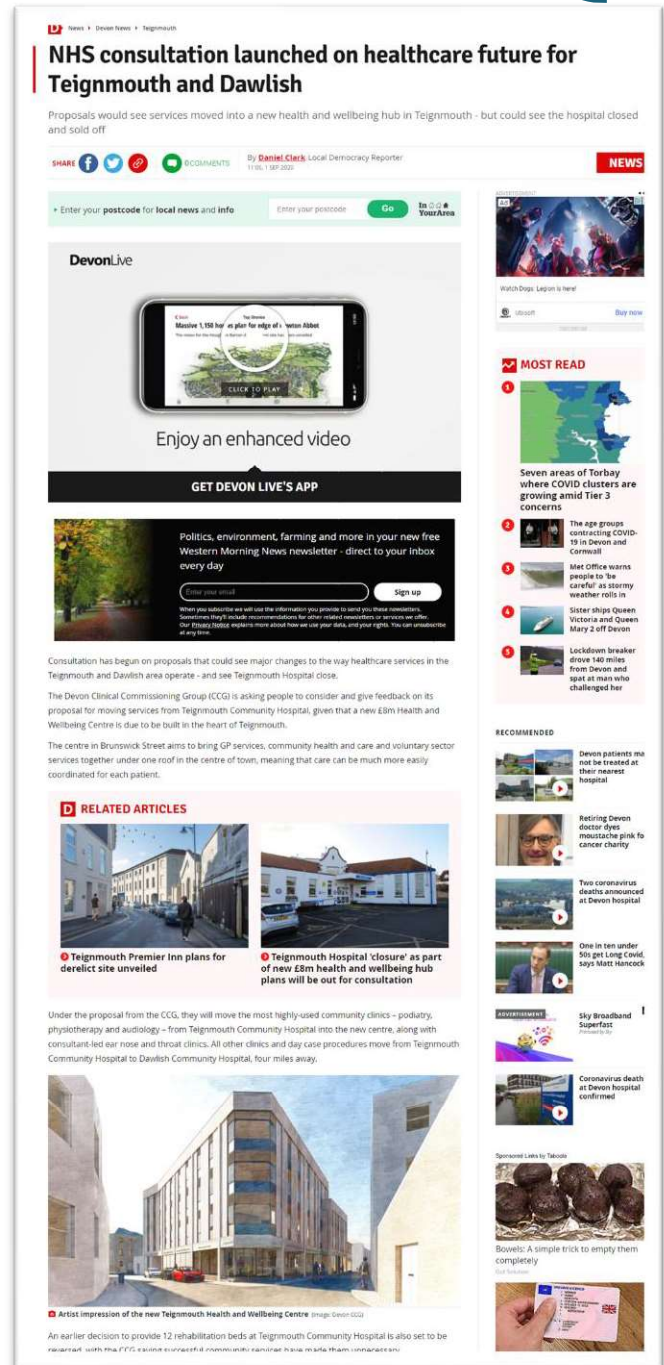
Other Marketing and Promotion

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

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

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

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





Data Reporting Summary

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

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



Evaluation of the consultation process

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

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

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

Consultation Document & Survey

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

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

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

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

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

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



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

Impact of COVID-19

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

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

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

Online Public Meetings

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

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

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

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

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

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



Analysis of the consultation feedback about the proposal

The results section is presented in the following headings:

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

1. Consultation Survey Feedback

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

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

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

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

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

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



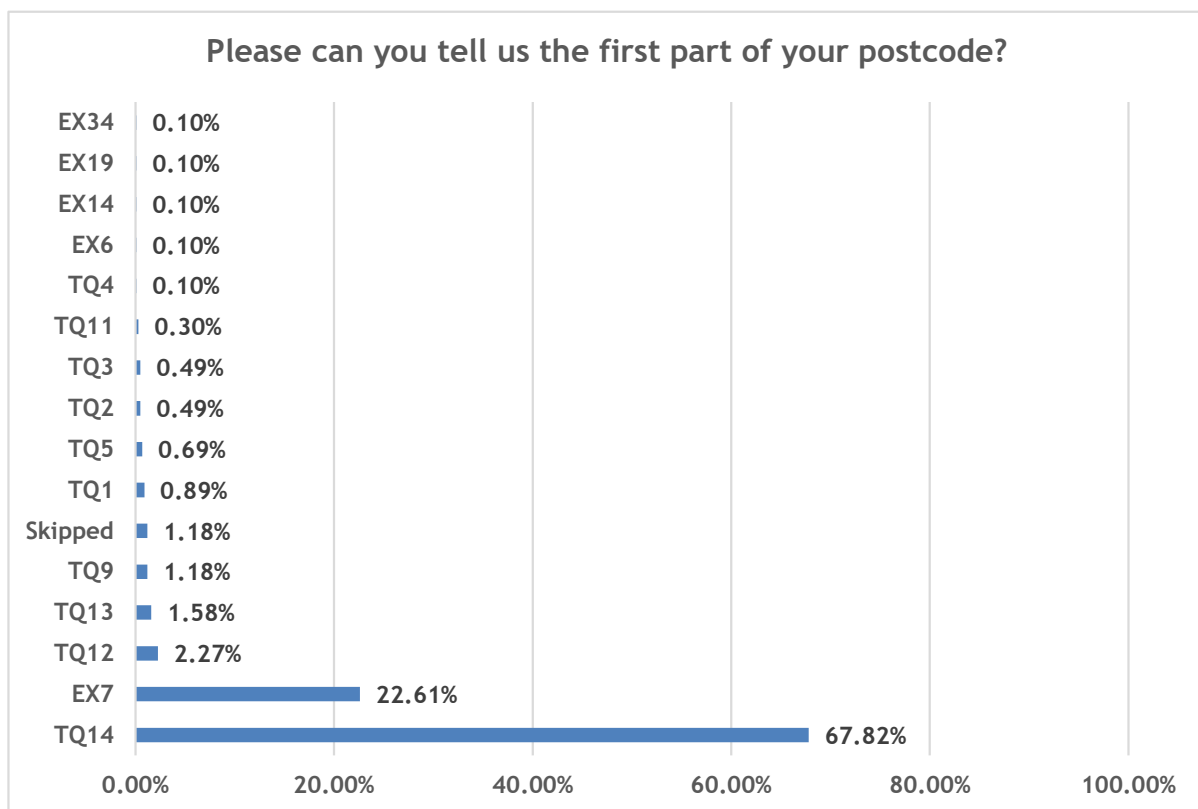
Demographic Questions

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

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

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

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



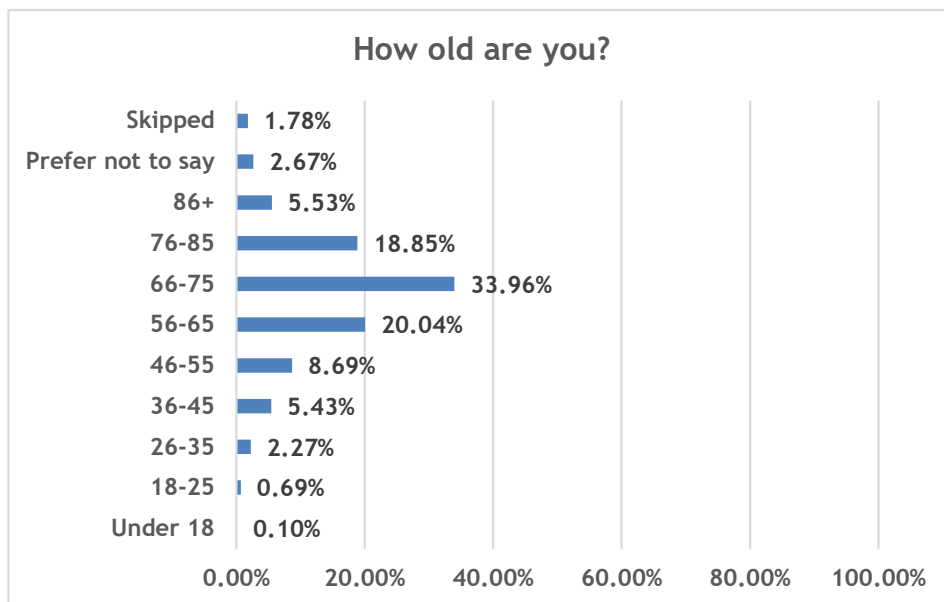


1. B) How old are you?

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

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

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



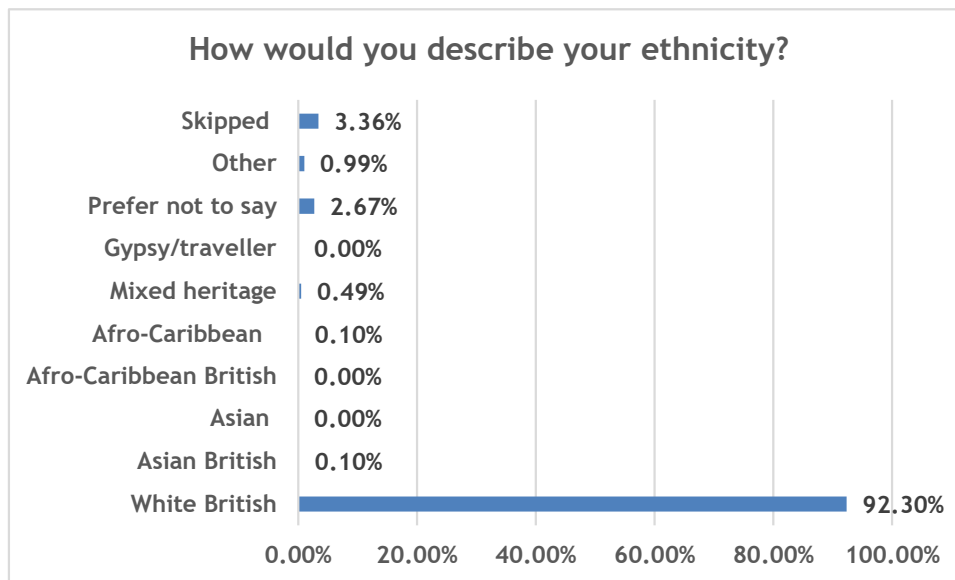


1. C) How would you describe your ethnicity?

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

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

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

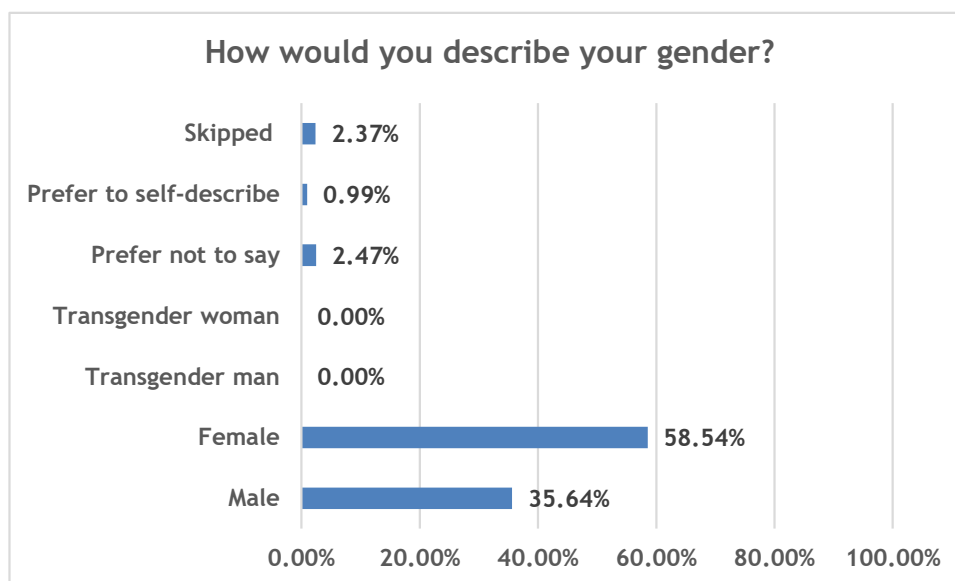




1. D) How would you describe your gender?

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

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

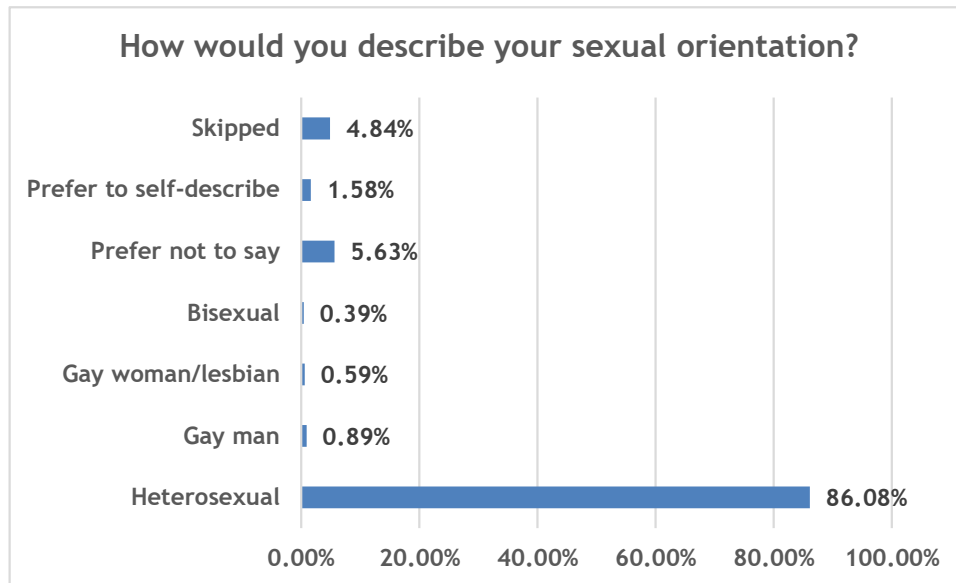




1. E) How would you describe your sexual orientation?

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

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

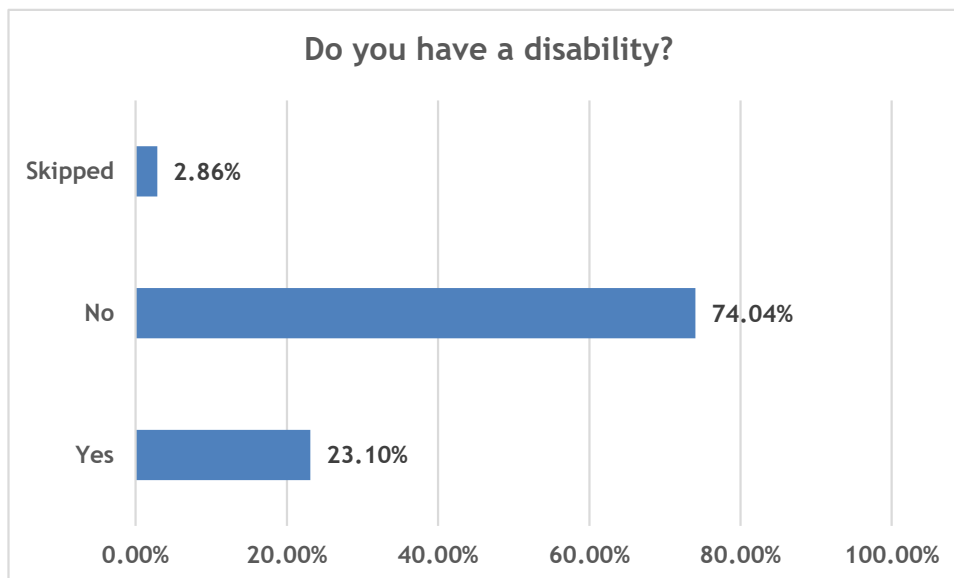




1. F) Do you have a disability?

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

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

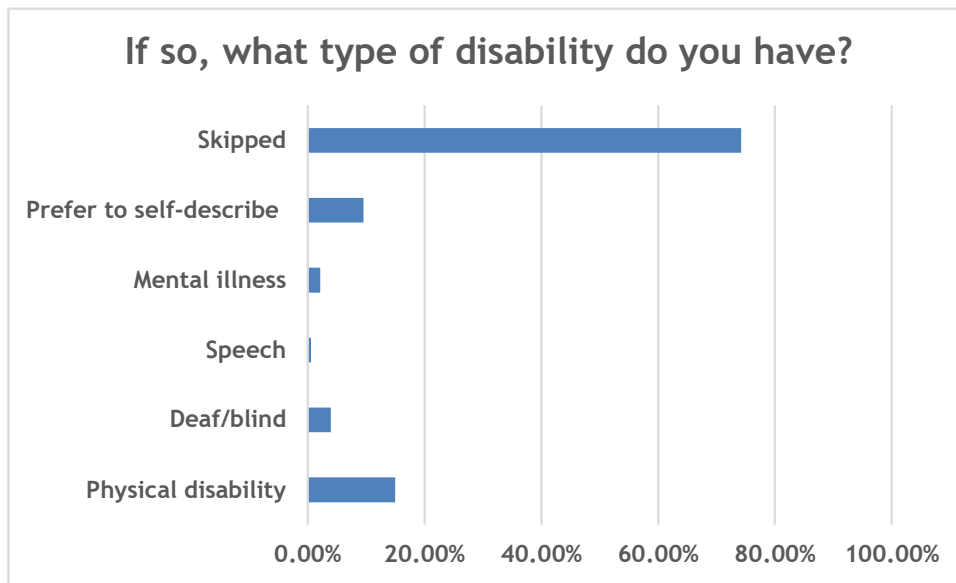




1. G) If so, what type of disability do you have?

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

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

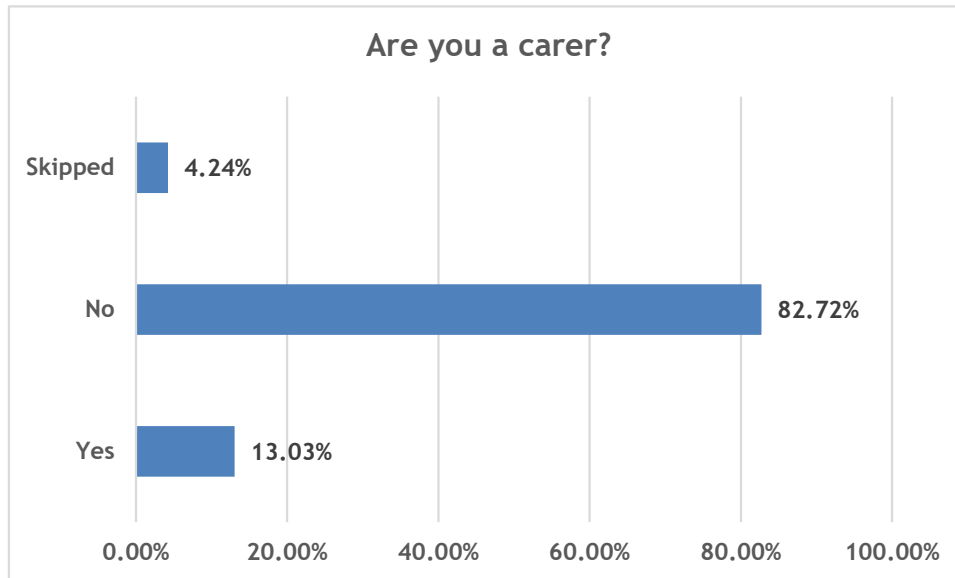




1. H) Are you a carer?

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

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



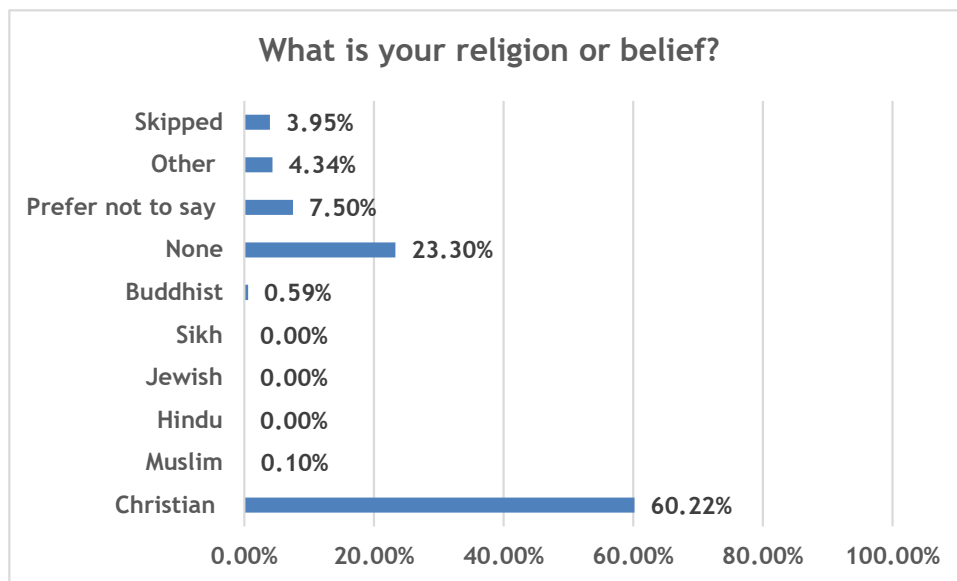


1. I) What is your religion or belief?

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

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

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





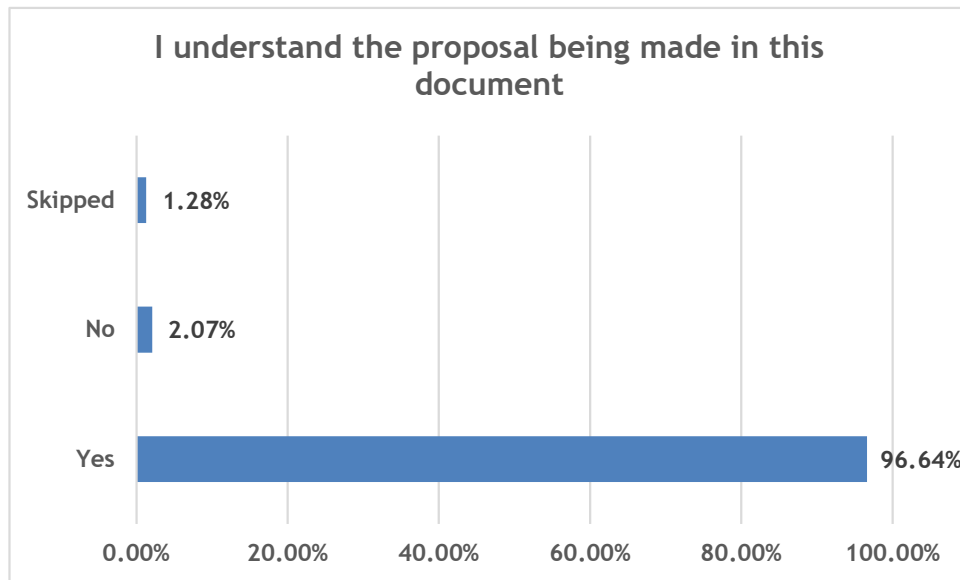
Main Survey Questions

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

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

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

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





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

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

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

The following questions and concerns were raised:

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

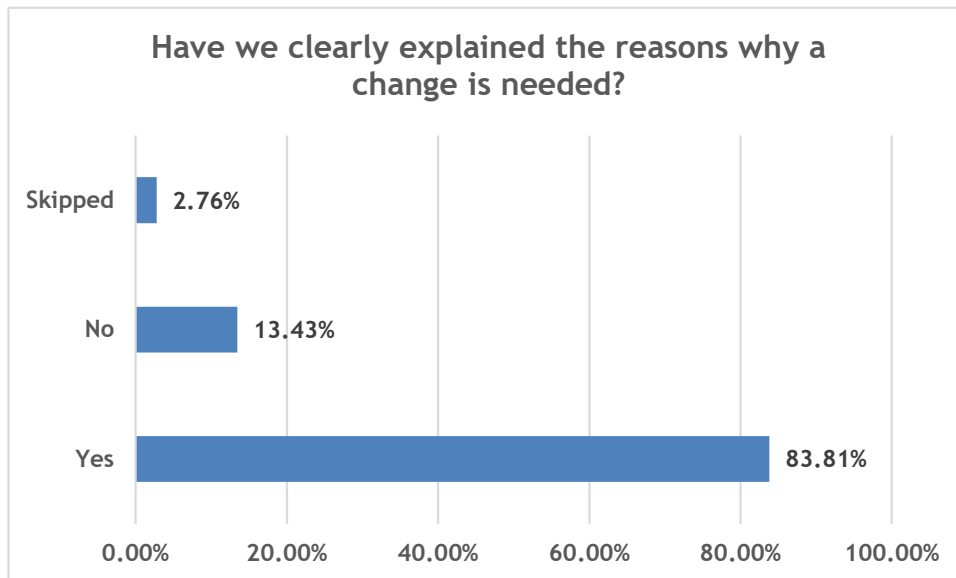


Question 4. Have we clearly explained the reasons why change is needed?

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

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

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



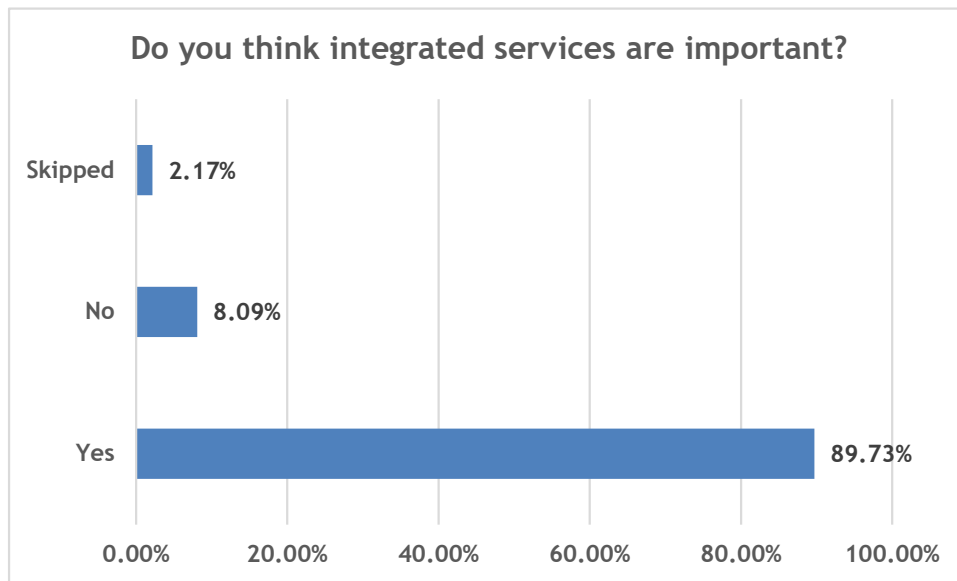


Question 5. Our vision is to provide 'excellent integrated services'. Do you think integrated (joined-up) services are important?

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

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

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

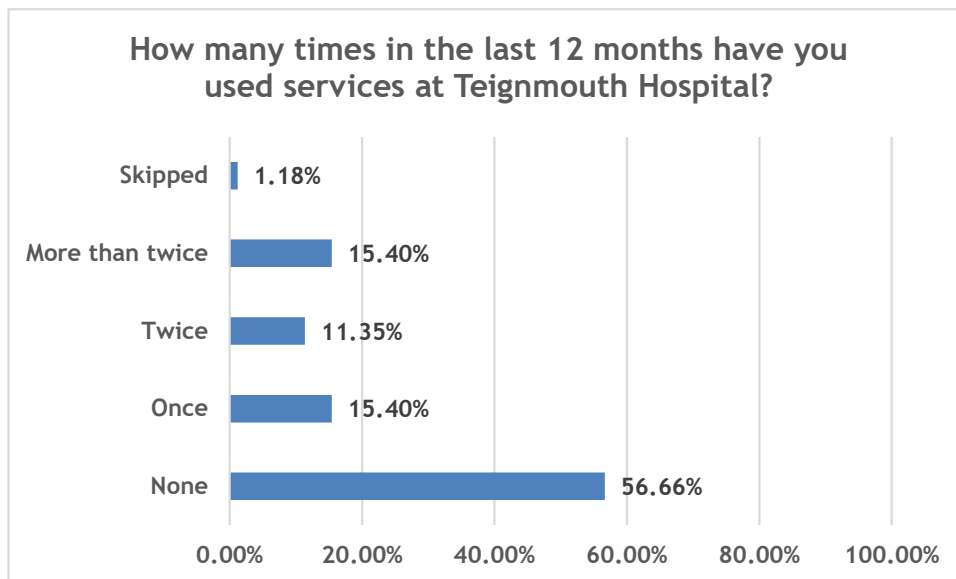




Question 6. How many times in the last 12 months have you used NHS services at Teignmouth Community Hospital?

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

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

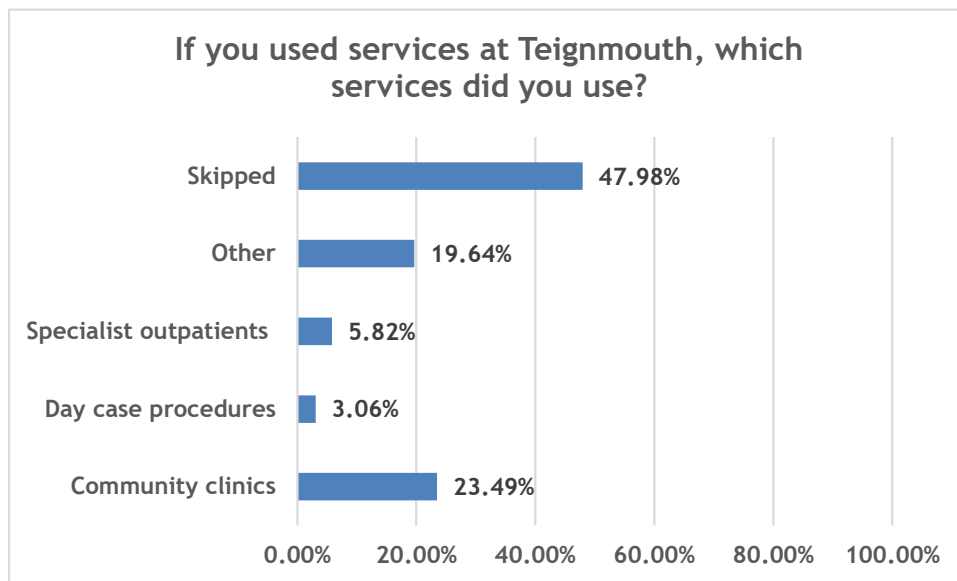




Question 7. If you have used services at Teignmouth Community Hospital, which services did you use?

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

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

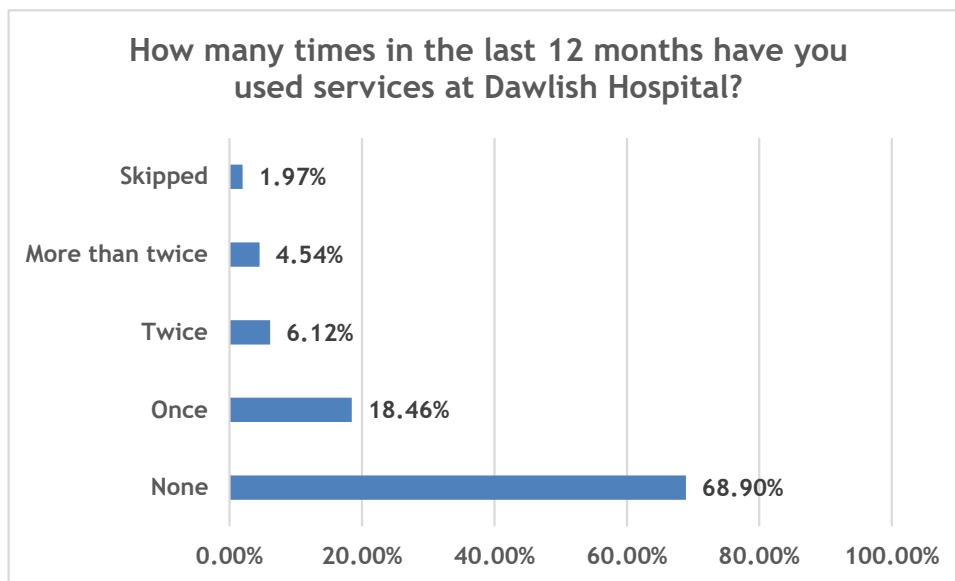




Question 8. How many times in the last 12 months have you used NHS services at Dawlish Community Hospital?

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

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

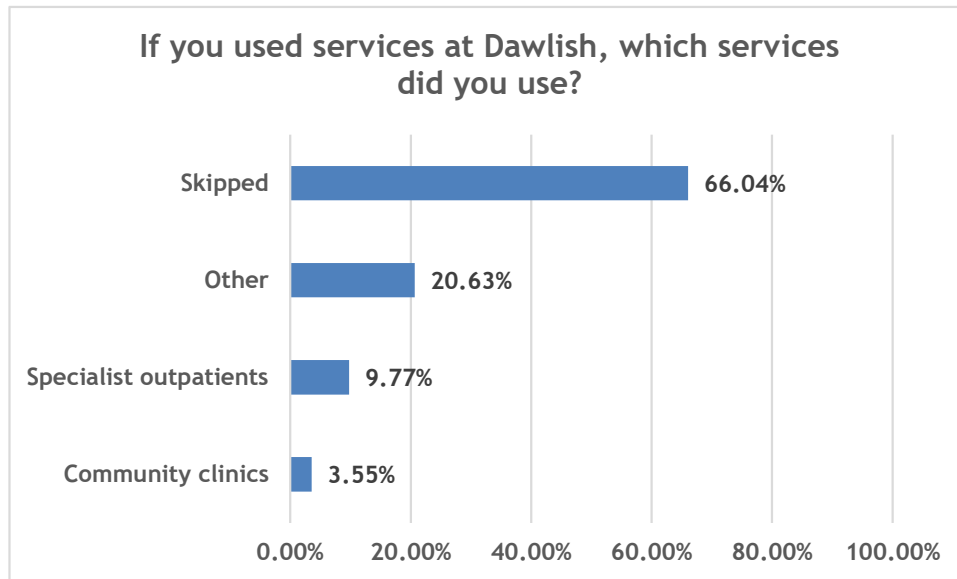




Question 9. If you have used services at Dawlish Community Hospital, which services did you use?

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

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



Agenda Item 6

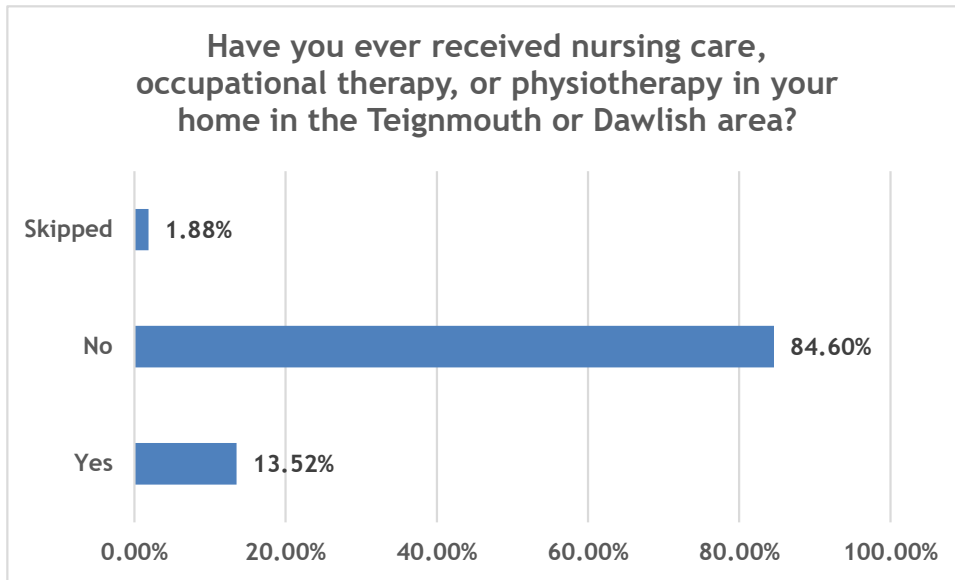
Analysis of the consultation feedback



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

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

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

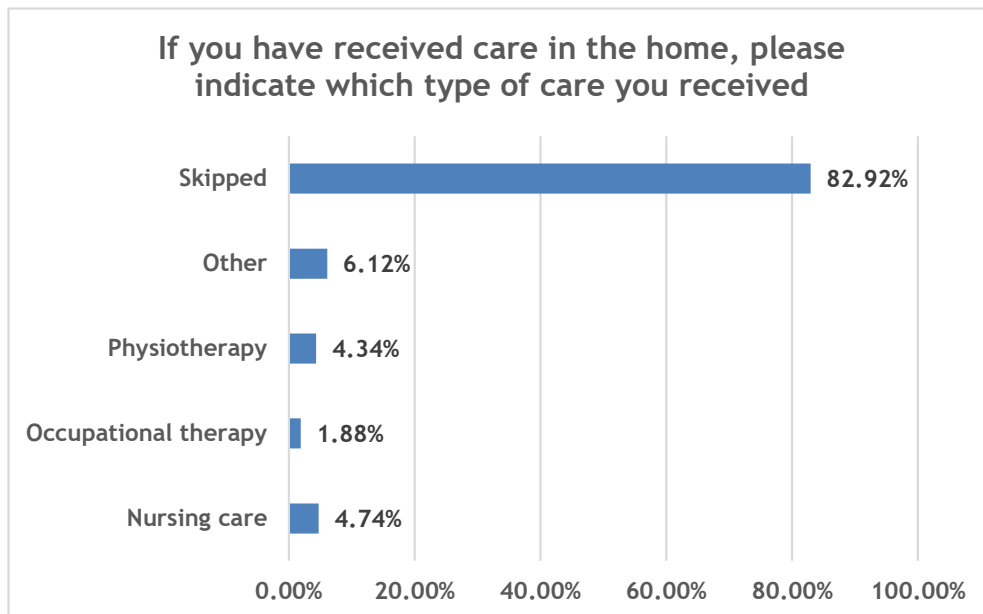




Question 11. If you have received nursing care, occupational therapy, or physiotherapy in your home in the Teignmouth and Dawlish area, please indicate which type of care you received:

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

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





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

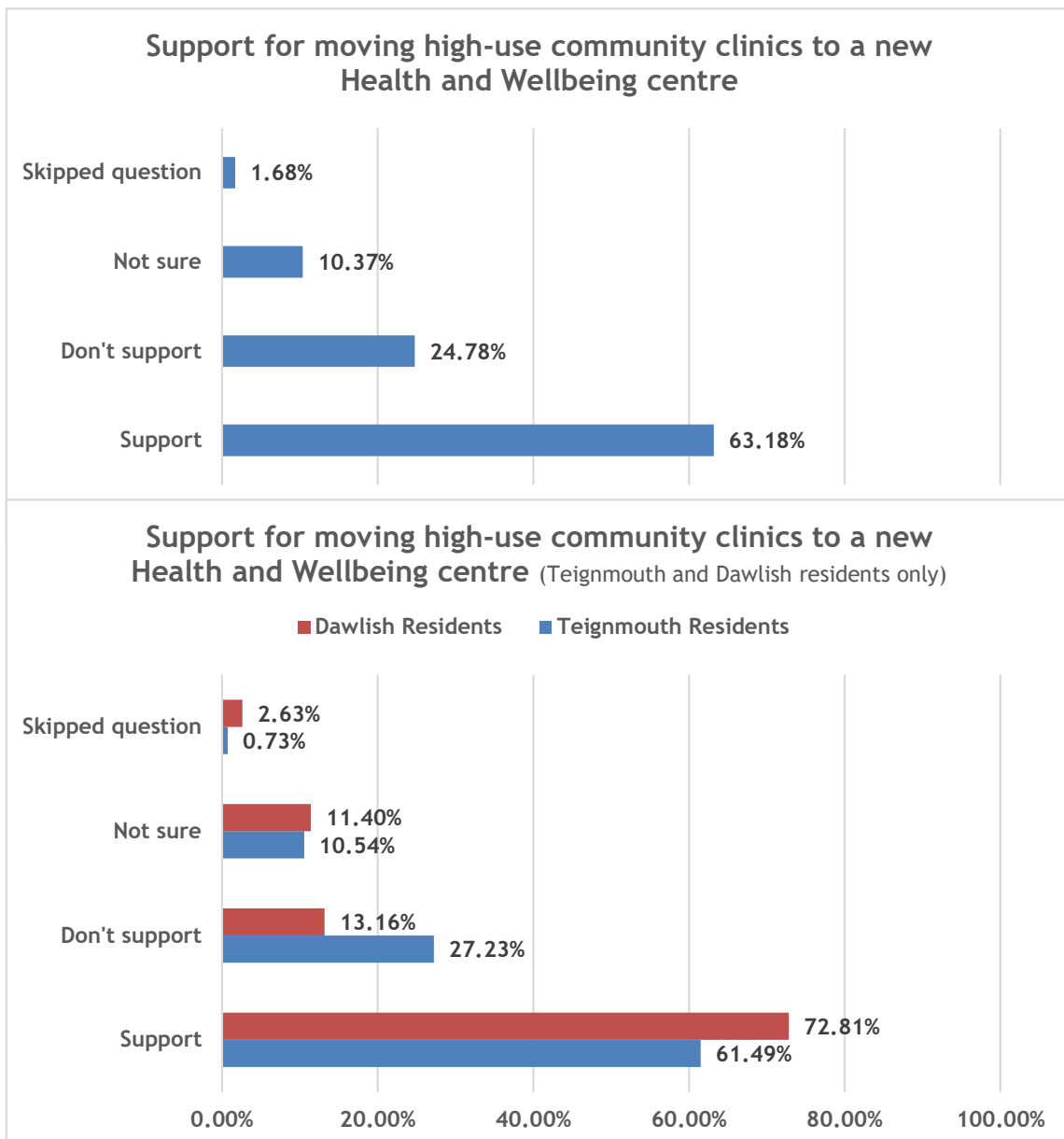
996 people responded to this question and 17 people did not answer it.

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

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

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

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





Question 13. Please give the reasons for your answer:

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

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

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

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

The following themes were identified:

Supportive comments (480)

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

Parking (136 comments)

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



Wanting to keep Teignmouth Community Hospital open (130 comments)

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

Travel and accessibility (47 comments)

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

Space and capacity (32 comments)

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

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

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



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

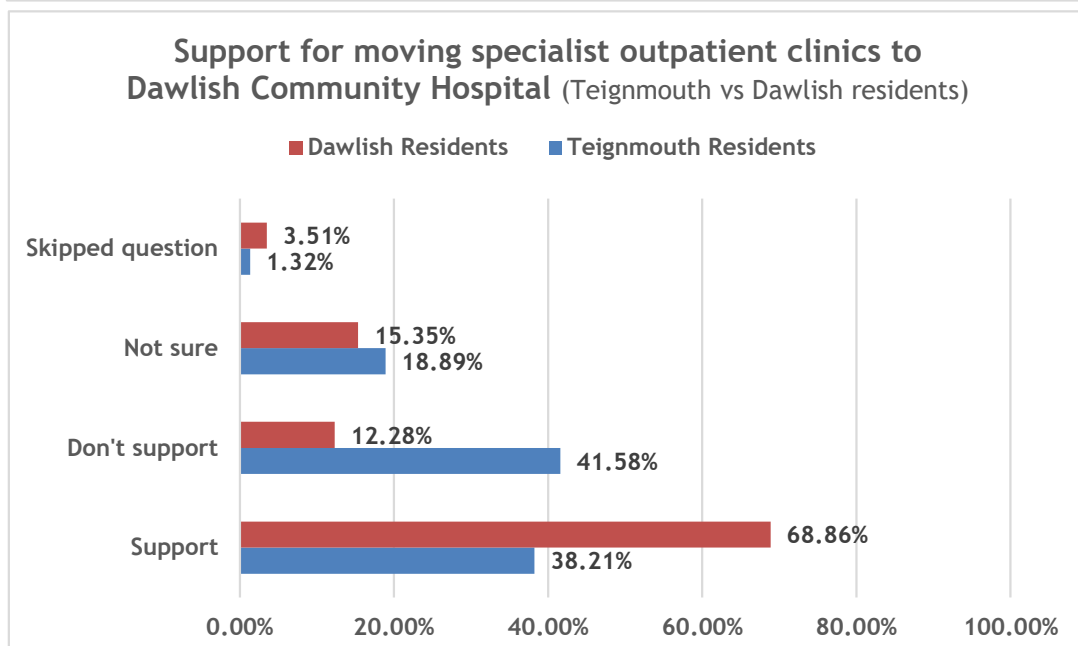
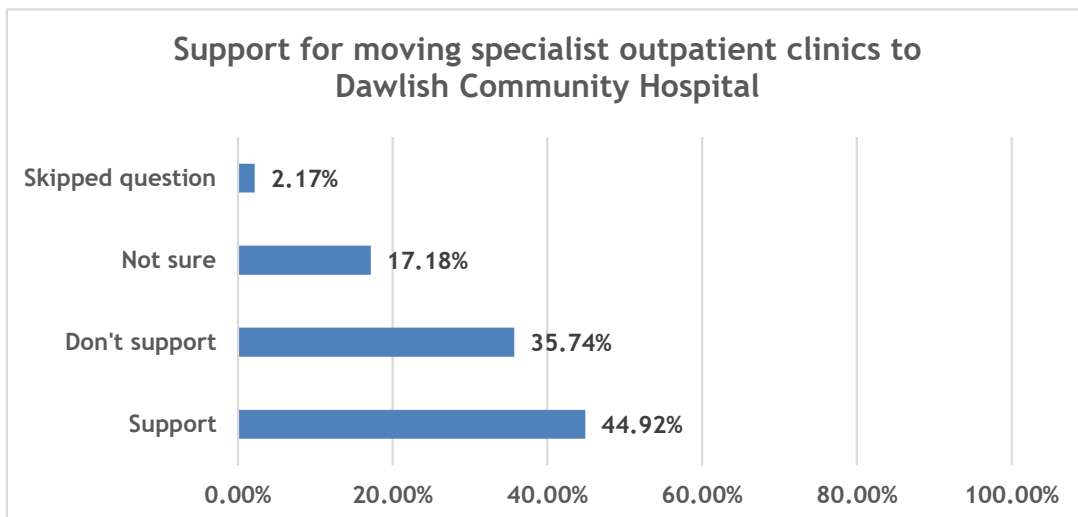
991 people answered this question and 22 people did not answer it.

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

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

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

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





Question 15. Please give the reasons for your answer:

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

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

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

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

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

The following themes were identified:

Supportive comments (312 comments)

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

Access, transport, and parking (285 comments)

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



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

Wanting Teignmouth Community Hospital to remain open (82 comments)

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

Capacity of Dawlish Community Hospital (45 comments)

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



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

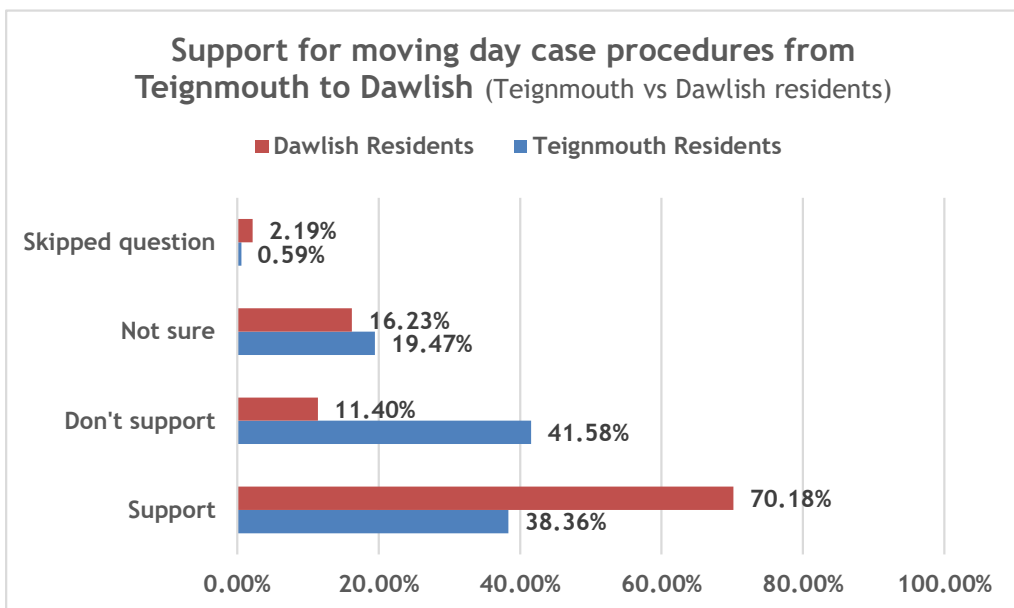
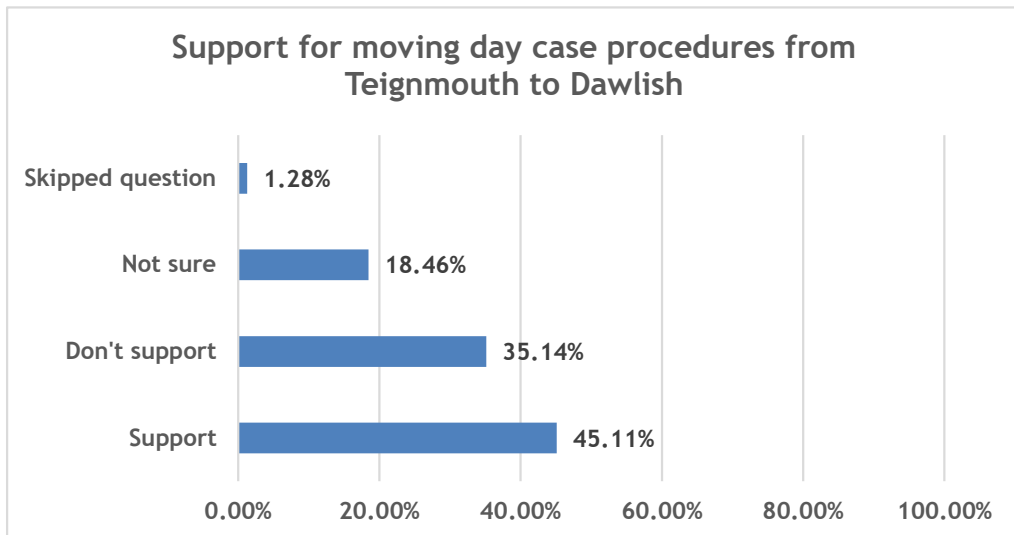
1,000 people answered this question and 13 people did not answer it.

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

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

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

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





Question 17. Please give the reasons for your answer:

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

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

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

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

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

The following themes were identified:

Supportive comments (233 comments)

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



Travel, transport, and parking (170 comments)

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

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

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

Capacity of Dawlish Community Hospital (46 comments)

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

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

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



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

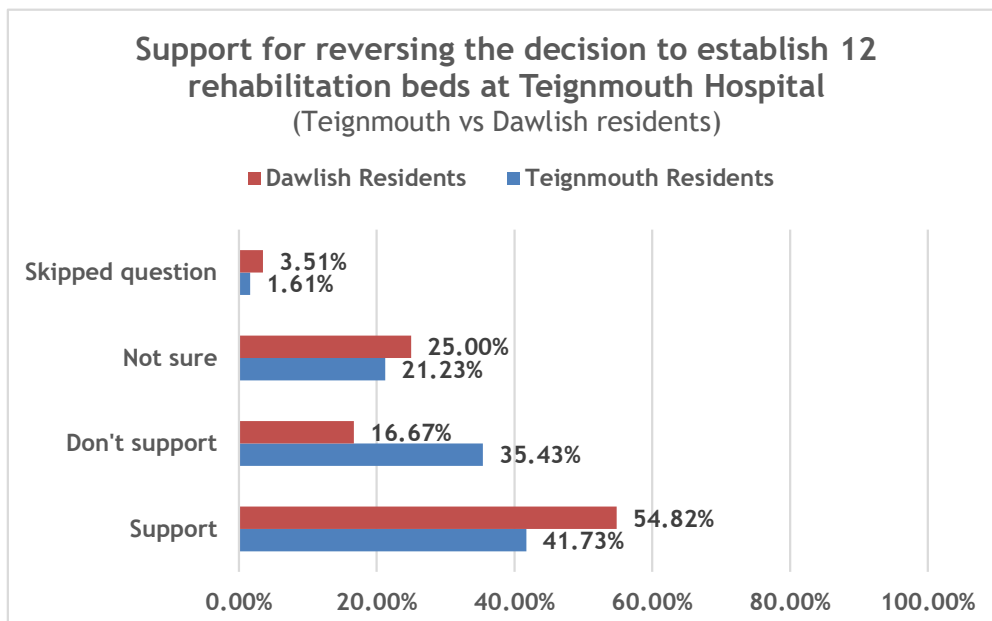
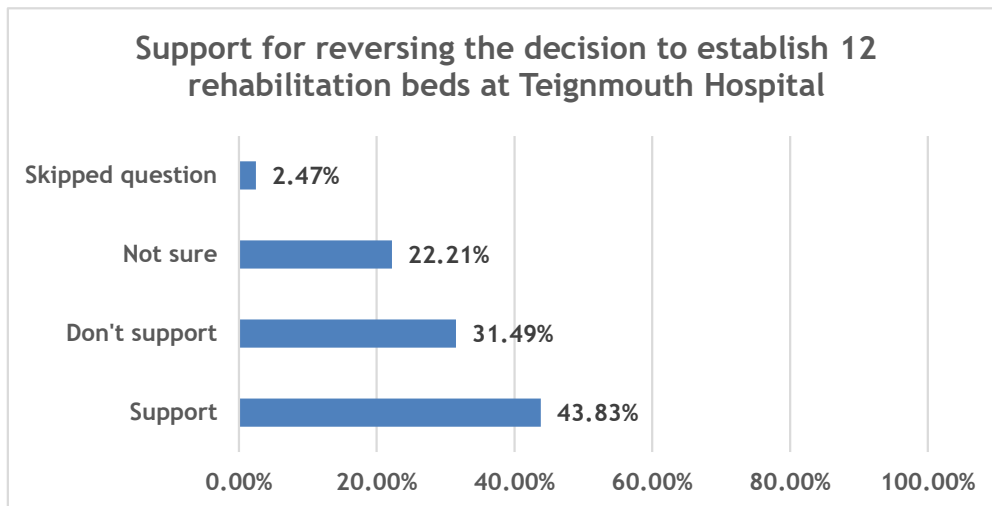
988 respondents answered this question and 25 people did not answer it.

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

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

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

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





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

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

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

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

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

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

The following themes were identified:

Supportive comments (250 comments)

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



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

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

Capacity, resources, and bed blocking (104 comments)

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

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

Covid-19 pandemic (25 comments)

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



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

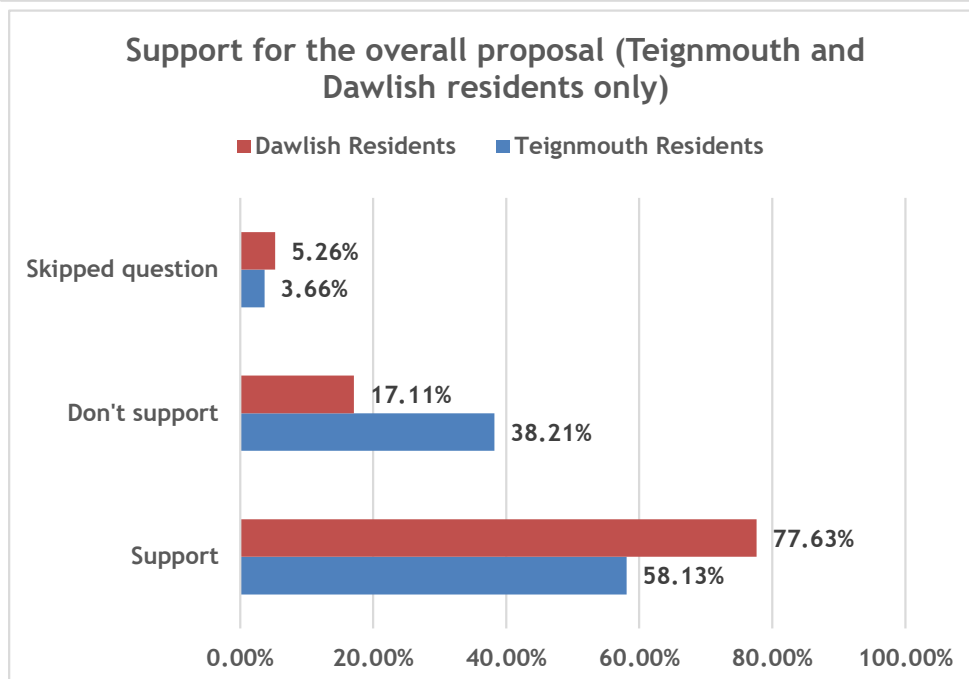
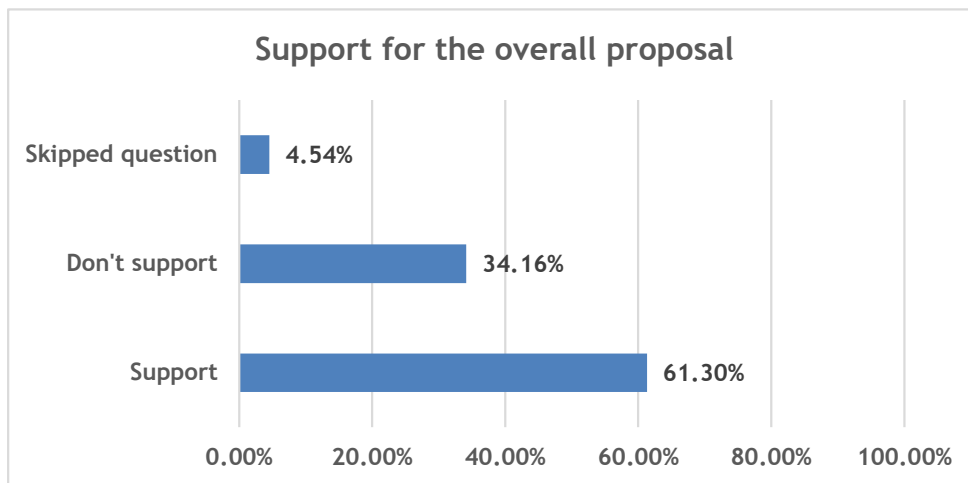
967 people answered this question and 46 people did not answer it.

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

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

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

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





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

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

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

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

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

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

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

The following themes were identified:

Wanting to keep Teignmouth Community Hospital open (112 comments)

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

The new Health and Wellbeing Centre (59 comments)

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



Moving services to Dawlish (54 comments)

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

Closure of the rehabilitation beds (46 comments)

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



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

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

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

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

The following themes emerged from the feedback:

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

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

Travel, parking, and accessibility (40 comments)

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



The new Health and Wellbeing Centre (30 comments)

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

Community care (28 comments)

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

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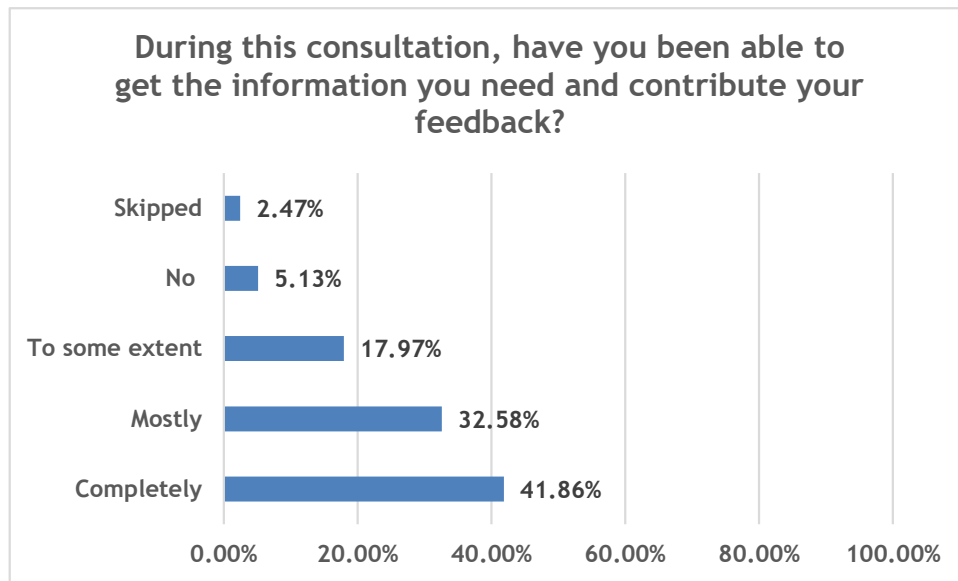


Question 23. During this consultation, have you been able to get the information you need and contribute your feedback?

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

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

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





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

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

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

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

The following themes emerged from the feedback:

Supportive comments (163 comments)

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

Missing, inadequate, or unclear information (65 comments)

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

Concerns about bias (41 comments)

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

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

Online meetings and resources (14 comments)

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



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

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

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

Many respondents mentioned the issue of parking.

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

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

The following themes emerged from the feedback:

Parking and travel (120 comments)

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

Teignmouth Community Hospital (85 comments)

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

Supportive comments (85 comments)

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



The new Health and Wellbeing centre (43 comments)

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



2. Public and Community Online Meetings Feedback

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

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

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

The following themes and concerns emerged from the meetings:

Parking

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

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

Parking capacity at Dawlish Community Hospital:

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

Transport, travel, and accessibility

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

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

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

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



The COVID-19 pandemic

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

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

The new Health and Wellbeing Centre

Proposed location is in a flood risk area:

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

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

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

Closure of Teignmouth Community Hospital and the rehabilitation beds

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

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

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

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

Services and capacity

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



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

Capacity of the workforce to deliver community-based care:

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

NHS resources and funding

Concerns about covert privatisation of NHS services:

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

Teignmouth GP Practices’ patients

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

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



3. Staff feedback

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

The following feedback themes emerged from the staff meetings:

Parking

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

Development of the new Health and Wellbeing Centre

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



Other options put forward for consideration and outcomes

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

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

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

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

Keeping and/or improving Teignmouth Community Hospital

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

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

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Other options put forward for consideration



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

The new Health and Wellbeing centre

There were also proposals put forward related to the new Health and Wellbeing Centre, including different ideas of exactly where a new centre should be built and a few suggestions involving building the Centre as planned but adding hospital services to the site such as minor surgery, specialist outpatient clinics and rehabilitation beds. Other specific suggestions put forward related to the new health and wellbeing centre included:

- “All the GP surgeries in Teignmouth are already on flat sites in the town centre, closer to public transport than Brunswick St. They have been managing very well at their current locations with staff and patients able to move safely around the premises. If it



is essential that the Channel View Medical Group moves from its current premises, I would suggest that the NHS for a small fraction of the proposed £8 million, acquire and convert one of the vacant bank buildings and lease it to the practice, or build fit for purpose facilities on the Brunswick Street site and lease them to the practice.”

- “Integrated care is dependent on effective communication, of which there are now many kinds, and not necessarily dependent on being housed in the same building. Communication, availability, and approachability between services are important in delivering integrated care. Being situated within one site doesn’t necessarily make this happen.”
- “Build a much smaller doctor’s surgery in town to their requirements only and perhaps save some well-needed parking spaces. This would allow the hospital to be brought up to date and still cost less than the £8 million available.”
- “Build a new hospital on the Brunswick Street site.”
- “Give GPs a building in Teignmouth with parking available. Base physiotherapists, occupational therapists and district nurses at Dawlish Community Hospital.”
- “Build a health hub between Dawlish and Teignmouth with adequate parking.”
- “Build the Health and Wellbeing Centre on a dedicated out-of-town site with good access, parking and space to expand.”
- “Close/sell Dawlish Community Hospital and move the services to Teignmouth, including a Minor Injuries Unit.”
- “Build the new facility as proposed and have Teignmouth Community Hospital as a high-quality specialist care unit.”
- “Build the Health and Wellbeing Centre but have a second base for staff, out of the town centre but in walking distance, thereby reducing the 50-70 car parking spaces that would be needed at the centre.”
- “Do not build a Health and Wellbeing Centre, and absolutely not at Brunswick Street. Build a new GP surgery at Eastcliffe if both practices agree. Keep Teignmouth Community Hospital open with nursing care and extend the car park. Do not move day surgery and facilities to Dawlish.”
- “Move specialist physio-led orthopaedic clinics to the Health and Wellbeing Centre and not to Dawlish Community Hospital.”

Travel, parking, and accessibility

Respondents also had concerns about travel and parking. Many mentioned that extra parking spaces were needed around the associated sites, and some suggested that extra

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Other options put forward for consideration



bus routes should be added to make Dawlish hospital more accessible. Specific suggestions include:

- “A shuttle bus between Shaldon Teignmouth and Dawlish to run hourly and also from Bishopsteignton is an absolute necessity. Dawlish Hospital is not easily accessible, we do not all have access to cars and taxis are far too expensive.”
- “It needs better transport links to Dawlish Hospital. The new service 186 does not suit most as the first bus is 9:15am and the last bus is 2:15pm; if you have an early or late appointment you cannot get there by public transport.”
- “Could you work with the council to develop a scheme that would give priority to local residents for short-stay parking in the centre of Teignmouth?”
- “Help with transport between Dawlish and Teignmouth, with a direct bus service.”

Community care

There were also a few concerns raised with community care, including the qualifications of staff visiting homes and potentially “missing vital issues”. Specific suggestions include:

- “More community and district nurses covering this large area.”
- “Completely review efficiency of intermediate care and outcomes for the patients who use the service. Consider investing in a nursing unit like the Fleet in Dartmouth and block booking beds. Invest in adequate social care service to work alongside community support services”

For clarity, there were also a few individual impractical suggestions that have not been included in this section as they were deemed neither feasible nor realistic (e.g. “abolish the CCG” or “find an extra £100Million”).



Statement from Healthwatch in Devon, Plymouth and Torbay

The CCG commissioned Healthwatch in Devon, Plymouth and Torbay to: oversee their consultation with residents; ensure that all local communities had the opportunity to provide feedback on the proposal; and independently and accurately represent their views within this consultation report.

The COVID-19 outbreak and Government guidelines necessitated a shift in consultation methodology to ensure that residents could express their views in a safe manner. Having undertaken this review, we believe that the CCG employed all reasonable methods to ensure that local residents had the opportunity to feedback about the proposal during the eight week consultation.

This was progressed by: creating a detailed and multiple-accessible consultation document and posting it with a survey to over 16,000 households; creating an information leaflet and posting it with a link to the online survey to over 133,000 households; running six live public online meetings at different times; seven different community group meetings; three staff meetings, and running an extensive marketing campaign both in print and online. We consequently believe that local residents had sufficient opportunity to share their feedback about the proposals bearing in mind the restrictions caused by the Coronavirus pandemic.

In addition, Healthwatch contacted over 200 community organisations who worked with 'harder-to-reach' groups who fell under one or more of the nine 'protected characteristics' of the UK Equality Act. This aimed to ensure that all areas of the community were aware of the consultation and had the opportunity to take part. It should also be noted that the CCG directly engaged and responded to each individual resident's enquiries throughout the consultation process.

There were: 1013 survey responses from across Devon; 98 people attended six public meetings; over 80 people attended seven community meetings; and 44 people attended three staff meetings. There was a mix of gender, sexual orientation, disabilities, and faith and belief.

Issues raised during this engagement included: parking and traffic in Teignmouth town centre; transport; and difficulties in travelling to Dawlish Hospital. Many residents had concerns about the quality and capacity of community-based care if the rehabilitation beds

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Statement from Healthwatch in Devon, Plymouth and Torbay



were to be closed, and there were a number of objections to the closure of Teignmouth Hospital.

Should the CCG go ahead with their proposals, we would hope a follow up public engagement, at least 12 months after any changes are implemented, would be implemented. This would ascertain whether the proposals have been well-received and whether any concerns have or have not been addressed.

We will be asking the CCG for a response to this report on behalf of local residents, and for the CCG to outline how its key findings will be used to form any future plans for modernising healthcare services in Teignmouth & Dawlish. We will publish their response on our websites, social media accounts, and in our weekly email bulletins. This information can be accessed in the 'Contact Us' section at the end of this report.

healthwatch
in Devon, Plymouth and Torbay



Recognition

Healthwatch in Devon Plymouth and Torbay would like to thank everyone involved in the production of this report, including (but not limited to):

- The general public for sharing their valuable feedback in this report.
- The voluntary sector in Teignmouth and Dawlish
- Coastal Engagement Group
- Dawlish Hospital League of Friends
- Teignmouth Hospital League of Friends
- Staff and volunteers at both local health and care services and Healthwatch in Devon Plymouth and Torbay
- The NHS Devon Clinical Commissioning Group
- Torbay and South Devon NHS Foundation Trust
- Wider Devon voluntary sector and community
- Living Options



Appendices

This section contains many of the supporting information mentioned throughout the report.

Appendix 1 - Consultation Documents

Consultation Document

Teignmouth and Dawlish consultation - Consultation document

<https://devonccg.nhs.uk/download/teignmouth-and-dawlish-consultation-consultation-document?wpdmdl=5821&refresh=5f99d2835c39f1603916419>

Consultation Survey

Teignmouth and Dawlish consultation - Consultation survey

<https://devonccg.nhs.uk/download/teignmouth-and-dawlish-consultation-consultation-survey?wpdmdl=5822&refresh=5f99d2835e5fb1603916419>

Easy Read Consultation Document

Teignmouth and Dawlish consultation - Consultation document (easy read)

<https://devonccg.nhs.uk/download/teignmouth-and-dawlish-consultation-consultation-document-easy-read?wpdmdl=5978&refresh=5f99d283600491603916419>

If you would like printed copies of any of these documents please contact NHS Devon Clinical Commissioning Group on D-CCG.Communications@nhs.net.



Appendix 2 - Community Groups contacted directly by local Healthwatch and offered to participate in the consultation.

Contact method	Group Type/Name	Protected characteristic covered
email	The Old Peoples Social Centre	Age - old
email	Teignbridge Action 4 Children	Age - young
email and phone	Teignbridge Homeless Action Today	Homeless
email and phone	Homeless in Teignbridge Support	Homeless
email and phone	Walk This Way Teignbridge	N/A
email	Scouts	Age - young
email	Teignbridge Titans Netball Club	Age - young
email and phone	Dawlish and Teignmouth European Relief	Race
email	Assist Community Support Project - Teignbridge	Disability
email	Dawlish and Teignmouth Camera Club	N/A
email	Dawlish Ladies Guild	Sex
email and phone	The Open Daw, Dawlish Community Information Centre	N/A
email	A.I.M.S. (Dawlish)	Disability
email and phone	Alice Cross Dementia Support in Teignmouth (Memory Cafe)	N/A
email	Singing for the Brain	Age - older; Dementia
email	The University of the Third Age (U3A)- Dawlish	Age - old
email	Dawlish Memory Cafe	Age - old
email and phone	Dawlish Dancers	Age - old
email	Teignmouth Community College Parent Teacher Friend Association	N/A
email and phone	Teignbridge Youth Group Special Needs	Disability
email	Seeing	Disability - visually impaired
email and phone	Horsemanship for Health	Mental Health
email	Hand in Hand	Mental Health
email and phone	Assist Teignbridge	Age- older
email	Oaklands Park School PTFA	N/A
Email	Dawlish Guides	N/A
email and phone	VOYC Devon	Age - young
email	Pluss- Employment services	Disability
email and phone	Living Options Devon	Disability
email and phone	Action for blind people	Disability - blind
email and phone	Devon Sensory Outreach Service	Disability - visually impaired
email	Moor Vision	Disability - visually impaired
email	New Key	Disability
email and phone	Pluss Opportunities / Seetec Plus	Mental Health
email and phone	Roots Community Enhancement	Mental Health
email and phone	Teignbridge Gypsy and Traveller Forum	Race
14/09/2020	Dawlish Christian Fellowship	Religion and belief
14/09/2020	Ladies Hockey Club	Sex
email and phone	Dawlish Womens Institute	Sex
email	Mother's Union	Sex ; Pregnancy and maternity
email and phone	EAST TEIGNBRIDGE COMMUNITY TRANSPORT ASSOCIATION	N/A
email	Crochet Workshops	N/A
email	Redeeming out Communities (ROC)	N/A
email	Dawlish Conservation Trust	N/A
email	Friends of Dawlish Comm Hospital	N/A



email	Home-start Teignbridge	Age
email and phone	Strand Community Trust	N/A
email and phone	Waves	N/A
email and phone	Dawlish Art Group	N/A
email	Rotary Club of Dawlish Water	N/A
email	Sing along	N/A
email	U-Kan-Strum	
email and phone	Dawlish Library	N/A
email	Dawlish Musical Theatre	N/A
email	Dawlish and Starcross District girl guides	Sex
email	Rotary Club of Dawlish Benevolent Fund	N/A
email	Dawlish Repertory	N/A
email and phone	Dawlish & District Indoor Bowling Association	N/A
email and phone	Rotary Club of Dawlish	Age - old
email and phone	Flexercise with Emily	Age
email	Probus Club _ Newton Abbot and District	Age - old
email and phone	Community, equality, disability action (CEDA)	Disability
email and phone	Dawlish Gardens Trust	Disability
email and phone	Devon Link-up	Disability
email	The Key at Hannahs	Disability - visually impaired
email	Artists Way Health Trainers	N/A
Email	Active Devon	N/A
email	Youth Parliament	Age - young
email and phone	Young Devon	Age - young
email and phone	Action for Children	Age
email	Memory Cafe	Age - old
email	Shaldon Parent Toddler Group and Preschool Learning Alliance	Age
email	Scouts - River Teign Sea Scouts	Age - young
email and phone	Shaldon and Ringmore Village Hall	Age - young
email and phone	Sea Cadets - Teign Valley	Age - young
email	Surf Life Saving - Teignmouth	Age - young
email	Teignbridge Titans Netball Club	Age - young
email and phone	Patient Participation Group (Devon Square)	N/A
email	Patient Participation Group (Devon Square)	N/A
email	Devon Federation of Young Farmers Clubs	Age- young
email and phone	Shaldon Over-Sixty Club	Age - old
email and phone	Alice Cross Community Centre	N/A
email	Age Concern Teignmouth and Shaldon (Alice Cross)	Age - old
email and phone	Action on Hearing Loss (RNID)	Disability - deaf or hard of hearing
email and phone	Devon Mind	Mental Health
email and phone	Hikmat Devon	Race
email and phone	LGB Transaction	Sexual orientation + Gender Reassignment
email	Devon Fawcett Group	Sex
email and phone	Proud2 be	Sexual orientation
Email	Atlas Respite & Therapy - Dementia Specialist Activity Centre	N/A
email and phone	The League of Friends of Teignmouth Hospital	N/A
email and phone	Coastal Youth Action	Age - young
email	Bishopsteignton Healthy Living Centre	N/A
email	Local Refugee Resettlement Worker	Race
email and phone	Refugee Support Devon	Race
email	UBUNTU	Race



email	Splitz	Domestic Abuse
email	Mutual Aid	N/A
email and phone	Helping Dawlish	N/A
email and phone	Little Swans Preschool Dawlish	Pregnancy and Maternity
email	Gatehouse School Association	N/A
email and phone	Dawlish Action for Youth	Age - young
email	Dawlish United FC	N/A
email	Citizens Advice	N/A
email	DCT	N/A
email and phone	Devon Senior Voice	Age- old
email and phone	Devon Age UK	Age - old
email and phone	Mencap: Teignbridge needs youth group	Disability
email and phone	Dawlish Disability Network	Disability
email	Dawlish AIMS	Disability
email and phone	Devon In Sight	Disability
email	Multilingua	Race
email and phone	Dawlish Methodist Group	Religion and belief
email and phone	Intercom Trust	Sexual orientation + Gender reassignment
email and phone	Proud2be Families Group)	Sexual orientation
email	Dawlish Community Transport Action	N/A
email	Dawlish Choral Society	N/A
email	Dawlish Rocks	N/A
email	Friendship Club	N/A
email and phone	Devon Carers	Carers
email and phone	Carers Support group	Carers
email	Black Swan Bell ringers	N/A
email	Chess and Draughts club	N/A
email	Dawlish Coasters	N/A
email	Dawlish History Group	N/A
email	Dawlish Painters	N/A
email	Friends of Dawlish Library	N/A
email	Friends of Dawlish station	N/A
email	Dawlish Amateur Repertory Company	N/A
email	Dawlish Museum Society	N/A
mail	Holcome Village Hall	N/A
email	Plants for Future	N/A
email and phone	Bishopsteignton Care Watch	Age - old
email	Teignbridge Community Voluntary Services	N/A
email	Scouts - 4th Teignmouth	Age - young
email	Hazeldown Parent Teachers Association	Age
email	Scouts - 1st Bishopsteignton	Age - young
email	Dawlish Wives Group	Sex
email	Youth Parliaments	Age - young
email	Active Devon	Age
email and phone	Rotary Club of Dawlish	Age- old
email and phone	The Salvation Army	N/A
email and phone	National Childbirth Trust (Torbay/ South Devon)	Pregnancy and Maternity
email and phone	Carry on Choir	N/A
email and phone	Recovery Devon	Mental Health
email	Bishopsteignton Healthy Living Group	N/A
email	Bishopsteignton Parish Council	N/A



email	Citizens Advice - Teignbridge	N/A
email	Devon Memory Cafe Consortium	N/A
email	Memory Cafe - Bishopsteignton	N/A
email	Memory Cafe - Shaldon (St Peter's Church)	Religion and belief
email	Friends of Teignmouth Library	N/A
Email	Inverteign Wildlife Area Project	N/A
email and phone	Kingsway Residents Association	Deprived
email	Lighthouse CIC	Pregnancy and Maternity
email and phone	Pow Wow Cafe	Deprived
email	Shaldon Optimists Cricket Club	N/A
email	Teign Heritage Centre	N/A
email	Teignmouth Arts in Action Group	N/A
email	Shaldon Wildlife Trust Limited	N/A
email	Teignmouth District Girl Guides Association	Gender and Age - young
email and phone	The New Road Area Community Association	N/A
email and phone	The Teignmouth Soup Kitchen Trust	N/A
email and phone	Teignmouth and Dawlish Ramblers	N/A
email and phone	Dawlish Baptist Church	Religion and belief
email and phone	Dawlish History Group	N/A
email and phone	Dawlish Celebrates Carnival	N/A
phone	Dawlish Chamber of Trade	N/A
phone	Sunflower Bunch	Cancer support
phone	Teignmouth Amateur Football Club	N/A
phone	Teignmouth Rugby Football & Supporters Club	N/A
phone	Dawlish Friends	N/A
phone	Friendship Club	N/A
phone	Friends Together	
email and phone	Happy Days Nursery	Pregnancy and Maternity
phone	Dawlish Freemasons	N/A
phone	Dawlish Social Luncheon Club	N/A
phone	Craft and Chat	N/A
email and phone	Devon Communities Together	N/A
phone	Teignmouth Congregation of Jehovah's Witnesses	Religion and belief
email and FB	Devon Faith and Belief Forum	Religion and belief
email	Pink Families	Sexual orientation
email and phone	Devon Maternity Voices	Pregnancy and Maternity
email	Sikh Community Devon and Cornwall	Religion and belief
email	South Devon Methodist Circuit	Religion and belief
email and phone	Depression and Anxiety Service	Mental Health
phone	Dawlish Civil Service Retirement Fellowship (CSRF)	Age
phone	Age Concern Luncheon	Age- old
phone	Reading Group for the Visually Impaired	Disability - visual
phone	Polish Community	Race
phone	South Devon and Torbay Community Sight Loss Hub	Disability - visual
phone	Craft and Chat	Age
phone	Youth ROC Dawlish	Age - young
email	Bossom buddies	Pregnancy and Maternity
email and phone	Action for Children	Age - young
email	Bishopsteignton Parish Council	N/A



email and phone	Bishopsteignton Preschool Playgroup	Pregnancy and maternity ; Age - young
email and phone	East Teign Nursery	Pregnancy and Maternity
email and phone	Teignmouth Baptist Church	Religion and belief
email and phone	Teignmouth Library	N/A
email	Bishopsteignton Village Website	N/A
Twitter	Fairplay South West	SEX
email and phone	St Gregory's of Dawlish	Religion and belief
email and phone	Starcross Pre-school	Pregnancy and Maternity
FB	Quaker Gatherings Devon and Cornwall	N/A
FB	Inclusive Exeter	N/A
FB	Devon Community Foundation	N/A
FB	DDE at the Global Centre	N/A
Email	South Devon Seabird Trust	N/A
Email	Girlguiding Devon	Age - young ; SEX
email and phone	Friends of Dawlish Hospital	N/A
email and phone	Hearing Dogs for Deaf People	Disability - Deaf
email	Red rock youth centre (Dawlish)	Age - young

Appendix 3 - Community Groups that accepted the invitation to participate in an online meeting

Meeting date	Group Type/Name	Meeting time	Location	Number of participants attended (CCG not included)
09/08/2020	Teignmouth Town Centre Management Partnership	9.15am	Zoom (online)	12
23/09/2020	Volunteering in Health	10:00am	Zoom (online)	not known
29/09/2020	Rotary Club of Dawlish	6:30pm	Zoom (online)	around 32 people (a lot of participants joined as a pair on the same Zoom account)
10/01/2020	Community Nurses	12:30pm	Microsoft Teams (online)	roughly 14 (there was a group of community nurses who were seating in one room, using one laptop and so a lot of them were offscreen)
10/07/2020	Dawlish Town Council	6:30pm	Zoom (online)	16
13/10/2020	Teignmouth Town Council	6:00pm	Zoom (online)	14
14/10/2020	Dawlish Social Luncheon Club	3:30pm	Zoom (online)	6



Appendix 4 - records of the online public meetings

The dates and times the online public consultation meetings were held o, including links to the recordings of each, are in the table below:

Friday 11 September	2:30pm - 4pm	Watch a recording of the meeting https://youtu.be/2gFoF6JG3zg
Thursday 17 September	10:30am - 12noon	Watch a recording of the meeting www.youtube.com/watch?v=FoTX17EqjJg
Wednesday 23 September	6pm - 7:30pm	Watch a recording of the meeting https://www.youtube.com/watch?v=qqufvRsmGLE&t=4s
Tuesday 29 September	3pm - 4:30pm	Watch a recording of the meeting https://youtu.be/xK374PEERXg
Monday 5 October	11.30am - 1pm	Watch a recording of the meeting https://www.youtube.com/watch?v=sLAHmIEeZWE
Saturday 17 October	11am - 12:30pm	Watch a recording of the meeting https://youtu.be/057jy6x9wMI

Appendix 5 - Summaries of each online public meeting

Meeting 1 - 11 September 2020

Panel

Twelve households attended the meeting. The panel was chaired by Kevin Dixon, Chair of Healthwatch in Devon, Plymouth and Torbay. The panel consisted of the following:

- Simon Tapley (Accountable Officer, NHS Devon CCG)
- Liz Davenport (Chief Executive, Torbay and South Devon NHS Foundation Trust)
- Dr David Greenwell (Clinical Representative, NHS Devon CCG)
- Dr Carlie Karakusevic (GP Partner, Channel View medical group, Teignmouth)

The following questions and concerns were raised, organised by theme:

Parking

- What patient parking will be available at the new Teignmouth doctors' building?



- As you cannot provide parking on site, can you pressure Teignbridge to change Quay Rd to short stay to accommodate the increased number of people brought to town?

- Has any consideration been given to underground parking for the new build?

Co-location of services

- Is locating all services in just two locations the correct thing to do in the current COVID crisis?

- Why is it good for GPs to work in the same building as other services - how does this help patients?

Covid-19 pandemic

- Won't beds in Teignmouth Community Hospital be needed if there is another COVID outbreak?

Services and capacity

- Can you fit everything you propose in Dawlish Community Hospital?

- Will the new Health and Wellbeing Centre have sufficient capacity to cope with a new influx of residents resulting from new residential developments?

- Are all outlying surgeries going to close?

- Will services be reduced as part of this proposal?

- Why is it better to look after people in their own homes? People feel safe in hospital

Implications for local residents

- Will TQ14 residents continue to have access to Newton Abbot hospital services?

- What does this proposal mean for Newton Abbot?

- Implications of the proposed changes for Teign Estuary patients

Questions about the proposal/consultation

- How have you involved local people in developing the proposal?

- Not much in the current proposal about specialist cancer treatment

- What will happen to the current Teignmouth Hospital building?

Meeting 2 -17 September 2020

Panel

Nineteen households attended the meeting. The panel was chaired by Kevin Dixon, Chair of Healthwatch in Devon, Plymouth and Torbay. The panel consisted of the following:

- Simon Tapley (Accountable Officer, Devon CCG)

- Liz Davenport (Chief Executive, Torbay and South Devon NHS Foundation Trust)

- Dr David Greenwell (Clinical Representative, NHS Devon Clinical Commissioning Group)

- Dr Matthew Fox (GP Partner, Barton Surgery, Dawlish)

The following questions and concerns were raised, organised by theme:



Parking

- Street parking in Teignmouth: we have articulated lorries travelling down this road for the Co-op that already struggled to get round the bend due to parked cars on double yellow lines. Lorries have been blocked in the past by larger/wider vehicles. There are also garages that would become inaccessible if on-street parking was allowed outside the HWC.
- I foresee a problem with parking by blue badge holders on double yellow lines outside the HWC
- Parking can be hard to come by in the holiday months. Could you work with the council to develop a scheme that would give priority to local residents for short-stay parking in the centre of Teignmouth?
- Parking in Dawlish is like gold during the day. Where are you planning extra parking spaces?

Moving services from/closing Teignmouth Hospital

- Is the ENT clinic to stay in Teignmouth or move to Dawlish?
- With specialist outpatient clinics moving to Dawlish, patients may have a long, uphill walk
- Concern about lack of mention of mental health in the proposal; where does mental health sit within the proposal? Will trauma informed practice be considered in proposed changes?
- Clinical psychology services will be moved to Dawlish under the new proposal. Will this include IAPT and/or psychological services? Will any mental health services be available at the new HWC?
- I wonder if mental health referrals are low because the nearest psychotherapies (IAT) are in NA and Exeter. This can mean long travel for therapy and group sessions. Would it be a good idea to bring these services to Teignmouth and Dawlish hospitals?
- Money from the sale of Teignmouth Hospital will be reinvested in local services - does this mean health and wellbeing services exclusively?
- Why are the South Devon trust trying to decommission services at Teignmouth Hospital when there are new houses being built in Teignmouth and Dawlish?

Development of the new Health and Wellbeing Centre

- As a resident living immediately opposite the proposed development, my home will be plunged into darkness if there is no consideration to the two-storey residential properties opposite. Are there plans to step back the upper floors to allow daylight to reach these dwellings?
- The new building on Brunswick St will include a pharmacy. Why is this necessary when there are already two?
- Why is the HWC being built in a part of town that is increasingly threatened by floods?
- Will provision be made for people to securely leave their cycles at or near the centre?



- Teignmouth League of Friends has raised huge amounts of money to support TCH's work. Would facilities paid for by LoF funding be replicated or moved to HWC?
- Closure of the rehabilitation beds
- Regarding Dr Fox wanting to keep people in their own homes as long as possible. Where are all health visitors, nurses, paramedics etc coming from as existing provision is already stretched? How many more carers are being recruited to meet future needs?
 - End of life care is currently left predominantly to privately run care homes, many of which fail to meet required standards expected by the CQC.

Meeting 3 - 23 September 2020

Panel

Seventeen households attended the meeting. The panel was chaired by Kevin Dixon, Chair of Healthwatch in Devon, Plymouth and Torbay. The panel consisted of the following:

- Jo Turl (Director of Commissioning, NHS Devon CCG)
- Liz Davenport (Chief Executive, Torbay and South Devon NHS Foundation Trust)
- Dr Paul Johnson (Clinical chair, NHS Devon CCG)
- Dr Carlie Karakusevic (GP Partner, Channel View medical group, Teignmouth)
- Dr Matthew Fox (GP Partner, Barton Surgery, Dawlish)

The following questions and concerns were raised, organised by theme:

Parking

- How many parking spaces will be available to both staff and patients?
- NHS resources and funding
- Where does £8m come from to build the new HWC?
 - The NHS is losing nurses from its workforce and already needs an extra 50,000 nurses. How will the NHS cope with a major shortage if more nurses are rushing around between homes. Surely keeping all existing hospitals is a top priority as they enable fewer nurses to cope efficiently with more patients?
 - There is frequent mention of the voluntary sector becoming more involved. Clearly the proposed changes are being made to cover the cost of PFIs and the underfunding of the NHS. Is this scheme a Trojan horse to move more people towards private healthcare or to a multi-tier system?

Moving services from/closing Teignmouth Hospital

- Why move the services instead of updating and maintaining the existing hospital? A much smaller building could be built for the doctors' surgery
- Why add a 20 minute journey time for more residents from a bigger population to travel along a very busy road to access services we already have? By not renegeing on past promises to keep the respite beds open, we could relieve the bed blocking and help get care in the community timed to find suitable care for more vulnerable



patients

- Have contracts for the closure of TCH already been drawn up or will the site be put up for open tender?
- The fact remains that one large practice wants better premises, that's all. Everything else is already taking place in Teignmouth, having let the building deteriorate due to lack of maintenance, just remedy this by spending the money available to update it, leaving the town of Teignmouth well-served with continued support from the excellent League of Friends

Questions about the consultation

- The proposed HWC is planned to be built in a flood risk area. Why?
- It is important that the voluntary sector is seen as an equal partner. Cross-agency cooperation is important to support our local communities.
- On page 18 in the brochure, you predict footfall for audiology, podiatry, and physiotherapy but no numbers for similar monthly average appointments for the ENT clinic. Also, for volunteering and health, I don't know the numbers of people that visit on a regular basis or what staff are associated onsite with the activity?
- Are any of these people [on the panel] dedicated clinicians or are they working for financiers?

Meeting 4 - 29 September 2020

Panel

Twelve households attended the meeting. The panel was chaired by Kevin Dixon, Chair of Healthwatch in Devon, Plymouth and Torbay. The panel consisted of the following:

- Jo Turl (Director of Commissioning, NHS Devon CCG)
- Adel Jones (Director of Transformation and Partnerships, Torbay and South Devon NHS Foundation Trust)
- Dr Paul Johnson (Clinical Chair, NHS Devon CCG)
- Dr Carlie Karakusevic (GP Partner, Channel View medical group, Teignmouth)

The following questions and concerns were raised, organised by theme:

Comments made by Anne-Marie Morris MP

- The local MP has expressed grave concerns about DCH being able to accommodate all the clinics that are intended to be located there and suggested TCH should not be closed until it has been proven to be possible.
- The local MP also says that the consultation cannot agree that the 12 rehab beds should be moved and this should be another consultation post-Covid, same for hospital closure
- Anne-Marie Morris also says your information is out-of-date and pre-Covid. Insufficient clarity about separation of infectious and non-infectious patients and no plans as to how they might run them together.



The new Health & Wellbeing Centre

- How many people do you expect to use the facility on a daily basis?
- It seems that the new colocated services proposed will be in an area prone to flooding

Covid-19 pandemic

- Shouldn't this consultation be postponed until the impact of Covid pandemic becomes clearer?

Meeting 5 - 5 October 2020

Panel

Twenty-four households attended the meeting. The panel was chaired by Kevin Dixon, Chair of Healthwatch in Devon, Plymouth and Torbay. The panel consisted of the following:

- Jo Turl (Director of Commissioning, NHS Devon CCG)
- Liz Davenport (Chief Executive, Torbay and South Devon NHS Foundation Trust)
- Dr David Greenwell (Clinical Representative, NHS Devon CCG)
- Dr Carlie Karakusevic (GP Partner, Channel View medical group)

The following questions and concerns were raised, organised by theme:

Travel and accessibility

- The travel survey shows that 60% of specialist clinic users said they would find it difficult to get to Dawlish and 44% of community clinic users said the same, with very few saying it would be easier. That seems very clear. What further details are you hoping for from this consultation?

Parking and traffic

- Where is the car parking to use the new facilities? Teignmouth is difficult to park in at the best of times, let alone in the summer, bearing in mind one car park has already been taken over by a hotel
- Why not build a much smaller doctors' surgery in town to save some well needed parking spaces? This will allow the hospital to be brought up to date and still cost less than the £8m available.
- moving services from Teignmouth to Dawlish will increase traffic along Bitten Park Road which is already heavily polluted. Air pollution is a major cause of health problems.

Questions about the consultation

- Why was only the option of closing the hospital and moving the clinics fully costed and offered for scrutiny? It isn't possible from the figures available to compare refurbishing or rebuilding the hospital
- At this time of the pandemic, with huge uncertainty about our ability to respond to a



second wave of coronavirus, and a clear need to have as much available hospital capacity as possible, how can you even consider holding this public consultation now, with a view to closing the hospital?

- When you say “stays in hospital” do you mean both acute and community hospital stays together, because they are very different outcomes. One is part of planned community care and one is part of a breakdown in planned community care.
- What were the outcomes of previous consultations?
- Dr Fox has said that all services will be working together in one building. They won’t. They’ll still be split between Dawlish and Teignmouth instead of between Teignmouth and Teignmouth. What is the advantage?
- This is a consultation so what are the real chances of our views and concerns resulting in any substantial changes to the plans and proposals? My view would be the HWC concept is good (somewhere that isn’t a flood risk would be better) but losing the hospital would be reckless, especially with COVID running riot
- What learning from other HWCs has been considered when putting together the plans for Teignmouth and Dawlish?
- In order to offer the current site for the HWC, a bin store on this site used by shops in Northumberland Place has been closed and apparently no alternative arrangements have been offered by Teignbridge. Are there plans for alternative provisions?
- Why did the CCG lead local GPs in 2018 to believe that the construction of the HWC in Teignmouth was dependent on funds from the sale of the TCH, which the CCG itself has since stated is not the case?
- How many people who actually work or use the facilities in the hospital would actually want to move to the new centre or Dawlish if current facilities were brought up to date?
- Will the HWC be funded using PFIs?
- Can I say thank you to the panel for addressing our questions, you are obviously dedicated professionals. But you do seem to have been given a role passing off cuts to services and better care that cannot sit happily with you as the caring professionals you all seem to be. Can we hear what you really think for 2 minutes?

Community care and rehabilitation

- From previous meetings it seems that local care homes will be required to do a lot of heavy lifting, but most of them aren’t fit for purpose and fail CQC inspections. Can we have any faith whatsoever that vast improvements will be carried out to make these facilities fit for purpose and not the antiquated rabbit warrens most of them currently are?
- Can you reference the source of the figure regarding a 10% reduction in the use of long-term residential care? Is it anything to do with the shortage of care beds?
- Who is providing the care in the homes for the frail and elderly and how much time does a day visit consist of?
- Claiming that TCH could not be used with the longer term impacts of Covid seems expediently knee-jerk when the types of conditions cannot yet be known due to their



potentially chronic nature, and could therefore require much more end of life care than could be supported in patients' own homes

- Can we celebrate the wonderful work the GPs and community services do, keeping people safe and well at home, while acknowledging that having community hospital beds available locally adds to the safety and capacity of the whole team, including carers.
- If you're definitely not going to put the beds back, why not rename the hospital as Teignmouth Health and Wellbeing Centre, spend the £3m or so there and leave the new premises for Channel View practice?

Teignmouth Hospital

- How will closing the hospital make it easier for statutory and non-statutory services to work together? Why is it necessary for the GP centre to be opened?
- Community care and voluntary services are all functioning well under one hospital and roof already. Why not spend this money on upgrading and maintaining this hospital instead of splitting services between Dawlish and yet to be filled premises?
- The only reason that TCH needs so much refurbishment is because it has been allowed to decline, possibly deliberately, to provide ammunition for its demolition. There is a lot of manipulation going on behind the scenes to ensure that the CCG get their determined outcome
- Can we guarantee that the proceeds from the sale of the hospital will be ringfenced for the local NHS?

Meeting 6 - 17th October 2020

Panel

Fourteen households attended the meeting. The meeting was chaired by Kevin Dixon, Chair of Healthwatch in Devon, Plymouth and Torbay. The panel consisted of the following:

- Simon Tapley (Accountable officer, NHS Devon CCG)
- Liz Davenport (Chief executive, Torbay and South Devon NHS Foundation Trust)
- Dr Paul Johnson (Clinical chair, NHS Devon CCG)
- Dr Carlie Karakusevic (GP partner, Channel View medical group)

The following questions and concerns were raised, organised by theme:

Covid-19 pandemic and NHS capacity

- Surely the Covid experience has changed the scene in ways that cannot yet be fully understood. Is this a good time to stop meddling with systems? It would seem logical to stand down the CCG consultation until the pandemic runs its course.
- Do changes in the way things are done (since Covid) mean that being in the same building is as important as it was before?
- Schools and other essential services will struggle if Covid cases are allowed to continue to rise. Essential services could be seriously affected, even decimated, in areas with the highest



infection rates unless intelligent measures are taken to bring the epidemic under control. High levels of key workers falling sick will have its own consequences too; we are currently faced with our health systems being extremely challenged. Already there is talk of hospitals being unable to cope, with the rapidly increasing number of Covid cases expected. With the likelihood of future significant challenges, should we not learn some lessons here, rethink reorganisation plans that seek to close down the highly valued South Devon community hospital, that aim to contract rather than expand our health services, and instead make plans to invest in and utilise all NHS community hospitals and reopen those previously closed.

- In today's world, coastal towns require up-and-running full hospital services. This consultation was dreamed up pre-Covid. The current experience of Liverpool and other towns, where it is now recognised that there is a lack of hospital capacity, point to the need for the NHS hospital services to be protected, developed, and expanded. Why is the Devon CCG still pushing ahead with consultation proposals that completely run contrary to, and completely ignore, the current realities and challenges to be met in the future?

General questions about the proposal or consultation

- Could the CCG clarify which GP practices will be located in the proposed health centre?
- When will the MIU (currently closed) at Dawlish be reopened, and will it continue to operate at Dawlish hospital after the reorganisation?
- As a patient of Glendevon, my practice has been given good reasons as to why they are not moving. Will I and other patients be able to access all the other non-GP services in the new building or are these just for Channel View surgery?
- How can we genuinely complain about this process? It must be stopped, it's so flawed and ill-conceived at such a terrible time.
- When will the public find out the result of this consultation, and if agreed, what is the timeline for building and moving services?

The closure of Teignmouth Community Hospital

- One of the reasons given for building the new state-of-the-art HWC in Teignmouth is to provide more integrated, joined-up care in the community. The new building will only consist of a GP surgery, four community clinics, and volunteer services. While it is clear that local GP services need modernising, surely public money invested into the refurbishment and reinstatement of Teignmouth community hospital would be a far better solution. Has this option been considered and why have the comparative costs not been made public?
- The likely decision by Torbay and South Devon Foundation Trust to close Teignmouth Hospital appears like an afterthought at the end of the consultation proposal. If the hospital is closed and sold off, another publicly-owned and NHS-run hospital will be lost forever to the community and to the country. The proposed new HWC will be financed partially by private money, and the local hospitals that are being left untouched and/or expanded, like Newton Abbot and Dawlish Hospital, were all built with money from PFI contracts. Are these new developments in Teignmouth another move on the slippery slope towards NHS privatisation?
- This is a done deal, isn't it, not a consultation? If these proposals go ahead, services in Teignmouth will be decimated, as there aren't enough NHS services already, despite the claims being made. Where are all the extra staff keeping folk in their own homes coming from?

The new Health and Wellbeing centre

- Why are such desperate promises being made? Typically, they want to build a new medical centre in an area that's going to become increasingly prone to flooding. Climate change is guaranteed.
- Given that the primary care network workforce is intended to expand over the next four years, possibly by 20 people, and the staff in the surgery are increasing, and the proposed



hospital staff moving in too, it is essential that the new premises can be extended in the future to accommodate a bigger workforce than there is now. How do you intend to achieve and guarantee that the new building is future-proof for the next 10+ years?

- The new health hub will not be ready until 2022. It is confirmed that services will be moving to Torbay, Newton Abbot, and Dawlish, but is it your plan to move services in a block or will there be a gradual closing of services over time?
- Will the GPs' £1 million secured from NHS England improvement primary care estates funding be used solely to fund the GP part of the new HWC or the whole building?
- What happens to Glendevon patients' share of the funding if they do not move? Assuming it will remain and go into the new building, will some of the rooms be available to use by the other practice?
- What are the parking options going to be for staff and patients using the new centre? If this is not resolved it will be a nightmare for anyone using the building.

Contact us

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Modernising healthcare services in Teignmouth and Dawlish

Quality Equality Impact Assessment

December 2020

QEIA lead name:	Jo Curtis, Commissioning Manager
Project lead title/group:	Modernising healthcare services in Teignmouth and Dawlish
Who holds overall responsibility?	Jenny Turner, Head of Integrated Care - South
Who else has been involved in the decision?	Project steering group
Summary of proposed change:	
<p>The CCG and its partners' work in the Teignmouth and Dawlish area over the last few years has included a number of engagement processes which brought us to the point of one proposal for public consultation, with four components:</p> <p>a) Move the most frequently used community clinics from Teignmouth Community Hospital to the new Health and Wellbeing Centre in the centre of town.</p> <p>b) Move specialist outpatient clinics, except ear nose and throat clinics, from Teignmouth Community Hospital to Dawlish Community Hospital, four miles away</p> <p>c) Move day case procedures from Teignmouth Community Hospital to Dawlish Community Hospital</p> <p>d) Continue with a model of community-based intermediate care, reversing the previous decision to establish 12 rehabilitation beds at Teignmouth Community Hospital.</p> <p>In preparation for and following this public consultation, a Quality Equality Impact Assessment (QEIA) was developed and reviewed by the CCG Quality Equality Impact Assessment panel at the following points:</p> <ul style="list-style-type: none"> November 2018 – the panel reviewed the QEIA of potential options for consultation. The panel made recommendations with regard to the consideration of equality impact. These were acted upon and the panel was subsequently assured. January 2020 - prior to the public consultation intended to start in the spring, a virtual review by the panel of the QEIA took place on the options proposed. The panel continued to be assured that the assessment was thorough. The public consultation was delayed due to the COVID-19 pandemic but then took place from 1 September-26 October 2020. December 2020 - panel review of a refresh of the QEIA which was informed by further feedback received from the public through consultation. The QEIA panel was assured by the assessment made on the potential impacts of this proposal for service change. 	

Agenda Item 6



Devon

Clinical Commissioning Group

Supporting Documents:	Clinical evidence Intermediate Care appendix of the business case. Voluntary sector appendix of the business case. Travel impact assessment 2018 Engagement Feedback report Healthwatch 2019 travel survey Strategic context Teignbridge Joint Strategic Needs Assessment profiles
Date of change & duration:	09/12/2020
Version:	9 Final final
Impact checker:	
<p>[mandatory completion: If one or more option is selected as “yes” please complete the QEIA impact assessment excel spreadsheet in full, if none of the below are selected continue with this document]</p>	
Adversely affect patient safety or clinical effectiveness	<input type="checkbox"/>
Adverse effect as a result of variations or deviations from national guidance e.g. NICE requirements, CQC, Equality Act, Care Act etc.	<input type="checkbox"/>
Adversely affect patient, carers or service user experience	<input type="checkbox"/>
Adversely affect staff experience	<input type="checkbox"/>
Adversely affect access to services	<input type="checkbox"/>
Adversely affect people with protected characteristics	<input type="checkbox"/>

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1. The purpose of this document

The purpose of this document is to support the CCG to understand the equality and inequality issues arising from the proposal so that it can properly consider them in line with its statutory duties. These duties are under:

- s.149 of the Equality Act 2010 – have due regard to the public sector equality duty. In assessing the potential impacts of this proposal, particular regard has been given to the duty of eliminating discrimination and advancing equality of opportunity between those who share a relevant protected characteristic, and those who do not.
- s.14T of the NHS Act 2006 (as amended) – have regard to the need to reduce inequalities of access to health services and outcomes achieved between patients.

2. Background

In January 2017, South Devon and Torbay NHS Clinical Commissioning Group agreed a new model of care which invested in health and wellbeing teams, including intermediate care, and the development of health and wellbeing centres. The Coastal locality was an early adopter of this model which sited its acute community services (medical beds and minor injury service) in Dawlish, and health and wellbeing services (outpatient clinics, planned day case procedures and the health and wellbeing team base, including the Volunteering in Health information centre) in Teignmouth. These services were designed to coordinate and provide services for the whole of the Teignmouth and Dawlish area together, rather than be specific to one town or the other.

Twelve rehabilitation beds were included in the plans but never implemented due to the effectiveness of intermediate care provided by the health and wellbeing team.

3. Context

Completing the implementation of the care model and planning for their sustainable future, the Teignmouth GP practices (two of which then merged) wished to co-locate their main surgeries in a new Health and Wellbeing Centre where the health and wellbeing team and voluntary sector would join them. The practices are responsible for holding discussions with their registered patients about such a move and this is governed through the CCG Primary Care Committee.

During the CCG consultation period, one of the GP practices decided it would not move to the new proposed centre. The remaining practice, the larger of the two in Teignmouth, continues to be part of the centre's development.

A move of the health and wellbeing staff base or the voluntary sector is not a matter for public consultation. However, the development of the Health and Wellbeing Centre presented an opportunity to review the location of all services in Teignmouth and Dawlish and how they work together.

4. Final CCG proposal for consultation

The CCG is responsible for public consultation in relation to outpatient clinics and day case procedure services which are provided at Teignmouth Community Hospital. It also needed to re-consult on 12 rehabilitation beds which had never been implemented due to the success of the enhanced intermediate care provided by the health and wellbeing team.

The formal 8-week public consultation on the future delivery of services in the Teignmouth and Dawlish areas closed on 26 October 2020, with more than 1,000 people having taken part.

The consultation invited views and comments on a proposal by the CCG that arose from plans by Torbay and South Devon NHS Foundation Trust to build the new £8million Health and Wellbeing Centre in the heart of Teignmouth. This will house Channel View Medical Group, the local health and wellbeing team, Volunteering in Health and possibly one of the existing Teignmouth pharmacies.

The proposal for consultation consisted of four elements:

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

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

There is a desire to keep providing in the locality all services currently delivered from Teignmouth Community Hospital.

The impact of moving the patient-facing services commissioned by the CCG to Dawlish Community Hospital four miles away or to the Health and Wellbeing Centre in Teignmouth town centre, one mile away, has been evaluated. This Quality Equality Impact Assessment reviews the impact of moving frequently used community clinics to the Health and Wellbeing Centre. These clinics are most used by people in the Teignmouth and Dawlish area. It reviews the impact of day case procedures and specialist outpatient clinics moving to Dawlish Community Hospital. These services are used in high proportion by people outside the Teignmouth and Dawlish area. If all the changes described here took place, it is likely that Teignmouth Community Hospital would be closed.

Teignmouth Community Hospital sees 23,478 people in a year across all the services. Divided by 52, this averages to 451 people attending per week.

5. The role of local Healthwatch

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

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

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

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

In total there were 1,013 survey responses from across Devon. Of the 988 people who answered the question "During this consultation, have you been able to get the information you need and contribute your feedback?" the majority (754 people,

74.44%) answered “yes, completely” or “yes, mostly”. 182 people (17.97%) answered “to some extent,” and 52 respondents (5.13%) answered “no.”

6. Quality impact assessment

The quality impact assessment concludes that the likely impact on people using the services affected by this proposal is beneficial.

Quality indicator	Assessment
Safety	Benefit
Effectiveness	Significant benefit
Experience	Benefit

The assessment below details the review of this.

6.1 Safety

Assessed safety impact: benefit.

Description of impact

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

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

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

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

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

REHABILITATION BEDS - There is no reduction in safety as these are not currently implemented. There is clinical evidence and research to demonstrate that the health and wellbeing care team is looking after patients safely, as members actively support patients who are at risk of admission and liaise with the acute hospital to arrange timely, supported discharge. People are recovering more quickly and effectively, returning to their level of independence and ability more quickly than they would if they had spent more time in a hospital bed. Data to support this can be found in [Clinical evidence](#) and the [Intermediate Care](#) and [Voluntary sector](#) appendices of the business case.

6.2 Effectiveness

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

Description of impact

The model of care in Teignmouth has been evaluated by researchers in residence at Torbay and South Devon Foundation Trust. This can be seen in the [Intermediate Care](#) and [Voluntary sector](#) appendices of the business case. These demonstrate how the health and wellbeing team supports its local population in their own homes where possible, in terms of patient motivation, mental wellbeing scale, frailty and further use of the health and care system. Co-locating this team with primary care in the new Health and Wellbeing centre will further increase the effectiveness of how they all work in a coordinated way and in support of each other.

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

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

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

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

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

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

6.3 Experience

Assessed experience impact: Benefit.

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

Description of impact

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

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

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

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

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

In December 2019/January 2020 Healthwatch Torbay conducted a month-long [survey](#) on understanding the experience of people travelling to Teignmouth Community Hospital and the impact they might experience if their clinic were moved to either the Health and Wellbeing Centre one mile away in Teignmouth town centre or to Dawlish Community Hospital four miles away. They surveyed 231 people, two thirds of whom would need to travel to Teignmouth town centre for their future appointment if the proposals go ahead and one third would need to travel to Dawlish. Key findings of this survey included:

- The **significant majority of respondents reported as having 'no issues'** with Teignmouth Hospital. Those who did, cited parking as the major issue.
- The **small majority** of respondents **said moving to the centre of Teignmouth would make it 'easier' or make 'little or no difference'**, with most who didn't, again citing parking as being the main issue.
- Generally, **patients who walked or caught the bus were happier to be in Teignmouth Town Centre** but people who drive would prefer to stay using the hospital site, raising concerns about parking and traffic in the town centre,

particularly during the summer. As the majority of respondents said they would be using a car to attend clinics, this issue will need to be addressed.

Relevant additional documents for this section are:

- [Travel Impact Assessment](#)
- [Clinical evidence](#)
- [2018 Engagement Feedback report](#)

7. Equality impact assessment

An overview of the equality impact assessment can be seen in the table below, followed by a more detailed assessment of the potential impact on people using the services affected by this proposal.

Overview of assessed equality impact:

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

7.1 Gender

Assessed impact on people based on gender: neutral.

Description of impact

There is no evidence to suggest people of any gender would be more disadvantaged by this proposal than those of another. It is proposed that the services be 'lifted and shifted' from one location to another. The new location for the service would be either one mile away in the same town, or four miles away in the next town. This

proposed change is not one that would cause a potential impact on someone due to their gender.

Has there been specific engagement or consultation with this group?

More women than men have engaged with us to give us their feedback through the following processes:

Respondents to the 2018 engagement process were 140 men, 249 women, 1 gender fluid and 9 prefer not to say

Respondents to the 2019/20 engagement process were 110 men, 116 women, 1 transgender woman and 2 prefer not to say

Respondents to the 2020 consultation were 361 men, 593 women, 25 preferred not to say and 10 preferred to self-describe

None of the respondents to the 2020 consultation indicated gender reassignment, though 'transgender man' and 'transgender women' were options to select

7.2 Race

Assessed impact for people based on race: neutral for all ethnicities considered within the assessment.

Description of impact

Users of the services affected by the proposal and those participating in the engagement processes over the years have been predominantly white European. Having said this, there is no evidence to suggest people of any race or heritage would be more disadvantaged by this proposal, where services were 'lifted and shifted' from one location to another, either one mile away in the same town, or four miles away in the next town, than those of another race or heritage.

Has there been specific engagement or consultation with this group?

Respondents to our 2018 engagement process were 365 white British, 4 white Irish, 4 white European, 3 white other, 1 Chinese and 5 'other'.

Respondents to our 2019/20 engagement process were 96% white British. The rest were white European and 1 preferred not to say.

Respondents to the 2020 consultation saw 935 describe themselves as white British people, 5 people of mixed heritage, 1 Asian British person, 1 African-Caribbean person, 27 people preferred not to say and 10 selected 'other'.

The comments that non-white people made during consultation reflected appreciation of services being moved to modern one-stop facilities and observation

of how people recover more quickly in their own homes. Concerns raised were about parking in Teignmouth town centre and the distance from bus stops of Dawlish Community Hospital.

7.3 Disability

The assessed impact for people based on disability:

- Benefit for people with physical and sensory disability and those with long term health conditions.
- Neutral for Deaf people, people with learning disability, mental ill health and dementia.

More specific assessments by type of disability follow below.

Overall description of impact for people based on disability

The Joint Strategic Needs Assessment shows Central Teignmouth has highest deprivation level in terms of health and disability. Moving the more frequently used services closer to this area with associated transport links and other services would be of benefit.

Dawlish Community Hospital is on a level site with good car parking and access. The building is modern and accessible and includes an induction loop. A new build for the Health and Wellbeing Centre would be in a level part of Teignmouth which is an improvement over the current hospital site and better enables a multi-disciplinary approach.

Users of patient transport would not be disadvantaged as the service would absorb the cost of any additional miles.

There is no evidence to suggest people with any kind of disability would be more disadvantaged by this proposal than those with another kind of disability, or those without disability.

Has there been specific engagement or consultation with this group?

In terms of disability in general, respondents to Coastal engagement in 2018 were 35 people with a disability, 156 with a long-term condition and 32 people were carers. We did not request any more specific information than this in that process. However, subsequently we have been able to ensure we have engaged with people more specifically and have been able to understand more about people's perspectives due to the nature of their disability. This is detailed in the following sections.

In terms of the positive or negative impact that disabled people and others disabled by their health condition felt this proposal may have, this is as follows:

Negative impact:

- Concerns about parking in proximity to the Health and Wellbeing Centre and the availability of spaces, particularly in the summer
- Concerns about the additional cost of transport or access to public transport for accessing services moving to Dawlish
- Poor proximity of bus stops to Dawlish Community Hospital and concern about the distance for mobility scooters
- Rehabilitation beds – some people feel more vulnerable in their own home and want more support with food and company around the clock
- Would prefer to go to a hospital rather than a care home for intermediate care

Positive impact

- The Health and Wellbeing Centre would be an easier location to access on foot and by public transport
- Dawlish Community Hospital offers easy access and parking
- Rehabilitation beds – the experience of fitness and independence levels deteriorating less at home than would have been the case in a hospital bed.

7.3.1 Physical disability

Assessed impact for people with physical disability: benefit.

The Joint Strategic Needs Assessment shows Central Teignmouth has highest deprivation level in terms of health and disability. Moving the more frequently used services closer to this area with associated its transport links and other services would be of benefit.

Dawlish Community Hospital is on a level site with good car parking and access. The building is modern and accessible. A new build for the Health and Wellbeing Centre would be in a level part of Teignmouth which is an improvement over the current hospital site and better enables a multi-disciplinary approach to support people with long term health conditions.

Users of patient transport would not be disadvantaged as the service would absorb the cost of any additional miles.

Has there been specific engagement or consultation with this group?

Respondents to the Coastal engagement in 2018 included 35 people with a disability. 156 people said they had a long-term health condition.

We asked local community transport organisations to help make the Teignmouth Hospital travel engagement in 2019/20 surveys accessible to their customers. 96 of the 231 respondents to this process considered themselves to have a disability. 78 of these said their disability was physical. Seven people who stated they had a physical disability cited health conditions such as 'kidney failure' (3) 'arthritis' (2), 'COPD', and 'heart problems'.

Healthwatch proactively promoted the 2020 consultation to community groups, including those that support people with disability. Of the 984 people who answered the question about disability, 234 people (23%) considered themselves to have a disability. More people (261) further indicated the type of their disability and 152 of these respondents specified theirs was a physical disability.

7.3.2 Sensory

Assessed impact for people with sensory disability: benefit.

Audiology is one of the clinics that would be co-located in the Health and Wellbeing Centre. If people with sensory impairment were to use new facilities, they would benefit from good disability access and a more modern layout.

People using services that would move to Dawlish under these proposals would also benefit from easier access and a modern building, including an induction loop.

Has there been specific engagement or consultation with this group?

Of the 96 respondents to the 2019/20 engagement who considered themselves to have a disability, 11 of these said their disability was visual and 20 said their disability was with their hearing.

Healthwatch proactively promoted the 2020 consultation to community groups, including those that support people with sensory loss. Of the 984 people who answered the question about disability, 234 people (23%) considered themselves to have a disability. More people (261) further indicated the type of their disability and 40 of these respondents specified theirs was deaf/blind. Six people said their disability related to speech.

7.3.3 Learning disability

Assessed impact for people with learning disability: neutral.

People with learning disability could benefit from integrated services operating from the Health and Wellbeing Centre. Teignmouth residents could be disorientated by travelling to Dawlish for outpatient appointments if this is a change for them, but the services that would move there are less likely to be frequently used; instead they would be either for specific episodes of care necessitating a short series of appointments or for infrequent reviews of long term conditions.

Eligibility for patient transport is included for those unable to plan or undertake a journey so some people with a learning disability would be entitled to this additional support. The patient transport service would absorb any additional travel cost from current journey distance.

Has there been specific engagement or consultation with this group?

Of the 96 respondents to the 2019/20 engagement who considered themselves to have a disability, two of these people said they had a learning disability.

The demographic questions in the 2018 engagement and 2020 consultation did not specify learning disability as a possible response option, so this information was not collected. However, Healthwatch proactively promoted the 2020 consultation to community groups, including those that support people with learning disability.

7.3.4 Mental health

Assessed impact for people with mental ill health: neutral.

Concerns were received through the 2020 consultation about parking availability close enough to the new Health and Wellbeing Centre, particularly from carers of people with dementia concerned they would be unable to drop off the person they were bringing to an appointment, and would want to accompany them over only a short distance.

The health and wellbeing team is actively working with Devon Partnership NHS Trust as part of its regular multidisciplinary meetings to ensure all aspects of people's needs are considered.

Integration in the Health and Wellbeing Centre would enhance the collaborative working between primary care, social prescribing and community mental health services which would enable broader benefit to people receiving support. Including mental health services in the Health and Wellbeing Centre was one of the suggestions recorded at the 2020 consultation.

Eligibility for patient transport includes being unable to plan or undertake a journey. The patient transport service would absorb any additional travel cost from current journey distance.

Has there been specific engagement or consultation with this group?

Feedback from the 2018 engagement included concerns about large, busy wellbeing centre waiting rooms affecting anxiety.

Of the 96 respondents to the 2019/20 engagement who considered themselves to have a disability, four of these said they suffered with mental ill health.

In the 2020 consultation, of the 984 people who answered the question about disability, 234 people (23%) considered themselves to have a disability. More people (261) further indicated the type of their disability and 22 (2%) of these respondents specified theirs was a mental illness.

The impact that this proposal might have on people with mental ill health as indicated by their consultation responses were as follows:

Negative impact:

Health and Wellbeing Centre – concern about congestion and parking availability
Concern about infection control in a building reliant on lifts
Concern that there might be a negative impact on GP appointments

Positive impact

Health and Wellbeing Centre - good to have services under one roof with easy access by public transport
Dawlish Community Hospital – good access
Rehabilitation beds – people are supported better at home
General comments – this is better than travelling to Torbay for these services

A request to engage with people affected as the project develops, including carers, has been recorded.

7.4 Sexual orientation

Assessed impact for people based on sexual orientation: neutral.

There is no indication that people of any sexual orientation would be more or less disadvantaged than others by these proposals that would 'lift and shift' services from one location to another, either one mile away in the same town, or four miles away in the next town.

Has there been specific engagement or consultation with this group?

325 of the respondents to the 2018 engagement said they were heterosexual, 5 people said they were gay, 2 lesbian, 2 bisexual and 36 preferred not to say.

181 respondents to the 2019/20 engagement said they were heterosexual with 18 people preferring not to say and 1 person stating bisexual.

Healthwatch proactively promoted the 2020 consultation to community groups, including those that support people through issues around sexual orientation. 964 people answered this question in the 2020 consultation. 872 people identified as heterosexual, 15 identified as gay and 4 identified as bisexual. 57 people preferred not to say and 16 people said they would prefer to self-describe.

There is no reason why the proposed changes would either disadvantage or have a distinct positive impact on anyone due to their sexual orientation.

7.5 Age 0-18

Overall assessed impact for people based on age: neutral.

A more thorough assessment by age range follows below.

7.5.1. Age 0-18

Assessed impact for people based on age group: neutral.

The Joint Strategic Needs Assessment states that 20% of Teignmouth residents are aged 0-19. The services affected by this proposal are predominantly provided to adults. However, some, such as physiotherapy, may be provided to younger people. This service would move to the town centre which would be easier to get to for most families or teenagers travelling alone.

For those who will need to change their travel arrangements and go from Teignmouth to Dawlish, the hospital is within walking distance from public transport and on a more level route than that of the services' current site at Teignmouth Community Hospital.

There is no indication that children and young people would be more or less disadvantaged than people of other ages by these proposals that would 'lift and shift' services from one location to another, either one mile away in the same town, or four miles away in the next town.

Has there been specific engagement or consultation with this group?

Healthwatch proactively promoted the 2020 consultation to community groups, including those that support children and young people, as well as parents and young families. One of the respondents to the 2020 consultation and one to the 2019/20 engagement were under 18. The respondents to the 2018 engagement were aged 16-24.

During a consultation in this area during 2014/15, the CCG visited children's centres to seek the views of parents/grandparents. It also contacted schools to seek the views of families and teachers of children of this age as well as the students themselves. There was minimal specific take up, although the CCG did use a comprehensive school as a venue for a public event.

During the 2020 consultation, the CCG contacted local primary and secondary schools to raise awareness of the consultation among both students and parents.

7.5.2 Age 18-65

Assessed impact for people based on age group: neutral.

The Joint Strategic Needs Assessment states that 19% of Teignmouth residents are aged 20-39 and 27% are aged 40-59. The services affected by this proposal are predominantly provided to adults.

There is no indication that people aged 18-65 would be more or less disadvantaged than people of other ages by these proposals that would 'lift and shift' services from one location to another, either one mile away in the same town, or four miles away in the next town.

Has there been specific engagement or consultation with this group?

11 respondents to the 2018 engagement were aged 25-34, 22 were aged 35-44, 49 respondents were aged 45-54 and 85 respondents were aged 55-64.

From the respondents to the 2019/20 engagement, 5 people were aged 18-25, 9 people aged 26-35, 9 people aged 36-45, 20 people aged 46-55 and 43 people aged 56-65.

In the 2020 consultation, 995 people answered the question on age and 18 people did not answer it.

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

- 203 respondents (20.04%) were aged 56-65
- 88 respondents (8.69%) were aged 46-55
- 55 respondents (5.43%) were aged 36-45
- 23 respondents (2.27%) were aged 26-35
- seven respondents (0.69%) were aged 18-25
- 27 respondents (2.67%) selected “prefer not to say”

7.5.3 Age 65-85

Assessed impact for people based on age group: benefit.

The Joint Strategic Needs Assessment states that a quarter of Teignmouth residents are aged 60-79.

Dawlish Community Hospital is on a level site with good car parking and access. The building is modern and accessible.

A new build for the Health and Wellbeing Centre would be in a level part of Teignmouth and nearer to transport links, car parks and other services, which is improved from the current hospital site. This would indicate a positive benefit.

This age group is one of those that the health and wellbeing team support most in their own homes and which would benefit from further-improved integrated working.

Concerns have been received through the 2020 consultation with regard to how close to the Health and Wellbeing Centre people will be able to park, which indicates the potential for a negative impact. The Health and Wellbeing Centre will not include many parking spaces, which is a similar position to the current GP practices in the town. A [travel and parking assessment](#) was completed as part of the consultation preparation. This sets out the range and cost of car park and on-street parking availability in areas around both the Health and Wellbeing Centre and Dawlish Community Hospital.

Has there been specific engagement or consultation with this group?

112 respondents to our 2018 engagement were aged 65-74 and 102 people were aged 75-84.

Of the respondents to the 2019/20 engagement, 66 were aged 66-75 and 43 were aged 76-85.

Healthwatch proactively promoted the 2020 consultation to community groups, including those that support people in older age, or those that people of retirement age tend to take part in. The largest group of respondents were in the 66-75 age bracket, which was 344 respondents (33.96%). 191 respondents (18.85%) were aged 76-85.

The consultation was proactively shared by Healthwatch with the care home network.

7.5.4 Age over 85

Assessed impact for people based on age: benefit.

The Joint Strategic Needs Assessment states that almost 9% of the Teignmouth population is aged 80 and over.

Dawlish Community Hospital is on a level site with good car parking and access. The building is modern and accessible.

A new build for the Health and Wellbeing Centre would be in a level part of Teignmouth and nearer to transport links, car parks and other services, which is an improvement over the current hospital site. This would indicate a positive benefit.

This age group is one of those that the health and wellbeing team support most in their own homes or care homes and which would benefit from further-improved integrated working.

Concerns have been received through the 2020 consultation with regard to how close to the Health and Wellbeing Centre people will be able to park, which indicates the potential for a negative impact. The Health and Wellbeing Centre will not include many parking spaces, which is a similar position to the current GP practices in the town. A [travel and parking assessment](#) was completed as part of the consultation preparation. This sets out the range and cost of car park and on-street parking availability in areas around both the planned Health and Wellbeing Centre and Dawlish Community Hospital.

Has there been specific engagement or consultation with this group?

15 respondents to our 2018 engagement were aged 85+.

28 of the respondents to the 2019/20 engagement were aged 86+.

Healthwatch proactively promoted the 2020 consultation to community groups, including those that support people in older age, or those that people of retirement age tend to take part in. 56 respondents (5.53%) to the 2020 consultation were aged over 85. The impact that this group of people suggested through their consultation responses were as follows:

Positive impact

Health and Wellbeing Centre would be easier to access from Dawlish
Dawlish Community Hospital has more parking and more disabled spaces (but there could be more)
Home visits cause less distress than a hospital ward

Negative impact

Dawlish Community Hospital is further away from Bishopsteignton and other rural areas and Dawlish town is difficult to drive within
The distance that Dawlish Community Hospital is from bus stops is too far for a mobility scooter
Rehabilitation beds - people in their own homes need constant support, not sporadic visits
It can be worrying for a carer not to know when the next visit is going to be, especially at night with no phone signal in rural areas

7.6 Religion and belief

Assessed impact for people based on religion and belief: neutral.

Torbay and South Devon NHS Foundation Trust's Chaplaincy and Pastoral Care team visits people in bed-based services, including in community hospitals such as Dawlish. Visits can also be arranged from local faith groups. The proposals in this consultation are focussed around appointment-based or home-visit based, non-residential stay services which should not affect anyone's ability to observe religious practice.

Appointments and home visits can be arranged around such requirements. Any practice required within people's homes required by any particular religion, such as the removal of shoes on entry, will be observed. Torbay and South Devon Foundation Trust has equality and diversity training that is mandatory for all staff.

The proposals would 'lift and shift' services from one location to another, either one mile away in the same town, or four miles away in the next town. There is no indication that people would be more or less disadvantaged by these proposals due to their religion or belief.

Has there been specific engagement or consultation with this group?

We asked local churches of various denominations to promote previous engagement processes. We did not collect faith and belief data in previous processes, but the 2020 consultation was proactively shared with local Church groups.

973 people answered the religion or belief question in the 2020 consultation and 40 people did not answer it.

- 610 respondents (60.22%) described themselves as Christian
- six respondents (0.59%) described themselves as Buddhist
- one respondent (0.10%) described themselves as Muslim
- 236 respondents (23.30%) had no religion
- 76 respondents (7.50%) selected “prefer not to say”
- 44 respondents (4.34%) selected “other”

7.7 Asylum seekers, refugees and travellers

Assessed impact for people who are asylum seekers, refugees or travellers: benefit.

There is no data available in respect of these groups using services.

The change of location proposed in consultation should not have a negative impact on asylum seekers, refugees or travellers. With proposed locations closer to public transport links and other services, this should result in a positive impact.

Has there been specific engagement or consultation with this group?

Healthwatch proactively promoted the 2020 consultation to community groups and workers, including those that support refugees, gypsies and travellers.

7.8 Rurally isolated

Assessed impact for people based on rural isolation: neutral.

The Joint Strategic Needs Assessment data states that nearly 5% of people in the Teignmouth area are residents of rurally isolated communities, as opposed to nearly 20% across Devon.

The model of care which currently replaces the 12 rehabilitation beds at Teignmouth Community Hospital enables the health and wellbeing team to care for people in their own homes. This means a reduction in travel for appointments, which is of benefit for this group. As people would already have to travel by vehicle to all appointments, moving them a maximum of either 1 or 4 miles from their current location is of neutral impact. For many people in the rural area, the services that would move 4 miles from the current location might be less of a distance for them to travel if they live between the two towns.

Has there been specific engagement or consultation with this group?

We asked community transport organisations to help us with our engagement in 2018 and in 2020 Healthwatch actively contacted more than 200 community groups in the area, including those in village settings.

7.9 Parity of esteem between physical and mental health services

Assessed impact for people based on parity of esteem: benefit.

Specific actions are taking place to ensure better integration between physical and mental health services. The health and wellbeing team is actively working with Devon Partnership NHS Trust as part of its regular multidisciplinary meetings to ensure all aspects of people's needs are considered.

Integration in the Health and Wellbeing Centre would enhance the collaborative working between primary care, social prescribing and community mental health services which would enable broader benefit to people receiving support. Including mental health services in the Health and Wellbeing Centre was one of the suggestions recorded through the 2020 consultation.

Has there been specific engagement or consultation with this group?

Please see section 7.7 in the 'disability' section.

7.10 Least deprived parts of the population

Assessed impact for people based on being least deprived: neutral.

The proposed sites are close by (less than a mile, and less than 4 miles from Teignmouth Community Hospital) and accessible by public transport or on foot.

The least deprived areas are in Teignmouth north of the town centre, and across the estuary in Shaldon and Bishopsteignton. Those travelling from the north of Teignmouth town centre may have the same or slightly more distance to travel to the Health and Wellbeing Centre, although this is within a mile. Their journey to Dawlish Community Hospital by car would be less than the 4 miles as they are closer.

Those travelling from Shaldon and Bishopsteignton would have less than a mile further to travel to the Health and Wellbeing Centre (unless the people coming from Shaldon came by ferry, in which case it would be closer) and 4 miles further to get to Dawlish Community Hospital (unless they drove 'across country' from Bishopsteignton which would be less distance).

A [travel impact assessment](#) was completed for the 2020 consultation which set out where people travelled from for the appointments, how this might change and what the associated travel and parking costs might be.

Has there been specific engagement or consultation with this group?

Indications of people's deprivation levels have not been collected throughout previous engagement and consultation. Geography of where people lived was not collected more specifically than the first part of respondents' postcodes which is wider than the areas identified on deprivation indices.

7.11 Most deprived parts of the population

Assessed impact for people based on being least deprived: benefit.

The English Indices of Deprivation measure relative levels of deprivation in defined small areas of England called Lower Super Output Areas (LSOAs). The overall measure is called the Index of Multiple Deprivation (IMD).

Teignmouth town centre and sea front area, which is where most of the services would move to, has the highest IMD score in the Teignmouth and Dawlish area (38.26). This is closely followed by Teignmouth Hospital and Mill Lane area which is where the services are currently situated (33.31), Dawlish Warren and Cockwood, which is where some services would be moving towards (32.44) and Dawlish seafront (30.98). The next highest areas are in Teignmouth, between where the Health and Wellbeing Centre is proposed and the Community Hospital where services are currently.

The table below shows the IMD score and rank in 2017 for key areas in Teignmouth and Dawlish, compared with the overall scores for Devon and Teignbridge.

Area	Area IMD score	Teign-bridge score	Devon score
Teignmouth: Town Centre and Seafront area	38.26	16.53	17.09
Teignmouth: Hospital and Mill Lane area (north and west of hospital, to Broadmeadow)	33.31		
Dawlish Warren and Cockwood	32.44		
Dawlish: Seafront area	30.98		
Teignmouth: Landscore Road area (north of town, towards college)	28.41		
Teignmouth: Westbrook Avenue area (east of hospital, to town)	24.15		
Dawlish: Coronation Avenue area (south of Dawlish Community Hospital)	21.89		
Dawlish: Church Street area (rural area west of Community Hospital)	21.07		
Dawlish: Gatehouse Hill area	18.69		
Dawlish: Longlands and Wallace Avenue area	14.64		
Dawlish (East)	14.15		
Teignmouth: Haldon Avenue area	12.25		
Teignmouth: Woodway Road area	11.72		

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Dawlish: Teignmouth Road area	11.68		
Teignmouth: Moorview Drive area	10.35		
Shaldon West and East, Stokeinteignhead and surrounding areas	10.06		
Bishopsteignton (south) and surrounding areas	9.16		
Bishopsteignton (north), Luton and surrounding areas	9.01		
Shaldon Central	8.49		
Teignmouth: Buckeridge Road area (around the community college and Trinity School)	8.24		
Teignmouth: Pellow Way and St Marys Road area (across higher part of Exeter Road)	8.08		

It is notable that the areas with the highest IMD scores are in the urban areas of both Teignmouth and Dawlish, within walking distance of either Dawlish Community Hospital or the proposed site of the Health and Wellbeing Centre, the latter of which falls within the most deprived area. The second most deprived area (Teignmouth Hospital and Mill Lane) is a longer, but still walkable distance from the Health and Wellbeing Centre which is where most services would move to. People from this area would have to walk past the site where services are currently.

Public transport links can be accessed from the top 7 most deprived areas.

If travelling to Dawlish from Teignmouth on public transport, it is accessible by bus and train and is less than 4 miles away from Teignmouth. From the main bus or train stops in Dawlish, it is an 8-10 minute relatively level walk to Dawlish Community Hospital. It costs £3-4 return for a bus ticket with a journey time of 10-14 minutes.

Currently, from Dawlish to Teignmouth Community Hospital, regular buses stop at the bottom of a steep hill. It is possible to catch a less frequent bus from the town centre to right outside the hospital.

All public transport routes go via Teignmouth town centre which is closer to the site of the proposed Health and Wellbeing Centre and is the most deprived area identified above.

Our patient transport policy adheres to <https://www.nhs.uk/using-the-nhs/help-with-health-costs/healthcare-travel-costs-scheme-htcs/>

The CCG has received a written commitment from local community transport organisations to work with the NHS on transport issues that affect people with complex health or financial needs.

The overall assessment for people in the most deprived areas of Teignmouth and Dawlish is that the proposed changes would be of benefit, with only one area

needing to travel slightly further for their services. This is mitigated by the proposed location being in the town centre area, where other essential activities could be combined with the outing.

Has there been specific engagement or consultation with this group?

The 2020 consultation was proactively shared by Healthwatch with groups from the relevant areas of Teignmouth and Dawlish. Healthwatch worked with the community link from Teignbridge Community Voluntary Services and groups in the hospital and Mill Lane area including the Kingsway Residents Association and the Pow Wow café and nursery. Healthwatch ensured posters and papers copies of the consultation document were available and that people in the community were aware of the CCG's offer to attend virtual community meetings.

8. Outline of any actions to ensure equality and engagement

The quality equality impact assessment has determined that any likely impact of this proposal on people, whatever their protected characteristic or issue of inequality is either neutral or beneficial.

Concerns have been raised through engagement and consultation about parking around the Health and Wellbeing Centre in Teignmouth, transport to and the cost of parking at Dawlish Community Hospital, which is four miles away from the current service location, and Dawlish Community Hospital's proximity to bus stops.

These concerns will be kept under review in the following ways:

1. The CCG Governing Body is being asked to approve a recommendation to:
 - Request Torbay and South Devon NHS Foundation Trust consider providing secondary office space at Dawlish Community Hospital for physiotherapists, occupational therapists and district nurses. [This would alleviate some of the parking difficulties.]
 - Request Torbay and South Devon NHS Foundation Trust work with Teignbridge District Council to mitigate parking issues for staff and patients as far as possible.
2. The CCG will continue discussions with community transport organisations on issues affecting people with complex health or financial need. A commitment to work on this with the NHS has already been received.

The CCG has been engaging with people in the Teignmouth and Dawlish areas over a number of years.

Previously, proposal development was discussed with Teignmouth Town Council, the chair of which represented the most deprived area. The Coastal Engagement Group has been an essential part of proposal development and advised on content and format of consultation materials. This group has representation from key parts of the community in the local area:

- Teignmouth and Dawlish Town Councils
- Teignmouth and Dawlish Leagues of Friends
- Community, voluntary and social enterprise sector
- GP practice Patient Participation Groups

The 2020 public consultation process

Healthwatch in Devon, Plymouth and Torbay was contracted by the CCG to ensure a thorough process in which people could take part. Because COVID-19 was still present in the community, the consultation took a different form from that originally planned to ensure the public could have their say and share their feedback about the new proposals.

The CCG produced a [consultation document](#) explaining the background to the consultation, the reasons for change, full details of the proposal and a paper copy of the consultation survey itself. The full consultation document was delivered to every home in TQ14 & EX7 postcode areas (16,000+ households), with surrounding areas including Torbay receiving a flyer informing them about the consultation and how to obtain further details if required (133,000+ households).

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

To avoid the health risks associated with public meetings at a time of COVID-19 and to obviate the need for travel, live meetings were held online via Microsoft Teams, with the opportunity for people to ask questions of a panel made up of senior clinicians and managers and air their views in real time. Six of these were held at different times of day, including evening and weekend meetings.

Three separate meetings were also held for staff and seven were taken up by different community groups. The consultation team also offered telephone clinics.

A dedicated consultation section of the CCG website included:

- Links to all current consultation resources, including an [EASY READ version](#) (provided by Living Options Devon) and [audio version](#) of the consultation document.

- [Links to all public meetings](#) and guidance on exactly how the public can join a meeting from their own home. This included recordings of all the online public meetings for people to watch after the event.
- A regularly updated '[Frequently Asked Questions](#)' section regarding the proposal and consultation.
- [Supporting background information](#), such as the Travel Impact Assessment.
- [Videos](#), accessible documents, and resources detailing the proposal in full, including in audio described and other languages formats. The website also featured a support software tool called Browsealoud, which helps improve accessibility by adding speech, reading and translation helping to reach a much wider audience – such as those with dyslexia, low literacy, mild visual impairments or where English is a second language.

Social media was used by both the CCG and Healthwatch to promote the consultation, sharing links to the survey itself, the online public meetings, and the CCG consultation section of its website. Healthwatch tagged local community organisations in social media posts and encouraged them to share with their own followers.

Healthwatch also used its online social media accounts to share the consultation information directly to other Facebook community groups, including sharing a version in Polish with a Polish group.

In addition to the standard methods of promoting the consultation, Healthwatch directly contacted over 200 community support groups and voluntary organisations in the Teignmouth, Dawlish and surrounding areas, via email and/or telephone. This included a number of different organisations which work with 'harder-to-reach' groups of people who fell under one or more of the nine 'protected characteristics' of the UK Equality Act: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. A table of the community organisations contacted and where relevant, their protected characteristic, can be found at Appendix 1.

9. Conclusion

The proposal is for services to 'lift and shift' from one location to another, either one mile away in the same town, or four miles away in the next town. All aspects of the quality equality impact assessment have been thoroughly evaluated, supported by feedback gathered through engagement processes.

Concerns have been noted about parking in Teignmouth town centre and the distance that Dawlish Community Hospital is from a bus stop and these are addressed in section 8.

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However, the overall assessment of the quality indicators is that this proposal would have a beneficial impact on the people using these services.

The overall assessment of the equality indicators is that this proposal would have a neutral or beneficial impact on the potentially most vulnerable or disadvantaged members of our community.

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Appendix 1

Community Groups contacted directly by local Healthwatch and offered to participate in the consultation.

Contact method	Group Type/Name	Protected characteristic covered
Email	The Old Peoples Social Centre	Age - old
Email	Teignbridge Action 4 Children	Age - young
Email/phone	Teignbridge Homeless Action Today	Homeless
Email/phone	Homeless in Teignbridge Support	Homeless
Email/phone	Walk This Way Teignbridge	N/A
Email	Scouts	Age - young
Email	Teignbridge Titans Netball Club	Age - young
Email/phone	Dawlish and Teignmouth European Relief	Race
Email	Assist Community Support Project - Teignbridge	Disability
Email	Dawlish and Teignmouth Camera Club	N/A
Email	Dawlish Ladies Guild	Sex
Email/phone	The Open Daw, Dawlish Community Information Centre	N/A
Email	A.I.M.S. (Dawlish)	Disability
Email/phone	Alice Cross Dementia Support in Teignmouth (Memory Cafe)	N/A
Email	Singing for the Brain	Age - older; Dementia
Email	The University of the Third Age (U3A)- Dawlish	Age - old
Email	Dawlish Memory Cafe	Age - old
Email/phone	Dawlish Dancers	Age - old
Email	Teignmouth Community College Parent Teacher Friend Association	N/A
Email/phone	Teignbridge Youth Group Special Needs	Disability
Email	Seeing	Disability - visually impaired
Email/phone	Horsemanship for Health	Mental Health
Email	Hand in Hand	Mental Health
Email/phone	Assist Teignbridge	Age- older
Email	Oaklands Park School PTFA	N/A
Email	Dawlish Guides	N/A
Email/phone	VOYC Devon	Age - young
Email	Pluss- Employment services	Disability
Email/phone	Living Options Devon	Disability
Email/phone	Action for blind people	Disability - blind
Email/phone	Devon Sensory Outreach Service	Disability - visually impaired
Email	Moor Vision	Disability - visually impaired
Email	New Key	Disability
Email/phone	Pluss Opportunities / Seetec Plus	Mental Health
Email/phone	Roots Community Enhancement	Mental Health
Email/phone	Teignbridge Gypsy and Traveller Forum	Race

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14/09/2020	Dawlish Christian Fellowship	Religion and belief
14/09/2020	Ladies Hockey Club	Sex
Email/phone	Dawlish Women's Institute	Sex
Email	Mother's Union	Sex; Pregnancy and maternity
Email/phone	East Teignbridge Community Transport Association	N/A
Email	Crochet Workshops	N/A
Email	Redeeming out Communities (ROC)	N/A
Email	Dawlish Conservation Trust	N/A
Email	Friends of Dawlish Comm Hospital	N/A
Email	Home-start Teignbridge	Age
Email/phone	Strand Community Trust	N/A
Email/phone	Waves	N/A
Email/phone	Dawlish Art Group	N/A
Email	Rotary Club of Dawlish Water	N/A
Email	Sing along	N/A
Email	U-Kan-Strum	
Email/phone	Dawlish Library	N/A
Email	Dawlish Musical Theatre	N/A
Email	Dawlish and Starcross District girl guides	Sex
Email	Rotary Club of Dawlish Benevolent Fund	N/A
Email	Dawlish Repertory	N/A
Email/phone	Dawlish & District Indoor Bowling Association	N/A
Email/phone	Rotary Club of Dawlish	Age - old
Email/phone	Flexercise with Emily	Age
Email	Probus Club Newton Abbot and District	Age - old
Email/phone	Community, equality, disability action (CEDA)	Disability
Email/phone	Dawlish Gardens Trust	Disability
Email/phone	Devon Link-up	Disability
Email	The Key at Hannah's	Disability - visually impaired
Email	Artists Way Health Trainers	N/A
Email	Active Devon	N/A
Email	Youth Parliament	Age - young
Email/phone	Young Devon	Age - young
Email/phone	Action for Children	Age
Email	Memory Cafe	Age - old
Email	Shaldon Parent Toddler Group and Preschool Learning Alliance	Age
Email	Scouts - River Teign Sea Scouts	Age - young
Email/phone	Shaldon and Ringmore Village Hall	Age - young
Email/phone	Sea Cadets - Teign Valley	Age - young
Email	Surf Life Saving - Teignmouth	Age - young
Email	Teignbridge Titans Netball Club	Age - young
Email/phone	Patient Participation Group (Devon Square)	N/A
Email	Patient Participation Group (Devon Square)	N/A
Email	Devon Federation of Young Farmers Clubs	Age- young
Email/phone	Shaldon Over-Sixty Club	Age - old
Email/phone	Alice Cross Community Centre	N/A
Email	Age Concern Teignmouth and Shaldon (Alice Cross)	Age - old

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Email/phone	Action on Hearing Loss (RNID)	Disability - deaf or hard of hearing
Email/phone	Devon Mind	Mental Health
Email/phone	Hikmat Devon	Race
Email/phone	LGB Transaction	Sexual orientation + Gender Reassignment
Email	Devon Fawcett Group	Sex
Email/phone	Proud2Be	Sexual orientation
Email	Atlas Respite & Therapy - Dementia Specialist Activity Centre	N/A
Email/phone	The League of Friends of Teignmouth Hospital	N/A
Email/phone	Coastal Youth Action	Age - young
Email	Bishopsteignton Healthy Living Centre	N/A
Email	Local Refugee Resettlement Worker	Race
Email/phone	Refugee Support Devon	Race
Email	UBUNTU	Race
Email	Splitz	Domestic Abuse
Email	Mutual Aid	N/A
Email/phone	Helping Dawlish	N/A
Email/phone	Little Swans Preschool Dawlish	Pregnancy and Maternity
Email	Gatehouse School Association	N/A
Email/phone	Dawlish Action for Youth	Age - young
Email	Dawlish United FC	N/A
Email	Citizens Advice	N/A
Email	DCT	N/A
Email/phone	Devon Senior Voice	Age- old
Email/phone	Devon Age UK	Age - old
Email/phone	Mencap: Teignbridge needs youth group	Disability
Email/phone	Dawlish Disability Network	Disability
Email	Dawlish AIMS	Disability
Email/phone	Devon In Sight	Disability
Email	Multilingua	Race
Email/phone	Dawlish Methodist Group	Religion and belief
Email/phone	Intercom Trust	Sexual orientation + Gender reassignment
Email/phone	Proud2be (Families Group)	Sexual orientation
Email	Dawlish Community Transport Action	N/A
Email	Dawlish Choral Society	N/A
Email	Dawlish Rocks	N/A
Email	Friendship Club	N/A
Email/phone	Devon Carers	Carers
Email/phone	Carers Support group	Carers
Email	Black Swan Bell ringers	N/A
Email	Chess and Draughts club	N/A
Email	Dawlish Coasters	N/A
Email	Dawlish History Group	N/A
Email	Dawlish Painters	N/A
Email	Friends of Dawlish Library	N/A

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Email	Friends of Dawlish station	N/A
Email	Dawlish Amateur Repertory Company	N/A
Email	Dawlish Museum Society	N/A
Email	Holcombe Village Hall	N/A
Email	Plants for Future	N/A
Email/phone	Bishopsteignton Care Watch	Age - old
Email	Teignbridge Community Voluntary Services	N/A
Email	Scouts - 4th Teignmouth	Age - young
Email	Hazeldown Parent Teachers Association	Age
Email	Scouts - 1st Bishopsteignton	Age - young
Email	Dawlish Wives Group	Sex
Email	Youth Parliaments	Age - young
Email	Active Devon	Age
Email/phone	Rotary Club of Dawlish	Age- old
Email/phone	The Salvation Army	N/A
Email/phone	National Childbirth Trust (Torbay/ South Devon)	Pregnancy and Maternity
Email/phone	Carry on Choir	N/A
Email/phone	Recovery Devon	Mental Health
Email	Bishopsteignton Healthy Living Group	N/A
Email	Bishopsteignton Parish Council	N/A
Email	Citizens Advice - Teignbridge	N/A
Email	Devon Memory Cafe Consortium	N/A
Email	Memory Cafe - Bishopsteignton	N/A
Email	Memory Cafe - Shaldon (St Peter's Church)	Religion and belief
Email	Friends of Teignmouth Library	N/A
Email	Inverteign Wildlife Area Project	N/A
Email/phone	Kingsway Residents Association	Deprived
Email	Lighthouse CIC	Pregnancy and Maternity
Email/phone	Pow Wow Cafe	Deprived
Email	Shaldon Optimists Cricket Club	N/A
Email	Teign Heritage Centre	N/A
Email	Teignmouth Arts in Action Group	N/A
Email	Shaldon Wildlife Trust Limited	N/A
Email	Teignmouth District Girl Guides Association	Gender and Age - young
Email/phone	The New Road Area Community Association	N/A
Email/phone	The Teignmouth Soup Kitchen Trust	N/A
Email/phone	Teignmouth and Dawlish Ramblers	N/A
Email/phone	Dawlish Baptist Church	Religion and belief
Email/phone	Dawlish History Group	N/A
Email/phone	Dawlish Celebrates Carnival	N/A
Phone	Dawlish Chamber of Trade	N/A
Phone	Sunflower Bunch	Cancer support
Phone	Teignmouth Amateur Football Club	N/A
Phone	Teignmouth Rugby Football & Supporters Club	N/A
Phone	Dawlish Friends	N/A
Phone	Friendship Club	N/A
Phone	Friends Together	

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Email/phone	Happy Days Nursery	Pregnancy and Maternity
Phone	Dawlish Freemasons	N/A
Phone	Dawlish Social Luncheon Club	N/A
Phone	Craft and Chat	N/A
Email/phone	Devon Communities Together	N/A
Phone	Teignmouth Congregation of Jehovah's Witnesses	Religion and belief
Email/FB	Devon Faith and Belief Forum	Religion and belief
Email	Pink Families	Sexual orientation
Email/phone	Devon Maternity Voices	Pregnancy and Maternity
Email	Sikh Community Devon and Cornwall	Religion and belief
Email	South Devon Methodist Circuit	Religion and belief
Email/phone	Depression and Anxiety Service	Mental Health
Phone	Dawlish Civil Service Retirement Fellowship (CSRF)	Age
Phone	Age Concern Luncheon	Age- old
Phone	Reading Group for the Visually Impaired	Disability - visual
Phone	Polish Community	Race
Phone	South Devon and Torbay Community Sight Loss Hub	Disability - visual
Phone	Craft and Chat	Age
Phone	Youth ROC Dawlish	Age - young
Email	Bosom buddies	Pregnancy and Maternity
Email/phone	Action for Children	Age - young
Email	Bishopsteignton Parish Council	N/A
Email/phone	Bishopsteignton Preschool Playgroup	Pregnancy and maternity; Age - young
Email/phone	East Teign Nursery	Pregnancy and Maternity
Email/phone	Teignmouth Baptist Church	Religion and belief
Email/phone	Teignmouth Library	N/A
Email	Bishopsteignton Village Website	N/A
Twitter	Fairplay South West	SEX
Email/phone	St Gregory's of Dawlish	Religion and belief
Email/phone	Starcross Pre-school	Pregnancy and Maternity
FB	Quaker Gatherings Devon and Cornwall	N/A
FB	Inclusive Exeter	N/A
FB	Devon Community Foundation	N/A
FB	DDE at the Global Centre	N/A
Email	South Devon Seabird Trust	N/A
Email	Girlguiding Devon	Age - young; SEX
Email/phone	Friends of Dawlish Hospital	N/A
Email/phone	Hearing Dogs for Deaf People	Disability - Deaf
Email	Red rock youth centre (Dawlish)	Age - young



Feasibility Estimate
Teignmouth Hospital Site Redevelopment Project
For
Torbay and South Devon NHS Foundation Trust



Document Control

Identification

This Estimate is categorised as follows:

Category	Details
Project Name:	Teignmouth Hospital Refurbishment
Project No.:	23-6667QS
Author:	Kai Holland
Contributors:	Dave Packer

Document Approval

This document requires the following approvals. A signed copy is to be placed in the Project files.

Name	Position	Approval	Date
David Packer	Associate Partner (QS)	Approved	06/09/2023

Revision History

Each new version of the Estimate must be reviewed and recorded in the table below.

Version	Author	Reason for Issue	Issue Date
-	David Packer / Kai Holland	Draft for Comment	06/09/2023
A	David Packer / Kai Holland	Updated to reflect comments raised	19/09/2023

Document Distribution

This document has been distributed to the following Project Team members:

Name	Organisation	Role
Helen Elkington	T&SD NHS Foundation Trust	Associate Director of Strategic Estaes



Contents

- Section 1 Introduction
- Section 2 General Summary
- Appendix A GA's & Other Key Drawings



Section 1

Introduction

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Introduction

1.0 Introduction

1.1 This feasibility estimate has been prepared by Ward Williams Associates, on behalf of Torbay and South Devon NHS Foundation Trust, for the project known as Teignmouth Hospital Refurbishment at the Teignmouth Health & Wellbeing Centre, Mill Lane site. The estimate provides a high level assessment of costs to carry out the demolition of the Sure Start and Clinic Buildings and alteration and refurbishment of the main hospital building. The hospital refurbishment is inclusive of recommended backlog maintenance.

2.0 Cost Summary

2.1 Please refer to Section 2.0, the General Summary, for the overall estimated costs.

3.0 Basis of Estimate

3.1 This estimate has been based upon the following information:-

Teignmouth Hospital, Sure Start and Teignmouth Clininc Drawings (Documents 1-4)

- Drawing No's 380-A1-XX-R01 & 308-A1-XX-R02, 388-A1-XX-R01, 385-A1-XX-R01
- Teignmouth Hospital Breifing Document

- Condition Survey (Document 5)

- Asbestos Report Teignmouth Hospital Buuildings (Document 6)
- Teignmouth Hospital Schedule of Accomidation (Document 7)

3.2 The estimate has been based on a combination of benchmarked out-turn rates obtained for projects of similar nature using a combination of industry published data as well as WWA's internal database of project costs.

4.0 SCHEDULE OF FLOOR AREAS

Areas have been measured from the drawings, as noted in the basis of this estimate, using the CAD Software CADMeasure.

Gross / Net areas have been measured in accordance with The New Rules of Measurement (1st Edition) Published in 2009 by the RICS.

- Definitions:**
- NIA** Area excluding all circulation, toilets, showers, plant, back of house storage, ducts, structures etc
 - GIA** Area up to *internal* face of external wall including all internal structures but excluding voids
 - GEA** Area up to *external* face of external wall including all internal structures

Areas denoted as NIA do not necessarily equate to effective areas; (i.e. client fit out of retail areas will likely effect the NIA space with the installation of internal partitions)

The measures and areas within this document should not be relied upon for any other purpose other than the formulation of the Cost Plan itself.

The areas are subject to design team confirmation and agreement.



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4.0 SCHEDULE OF FLOOR AREAS (continued)

Summary of Gross Internal Areas (GIA)

<i>Main Building</i>	2,252
<i>Clinic</i>	255
<i>Sure Start</i>	289
<i>Total GIA</i>	<u>2,796</u> m ²

5.0 Contingency

Planning / Design & Construction Contingency is allowed at 10%.

6.0 Optimism Bias

Optimism Bias: 15% Form available on request.

7.0 Inflation

PUBSEC Tender Price Index of Public Sector Building Non-Housing

Base Date: 3Q 2023 =	305 (forecast)
Allow Inflation To: 4Q 2024 =	316 (forecast)
Inflation Allowance :	4%

Note, should these dates change for any reason the inflation assumptions will need to be updated.



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8.0 Assumptions

- a* Un-hindered access and work to be carried out in a single phase.
- b* It is assumed the majority of the works will be undertaken during normal working hours
- c* We have assumed all works to be carried out under one Contract, on the basis of a single stage, traditional procurement route.
- d* We have made a general allowance for preliminaries commensurate with similar schemes, but this will be dependant upon any Contractor's final programme and method of procurement.
- e* We have made a general allowance for planning construction risk at 10%. We have separately included an Optimism Bias value of 15% but this is subject to a formal calculation. When more information becomes available we can undertake a formal review of the OB value to underpin this allowance.
- f* VAT is applied at 20% to all costs other than professional fees.
- g* An allowance for inflation has been included until 4Q 2024, however inflation will be dependant on the final programme.

9.0 Exclusions

- a* Land acquisition and legal costs.
- b* Facilities management and ongoing maintenance costs (running costs of the building).
- c* Diversion/relocation of existing underground/overground services and/or off-site reinforcement unless where explicitly stated as part of this cost plan.
- e* Land remediation, removal of contaminated ground, hazardous materials, invasive plant species, mining remediation.
- f* Any additional work required following surveys/ reports etc.
- g* Statutory notifications and Planning Consent.
- h* Completing works out of hours.
- k* Service distribution replacement other than domestic water runs.
- m* Non-Clinical space loose furniture items.
- n* Any consequential upgrades to the existing building
- o* Any remedial or repair works required to the existing drainage.
- r* Further assumptions and exclusions are included within the summary.



Section 2

General Summary

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OVERALL SUMMARY - INITIAL INDICATIVE COSTS

Ref	Description	Quantity	Unit	Rate	Total (£)	Comments
A	Building Cost Elements:					
B	Refurbishment of Clinical space	773	m ²	5,500	4,251,500	
C	Refurbishment of Non-clinical space	552	m ²	4,500	2,484,000	
D	Refurbishment of circulation and plant	927	m ²	3,500	3,244,500	
E	Specific Site Constraints:					
F	Allowance for asbestos removal across site	1	item	150,000	150,000	Notional allowance only
G	Allowance for demolition of Clinic and Sure Start Buildings	1	item	75,000	75,000	Notional allowance only
H	Allowance for site clearance of Sure Start and Clinic site, say	700	m ²	100	70,000	
I	E/O Allowance for backlog maintenance	1	item	600,000	600,000	RISK Allowance - As per C&B Conditions Survey - Construction Cost used adjusted to Present Day costs; Unknown how much of these works have already taken place.
J	E/O allowance for domestic water relocation; main building	-	item	-	Inc.	Inc. in Building Cost Element Rate
K	E/O allowance for additional lift	1	item	75,000	75,000	
L	E/O allowance for original lift overhaul	1	item	35,000	35,000	
M	E/O allowance for front patient access front staircase	1	item	25,000	25,000	Requirements TBC
N	Temporary Portakabins for continued Clinic activity	1	item	250,000	250,000	Requirements TBC
O	Contractor Preliminaries and OH&P	15%			1,689,000	
P	Total Estimated Construction Costs				12,949,000	
Q	Professional and Statutory Fees	10%			1,294,900	
R	Surveys	1	item	100,000	100,000	
S	Decant / move management	1	item	0	-	Inc in Line N for Temporary Portakabins
T	Client Supply and Install Group 3 Items	1	item	300,000	300,000	Budget / Notional estimate only. Equipment Consultant / Procurement to provide costed list.
U	Loose Furniture, Fittings and Equipment	1	item	0	-	Inc. in Group 3 items. Clinical specific items only.
V	Active IT Installations	1	item	100,000	100,000	
W	Sub-Total				14,740,000	
X	Planning Contingencies	10%			1,474,000	Design and construction contingencies
Y	Sub-Total				16,210,000	
Z	Optimism Bias	15%			2,431,500	To be formally assessed once sufficient information available
AA	Sub-Total				18,640,000	
AB	VAT	20%			3,728,000	No allowance for rebate
AC	Sub-Total				22,370,000	
AD	Inflation Provision (to Q4 2024)	4%			894,800	Applied at 4%; to assume starting on site 4Q2024
AE	Total Estimated Project Cost				23,300,000	
AF	Building Cost / m ²				5,800	Based on a GIA of 2,252m ² for the Main Build (excludes Sure Start and Clinic)
AG	Project Cost / m ²				10,300	Based on a GIA of 2,252m ² for the Main Build (excludes Sure Start and Clinic)

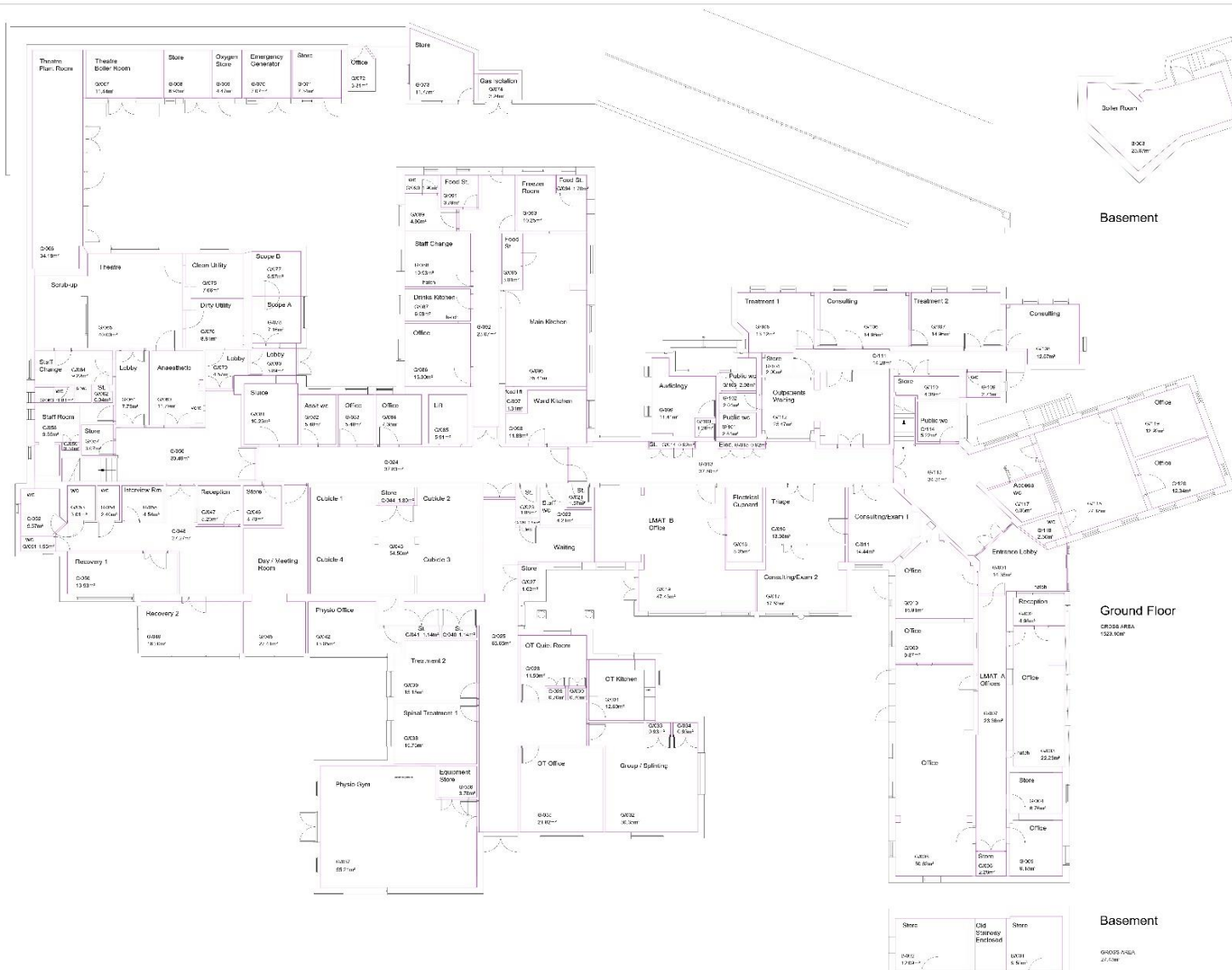
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Appendix A

GA's & Other Key Drawings

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Location Plan	
<p>Dimensions are not to be scaled from this drawing. All dimensions are to be checked against actual site sizes before any work is fabricated.</p>	
Notes	
<p>March 17 A LV/AT Offices Date No Revision</p>	
<p>Torbay and South Devon NHS NHS Foundation Trust Centres and Facilities Directorate Torbay Hospital, Lansal Road, Teignmouth, Devon, TQ14 3PL Tel: 01392 628243</p>	
<p>Property Teignmouth Health & Wellbeing Centre Mill Lane Teignmouth</p>	
<p>Project Block A1 - Basement & Ground Floor</p>	
<p>Title Record Plans</p>	
Date April 15	Drawn mt
Scale 1:100@A1	Revision A

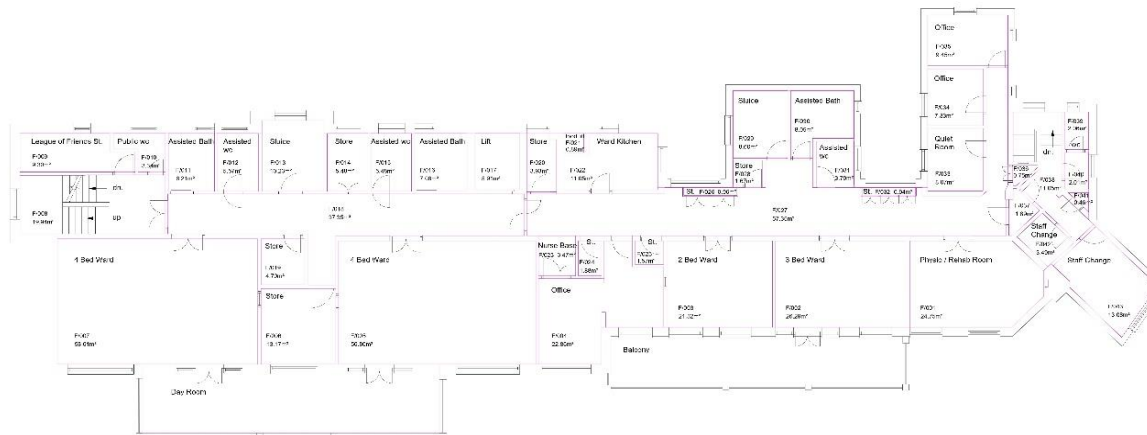
Appendix A2 - Existing GA Plan- Main Building First and Second Floor

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Second Floor

BR205 AREA
24.88m²



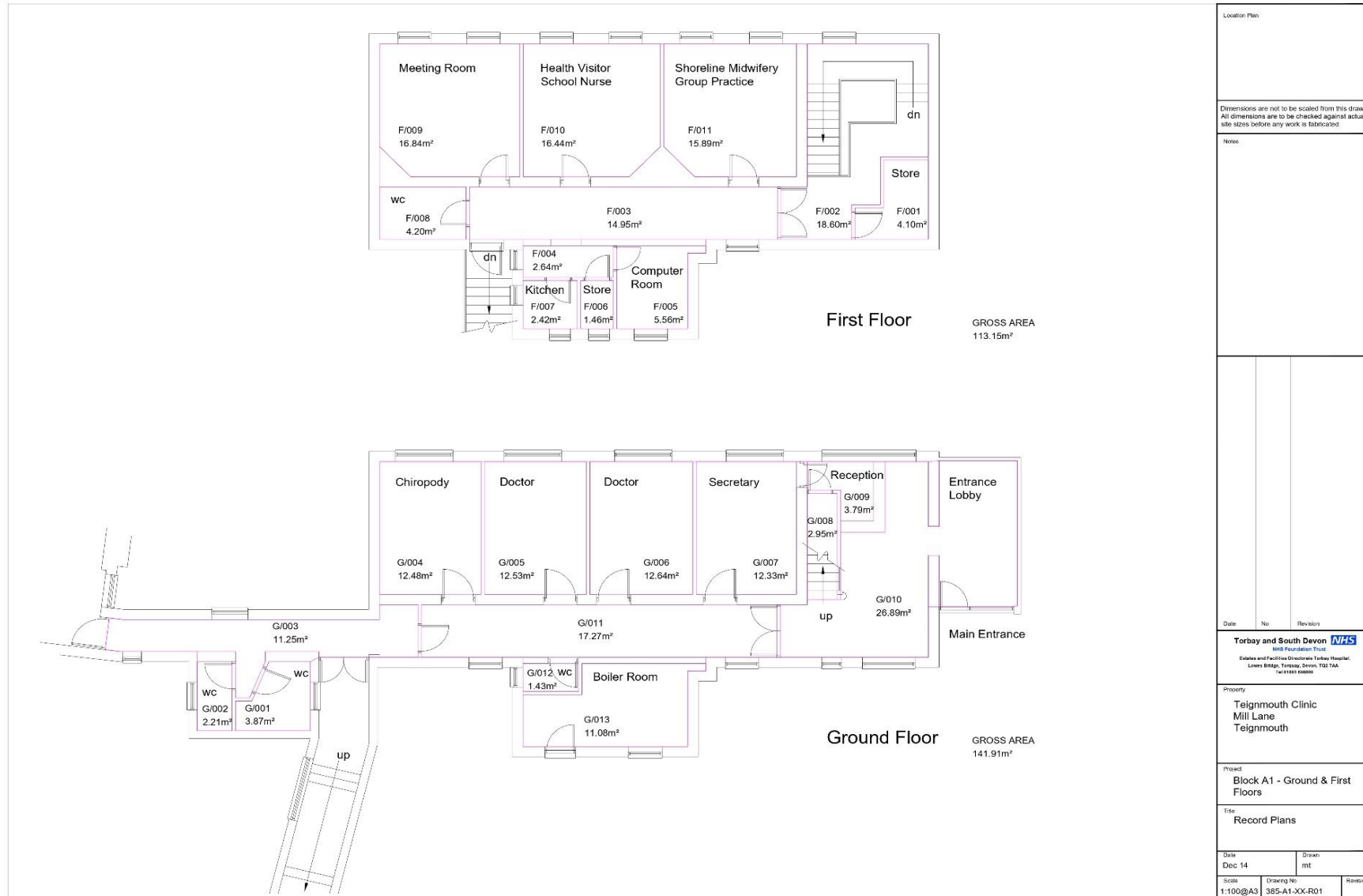
First Floor

GROSS AREA
953.29m²

Location Plan		
Dimensions are not to be scaled from this drawing. All dimensions are to be checked against actual site sizes before any work is fabricated.		
Notes		
Date: No Revision		
Torbay and South Devon NHS NHS Foundation Trust Estates and Facilities Directorate, Teignmouth Hospital, Lower Bridge, Teignmouth, Devon, TQ2 7AA Tel: 01392 836000		
Property: Teignmouth Health & Wellbeing Centre Mill Lane Teignmouth		
Project: Block A1 - First & Second Floors		
Title: Record Plans		
Date	Drawn	
April 15	MT	
Scale	Drawing No	Revision
1:100@A1	380-A1-XX-R02	

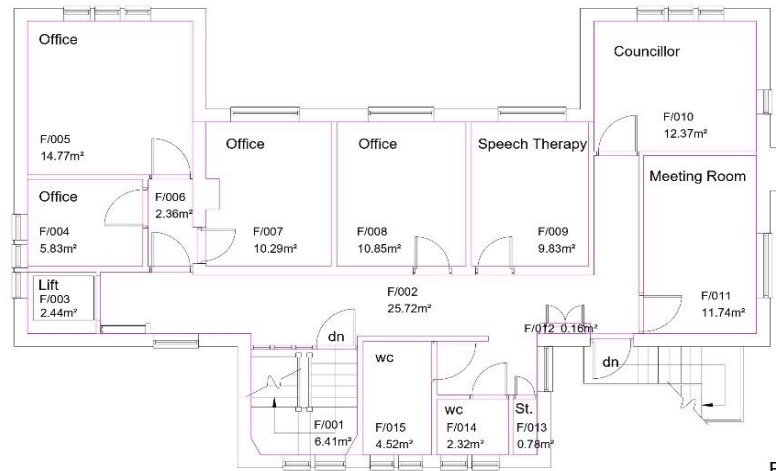


Appendix A3 - Existing GA Plan- Clinic



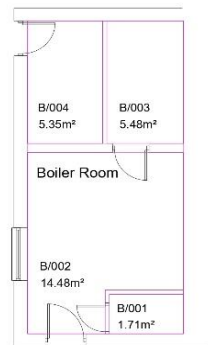
Location Plan		
Dimensions are not to be scaled from this drawing All dimensions are to be checked against actual site sizes before any work is fabricated		
Notes		
Date	No	Revision
Torbay and South Devon NHS NHS Foundation Trust Estates and Facilities Directorate, Teignmouth Hospital, Lower Bridge, Torbay, Devon, TQ2 7AA Tel: 01392 848811		
Property		
Teignmouth Clinic Mill Lane Teignmouth		
Project		
Block A1 - Ground & First Floors		
Title		
Record Plans		
Date	Drawn	mt
Dec 14		
Scale	Drawing No.	Revised
1:100@A3	385-A1-XX-R01	

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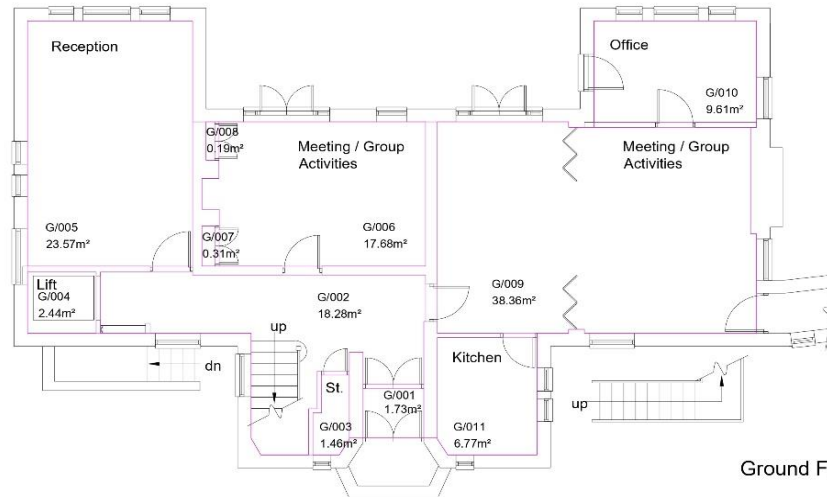
First Floor

GROSS AREA
129.41m²



Basement

GROSS AREA
28.46m²



Ground Floor

GROSS AREA
127.94m²

Location Plan		
Dimensions are not to be scaled from this drawing. All dimensions are to be checked against actual site sizes before any work is fabricated.		
Notes		
Date	No	Revision
 Torbay and South Devon NHS Foundation Trust Estates and Facilities Directorate, Torbay Hospital, Lower Bridge, Torbay, Devon, TQ2 7AA Tel: 01803 544444		
Property		
SureStart Mill Lane Teignmouth		
Project		
Block A1 - Basement, Ground & First Floors		
Title		
Record Plans		
Date	Drawn	Revision
Dec 14	mt	
Scale	Drawing No	Revision
1:100@A3	388-A1-XX-R01	



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