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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: 18 January 2021

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HEALTH AND ADULT CARE SCRUTINY COMMITTEE

Tuesday, 26th January, 2021

A meeting of the Health and Adult Care Scrutiny Committee is to be held on the above date at 2.15 pm to consider the following matters. This will be a Virtual Meeting. For the joining instructions please contact the Clerk for further details on attendance and/or public participation.

Phil Norrey
Chief Executive

A G E N D A

PART 1 - OPEN COMMITTEE

1 Apologies

2 Minutes

Minutes of the meeting held on 12 November 2020 (previously circulated)

3 Items Requiring Urgent Attention

Items which in the opinion of the Chairman should be considered at the meeting as matters of urgency.

4 Public Participation

Members of the public may make representations/presentations on any substantive matter listed in the published agenda, as set out hereunder, relating to a specific matter or an examination of services or facilities provided or to be provided.

MATTERS FOR CONSIDERATION OR REVIEW

5 **Modernising Health and Care Services in Teignmouth and Dawlish Spotlight Review** (Pages 1 - 168)

Report of the Spotlight Review held on 14 December 2020 and Representations to the Devon CCG Board, attached.

Also attached is a Devon CCG Update (and appendices) following approval of a series of recommendations on the 17 December 2020 by their Governing Body.

Electoral Divisions(s): All in Teignbridge; Dawlish

6 **Vaccination Programme in Devon** (Pages 169 - 172)

Report of the NHS Devon Clinical Commissioning Group, attached.

7 **Update on Phase 3 Elective Care Restoration** (Pages 173 - 176)

Report of the Deputy Director In Hospital Commissioning, NHS Devon Clinical Commissioning Group, attached.

8 **Update on the Level and Nature of Covid Funding received to Support the Impact of the Pandemic** (Pages 177 - 182)

Report of the County Treasurer, attached.

9 **Carers Spotlight Review - Update on Recommendations** (Pages 183 - 190)

Report of the Locality Director North and East (Care and Health) (ACH/21/131), attached.

10 **Implementing Spotlight Recommendations: Rapid Response Services** (Pages 191 - 202)

Report of the Locality Director – North and East (Care and Health) Devon County Council and NHS Devon Clinical Commissioning Group (ACH/21/132), attached.

11 **Scrutiny Committee Work Programme**

In accordance with previous practice, Scrutiny Committees are requested to review the list of forthcoming business and determine which items are to be included in the [Work Programme](#).

The Committee may also wish to review the content of the [Cabinet Forward Plan](#) and the Children's Services [Risk Register](#) to see if there are any specific items therein it might wish to explore further.

MATTERS FOR INFORMATION

12 Information Previously Circulated

Below is a list of information previously circulated for Members, since the last meeting, relating to topical developments which have been or are currently being considered by this Scrutiny Committee.

(a) Briefing: Torbay and South Devon NHS Foundation Trust Update: 12 December 2020; 27 November 2020; and 13 November.

(b) NHS England / Improvement Briefing (November 2020): Delivering an NHS COVID-19 Vaccination Programme.

PART II - ITEMS WHICH MAY BE TAKEN IN THE ABSENCE OF PRESS AND PUBLIC ON THE GROUNDS THAT EXEMPT INFORMATION MAY BE DISCLOSED

Nil

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Induction Loop available





Modernising Health and Care Services in the Teignmouth and Dawlish Area Spotlight Review

Health & Adult Care Scrutiny Committee

14 December 2020

Members in Attendance

Cllrs Randall Johnson (Chair), Ackland (Vice Chair), Asvachin, Crabb, Russell, Scott, Shaw, Twiss, Yabsley and Evans (District Rep)

Cllrs Clatworthy and Dewhirst (in an observing capacity only)

Session 2 – NHS Devon CCG

- Dr Paul Johnson - Clinical Chair, NHS Devon CCG
- Jo Turl - Director of Out of Hospital Commissioning, NHS Devon CCG
- Jenny Turner - Head of Integrated Care - South, NHS Devon CCG
- Alex Cameron – Media & Communications Manager, NHS Devon CCG

NHS Devon CCG officers provided a brief presentation to members of the Spotlight Review.

During discussion with members the following points were raised:

- The CCG felt clinically it provides really good options for the local population.
- Wanted to be open minded in consideration of the options.
- Concerned initially in terms of COVID-19 impact but felt able to build on consultations from the past and use technology to give everyone the opportunity to ask the questions they wanted rather than just hear the louder voices. The CCG went far and wide in terms of sending paperwork out to local residents. Gold standard in terms of consultation and have been commended for this.
- Virtual meetings make it more difficult to read a room but do not feel it has limited the robustness of the challenge. Main difference is less emotion in the virtual meetings, but still felt dialogue came forward. Really different but the outcomes are still there.
- Route to reaching people with leaflet to everyone across Torbay and South Devon – a route for people in all instances with letterbox and phone.
- Members noted the lack of young people responding to the consultation. CCG officers advised that they did not have the opportunity to go into schools as they have done in the past.
- Members questioned the quantitative data on the model of care working as well as the CCG reported and wanted to see the evidence. The CCG advised that there was indirect evidence in the area such as in terms of lower numbers needing hospital care. There is a lot of evidence that older population in Teignmouth and Dawlish are in particular are benefitting from model of integrated care. All of Devon should be benefitting from the intermediate care system.

Agenda Item 5

- 2016 previous public consultation in South Devon and Torbay, which Healthwatch Torbay supported. Previous Healthwatch organisation, so the raw data from this does not exist anymore. Still have the Healthwatch report from 2016 with information contained summarising responses, just do not have the spreadsheets that informed this. In 2018 there was a further engagement exercise.
- Worked with various bodies in the Teignmouth area to develop questions such as Patient Participation Group, League of Friends etc
- Members questioned whether the CCG has an open mind to other options. The CCG advised that it is especially important to keep an open mind when there is only 1 option on a public consultation. The whole point of such a consultation is to hear views and listen to what other options there might be – assess with stakeholder panel to ensure these taken into account. At the 17 December 2020 Governing Body meeting the CCG will be taking into account alternative options and in the recommendations one of the options arose from the consultation and had not previously been considered.
- One of criteria in evaluation, is whether it supports the CCG's vision. Issue of optimising value of estate.
- Members questioned why the consultation was not independently reviewed.
- In terms of statutory duties of the CCG, buildings and hospitals are not part of their remit. That is with the trusts.
- Members raised concern about how issues are framed, and whether the consultation has been skewed by front loading on the new hub.
- Officers were confident that most people could understand the consultation and most respondents were positive about the proposals. Confident it is a better clinical model.
- Members commented that they were unsure evidence for bedded care had been taken into account.
- Members questioned whether it might have been better to postpone the consultation during the pandemic. Members felt further evaluation was required in terms of care needs, particularly in view of the pandemic and bed need. Officers reported that they can quite clearly demonstrate the beds in Teignmouth are not in the right location and are not fit for purpose.
- From a CCG perspective the most critical factor is that the finite resource of staff is working to the optimum level. The biggest thing to learn from this is how to use staff, rather than how to use estates.
- Like to have gone into schools and spoken to people face to face, but schools option not feasible at that point. The consultation was promoted heavily through Facebook – reaching younger demographic harder than the group that more traditionally responds to consultation. Learnt from this that for some people digital much more accessible. The CCG will not go back to face to face consultation only. Older people in particular are able to contribute from the comfort of their own home – it is a real positive. Young people are however a challenge to engage with, addressed that in 2016 with the schools innovative engagement. Going forward will used a mixed approach.
- With the postal leaflet approach as well, the reach has been good.
- Members raised concern that that the type of questions used in the consultation. The CCG advised that the questions were designed to be as open as possible. A lot of open questions so people had the opportunity to express their views even if it took longer to process information.
- The CCG was pleased with the level of response. Previous consultation was 1400 across 4 localities. This was 1000 in 1.

Agenda Item 5

- Market management team at CCG working with DCC to have access to enough care home beds moving forward.
- Members questioned how much weight has been given to people driving and with difficulty accessing services. Also in terms of carbon, additional driving and wider transport plan. Officers advised that a travel impact assessment was undertaken. Looked at how people currently using hospital would be impacted. This was mapped and was part of the public consultation. Patients surveyed in terms of how to mitigate impact on them
- Members considered the adequacy of consultation and whether it was a credible case for change. The CCG reported every confidence that it is the right thing in terms of the clinical model. Direction of travel of every health system is the new model of care. This is an evidence-based model.

Next Steps

Members considered the two evidence gathering sessions with Healthwatch and NHS Devon CCG and agreed that they would produce a short statement for the 17 December 2020 Governing Body meeting detailing some concerns from the Committee before considering any further steps.

SARA RANDALL JOHNSON
CHAIR

Modernising Health and Care Services in the Teignmouth and Dawlish Area Spotlight Review

Health & Adult Care Scrutiny Committee

14 December 2020

Members in Attendance

Cllrs Randall Johnson (Chair), Ackland (Vice Chair), Asvachin, Crabb, Russell, Scott, Shaw, Twiss, Yabsley and Evans (District Rep)

Cllrs Clatworthy and Dewhirst (in an observing capacity only)

Session 1 – Healthwatch Devon

- Simon Culley – Healthwatch Plymouth
- Kevin Dixon – Chair, Healthwatch Torbay
- Sarah Bickley - Lead for Engagement for Healthwatch Devon, Plymouth, and Torbay / Operations Manager for Healthwatch Torbay & Engaging Communities South West

Healthwatch presented their report on Modernising Services in Teignmouth and provided an overview of the consultation process.

During discussion with members the following points were raised:

- Digital engagement accelerated with COVID-19.
- The questions were largely provided by the CCG. Healthwatch did have opportunity to give feedback on questions. Healthwatch pushed for more open questions, and the inclusion of open-ended questions wherever possible.
- Members referenced previous Healthwatch reports on Teignmouth in 2016, and 2018. Healthwatch advised that they no longer had access to data from the 2018 report and this could therefore not be used to inform this process.
- Major issue with the public and a strong emotive feeling within the community about keeping Teignmouth Hospital. Healthwatch tried to ensure this was apparent in the report.
- Members noted that 3 times as many Teignmouth residents came forward than those in Dawlish.
- The CCG had no involvement in terms of analysis of the data. In terms of commenting on the draft, there was no question of the CCG taking anything out or adding to the report. Only thing they added to was in terms of methodology and the work they had undertaken, otherwise it is entirely Healthwatch content.
- Healthwatch report reflects all the views provided to them not just the positive ones.
- Members questioned Healthwatch on how pre-determined the process has been. Healthwatch advised that they would not have been involved had it been pre-determined.
- The citing of the new Wellbeing Centre was not up for discussion as part of the consultation.

- The CCG shared heat maps with Healthwatch of where people are accessing services in the area including as far as Torbay, so it was important people from those areas given opportunity to be involved.
- Members questioned whether the 8-week consultation period was too short potentially. Healthwatch advised that they had only had couple of calls about not receiving paperwork, otherwise no complaints were received about this period. 8 – 12 weeks is the typical time for such a consultation – Healthwatch had no concerns about the 8-week period. Easy read and audio version of consultation sent out. Felt community had sufficient time and opportunity to respond to the consultation, if anything people complained about receiving too much information.
- Complaints at virtual meeting that people had not had sufficient opportunity to speak. Healthwatch controlled this process not the CCG. All comments at public meeting coming through were shared except where there was obscene language or personal info that needed to be anonymised. Questions were forwarded to panel. Only issue potentially was that the digital medium restricted people not being able to have face to face debate, although it was also apparent that some people who may have been quiet face-to-face felt comfortable raising points they would not have otherwise raised. Therefore there were positives and negatives.
- Questions were not filtered or censored except for obscenities.
- In future smaller sessions might be a good option, hard to chair when much bigger groups. That is one learning experience from the process.
- Ideally Healthwatch would have run a big public meeting, smaller sessions as well as digitally - having that mix when you can is best but this was not possible with the pandemic.
- Healthwatch wanted to ensure that their consultation goes beyond the usual suspects but as wide a group as possible – and will try any novel ideas to engage with people.
- Members expressed some concern that the lack of a public meeting may not get certain points expressed to the CCG in the same way.
- Members questioned whether it was the wrong time for public consultation. Healthwatch representative responded that this was more of a question for the CCG.
- Members expressed some reservations about the 4 options not making the future of Teignmouth Hospital clear. Healthwatch felt that they made it clear in their report in terms of the hospital.
- Healthwatch tried to include as much detail in the report in terms of views of public represented. Members recognised this and thanked Healthwatch for their work and efforts. Members felt it was an excellent report and commended the engagement undertaken.

SARA RANDALL JOHNSON
CHAIR

**Modernising Health and Care Services in the Teignmouth and Dawlish Area Spotlight Review:
Health and Adult Care Scrutiny Committee - 14 December 2020**

The Health and Adult Scrutiny Committee carried out a Spotlight Review on 14 December 2020 of the consultation process on the Devon CCG's proposals for *Modernising Health and Care Services in the Dawlish and Teignmouth Areas*. The process has resulted in:

1. a report written by Healthwatch Devon. Their brief was to take the responses of residents from a survey provided by Devon CCG, analyse these responses and report back;
2. the CCG taking account during the engagement process of other possible options besides the one specified in the consultation documentation.

The Review concentrated on the efficacy of the consultation process. Members met with the Healthwatch team to discuss their report and with the CCG to interrogate the process undertaken to consider the other possible options. In view of the short interval before the CCG Governing Body meets on 17 December, members have formulated this brief summary response by deliberating on the following question that addresses a key principle of the engagement process:

As a result of this consultation is there confidence in a credible case for change that both clinicians and residents advocate?

Members accept that Devon CCG provides clear arguments for change. They are strong advocates of an Integrated Care System that prioritises community based intermediate care over rehabilitation beds in community hospitals. Their vision is for GPs working in an environment that includes community-based health services with the voluntary sector offering support alongside. Hence their decision to build a Health Hub in the centre of Teignmouth.

The Healthwatch report gave the patients' perspective on the proposal with a survey that the CCG was heavily involved in determining. There were just over 1,000 responses in an area covering a population of over 35,000 people. The respondents were asked to consider a proposal that would move services from Teignmouth Community Hospital to either the planned new Hub or to Dawlish Community Hospital. The public were also invited to attend online meetings and to put questions to the CCG. It is to be noted that a large proportion of respondents, especially from Teignmouth, raised serious concerns about parking and transport issues both in the survey and online.

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

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

During the scrutiny review members noted that although the CCG has been rolling out this model in other parts of the County, there is no systematic evaluative research co-produced by clinicians, professionals, and service users that presents clear evidence of success (using both quantitative and qualitative methodology) to support this extensive change proposed.

In conclusion, members do not believe that the consultation has convincingly supported the claim that the proposed changes are in the best interests of the health needs of the population in the area.

UPDATE
Modernising health and care services in the Teignmouth and Dawlish areas

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1. Purpose

- 1.1. This paper provides an update to the committee following the approval of a series of recommendations on the 17 December 2020 by NHS Devon CCG Governing Body. This decision will mean that some services will be moved from Teignmouth Community Hospital to a new Health and Wellbeing Centre in the town centre and some services to Dawlish Community Hospital.
- 1.2. The Governing Body also approved a recommendation to continue with a model of community-based intermediate care and reverse a previous decision to establish 12 rehabilitation beds at Teignmouth Community Hospital.
- 1.3. The CCG considered the statement provided on behalf of the Devon Health and Adult Care Committee following the Spotlight Review.
- 1.4. The Governing Body recognised some of the issues raised throughout the consultation and those by the Spotlight Review and made recommendations to address them, the final recommendations are detailed below:
 - I. Approve the move of the most frequently used community clinics from Teignmouth Community Hospital to the new Health and Wellbeing Centre
 - II. 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
 - III. Approve the move of day case procedures from Teignmouth Community Hospital to Dawlish Community Hospital
 - IV. Continue with a model of community-based intermediate care, reversing the decision to establish 12 rehabilitation beds at Teignmouth Community Hospital
 - V. Approve the move of specialist ear, nose and throat clinics and specialist orthopaedic clinics to the Health and Wellbeing Centre
 - VI. Request Torbay and South Devon NHS Foundation Trust consider in detail the suggestions put forward for additional services at the Health and Wellbeing Centre

- VII. Request Torbay and South Devon NHS Foundation Trust consider providing secondary office space at Dawlish Community Hospital for physiotherapists, occupational therapists and district nurses
- VIII. Request Torbay and South Devon NHS Foundation Trust work with Teignbridge District Council to mitigate parking issues in Teignmouth Town centre and with the voluntary sector and bus operators to further support and enhance the development of community transport to mitigate transport issues when accessing services at Dawlish Community Hospital for staff and patients as far as possible

2. Background and Context

- 2.1. 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.
- 2.2. 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.
- 2.3. 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.
- 2.4. This paper sets the clinical evidence for the provision of community-based intermediate/ rehabilitation care in people's own homes rather than a ward based model of rehabilitation in response to queries raised by the Spotlight Review undertaken by Devon County Councils Health and Adult Care Scrutiny Committee on 14 December 2020.
- 2.5. The outcomes of the public consultation, the detail of how alternative options were evaluated, the details of the quality and equality impact assessments and compliance with assurance processes along with the recommendations approved by the CCG's Governing Body on 17 December 2020 are available in a separate paper.

3. Summary

- NHS England South West Clinical Senate stated in their 2019 review of the model of care "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.” See Section 4.

- Bed based care can have detrimental effects in older people and we should do everything we can to ensure as many people as possible are cared for safely in their own home to reduce the proven negative impacts of bed-based care. See Section 5.
- Home based care has proven better outcomes than bed-based care according to a number of measures including emergency department attendance and readmission rates and we should do everything we can to ensure that patients are able to benefit from these improved outcomes achieved by providing care in their own homes. See Section 5.
- In 2019/20 the Coastal locality had the highest rate across South Devon and Torbay of referrals to Intermediate care (33/1000 population), the lowest rate of ED attendances (81/1000 population), the lowest rate for emergency bed days for people aged over 70 years (448.5 per 1,000) and highest for bed days in a patient’s own home (111.43 per 1,000). See Section 6.
- The Coastal EICT discharged the highest % of patients to their own homes as a % of total discharges (80%) and had the lowest % of patients discharges to an acute hospital as a % of total discharges (12.4%). See Section 7.
- The total cost of running the Enhanced Intermediate Care team along with beds purchased as required from the independent sector and the cost of running a 12 bedded rehabilitation ward are comparable. See Section 8.
- The Enhanced Intermediate Care team in Coastal cared for 1,217 people (both in care homes and in their own home) in the year 2019/20. Of these 112 required a short-term placement in a care home. A 12 bedded rehabilitation ward would be able to care for approximately 232 people in a year. See Section 8.
- The community based enhanced intermediate care team is able to care for 5 times as many people as a 12 bedded rehabilitation ward for approximately the same level of investment. The team is also able to flex in terms of staff resource to meet increased demand and capacity is not limited by the number of beds available. See Section 8.

4. NHS England South West Clinical Senate

- 4.1. The NHS England South West Clinical Senate, a panel of independent expert clinicians, reviewed and supported the model of care that was

proposed and subsequently adopted across South Devon and Torbay in 2016.

- 4.2. The review panel comprised 12 members representing broad and relevant expertise from across the South West and included a GP, a Director of Public Health, a Director of Adult Social Services, a Consultant Geriatrician, a Director of Quality, Safety and Governance, a Clinical Psychiatrist along with representatives from Healthwatch, Local Pharmacy Committee, Allied Health professionals and South West Ambulance Trust.
- 4.3. Members of the original 2016 clinical panel were subsequently convened in 2019 to undertake a further review of model of care in Teignmouth and Dawlish and the emerging proposals for changes to services in the area.
- 4.4. The evidence provided to both review panels comprised of the Pre-consultation Business Case developed as part of NHS England's assurance process and included clinical evidence to support the case for change.
- 4.5. The 2019 review 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.*

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

5. Published evidence for home-based intermediate care services

- 5.1. There is a consistent evidence base that establishes that providing care for people in their own homes wherever possible has better outcomes than reliance on hospital bed-based care.

Bed based care can have detrimental effects in older people

- Bed based functional decline affects 40% of >70 year olds¹

¹ Zisberg A, Shadmi E, Gur-Yaish N, Tonkikh O, Sinoff G. Hospital-associated functional decline: the role of hospitalization processes beyond individual risk factors. J Am Geriatr Soc. 2015;63(1):55-62

- Bed based care associated with immobilisation, accelerated bone loss and sensory deprivation which can result in irreversible functional decline²
- Risk of hospital acquired infection increases exponentially over the age of 50³

5.2. This led the 2013 Keogh Report ‘Transforming urgent and emergency care services in England⁴’ to state:

“Hospitals can be harmful to some people. Frail and elderly people may be made worse by hospital admission, which takes them from a familiar home environment to a confusing and noisy place where they are also at risk of harm from infection and falls. Very often their medical need is small and they just need a bit more care to help them through.”

5.3. We should do everything we can to ensure as many people as possible are cared for safely in their own home to reduce the proven negative impacts of bed-based care.

Home based care has proven better outcomes than bed-based care

5.4. Home based care is associated with:

- Fewer subsequent Emergency Department attendances⁵
- Lower readmission rates⁵
- Higher quality of life scores⁵
- Higher patient satisfaction scores⁵
- Reduction in falls⁶
- Increased likelihood of survival following a stroke⁷
- Reduced readmissions and incidence of depression in patients with COPD⁸

² Hazards of Hospitalization of the Elderly. *Annals of Internal Medicine*. 1993;118(3):219-23.

³ Gross PA, Rapuano C, Adrignolo A, Shaw B. Nosocomial infections: decade-specific risk. *Infect Control*. 1983;4(3):145-7

⁴ NHS England, High quality care for all, now and for future generations: Transforming urgent and emergency care services in England – Urgent and Emergency Care Review End of Phase 1 Report, 2013

⁵ NICE. NICE guideline 82: Emergency and acute medical care in over 16s: service delivery and organisation 2017 [Available from: <https://www.nice.org.uk/guidance/ng94/evidence/12alternatives-to-hospital-care-pdf-172397464599>]

⁶ Beswick AD, Rees K, Dieppe P, Ayis S, Gooberman-Hill R, Horwood J, et al. Complex interventions to improve physical function and maintain independent living in elderly people: a systematic review and meta-analysis. *Lancet*. 2008;371(9614):725-35.

⁷ Laver K, Lannin NA, Bragge P, Hunter P, Holland AE, Tavender E, et al. Organising health care services for people with an acquired brain injury: an overview of systematic reviews and randomised controlled trials. *BMC Health Serv Res*. 2014;14:397.

⁸ Aimonino Ricauda N, Tibaldi V, Leff B, Scarafioti C, Marinello R, Zanolchi M, et al. Substitutive "hospital at home" versus inpatient care for elderly patients with exacerbations of chronic obstructive pulmonary disease: a prospective randomized, controlled trial. *J Am Geriatr Soc*. 2008;56(3):493-500.

5.5. Clinical outcomes in home-based care including mortality rate were otherwise no different to bed based care⁵

5.6. We should do everything we can to ensure that patients are able to benefit from these improved outcomes achieved by providing care in their own homes.

6. Impact of Enhanced Intermediate Care

6.1. 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.

6.2. The Enhanced Intermediate Care Team including local GPs provide rehabilitation, mainly in people's own homes or in short term residential or nursing home placements. 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.

Researchers in Residence

6.3. The integrated care model has been evaluated by Researchers in Residence (RiR) from Plymouth University, Dr Felix Gradinger and Dr Julia Elston. This involves a two-year mixed-method case study of the experience and impact of two part-time RiRs, embedded within an Integrated Care Organisation to support the implementation of new models of care⁹.

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. More Coastal patients are looked after in the community than in other localities, fewer days in Torbay or Community Hospital beds. This data suggests that Coastal has lower bed-day rates overall, lower rates of IC bed days, and a greater numbers and rate (as Coastal has a relatively smaller population of >70s than other localities) of home referrals than other localities, all pointing to a difference in practice in Coastal compared to other localities. This could be because the intermediate care team in the Teignmouth and Dawlish area can manage more complex cases at a

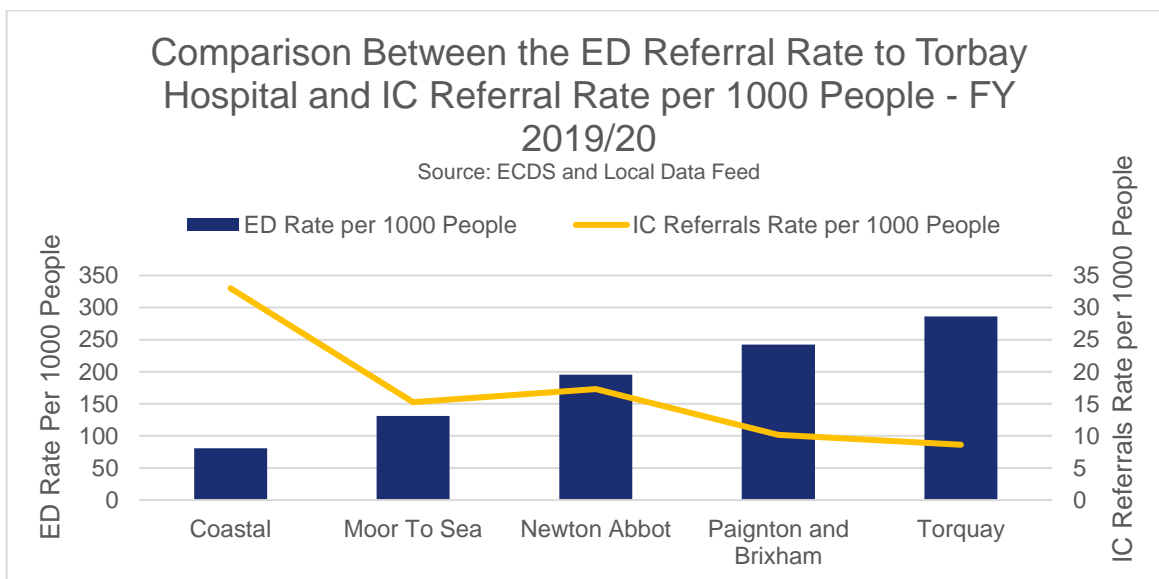
⁹ Gradinger, F., Elston, J., Asthana, S., Martin, S. and Byng, R. (2019) Reflections on the Researcher-in-Residence model co-producing knowledge for action in an Integrated Care Organisation: a mixed methods case study using an impact survey and field notes, *Evidence & Policy*, vol 15, no 2, 197–215, DOI: 10.1332/174426419X15538508969850.

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 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 illustrating that because of the local use of the EICT, there is a viable alternative to admitting patients to A&E. There appears to be a correlation between high use of Intermediate Care (IC), high GP referrals to IC and lower use of Emergency Department in Coastal. This supports a hypothesis that Coastal is holding a higher complexity case load.

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

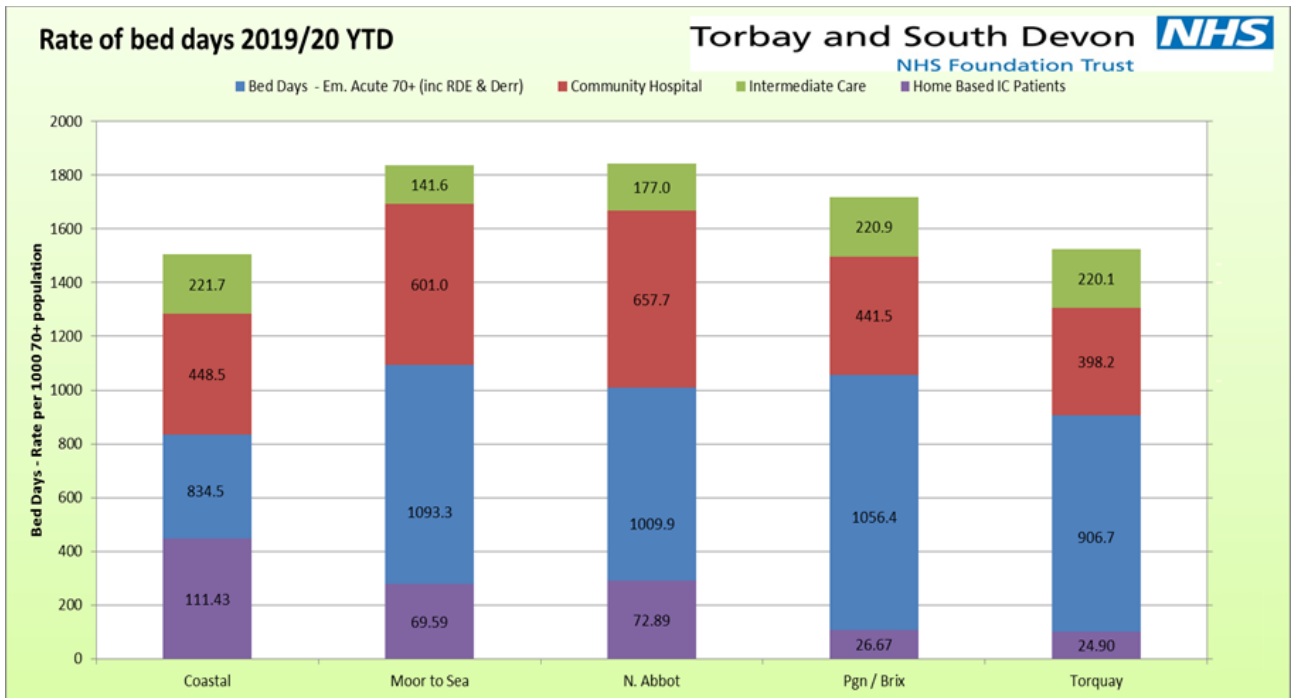
ED Referral Rate and IC Referral Activity



6.5. The graph above shows a correlation between a high referral rate to Enhanced Intermediate Care per 1000 population (33 per 1,000) and a low referral rate to the Emergency Department in Torbay Hospital (81 per 1,000) showing that the Enhanced Intermediate Care Team could be managing greater complexity within the locality and preventing acute hospital attendance and admission.

Bed Use

6.6. The graph below shows that in the Coastal locality the bed days used up to December 2019/20 per 1,000 population aged over 70 years is lowest for emergency bed days (448.5 per 1,000) and highest for bed days in a patient's own home (111.43). Coastal, Torquay and Paignton and Brixham localities are similar in their use of Intermediate care home beds and community hospital beds.

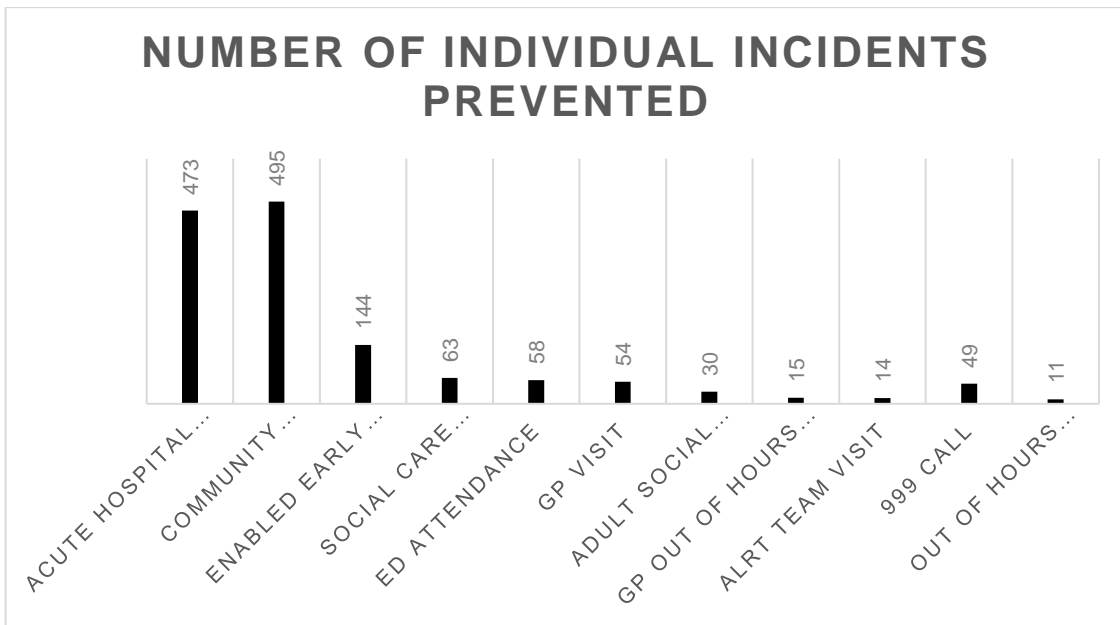


Source: Torbay and South Devon NHS Foundation Trust

Prevention of Other Activity

6.7. The Enhanced Intermediate Care Team used their clinical judgement to assess other activity that had been prevented as a result of their intervention between November 2019 and 31 October 2020

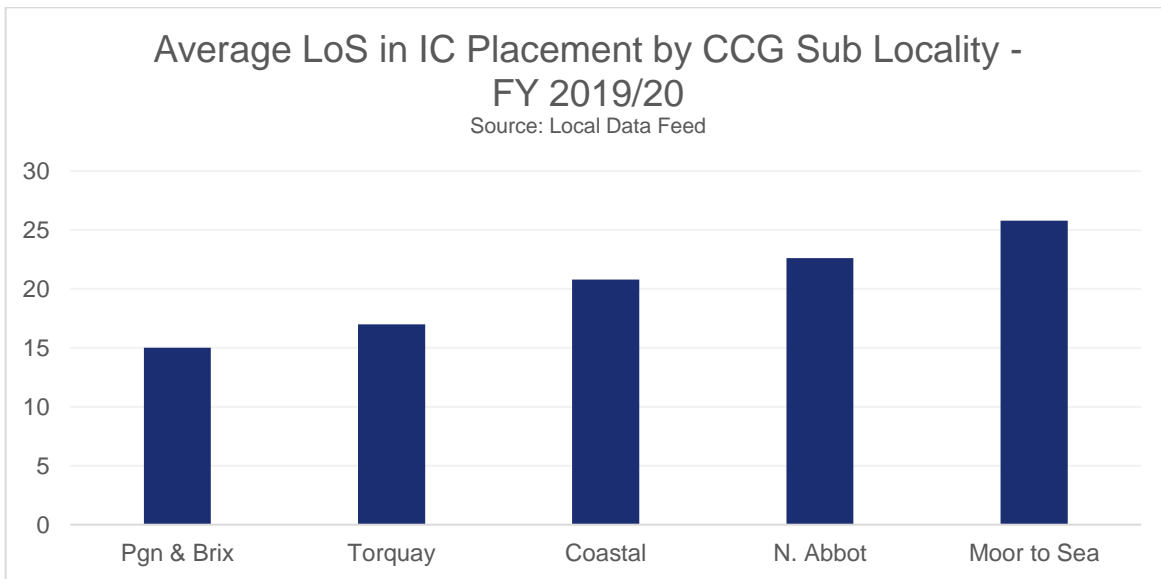
6.8. The data is shown in the graph below and shows that their intervention is clinically assessed to have avoided 968 hospital admissions in the year.



Source: Torbay and South Devon NHS Foundation Trust

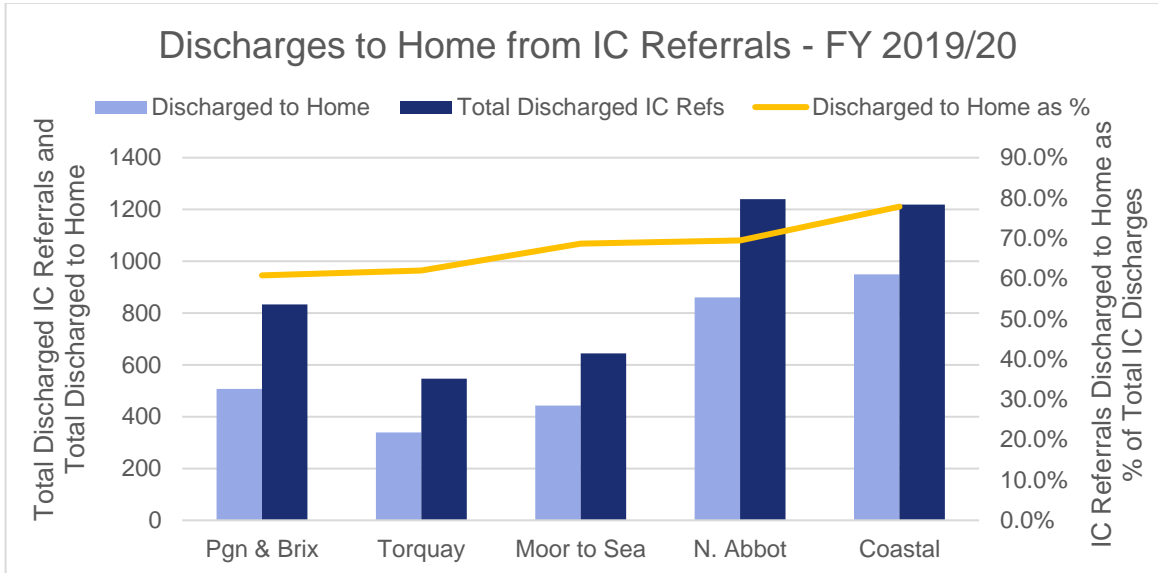
7. Outcomes

Length of Stay



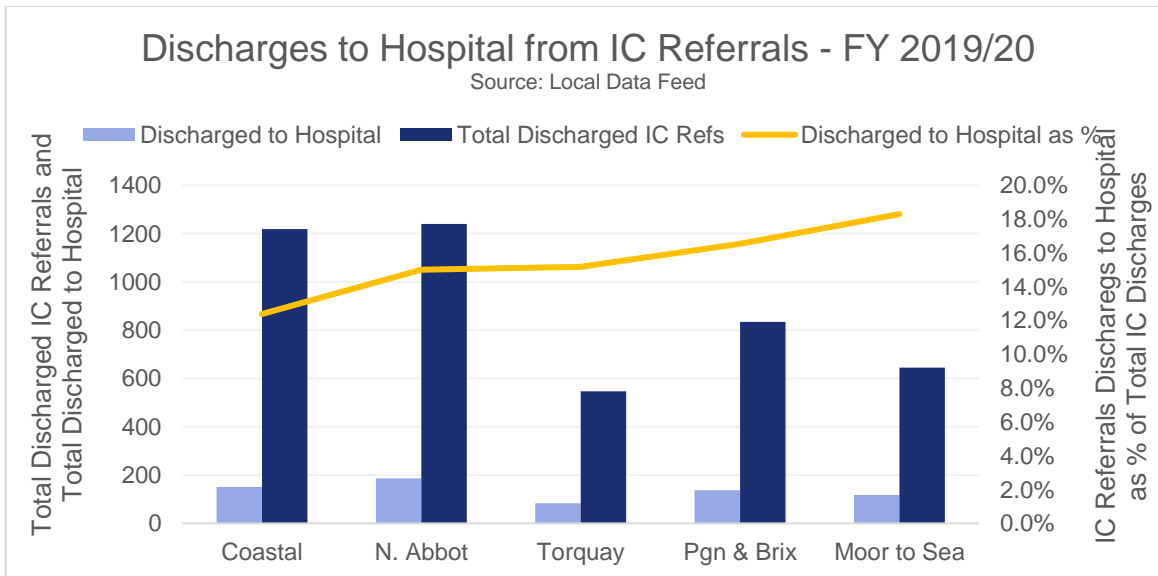
7.1. The average length of stay in an intermediate care home placement in the Coastal Locality was 20.8 days, average compared to other localities.

Discharged Outcomes – Discharge to Home



7.2. In all localities, the majority of patients are discharged home from intermediate care with Coastal having the highest % of patients discharged home (80%) as % of total discharges.

Discharge Outcomes – Discharge to Acute Hospital



7.3. The % of discharges from intermediate care into an acute hospital ranges from 12.4% in Coastal to 18.3% in Moor to Sea. This shows the Coastal EICT has the lowest number of patients transferred into an acute hospital as a % of total discharges which could show that the EICT is successful in managing greater complexity in the community.

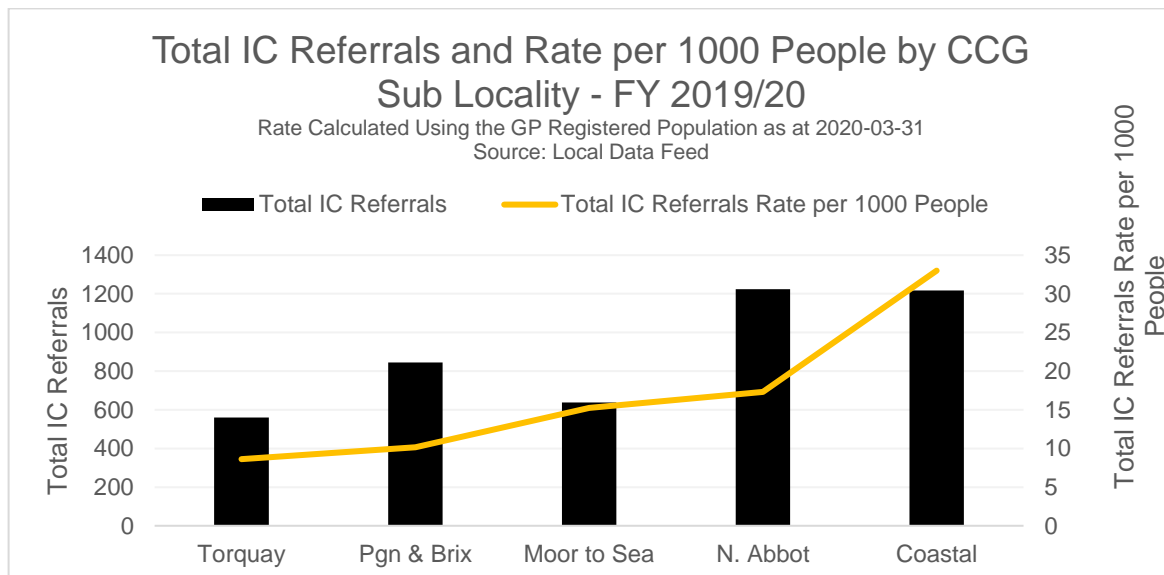
8. Capacity to Care for People and Meet Growing Demand

Cost of Enhanced Intermediate Care and Ward-based rehabilitation beds

8.1. The total cost of running the Enhanced Intermediate Care team and purchasing beds as required from the independent sector was £665,000 per annum in 2017/18. The 12 bedded rehabilitation ward would cost £627,000 (based on 2017/18 staffing costs) plus of costs of maintaining a building. Thus, the costs of operating both services are comparable.

Capacity of Enhanced Intermediate Care and Ward Based rehabilitation beds

8.2. The Enhanced Intermediate Care team in Coastal cared for 1,217 people (both in care homes and in their own home) in the year 2019/20 or 33 people per 1,000 population. This is the highest rate per 1,000 people of all the localities. Of these 112 required a short-term placement in a care home.



8.3. A 12 bedded rehabilitation ward would provide 3942 bed days per annum and would be able to care for approximately 232 people in a year assuming a 90% occupancy and 17 day length of stay.

8.4. The community based enhanced intermediate care team is able to care for 5 times as many people as a 12 bedded rehabilitation ward for approximately the same level of investment. The team is also to able to

flex in terms of staff resource to meet increased demand and capacity is not limited by the number of beds available.

9. Next Steps

- 9.1. The CCG undertook during the consultation not to stop the provision of any services during the process of relocation.
- 9.2. Construction of the Health and Wellbeing Centre in Teignmouth is due to be completed in 2022. Until that time, community clinics will 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.
- 9.3. TSDFT have developed the detailed designs for the new centre and are now ready to begin to formalise the application for planning permission. As part of the planning application process, TSDFT are engaging with local people on the design of the building and have developed a website that showcases the plans so that people can find out more about the building, its location and the detailed design. There is also a facility on the website for people to contribute their thoughts and any comments on the design. This website was launched on Friday 8 January and will need to receive all feedback by 21 January, so that it can be included in the planning process.
- 9.4. TSDFT are also engaging with the Coastal Engagement Group which includes representatives from the local GP patient participation groups and Leagues of Friends. TSDFT is keen that the Teignmouth Community Hospital League of Friends is involved in the development and delivery of the Health and Wellbeing Centre and is able to continue its valued contribution to the health and wellbeing of the population.
- 9.5. Specialist clinics will move to Dawlish Community Hospital when arrangements had been finalised for relocating them.
- 9.6. Day case procedures will move to Dawlish Community Hospital when the necessary building works had been carried out. This is estimated to be during 2021.

10. Conclusion

- 10.1. The evidence shows the success of the Enhanced Intermediate Care team in avoiding hospital admissions and managing complexity in people's own homes. The Enhanced Intermediate Care team is able to care for 5 times for people than could be cared for on a rehabilitation ward and is able to flex its capacity to meet demand. The clinical evidence shows that people can be adversely impacted by a hospital

admission and that the clinical outcomes for a home-based service are better than that of a bed-based service.

Appendices

Appendix A 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 B 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 C Governing Body Papers

Name: Jo Turl
NHS Devon CCG
Director of Out of Hospital Commissioning

GOVERNING BODY

Report title: Modernising Health and Care Services in the Teignmouth and Dawlish Area			
Date of committee: 17.12.2020			
Date report produced: 3.12.2020			
Author (s) Name and Title: Jenny Turner, Head of Integrated Care, South	Supporting Executive: Jo Turl Name and Title: Director of Commissioning Andrew Millward Director of Communications and Human Resources		
	Contact Details: jo.turl@nhs.net Andrew.millward@nhs.net		
	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:			
<ol style="list-style-type: none"> 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: <ul style="list-style-type: none"> • Move the most frequently used community clinics from Teignmouth Community Hospital to the new Health and Wellbeing Centre 			

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

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

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

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

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

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

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

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

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

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

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

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

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

Management of Conflict of interests:

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

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

Teignmouth Steering Group, Executive Group

Key recommendations and actions requested:

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

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

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

Impact on Strategic Objectives

(Delete as applicable)

We will continue to commission safe, effective and accessible services

We will work as a strategic partner in Devon

We will improve the physical and mental health of our population

We will make best use of our resources

Reference to other documents or accompanying papers:

Report from Healthwatch in Devon, Plymouth and Torbay.

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

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

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

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

Modernising health and care services in the Teignmouth and Dawlish areas

1. Background and context

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

2. The rationale for change

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

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

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

2.1 Reasons for change:

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

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

2.1.1 Four main reasons for change

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

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

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

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

Successfully reducing the need for bed-based care

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

Their findings include:

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

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

NHS England South West Clinical Senate

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a. Current surgery buildings are not fit for purpose

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

b. Difficulty in recruiting new GPs

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

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

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

Extract from NHS England's GP Forward View:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

The key elements of the model are to:

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

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

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

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

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

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

3. The Health and Wellbeing Centre

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

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

3.2 Engagement

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

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

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

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

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

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

3.3 Design and planning for the Health and Wellbeing Centre

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

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

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

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

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

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

3.3.2 The space provided

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

GP practice/practices **57%**

Pharmacy **5%**

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

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

3.4 The new Health and Wellbeing Centre will provide:

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

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

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

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

4. The proposal and its development

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

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

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

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

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

4.3 The options considered at the evaluation:

a) Community Clinics

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

Three options were considered for the location of these clinics:

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

b) Specialist Outpatient Clinics

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

Five options were considered for the location of these clinics:

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

c) Day Case Procedures

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

Five options were considered for the location of these clinics:

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

d) Rehabilitation Beds

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

Two options were considered for the beds:

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

4.4 Outcome of the evaluation

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

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

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

Location for Community Clinics

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

Location for Specialist Outpatient Clinics

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

Location for Day Case Procedures

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

Rehabilitation Services

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

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

4.5 The proposal put to public consultation

The proposal consists of four elements:

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

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

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

5. The Consultation

5.1 Consultation timing

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

The CCG therefore set out the following timeline:

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

5.2 Communications objectives for the consultation

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

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

5.3 Clinical objectives for the consultation

The key clinical objectives were to promote understanding of:

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

5.4 Conduct of the consultation

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

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

The CCG:

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

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

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

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

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

5.5 Activity recorded

The following activity was carried out during the consultation:

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

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

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

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

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

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

5.6 The role of Healthwatch in Devon, Plymouth and Torbay

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

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

6. The outcome of the consultation

6.1 Report by Healthwatch in Devon, Plymouth and Torbay

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

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

6.2 Profile of those responding

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

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

6.3 Understanding of the proposal

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

6.4 Outcome of the questionnaire responses

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

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

6.4.2 The four elements of the proposal

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

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

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

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

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

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

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

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

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

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

6.5 Themes emerging

6.51 Support for:

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

6.5.2 Parking

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

6.5.3 Transport, travel, and accessibility

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

6.5.4 The new Health and Wellbeing Centre

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

6.5.5 Closure of Teignmouth Community Hospital and the rehabilitation beds

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

6.5.6 Services and capacity

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

6.5.7 NHS resources and funding

- Concerns about covert privatisation of NHS services

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

6.6 Other Feedback Received

6.6.1 Petition to keep Teignmouth Community Hospital

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

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

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

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

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

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

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

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

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

6.6.3 Letters from Anne Marie Morris MP

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

7. The evaluation process and criteria

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

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

7.2 Criteria

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

Criterion	Factors to consider	Weighting
Space/capacity	<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

	<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

	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.

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

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

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

7.6 Steering Group Review

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

Number	Alternative option proposed	
1	Refurbish Teignmouth Community Hospital to deliver community clinics, specialist clinics and day case procedures	<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

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

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)

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.

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

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

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

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

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

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

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

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

7.7 Recommendation

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

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

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

8. The impact of COVID-19

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

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

8.2 Demand for hospital beds during future COVID-19 surge

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

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

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

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

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

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

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

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

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

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

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

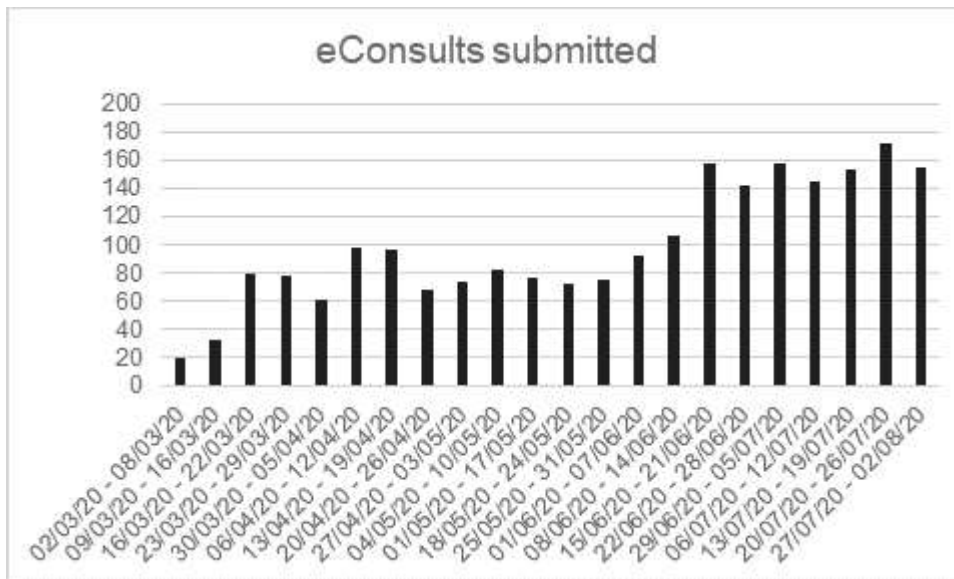
8.4 Delivery of rehabilitation services

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

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

8.5 Delivery of primary care and community services during the pandemic

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



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

8.6 The layout of the new Health and Wellbeing Centre

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

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

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

8.7 Delivery of outpatient services

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

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

9. Compliance with statutory engagement and consultation obligations

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

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

9.2 Section 14Z2 of the Health and Social Care Act

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

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

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

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

9.3 The Government's four tests for service reconfiguration

a) Strong public and patient engagement

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

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

b) Consistency with current and prospective need for patient choice

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

c) Clear, clinical evidence base

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

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

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

d) Support for proposals from clinical commissioners

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

9.4 Assurance processes

9.4.1 Duties under the Local Authority Regulations 2013

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

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

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

9.4.2 Spotlight review

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

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

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

9.4.3 NHS England

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

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

9.5 The Gunning Principles for public consultation

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

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

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

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

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

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

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

c) There must be adequate time for consideration and response

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

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

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

9.6 Cabinet Office consultation principles published in January 2016

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

10. Learning review

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

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

10.2 The mid-point review

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

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

10.2.2 Changes made as a result of feedback

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

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

10.3 Conclusion of the learning review

The conclusion drawn from the full learning review was that:

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

11. Quality Equality Impact Assessment

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

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

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

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

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

11.4 Quality Impact Assessment

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

Quality indicator	Assessment
Safety	Benefit
Effectiveness	Significant benefit
Experience	Benefit

11.4.2 Safety

Assessed safety impact: benefit.

Description of impact

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

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

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

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

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

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

11.4.3 Effectiveness

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

Description of impact

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

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

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

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

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

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

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

11.4.4. Experience

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

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

Description of impact

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

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

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

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

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

1.5 Equality assessment

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

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

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

12. Implementation

12.1 Timeframes

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

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

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

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

13. Conclusion

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

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

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

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

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

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

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

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

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

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

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

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

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

13.3 The key themes raised during the consultation were:

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

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

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

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

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

14. Recommendations

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

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

Appendices

Appendix A University of Plymouth research

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

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

Appendix B NHS England South West Clinical Senate

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

Appendix C Pre-consultation business case

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

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

Appendix E Quality and Equality Impact Assessment

Modernising healthcare services in Teignmouth & Dawlish

Commissioned
Consultation
Report

December
2020



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Introduction

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

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

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

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

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



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

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

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

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

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

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



Executive Summary of Key Consultation Findings

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



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

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



Background

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



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

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

Services in Teignmouth and Dawlish

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

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

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

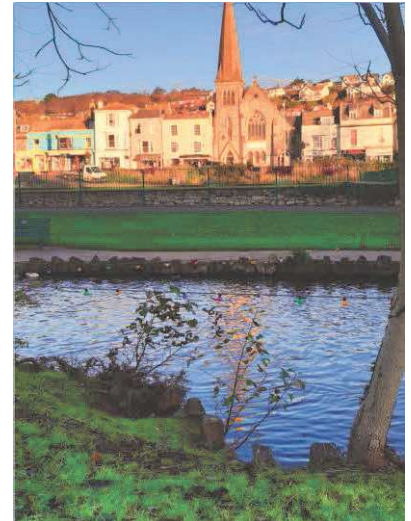
Teignmouth Community Hospital

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



Dawlish Community Hospital

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



Reasons for Change

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

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

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

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

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

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



The Proposal

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

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

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

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

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

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

COVID-19

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

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

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

The CCG Proposal

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

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



Role of local Healthwatch

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

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

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

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

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

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

healthwatch
in Devon, Plymouth and Torbay



Consultation Objectives

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

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

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

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



Methodology

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

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

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

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

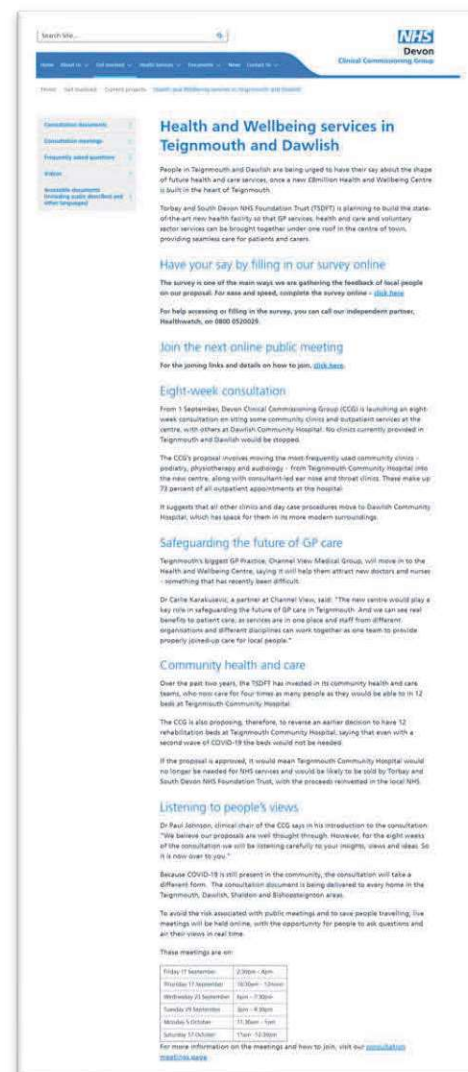
The consultation survey consisted of both multiple-choice questions and open-ended questions which allowed respondents to elaborate on their answers. There were 25 main questions and ten further demographical questions.

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

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

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

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





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

Marketing Strategies

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

Social Media - Healthwatch

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

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

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

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

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





Social Media - CCG

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

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

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



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

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

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

Media Coverage

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

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

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





Websites and E-News Audience

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

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

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

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

Other Marketing and Promotion

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

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

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

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





Data Reporting Summary

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

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



Evaluation of the consultation process

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

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

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

Consultation Document & Survey

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

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

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

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

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

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



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

Impact of COVID-19

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

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

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

Online Public Meetings

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

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

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

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

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

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



Analysis of the consultation feedback about the proposal

The results section is presented in the following headings:

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

1. Consultation Survey Feedback

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

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

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

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

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

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



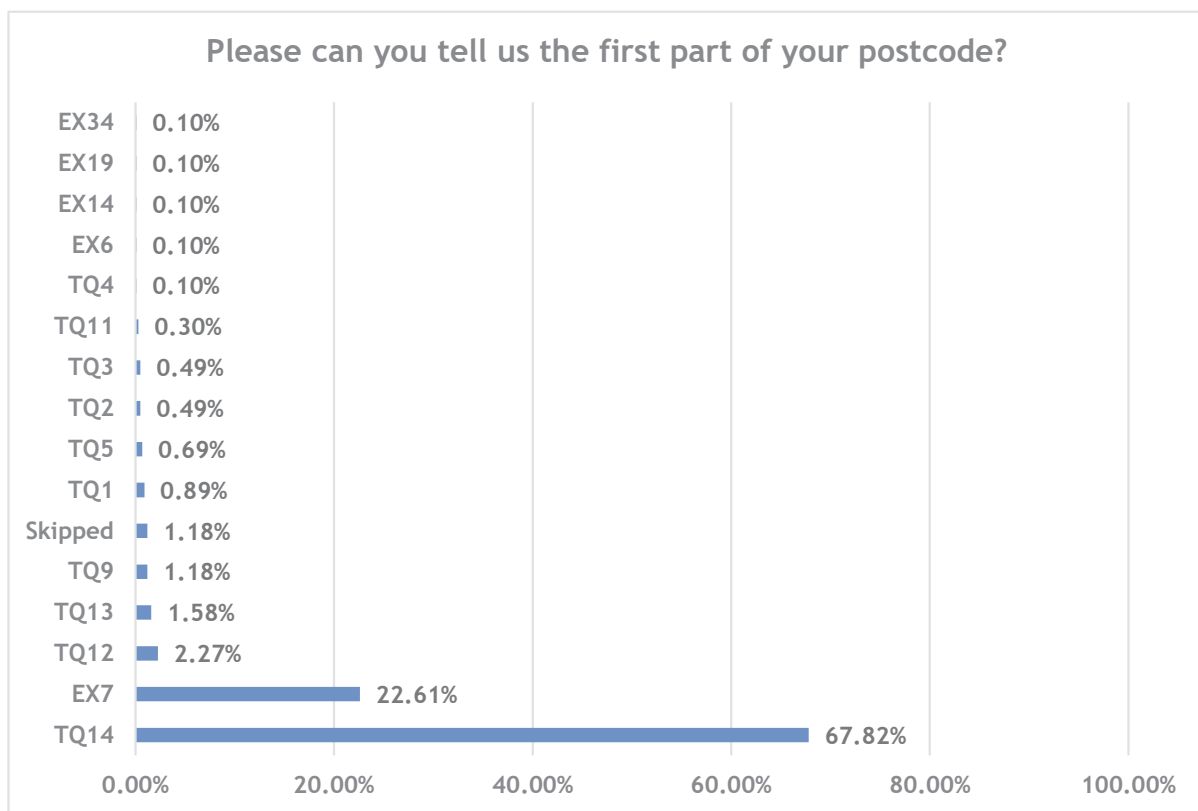
Demographic Questions

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

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

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

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



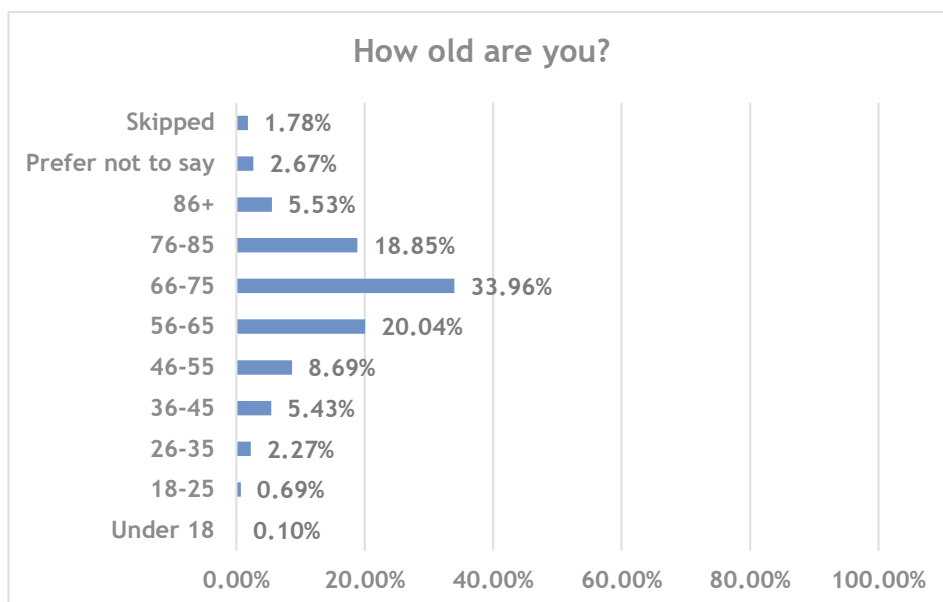


1. B) How old are you?

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

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

344 respondents (33.96%) were aged 66-75, 203 respondents (20.04%) were aged 56-65, 191 respondents (18.85%) were aged 76-85, 88 respondents (8.69%) were aged 46-55, 56 respondents (5.53%) were aged over 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.”



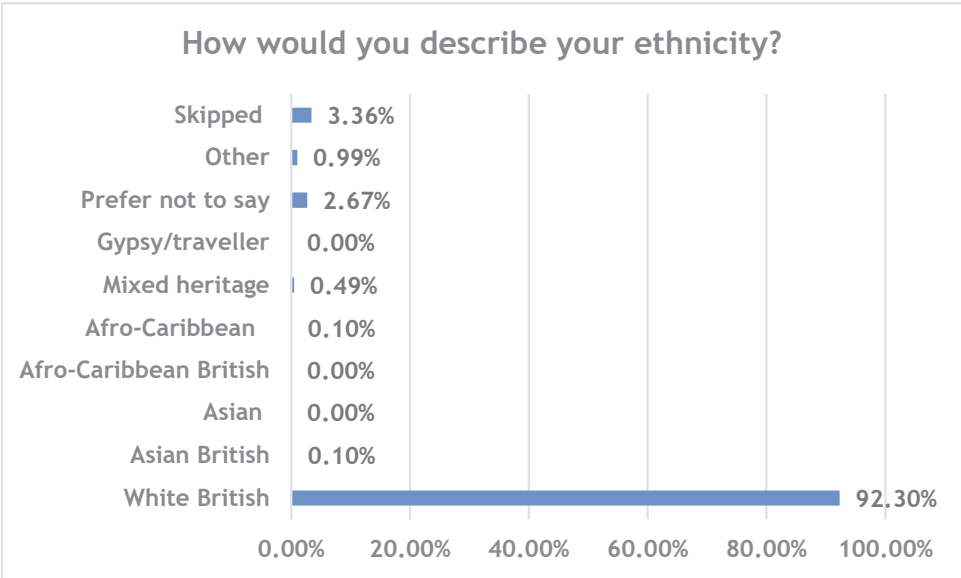


1. C) How would you describe your ethnicity?

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.”

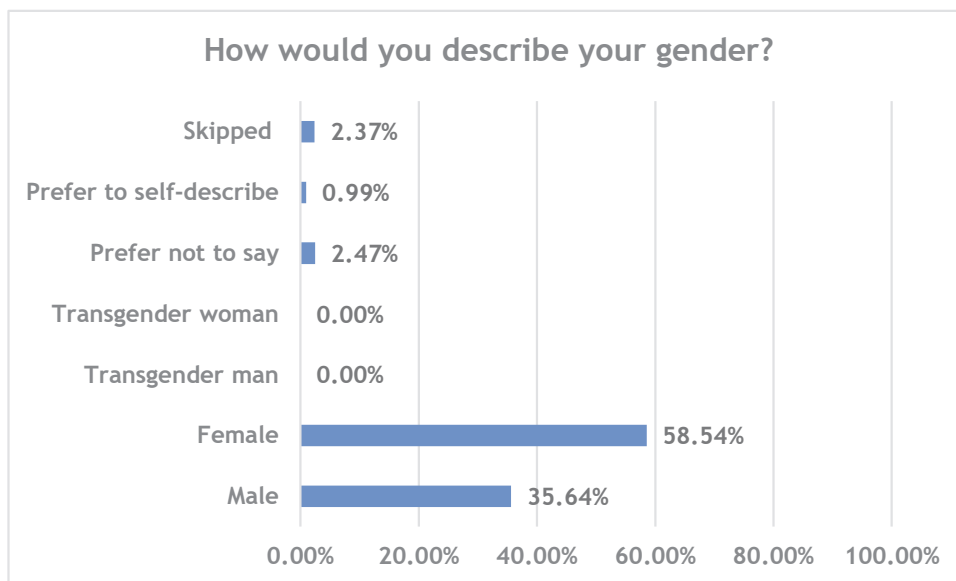




1. D) How would you describe your gender?

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.”

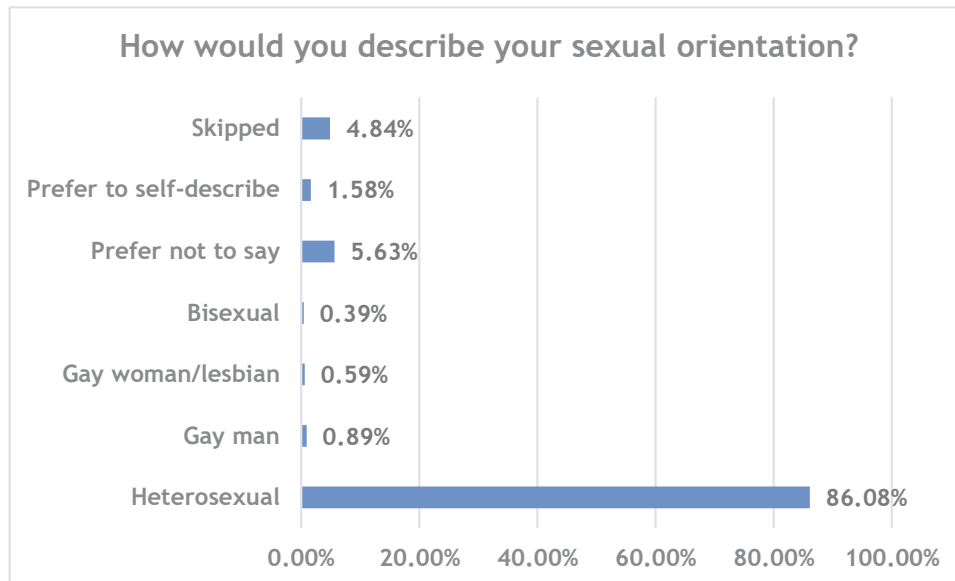




1. E) How would you describe your sexual orientation?

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.”

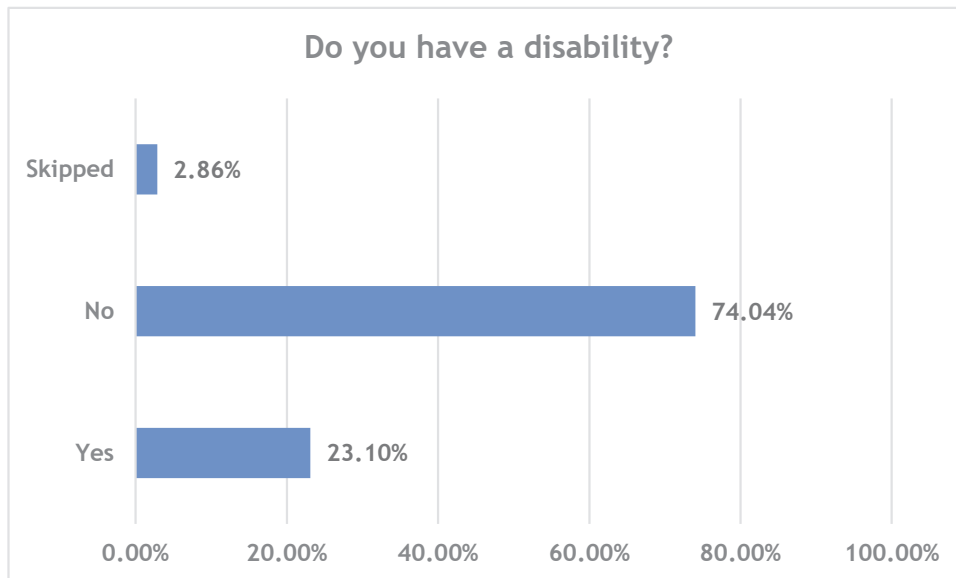




1. F) Do you have a disability?

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.

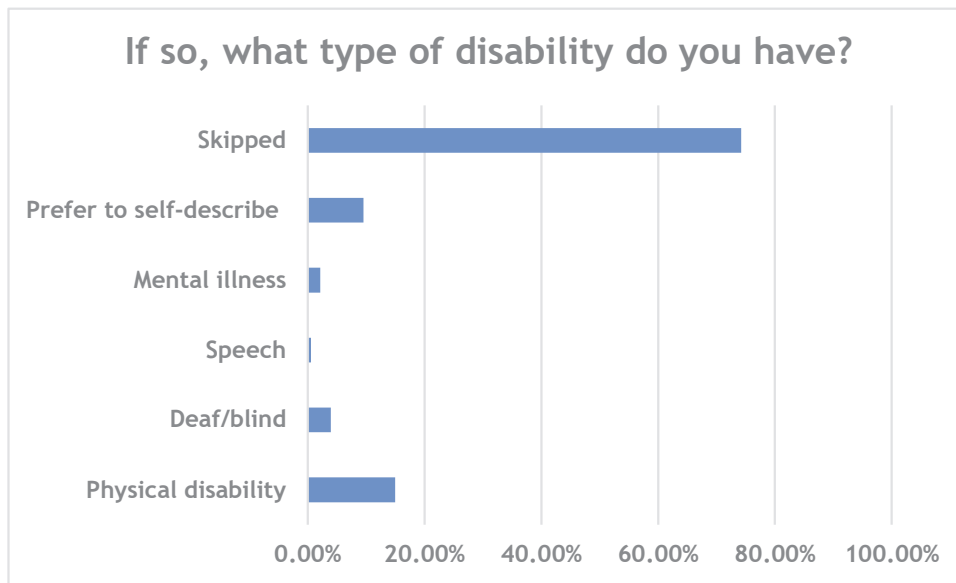




1. G) If so, what type of disability do you have?

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.”

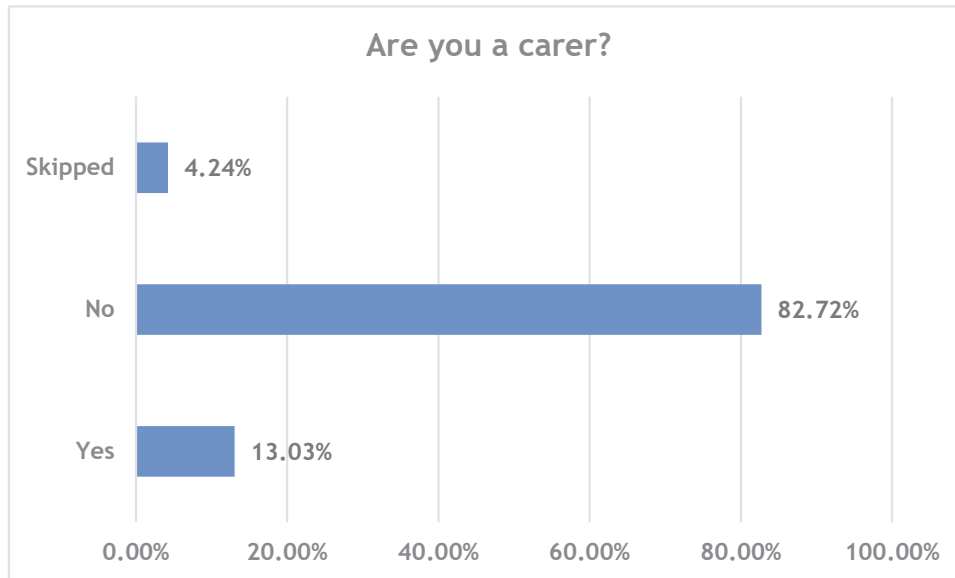




1. H) Are you a carer?

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.



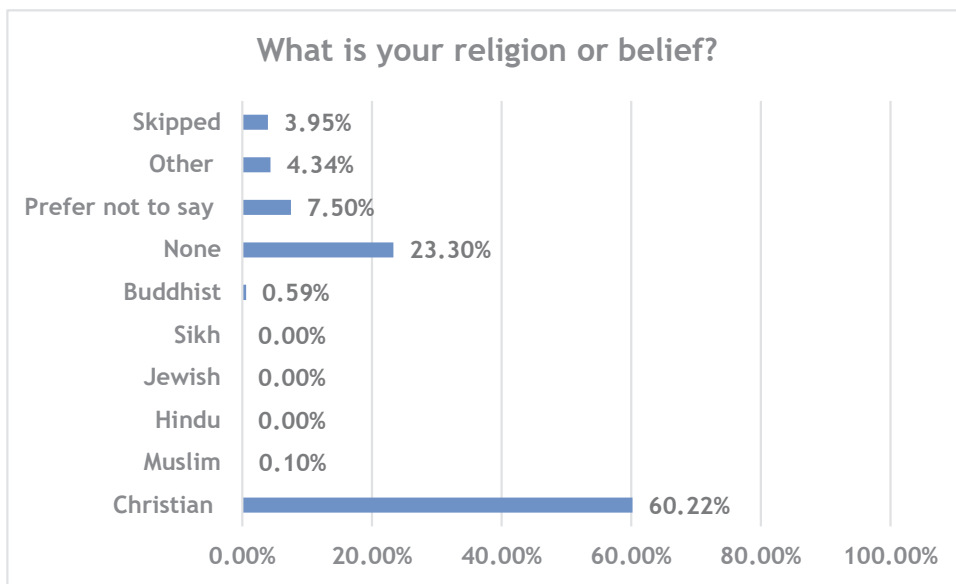


1. I) What is your religion or belief?

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.”

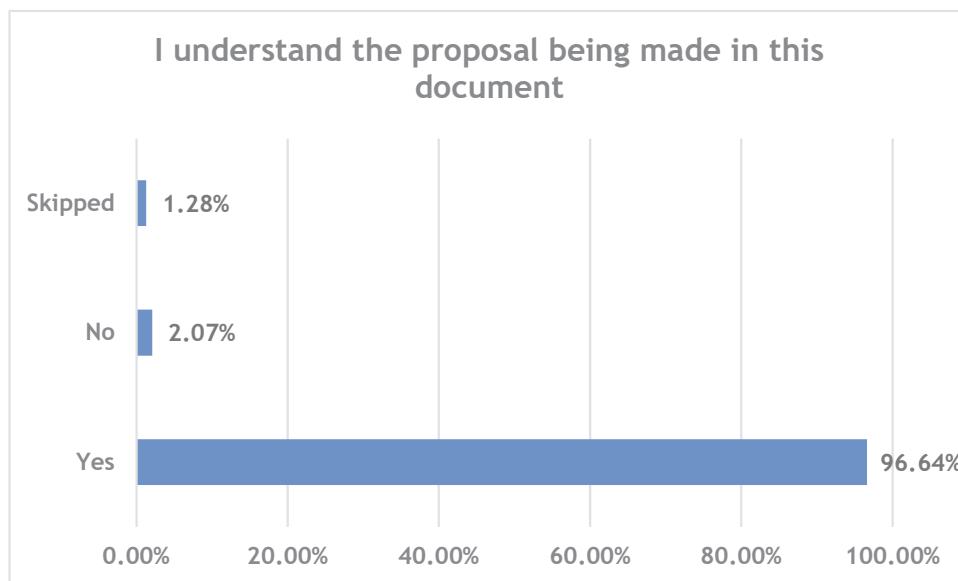




Main Survey Questions

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.”

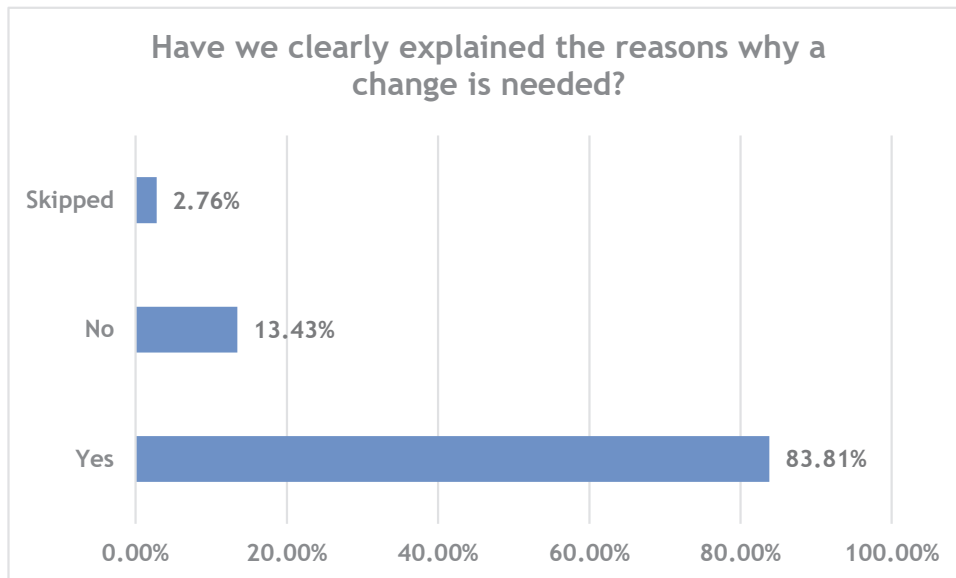


Question 4. Have we clearly explained the reasons why change is needed?

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.



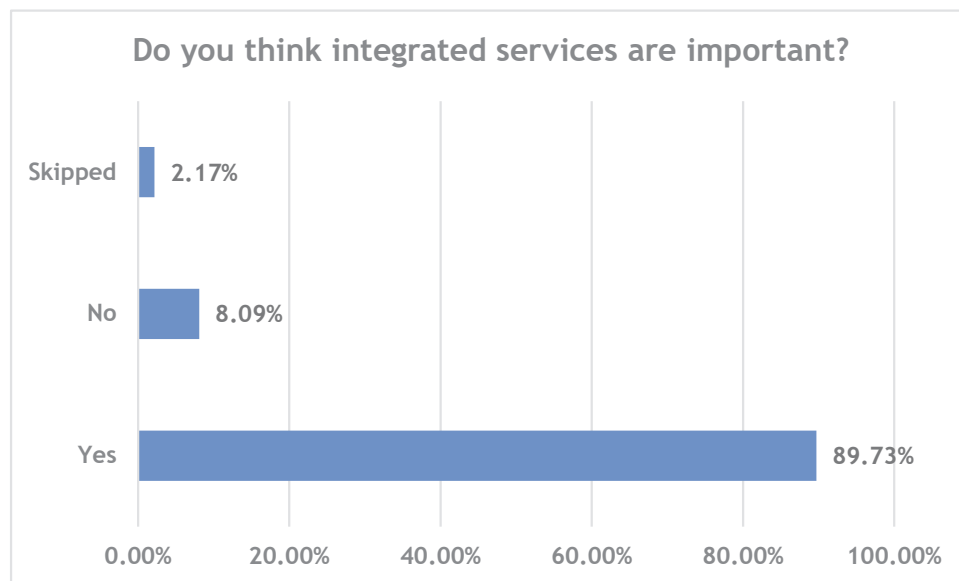


Question 5. Our vision is to provide 'excellent integrated services'. Do you think integrated (joined-up) services are important?

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.

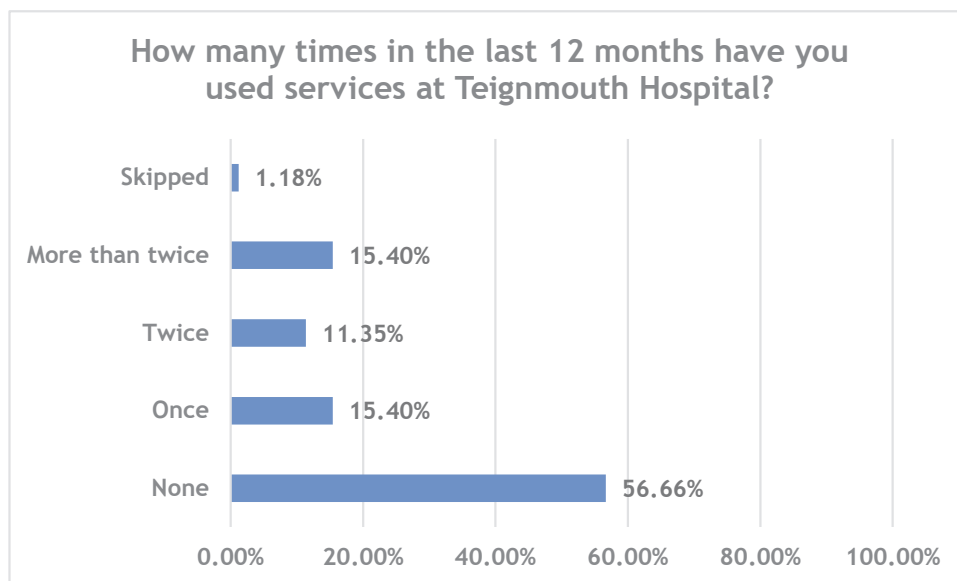




Question 6. How many times in the last 12 months have you used NHS services at Teignmouth Community Hospital?

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.

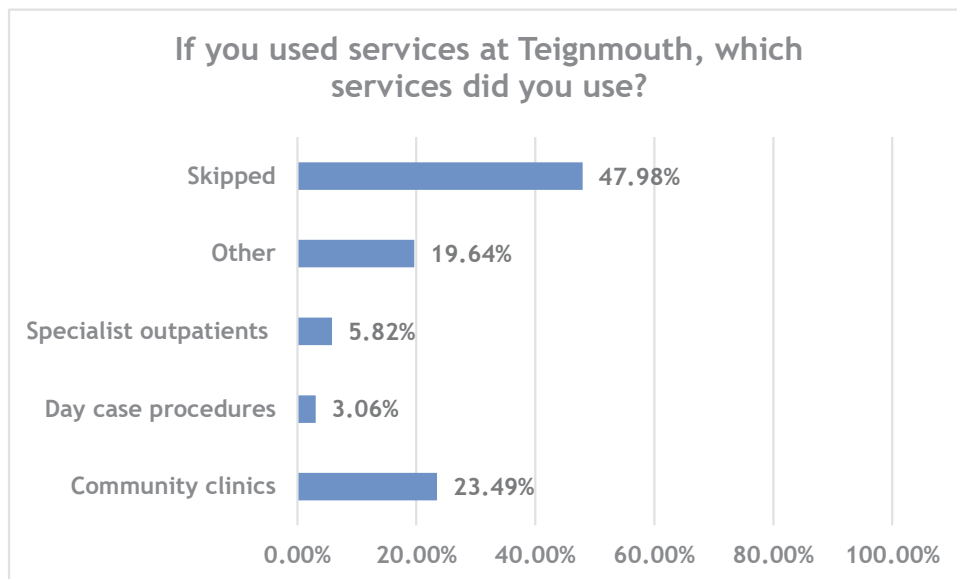




Question 7. If you have used services at Teignmouth Community Hospital, which services did you use?

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.”

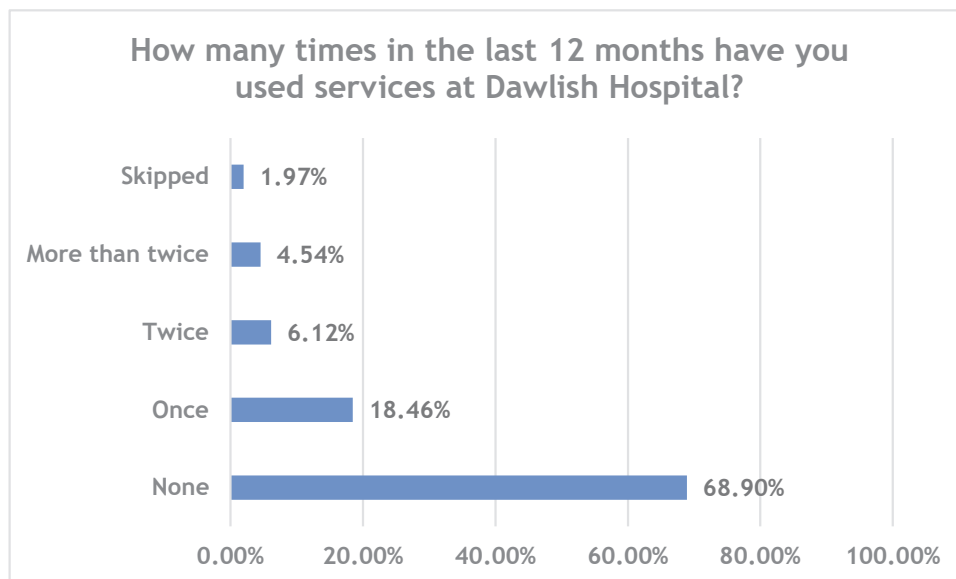




Question 8. How many times in the last 12 months have you used NHS services at Dawlish Community Hospital?

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.

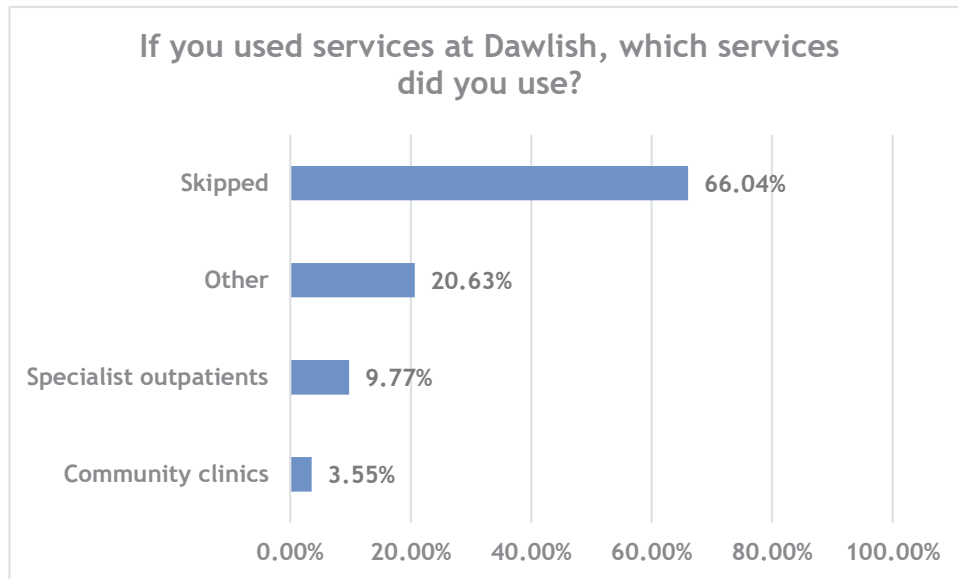




Question 9. If you have used services at Dawlish Community Hospital, which services did you use?

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.”

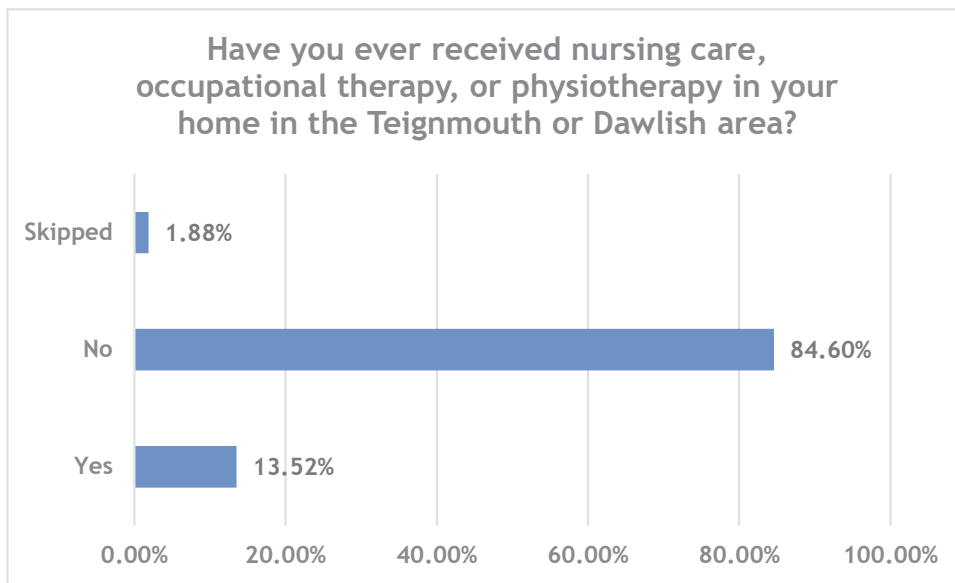




Question 10. Have you ever received nursing care, occupational therapy, or physiotherapy in your home in the Teignmouth and Dawlish area?

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

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

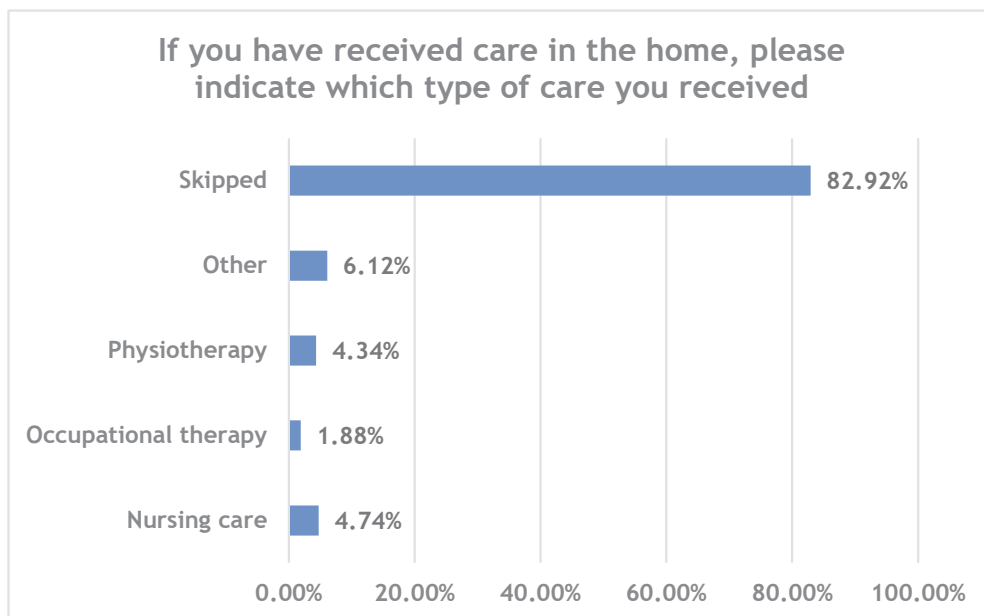




Question 11. If you have received nursing care, occupational therapy, or physiotherapy in your home in the Teignmouth and Dawlish area, please indicate which type of care you received:

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

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





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

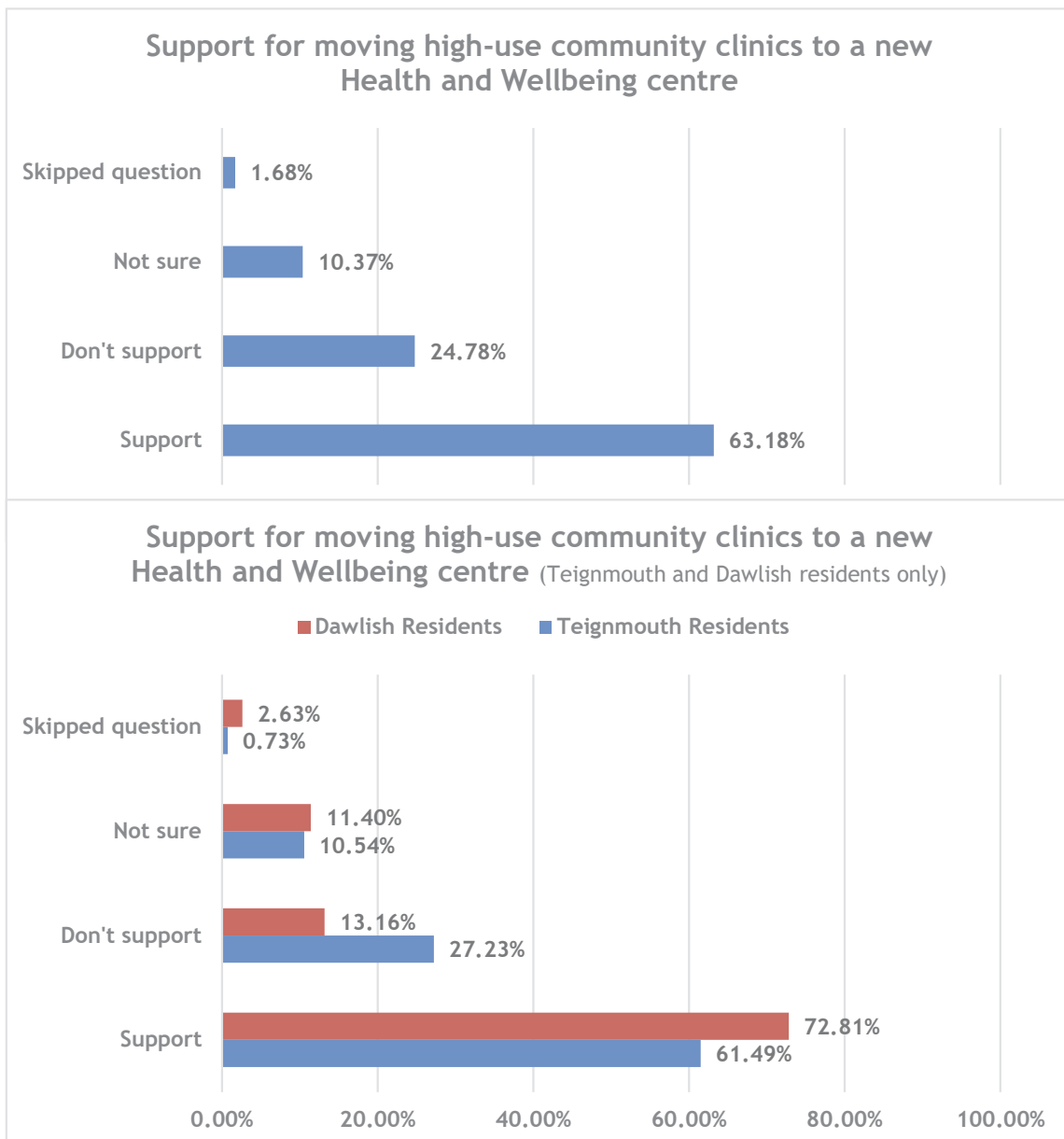
996 people responded to this question and 17 people did not answer it.

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

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

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

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





Question 13. Please give the reasons for your answer:

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

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

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

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

The following themes were identified:

Supportive comments (480)

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

Parking (136 comments)

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



Wanting to keep Teignmouth Community Hospital open (130 comments)

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

Travel and accessibility (47 comments)

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

Space and capacity (32 comments)

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

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

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



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

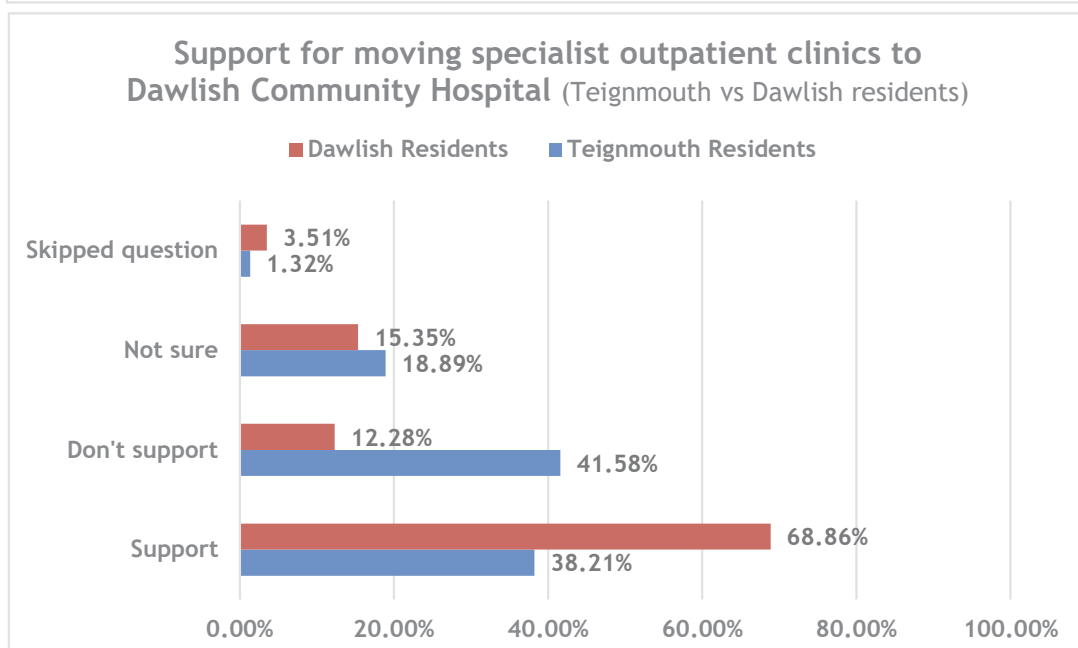
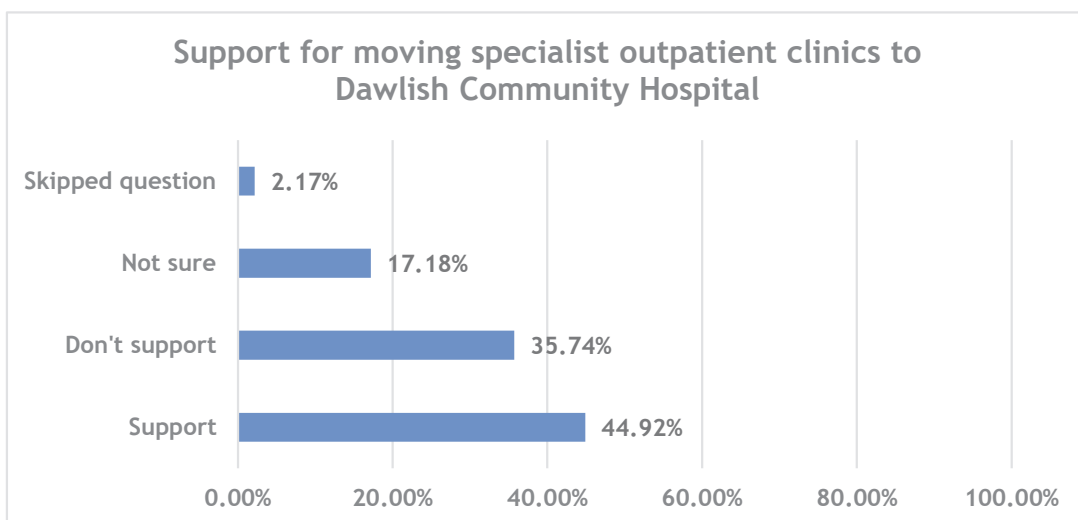
991 people answered this question and 22 people did not answer it.

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

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

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

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





Question 15. Please give the reasons for your answer:

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

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

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

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

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

The following themes were identified:

Supportive comments (312 comments)

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

Access, transport, and parking (285 comments)

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



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

Wanting Teignmouth Community Hospital to remain open (82 comments)

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

Capacity of Dawlish Community Hospital (45 comments)

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



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

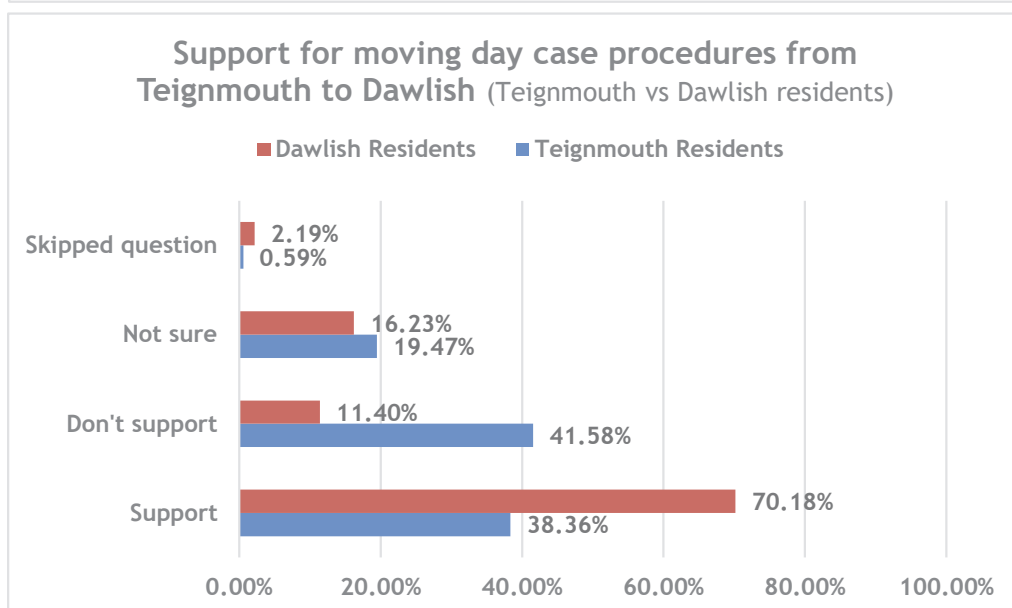
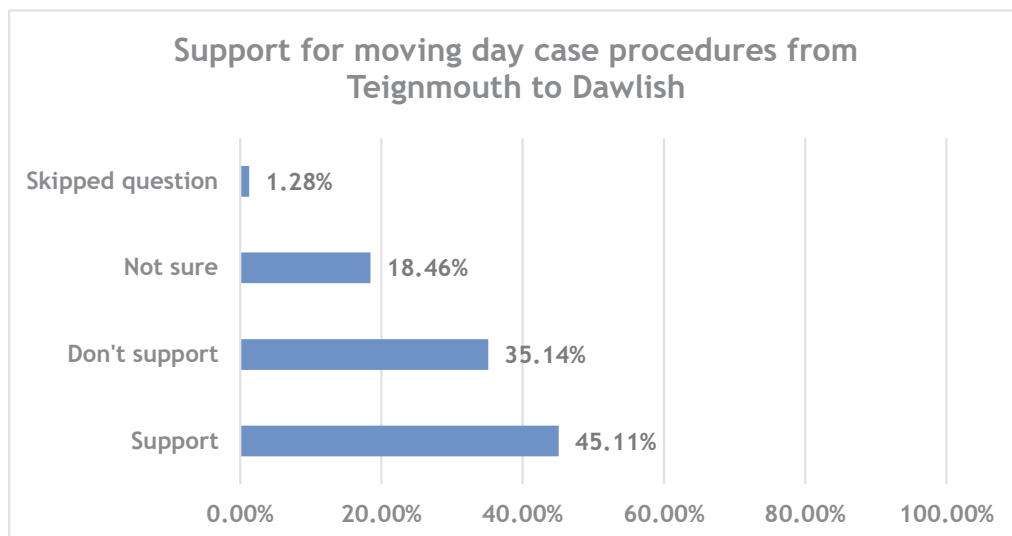
1,000 people answered this question and 13 people did not answer it.

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

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

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

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





Question 17. Please give the reasons for your answer:

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

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

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

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

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

The following themes were identified:

Supportive comments (233 comments)

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



Travel, transport, and parking (170 comments)

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

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

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

Capacity of Dawlish Community Hospital (46 comments)

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

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

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



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

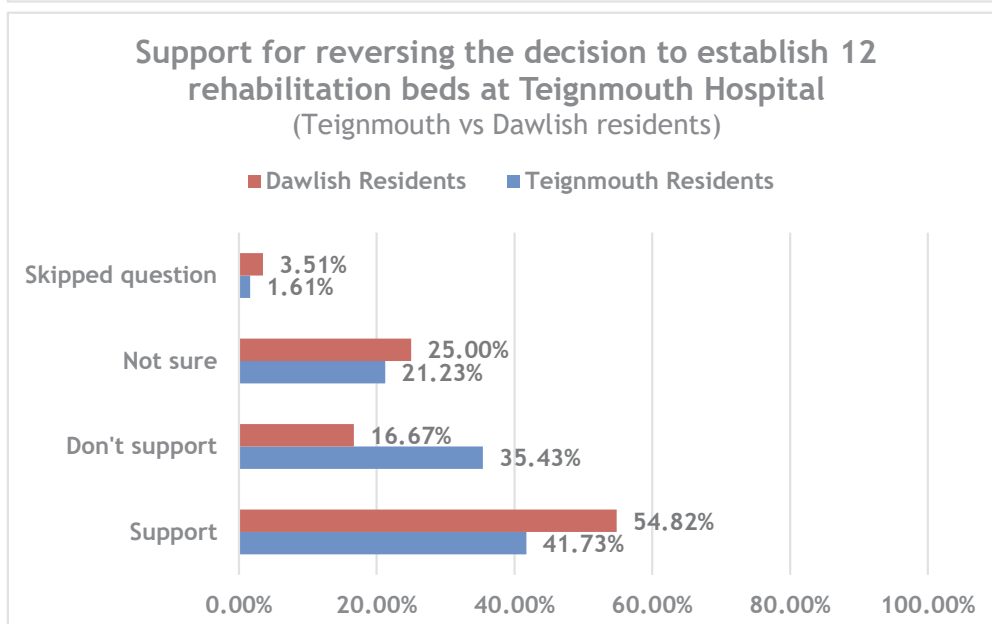
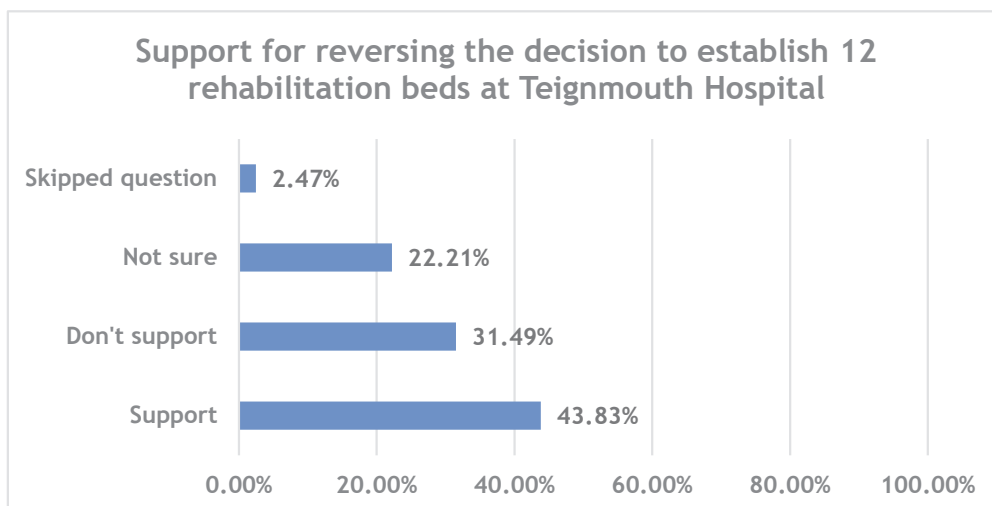
988 respondents answered this question and 25 people did not answer it.

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

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

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

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





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

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

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

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

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

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

The following themes were identified:

Supportive comments (250 comments)

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



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

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

Capacity, resources, and bed blocking (104 comments)

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



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

Covid-19 pandemic (25 comments)

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



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

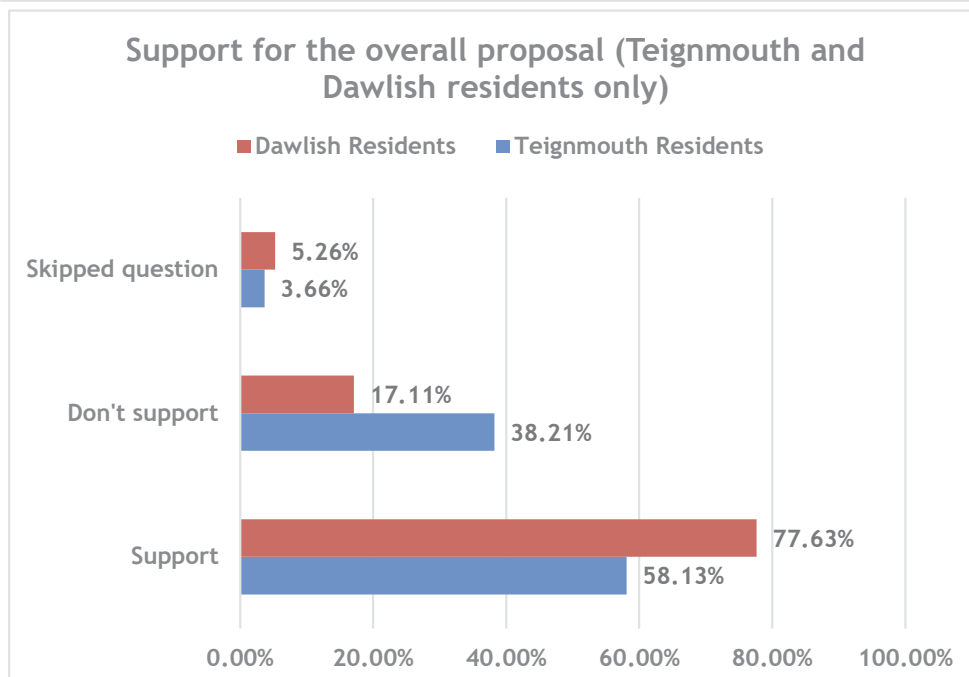
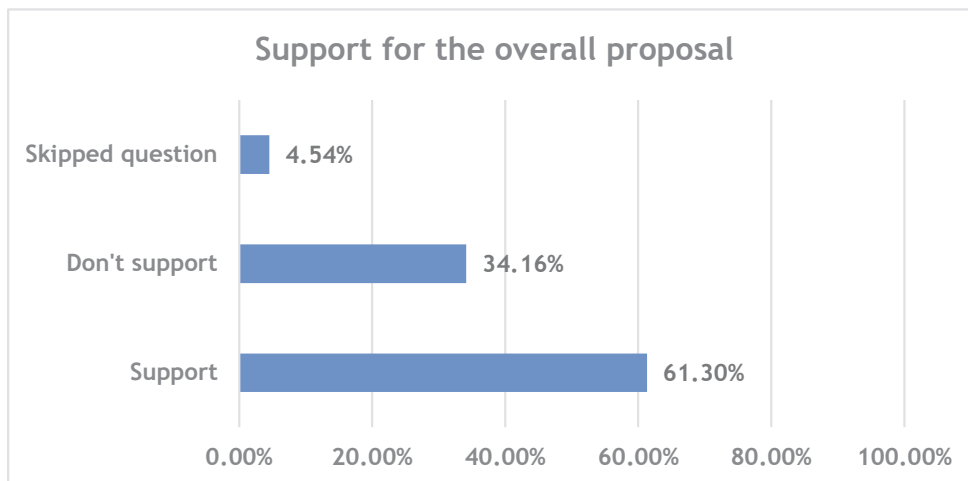
967 people answered this question and 46 people did not answer it.

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

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

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

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





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

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

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

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

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

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

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

The following themes were identified:

Wanting to keep Teignmouth Community Hospital open (112 comments)

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

The new Health and Wellbeing Centre (59 comments)

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



Moving services to Dawlish (54 comments)

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

Closure of the rehabilitation beds (46 comments)

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



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

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

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

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

The following themes emerged from the feedback:

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

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

Travel, parking, and accessibility (40 comments)

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



The new Health and Wellbeing Centre (30 comments)

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

Community care (28 comments)

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

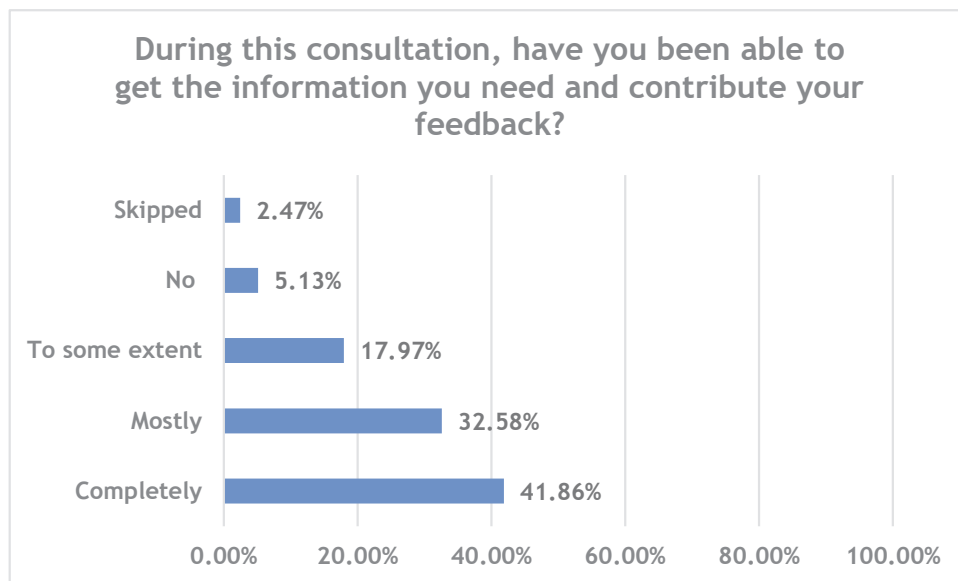


Question 23. During this consultation, have you been able to get the information you need and contribute your feedback?

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

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

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





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

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

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

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

The following themes emerged from the feedback:

Supportive comments (163 comments)

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

Missing, inadequate, or unclear information (65 comments)

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

Concerns about bias (41 comments)

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



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

Online meetings and resources (14 comments)

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



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

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

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

Many respondents mentioned the issue of parking.

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

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

The following themes emerged from the feedback:

Parking and travel (120 comments)

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

Teignmouth Community Hospital (85 comments)

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

Supportive comments (85 comments)

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



The new Health and Wellbeing centre (43 comments)

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



2. Public and Community Online Meetings Feedback

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

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

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

The following themes and concerns emerged from the meetings:

Parking

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

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

Parking capacity at Dawlish Community Hospital:

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

Transport, travel, and accessibility

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

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

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

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



The COVID-19 pandemic

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

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

The new Health and Wellbeing Centre

Proposed location is in a flood risk area:

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

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

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

Closure of Teignmouth Community Hospital and the rehabilitation beds

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

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

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

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

Services and capacity

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



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

Capacity of the workforce to deliver community-based care:

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

NHS resources and funding

Concerns about covert privatisation of NHS services:

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

Teignmouth GP Practices’ patients

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

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



3. Staff feedback

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

The following feedback themes emerged from the staff meetings:

Parking

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

Development of the new Health and Wellbeing Centre

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



Other options put forward for consideration and outcomes

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

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

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

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

Keeping and/or improving Teignmouth Community Hospital

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

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



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

The new Health and Wellbeing centre

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

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



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

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

Travel, parking, and accessibility

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



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

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

Community care

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

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

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



Statement from Healthwatch in Devon, Plymouth and Torbay

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

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

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

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

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

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



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

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

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

healthwatch
in Devon, Plymouth and Torbay



Recognition

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

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



Appendices

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

Appendix 1 - Consultation Documents

Consultation Document

Teignmouth and Dawlish consultation - Consultation document

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

Consultation Survey

Teignmouth and Dawlish consultation - Consultation survey

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

Easy Read Consultation Document

Teignmouth and Dawlish consultation - Consultation document (easy read)

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

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



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

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



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



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



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



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

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

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



Appendix 4 - records of the online public meetings

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

Friday 11 September	2:30pm - 4pm	Watch a recording of the meeting https://youtu.be/2gFoF6JG3zg
Thursday 17 September	10:30am - 12noon	Watch a recording of the meeting www.youtube.com/watch?v=FoTX17EqiJg
Wednesday 23 September	6pm - 7:30pm	Watch a recording of the meeting https://www.youtube.com/watch?v=qqufvRsmGLE&t=4s
Tuesday 29 September	3pm - 4:30pm	Watch a recording of the meeting https://youtu.be/xK374PEERXg
Monday 5 October	11.30am - 1pm	Watch a recording of the meeting https://www.youtube.com/watch?v=sLAHmIEeZWE
Saturday 17 October	11am - 12:30pm	Watch a recording of the meeting https://youtu.be/057jy6x9wMI

Appendix 5 - Summaries of each online public meeting

Meeting 1 - 11 September 2020

Panel

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

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

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

Parking

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



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

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

Co-location of services

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

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

Covid-19 pandemic

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

Services and capacity

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

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

- Are all outlying surgeries going to close?

- Will services be reduced as part of this proposal?

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

Implications for local residents

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

- What does this proposal mean for Newton Abbot?

- Implications of the proposed changes for Teign Estuary patients

Questions about the proposal/consultation

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

- Not much in the current proposal about specialist cancer treatment

- What will happen to the current Teignmouth Hospital building?

Meeting 2 - 17 September 2020

Panel

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

- Simon Tapley (Accountable Officer, Devon CCG)

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

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

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

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



Parking

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

Moving services from/closing Teignmouth Hospital

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

Development of the new Health and Wellbeing Centre

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



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

Meeting 3 - 23 September 2020

Panel

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

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

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

Parking

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

Moving services from/closing Teignmouth Hospital

- Why move the services instead of updating and maintaining the existing hospital? A much smaller building could be built for the doctors' surgery
- Why add a 20 minute journey time for more residents from a bigger population to travel along a very busy road to access services we already have? By not 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.

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Governing Body Addendum

Modernising Health and Care Services in the Teignmouth and Dawlish Area

- 1. Outcome of Spotlight Review**
- 2. Spotlight Review Scoping Document**
- 3. Minutes of the Health and Adult Care Scrutiny Committee - 10 September 2020**
- 4. Minutes of the Health and Adult Care Scrutiny Committee – 12 November 2020**

Modernising Health and Care Services in the Teignmouth and Dawlish Area Spotlight Review: Health and Adult Care Scrutiny Committee - 14 December 2020

The Health and Adult Scrutiny Committee carried out a Spotlight Review on 14 December 2020 of the consultation process on the Devon CCG's proposals for *Modernising Health and Care Services in the Dawlish and Teignmouth Areas*. The process has resulted in:

1. a report written by Healthwatch Devon. Their brief was to take the responses of residents from a survey provided by Devon CCG, analyse these responses and report back;
2. the CCG taking account during the engagement process of other possible options besides the one specified in the consultation documentation.

The Review concentrated on the efficacy of the consultation process. Members met with the Healthwatch team to discuss their report and with the CCG to interrogate the process undertaken to consider the other possible options. In view of the short interval before the CCG Governing Body meets on 17 December, members have formulated this brief summary response by deliberating on the following question that addresses a key principle of the engagement process:

As a result of this consultation is there confidence in a credible case for change that both clinicians and residents advocate?

Members accept that Devon CCG provides clear arguments for change. They are strong advocates of an Integrated Care System that prioritises community based intermediate care over rehabilitation beds in community hospitals. Their vision is for GPs working in an environment that includes community-based health services with the voluntary sector offering support alongside. Hence their decision to build a Health Hub in the centre of Teignmouth.

The Healthwatch report gave the patients' perspective on the proposal with a survey that the CCG was heavily involved in determining. There were just over 1,000 responses in an area covering a population of over 35,000 people. The respondents were asked to consider a proposal that would move services from Teignmouth Community Hospital to either the planned new Hub or to Dawlish Community Hospital. The public were also invited to attend online meetings and to put questions to the CCG. It is to be noted that a large proportion of respondents, especially from Teignmouth, raised serious concerns about parking and transport issues both in the survey and online.

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

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

During the scrutiny review members noted that although the CCG has been rolling out this model in other parts of the County, there is no systematic evaluative research co-produced by clinicians, professionals, and service users that presents clear evidence of success (using both quantitative and qualitative methodology) to support this extensive change proposed.

In conclusion, members do not believe that the consultation has convincingly supported the claim that the proposed changes are in the best interests of the health needs of the population in the area.

Health & Adult Care Scrutiny Committee

Modernising Health and Care Services in the Teignmouth and Dawlish Area

Scoping Document

Chair	Councillor Sara Randall Johnson
Vice Chair	Councillor Hilary Ackland
Membership	Health & Adult Care Scrutiny Committee
Cabinet Member	Councillor Andrew Leadbetter, Cabinet Member for Adult Social Care and Health Services
Purpose	On 12 November 2020 Health & Adult Care Scrutiny resolved to set up a spotlight review on the modernisation of health and care services in the Teignmouth and Dawlish Area. The Spotlight Review will be a focused scrutiny, concentrating on the efficacy of the consultation process.
Background	<p>The consultation process by Devon CCG has resulted in:-</p> <ol style="list-style-type: none"> 1. A report written by Healthwatch Devon. Their brief is to take the responses of residents from a survey provided by Devon CCG, analyse these responses and report back. 2. The CCG taking account during the engagement process of other possible options besides the one specified in the consultation documentation.
Terms of Reference	<ol style="list-style-type: none"> 1. To evaluate the Healthwatch Report 2. To interrogate the process undertaken to consider the other possible options. 3. To report to NHS Devon Governing Body on the finding of the spotlight review. 4. To report back to the Health & Adult Care Scrutiny Committee on the findings of the spotlight review.
Task Group schedule	<ul style="list-style-type: none"> • Agree scope and programme • Main spotlight review session • Collate evidence received • Write and agree final report
Possible witnesses	<ul style="list-style-type: none"> • Healthwatch Devon • NHS Devon CCG • South Devon and Torbay Foundation Trust
Potential Questions	<p>In order to evaluate the Healthwatch evaluation members will receive this report at the earliest possible opportunity prior to the review date to have the opportunity to study it. Potential questions to Healthwatch:</p> <ol style="list-style-type: none"> 1. Does the report clearly lay out the brief it was given by the CCG? 2. Does the report provide a background to the engagement process and engagement activity to set the responses in context? 3. Is the survey rationale explained with information about its spread, delivery and material produced? Also is it clear that responses received are from a self-selected group and therefore not necessarily representative of the population? 4. Is there a good summary of the data collected including:

	<ul style="list-style-type: none"> • seeing the data summary related to the questions asked? • showing the demographic information where appropriate? • enabling members to hear the voices of the respondents? <p>5. Is the data analysis process described in sufficient detail to give members confidence in the final analysis?</p> <p>6. Have respondents issues and concerns been highlighted adequately?</p> <p>7. Are the outcome and conclusion credible, confirming the findings?</p>
Background information for Members	<ul style="list-style-type: none"> • The final report of the independent review conducted by Healthwatch. • A report from NHS Devon CCG concerning the evaluation of alternative options. <p>Members will have the opportunity to ask questions of representatives of Healthwatch and the NHS bodies not already covered in the material supporting the consultation.</p>
Timescale	A report will be considered by the NHS Governing Body on 17 December 2020 and Health & Adult Care Scrutiny Committee at its meeting on 26 January 2021.
Contact	<p>Dan Looker Scrutiny Officer t: 01392 382232 e: dan.looker@devon.gov.uk</p>

HEALTH AND ADULT CARE SCRUTINY COMMITTEE

10 September 2020

203 Consultation Modernising Health and Care Services in the Teignmouth and Dawlish area

(Councillor J Clatworthy attended in accordance with Standing Order 25 (2) and spoke to this item broadly in support of the proposals noting some local concerns and the effective promulgation of the consultation documents)

The Committee considered the Report of the Torbay and South Devon NHS Foundation Trust and NHS Devon Commissioning Group on NHS Devon Clinical Commissioning Group (CCG) on its formal public consultation on future services in Teignmouth and Dawlish launched on the 1 September 2020 and to run to 26 October 2020.

The original consultation timeline was designed to enable work to commence in October 2020. However, due to COVID-19, the timescale for the health and wellbeing development had been delayed and the start date had now moved to January 2021. However, the Clinical Commissioning Group remained committed to holding a transparent process and to keeping an open mind. A full copy of the consultation document was appended to the Report.

The Head of Integrated Care at NHS Devon Clinical Commissioning Group, the Director of Transformation and Partnerships (CCG) and Dr Greenwell (local GP) responded to Members' questions relating to:

- the quality and clarity of the consultation material widely distributed in the South Torbay area which was commended by Members and the virtual arrangements as a result of the pandemic;
- financial and other information which was included in the supporting documents listed on the CCG's website and available at: <https://devonccg.nhs.uk/get-involved/currentprojects/health-and-wellbeing-services-in-teignmouth-and-dawlish>;
- the predicted impact on Dawlish and Newton Community Hospitals; and
- the involvement of Devon Healthwatch in independently collating and analysis of the consultation responses for report to the Devon CCG.

Members noted that the full analysis of the consultation outcome for the Clinical Commissioning Group would not be available until after this Committee's next meeting.

It was **MOVED** by Councillor S Randall-Johnson, **SECONDED** by Councillor S Russell and

RESOLVED

- (a) that an update Report from the Clinical Commissioning Group on consultation (with the fullest information available at the time from Devon Healthwatch) be presented to this Committee's next meeting on 12 November 2020; and
- (b) that Members use their role as community leaders to encourage wide engagement in the consultation process in the coastal communities affected.

HEALTH AND ADULT CARE SCRUTINY COMMITTEE

12 November 2020

* 214 **Modernising Health and Care Services in the Teignmouth and Dawlish area**

Councillors J Clatworthy and A Dewhirst attended in accordance with

Standing Order 25 (2) and spoke to this item. Councillor Clatworthy referred to the impending report of Healthwatch and the minimum impact on Dawlish health care services. Councillor Dewhirst referred to local community objections to the proposals (based on a range of issues) and support for the retention of care services at Teignmouth Community Hospital and the role of the Scrutiny Committee within this process.

Councillor Dewhirst also presented a petition of 2783 signatories against the proposals.

The Committee considered the Report of the Devon Clinical Commissioning Group on the progress of the consultation relating to proposals for the reconfiguration of health and care services in Teignmouth and the Dawlish area. The Report followed previous presentations and updates to this Committee.

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

Starting on 1 September 2020, the consultation had invited views and comments on a proposal by Devon Clinical Commissioning Group (CCG) that arose from plans by Torbay and South Devon NHS Foundation Trust (TSDFT) to build a new £8 million Health and Wellbeing Centre in the heart of Teignmouth. This would 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 had consisted of four elements:

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

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

The Report outlined the consultation process, the role of Healthwatch, and evaluation of alternative options.

The Director for Out of Hospital Commissioning, CCG responded to Members' questions and discussion points included:

- ownership of the Hospital building by the Trust;
- no planning application relating to the new proposed Hub had been submitted at this point;
- due to timing the Healthwatch Report on the results of the consultation had not been completed ready for report to this meeting;
- the process to evaluate the efficacy of the different options prior to the CCG Board meeting 17 December when a decision was expected; and
- the role of this Committee in assessing the outcome of the consultation process and evaluation of proposals.

Members referred to the need for an opportunity to interrogate the evidence in the interests of transparency so the public could have confidence that the consultation was conducted with rigour and fairness before a decision was made by the Clinical Commissioning Group.

It was **MOVED** by Councillor H Ackland, **SECONDED** by Councillor M Asvachin and

RESOLVED that a Spotlight Review be arranged to evaluate the evidence from the final report of Healthwatch and with the benefit of sight of the evaluation process prior to a decision of the Devon Clinical Commissioning Group Governing Body expected at its meeting on 17 December 2020.

UPDATE Vaccination Programme

Recommendation: That the Committee note this report.

1. Coronavirus Vaccination in Devon

- 1.1. Thousands more doses of the Oxford Astra-Zeneca vaccine have been received from the national supply chain and given to priority groups in Devon.
- 1.2. GP practices are prioritising use of the Oxford vaccine for use in older persons' care homes as it is easier to transport and store. The NHS has been asked to ensure everyone in care homes has been vaccinated by 24 January and it is our ambition to achieve this.
- 1.3. A range of measures is being developed, including additional roving teams, to bring vaccination facilities closer to people in places where the location of the local vaccination centre makes it difficult for people to access it - but in the meantime, local people are strongly encouraged to do all they reasonably can to take up the offer of a vaccination appointment if they are offered one.

2. Progress on vaccinations

- 2.1. Currently there are three main ways the vaccine is being delivered in Devon-
 - i. All four of the county's main **hospitals** – in Plymouth, Exeter, Torquay and Barnstaple – are giving the vaccination to priority groups in line with national guidance
 - ii. **GP practices** are working together in groups to set up local vaccination centres. Across the county, **20 centres are now in operation**, serving all of Devon practices.
 - iii. GP-led facilities are delivering the vaccine to residents and staff in **care homes**
- 2.2. On 11 January 2021, NHS England and NHS Improvement, announced the next phase of the COVID-19 vaccination programme with the first seven sites nationwide operating the Vaccination Centre model. Ashton Gate stadium in Bristol was one of these sites.
- 2.3. The announcement made clear that dozens more will be coming on stream across the country and in Devon, two are planned. Work is progressing well and as soon as assurance processes are complete, further details will be released.

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- 2.4. NHS England also announced that the first six community pharmacy sites for vaccination go live nationwide this week to test the model before further rollout.
- 2.5. Both of these types of service will be bookable through a national booking portal. They will add extra capacity to the vaccination programme – alongside hospital hubs and GP-led local services - so that the NHS can protect all those who would benefit most as quickly as possible
- 2.6. Anyone in the highest risk groups who does not want to travel to pharmacy or to a large-scale vaccination centre can wait to be called forward by their local GP or hospital services by 15 February.
- 2.7. The system focus is on ensuring that we deliver to more people in priority cohorts and sooner, especially groups 1 and 2 with all those to group 4 offered a vaccine by the middle of February.
- 2.8. Good progress is being made to vaccinate health and care staff. Thousands of staff members have already been vaccinated. Staff are being made aware of how to access a vaccine.
- 2.9. Further details of plans in Devon will be available in due course, highlighted in weekly briefings to members.

3. Vaccinations in care homes

- 3.1. On 13 January, NHS England and NHS Improvement [wrote to the NHS](#) saying all GP-led local vaccination services are to administer the first dose of the COVID-19 vaccine to care home residents and staff by 24 January (instead of the original 31 January target).
- 3.2. Care home residents and staff were set as the highest priority group by the independent Joint Committee on Vaccination and Immunisation. GP-led and hospital vaccination services have made good progress in vaccinating staff and residents in care homes in Devon.

4. Increasing access to vaccination centres

- 4.1. GP practices are working in groups to set up the local vaccination centres. The GP-led vaccination sites have to operate at scale and at pace. They are complex to set up and there are stringent quality assurance and safety requirements that each site needs to meet, which means that not every GP practice is suitable.
- 4.2. Most centres in Devon are a convenient distance from where patients live but we recognise that in some locations, the distance is longer than we would want.

4.3. **A range of measures is being developed, including additional roving teams, to bring vaccination facilities closer to people in more rural parts of the county, but in the meantime, local people who are offered a vaccination appointment are strongly encouraged to do all they reasonably can to attend it.**

4.4. We also know that various organisations, including NHS Responders, the national volunteers, are actively working to recruit more volunteer drivers to help people make the journey.

5. Recruiting volunteers

5.1. Volunteers are being sought to be part of the biggest vaccination programme in NHS history. The NHS needs volunteer marshals and stewards to support work to vaccinate local people.

5.2. Anyone interested can contact 'Our Plymouth', who are coordinating volunteers to help at Devon vaccination sites, to register interest and find out more at <https://ourplymouth.co.uk/volunteer-opportunity/covid-19-vaccination-program-volunteers-needed/>

6. Vaccine Timing and Efficacy

6.1. The NHS was given clear guidance to stop providing **second doses** at the three-week interval after 4 January. Everyone will still receive their second dose and this will be within 12 weeks of their first, in line with national guidance.

6.2. The Joint Committee on Vaccination and Immunisation (JCVI) has advised prioritising delivery of the first vaccine dose as this is highly likely to have a greater public health impact in the short term and reduce the number of preventable deaths from COVID-19.

6.3. The [COVID-19 Actuaries Response Group](#) has conducted a review into the logic of the UK's vaccine priority ordering. This document shows the number needed to vaccinate in care homes is 20 vaccinations to prevent one death, compared with other groups in priority 1-4 of between 160 and 600 vaccinations to prevent one death.

6.4. Anyone who has had the vaccine **must continue** to follow government guidance on social distancing and wearing a mask, as immunity takes weeks to develop.

6.5. Both the Pfizer and Oxford vaccines have been through rigorous tests and approval processes to prove they are safe and effective. Therefore, patients will not have a choice about the vaccine they receive when they are called for an appointment.

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How local people can play their part

1. Stay at home

- The best thing they can do to help the NHS is stay at home as much as possible.
- Every time you leave your home you risk coming into contact with an infected person or touching a surface or door handle or petrol pump which may be contaminated. Any one of these interactions could be a crucial link in the chain of transmission which could lead to someone becoming seriously ill or dying from COVID-19.

2. When you get your call from the NHS for your vaccine, please take it up.

- The NHS will get in touch when it's your turn to be vaccinated. You must attend your appointment.
- **Don't make things harder for the NHS by calling your local hospital or GP practice about getting the vaccine – the NHS will contact you when it's your turn. Blocking phonelines with queries stops other people getting healthcare and diverts staff time, meaning the vaccine rollout will be slower.**

3. Follow the government guidance:

- 'Hands, Face, Space'.
- Act as if you have COVID, even after you've been vaccinated

4. Use the NHS in the best way:

- **Think 111 first or choose the right service for your needs: self-care, pharmacists, local minor injury services or your GP.**

Further information and vaccination data

National data on vaccination is available [here](#) and will soon be available daily.

More local vaccination information will be released by NHS England and NHS Improvement in due course – details will follow.

For more information on vaccination and the health and care response to COVID-19, click on www.togetherfordevon.uk/priorities/coronavirus-covid-19

Name: Darryn Allcorn
NHS Devon CCG
Chief Nurse

UPDATE ON THE PHASE 3 ELECTIVE CARE RESTORATION PROGRAMME IN DEVON

Recommendation that the Health & Adult Care Scrutiny Committee note this document.

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### INTRODUCTION

This paper will provide an update on the NHS Devon CCG programme for Elective Care Restoration, as part of the Devon Phase 3 Restoration Plans.

### PHASE 3 RESTORATION OF ELECTIVE

The national Phase 3 guidance (*Third Phase of NHS Response to COVID19*, dated 31 July 2020) set out an expectation that systems would restore elective activity to:

- 90% of 19/20 levels by October for elective inpatient, day case and outpatient procedures
- 100% of 19/20 levels of MRI, CT and endoscopy procedures (by October)
- 100% of last year's levels for new and follow-up outpatients

The Elective Care Cell has been broken into 4 workstreams to support the delivery of the Phase 3 and Adapt & Adopt:

1. Management of GP referral processes
2. Pathway development and GP and patient communication  
<https://northeast.devonformularyguidance.nhs.uk/>  
<https://myhealth-devon.nhs.uk/>
3. Outpatients
4. Surgical Restoration

This programme focusses on the following priorities and this is incorporated into the Elective Care Cell's workstreams for delivery:

- Theatres - Prepare regional core principles based on national Infection Prevention Control (IPC) guidelines to support systems with practical implementation of relevant measures, including lessening PPE & Cleaning requirements and enabling local decision making to downgrade PPE according to risk.

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- CT MRI - Prepare regional core principles based on national IPC guidelines to support systems with practical implementation of relevant measures.
- Endoscopy - Prepare regional core principles based on national IPC guidelines to support systems with practical implementation of relevant measures, including settling time on COVID negative AGP.
- Outpatient - Prepare regional core principles based on national IPC guidelines to support systems with practical implementation of relevant measures. For outpatient transformation, adapt and adopt work complements and helps with rapid implementation of the existing National Outpatient Transformation Programme

There are targets to be delivered against each of these priorities and the CCG is required to report weekly to NHSEI against all of these targets.

## CURRENT PERFORMANCE

| November Phase 3 - Activity Recovery |                               |        | STP  | TSDFT  | RDEFT  | NDHT   | UHP    |
|--------------------------------------|-------------------------------|--------|------|--------|--------|--------|--------|
| Outpatients                          | OP NEW (F2F and non f2f)      | Plan   | 84%  | 93.4%  | 76.6%  | 94.2%  | 83.2%  |
|                                      |                               | Actual | 88%  | 95.6%  | 76.6%  | 90.2%  | 98.7%  |
|                                      | OP FU (F2F and non f2f)       | Plan   | 91%  | 85.1%  | 79.4%  | 102.3% | 97.3%  |
|                                      |                               | Actual | 99%  | 95.6%  | 81.7%  | 90.9%  | 108.8% |
|                                      | TOTAL OUTPATIENTS             | Plan   | 89%  | 87.3%  | 78.4%  | 99.5%  | 93.1%  |
|                                      |                               | Actual | 96%  | 95.6%  | 76.0%  | 90.6%  | 106.1% |
| ELECTIVE                             | DAYCASE                       | Plan   | 78%  | 77.6%  | 75.8%  | 72.1%  | 82.5%  |
|                                      |                               | Actual | 108% | 98.8%  | 122.1% | 111.4% | 102.1% |
|                                      | ELECTIVE INPATIENT            | Plan   | 73%  | 79.4%  | 73.8%  | 83.7%  | 67.8%  |
|                                      |                               | Actual | 82%  | 73.4%  | 75.8%  | 89.1%  | 88.0%  |
|                                      | TOTAL ELECTIVE                | Plan   | 77%  | 77.8%  | 75.4%  | 73.8%  | 80.0%  |
|                                      |                               | Actual | 104% | 96.3%  | 112.9% | 107.5% | 100.1% |
|                                      | TOTAL INCOMPLETE RTT PATHWAYS | Plan   | 123% | 142.4% | 112.5% | 140.2% | 113.6% |
|                                      |                               | Actual | 97%  | 93.3%  | 113.7% | 80%    | 89.1%  |
| RTT 52 WEEK WAITS                    | Plan                          | 7628   | 1517 | 1924   | 2637   | 1550   |        |
|                                      | Actual                        | 7413   | 1277 | 3401   | 1290   | 1445   |        |
| DIAGNOSTIC TESTS                     | MAGNETIC RESONANCE IMAGING    | Plan   | 92%  | 86.0%  | 100.3% | 77.8%  | 91.8%  |
|                                      |                               | Actual | 86%  | 87.5%  | 70.4%  | 111.5% | 93.7%  |
|                                      | COMPUTED TOMOGRAPHY           | Plan   | 84%  | 90.2%  | 106.7% | 74.9%  | 67.0%  |
|                                      |                               | Actual | 110% | 80.9%  | 85.9%  | 138.0% | 152.2% |
|                                      | TOTAL SCOPES                  | Plan   | 82%  | 69.8%  | 88.5%  | 115.7% | 79.2%  |
|                                      |                               | Actual | 79%  | 78.7%  | 66.6%  | 79.6%  | 91.0%  |

The activity above is for the time period November 20. Over December and into January as a result of Covid, performance has significantly reduced.

Both day case and elective inpatients are performing above trajectory across all trusts. The trajectory is based on delivering the same amount of activity as during the same time period in 20/21.

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For all trusts in Devon, none face to face new and follow up outpatients are below plan. However, outpatient follow ups overall are above trajectory. The trajectory is based on based on delivering the same amount of activity as during the same time period in 20/21.

The number of patients waiting for more than 52 weeks for their procedure is slightly over the plan agreed by NHS England. However, it is below plan for the RD&E where staffing pressures have been felt most keenly and are below the anticipated level at this stage. This has been further impacted in the months up to the end of January 21 by further staff absences and the third wave of Covid 19. Across the county our incomplete pathway volumes remain below the forecast trajectory at all our trusts except the RD&E.

Name: John Finn  
NHS Devon CCG  
Deputy Director In Hospital Commissioning





18/1/2021  
Health & Adult Care Scrutiny Committee  
26 January 2021

## **Update on the level and nature of Covid funding received to support the impact of the pandemic**

**Recommendation: That Health & Adult Care Scrutiny Committee note the update**

### **1. Introduction**

- 1.1. The purpose of this report is to provide further detail on the funds that Devon County Council has received during 2020/21 to facilitate responding to the pandemic, and to provide an update of support contained within the Provisional Local Government Finance Settlement for 2021/22.
- 1.2 Devon County Council has needed to respond quickly to a rapidly developing crisis to ensure people receive vital care and support. For Adult Social Care and Health this has included stabilising the adult care sector through sustainability funding and meeting extra costs; and practical support around personal protective equipment (PPE), testing, infection control, and recruitment. It has also included the provision of agency staff to ensure care homes remain open when high numbers of staff are off sick or isolating due to Covid-19.

### **2. Covid-19 funding received directly**

- 2.1. In response to the COVID-19 outbreak Central government has put in place a number of grant funding streams to help support Local Authorities in their response to the pandemic. To date Devon County Council has been allocated 13 different pandemic related grants with a confirmed value of £80.5 millions, of which £77.9 millions has now been received and £54.8 millions spent. A table listing each funds is attached at appendix 1, but a high level summary of each of the grants follows:

#### **2.1.1. Local Authority Covid Support Grant - £43.5 millions.**

This funding is intended to support the pressures being faced in response to the Covid-19 pandemic across all the County Councils services. Allocated to Local Authorities based upon the Ministry of Housing, Communities and Local Government (MHCLG) Covid needs formula, this has so far arrived in 4 tranches this year. There is local discretion in how this is allocated, but the fund is intended to meet increased demand for Adult social care and enable additional support to social care providers, meet the costs of extra demand and higher business as usual costs of providing Children's social care and meet pressures across other services.

A summary of the application of this grant by service area can be seen below. There is currently a forecast overcommitment of £300,000. If this or further pressures materialise, and additional funding is not forthcoming from Central Government, there will be a need to meet the overspend from reserves. These forecasts are regularly reviewed and therefore do change.

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|                                    | <b>% Share</b> | <b>Forecast<br/>Expenditure</b> |
|------------------------------------|----------------|---------------------------------|
| Adults Care and Health             | 54.8%          | 24,022,292                      |
| Children's Services                | 19.4%          | 8,485,008                       |
| CoPHEP                             | 3.6%           | 1,567,558                       |
| Corporate                          | 7.1%           | 3,096,160                       |
| Highways, Infrastructure and Waste | 5.6%           | 2,462,446                       |
| Authority Wide                     | 9.6%           | 4,197,636                       |
|                                    | <b>100%</b>    | <b>43,831,100</b>               |

Specifically, for Adults Care and Health the forecast expenditure of £24 millions can be analysed further by support type as follows:

## **Adult Care and Health application of the covid support grant**

| <b>Type of support</b>              | <b>Forecast<br/>Expenditure</b> |
|-------------------------------------|---------------------------------|
| 1. New Exceptional Costs            | 793,313                         |
| 2. Market Underwriting              | 16,104,499                      |
| 4. Funding & Income                 | 2,099,971                       |
| 6. Impact on Planned Budget Savings | 4,707,000                       |
| New Exceptional Costs               | 317,509                         |
| <b>Grand Total</b>                  | <b>24,022,292</b>               |

### **2.1.2. Adoption Support Fund - £ 217,097.**

This scheme enabled regional adoption agencies and local authority adoption teams, that were not in a regional adoption agency (RAAs/LAs) to access funds to deliver new immediate therapeutic support to eligible families during the pandemic only. Specific exclusions related to activities in school settings, respite support and electronic equipment including computers. This is expected to be spent in full this financial year.

### **2.1.3. Bus Services Support Grant - £1.2 millions.**

This Grant was intended to support the operation of the public transport offer, including taking staff off furlough, mileage, PPE etc. This is expected to be spent in full this financial year.

### **2.1.4. Infection Control Fund-Tranche 1 £10.5 millions and Tranche 2 £9.2 millions**

This fund is available to support Adult Social Care Providers, including those with whom the Local Authority does not have a direct contractual relationship, to reduce the rate of Covid -19 transmission in and between care homes, and also to provide support to the wider workforce resilience.

The application of 80% of this fund has been mandated by Government and passed onto regulated care home and community providers who conditional on meeting the additional responsibilities and reporting requirements that come with the fund. The remaining 20% has an

element of local discretion in its application and has mainly been used to implement measures to support workforce resilience, the unregulated market and to engage assistance from the voluntary sector. This is expected to be spent in full this financial year.

**2.1.5. Emergency Active Travel Fund - Tranche 1 £316,426 and Tranche 2 £1.3 millions**

Tranche 1 was intended to help make use of temporary intervention to create an environment that is safe for both walking and cycling and also to support active travel. Tranche 2 has been received as capital and revenue funding and will be targeted towards more permanent developments in Barnstaple, Newton Abbot and Exeter and support the extension of some tranche 1 schemes. This is expected to be spent in full this financial year.

**2.1.6. Test and Trace Local Action Plan - £2.6 millions.**

The purpose of the grant is to provide support for local authorities in England towards expenditure incurred in relation to the mitigation against and management of local outbreaks of COVID-19. The majority of spend to date has supported outbreak management infrastructure and communications and marketing. The current year forecast remains uncertain as it is dependent on responding to local outbreaks and any unspent grant can and will be carried into next financial year.

**2.1.7. Emergency hardship Fund - £757,020**

This fund is intended to support those in immediate need struggling to afford food and essentials. This has been transferred to the District Councils and is expected to be spent in full this financial year.

**2.1.8. Additional Home to school Transport - £1.7 millions**

Funding is intended to be spent on ensuring there is sufficient transport capacity so children and young people can get to school and college safely and on time.

**2.1.9. Travel Demand Management - £100,000**

Funds have been made available to allow Local Authorities to engage consultant capacity to plan for travel demands. This is expected to be spent in full this financial year.

**2.1.10. Wellbeing for Education Return Fund - £128,139**

This is intended to support the Wellbeing for Education return project which seeks to better equip education settings to support pupils and students' wellbeing and psychological recovery as they return to full-time education this autumn. This is expected to be spent in full this financial year.

**2.1.11. Clinically Extremely Vulnerable Support Fund - £473,000**

This fund has been made available to support the strategic planning and operational delivery of support to the clinically extremely vulnerable in partnership with the NHS and District Authorities. This is expected to be spent in full this financial year.

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## **2.1.12. Winter Scheme - £2.04 millions**

This is directed to upper tier local authorities in England to provide support over the winter to children and households who are experiencing, or at risk of experiencing, poverty where they are impacted by the ongoing public health emergency and where alternative sources of assistance may be unavailable. This is expected to be spent in full this financial year.

## **2.1.13. Contain Outbreak Management Fund (1) (COMPF) - £6.4 millions**

This is to support Public Health and local economies during, and following, the November national lockdown to manage compliance, put in place social support, contact tracing and testing. Plans are being developed to allocate this fund, but the current year forecast remains uncertain. Any unspent grant can and will be carried into next financial year.

### **Contain Outbreak Management Fund (2)**

Further funding is expected to be provided by government in line with this grant which is for public health interventions to manage the COVID-19 response. This will be linked to Local Authority tier status and transferred monthly. Tier 1 areas will not receive additional funding, tier 2 areas should expect to receive £2 per head of population every 28 days, while tier 3, tier 4 and national lockdown areas can expect to receive £4 per head of population every 28 days. Prompt Action Funding has been allocated under COMPF 1 and 2 to continue this vital community impact support.

2.2. Each of the grants detailed have different terms and conditions regarding their application, year-end treatment and flexibility to carry forward or return if unspent.

2.3. Most of the grants received are expected to be spent in full this financial year or are permitted to be carried forward to support related costs incurred in 2021/22. As the national and local circumstance evolve the funding landscape may change.

## **3. Other sources of funding**

3.1. In addition to the grants directly received Devon County Council has submitted claims for lost income against the Sales Fees and Charges compensation scheme totalling just under £1.4 millions so far this year.

3.2. At the start of the pandemic the Government also confirmed that part of the £1.3 billions of funding made available to the NHS was intended to support costs incurred by local authorities in the support of hospital discharge, and out of hospital activity. This programme now has 2 tranches. Tranche 1 covers costs incurred up to the end of August 2020 and provides support for care costs incurred until the end of the financial year. Tranche 2, in place from the start of September 2020, makes provision for social care costs to be reimbursed for 6 weeks after time of discharge. Working in partnership with Devon CCG, Devon County Council has received reimbursement for tranche 1 costs of £11.6 millions and is awaiting confirmation and reimbursement from NHS England of further tranche 1 costs of £6.2 millions and tranche 2 costs of £2.5 millions.

## **4. The Provisional Local Government Finance Settlement 2021/22**

- 4.1. On the 17th December 2020, the Secretary of State for the Ministry for Housing, Communities and Local Government, Rt. Hon. Robert Jenrick MP, made a statement to Parliament on the Provisional Local Government Finance Settlement 2021/22, part of this statement announced a further £2.2 billions to support local government in responding to the pandemic in 2021/22.
- 4.2. The support announced included £1.55 billion of unringfenced grant to manage the immediate and long-term impacts of the pandemic. Devon County Councils share of this grant is £14.8 millions.
- 4.3. A national allocation of £670 millions was confirmed to allow council tax bills for those least able to pay, including households financially hard-hit by the pandemic.
- 4.4. Confirmation was also provided for the extension of the Sales Fees and Charges income support scheme until June 2021.

## **5. Conclusion**

- 5.1. The funding issued to support Local Authorities in responding to the Pandemic is significant but the ever-changing landscape we are faced with continues to present service delivery challenges and financial pressures.
- 5.2. To date as the national situation continues to evolve and central government have put measures in place to manage the pandemic funding support to Local Authorities in responding to pressures has followed.
- 5.3. The uncertainty of future government support to address the ongoing costs as a result of the Covid -19 pandemic is a key risk. Longer-term support may be needed for care providers and the authority will continue to engage further with central government to seek adequate funding.
- 5.4. As stated within the report, different grants have a variety of restrictions around how they can be deployed and what specific activities they can fund.

Mary Davis  
County Treasurer

# Agenda Item 8

| <b>Appendix 1 Summary of Covid Related Grants</b> |                                              |                           |                       |                    |                                                                                                              |
|---------------------------------------------------|----------------------------------------------|---------------------------|-----------------------|--------------------|--------------------------------------------------------------------------------------------------------------|
| <b>Paragraph</b>                                  | <b>Description</b>                           | <b>Sum of Grant Value</b> | <b>Forecast Spend</b> | <b>Variance</b>    | <b>Comment</b>                                                                                               |
| 8.1.1                                             | Local Authority Covid Support Grant          | 43,533,019                | 43,831,100            | 298,081            | Potential pressure may result in call on reserves.                                                           |
| 8.1.2                                             | Adoption Support Fund                        | 217,097                   | 217,097               | 0                  |                                                                                                              |
| 8.1.3                                             | Bus Services Support                         | 1,205,522                 | 1,205,522             | 0                  |                                                                                                              |
| 8.1.4                                             | Infection Control Grant Tranche 1 and 2      | 19,713,097                | 19,713,097            | 0                  |                                                                                                              |
| 8.1.5                                             | Emergency Active Travel Fund                 | 1,599,876                 | 1,599,876             | 0                  |                                                                                                              |
| 8.1.6                                             | Test and Trace Local Action Plan             | 2,618,508                 | TBC                   | (2,618,508)        | Plans are under development but the grant is ringfenced and any underspend is expected to be carried forward |
| 8.1.7                                             | Emergency Hardship Fund                      | 757,020                   | 757,020               | 0                  |                                                                                                              |
| 8.1.8                                             | Addtnl Home to School Transport              | 1,662,522                 | 1,662,522             | 0                  |                                                                                                              |
| 8.1.9                                             | Travel Demand Management                     | 100,000                   | 100,000               | 0                  |                                                                                                              |
| 8.1.10                                            | Wellbeing for Education Return               | 128,139                   | 128,139               | 0                  |                                                                                                              |
| 8.1.11                                            | Clinically Extremely Vulnerable Support Fund | 473,000                   | 473,000               | 0                  |                                                                                                              |
| 8.1.12                                            | Winter Scheme Exp                            | 2,042,754                 | 2,042,754             | 0                  |                                                                                                              |
| 8.1.13                                            | Outbreak Management Exp                      | 6,419,000                 | TBC                   | (6,419,000)        | Plans are under development but the grant is ringfenced and any underspend is expected to be carried forward |
|                                                   |                                              | <b>80,469,554</b>         | <b>71,730,127</b>     | <b>(8,739,427)</b> |                                                                                                              |

## CARERS SCRUTINY SPOTLIGHT – UPDATE ON RECOMMENDATIONS

Report of the Locality Director North and East (Care and Health)

### 1. Summary

1.1 This report summarises progress and actions in the Carers Programme as they relate to recommendations from the Carers Scrutiny Spotlight Review.

1.2 Comment on some actions and/or recommendations is also given where necessary.

- 3 of the recommendations are considered to be complete
- 8 of the recommendations are in progress
- 1 of the recommendations is delayed in its entirety due to COVID-19

### 2. Introduction

2.1 This report was considered by the Carers' Partnership Steering Group on 10<sup>th</sup> December 2020 and commended to the Scrutiny Committee.

2.2 The COVID-19 pandemic has had a significant impact on Carers. Since March 2020 the focus has been on improving support for Carers through improving access to and bolstering existing services and support mechanisms. The Recommendations from the Carers Scrutiny Spotlight have been considered throughout this process.

2.3 This has included:

- The launch of a 4-month identification campaign
- Enhancement of the Carers Hospital Scheme (recognised as an exemplar of good practice and shortlisted as a finalist for a prestigious Health Services Journal Award)
- Prioritisation of the availability of immediate help
- Enhanced availability of small Breaks payments
- A new small payments scheme: COVID-19 grants to provide rapid support
- Provision of ICT equipment and training to enable Carer Ambassadors to keep in touch with their Carer communities and support groups and other carers to enable them to keep in touch with their key contacts online and reduce isolation
- Improved online Peer Support and support for Contingency Planning
- Adoption of the "Commitment to Carers" by the STP as a Carers Charter
- Income maximisation for working age carers with gains of £178k since April 2020
- Introduction of a Carers' buddying scheme/volunteer support scheme

3. Update on Spotlight Recommendations

| Recommendation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Status                        | Action(s) / Update(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>1. That Government through the Local Government Association (LGA):</p> <ul style="list-style-type: none"> <li>(a) Works with the County Council to identify a funding stream to support unpaid carers, linked to new proposals to fund Adult Social Care, particularly in relation to the provision of replacement care (respite)</li> <li>(b) reviews the benefits and appeals system accessed by unpaid carers to ensure it is properly supportive and not leaving carers without the financial support they are entitled to</li> <li>(c) reviews the NHS Continuing Healthcare criteria to ensure it is providing the necessary provision for unpaid carers</li> <li>(d) reviews the pay for paid care staff with a view to the provision of competitive remuneration and benefits in order to boost staffing levels</li> <li>(e) creates a ministerial role for unpaid carers</li> </ul> | <p>Delayed<br/>(COVID-19)</p> | <p>1. These recommendations require national action and the council will continue to take any opportunity to make representations to government. The long-awaited review of funding for social care, now intended for 2021 will provide such an opportunity</p> <p>Work in relation to recommendation d) is a continuing priority for the Council. At Cabinet in September it was agreed that specific work to address pay and conditions should be undertaken. Ian Hobbs is now taking a lead in this area, working with Cllr. Leadbetter and an action plan is being prepared.</p>                                                                                                                                                 |
| <p>2. That a Carers Charter is created:</p> <ul style="list-style-type: none"> <li>(a) setting out the commitment in Devon to recognising and supporting the role unpaid carers have in service provision for residents requiring care, utilising their expertise and understanding the importance of co-design of commissioned services with carers</li> <li>(b) recommending a carers pathway signed up to by each agency, including primary care and consultants, outlining what carers can expect in terms of support at each stage of the process.</li> <li>(c) recommending a clear gold standard for carers assessments to avoid variation with effective follow up procedures in place. That this model pathway is signed up by all service providers including the voluntary and third sector.</li> </ul>                                                                              | <p>Complete</p>               | <ul style="list-style-type: none"> <li>1. Our "Commitment to Carers", agreed by the STP's PDEG, is a Carers Charter.</li> <li>2. The "Commitment" requires clear information and pathways for Carers to be developed by/for each agency/service and progressing this action will be a significant focus once the pandemic has been brought under control.</li> <li>3. Devon has a protocol for Carer assessments which is considered gold standard and copied by other local authorities. Carer Assessments can only be undertaken by third parties via formal delegation of statutory functions. This is in place through the Caring Well in Devon contract with Devon Carers, and, with the DPT, via the s75 Agreement.</li> </ul> |



| Recommendation                                                                                                                                                                                                                        | Status      | Action(s) / Update(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3. That given the complexity of carer financial assessments Devon campaigns and promotes carers income maximisation through a dedicated staff appointment                                                                             | Complete    | <ol style="list-style-type: none"> <li>1. This is not being achieved through a dedicated staff appointment. Our contract with Citizens Advice fulfils this recommendation. The contract supports Carers with choices about work and Benefits and maximise incomes. We have increased funding for this partly in answer to the Scrutiny concerns and partly because of our awareness of the effects of the Pandemic.</li> <li>2. A major publicity campaign, went live on 01 Dec 2020 with an aim to promote Carers income maximisation.</li> </ol>                                                                     |
| 4. That relations are continued to be developed between unpaid and paid carers using the County Council's in-sourced domiciliary care as a pilot to improve the way agencies work with carers.                                        | In Progress | <ol style="list-style-type: none"> <li>1. Training for our in-house Provider "Good Practice with Carers" was in progress but has been Delayed due to COVID-19.</li> <li>2. We will introduce Key Performance Indicators (KPIs) on working with Carers for all contracted health and social care services. (Delayed: COVID-19).</li> <li>3. At its meeting on 10<sup>th</sup> December 2020 the Carers Partnership Steering Group agreed a proposal to invite representatives from the Provider Engagement Network (PEN) to join and to encourage a Carer Ambassador to join the PEN.</li> </ol>                        |
| 5. That the County Council reviews its care assessment process to ensure it is taking the views of the carer into account as well as the cared for person.                                                                            | In Progress | <ol style="list-style-type: none"> <li>1. The existing needs assessment process incorporates specific questions about Carers to ensure that their views are recorded as part of the cared-for person's needs assessment.</li> <li>2. A review of the care needs assessment documentation is underway to ensure it supports this objective robustly.</li> <li>3. The "Commitment to Carers" and carer awareness training for staff (delayed, Covid 19) incorporate this.</li> <li>4. Following completion of the training, a review will assess progress across all teams and localities (delayed COVID-19).</li> </ol> |
| 6. That advance communication and complementary working is developed between Devon Carers, the third and the voluntary sector, which includes longer term funding for these groups.                                                   | In progress | <ol style="list-style-type: none"> <li>1. Devon Carers is required to work with local voluntary agencies as part of the Caring Well in Devon (CWID) contract. "Longer term funding" for local voluntary agencies is not within scope of Devon Carers of the Carers Programme or that contract.</li> </ol>                                                                                                                                                                                                                                                                                                              |
| 7. That Devon Carers and Adult Social Care and Health Operations work to close the gap between the number of carers assessments achieved and the significant number of unpaid carers known to the County Council and to Devon Carers. | In Progress | <ol style="list-style-type: none"> <li>1. Methodology in Devon is consistent with best practice ("three conversations model" and getting help to carers without the requirement for an assessment wherever possible).</li> <li>2. The CWID contract includes requirements for the numbers of Carers Assessments to be done. Currently this is exceeded. It should be noted that the growth in the number of carers as a result of the pandemic may challenge the capacity of Devon Carers and Care Operations to fulfil need and will need to be reviewed. It should also be noted</li> </ol>                          |

| Recommendation                                                                                                                                                                                                                                          | Status      | Action(s) / Update(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                         |             | <p>that full carers assessments may not be the most effective way of identifying support needs and that “lighter touch” arrangements are often preferred by carers</p> <p>3. We will develop a statement for Carers of the pathway for support and help. <b>(Delayed: COVID-19).</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <p>8. That Devon Carers build into their contract a Carers buddying scheme, whereby Carers are matched with a trained volunteer who is also a Carer (or former Carer) to provide support, help and advice</p>                                           | Complete    | <p>1. Devon Carers delivers the contract to a specification determined by DCC in collaboration with Carers. The specification for CWiD was finalised in September 2017 and delivery by Devon Carers commenced early in May 2018.</p> <p>2. The Caring Well in Devon contract includes:</p> <ul style="list-style-type: none"> <li>• Peer support and a “buddying” option for mutual Carer support</li> <li>• Volunteers who provide telephone support within a safe framework.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <p>9. That Devon Carers develop their hospital project to ensure carers appointments and elective surgery are prioritised; that medical staff know they are carers and support is put in place when they go home after surgery.</p>                     | In Progress | <p>1. The Carers Hospital Service project is the responsibility of DCC and NHS Devon CCG to develop in partnership with the acute hospitals, and Devon Carers to deliver.</p> <p>2. We have a Carers hospital scheme in place across all Hospitals in Devon, Plymouth and Torbay. In RD&amp;E and NDDH this is an enhanced scheme, which is now being introduced into Torbay Hospital and consideration is being given to its introduction to Derriford. This has had additional investment during the COVID-19 pandemic and extended. Consideration is now being given to the period after April 2021</p> <p>3. The Carers Hospital Project has been shortlisted as an exemplar of good practice for a prestigious award in the category “System led Support for Carers” category by the Health Services Journal.</p> <p>4. We are working with NHS England on their Carers development programme which includes the development of quality markers for secondary care. This is a long term development.</p> |
| <p>10. That the Devon Long Term Plan ensures through its Integrated Care Model that carers needs are properly recognised to ensure they get the support they need to care without putting their own health and wellbeing at risk.</p>                   | In Progress | <p>1. Work has commenced at STP level, with support resource provided by NHS England, to deliver the NHS LTP for Carers and ensure that Carers remains a core part of that delivery. This is a key part of the Commitment To Carers</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <p>11. That through the Better Care Fund a resource stream is targeted at:</p> <p>(a) GPs to recognise carers as a group they need to provide for</p> <p>(b) training health professionals in Primary Care Networks to recognise and support carers</p> | In Progress | <p>1. Work has commenced at STP level to deliver the NHS Long Term Plan. This will include implementation of the Care Quality Commission’s (CQC) Quality Markers for GP Practices; this includes identification and recognition.</p> <p>2. Monies were made available for GP Practices to support their achievement of the Quality Markers.</p> <p>3. Subject to resources available we anticipate making a smaller additional fund available to GP Practices in 2021/2 to enable GP Practices who did not receive the funds to apply, and if demand does not exceed the funds available to make additional sums available to those who did receive funds and have shown signs of making progress to take further steps. <b>(Delayed: COVID-19).</b></p>                                                                                                                                                                                                                                                      |

| Recommendation                                                                                                     | Status             | Action(s) / Update(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------|--------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                    |                    | <ol style="list-style-type: none"> <li>4. GP Practices have received face-to-face or virtual carer awareness training. One GP Practice has received training for 40 staff in November with very good feedback. This work will continue.</li> <li>5. A new online 'Introduction to Carer Awareness' training course has been developed, a link to the training was sent to all GP Practices in November 2020.</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <p>12. That there is an initial health and emotional wellbeing check for all Carers upon their identification.</p> | <p>In progress</p> | <ol style="list-style-type: none"> <li>1. Our full Carer assessment is a Carer Health and Wellbeing Check. This has been available for Carers for over ten years. Our assessment protocol is designed to avoid "pulling" Carers into services unnecessarily. This is in line with the requirements of the Care Act which mandate that assessments are appropriate and proportionate – an initial health and emotional wellbeing check (defined as above) for all Carers upon their identification would be unlikely to be in the spirit of the Care Act. However, all initial contacts are designed to establish urgent need.</li> <li>2. The booklet for the Carer Health and Wellbeing Check is available as a PDF on the Devon Carers website, however, we have higher ambitions.</li> <li>3. We intend to make the Carer Health and Wellbeing Check available to Carers online and in hard copy to encourage Carers to think about their wellbeing and seek help appropriately if they need it.</li> </ol> |

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## 4. Legal Considerations

- 4.1 There are no specific legal considerations. All support for Carers is developed and delivered against the requirements of the Care Act 2014 and associated statutory guidance.

## 5. Environmental Impact Considerations (Including Climate Change)

- 5.1 There are no identified environmental considerations including climate change.

## 6 Equality Considerations

- 6.1 The Carers Programme directly addresses the inequalities Carers experience by virtue of their caring role. Equality impact assessments are undertaken informally at all stages of development and formally where there are significant impacts on Carers identified.

## 7. Risk Management Considerations

- The Office of National Statistics (ONS) has estimated that the Carer population in the UK has increased by 50% due to the COVID-19 pandemic.
- Carer population for the DCC footprint will therefore have increased to 130,000. We do not know how many of these will continue caring in the longer term but anticipate a permanent increase because of:
  - an increase in the need for caring arising from illness and disability, including 'long-COVID'
  - the impact on carers who have lost their jobs and/or become carers in an environment of higher unemployment and associated hardship
  - people with needs for care becoming accustomed to caregiving by a close family member or friend
  - continuing shortages in the workforce and reliance on family members.
- This increase in population and increase in levels of need will likely result in increased longer-term pressure on services for carers, including replacement care and the carers support service.
- National research shows a worsening position for carers:
  - Only 12% said they received enough support from social care
  - The proportion (64%) providing 50 hours care or more per week has almost tripled compared with the 2011 census
  - 54% have given up or reduced paid work because of caring
  - 16% reported that lockdown or closure of local services has forced them into caring for an additional 40 hours or more per week
- Projections indicate that, since the start of the pandemic, carers have provided £135bns of care across the UK, a rate of £193bns in a full year. We calculate that for Devon these figures would be £1.75bns and £2.5bns respectively.
- National research indicates that at any one time, 40% of carers are at risk of breakdown with 10% of that number who would require complete replacement of the care and support they provide passed on to the local authority. This means anywhere from 3,560-5,200 people needing either a care home placement or very

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high levels of care in the home with a potential upper cost (based on average care home costs) in the range of £128m to £187m per annum for Devon County Council.

- Locally we are seeing increased carer distress and an emphasis on take up of contingency planning is revealing that a substantial group of carers (quantification being undertaken) are caring without any family or other back up who can be nominated as contacts in the event of need.

## 8. Public Health Impact

- 8.1 Increased identification and contact with the Carers service will result in more Carers being able to access Flu vaccination, advice on staying healthy while caring and other health benefits.

Tim Golby  
Locality Director North and East (Care and Health)

Electoral Divisions: All  
Cabinet Member for Adult Social Care and Health Services: Councillor Andrew Leadbetter

Chief Officer for Adult Care and Health: Jennie Stephens

Local Government Act 1972: List of Background Papers

Contact for Enquiries: Ian Hobbs  
Tel No: 01392 383000

| Background Paper | Date | File Reference |
|------------------|------|----------------|
| NIL              |      |                |



## IMPLEMENTING SPOTLIGHT REVIEW RECOMMENDATIONS: RAPID RESPONSE SERVICES

Report of the Locality Director – North and East (Care and Health)  
Devon County Council and NHS Devon Clinical Commissioning Group

1. Summary
  - 1.1 Following the Spotlight Review of Rapid Response services in 2018, Health and Care Scrutiny made a series of recommendations for action. This report is the second annual update to Health and Care Scrutiny on the implementation of the recommendations. The recommendations have been grouped to provide coherent response and the considerations have been progress rated; green for either completed or embedded and amber for in progress or on-going requirements.
  - 1.2 The next scheduled report would be presented to a new Health and Adult Care Scrutiny Committee. Members of the current Committee are asked to consider the approach for the next report, including whether any requested updates should be contained within on-going progress reporting of the Integrated Care System.
2. Introduction
  - 2.1 Short Term Services (STS) describes a range of services that provide support and care at home with a view to preventing avoidable admissions to hospital, enabling discharge from hospitals in a timely fashion and reduce need for long term care. Short Term Services include Social Care Reablement, Rapid Response or Urgent Community Response.
  - 2.2 Reablement supports people to regain confidence, learn or relearn the skills necessary to undertake daily living activities such as washing and dressing, preparing and cooking meals or getting out and about in the community. Individuals will agree their goals and how they can be supported to do these things independently. The goals are reviewed regularly, and the number of visits and support given will be adjusted as people gain in confidence. The Service can continue for a maximum of four weeks.
  - 2.3 Rapid Response, or Urgent Community Response, provides care for people in their own home when they are experiencing deterioration in health or breakdown in care arrangements. This is a short-term service for up to seven days.

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- 2.4 Progress on many workstreams across health and care has either been paused or limited over the last months as the response to COVID-19 has consumed capacity and rewritten short-term priorities nationally and locally.
- 2.5 Despite progress in some areas contained within this report, clearly there are key areas that have had to be deprioritised, but not forgotten, and new opportunities for progress identified. The intention is still to provide an assessment of the capacity and requirement of Short-Term Services across the system, but unfortunately we are not fully there yet. That said, as we continue to develop and embed arrangements at 'place' we have the opportunity to produce this assessment more meaningfully.
- 2.6 The latest local activity data for Short Term Services is provided in Appendix A
- 3.0 Recommendations and updates from Spotlight Review

## Recommendation 1: Continue to develop the rapid response service

| Considerations                                                                                                                                         | Update / response                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Consideration of joint teams to provide both Rapid Response and social care reablement, enabling the team to have more flexibility to respond to need. | <ul style="list-style-type: none"> <li>• The short-term services project is focused on creating integrated teams across Devon. The team takes an enabling, strengths-based approach to promote an individual's maximum independence, whether in crisis or recovery. A central project group maintains strategic overview and meets monthly to ensure progress and alignment.</li> <li>• A service specification has been developed to ensure consistency across Devon.</li> <li>• A shared job description will be used across both services, with job evaluation, competencies and consultation due for completion by April 2021.</li> <li>• In the meantime, each locality is examining their practice to ensure services are as closely aligned as possible, including co-location of staff, a 'no wrong door' (single point of access) approach, IT systems, joint referrals and staff training.</li> <li>• Project data is being recorded to ensure that outcomes can be measured and tracked for impact.</li> </ul> |
| Explore the feasibility of GPs as part of the Rapid Response team as a standardised approach across Devon                                              | <ul style="list-style-type: none"> <li>• There have been significant changes in primary care since this recommendation was put forward, and these have been considered when developing Devon's new short-term services offer.</li> <li>• GPs will be part of the development of the short-term services offer but each Primary Care Network will shape their own local services in order meet the needs of their population.</li> <li>• GP access to the Rapid Response team will be strengthened and improved as both Rapid Response and Social Care Reablement have a single point of access. This will extend</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                               |



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|                                                                                                                                                                                            | <p>beyond primary care and include South West Ambulance NHS Trust.</p> <ul style="list-style-type: none"> <li>The integrated short-term services teams will be integral members of the multidisciplinary teams (MDT), contributing to MDT meetings with primary care in line with the enhanced primary care development (including the Enhanced Health in Care Homes national requirements).</li> </ul>                                                                                                                                                                   |
| <p>Record all calls and Rapid Response teams take a proactive approach where there is no help available, calling back health professionals when care is available, if not already done</p> | <ul style="list-style-type: none"> <li>This is now standard practice and a core part of the strengths-based approach of the service.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <p><b>Recommendation 2: Support the system to work</b></p>                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <p><b>Considerations</b></p>                                                                                                                                                               | <p><b>Update / response</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <p>The Scrutiny Committee continue to scrutinise other aspects of system flow to ensure that appropriate care is available when needed and avoid bottlenecks.</p>                          | <ul style="list-style-type: none"> <li>Officers will support the ongoing involvement of Scrutiny in this issue.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <p>Scrutiny to celebrate the successes of Rapid Response and receive a yearly report on the number of people being kept out of hospital because of the service.</p>                        | <ul style="list-style-type: none"> <li>Officers will produce a yearly report for the committee and will liaise with the Scrutiny committee to agree the timing of these. This is the second annual report.</li> <li>In 2019-20, our performance on the national measure on sequels to short term services where there was either no support or support at a lower level, was 80.5%. This is below the regional comparator (81.4%) but above that for England (79.5%). Our overall ranking is 65<sup>th</sup> of 152 local authorities.</li> </ul>                         |
| <p>Consideration to be given to a review of the geographical limitations that may be placed upon a service – where a patient can only be treated where they are registered in area.</p>    | <ul style="list-style-type: none"> <li>The development of Primary Care Networks (PCNs) includes alignment with local health and social care teams.</li> <li>Community Health and Social Care Teams in Devon are based on natural local geographies (coastal and market towns) and clusters of GP practices within these communities. This is to facilitate the local delivery of services; and to maximise efficiency e.g. to reduce staff travel time to deliver more face to face time with people. This model enables effective multi-disciplinary working.</li> </ul> |
| <p>That consideration be given to provide a</p>                                                                                                                                            | <ul style="list-style-type: none"> <li>In our previous report, we described how the Long Term Plan would include detail of capacity in community health, social care</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                           |

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| <p>comprehensive description of the amount and type of community health and social care required at a local level.</p> | <p>and primary care services. Completion of this review and publication of this plan was placed on hold at the beginning of the Covid-19 pandemic, so we are unable to report on this at this time.</p> <ul style="list-style-type: none"> <li>• The work is planned to recommence once we are through the pandemic and will feed into systemwide plans to move to an Integrated Care System (ICS). The draft plan confirmed our commitment to transforming out of hospital care and centred on aspects such as personalised care, Primary Care Network development, tackling inequalities and Population Health Management (PHM)</li> <li>• PHM includes focusing on the wider determinants of health and the crucial role of communities and local people.</li> <li>• The ICS and PHM encompasses health and social care, but there are also local authority statutory responsibilities with regard to social care and market sustainability.</li> <li>• In January 2020 Cabinet approved our Market Position Statement, and in September 2020 Cabinet approved our Annual Market Sufficiency Report. These are key documents in helping us understand the changing needs of our population, as well as the way the market will need to be shaped to meet that need.</li> <li>• Our Market Position Statement includes a demographics and need analysis, wider impacts on demand and factors that will affect markets.</li> <li>• A more detail response is contained in Appendix B</li> </ul> |
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### Recommendation 3: Increase GP and other agency's confidence

| Considerations                                                                                 | Update / response                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| <p>Publish a patient satisfaction on website including a 'you said – we did' response form</p> | <ul style="list-style-type: none"> <li>• From April 2020, a new question has replaced the original NHS Friends and Family Test question about whether people would recommend the service they used to their friends and family.</li> <li>• There have been delays in some services being able to implement the new guidance in full due to the impact of the coronavirus. Data submission and publication for the NHS Friends and Family Test restarted for acute and community providers from December 2020, following the pause during the response to COVID-19. The first data submission will be December's data, submitted from the beginning of January, and will be published in February 2021.</li> <li>• Once this data is published, we will circulate it to the Health and Adult Care Scrutiny Committee.</li> </ul> |
| <p>Review the phraseology used to describe patients in the Rapid Response service.</p>         | <ul style="list-style-type: none"> <li>• Rapid Response is one of the services described under the heading of intermediate care or short-term services, a range of services which support people to stay at home and/or to allow them to return home from hospital as soon as possible.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

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|--------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                      | <ul style="list-style-type: none"> <li>The short-term services project will better align the range of services to improve and enable better understanding of the nature of these services and the phraseology used to describe people who use them. This includes engaging with the public, with a member of the community joining the central project group. This input from the community will be vital to ensure suitable and targeted communication about the services, as well as agreement on the use of descriptive terms.</li> </ul> |
| Publicise and promote the 'yellow card' scheme where GPs are able to feedback on systems that are not working as well as they could. | <ul style="list-style-type: none"> <li>This is indeed our practice and we continue to promote this valuable feedback mechanism</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                    |

## Recommendation 4: End of Life Care Support

| Considerations                                                                                      | Update / response                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Review of all Hospices role in end of life support with a view to increasing public sector funding. | <ul style="list-style-type: none"> <li>As per our previous report, the Devon-wide End of Life Care Board brings together representation from providers from across the system to define and implement the local priorities for end of life care for the Devon population. All four adult hospices in Devon are key partners in this work.</li> <li>As part of the pandemic response we have closely with EOLC care providers at an accelerated pace to enhance integrated ways of working; additional national funding has been made available to facilitate this. EOLC is included in within each locality's community capacity and demand plan which includes hospice provision.</li> </ul> |

### 4. Local Care Partnerships and Integrated Care System

4.1 The Health and Adult Care Scrutiny Committee has been informed of the [development and progress locally](#) to becoming an Integrated Care System and how Local Care Partnerships will lead the delivery and development of services at place level to ensure that they meet the needs of the local population and population health is improved.

4.2 Key to this is Population Health Management which uses data to help inform the planning and delivery of care to best meet population need – both shorter and longer term so we can design and target interventions to improve population health and wellbeing.

4.3 Devon is a wave 2 pilot area for PHM, although the programme has been delayed by the pandemic. Nonetheless, good progress has been made, including:

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- Building an integrated data set (“One Devon Dataset”) using local primary, community, acute, mental health and social care data.
- Five Primary Care Networks are involved in the pilot, including health and care community teams. These are using PHM in identifying key population groups and providing targeted interventions through local multi-disciplinary teams.

4.4 Ongoing progress with population health management will include the planning, arrangement, reach and delivery of short-term services and will enable us to provide a comprehensive description of the amount and type of community health and social care required at a local level.

Tim Golby

Locality Director – North and East (Care and Health)

Devon County Council, NHS Devon Clinical Commissioning Group

Electoral Divisions: All

Cabinet Member for Adult Social Care and Health Services: Councillor Andrew Leadbetter

Chief Officer for Adult Care and Health: Jennie Stephens

## **Local Government Act 1972: List of Background Papers**

Contact for Enquiries: Tim Golby

Tel No: 01392 383000

| <b>Background Paper</b> | <b>Date</b> | <b>File Reference</b> |
|-------------------------|-------------|-----------------------|
| Nil                     |             |                       |

The above mentioned Reports are published on the Council’s Website at:

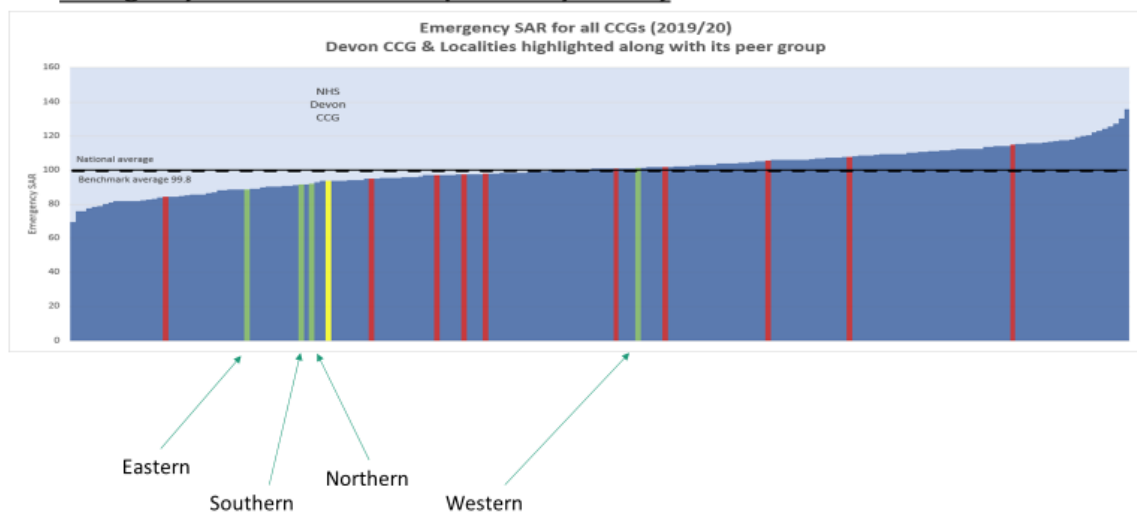
<http://democracy.devon.gov.uk/ieDocHome.aspx?bcr=1>

## Appendix A: The latest local data available for Short Term Services

1. Health and care outcome measures are influenced by many factors and services, meaning it is difficult to separate out the impact of specific community services. However, traditionally used measures of acute admission avoidance, effective discharge and care closer to home continue to be relevant
2. Eastern, Northern and Southern all see low emergency admissions for their population, with Western at average levels. This suggests effective out of hospital services in preventing admission, and this includes the short-term services offer.

## Preventing Acute Admissions

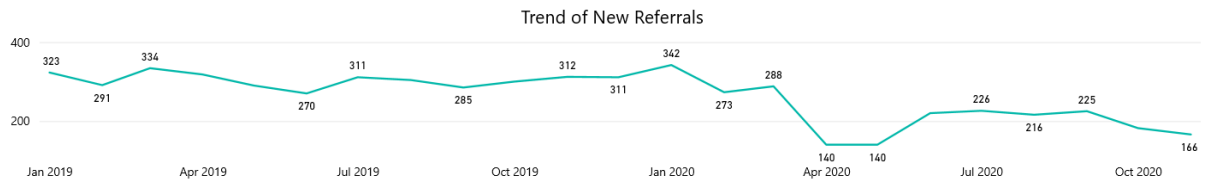
### Emergency admission SAR comparison by locality



3. During the 12 months to November 2020, 2,729 referrals were received by Social Care Reablement for short term services to maximise independence:
  - 1,940 (71%) were received following hospital discharge.
  - 2,396 (88%) of referrals were accepted after initial triage and 1,491 of which were assessed as suitable to progress to a service following goal planning discussions.
  - 1,429 people completed services in the 12-month period with 1,218 (85%) not requiring a referral back to social care for an assessment for further support.
4. The pandemic resulted in a significant monthly drop in the number of new referrals received by the service (Graph 1) during the Spring. This appears to relate in part to available capacity within the service (redeployment, backfill and sickness absence) and personal choice with people electing not to receive services to reduce contact with others. Changes in reporting in the South (with staff redeployed to a merged rapid response / SCR team) will also have contributed to this reported apparent drop in referrals to SCR.

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Graph 1: Trend in new referrals to Social Care Reablement

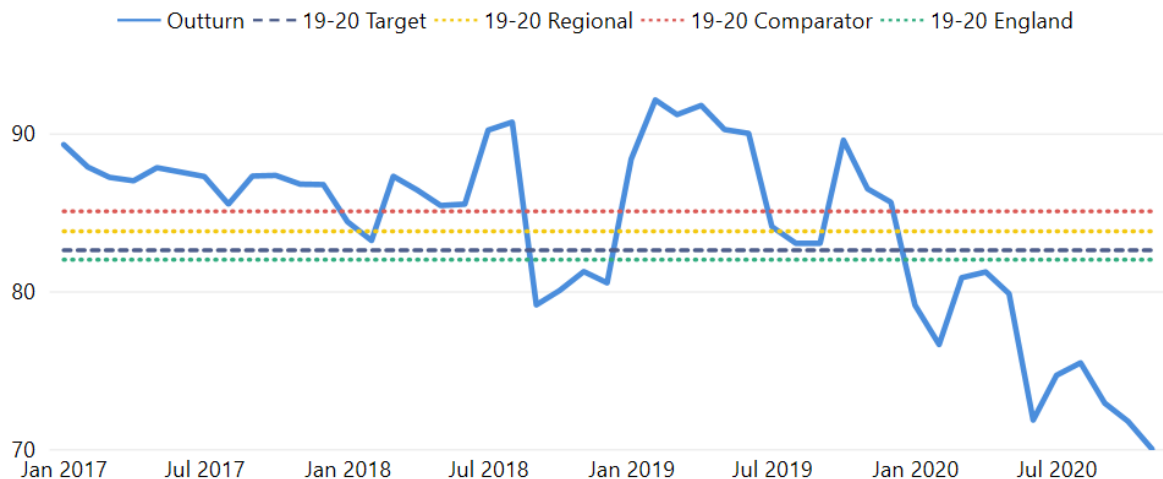


Source: Social Care Reablement Power BI Report

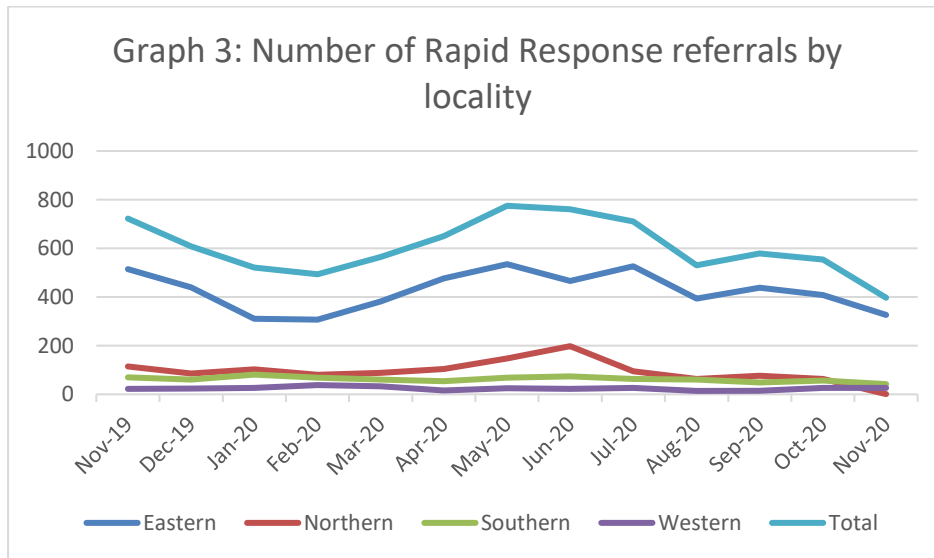
- We think the same is the case for the reasons behind the decline in the proportion of people aged 65 and over who were still at home 91 days after discharge from hospital into rehabilitation/reablement services (Graph 2).

Graph 2: ASCOF 2B1 – The proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into rehabilitation/reablement services

1. Devon performance for 2B 1 - Proportion of older people (65+) who were still at home 91 days after discharge from...



- The latest data shows performance at 70.0% (November 2020): a decline compared to the provisional outturn of 85.8% (March 2020) which was ahead of both regional and national comparators. There has also been changes to the recording of hospital discharges due to the Discharge to Assess guidance during the pandemic that will have impacted the data.
- Graph 3 shows the number of referrals to the Rapid Response service (a joint health and care service) by localities. This data is only an indication as there is not a consistent approach to collecting, recording and reporting the data across the localities. This approach will improve as localities develop within the emerging ICS arrangements.



8. The table below gives an indication of the outcomes individuals are experiencing following receipt of a Rapid Response service in Northern, Southern and Western Devon. Recording processes across the localities are different which accounts for gaps in the data.
9. Given the operational pressures at this time and the subsequent redeployment of staff we have been unable provide the corresponding figures for Eastern Devon.

|                                                                              | Northern | Southern | Western |
|------------------------------------------------------------------------------|----------|----------|---------|
| Outcome was care at home                                                     | 1,132    | 359      | 221     |
| Care at home spot purchased through local agency                             | 98       |          | 162     |
| Outcome was Acute Hospital admission                                         | 112      | 117      | 69      |
| Outcome was Community Hospital admission                                     | 3        | 22       | 5       |
| Placement in another care setting e.g. Hospice, Res or nursing care, respite | 262      | 43       | 49      |
| Night sits (spot purchased from agency)                                      | 413      | 569      |         |
| Devon Cares restart                                                          | 176      | n/a      | n/a     |
| Deceased                                                                     | 85       | 65       | 17      |

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## Appendix B: Further supporting detail in response to recommendation 2

1. In our 2019 update, we referred to our Joint Strategic Needs Assessment and the National Institute for Health and Care Excellence (NICE) guidance on intermediate care and reablement. Since then we have also conducted a comprehensive gap analysis of the short-term services in each locality to help inform our planning for the future, and this has informed our responses to the other recommendations in this report.
2. Those responses focused specifically on our short-term services; below we describe our approach to understanding the amount and type of health and social care required at local level.
3. The demand outlined above informs our priorities for the planning of care and health services as follows – although the impact of COVID-19 will require a refresh of these figures once we emerge from incident management:
  - Addressing a shortfall of approximately 40 places in the supply of carehome placements for people with complex needs and behaviours that challenge.
  - Addressing a shortfall of circa 2,800 hours per week (8% of total commissioned hours) in the regulated personal care market, circa 50% of which is in Exeter and South Devon.
  - Delivering alternative “care with accommodation” solutions, especially in relation to Extra Care Housing and Supported Living and improving access to replacement (respite) care
  - Addressing shortfalls in the unregulated market to better support people with disabilities, mental health needs and autism
4. Our Market Position Statement has more detail for each part of the market. Our two biggest areas, in terms of volume and challenge, are personal / domiciliary care and care homes - described in more detail below.
  - 4.1 Domiciliary Care
    - 4.1.1 Over the last two or three years there has been a steady reduction in the number of people referred for personal care. Numbers have reduced from 3,400 in April 2017 to approx.3,000 people as at December 2020.
    - 4.1.2 This is substantially due to the strengths-based approach to care and support and to the success of our short-term offer in meeting people’s needs, returning them to independence rather than long term care. Nonetheless this remains our biggest area of challenge, with a particular focus on growing and retaining the personal care workforce in order to meet demand.



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4.1.3 Covid-19 has impacted our ability to deliver additional capacity, meaning we have had to make temporary investment in solutions which rely on staffing from outside of Devon. Commissioning plans for spring 2021 onwards will focus on the development of an exit strategy to shift temporary solutions to the local market, and building local resilience to respond to demand for care at home.

## 4.2 Care Homes

4.2.1 DCC and the NHS buy circa 31% of the registered beds across Devon. Ostensibly there are enough beds to meet short to medium term need but, without change, there will be a shortfall by 2028. There are particular pressures in finding places for people with learning disability, dementia and with complex mental health needs, some of whom are currently placed outside of Devon.

4.2.2 Supply varies at market town level and availability of places in nursing homes is particularly challenging in some areas, especially in parts of the north and south of the county.

4.2.3 Our assessment is that:

- Some people in care homes with nursing could have their needs met in other locations, freeing capacity for those who need nursing oversight 24/7.
- People who need a care home are becoming more dependent and complex, especially where combined with mental health needs (including dementia). This will require a different profile for the care homes estate and its workforce, with buildings that are fit for purpose and technology-enabled
- N.B. Covid19 has an impact on the care home market with regards to the type of need and supply of availability. There will be a commissioning plan in Spring 2021 to address market sufficiency in direct relation to the supply of care home placements for people with complex needs and behaviours that challenge.

