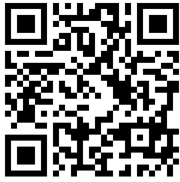

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Devon County Council

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

County Hall
Topsham Road
Exeter
Devon
EX2 4QD

Date: 1 November 2023

Contact: Fred Whitehouse, 01392 381362
Email: fred.whitehouse@devon.gov.uk

HEALTH AND ADULT CARE SCRUTINY COMMITTEE

Thursday, 9th November, 2023

A meeting of the Health and Adult Care Scrutiny Committee is to be held on the above date at 10.30 am at Daw Room, Committee Suite - County Hall to consider the following matters.

Donna Manson
Chief Executive

A G E N D A

***Note**, timings indicated against some items are a guide only.*

PART 1 - OPEN COMMITTEE

1 Announcements

2 Apologies

3 Minutes (Pages 1 - 6)

Minutes of the meeting held on 21 September 2023, attached.

4 Items Requiring Urgent Attention

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

5 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

6 Teignmouth Community Hospital Task Group (Pages 7 - 64)
10.50am

Report of the Task Group, attached.

7 Royal Devon University Healthcare NHS Foundation Trust - CQC Report / Improvement Plan
11.10am

Report to follow.

8 NHS Devon - Integrated Urgent Care Service (Pages 65 - 78)
11.40am

Report from NHS Devon, attached.

9 Seaton Community Hospital
12.10pm

In accordance with Standing Order 23(2) Councillor J Bailey has requested that the Committee consider this matter.

10 Service Delivery for Public Health, Communities and Prosperity: In-Year Briefing
12.20pm

Report of the Director of Public Health, Communities and Prosperity (PH/23/03), to follow.

11 Integrated Adult Social Care Finance and Performance - Mid-Year Update (Pages 79 - 86)
12.35pm

Report of the Director of Integrated Adult Social Care (IASC/23/04), attached.

12 Integrated Adult Social Care response to the Peer Challenge report (Pages 87 - 94)
12.50pm

Report of the Director Integrated Adult Social Care (IASC/23/05), attached.

13 Health and Adult Care - General Update Paper (Pages 95 - 104)
1.20pm

Joint report from the Director of Integrated Adult Social Care (Devon County Council), Director of Public Health, Communities & Prosperity (Devon County Council), and Chief Medical Officer (NHS Devon), attached.

14 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

15 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:

- NHS Dentistry Webinar (18 September 2023) – Recording and Presentation
- Integrated Adult Social Care Improvement Plan and Preparing for CQC Assurance Masterclass (27 September 2023) – Recording and Presentation
- State of Care 2022/23: CQC Annual Assessment of Health and Adult Social Care Services, Launch Event (20 October 2023)
- NHS 111 Masterclass (1 November)
- Annual Public Health Report 2022/23 Masterclass – to be held on 27 November 2023 (Report available here)
- Briefing – Seaton Community Hospital Vacant Ward
- Scrutiny Risk Registers (Risk Registers - Democracy in Devon)

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

Nil

Members are reminded that Part II Reports contain exempt information and should therefore be treated accordingly. They should not be disclosed or passed on to any

other person(s). They need to be disposed of carefully and should be returned to the Democratic Services Officer at the conclusion of the meeting for disposal.

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Induction Loop available

HEALTH AND ADULT CARE SCRUTINY COMMITTEE

21 September 2023

Present:-

Councillors S Randall Johnson (Chair), Y Atkinson, J Bailey, R Chesterton, D Cox, P Crabb, L Hellyer, P Maskell, D Sellis, R Scott, C Whitton, M Wrigley (Vice-Chair) and J Yabsley

Members attending remotely via Microsoft Teams

Councillors I Hall and C Hodson

Members attending in accordance with Standing Order 25

Councillor J McInnes

* 120 Minutes

RESOLVED that the minutes of the meetings held on 13 June 2023 and 27 July 2023 be signed as a correct record.

* 121 Items Requiring Urgent Attention

No item was raised as a matter of urgency.

* 122 Public Participation

There were no oral representations from members of the public.

* 123 Dental access for adults and children in Devon

The Committee considered the Report of NHS Devon on Dental access for adults and children in Devon. The Report outlined that dental services in Devon were provided in three settings: Primary care (high street), Secondary care (hospitals) and Community services (‘special care’).

The relationship between NHS dental services and private dental services was discussed. It was highlighted in the Report and wider discussion with the Committee that funding for dental patients on the NHS is only made available for approximately half of the population of Devon, which was national policy. There were therefore challenges to consider around how to prioritise those most in need of such services.

Members also raised concern around dentists prioritising private services above NHS services, and what solutions there may be. Officers advised that dentists providing NHS services would be doing so at a loss, and so providing private services (running a 'mixed practice') was often a necessity to remaining open, especially in light of the Cost-of-Living crisis; and that much of the problem was a national one relating to Government contracts which provide insufficient reimbursement to justify that as the sole source of income for a dental surgery.

Other member discussion with officers included:

- Government targets to increase the number of dentists by 2030;
- concerns around procurement processes for the introduction of new dental services, in particular around North Devon, which had seen a degradation in its dental services following a contract change;
- mobile dental units; and
- the mechanisms of Units of Dental Activity (UDA) contracts including how dentists claimed, and what measures were in place to prevent them spending NHS money on private patients.
- the role of the Housing Commission and key workers.

* **124** **NHS Devon Pharmacy Spotlight Review (Review of Recommendations)**

The Committee considered the Report of NHS Devon which provided an update against the five recommendations of the Committee, via the Community Pharmacy Spotlight Review. The recommendations were provided to NHS England; since then, NHS Devon had taken over commissioning of NHS pharmacy.

Member discussion with the ICS Development Director (Devon ICB) included:

- problems around training and retention of pharmacy staff, with the opening of a pharmacy school in Plymouth representing a positive step in training more staff and doing so locally, increasing the chance of retaining them;
- the recruitment of a system lead on a two-year contract to focus specifically on the workforce in Devon, including engagement with schools and supporting new graduates;
- exploring options for GP referrals to community pharmacies to result in income for the pharmacies; and

- ongoing challenges to change public habits and promote community pharmacy use.

The chair thanked the officer for the update and echoed the comments of members that, as local community representatives, they could assist in encouraging wider use of community pharmacy.

* **125** **Devon Integrated Care System Digital Strategy update**

The Committee considered the Report of NHS Devon on the progress of delivering the ICS Devon ('One Devon') Digital Strategy. The current iteration of the strategy was approved in March 2023 and focused on five key priorities. These were: Digital Citizen; Electronic Patient Record and Operational Systems; Devon and Cornwall Care Record; Business Intelligence and Population Health Management; and Unified and Standardised Infrastructure. Updates were provided against each of these.

In the update, an officer from NHS Devon spoke in particular to the progress made in digitising social care records including the £1.1 millions of funding secured for this purpose; and challenges around virtual ward targets being brought forward from March 2024 to September 2023; and a pilot for over-65s aimed at providing them the technology and knowledge required to access the virtual ward.

Member discussion with officers included:

- the current state of technology pertaining to patient experience with the NHS, in particular the number of different mobile applications that a patient may have to download for varied information, the poor performance of these applications and inconsistency of information available. Councillors expressed that technological progress was needed in healthcare, but that there must be significant focus on improving end-user experience, including simple but effective communications with patients via digital means. The Officer advised that the NHS applications are managed at a national level – but that there were roadmaps for development of these applications to improve them;

- the importance of balancing digital expertise in the technological development of the NHS with user experience, ensuring that changes and improvements made work for the benefit on-the-ground NHS staff and patients;

- the comments arising from the CQC inspection of the Royal Devon University Healthcare NHS Foundation Trust around the Trust's implementation of its electronic patient record system, with an officer confirming that the ICB was working alongside the Trust to make improvements; and

- the role of Integrated Adult Social Care working alongside domiciliary care providers in progressing with digitisation, who had expressed enthusiasm for the digital agenda.

* 126 **RAAC in Devon Hospitals**

In accordance with Standing Order 23(2) Councillor J Bailey had requested that the Committee consider this matter, in light of recent national concerns around the use of reinforced autoclaved aerated concrete (RAAC) in public sector buildings.

The Locality Director - North and East Devon, NHS Devon explained that they were hoping to share a national announcement from Government that was due before the Committee, but that this had been delayed. They explained however that NHS England wrote to all trusts in 2019 regarding the use of RAAC, with 27 sites across England identified as containing this material. In Devon, since 2019, the identified sites had undergone surveillance work to assess the clinical and structural impact of RAAC. For instance, North Devon District Hospital was identified as having a small amount of RAAC – but a site visit confirmed that the RAAC was in good condition and was not load bearing, which was positive. No further sites had been identified as a concern; and regular monitoring and surveys were being undertaken to monitor risk.

* 127 **Health and Care - General Update**

(Councillor J McInnes attended in accordance with Standing Order 25 (1) and spoke to this item with the consent of the Committee regarding the consultation on the proposals to close the North Devon Link Service and the three remaining link centres, assuring the Committee that the Devon Partnership Trust would continue to be involved in the consultation).

(At 1 pm the chair left the meeting and the vice-chair assumed chairing responsibilities for the remainder of the meeting).

Members considered the joint report of the Director of Integrated Adult Social Care, the Director of Public Health, the Director of Communities & Prosperity, and the Chief Medical Officer of NHS Devon (CX/23/181), which provided updates on key and standing items and general information, including responses on issues raised at the previous meeting of this Committee.

Officers highlighted the commissioning by NHS England of dental prevention work, aimed at educating people to improve their dental health and aim to reduce loads on dental services via prevention. Also called attention to the imminent launch of a new Devon Specialist Stop Smoking Service, which would continue the work of the previous provider but would also allow targeted work to supporting young people who vape but have never smoked,

in stopping to do so. A rise in sexually transmitted diseases in young people across Devon was also highlighted, with Devon and Torbay awarding a new contract for the C-Card Scheme to Preventx Limited. This would provide free online advice, and contraception, to young people. Members agreed on the importance of education on all three of these issues.

Other member discussion with officers included:

- the cessation of Council contributions to the Wellbeing Exeter Partnership Fund, as agreed by the Council's Cabinet on 13th September 2023, with there being some member concern about this decision and the implications on the Fund. Officers clarified that the Council's funding to the Fund (which was for social prescribing) was being duplicated by national funding, and that the decision was made in light of a risk assessment and assurance that social prescribing would not cease without the Council's funding;

- on homelessness, that conversations with Team Devon were ongoing alongside work with districts on proposals regarding the future of funding homelessness prevention;

- the future of North Devon Link Service. A member commented that making a decision on the future of the Link Centres based on patient numbers did not take full account of the picture; and that since the Coronavirus pandemic, changes to the referral system had impacted usage numbers, which did not reflect true need;

- that the forecast for the Public Health ringfenced budget was to break even;

- wider engagement for winter preparation was ongoing with community providers using local care partnerships following on from lessons of previous years' winters;

- COVID and flu jab uptake;

- the impact of strike action on hospitals in Devon;

- ongoing, widespread problems with staff retention;

- the role of the Scrutiny Committee in the health providers' quality accounts process and the intention of the Committee hearing from health providers prior to the composition of future Quality Account commentary; and

- concern regarding the CQC report on the Royal Devon University Healthcare NHS Foundation Trust and the need for greater scrutiny regarding the performance of the Trust.

* **128** **Scrutiny Committee Work Programme**

The Committee agreed the current Work Programme subject to inclusion of topics which arose from the meeting. This included Dentistry, the Committee's Quality Account commentary process and the CQC inspection of the Royal Devon University Healthcare NHS Foundation Trust.

* **129** **Information Previously Circulated**

The Committee noted 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.

- Scrutiny Risk Registers (Risk Registers - Democracy in Devon)
- Healthwatch Annual Report 2022/23
- Future Hospitals: Update on University Hospitals Plymouth

***DENOTES DELEGATED MATTER WITH POWER TO ACT**

The Meeting started at 10.32 am and finished at 1.31 pm

Health and Adult Care Scrutiny Committee

Teignmouth Community Hospital Task Group

Final Report

November 2023

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1. Recommendations

The Task Group ask the Health and Adult Care Scrutiny Committee to consider this report and conclusion and make the following recommendations to the Health System. The Committee ask for a report back within 28 days and in time for the next Committee meeting.

Recommendation 1
The Task Group recommends the Committee takes steps to make a referral to the Secretary of State for Health and Social Care on the decision to move services from Teignmouth Community Hospital and build a Health and Wellbeing Centre on Brunswick St, Teignmouth instead.
Rationale: The Task Group asserts that the proposal has not been proven to be demonstrably in the best interests of the health service in the local area. In 2020 proposals were evaluated by the NHS, yet the site has still not been secured. In the meantime, costs have risen, and Councillors would like to look again at the reasons why building the health hub was a significantly better option than retaining the hospital. The next step will be to invite NHS comment, detailing how the health hub is more sustainable than keeping the existing hospital building, depending upon the response a referral could possibly be made. More detail is in section 9.5
Recommendation 2 The Task Group strongly support efforts are made by local community groups to save the hospital building for community use, if it cannot be retained by the NHS.
Rationale: Councillors recognise that the site is a community asset and wish for the community to be involved in the long-term planning of what the site is used for, expressing a desire for part of it to remain in the community's use.
Recommendation 3 That the Task Group ask the NHS to continue to engage with local stakeholders and local people in determining the long-term future of the Hospital site, whilst operating with the principle that the building currently used as Teignmouth Hospital should be saved for local people.
Rationale: Councillors also recognise the improved working relationship with the local NHS over the period of the Task Group and wish to build on these relationships to determine the future of the site whilst addressing Councillor's concerns. It is anticipated that there will be issues that need resolution during this process and the ask is for local people's voice to be heard and valued.

2. Introduction

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

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

The Task Group comprised the following members:

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

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

On 13 June 2023 the Task Group published an interim report to set out the history of consideration of the issue and to focus the questions to put to the local NHS.

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

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

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

NHS services for the area are provided by one GP practice in Dawlish and two in Teignmouth, with secondary care provided by Torbay and South Devon NHS Foundation

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

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

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

A) Move the most frequently used community clinics from Teignmouth Community Hospital to the new Health and Wellbeing Centre.
- This includes podiatry, physiotherapy and audiology. Because they are closely related to audiology, specialist ear nose and throat services would also move to the new centre.

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

C) Move day case procedures from Teignmouth Community Hospital to Dawlish Community Hospital.
- This service includes minor procedures that require a specific treatment room
- 86% of those using them come from outside the Dawlish and Teignmouth area, with more than half from Torbay.

D) Continue with a model of community-based intermediate care, reversing the decision to establish 12 rehabilitation beds at Teignmouth Community Hospital.
- After investment in community teams, we can now treat four times as many patients in their own homes as we could on a ward at Teignmouth Community Hospital.
- With the Nightingale Hospital established in Exeter, current analysis shows Teignmouth Community Hospital would not be needed for patients with COVID-19. The consultation document stated clearly that if the proposal were approved, Teignmouth Community Hospital would no longer be needed for NHS services, and it would be likely to be sold by Torbay and South Devon NHS Trust, with the proceeds reinvested in the local NHS.'

This was then taken as a decision in December 2020 at the Devon CCG Governing Board meeting.

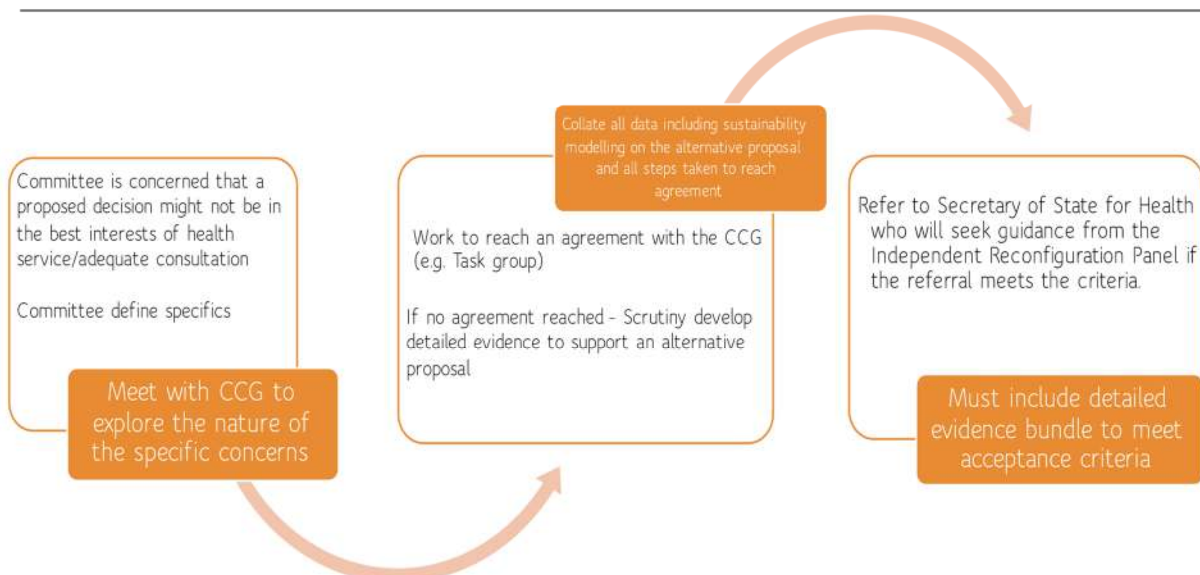
3. Making a referral to the Secretary of State

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

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

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

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



4. History of consideration of the issue in Devon

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

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

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

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

5. The 2020 Spotlight Review and referral

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

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

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

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

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

- The NHS must engage the local community and interested parties, such as the local authority, in a programme to determine the future of the TCH site.

- The CCG should explore transport options for affected patients, and establish a specific time-limited standing group of stakeholders, including patient representatives, transport providers, and planning authorities, to scope out the work required and the time frame for each action.

What the IRP said:

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

There were a number of key comments and recommendations from the SoS, detailed as follows:

'The [IRP] Panel also believes that it would have been helpful to have a clearer and more concise financial summary of the options presented in the supporting evidence to the public consultation, including the capital costs and financing from the sale of community sites. This would clarify both the evident financial advantages of the proposal compared to options that retain the hospital, and the contribution from the sales of community sites to financing the new Health and Wellbeing Centre.'

'It is also important to recognise that COVID-19 is having a huge impact on mental health. The Panel notes that the South West Clinical Senate's review in 2019 queried how mental health services would be delivered via the Health and Wellbeing Centre. The CCG's decision-making business case suggested that mental health services may be provided via drop-in clinics integrated with mental health support provided by the GP practice.'

'After a thorough review of the evidence in this case, the Panel understands how the proposal will deliver the vision of patient-centred and integrated local services by modernising and making the best use of health and care facilities and staff resources in the Teignmouth and Dawlish area.'

6. Questions to NHS Devon from the Task Group

Early in this review process, members drafted a series of questions to NHS Devon which formed the key focus of the interim report to Committee on 13 June 2023. In July 2023 NHS Devon responded to members with the following:

14 July 2023

Questions to NHS Devon from Teignmouth Community Hospital Task Group, Health and Adult Care Scrutiny Committee

Introduction

NHS Devon; Torbay and South Devon NHS Foundation Trust; and Devon Partnership NHS Trust have worked together to provide the responses to the 19 questions received on 15 June 2023.

With reference to the update paper tabled at the Health and Adult Care Scrutiny Committee on 13 June, and associated discussions, it is worth clarifying some important points:

Devon CCG's proposal and decision

Devon Clinical Commissioning Group did not make a proposal to, or decide to, close Teignmouth Community Hospital. The relevant aspects of the decision by the CCG in December 2020, during the Covid-19 pandemic, were:

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

b) Approved 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) Approved 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) Approved the move of specialist ear, nose and throat clinics and specialist orthopaedic clinics to the Health and Wellbeing Centre

These decisions related to relocating services as opposed to the building itself. As helpfully noted in the task group's report, the consultation document for the autumn 2020 consultation stated clearly that if the proposal were approved, Teignmouth Community Hospital would no longer be needed for NHS services, and it would be likely to be sold by Torbay and South Devon NHS Trust, with the proceeds reinvested in the local NHS.

Linkage between the hospital and the health and wellbeing centre

With regard to the relationship between the hospital and the health and wellbeing centre, as set out below in response to question 17, the health and wellbeing centre

Information from Torbay and South Devon NHS Foundation Trust (TSDFT), which provides acute and community services for the area:

> Yes, we believe that the current system is enabling people to be treated when they need to be.
>
> While waiting times are challenging across services, data for the last 12 months indicates that for Teignmouth and Dawlish waiting times are around the average for TSDFT.
>
> Below is some information by way of illustration. In the data provided, 'clock stops' means the time from the referral to the date of the appointment at which first definitive treatment started.
>
> The wait time for Teignmouth and Dawlish practices is 102 days for admitted clock stops and 48 days for non-admitted clock stops. This compares to 100 and 45 days respectively for all other areas of the trust. Combining both, the admitted and non-admitted clock stops together, the median wait for Teignmouth and Dawlish practices is 53 days compared to 50 days for all other locations.

2. **How will this change with the planned opening of the new Health and Wellbeing Centre in Teignmouth?**

We will not be changing the system from our current way of working. All of the same services will be available as are in place now.

Our plan is that services will either relocate to Teignmouth Health and Wellbeing Centre or to Dawlish Community Hospital. The new centre will be a modern, state of the art facility that will enable:

- an improved setting in which to receive care
- better integration across primary care, secondary care and the voluntary sector
- an anticipated boost to staff recruitment and retention
- the development of services that are sustainable in the future
- the benefits of bringing people together in one building, both in terms of access for local people and service integration
- efficiency benefits in primary care from consolidation of Channel View's two existing Teignmouth sites into one.

3. **How does the movement of services support a more sustainable staffing model?**

Recruitment and retention of staff remains a real challenge within the NHS, across different roles from GPs to nursing staff and therapists. The movement of services will support this by:

- providing a great place to work

- reducing fragility across rotas
- consolidating services to improve efficiency.

Difficulty in recruiting new GPs is experienced nationwide. 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. Some are further 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, which is leased, would make Teignmouth a more attractive option for new GPs.

The new building would allow the space and scope needed to teach and train medical students and trainee GPs and nurses.

4. **What measures are in place to ensure adequate staffing across Devon, but particularly in the Coastal Locality?**

TSDFT has multi-disciplinary involvement with process and induction when they have vacancies and new starters in the Intermediate Care team. The trust encourages site and team visits prior to interview so that candidates understand the roles and expectations, resulting in improved retention rates. The recruitment leads reach out proactively to encourage and arrange these visits.

The trust's vacancy rate is primarily affected by people leaving for promotional or developmental opportunities, as it is keen to support these. Some posts are more difficult to fill, particularly social work for under-65s, but this has been more successful recently.

For Dawlish Community Hospital, the trust has recently run two specific recruitment events, one general and one for bank staff. Alongside its usual online job posts, it has run social media and print recruitment campaigns tailored for the hospital.

More widely, the NHS recently published the NHS Long Term Workforce Plan. It is described as the first comprehensive workforce plan for the NHS, putting staffing on a sustainable footing and improving patient care. It focuses on retaining existing talent and making the best use of new technology alongside the biggest recruitment drive in health service history.

Across One Devon, the county's integrated care system, a workforce strategy is being finalised, along with a five-year workforce plan that will set out more detail about implementing the strategy.

Workforce is one of the 10 enabling programmes of the Five-year Joint Forward Plan for Devon, which was published on 30 June, and, as such, high level workforce plans are set out throughout the document.

5. What is the current state of play with the proposed Health and Wellbeing Centre in Teignmouth? What is happening with the planning permission for the site?

Teignbridge District Council's Planning Committee met on 13 June 2023 and approved the planning application for the Teignmouth health and wellbeing centre. Work is now underway by the trust on the new centre with its estates partner, GB Partnerships. There are a number of processes that need to be followed before construction can begin and the expected next steps are:

- final review of all documentation
- appoint the developer
- complete land purchase contracts
- begin construction

6. When can local residents expect the site to be in operation?

Once construction begins the completion timeline will be approximately two years.

7. Does NHS Devon still expect the project to cost £11m?

No. TSDFT advises that changes with the design, the site configuration, land purchase costs, inflation and the post-Covid construction market all indicate that the current estimated total project cost will be £14.5 million + VAT.

8. What lessons have been learnt from the delay in developing this site?

There have been a number of reasons for delays to the Teignmouth health and wellbeing centre development, including: change in location, the unprecedented cost pressures including construction inflation in a post-Covid environment, where design work continued; the committee's previous referral to the Secretary of State and the impact of local elections on timelines.

The health and wellbeing centre is now proposed on an alternative plot on the same site to that originally envisaged, and still within the public's preferred location of Brunswick Street.

This second plot was not originally available as it was earmarked for sale by Teignbridge District Council for a hotel development. However, this sale fell away during the Covid pandemic and, when it was clear that the trust's initial planning application was likely to be refused, TSDFT and the council agreed, in April 2022, to progress with a revised application for development of the second plot.

With the initial cost analysis and site suitability identified in 2018, it took some four years to determine that the aspirations for the original development would not be realised on the first site identified, for a range of reasons.

However, in comparison – and as the alternative plot is adjacent to the first, with a significant proportion of the design detail transferred, the second development has progressed at pace. Planning approval has been achieved within 14 months from agreement that the alternative plot could be made available to purchase.

9. **How will the directive from the Secretary of State to save 30% impact upon the business case to move services?**

It won't impact on the business case. The 30% saving only relates to the Running Cost Allowance of each integrated care board, which funds the core staffing costs of an ICB. Published figures show that in Devon's case, this will reduce from £23.158 million in the current financial year to £17.301 million in 2025/26. Although significant for the ICB itself, this is a comparatively small amount when compared to the ICB's c£2.3 billion overall budget.

10. **In light of the financial challenges locally and nationally, are any changes proposed to the decision to move services from Teignmouth to Dawlish?**

Plans are always reviewed before they are implemented to make sure they are right for the current operating context, but there are no current changes proposed.

11. **What will happen with regard to GP services in the locality if the Health and Wellbeing Centre in Teignmouth is not up and running before the expiration of the current lease of the GP surgery?**

It is unlikely that the health and wellbeing centre will open before the lease comes to an end on one of the Channel View sites. NHS Devon and the practice are working in partnership to make sure we have a solution.

12. **Does the move support achieving the financial challenges that are outlined by the Secretary of State for Health?**

The proposed changes in location for services from out-of-date premises to modern, purpose-built ones are about investing to further develop integrated care in the locality and help secure the long-term sustainability of primary care in Teignmouth, as opposed to addressing financial challenges.

13. **What is the status of the time-limited group of stakeholders, have they met? What have they been involved in developmentally?**

The project team waited for planning permission for the new health and wellbeing centre to be achieved before standing up this group.

The first meeting of the Teignmouth Hospital Stakeholder Group took place on 5 July 2023. Meetings will also take place in September 2023, November 2023 and January 2024, with further meetings to be scheduled as necessary. The first meeting

focused on setting the terms of reference, providing updates about the health and wellbeing centre and the hospital, and discussing opportunities around the future of the hospital site.

14. How have developments in the digital agenda been considered in planning future health services?

Yes. Plans involve making the most of opportunities afforded by technology, including providing easier access to services and enabling more remote and virtual care.

By using the NHS App, citizens can now order repeat medications online, or seek advice and guidance from their GP. They can also book and change appointments.

Of course, people will always need treatment and this will largely happen face-to-face, but digital plans look to build upon the general digitisation of society, offering new ways for people to engage with our services, while keeping services in place for those who are not yet digitally literate or don't have access to technology.

15. What provision is made to provide mental health provision in the locality?

People in the Teignmouth and Dawlish area will be able to access the full range of services provided by Devon Partnership NHS Trust (DPT) for people with mental health, learning disability and neurodiversity needs. These are many in number, but the key ones include:

- Community services for young people (provided by Children and Family Health Devon). This now includes crisis response home treatment teams all over Devon, seven days per week, operating until 10pm
- Inpatient and community services for adults of working age
- Inpatient and community services for older people, including Memory Clinics as a one-stop-shop to diagnose and provide ongoing support for people with dementia
- Inpatient and community services to support people with a learning disability and/or neurodiversity needs
- A wide range of specialist services, including perinatal care and support (for pregnant women/birthing people and new parents); a community and inpatient specialist eating disorder service; support for people with gender identity issues and support for people with an emerging psychosis.

The implementation of the Community Mental Health Framework has seen benefits across the county, including in Teignmouth and Dawlish, in terms of shorter waiting times for assessment and treatment for adults. It is also seeing far closer working and a more integrated approach between all of the agencies involved in supporting people's mental health and wellbeing, including primary care providers and GPs, housing and employment services, the voluntary sector and health and social care providers.

Locally, DPT also advise that mental health and wellbeing services also include:

- The HOPE course (anxiety and depression) is run from Teignmouth Community Hospital
- The Ness centre is for people with a diagnosis of dementia
- The Alice Cross Centre offers support for people with mental health problems
- There are memory cafes at Bishopsteignton, Dawlish, Shaldon and Teignmouth
- Manor House in Dawlish has many classes including, yoga, Tai chi and help completing forms
- There are knit and chat sessions at Dawlish and Teignmouth for any diagnosis

DPT can book rooms for S117/ Care Programme Approach meetings at Teignmouth Community Hospital.

While it is true that most mental health support is delivered in communities and very often accessed via GPs, a range of services do not require referral. These can be directly accessed and in many cases provide convenient online options and, between them, cover people of all ages. Among NHS Devon's commissioned services in the local area with direct access are:

- NHS Talking Therapies https://www.talkworks.dpt.nhs.uk/get-in-touch
- Qwell www.qwell.io/video
- Kooth www.kooth.com/video
- Young Devon www.youngdevon.org/what-we-do/wellbeing

In schools, dedicated mental health support has formed part of national strategy in recent years, known as Mental Health Support Teams (MHSTs). An incremental programme of implementation has attracted national funding to date, with MHSTs being established and reviewed in pilot sites initially. The continuation and pace of implementation will be influenced by national intentions and funding, though school-based support remains part of NHS Devon's strategy. National funding to achieve full coverage has been indicated but not confirmed. The national requirement so far has been defined in "Waves" of implementation, to initially achieve a Mental Health Support Team per 7,000 school age children, which covers 44% of the population. The implementation Waves in which Devon has been involved are shown below:

Wave	Location	Provider	Training year	Operational tear
1	Torbay	CFHD	September 2019/20	September 2020
	Plymouth	LSW		
	Exeter	CFHD		
3	North Devon	CFHD	September 2020/21	September 2021
5	Plymouth	LSW	September 2021/22	September 2022
	Torbay	CFHD		
	Teignbridge	CFHD		

Wave	Location	Provider	Training Year	Operational Year
7	East Devon	CFHD	September 2022/23	September 2023
	Exeter	CFHD		
9	South Hams	CFHD	September 2023/24	September 2024
	Mid Devon	CFHD		
Total combined: 11 teams Once all MHST in place, based on NHSE/I guidance of 1 MHST: per 7000 school aged CYPS. Coverage 44% eligible population.				

Self-directed access to support outside of school settings also forms part of NHS Devon's commissioned provision for young people. For example, Kooth's online provision. (www.kooth.com/video).

16. Can councillors from the Task Group undertake a visit to view the facilities at the Teignmouth Community Hospital?

TSDFT would be happy to host a visit by the Task Group. Given the proximity of the health and wellbeing centre development site, Teignmouth Community Hospital and Dawlish Community Hospital, a tour of all the current and proposed sites could be accommodated.

Please contact Elisenda McCutchion (elisenda.mccutchion@nhs.net) if this is something the Task Group would like to take forward.

17. Is funding for the new Health and Wellbeing Hub in Teignmouth dependent on the sale of the Teignmouth Community Hospital site?

The development isn't directly dependent on the sale of Teignmouth Community Hospital. The financial model, as shared during the consultation, states that some of the capital money for the new development would come from the trust's capital pot, which includes money from the sale of community sites (e.g. Dartmouth Clinic and other receipts). Any proceeds from the sale of the Teignmouth Hospital site would contribute to that pot.

See the introduction above for further information.

18. Can you provide a detailed social value impact assessment on the proposals including the impact on GP services?

An Equality and Quality Impact Assessment was published at the time of the public consultation and is available for review here.

TSDFT recognises the importance of building local partnerships to support health and wellbeing. As such, the Coastal Engagement Group has been expanded to include a representative from the local school academy. This group brings together members from primary care, secondary care, voluntary and charity organisations, councillors and now also, education.

19. It was reported to members that the model of care allows for 4 times as many patients to be treated at home than a community hospital. Is this still the case post-pandemic?

The information relating to this from the time of the consultation can be found here – see pages six and seven.

The document shows the staff cost required to run a 12-bed rehabilitation ward and the community-based intermediate care team were broadly similar. The number of patients that can be cared for on a 12-bed rehabilitation ward is largely fixed and in the paper is given as 232 per year, based on a 90% occupancy rate and a 17-day length-of-stay.

As stated in the paper, in 2017/18, there were 881 referrals into the intermediate care team.

In 2022/23, there were 1,134 referrals into the intermediate care team with the increase driven by the new discharge hub, additional services of offer and the embedding of the team over the period, including closer links to local partners.

ENDS

7. Site visits

On 9 August 2023 members undertook site visits to the Health and Wellbeing Centre Site on Brunswick Street, Teignmouth; Teignmouth Community Hospital and Dawlish Community Hospital with officers from Torbay and South Devon NHS Foundation Trust.

Members were led on the site visits by the Associate Director of Communications and Partnership, Torbay and South Devon NHS Foundation Trust; the Director of Capital Development, Torbay and South Devon NHS Foundation Trust and the Head of Estate Development, Torbay and South Devon NHS Foundation Trust.

Health and Wellbeing Centre Site, Brunswick Street

During the visit reference was made to the following:

- Flexibility of the new building. Officers advised that internal walls of the new Centre could be modified as necessary.
- The increasing role and potential of digital in terms of healthcare and better allowing people to be cared for within their own homes where appropriate, while ensuring people have access to a GP within their local community. Use of VR and telehealth moving forward.
- The NHS usually work to a 30/40-year lifespan of a building. The Health and Wellbeing Centre would be on a 40-year lease, then it would become a Trust asset.
- The Trust will not be signing off on the final payment to the contractors until the new build meets the exact standards required. It is hoped that final agreements with the ICB will be signed off by September/October 2023, which allows time to progress a few issues relating to freeholds on neighbouring properties.
- A 12-month extension to the Teignmouth GPs lease is possible.
- Will be a busy site with circa 70/100 staff.
- Members flagged up the need for high-capacity broadband. Given the expanded use of digital, the data requirements will be immense and need to be factored into the planning on the site.
- Car parking on the old, proposed site will be more than currently at the Brunswick Street car park, so there will be no net loss in terms of parking.
- Volunteering in Health have been offered an office on the new site and there is space for the third sector to have additional office accommodation.

Teignmouth Community Hospital

During the visit reference was made to the following:

- Teignmouth Community Hospital was the first NHS hospital built in 1954.
- The hospital will stay live and active until the new Health and Wellbeing Centre opens and then it will close. When the hospital is disposed, there is a balance to be found between realising the site's development potential and recognising its'

value as a community asset – could go through a marketing exercise as to the site's future options such as affordable housing, care home etc.

- Previous experience with Dartmouth Community Hospital, meant officers were mindful of high potential demolition costs on the site which could limit the resale value upon disposal.
- The future of the Children's Centre on the site.
- The need for affordable housing for critical care workers.
- Potential Government grants for modular homes, which could be a significant community benefit.
- The backlog maintenance figures and cost comparison with the Health and Wellbeing Centre over 30/40 years.
- Huge difficulty recruiting for staffing for overnight stays in rehabilitation beds. Everyone is fighting for the same scarce staffing resource.
- Whether it would be a mistake to get rid of the hospital site as the health system would regret not retaining that flexibility in terms of space.
- The need for communities to have a medical centre for people to attend when they are in crisis and the likelihood of needing something entirely different in terms of primary care provision in 5/10 years.
- The Health and Wellbeing Centre would be at least 2 years from being completed so there was still a fair amount of time to work through the options with the local community about the future of the Teignmouth Community Hospital site. Local people need to be brought on that journey, working collaboratively in its future.

Dawlish Community Hospital

During the visit members received a guided tour from the Matron Dawlish & Teignmouth Community Hospitals and reference was made to the following:

- Dawlish Community Hospital has a 16 bed ward that can escalate to 18 beds. There were 13 patients currently, with 3 having been discharged on the morning of the site visit.
- The hospital opened in 1999 and is still a good asset with little maintenance required. The facility is very different to Teignmouth Community Hospital which does not have air handling, nor is it fully compliant in terms of infection control and nor does it have plumbed oxygen.
- The hospital is operating on a PFI lease which runs to 2024, with a £1,000,000 payment required for the Trust to then purchase the site.
- The hospital has recently received the Gold Award in Pathway to Excellence.
- Accommodation is always challenging for nurses in the town.
- Teignmouth Community Hospital is not suitable for patients receiving nursing care.
- Volunteering in Health are a great community asset.
- Outpatient services are underutilised at Dawlish.
- The hospital is all on the flat which is an added benefit for the elderly, unlike at Teignmouth where it sits on a steep hill. Dawlish Community Hospital is also close to the train station.

8. The League of Friends of Teignmouth Community Hospital

On 23 May 2023 members met with Graham Bond from The League of Friends of Teignmouth Community Hospital who's representation was recorded within the 13 June 2023 interim report to Committee. The key points were:

LOF has around 100 members. It is a highly motivated group, who have held dozens of demonstrations on issues relating to the hospital. The League of Friends (LOF) believe it to be a waste of resource to close Teignmouth Community Hospital (TCH), and it is a move that will be regretted. LOF does not agree with the argument that the integrated care model renders community hospitals redundant. In recent years, particularly post pandemic there are a lot of people waiting for treatment. It would be sensible to put 16 rehabilitation beds back in at TCH and create some relief with the bed pressures at the acute hospitals in Torbay and Exeter. Devon has some of fewest community hospital beds in the country. LOF appreciate there are emotional issues attached to TCH being the first NHS hospital but this is about much more than that.

The hospital is loved and treasured. LOF has, as a result, received huge amount of money in donations over the years, in excess of £6 million since its inception in 1958. The hospital does have maintenance issues, as the site has been allowed to be run down, but is still viable. TCH continues to provide a high level of care. LOF put £697k into improving the Physiotherapy Unit, which would be a waste of money if the hospital was to close. Teignmouth has a large older population, where it is helpful to have local treatment. It improves people's care and they get more visitors, which aides their rehabilitation.

The new Health and Wellbeing Centre will be helpful for the populace and the GPs. There are however fears that the Hub will prove to be unaffordable and unsustainable, which would very much be the worst of both worlds.

On 29 September 2023 the Task Group also met with Geralyn Arthurs, representing The League of Friends of Teignmouth Community Hospital. The following issues were raised with members:

LOF feels that the research that the proposal is based on is flawed. If the local Health Trust and the CCG, now the ICB, had supplied them with the evidence that TCH had reached the end of its natural life then sad though it would have been, LOF would have accepted the decision. However, neither the Trust nor the CCG provided LOF with the clinical evidence, to uphold their statement that they could look after 4x as many patients, like for like, in their own homes as can be nursed on a community hospital ward, nor have they produced a cost benefit analysis showing that their vision for health and wellbeing is the best use of resources and the most prudent use of taxpayers' money. LOF noted that

Plymouth University was not aware of the use of its research to support the decision taken in Teignmouth.

The CEO of NHS England stated last year that “in our drive for efficiency we have become inefficient” because “we have cut too many beds”. LOF were told in 2015 that 12 beds would be retained at the hospital. Since 2017 there have been none. At the time when the inpatient beds were removed there was no consultation. Several of the beds had been purchased by LOF. LOF believe the Health and Adult Care Scrutiny Committee should have offered more challenge to the Trust over this issue. Scrutiny had the information from the Independent Reconfiguration Panel (IRP) that local Trusts and the then CCG had to work with the local population before any changes were implemented. This courtesy and accountability was not done for Teignmouth. By not retaining 12 rehabilitation beds there has been no way to analyse whether the new ‘model of care’ worked.

TCH has provided many services over the years. These facilities have been systematically removed so that instead of 7 major areas of health service provision in the area there are only 3. The local population feels aggrieved about these reductions in facilities at the hospital, where the Trust has run down these community assets for health service provision. Resilience needs to be provided for the future and for now. There are not sufficient beds for the vulnerable, frail, and elderly within the locality; in Teignmouth and the surrounding villages there are no nursing homes and two of the care homes are under special measures. LOF believe patient safety is being put at risk is because there are insufficient beds in the system. LOF questioned why the IRP did not pick up on this fact and investigate “all relevant matters” as requested by the Secretary of State for Health and Adult Care.

TCH is a valuable local facility and can provide care in the event of further pandemics and winter pressures which can overwhelm the acute hospitals especially given the reducing numbers of nursing / retirement home beds. Patients are having to wait before they can be discharged back to their homes due to the pressure to find home carers to make those discharges safe. There is no safety valve if they continue to reduce the number of NHS Estates. For all these reasons TCH needs to be kept open and fully functioning. TCH can be used for the provision of the following health services facilities:

- Outpatients
- Inpatient rehabilitation following discharge from DGHs
- Care for the Dying
- Dementia Respite and Day Care
- Adult and Child Mental Health Provision

LOF do not believe the quoted £23,300,000 required for renovations to the TCH, as submitted to the Stakeholder Steering Group. LOF would like an independent evaluation of the costs of renovations. TCH needs to be saved to ensure system resilience and further work should be done to develop the site to future proof health service provision for the local population.

9. Concerns of the Task Group today

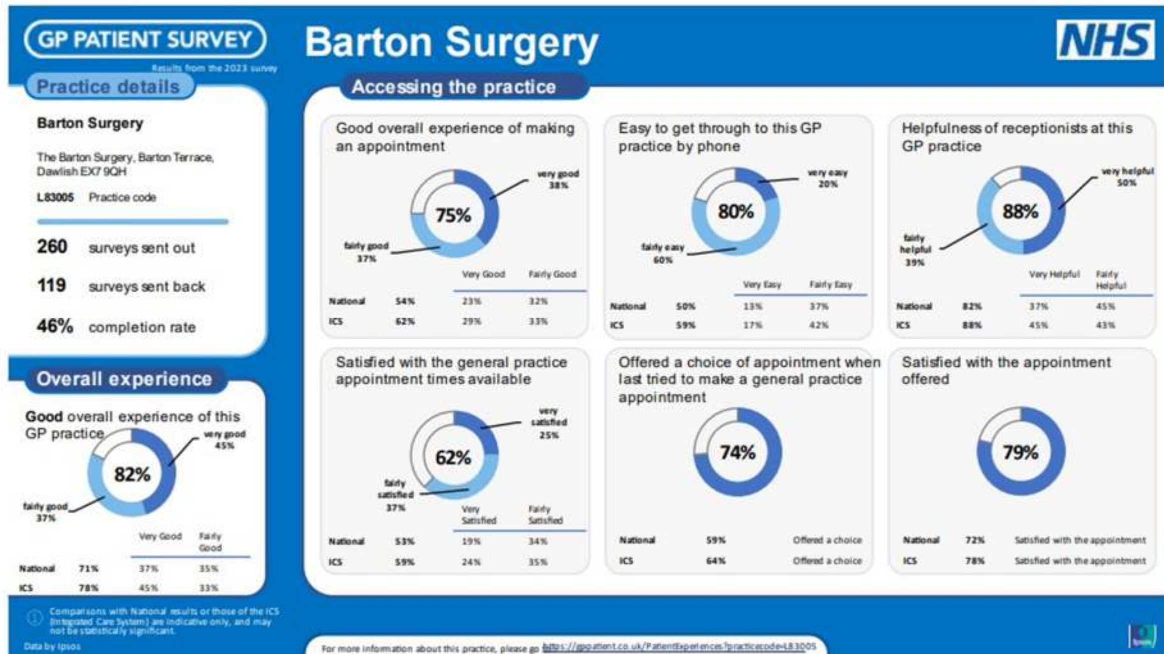
9.1 GP Surgeries

Central to the original vision of changing the way in which services are provided in the Teignmouth/Dawlish area has been the provision of appropriate location for GP surgeries. Part of the original case for change was the unsuitability of the GP surgeries as they were provided: '*In 2016 for the Teignmouth area it concluded that four of the (then) five GP practices were overcrowded, operating from functionally unsuitable premises and that there was potential for consolidation and expansion to deliver estate efficiencies yet facilitate the growing demand'*. (Pre-consultation business case 2020).

The Task Group understands that there are multiple challenges akin to those faced nationally with GP recruitment, including many GPs are retiring early and the use of locum GPs has increased. The traditional model of partnership is proving less attractive among GPs at the beginning of their career. The solution to support recruitment and to provide appropriate facilities for surgeries proposed by the NHS was as follows: *'Our vision is to provide excellent integrated services and we are going to do this by building on our success of integrating services and co-locating the three GP practices in Teignmouth, alongside the health and wellbeing team and voluntary sector in a new build in the centre of Teignmouth.'*

The Task Group has concerns about performance at Barton Surgery, Dawlish (e.g. only 40% patients being seen within 1 day) and the impact increased patient numbers will have if people move across from Teignmouth in terms of meeting resident need. NHS Devon reported that Barton Surgery in Dawlish is a high performing practice with some of the best patient satisfaction scores in the County (and possibly the Country).

In the Annual GP Patient Experience Survey for the practice which shows it scored significantly above the National and County averages in many of the metrics used (Devon as a whole performs well in this survey).



Regarding the metric for patients seen within one working day, it is important to note that this is above the target of 35%. There are also a number of other factors to take into consideration, including working with patients to try and arrange an appointment most suitable for them, which may involve them choosing to wait slightly longer to see a clinician known to them, as opposed to taking the first appointment available. The practice also advise that the GP partners will see up to 50 extra patients on top of a fully booked morning and afternoon surgery and the practice does not transfer patients to the out of hours service. Barton also operate a different booking system to Channel View and Teign Estuary which may account for some of the variation in the data. All three practices have been successfully running their systems for many years. It is not envisaged that the health and wellbeing centre would have any significant impact GP practice patients in Dawlish beyond facilitating collaboration within the primary care network and other local services. Most patients would not be able to move from a Teignmouth practice to Barton's practice boundary.

The Task Group continues to have concerns about GP services in Teignmouth, given the expiration of the lease of the current GP surgery. NHS Devon advised that it is unlikely that the Health and Wellbeing Centre would open before the lease comes to an end on one of the Channel View sites. NHS Devon reported that they are working in partnership with the practice to make sure they have a solution but negotiations are commercial in confidence. The uncertainty that surrounds how GP surgeries in the locality will be provided is of significant concern to the Task Group and underpins the change in situation which requires a re-evaluation of the decision taken.

9.2 Evaluation of options and possible referral

The decision to close TCH and relocate the services to a newly built Health Centre on Brunswick square was taken several years ago. Considering changing circumstances, looking again at the grounds upon which the decision was taken

are currently not compelling enough to unequivocally support the move. When this is considered against the continued public affection for the current hospital site the Task Group is concerned that the case has not been convincingly made.

The financial requirement for either option is in the same ballpark (£19million compared to £23milllion). The delay in purchasing the site and undertaking the building works further down the line is likely to increase costs further, which may in turn equal or exceed the cost of refurbishment. In addition, refurbishment to TCH could be undertaken immediately but also scheduled over some years, whilst still having a functioning hospital. This would mean that not all of the money would have to be found in one tranche. The TCH site is much larger, which could accommodate future service development and parts of the site could be repurposed and even built upon to provide modern buildings, e.g., on the site of the old GP surgery. In addition, the current site has greater car parking facilities which are free, and not needed to be shared with other visitors to the Town Centre. Both sites are accessible by public transport. Keeping the current site would also avoid people needing to drive through the town centre possibly adding to congestion.

The table below shows the criterion and factored considered by NHS when evaluating the different options and alternative proposals. Against these, the Task Group has outlined their comments and concerns relating to the decision made by the NHS to move services out of Teignmouth Community Hospital and not to refurbish the hospital. This relates to option 1 of the considered options, as outlined in Appendix 4.

An additional comment made by the Task Group is the potential disruption to services around logistics of refurbishing the building whilst still needing to run services.

Criterion	Factors to consider	Comments and concerns of the Task Group
Space/capacity	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?	• The Hospital site is large enough to provide all of the services needed. • The Health and Wellbeing Hub is not, and specialist outpatient clinics services and day case procedures are proposed to be delivered at Dawlish Community Hospital. • Both sites support the commitment to provide services in the locality.
Does it support delivery of the vision for the Coastal area: 'Excellent Integrated Services'?	• 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	• The decision was taken in 2020 and yet 3 years later the site has not been secured. There is still no agreement with the landowner – Member's have low confidence that a deal on the centre will happen. • It would take a minimum of 2 years to construct the site, as an estimate. • The Task Group were convinced on the idea to bring services together but were not convinced about why these needed to be a Health and Wellbeing Centre. • The arguments for co-location for GP services is made for the Health and Wellbeing Centre but not for the Hospital site. • Members accepted the loss of rehabilitation beds.
Sustainability of service ➢ Service ➢ Population ➢ Building ➢ Staff	• 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?	• The Health and Wellbeing Centre would be fixed to its current boundaries with limited to no options to extend the building, whereas extension options are available at the Hospital site. • The Hospital building was built in 1954 and refurbishment would extend the life of the building. • There are options for buildings to be development around the current hospital site, including building from new. • The Health and Wellbeing Centre has an expected lifespan of 30 to 40 years. • The Task Group felt the Teignmouth Hospital site is a far more attractive place to work from. • The current hospital is situated close to the areas of highest deprivation in the town.
Clinical Evidence – best place to care for people	• NHSE South West Clinical Senate	

Finance	• Is it affordable? • Capital cost required – are there any abnormal costs? • Has funding been identified to deliver?	• On the current estimates, the refurbishment of the Hospital would cost £23.3m against a new Health and Wellbeing Centre of c.£20m. • The NHS has confirmed that funding is available for the Health and Wellbeing Centre and is not dependent on the sale of the Hospital site. • The NHS has yet to purchase the land for the Health and Wellbeing Centre from Teignbridge and still needs to construct the building. • Capital costs for the Health and Wellbeing Centre would be upfront, compared to a continued programme or series of works to refurbish the Hospital. • The delivery model for the Health and Wellbeing Centre is subject to VAT as a third party. • The League of Friends for the Hospital would not contribute to the Health and Wellbeing Centre, only the Hospital site.
Public transport	• Is public transport available nearby to and from the site?	• Both sides are well served by public transport, with the Health and Wellbeing Centre being in the town centre and the Hospital Site being on main bus routes in and out of Teignmouth. • The Task Group did not feel there was much difference between the two.
Car parking	• Number of disabled spaces (and proximity) • Nearby parking • Cost of parking	• The Health and Wellbeing Centre has 23 spaces (including 4 Disabled Spaces) compared to 42 spaces at the Hospital (including 4 disabled spaces) • The disabled spaces at the Hospital are at the front door, and those for the Health and Wellbeing Centre are close to the front door. • There are a number of off-street parking spaces on the Hospital site, although not formal parking spaces in a car park. There are also many on-street parking options in the immediate local area. • Despite the loss of the Brunswick Street Car Park, with new spaces, there will be no loss of car parking in the town centre. Albeit in pay and display car parks.
Travel impact	• What is the impact on distance travelled by people using the service?	• The Task Group felt there would be a minimal difference overall to people in Teignmouth for either site as some people would have to travel to either site. • Retaining the Hospital site would mean people do not have to travel into the centre of the town which would avoid potential congestion.

Pedestrian access	• Is there easy pedestrian access?	• Both sites are considered to have good pedestrian access. • The Health and Wellbeing Centre site would have good access for those living in the town centre but not for those living further away. The opposite is true for the Hospital site, good for those living outside of the town centre and on the western side of Teignmouth, but not good for those living elsewhere. • The Hospital site is on a hill.
Impact on local vicinity	• What will be the impact of any additional traffic on the local area? • Will access to the site be unduly affected by seasonal traffic? • What impact will this have on the local economy? • How convenient will it be to access other local services?	• The Health and Wellbeing Centre would add additional traffic into the town centre for people using the services and pick up and drop off in the immediate local roads. • The Centre would impact of number of cars moving around the town and the directions they move around to get to the Centre. • The Hospital site is not located in the town centre.
Environmental impact	• What is the environmental impact on the difference in travel arrangements? • Are the buildings environmentally friendly and sustainable?	• Minimal difference overall of travel arrangements to compared to the proposed Health and Wellbeing Centre. • Refurbishment of the Hospital could be done to modern, high environmental standards.

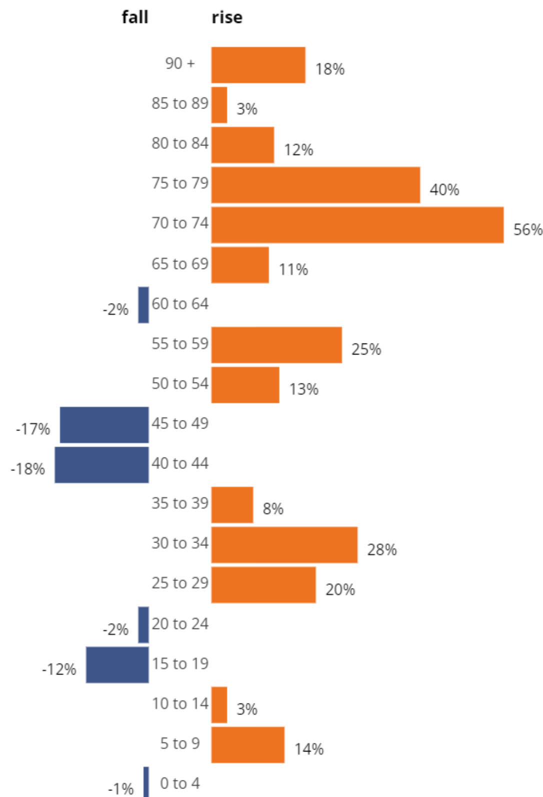
9.3 Sustainability

Members have been concerned with the future sustainability of services, and how much future planning has been considered. Independent projections demonstrate that growth in the locality is expected to exceed the typical growth rates, particularly in older age brackets. Census data shows that the population of Teignbridge District grew by 8.5% and the local area grew by 5.5% from 2011 to 2021 from 31,206 to 32,923. Based on this rate, the population would grow to 36,167 in 2031 and 41,310 in 2041.

Population change in the local area	2011	2021	Difference	Percentage change	Predicted population in 2031 on current % change	Predicted population in 2041 on current % change
Teignmouth	15,129	15,312	183	1.2%	15,495	15,680
Dawlish	10,418	11,797	1,379	13.2%	13,354	15,117
Bishopsteignton	2,209	2,266	57	2.6%	2,324	2,384
Shaldon	1,762	1,716	-46	-2.6%	1,671	1,628
Dawlish Warren	544	1,190	646	118.75%	2,603	5,694
Holcombe	572	642	70	12.2%	720	807
Total	31,206	32,923	1,717	5.5%	36,167	41,310

In demographic terms, in Teignbridge there has been an increase of 25.8% of people aged 65 and over. With those aged 70-74 rising by 56% and those aged

75-79 rising by 40%. Those aged 65+ now make up 27.1% of the Teignbridge population, but 29% of the Teignmouth population and 30.4% of the Dawlish population.



Members raised concerns that with the Teignmouth/Dawlish population due to grow 5.5% in the next 10 years, faster than the National and the South West average and whether the new Health and Wellbeing Centre be able to accommodate population growth and the increase in need for services? NHS Devon advised that this is always factored into the design of any new facility and future services. Additionally, NHS Devon is working with all primary care networks across the county to assess estates needs for the future.

9.4 Mental Health

The South West clinical senate in 2019 asked questions about how mental health provision would be delivered at the Health and Wellbeing Centre. In the business case the NHS suggested:

> *'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.'*

The Secretary of State, in response to the referral made by the Devon County Council Health and Adult Care Scrutiny Committee, highlighted the need to consider how mental health services would be provided:

> *'The Panel encourages the CCG to explore the options and ensure that mental health services are included in the integrated care model of the Health and Wellbeing Centre in Teignmouth.'*

The Task Group have concerns about the provision of mental health services across Devon, in particular issues around capacity. Having asked the question about mental health to the NHS as part of this investigation, the Task Group recognises the range of services that are available in the locality. It is likely that further questions will be asked about mental health services through the usual Scrutiny process. Members are currently engaged in a series of visits across the County hosted by Devon Partnership Trust, who provide a wide range of NHS services to people with mental health and learning disability needs. Members will likely report back to Committee on these visits in Spring 2024.

9.5 Use of Building

Throughout this work the concern for residents has been represented as centring upon what will happen to the building currently used as Teignmouth Community Hospital. As part of the evaluation of the future delivery of services the NHS did not deem the current hospital site suitable for a Health and Wellbeing Centre rebuild. Once the new Health and Wellbeing Centre is built no services of the Trust will remain on the hospital site.

The Task Group understands that the hospital site is not needed to be sold to fund the building of the new Health and Wellbeing Centre. However, the NHS trust cannot afford to run services at the hospital and at the new Centre. Money from the anticipated sale of the hospital will go into the capital pot and be used to fund services across the region.

The NHS, working with Healthwatch Devon has set up a Stakeholder Reference Group which is looking at options for the hospital buildings and site. The Task Group has looked at other areas to understand what might be possible. In St Ives the Edward Hain Hospital has seen the removal of NHS services but has still been saved to provide health and wellbeing services by the Hospital League of Friends and local businesses and the community. In Suffolk, Halesworth Hospital was taken on by the community raising close to £1,000,00 to buy the site, and turned into affordable housing, a community café and business space.

There is the potential for interested parties in Teignmouth to buy the site and look to develop it for community benefit if services can no longer continue to be provided. Teignbridge District Council and almost all members of the Town Council were clear in wishing to keep the hospital open. This could be in the form of setting up a charity for the hospital site and developing affordable housing. These ideas and others would need to be explored with the community.

The Task Group understands that the hospital has been valued at approx. £1.2 million. As in the case studies, this amount of money does not seem to be insurmountable for community groups to raise. In addition, the NHS have informed the Stakeholder Group that they would like to support an outcome that the community would find most useful.

It is important to be aware that not only are there the capital costs of securing the hospital site, but the maintenance costs may be prohibitive. The backlog of maintenance was previously valued at costing £1.5million, and today this is likely to be £3 million. This is for basic maintenance only. Further investigations would be necessary to ascertain what would be possible and affordable. It could be an option that selling part of the site would create enough revenue to be able to part fund some of the project.

Members are also considerate of the Children's Centre situated on the Teignmouth Community Hospital site, with services currently delivered by Action for Children. The Centre provides Early Help services, support to parents from pregnancy to children aged 8 and support for vulnerable families. In October 2023, Cabinet agreed to move to a Family Hub model with a transition contract to Action for Children from April 2024 to March 2025. The development of Family Hubs and the potential location for a Family Hub in Teignmouth would need to be considered if the ownership of the site and use of the site changed. This could be included in a redeveloped vision of the site.

Case Study: Dartmouth and Kingswear Community Hospital

Dartmouth and Kingswear Hospital closed in 2017 with a new Health and Wellbeing Centre being built in the town.

Dartmouth Town Council has been actively exploring a bid for a number of years, working alongside the local NHS and local partners to ensure the building remains in the community's use.

In May 2023, Torbay and South Devon NHS Foundation Trust announced they were selling the hospital on the open market after a community bid failed to materialise to help fund the new £5.4m Health and Wellbeing Centre. Despite it being the open market, the Trust stated it did not preclude a bid from the local community. Dartmouth Town Council has been unable so far to secure funding.

Case Study: Edward Hain Centre, St Ives

The Edward Hain Hospital in St Ives closed in-bed wards in 2016 and the Hospital itself then closed in 2020 and the NHS announced plans to sell the building.

The Hospital League of Friends supported by local businesses and the local community raised £1m to purchase the building in July 2023.

The Edward Hain Centre launched in September 2023 and is entirely funded from rent from providers, fundraising, donations and grants.

The Centre's aim is to provide a range of health and wellbeing services for the community and is currently working with a range of different providers and organisations to bring in to the Centre.

Case Study: Halesworth and Southwold Hospital, Suffolk

The Great Yarmouth and Waveney CCG took the decision to close the both the Patrick Stead Hospital, Halesworth and Southwold Hospital in November 2015, pledging to use the savings to support other NHS beds in the local area.

Patrick Stead Hospital, Halesworth

The local Halesworth and Blyth Valley Partnership had taken the steps to register the building as a building of community asset, giving the community the first open to purchase the site.

However, no bid from the community was received when it was put up for sale. Halesworth Town Council stated the Partnership felt the project and site was too big for them and the Town Council did not have the resources either.

A planning application to convert the Hospital building into 6 townhouses was approved in June 2023.

Southwold Hospital

The Hospital site was also designated an asset of community value and the local community formed a community group called SouthGen with the aim to retain the hospital site for community use.

The group raised £498,000 from community shares and received £500,000 in grants to buy the site in 2019. All of the 377 SouthGen members own the site, with profits reinvested in the community.

The Old Hospital Hub opened in 2022 and now hosts 9 affordable homes, a farm-to-fork community café, a nursery, businesses spaces and the potential new site for the Town's Library.

10. Conclusion

The enduring concerns of the Task Group have been about local health services meeting the needs of residents for the foreseeable future. The development and changes associated with providing health services for people in Teignmouth and Dawlish has been a topic which the Scrutiny Committee has continued look at over a number a years.

Councillors have considered the issue in public Committee meetings no fewer than 10 times, held a Spotlight Review, made a referral to the Secretary of State and formed this Task Group. Over this time, the issue has been discussed extensively with the local NHS, local people and local stakeholders. Significant amounts of information have been considered at all stages. This Task Group has looked again at the case for change, the directions given by the Secretary of State for Health as well as listening to The League of Friends and asking additional questions of the NHS.

At all stages of this work Scrutiny Councillors have been concerned with the views of local people as well as supporting the development of sustainable services in the locality. The loss of services at Teignmouth Hospital has touched a nerve with many local people. The Teignmouth Community Hospital building is a much-loved community asset. The efforts made by local residents, the community and The League of Friends to save the building and local services has been commendable.

Legal Advice received by the Task Group was clear that members would have to provide detailed alternative proposals if they wished to make a further referral. This referral would need to be based on new evidence, which was not available at the time of the original referral and NHS decision. As with all referrals the burden of evidence lies with Scrutiny to make the case. While it is apparent from this Review process that the Task Group have serious concerns about NHS Devon's proposals for modernising health services in the Teignmouth and Dawlish area, members **would like to look again, in the current climate, at the desirability, sustainability and benefit of building a new facility against refurbishment of the current building.**

If it transpires that services cannot be retained in the hospital site, work should begin on what the future could hold for the site and how this can best be used for the benefit of the people of Teignmouth. The Task Group would very much like to ensure that the site is retained for the use of the community, with the possibility of health and wellbeing-related services delivered. Inspiration can be taken from other areas which have managed to secure futures for wellbeing and community services from former NHS hospitals.

Appendix 1: Task Group Activities

A1.1 On **17 April 2023** the Task Group met to discuss the scope of the Review

A1.2 On **12 May 2023** members met the Deputy Director of Legal Services to discuss various developments with NHS Devon and the current position with the Review.

A1.3 On **23 May 2023** the Task Group met with a representative of The League of Friends of Teignmouth Community Hospital, and further discussed their findings to date and interim report.

A1.4 On **18 July 2023** members considered the response to the series of questions the Task Group formally submitted to NHS Devon at the 13 June 2023 Health & Adult Care Scrutiny Committee.

A1.5 On **9 August 2023** members undertook site visits to the Health and Wellbeing Centre Site on Brunswick Street, Teignmouth; Teignmouth Community Hospital and Dawlish Community Hospital with officers from Torbay and South Devon NHS Foundation Trust.

A1.6 On **29 September 2023** members held an evidence gathering session with further representatives from The League of Friends of Teignmouth Community Hospital.

A1.7 On **18 October 2023** members met to discuss their draft findings and recommendations.

Appendix 2: Contributors / Representations to the Review

Witnesses to the review in the order that they appeared during the Task Group review:

Witness	Position	Organisation
Andrew Yendole	Deputy Director of Legal Services	DCC
Graham Bond		The League of Friends of Teignmouth Community Hospital
Jane Harris	Associate Director of Communications and Partnership	Torbay and South Devon NHS Foundation Trust
Caroline Cozens	Director of Capital Development	Torbay and South Devon NHS Foundation Trust
Simon Allen	Head of Estate Development	Torbay and South Devon NHS Foundation Trust
Carol Gilmour	Matron	Dawlish & Teignmouth Community Hospitals
Christine Lavers	Former Communication Officer	The League of Friends of Teignmouth Community Hospital
Gerald Lavers	Former Chair	The League of Friends of Teignmouth Community Hospital
Geralyn Arthurs		The League of Friends of Teignmouth Community Hospital

Appendix 3: Independent Reconfiguration Panel Outcomes – Dates and Timescales

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

Council and Services	Reasons for Referral	IRP Advice to SoS or Minister	Comments and considerations
Devon County Council Teignmouth and Dawlish community services	Scrutiny was not satisfied with the adequacy of the consultation on the Hospital site (23(9)(a) of the 2013 regulations)	Referral not successful - NHS Devon "consulted adequately" with DCC on the proposals.	• This was the referral made by the Health and Adult Care Scrutiny Committee in 2021.
Medway Council Kent and Medway Stroke Services	Proposals were not in the interests of the health service (23(9)(c))	Referral not successful - The proposal should proceed alongside the commitments to deliver business cases for comprehensive stroke rehabilitation and prevention.	• December 2014 – Review of acute stroke Services in Kent and Medway began in response to concerns about performance and sustainability. • June 2015 – the first of a series of clinical senate reports reviews the case for change. • July 2015 – Case for change published • 11 August 2015 – NHS Report to Medway HASC and agreed for a Joint HOSC to be set up • 8 January 2016 – Kent/Medway Joint HOSC first met to discuss review • 2017 – work continued on different options • Aug/Sept 2017 – Joint HOSC Members attended evaluation workshops on options • 24 January 2018 – Pre consultation business case published • Feb to April 2018 – Public Consultation • May 2018 – Review and analysis of consultation • 5 July 2018 – Report presented to Joint HOSC • 2018 – Work to identify a preferred options and a decision making business case.

Council and Services	Reasons for Referral	IRP Advice to SoS or Minister	Comments and considerations
			• 14 December 2018 – Report to Joint HOSC from Medway HASC expressing the view there has been a flaw in the process. Joint HOSC referred to the Joint Committee of CCGs. • 1 February 2019 – Joint HOSC met and Medway Members submitted a minority report • 26 February 2019 – Joint HOSC voted not to refer the proposals to the SOS. • 12 March 2019 – Medway HASC voted to refer the proposals to the SOS.
London Borough of Merton Improving Healthcare Together 2020 to 2030 – Surrey, Sutton and Merton areas.	Scrutiny was not satisfied with the adequacy of the consultation (23(9)(a)) and proposals were not in the interests of the health service (23(9)(c))	Referral not successful - taking account of the observations and specifically the requirement for ongoing financial assurance, the proposals should proceed.	• January 2018 – Improving Healthcare Together 2020-2030 programme established – vision for future healthcare • June 2018 – Issues Paper published, followed by a pre-consultation exercise. • 16 October 2018 – Joint Scrutiny Sub Committee met for the first time (LBs of Croydon, Kingston upon Thames, Merton, Sutton, Wandsworth and Surrey CC) • December 2018 – Clinical Senate provided an initial review of the case for change, clinical model and longlist of options. • March 2019 – A full review of the draft pre-consultation business case provided 94 recommendations in 7 areas. • Into Autumn 2019 – Focus Groups to develop long list of options and workshops involving stakeholders and the public. • 6 January 2020 – CCG Committees in Common met to review evidence and consider recommendations – approved the business case and agreed to proceed to consultation on the proposals. • 8 January 2020 – Improving Healthcare Together consultation launched and ran for 12 weeks – to 1st April 2020. • 4 June 2020 – Joint HOSC met to consider its response • 22 June 2020 – Joint HOSC submitted its response but did not make any recommendations – supporting the case for change but acknowledging the

Council and Services	Reasons for Referral	IRP Advice to SoS or Minister	Comments and considerations
			model was unsustainable without capital investment. Did not express a consensus view on the proposed location of the specialist emergency are hospital. • 3 June 2020 – CCG CIC agreed to build the specialist emergency care hospital in Sutton. • 21 July 2020 – Merton referred the decision to the SoS – on consultation and interests of the health service. • 28 October 2020 – IRP letter
Dorset County Council Dorset Clinical Services	Scrutiny considers that the proposal would not be in the interests of the health service in the area (23(9)(C)) This was based on concerns due to travel times by Ambulances and concerns that there is no local alternative to the loss of community hospitals.	Referral not successful - the proposals should proceed.	• March 2014 – NHS Dorset CCG initiated a clinical services review across Dorset. • 10 September 2014 – Dorset HSC made aware of CRS via briefing paper at a meeting. • October 2014 – Review was formally launched. • November 2014 – further Paper to Dorset HSC • January 2015 – CCG publishes information setting out the need to change and 6 evaluation criteria. • March 2015 – Clinical Senate peer review on the emerging clinical design. • April 2015 – Stage 1 assurance reviewed from NHS England. • 22 May 2015 – Dorset HSC report updating members on progress. • 20 July 2015 – Joint HSC met for the first time and agreed each HSC would retain its right to make a referral. • July 2015 – Clinical Senate report making 16 recommendations • September 2015 – Briefings with Town and Parish Councils and Scrutiny. • 13 November 2017 – Dorset HSC vote to refer to SoS subject to the outcome of the next Joint HSC. • 12 December 2017 – Joint HSC voted against the Dorset HSC decision to refer. • 20 December 207 – Dorset HSC vote not to refer to SoS.

Council and Services	Reasons for Referral	IRP Advice to SoS or Minister	Comments and considerations
			• 8 March 2018 -Dorset HSC set up a Task Group to review new and existing evidence and determine criteria for making a future referral. • 18 Sept 2018 – Task Group decide to recommend that the HSC does not make a referral but continue scrutinsing through the Joint HSC. • 5 November 2018 – Task Group makes it recommendation to Dorset HSC but the Committee votes to refer to the SOS anyway. • December 2018 – Motion at Poole HSC fails but the Committee wrote to support the Dorset referral. • 30 August 2019 – Date of letter to Minister of State. • Dorset HSC voted to refer twice and voted against referral once. The Joint HSC voted against referral once. The IRP commented that the HSC's change in position in Dec 2018 could not be explained by the evidence presented and was critical of the Committee for wasting time, effort and not being able to articulate a clear view on the proposals.
Telford and Wrekin Council	Referral on all grounds of 23(9) – consultation and interests of the health service. Also referred on the grounds of the views of the public via the consultation.	Referral not successful -"proposal…is in the interests of health services in Shropshire, Telford and Wrekin and should proceed without further delay".	- 2008 – Developing an acute services strategy has been worked on by the local NHS since at least 2008 - 2013 – Future Fit set up to look at local changes in response to Govt 'Call to Action'. - November 2013 – CCG consultation exercise with public and clinicians. - March 2014 – Telford & Wrekin and Shropshire Joint HOSC received a report on the Future Fit programme – Joint HOSC endorsed the case for change and principles. - June 2014- further report to Joint HOSC – no decision had been made, - 17 December 2018 – Due to disagreement between Members, Joint HOSC unable to make a decision on referral regarding consultation or the Committee's overall response. - 29 January 2019 – CCG agree preferred option. - 18 February 2019 – Telford & Wrekin Full Council referred the decision to the SoS

Council and Services	Reasons for Referral	IRP Advice to SoS or Minister	Comments and considerations
Northumberland County Council Rothbury Community Hospital	- Scrutiny was not satisfied with the adequacy of the consultation (23(9)(a)) - Proposals were not in the interests of the health service (23(9)(c))	Referral not successful – although the IRP recommended further action locally is required to agree and implement the proposed health and wellbeing centre at Rothbury Community Hospital.	• Summer 2016 – A steering group from the CCG and Trust set up to look at how community beds were being used. • 2 September 2016 – temporary suspension of inpatient admissions to Rothbury for 3 months with a 6 week public engagement exercise • 17 November 2016 – Public meeting to look at findings. • December 2016 – CCG undertook an options appraisal of 5 potential options. • 31 January 2017 – Formal public consultation began • 27 June 2017 – Health Scrutiny - presentation from CCG. • 5 July 2017 – Full Council Motion agreed that stated that if Health Scrutiny was not convinced by the evidence to support the decision, it had the power to refer. • 27 September 2017 – Decision making report and Decision to permanently close the inpatient ward and shape services around a health and wellbeing centre. • 17 October 2017 – Health Scrutiny votes to refer to the SOS • 9 May 2018 – SoS requested IRP advice.

Appendix 4: Extract from Devon CCG Governing Body Reports Pack – 17 December 2020

Modernising health and care services in the Teignmouth and Dawlish Areas

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	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'?	• 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 ➢ Service ➢ Population ➢ Building ➢ Staff	• 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	• NHSE South West Clinical Senate	High
Finance	• Is it affordable? • Capital cost required – are there any abnormal costs? • Has funding been identified to deliver?	High
Public transport	• Is public transport available nearby to and from the site?	Medium
Car parking	• Number of disabled spaces (and proximity) • Nearby parking • Cost of parking	Medium
Travel impact	• What is the impact on distance travelled by people using the service?	Medium
Pedestrian access	• Is there easy pedestrian access?	Medium
Impact on local vicinity	• What will be the impact of any additional traffic on the local area? • Will access to the site be unduly affected by seasonal traffic? • What impact will this have on the local economy? • How convenient will it be to access other local services?	Medium
Environmental impact	• 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
	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: • “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.”
	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

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	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	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	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 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).	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	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	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 clinics currently provided by Dawlish Community Hospital	• 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 • 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.	• 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	• 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	• 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)
15	Build a health hub between Dawlish and Teignmouth to deliver community clinics, specialist clinics and day case procedures, with adequate parking	• 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	• 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	• 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-forpurpose 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.

Appendix 5: Bibliography

- Report to Health and Adult Care Scrutiny Committee Modernising Health and Care Services in the Teignmouth and Dawlish area (3 November 2020) 121120 Teignmouth and Dawlish Consultation update from Devon CCG.pdf
- Modernising healthcare services in Teignmouth and Dawlish: Commissioned consultation report (Healthwatch, December 2020)
- 10th September 2020 Consultation Modernising Health and Care Services in the Teignmouth and Dawlish Area
- Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013
- IRP's terms of reference
- IRP's methodology for advising the Secretary of State for Health and Social Care
- Department of Health and Social Care's guidance (2014) "Advice to local authorities on scrutinising health services
- Torrington Community Hospital Spotlight Review, Health & Wellbeing Scrutiny (June 20116)
- Modernising Health and Care Services in the Teignmouth and Dawlish Area – Letter to IRP (February 2021)
- Modernising Health and Care Services in the Teignmouth and Dawlish Area – IRP Letter (December 2021)
- Modernising Health and Care Services in the Teignmouth and Dawlish Area – Letter from Secretary of State (March 2022)
- Update report on Modernising Health and Care Services in the Teignmouth and Dawlish Area – NHS Devon (June 2022)
- Interim Task Group Report, Health and Adult Care Scrutiny Committee (13 June 2023)
- ONS 2021 Census Population Change Visualisation – Teignbridge
- Minutes of Devon County Council's Cabinet on 11th October 2023
- Torbay and South Devon NHS Trust – Update on the sale of the former Dartmouth and Kingswear Hospital Site (May 2023)
- Overview -The Edward Hain Centre
- The Guardian – St Ives residents raise £1m to save community hospital closed by NHS (July 2023)
- East Anglian Times – Halesworth disused hospital set for sale after no community buyer found (July 2021)
- East Suffolk Council – Southwold celebrates transformation of former cottage hospital (June 2022)

NHS Devon

Integrated Urgent Care Service – NHS 111, Clinical Assessment Service and Out-of-hours primary care

November 2023

Background

NHS Devon commission the Integrated Urgent Care Service (IUCS) on behalf of Devon residents and visiting patients. This is a single contract for the provision of:

- NHS 111 call handling services
- Clinical contact as required for those accessing care through 111 online
- Clinical Assessment Service (CAS)
- Primary care face-to-face treatment out-of-hours

The service plays an important role in the urgent and emergency care system, providing a viable alternative to emergency departments (ED) and ambulance services for patients with urgent care needs. The national "Think 111 First" programme encouraged patients who thought they may need ED to contact 111 by phone or online, and if necessary, make a booking with ED or an Urgent Treatment Centre (UTC). In Devon this developed into the "Effective Navigation" programme, facilitating the navigation of patients to appropriate alternatives to ED from 111 and 999, where alternative services and pathways exist. Both programmes are underpinned by a vision that people with an urgent care need should be seen by the right professional, in the right setting, at the right time and that ambulance services and EDs should only be accessed by those who truly need the service.

The IUCS was previously delivered by Devon Doctors. The service was the subject to several performance and quality concerns by the commissioner and the Care Quality Commission. In 2021, Devon Clinical Commissioning Group (CCG) went through a competitive procurement process. This provided the opportunity to put in place a new service specification, contract, financial envelope, and performance framework. Undertaking the procurement gave commissioners the opportunity to test the market and select a provider that offered value for money, quality delivery, sustainability, and innovation and to continue to comply with procurement legislation.

One Devon

Proud to be part of One Devon: NHS and CARE working with communities and local organisations to improve people's lives

Following completion of the extensive procurement and mobilisation process, from 27th September 2022 the service has been provided by Practice Plus Group (PPG). PPG has made a positive start in Devon. Highlights include:

- meeting levels of demand
- improvements in call handling response
- 115 new staff recruited
- opening of the Plymouth call centre 24 hours a day
- excellent CAS capacity for telephone consultation and health care professional support
- safety processes for key areas such as clinical recruitment and medicines management, staff and stakeholder engagement
- reduced reliance on national contingency support

Further service development and improvement work is underway to maximise the benefits of the service. This includes addressing poorer call answering at weekends and suboptimal clinical shift fill out-of-hours. NHS Devon is reassured by the capability and capacity of the PPG team running and overseeing the IUCS to take the further positive steps needed to develop this vital service. They have been open and transparent on challenges that need to be addressed, and there is strong and consistent communication between executive, clinical and managerial leads in PPG and the ICB.

Key components of the IUCS

Performance in NHS 111/Integrated Urgent Care services is judged on a series of national Key Performance Indicators (KPIs) which cover call answering, clinical input, outcomes and bookings. These are:

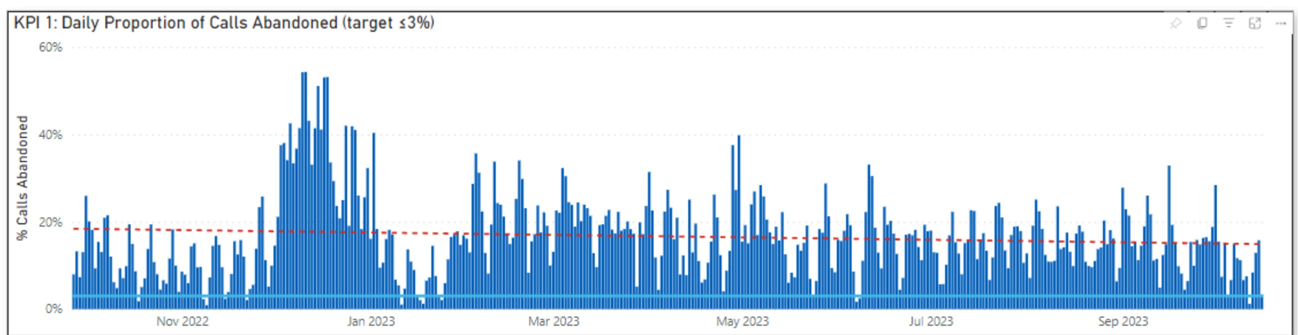
KPI	Title	Standard
1	Proportion of calls abandoned	≤3%
2	Average speed to answer calls	≤20 seconds
3	95th centile call answer time	≤120 seconds
4	Proportion of calls assessed by a clinician or Clinical Advisor	≥50%
5 a and b	Proportion of call backs assessed by a clinician in agreed timeframe	≥90%
6	Proportion of callers recommended self-care at the end of clinical input	≥15%
7	Proportion of calls initially given a category 3 or 4 ambulance disposition that receive remote clinical intervention	≥75%
8	Proportion of calls initially given an ETC disposition that receive remote clinical intervention	≥50%
9	Proportion of callers allocated the first service type offered by Directory of Services	≥80%
10	Proportion of calls where the caller was booked into a GP practice or GP access hub	≥75%
11	Proportion of calls where the caller was booked into an IUC Treatment Service or home residence	≥70%
12	Proportion of calls where the caller was booked into a UTC	≥70%
13	Proportion of calls where caller given a booked time slot with a Type 1 or 2 Emergency Department	≥70%
14	Proportion of calls where the caller was booked into a Same Day Emergency Care (SDEC) service	Not applicable

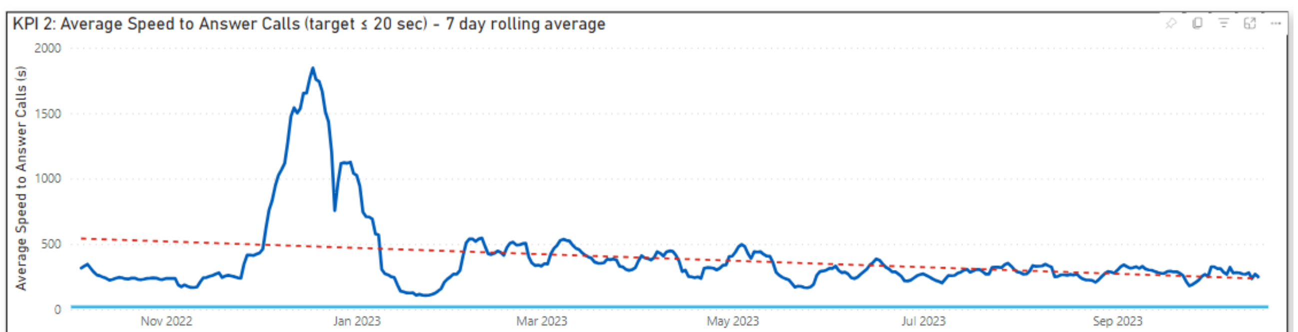
NHS 111

Callers to NHS 111 are routed via the national NHS 111 telephony system to the organisation commissioned to receive NHS 111 calls in the geographic area from which the call originated. Calls can be answered by a Health Advisor (non-clinician trained in the use of NHS Pathways[1]) or a Clinical Advisor. In 111 calls, demographic information is taken at the start of the call including the registered GP. There are specific requirements for handling calls where the caller is not located with the patient, and for unregistered patients, repeat callers and frequent callers.

The Devon system benefits from the PPG call answering network which operates across England, and there are two contact centres in Devon (Stratus House in Exeter and Taylor Maxwell House in Plymouth). There is also another contact centre in the south-west, in Bristol.

PPG answered 20,000 calls in September. For calls handled by PPG[2], 17% of calls were abandoned and the average speed to answer was 285 seconds. The figures below show a gradually improving trend over the last year for calls abandoned and average speed to answer.





The provider and commissioner recognise the need for further improvement in this area. There is a call answering improvement plan in place which is monitored monthly by commissioners. It covers over 40 actions including:

[1] NHS Pathways telephone triage system is a clinical decision support system (CDSS) supporting the remote assessment of callers to urgent and emergency services. NHS Pathways - NHS Digital

[2] To provide additional resilience to the PPG network when they took on call handling in Bath Swindon and Wiltshire, NHS England commissioned Vocare as part of the national resilience arrangements to take up to 30% of Devon's calls. In addition, to free up capacity in PPG's 111 network, at no extra cost, the ICB also requested IC24 take simple urgent repeat medicine ("repeat prescription") requests. This is also a service commissioned by NHS England to provide additional 111 call handling capacity.

- Workforce initiatives covering pay, retention and flexible working
- Greater skill mix including the use of Service Advisors[3]
- Additional support for staff on duty
- Resilience partnerships with other 111 providers
- Changes to work processes to reduce average handling time to free up agents to take more calls including closing remarks" delivered by SMS

NHS 111 may also be accessed online – 111.nhs.uk. In August, there were approximately 27,000 completed online assessments. Our view is that the experience for a patient using 111 online should deliver the equivalent outcomes to telephony, so online users also receive clinical call backs and face-to-face treatment appointments out-of-hours (if necessary). Approximately 800 online contacts a month receive a clinical call back.

Some calls to 111 are channelled to alternative services via Interactive Voice Response (IVR) options at the front end of 111. Dental calls are transferred to HUC who provide the dental helpline and associated urgent care dental services for Devon. When the dental helpline is not available (10pm-8am), PPG take the calls which are handled through NHS Pathways. There are plans underway for mental health calls which come through 111 to be transferred to First Response Services in Plymouth and Devon. This is part of a national initiative to provide a more targeted response to those in mental health crisis. The commissioner is working closely with PPG, Devon Partnership Trust and Livewell South-West for a "soft launch" on 4 December.

Clinical Assessment Service (CAS)

The CAS is a multidisciplinary clinical team including senior primary care clinicians. Working with them, rostered according to demand, are specialist clinicians such as advanced nurse practitioners, pharmacists and paramedics. The aim is to deliver a model of urgent care access that streamlines and improves patient care.

The model for the CAS requires the following offer for patients:

- Access to urgent care via NHS 111
- Triage by a Health Advisor
- Consultation with a clinician to complete the episode on the telephone if possible
- Booking post assessment into a face-to-face service where required
- Electronic prescriptions
- Self-help information and support

The functions include:

- Clinical validation of low-acuity ambulance and Emergency Department dispositions (outcome)
- Rapid access to a senior clinician for all community health care professionals – through the 'star-line' system – *5 for paramedics on scene, *6 for care homes and *7 for other community Health Care Professionals

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[3] Advisors who can manage certain types of calls through a simplified version of NHS Pathways and provide support to certain parts of the call

- "Speak-to" GP dispositions dealt with by GPs and other senior clinicians.

Through September, 60% of 111 calls were assessed by a clinician (either 111 clinical advisor or CAS clinician). This exceeds the national KPI of 50% and a local stretch target of 55%. PPG have a national remote clinician network where senior clinicians can log on and carry out their role virtually wherever they are based. The Devon CAS is very busy, and the national remote clinician network provides valuable additional support ensuring timely contact for patients and health care professionals.

An overview of CAS type activity over the few months shows just over 6000 cases per month go through the CAS. Nearly 25% of cases are closed with advice and approximately 22% are referred to primary care to be seen (in and out-of-hours). Prescriptions are generated in around 18% of cases.

CAS monthly outcomes

	Jul-23		Aug-23		Sep-23	
CAS Outcome	No. Cases	% of Total	No. Cases	% of Total	No. Cases	% of Total
Advice only given	1511	25.3%	1474	24.7%	1491	26.3%
Referred to OOH	963	16.1%	1055	17.7%	969	17.1%
Referred to own GP	875	14.7%	826	13.8%	764	13.5%
New prescription only	814	13.6%	772	12.9%	734	13.0%
Referred for contact (see) other service	593	9.9%	517	8.7%	502	8.9%
Referred to 999	267	4.5%	318	5.3%	316	5.6%
Repeat Prescription only	248	4.2%	276	4.6%	274	4.8%
Unable to contact patient	291	4.9%	252	4.2%	244	4.3%
Patient accessed another service	127	2.1%	121	2.0%	117	2.1%
Patient no longer requires assistance	112	1.9%	123	2.1%	100	1.8%
Not Identified	117	2.0%	165	2.8%	92	1.6%
Referred for speak to other service	50	0.8%	69	1.2%	59	1.0%

Early in the new contract, the commissioner reviewed the case mix of the CAS. Of note, nearly 1000 cases a month are health care professional feedback calls which demonstrates support provided to the urgent and emergency care system. Most activity relates to common conditions managed in primary care such as chest and back pain, breathing problems, vomiting, urinary problems and coughs. Other areas of significant workload included worsening mental health problems and calls related to deceased patients. PPG have reflected that the end-of-life workload in Devon is significantly higher than in other contracts.

Clinical validation of emergency outcomes is an important part of the 111 service; this is when a clinician reviews an emergency outcome from NHS Pathways to "validate" that a referral to ED or transfer of a case to the ambulance service is appropriate. Through September, PPG validated 91% low-acuity ambulance outcomes and downgraded 63% to an alternative service, saving over 1850 dispatches per month. In the same period, they validated 91% of Emergency Department outcomes and downgraded 38%, saving 1,260 referrals to ED in one month. These validation rates exceed the national KPIs of 75% ambulance validation and 50% ED.

Recent developments in the CAS have included the rollout of video consultation technology and an electronic link with South Western Ambulance Services NHS

Foundation Trust for certain low-acuity 999 calls to be transferred to the CAS for on-going management. At present, around 200 cases per month are being transferred.

Face-to-face treatment out-of-hours

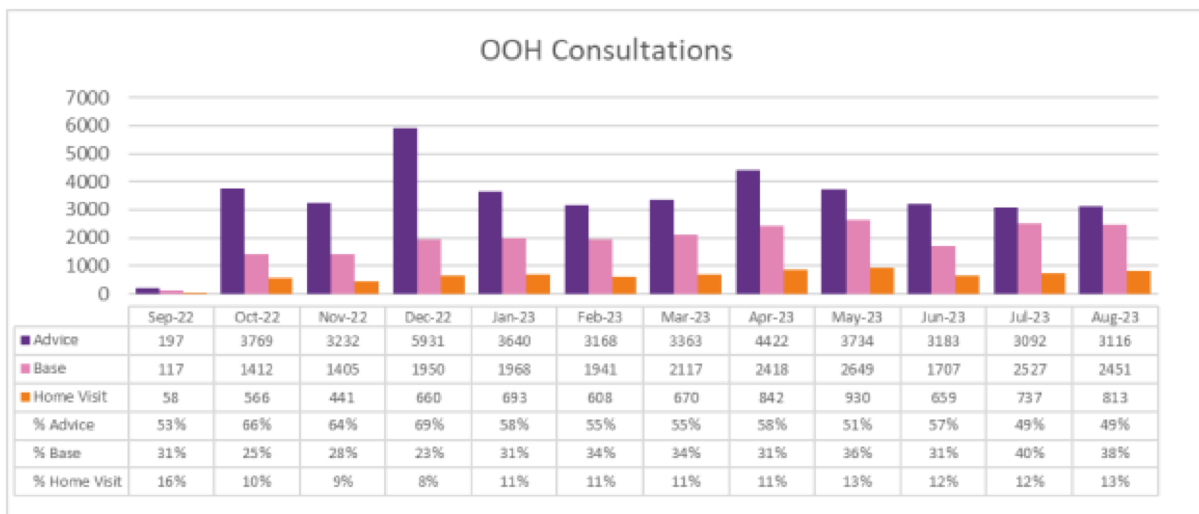
The IUCS provides face-to-face treatment when GP practices are closed - 168 hours per week and more during periods of bank holidays. Patients who need to be seen urgently access services through 111 and following a Pathways assessment, reach a “contact” primary care outcome – which requires face-to-face treatment within a specified time frame. They will then be booked into their nearest treatment centre or be offered a home visit.

Extra provision was commissioned through the procurement for prison out-of-hours services. The IUCS provides a route by which the three prisons (Channing’s Wood, Exeter and Dartmoor) can access clinical advice out-of-hours and a visiting service (when clinically justified). The day-time service is commissioned separately to the IUCS.

The figure below shows the number of cases that go through to the out-of-hours service and the number closed with advice (approximately 3000 per month) and those that go on to be seen (approximately 3200 per month). The October 2022 case mix review showed large numbers of primary care type presentations similar to the CAS and the same features of relatively high numbers of mental health problems and end-of-life calls (dying and deceased).

OOH consultation types

Mix of cases closed by Advice (telephone), appointment at Treatment Centre or Home Visit in OOHs.



	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
Advice	197	3769	3232	5931	3640	3168	3363	4422	3734	3183	3092	3116
Base	117	1412	1405	1950	1968	1941	2117	2418	2649	1707	2527	2451
Home Visit	58	566	441	660	693	608	670	842	930	659	737	813
% Advice	53%	66%	64%	69%	58%	55%	55%	58%	51%	57%	49%	49%
% Base	31%	25%	28%	23%	31%	34%	34%	31%	36%	31%	40%	38%
% Home Visit	16%	10%	9%	8%	11%	11%	11%	11%	13%	12%	12%	13%

Challenges with shift fill were experienced earlier in the year and commissioners worked closely with the provider to agree an improvement plan. The plan covers 15 actions including:

- Rota reviews to ensure correct allocation of staff across triage, bases and home-visiting
- Direct booking into out-of-hours slots to improve utilisation of appointments

- New weekend/lead clinician role to provide senior oversight to the CAS and out-of-hours queues
- Pay/market forces review to ensure unsocial shifts are sufficiently attractive to local clinicians
- Skill-mix changes including increases in allied health professionals and the use of specialist doctors (paediatrics, palliative care and acute)

NHS Devon is supporting a comprehensive approach to clinicians working in the out-of-hours period and approved a business case in the summer through the Urgent and Emergency Care recovery programme. The OOH clinical workforce strategy programme will fund project management, additional recruitment administration time, specialist targeted digital advertisement schemes, bespoke training programmes and pay enhancements. Of note, the recruitment schemes will use location-based marketing strategy to target specific hard to fill vacancies. The training programme aims to support retention and equip clinicians to manage the Devon case-mix with programmes specifically targeted to mental health and end of life care.

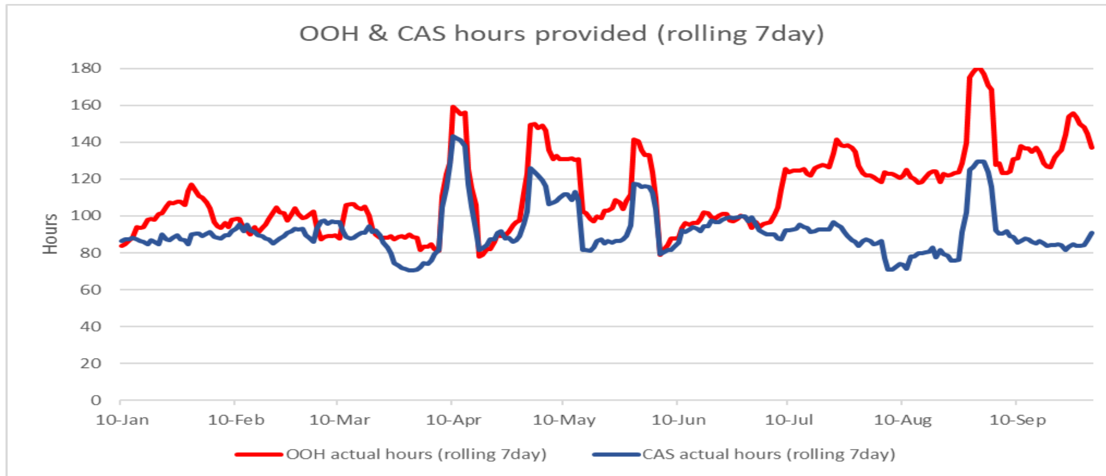
Workforce

The IUCS workforce consists of:

- 111 Health Advisors – non-clinical call handlers, trained in NHS Pathways
- 111 Clinical Advisors – clinical advisors, trained to use the clinical modules of NHS Pathways
- Clinical Assessment Service (CAS) clinicians – senior primary care clinicians, such as GPs and advanced practitioners, who undertake telephone and video consultations with patients and provide advice to health care professionals
- Out-of-hours clinicians – senior primary care clinicians, such as GPs and advanced practitioners, who undertake face-to-face treatment
- A wide range of non-clinical staff to support service delivery including receptionists / drivers / operational assistants supporting OOH clinicians, rota coordinators, operational staff etc.

The IUCS provides a response 24/7, however demand is typically much higher when GP practices are closed. This does give the service extra challenges in terms of recruitment and retention of all types of staff during unsocial hours, particularly weekends and overnights.

All parts of the service are challenged by workforce capacity constraints. 111 Health Advisor shift fill is usually close to 100%, however “queues” build with call volume peaks which makes it challenging to keep on top of call answering. 111 Clinical Advisor shift fill is more challenging, with average shift fill of approximately 50% through August. CAS shift fill is good, in August shift fill was on average 85% (range 51-100%). Out-of-hours shift fill is somewhat lower with shift fill of approximately 70% in August (range 40-91%). However, actual hours clinical hours have increased in the last three months and is significantly higher than the same period last year.

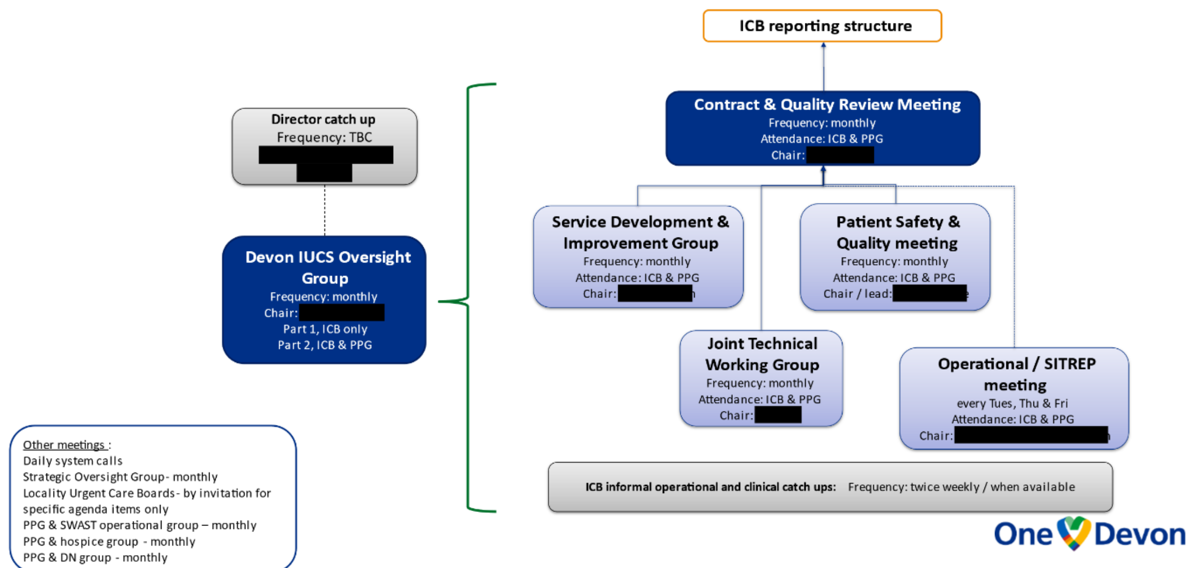


There are improvement plans in place for 111 (Health and Clinical Advisors) and the out-of-hours workforce. Specific workforce initiatives include targeted pay enhancements and bonuses, flexible working options for 111 and CAS clinicians and access to training and development opportunities for all staff specific to role. Health and wellbeing at work is extremely important to PPG, and staff are kept involved with a range of local and national engagement initiatives. Mental Health First Aiders are also in place.

Governance and Oversight

Commissioning arrangements for governance and oversight are summarised in the figure below. Joint management of the Devon IUCS is held by the Oversight Group which brings together executive and subject matter experts from the provider and commissioner. The Contract Quality and Review Meeting actively manages the contract and compliance with key performance indicators and local quality requirements. Sub-groups manage service development and improvement, patient safety and quality and technical aspects of the contract. There are regular touchpoints between commissioners and provider twice a week, reviewing weekend forecasts and performance, as well as picking up key issues of tactical importance for resolution. The structure is kept under review for efficiency and effectiveness.

Governance Structure



Patient and Stakeholder Engagement

PPG recruited a patient and stakeholder engagement lead who established a comprehensive engagement programme. This includes fortnightly meetings with the ambulance service, monthly meetings with community/district nursing providers, a task force for out-of-hours pharmacy provision and monthly meetings with hospices. There have also been a series of engagement events across the four Devon localities, to engage with primary care networks, GP practices and other providers.

PPG have also been a regular attendee at the daily system escalation calls and they attend other system urgent and emergency care meetings as required.

They have been proactive engaging with Healthwatch on responses to concerns and complaints. There is an on-going process of after event patient surveys and patient participation groups have been attended.

Safety and Quality

Care Quality Commission (CQC) inspected the OOH and CAS services in July. The report was published on 23 October and rated the services as 'Requires Improvement'. The CQC report can be found here.

The CQC inspection resulted in one 'Must Do' action and one 'Should Do' action, listed in the table below for information. Related action plans will be overseen by the NHS Devon Patient Safety and Quality Team at the Contract Quality Review Meetings (CQRM) each month. Additionally, the ICB will work with the provider to develop an overarching action plan which considers all areas for improvement noted by the CQC to ensure the progression of service improvements. The table below also indicates the ratings and actions from previous inspection in May 2021 when services were delivered by Devon Doctors.

	Inspection July 2023	Re-inspection, May 2021
Are services safe?	Requires improvement	Requires improvement
Are services effective?	Requires improvement	Requires improvement
Are services caring?	Good	Good
Are services responsive?	Requires improvement	Requires improvement
Are services well-led?	Requires improvement	Requires improvement
The areas where the provider **must** make improvements as they are in breach of regulations are:	Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care, specifically to: assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.	Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care, including but not limited to infection control; sharing of learning from significant events and complaints; and monitoring of service performance in line with their action plan.
		Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out their duties
The areas where the provider **should** make improvements are:	Provide consistency in the standard outcome wording within response letters to complaints.	Consider how policies and procedures are communicated to staff.
		Consider completing the two outstanding actions from the external health and safety inspection.
		Review processes to make sure medicines and equipment are stored securely when not in use.
		Review the significant event register to make sure any concerns identified from complaints received is included on the register.
		Continue to make sure staff received appraisals at regular intervals.
		Review how call handling data is displayed in clinical assessment service centres.
		Continue with their plan to make improvements using information from complaints.
		Continue to train staff to be Freedom to Speak Up Champions.

Local Quality Requirements (LQRs)

The provider reports into the CQRM to an agreed annual forward planner to ensure sufficient of oversight of the 35 contractually agreed LQRs. The formal CQRM is the main forum for quality meetings as it provides a formal structure with an agreed action plan to enable monitoring of issues and concerns, however there is open and transparent dialogue with the provider on an ongoing basis as required. Subject Matter Experts from NHS Devon are invited to attend the CQRM to augment the oversight of the CQRM, from this attendance the NHS Devon Safeguarding team are now present at quarterly internal meetings to provide additional support and scrutiny which has been welcomed by all parties.

Patient Safety Incident Response Framework (PSIRF)

The national Quality Lead for PPG has assured NHS Devon that the organisation is on track to move over to the Learn from Patient Safety Events (LFPSE) service. The provider is yet to present their Patient safety incident response plan (PSIRP) which will specify how as an organisation they will maximise learning and improvement locally.

Service Development and Improvement

An important part of the change to a new provider has been a commitment from the NHS Devon and provider to service development and improvement. A Service Development and Improvement Plan (SDIP) has been agreed with PPG, and it is monitored as part of the contract management process by the commissioners.

The first six months of the contract has seen progress in the following areas.

- ✓ **Pharmacy referrals** – An increase in referrals to community pharmacy consultation services (CPCS); of note, referrals to CPCS from the Devon contact centres are amongst the highest in the south-west region
- ✓ **Home working** – Development of home working options for clinicians, including the remote CAS clinician network
- ✓ **Digital development** – Enhancing productivity including increases to bandwidth to support more video consultation and using technology to reduce call handling times and support improved compliance with outcomes (SMS)
- ✓ **Ambulance service links** – Electronic referrals from the ambulance service to the CAS with a planned enhancement to automated "ITK" link instead of e-mail, including extended hours of operation
- ✓ **Enhanced clinical validation** – Senior clinicians validating emergency outcomes who alongside 111 clinicians, to maximise options to manage patients differently avoiding ED and the ambulance service
- ✓ **Mental health** - -Joint working with mental health services to implement the NHS 111 mental health option, agreeing pathways to seamlessly transfer cases as necessary
- ✓ **Patient engagement and stakeholder** – Comprehensive programme underway with system partners
- ✓ **Shared records** – Readiness to adopt Devon and Cornwall shared records as more practices move to this model for sharing the primary care record

In April, six months into the new contract, commissioners completed a service review against KPIs and system priorities to identify areas for further development and improvement after the initial service consolidation period. This resulted in the "One Devon" *Strategic Priorities for Devon Integrated Urgent Care Service (IUCS) – Two-year Commissioning Intentions,* a set of strategic objectives for the Devon IUCS aligned to the three urgent and emergency care strategic priorities for Devon.

The IUCS priorities for the next two years are summarised here - ! indicates a high priority for the system. These actions are included in a two-year Service Development and Improvement Plan which is monitored monthly with the PPG team. Good progress is already being made on all priorities.

Effective navigation - access to the right care
! 111 call answering improvements - average speed to answer 220 seconds, calls abandoned 12% (year 1); top quartile nationally (year 2)
! 111 clinical input - 50% of calls receive clinical input (year 1); 55% (year 2)
Support for self-care / "consult and complete" - 15% of all calls closed through "self-care" year 1; 20% year 2
Direct booking across the system - ED, Urgent Treatment Centres/Minor Injury Units, Primary Care (where functionality and capacity is available)
Video consultations - 1% of all clinical contacts receive video consult (year 1); 5% in year 2
Shared records (Orion) - Enabled to access record once >75% practices using it
Contribution to reducing health inequalities - Call level information provided to ICB to identify demographics of high/low usage across service

Community Urgent Care First
UTC selection and booking rates increase (as services enhance their offer) – increase to 5% UTC selection rate
! 111 mental health option - referrals to and links with mental health crisis services in place via 111 mental health IVR
Referrals and links with in-hours primary care services – booking, where available, at 60%
! OOH primary care clinical workforce strategy - 80% shift fill, 650 hours per week
Increase in referrals to community pharmacy including CPCS - c90% selections for urgent repeat medicines, c50% selections for minor ailments
Increase in referrals to urgent community response (UCR) - Electronic referral pathways agreed, 50 referrals/month

Alternatives to ED and Ambulance: Clinical validation, streaming and SDEC
! Enhanced clinical validation – senior clinical validators in place, overall validation rates of 90% 999 and 80% ED
! Electronic referrals from SWASFT to CAS – increase in appropriate referrals in line with regional average
! ED streaming - in line with SOP circa 8 patients per day per ED referred streamed to out-of-hours
Increase in referrals to same day emergency care (SDEC) - >0.10% of all activity referred to SDEC

Urgent and Emergency Care Recovery
Development of care navigation service to support patients with complex needs access a wider range of health and care services
Clinical assessment service skill mix development, including end of life specialist roles and training for all clinicians
Digital development to enhance productivity in line with the national review of NHS 111

ENDS

IASC/23/04
Health and Adult Care Scrutiny Committee
9 November 2023

FINANCE AND PERFORMANCE MID YEAR UPDATE

Report of the Director of Integrated Adult Social Care, Devon County Council

Please note that the following recommendations are subject to consideration and determination by the Committee before taking effect.

1) Recommendation

That the Health and Adult Care Scrutiny Committee

a) note this report to support its scrutiny of adult social care performance in Devon County Council and to understand progress towards delivering performance targets within the budget allocated to it.

b) considers reviewing its work programme for the remainder of 2023-24 and prioritises those areas that are reflected within the risks highlighted in this report.

2) Background / Introduction

2.1 To provide a mid-year update on the finance and performance of Integrated Adult Social Care and highlight the key risks facing the Directorate.

3) Main body

3.1 Key risks in Adult Social Care

3.1.1 The Health and Adult Care Scrutiny Committee has regular sight of the Integrated Adults Social Care Risk Register, and has considered it when developing its work programme.

3.1.2 Highlighted below are six of our key risks that require a sufficient adult social care workforce, both within the local authority and within the independent provider care market to minimise the likelihood of becoming manifest:

- Failure of the Authority to meet its statutory obligations under The Deprivation of Liberty Safeguards

- Challenge in recruiting appropriately qualified adult social care professionals to the in-house workforce

- The council fails to meet its Care Act market sufficiency duty for personal care

- The council fails to meet its Care Act market sufficiency duty for care home places for people with dementia and complex care needs

- The council fails to meet its Care Act market sufficiency duty for care homes

- Safeguarding Adults at Risk with Care and support needs

3.2 National Workforce Context

3.2.1 Care England in its latest report Care for Our Future published in September states that 'despite countless attempts at investment and reform over recent years, the adult social care sector is in an extremely precarious state'.

3.2.2 The report points to longstanding underfunding of local authorities making delivery of their statutory duties increasingly difficult. The report also makes reference to the Health and Social Care Committee's description of the severe and sustained crisis in the adult social care workforce as 'the worst in [its] history.'

3.2.3 There has been a dramatically reduced national focus and spotlight on adult social care since the pausing and the eventual abandoning of charging reform.

3.2.4 Skills for Care in its' State of the adult social care sector and workforce, published in October highlight today's adult social care workforce challenges as '*not enough people working in adult social care overall, too many people leaving the sector and too many people churning in the sector which disrupts continuity of care and support and uses precious resources'*

3.2.5 The report identifies five factors that are key to retaining staff: Being paid more than the minimum wage, not being on a zero-hours contract, being able to work full-time, being able to access training, and having a relevant qualification. Staff turnover where none of these apply is more than twice what it is where all five do.

3.2.6 This is the context to the pending introduction of the CQC Inspection Framework of local authorities Care Act duties. The Local Government Association has indicated (based on the Ofsted intervention framework that is the same as the CQC Inspection intervention framework) that the impact of an unfavourable CQC rating for an average sized local authority, could be £30M and take 4 years to recover from.

3.4 Devon Workforce Context

3.4.1 The Skills for Care State of Care report states:

- The number of posts in Devon has decreased marginally against the national trend but the number of filled posts has increased to 27,000 driven by international recruitment.

- The proportions of the workforce that are full-time and that are on zero-hours contracts are stable, with the latter less than is typical regionally and nationally.

- Turnover in the care workforce in Devon has reduced from 39% to 33.2% but remains above the national and regional averages.

- The vacancy rate has also improved from 9.7% to 9.1%; if in line with regional and national trends this year this will have fallen further still.

- Sickness has reduced significantly from 7.4 days per year to 4.8 days, now well below the national and regional averages and at pre-pandemic levels.

- The gender balance and average age of the workforce in Devon is stable and similar to national and regional levels but the proportion that is non-white has grown significantly.

- Real terms hourly pay in Devon has reduced in the last two years due to the cost of living increasing faster than wage rises; care worker pay is now less than the regional average and only just above the national average despite fee levels increasing more rapidly than is typical.

3.4.2 Further analysis of the Devon context and overall comparative performance within the ASCOF, will be provided within our Annual Report in the form of our Self Assessment for CQC Inspection that will be presented to the Health and Adult Care Scrutiny Committee in the New Year.

3.5 Integrated Adult Social Care Month 4 Position

Service	Revised Budget for year £000	Underlying outturn £000	In-year Management Action o/s £000	Budgeted Savings Plans o/s £000	Net Outturn £000	Outturn variance £000	Analysis of outturn variance: Total Forecast Savings Plans £000	Analysis of outturn variance: Underlying outturn variance £000
Older People	119,934	124,659	0	(1,658)	123,001	3,067	(3,074)	6,141
Physical Disability	23,128	24,769	0	(1,386)	23,383	255	(1,765)	2,020
Learning Disability (incl Autistic Spectrum Conditions)	110,944	121,498	0	(7,824)	113,674	2,730	(9,418)	12,148
Central & Care Management and Support (Localities)	29,216	29,764	(718)	(263)	28,783	(433)	(745)	312
Other (incl Rapid Response / SCR / Safeguarding and WD)	28,695	22,477	0	0	22,477	(6,218)	(9,500)	3,282
In House (Older People & Learning Disability)	8,886	9,101	0	(86)	9,015	129	(86)	215
Total Integrated Adult Care Operations excl net nils	**320,803**	**332,268**	**(718)**	**(11,217)**	**320,333**	**(470)**	**(24,588)**	**24,118**
Adult Commissioning & Health	8,093	10,852	0	(690)	10,162	2,069	(1,088)	3,157
Mental Health	20,733	21,699	0	(410)	21,289	556	(642)	1,198
Total Integrated Adult Care excl net nils	**349,629**	**364,819**	**(718)**	**(12,317)**	**351,784**	**2,155**	**(26,318)**	**28,473**
							Total	2,155

3.5.1 Integrated Adult Social Care services are forecast to overspend by £2.2 million. There are many uncertainties in projecting costs at this stage in the year. The forecast overspend is the result of risk around delivery of planned savings.

3.5.2 The reported position assumes that £26.3 million of savings are achieved against the budgeted target of £30.6 million. Of this £14 million are deemed delivered in that actions have already been taken to secure them. Actions are underway to develop alternative savings strategies in order to bring spending in line with budget.

3.5.3 Integrated Adult Social Care Operations is forecasting an underspend of just under £500,000. Older People services continue to experience pressures with increasing personal care costs as a result of improved personal care market sufficiency and back log reductions. There continues to be a mix of price and volume variances against budget levels.

3.5.4 At month 4 we have also seen an increase in care home placements. Ongoing work to understand the wider impact of this change, including potential reductions to spend in other areas, will be reported in future months.

3.5.5 Integrated Adult Social Care Commissioning is forecast to overspend by £2.6 million, predominantly the result of non-delivery of savings plans.

3.5.6 The Better Care Fund (BCF) programme supports local systems to deliver the integration of health and social care in a way that supports person-centred care, sustainability and better outcomes for people and carers. It is a pooled budget between Devon County Council and Devon Integrated Care Board.

3.5.7 There is currently an identified risk of overspending by £5.1 million associated with the BCF. Work is underway to mitigate and reduce this risk, but should it materialise the agreement that underpins the pooled budget arrangements mean that the Authority would be responsible for funding 50% of any end of year deficit. This risk is not reflected within the current forecast.

3.5.8 A verbal update on the month 6 position for Integrated Adult Social Care can be provided at the Health and Adult Care Scrutiny Committee on 9 November following the Cabinet meeting on the 8 November.

3.6 Update on activity

3.6.1 As of 31 July 2023:

- We were supporting 11,076 people, a net increase of 116 or 1.1% compared to the same period in 2022.
- We have seen a reduction of 80 or (1.3%) in the working aged adult cohort, which may be reflecting increased review activity.
- However, we are now supporting 196 or 3.2% more older people than at 31 July 2022.
- Net growth (from June) of 39 placements, 43 for people 65 and over in residential and nursing care

3.6.2 Operational teams are under pressure. Significant increases in safeguarding activity, particularly safeguarding concerns, has impacted care management capacity resulting in longer wait times for assessments. We continue to see an upward trend in the

number of concerns raised, all of which need investigating to see if they meet the s42(2) enquiry threshold.

3.6.3 Our waiting list for those to receive a Deprivation of Liberty assessment is currently at 3200, and there are around 2400 people waiting at various stages with their care journey, with additional 3500 people waiting for their annual care review.

3.6.4 We are supporting more people with commissioned adult social care services. The vast majority of people are being supported in their homes, but we are seeing a rise in the number of older people receiving residential and nursing care.

3.6.5 Despite the challenges, we are seeing incredible work taking place every day. Locally we are starting to move away from a pandemic led approach where services have been provided to individuals as if in an emergency response. Led by a refresh of our Promoting Independence vision and strategies we are making progress, but this will take time to embed.

3.6.6 There has been significant partnership working with the independent care market that has dramatically improved the sufficiency and availability of personal care, resulting in fewer people waiting for care.

3.6.7 Since this time last year we have seen a 93% reduction in the number of care hours that are waiting to be arranged. This means more people are receiving their preferred care, and less people receiving less optimal care such as a short-term care home placement, or additional and unnecessary time in hospital.

3.6.8 We have a number of workforce related programmes including supporting the independent provider market with international recruitment, and also a ‘grow your own’ programme to develop and train social workers and occupational therapists.

3.6.9 The challenge of managing waiting lists has been recognised and action is being taken. Our targeted review programme is starting to impact, with more people with existing care need being supported into increased independence and to access the most effective types and amounts of care and support. There is more to do.

3.6.10 Our PATH (Planning Alternative Tomorrow with Hope) model for some working age adults promotes the person’s goals and aspirations. During the Peer Challenge, Peers highlighted the opportunity to roll out the PATH approach, piloted for people aged 18-64, to people aged over-65, so that older adults can be supported to live their best lives in their communities, especially as the model has been so successful.

3.6.11 A Practice Quality Assurance Group started in June 2023 reporting to the Assurance Board. It will develop a new Practice Quality Assurance framework, standards and auditing tool, including for our Safeguarding activity.

3.6.12 As of 1 September 2023, in Devon 86.9% of residential care homes in Devon are rated Good or Outstanding, compared to the national average of 79.3% and the regional average of 84.6%.

3.6.13 As of 1 September 2023, in Devon 80.0% of community-based services are rated Good or Outstanding by the Care Quality Commission, compared to the national average of 64.1% and the regional average of 75.4%.

4) Options / Alternatives

N/A

5) Consultations / Representations / Technical Data

N/A

6) Strategic Plan

- Improve health and wellbeing, including any public health impacts
- Help communities be safe, connected and resilient

7) Financial Considerations

N/A

8) Legal Considerations

N/A

9) Environmental Impact Considerations (Including Climate Change, Sustainability and Socio-economic)

N/A

10) Equality Considerations

N/A

11) Risk Management Considerations

Related risks appear within the IASC Risk Register

12) Summary

That the Health and Adult Care Scrutiny Committee receives this report to support its scrutiny of adult social care performance in Devon County Council and to understand progress towards delivering performance targets within the budget allocated to it

That the Health and Adult Care Scrutiny Committee considers reviewing its work programme for the remainder of 2023-24 and prioritises those areas that are reflected within the risks highlighted in this report.

Name Tandra Forster Director of Integrated Adult Social Care
Electoral Divisions: All

Cabinet Member for Integrated Adult Social Care and Health: Councillor James McInnes

Local Government Act 1972: List of background papers

Background Paper
Date
File Reference

Contact for enquiries:
Name: James Martin
Telephone: 01392 383000
Address: Room G38 County Hall, Topsham Rd, Exeter EX2 4QD

IASC/23/05
Health and Adult Care Scrutiny Committee
9 November 2023

Integrated Adult Social Care response to the Peer Challenge report

Report of the Director Integrated Adult Social Care

Please note that the following recommendations are subject to consideration and determination by the Committee before taking effect.

---

1) Recommendation

That the Committee be asked to note the responses outlined in section 3 of this report.

2) Background

2.1 The purpose of this report is to outline the main recommendations of the Local Government Association Peer Challenge Report, and to summarise the Council's Improvement Plan in response.

2.2 The background to the Devon LGA Peer Challenge which took place on 19-21 July 2023 is contained on its website which includes:

- Links to LGA Per Challenge and CQC Assurance guidance.
- Details of the Peer Team.
- Our Position Statement and Self-Assessment.
- The Peer Challenge Timetable.
- An archive of Communications.
- Reports and other documents including our opening presentation, a leadership survey, a summary of case audit activity, and the closing feedback presentation.

2.3 The LGA reported:

- The peer team read relevant documentation including a self-assessment
- Two members of the peer team undertook a case file audit and considered 23 case files from across the areas of adult social care
- Throughout the peer challenge the team had more than 40 meetings with over 250 different people across the council and its partners
- The peer challenge team have spent over 25 hours with the Council and more with its documentation, the equivalent of 50+ working days

2.4 The LGA presented feedback to a conference of stakeholders on 21 July 2023.

2.5 The LGA delivered a final report to DCC on 21 September 2023 which was published by the Council on 22 September 2023.

2.6 We have worked with stakeholders to define an Improvement Plan:

- With members of the Council at a Health and Care Scrutiny Masterclass.
- With senior managers in a focussed meeting of our Extended Leadership Team.
- With representative users of services and unpaid carers at our Joint Engagement Forum.
- With representative members of staff at our Staff Reference Group.
- With colleagues from across the Council through our Corporate Leadership Team.
- With members of our Assurance Board that coordinates performance management, risk management and quality assurance activity across Integrated Adult Social Care.

2.7 Once the report is finalised and received it will be added to the 'outcomes and reports' tab of the Devon LGA Peer Challenge website with an outline of next steps.

2.8 Further stakeholder communications will take place alongside and as an outcome of political governance.

3) Main Body: LGA Feedback and the Council's response

3.1 Raising awareness

3.1.1 LGA Peer Challenge Team recommendation:

Continuing work across the Council and with partners to raise the profile of Adult Social Care, and its role within the wider work of the Council and local communities, will be central over the coming months. Key messages from this report, updates on preparation for Adult Social Care assurance, as well as on progress against both savings and transformation plans, will all provide an important framework in which council and wider system leadership can understand and balance risks and opportunities for Adult Social Care, and notably the importance of work to mitigate the risk of receiving a less than good judgement from any future CQC assurance process. The quarterly cycle of review and refresh for the Adult Social Care Position Statement (mentioned as planned following the Challenge) along with regular internal council and wider presentation of this, might help to raise the profile and ambition of this work, as well as developing wider and fuller understanding of its purpose, impact, risks and mitigations.

3.1.2 We have:

- Established an LGA Peer Challenge website with all relevant content accessible.
- Undertaken a series of briefings for stakeholder groups including Scrutiny Masterclasses.

3.1.3 We are:
- Updating our CQC Assurance communications plan including regarding our approach to briefing and debriefing during an inspection period.
- Involving stakeholder groups in developing and prioritising our Improvement Plan.

3.1.4 We will:
- Establish a CQC Assurance website with all relevant content accessible.
- Take a summary of the LGA Peer Challenge Report and our Response to it through the Council's governance.
- Highlight to corporate colleagues, our partners and commissioned providers the contributions we are asking them to make.

3.2 Prioritisation of transformation

3.2.1 LGA Peer Challenge Team recommendation:

There are a range of different plans across the Directorate, including around savings, transformation (in different service areas), assurance, improvement work (for instance around waiting lists or practice), etc. Bringing these plans into alignment will help not only to develop synergies and avoid duplication, but can also help to balance and manage risks and priorities, identify mitigations to key risks (where there are inter-dependencies), and where possible to identify initiatives or pilots that could be scaled up at pace, or accelerate where they are shown to work (in Devon or elsewhere).

3.2.2 We have:
- Reviewed our transformation programme to recognise changing priorities.
- Updated our vision and strategies to frame our transformation work.

3.2.3 We are:
- Focussing on financial sustainability, CQC assurance, and service recovery in 2023-24.
- Rescheduling our transformation programme and allocating resources accordingly.

3.2.4 We will:
- Publish a summary of our transformation programme and maintain it in alignment with our Improvement Plan, Medium Term Financial Strategy and the Council's strategies and plans.
- Report on progress in our online Self-Assessment that will become our Annual Report.

3.3 Collecting and using feedback

3.3.1 LGA Peer Challenge Team recommendation:

Developing better and more varied ways to routinely create and collect evidence of outcomes for people will help to prepare for future assurance. This might include the

aggregated out-turn from reviews, feedback from people and communities and partners, or formal coproduction. A clear focus on delivery of outcomes, through transformation and innovation, can also help to maintain quality and values in the service offer, with equal priority to the management of risk and financial out-turn.

3.3.2 We have:

- Completed a Self-Assessment for the LGA Peer Challenge involving stakeholder groups.
- Built into this a range of feedback including a leadership survey; staff surveys; surveys of service users and carers; stories about service users, services, and members of staff including those who have recently won awards.

3.3.3 We are:

- Updating our Self-Assessment according to LGA feedback and updated data.
- Exploring additional cost-effective options for collecting and using feedback from people who use services, especially our care management.

3.3.4 We will:

- Improve our collection and reporting of complaints, compliments and comments delivered though our corporate Customer Relations Team.
- Improve our systematic use and recording of feedback from Involvement Groups through our Involvement Team.

3.4 Practice quality assurance

3.4.1 LGA Peer Challenge Team recommendation:

Alongside this a renewed approach to regular case file audit, and other processes for peer learning at a practice level, should underpin a refreshed approach to quality assurance, wider practice and approach and efficacy, and safeguarding practice. This can also be used as a means to embed practice change, and to bring challenge to frontline teams in line with these changes, in particular relating to outcomes, savings and independence.

3.4.2 We have:

- Undertaken a case audit of 23 cases for the LGA Peer Challenge, communicated and acted on that learning.
- Established a Practice Quality Assurance Group to govern practice quality assurance and improvement.

3.4.3 We are:

- Developing our Practice Quality Assurance Framework, including practice standards, case audit, and practice improvement.
- Making embedding this a priority for our operational services for this year.

3.4.5 We will:

- Seek to develop a business case for investment in this area on the basis strengths-based practice can save money and improve outcomes by promoting independence.

- Ensure learning is shared, including though our Assurance Board and Self-Assessment and regional networks.

3.5 Co-production.

3.5.1 LGA Peer Challenge Team recommendation:

Building on existing work on coproduction will help to engage with wider communities, and to develop services (at both individual and macro-levels) that best meet their needs. It will allow staff and system leaders to learn from those who have lived experience of using adult social care and other public services, and to develop an offer in line with what works best for local people. And it can help to build capital with those who will continue to rely on local services in the coming years, and whose support will be needed when making difficult decisions, or managing significant transformation in how services are offered.

3.5.2 We have:

- Collated our current use of co-production to show good practice and its benefits where it exists.
- Begun conversations within the Council as to how to better coordinate our work with the voluntary and community sector.

3.5.3 We are:

- Publicising the opportunities of our Co-production Working Group and Commissioning Involvement Group.
- Reflecting on the areas of activity where more co-productive approaches have most potential to improve outcomes.

3.5.4 We will:

- Formalise our co-production offer and approach through a clear policy.
- Ensure opportunities for co-production are considered at the outset of any new project or initiative.
- Review our policy towards the remuneration of people taking part in co-production.
- Consider the representation of people with lived experience in our governance.

3.6 Preparing for assurance

3.6.1 LGA Peer Challenge Team recommendation:

The Council worked very hard to prepare for and facilitate an excellent Peer Challenge process. The Council developed an excellent online Position Statement which helped to guide the Challenge Team in their thinking, along with a comprehensive set of supporting materials. Further consideration could be given as to how to develop evidence of outcomes more routinely for people who use or have contact with your services, and how to align this to your position statement and other evidence as part of an assurance process. Further consideration could also be given as to how to involve people with lived experience more fully in the preparation for future assurance processes, as well as in the process itself. The

Challenge Team were aware that a thorough communications approach to the Peer Challenge was developed, including briefings and updates although more rigorous oversight of the process as it developed through debriefing may be needed or desirable in a future CQC assurance visit.

3.6.2 We have:

- Used the LGA Peer Challenge as a 'dress rehearsal' for any future CQC inspection.
- Documented our lessons learned from the process and amended our plans accordingly.

3.6.3 We are:

- Finalising our Step-Up plan arrangements (including roles/responsibilities, briefing/debriefing, facilities/logistics) for what happens from receipt of a notification of inspection through to the publication of resulting report and ratings.
- Preparing to handover to business-as-usual arrangements and close down the project.

3.6.4 We will:

- Maintain inspection readiness through regular meetings of the Step-Up team reporting to our Assurance Board.
- Undertaking quarterly review and annual refresh of our Self-Assessment and Evidence Library.
- Ensure resilience in our arrangements by ensuring understanding of roles/responsibilities and facility requirements across the organisation.

4) Options / Alternatives

As per stakeholder engagement referenced in section 2 of this report a range of options were raised and discussed with stakeholders in development of our response.

5) Consultations / Representations / Technical Data

None required

6) Strategic Plan

The statutory duties set out in Part 1 of the Care Act 2014 link to following elements of the Council's Strategic Plan

- Tackle poverty and inequality (address poverty, health and other inequalities)
- Improve health and wellbeing, including any public health impacts
- Help communities be safe, connected and resilient

7) Financial Considerations

To note that the Local Government Association has indicated (based on the Ofsted intervention framework that is the same as the CQC Inspection intervention framework) that the impact of an unfavourable CQC rating for an average sized local authority, could be £30M and take 4 years to recover from.

8) Legal Considerations

CQC Inspection is the inspection of our statutory duties as set out in Part 1 of the Care Act 2014

9) Environmental Impact Considerations (Including Climate Change, Sustainability and Socio-economic)

There is no specific impact to consider.

10) Equality Considerations

CQC Inspection is the inspection of our statutory duties as set out in Part 1 of the Care Act 2014, these duties include duties relating to equalities. A national Equalities Impact Assessment was produced for the Care Act 2014.

11) Risk Management Considerations

The risk of a poor CQC Inspection rating is recorded within our Risk Register including mitigations CSLT-D9 – Adult Social Care Reform: Government intervention and support resulting from a poor Care Quality Commission (CQC) performance assessment | Risk Recording (devon.gov.uk)

12) Reasons for Recommendations

To support preparation for CQC Inspection and further mitigate the risk identified in section 11

Tandra Forster
Report of the Director Integrated Adult Social Care
Electoral Divisions: All

Cabinet Member for Integrated Adult Social Care and Health, Councillor James McInnes

Local Government Act 1972: List of background papers

N/A

Contact for enquiries:

Agenda Item 12

Name: Damian Furniss
Telephone: 01392 383000
Address: The Annexe, County Hall, Topsham Rd, Exeter, EX2 4QD

IASC/23/06
Health and Adult Care Scrutiny Committee
9 November 2023

HEALTH AND CARE GENERAL UPDATE PAPER

Joint report from the Director of Integrated Adult Social Care at DCC, the Director of Public Health, Communities & Prosperity at DCC, and the Chief Medical Officer of NHS Devon

Please note that the following recommendations are subject to consideration and determination by the Committee before taking effect.

1) Recommendation

That the Committee be asked to note this report.

2) Background / Introduction

2.1 The report contains updates on key and standing items, and general information including on responding to specific actions, requests or discussions during the previous Health and Adult Care Scrutiny Committee meeting.

3) Devon County Council Integrated Adult Social Updates

3.1 Update on the IASC Consultations

Wellbeing Exeter

3.1.1 Following contribution from the Health and Adult Care Scrutiny Committee, Devon County Council Cabinet agreed the recommendation to cease the Councils contribution to Wellbeing Exeter. The 30-day notice period of the intention to cease funding was given on the 30 September.

North Devon Link Service

3.1.2 Following feedback that people wanted to have more information to help them give their views on the proposals for the future of the North Devon Link Service, a further public consultation with more details in the documentation is due to begin 6 November 2023, and will include face to face listening sessions at the Link Centres.

3.1.3 Post the consultation period, final proposals will be developed and presented to Cabinet in February. The consultation documentation has now received independent external legal approval, and this is going through final governance approval by DCC and DPT executives. Local MPs and DCC members representing North Devon will be briefed ahead of the consultation launch.

Future of Learning Disability Services

3.1.4 The Council is considering options in relation to day services, and it is anticipated future options for consultation will be available for public comment in the Autumn.

18+ Homelessness contract

3.1.5 Following discussion at the Special Health and Adult Care Scrutiny Committee in July, a decision has been made to extend contracts with providers until the end of March 2024.

3.1.6 On-going dialogue has taken place between the Adults, Childrens and Public Health directorates at the Council, and district authorities, including through the Team Devon partnership to co-produce a position statement on how district authorities as the local housing authorities, and Devon County Council can continue to work together on this collective agenda.

3.1.7The position statement is being coproduced and is focussing on understanding the level of need and risk locally and the impact on the system partners. The position statement is also considering how we Devon compares to statistical neighbours and what funding streams and services are in place and the outcomes they are delivering.

3.1.8 The coproduced position statement will be presented to the Health and Adult Care Scrutiny Committee in November pending sign-off by Team Devon on 1 November 2023.

3.2 **Significant improvement in personal care market sufficiency**

3.2.1 There has been a significant improvement in the availability of personal care since this time last year, with a 93% reduction in the number of care hours that are waiting to be arranged. This means more people are receiving their preferred care, and less people receiving less optimal care such as a short-term care home placement, or additional and unnecessary time in hospital.

3.3 Occupational Therapy Week

3.1.1 This year's Occupational Therapy Week runs from 6 to 12 November and is the chance to raise awareness and celebrate all that Occupational Therapist do and the positive impact they have on people's lives in promoting independence.

3.1.2 Included in the programme for the week are a series of daily sessions for staff to find out more about the work of Occupational Therapists, and for Occupational Therapists to come together and share what they are proud of.

3.4 Safeguarding Adults Week

3.4.1 Safeguarding Adults Week this year runs from 20 to 24 November, led by the Ann Craft Trust is an opportunity for organisations to come together to raise awareness of important safeguarding issues. The aim is to highlight key safeguarding key issues,

start conversations and raise awareness of safeguarding best practice. Each day during the week there is different safeguarding theme focus, which relates to how individuals and organisations can safeguard themselves and others.

3.4.2 Locally, led by the Torbay and Devon Safeguarding Adults Partnership there will be activity to raise awareness of safeguarding and the sharing of resources to support safeguarding activity.

Monday: What's My role in Safeguarding Adults?
Safeguarding is the responsibility of all staff, volunteers and individuals within an organisation or the wider community.

Tuesday: Let's Start Talking – Taking the lead on Safeguarding in your organisation
Creating a safer organisational culture is vital in promoting the wellbeing of staff, volunteers and the people they support. It is important that organisations create environments where everyone is confident their concerns are welcomed, listened to and addressed appropriately.

Wednesday: Who cares for the carers? Secondary and vicarious trauma
Anyone who supports others or engages empathetically with people that may have experienced trauma as part of their day-to-day role can experience vicarious trauma as a result.

Thursday: Adopting a trauma informed approach to Safeguarding Adults
Trauma-informed practice encourages practitioners that may be supporting people within their role, to consider how trauma exposure can impact an individual's ability to function and achieve mental, physical, social, emotional or spiritual wellbeing.

Friday: Listen, learn, lead – Co-production with experts by experience
Co-production is usually where service providers and users work together to reach a collective outcome. The idea behind co-production is that those who are affected or use a service, are best placed to help design it.

4) Devon County Council Public Health updates

4.1 A smoke free generation

4.1.1 In October 2023 the Government launched a Command Paper Stopping the start: our new plan to create a smokefree generation - GOV.UK (www.gov.uk). Tobacco is the single most important entirely preventable cause of ill health, disability and death in this country, responsible for 64,000 deaths in England a year.

4.1.2 The independent Khan review: making smoking obsolete (2022) found that, if we do not act, nearly half a million more people will die from smoking by 2030. One of the tools to help people addicted to nicotine to stop smoking is vaping - and because the harms of smoking are so great, it is safer to vape than smoke, but vapes are not risk free.

4.1.3 The government has made clear they wish to create a smokefree generation unaffected by the extraordinary harms of addiction-driven smoking, and tackle youth vaping. The Command Paper lays out a route to prevent addiction to smoking before it starts, to support smokers to quit and to stop vapes being marketed to children.

4.1.4 Ensuring that vapes continue to be available to current adult smokers is vital to reducing smoking rates. In April 2023, the government committed to support 1 million adult smokers to 'Swap to Stop,' which was the first scheme of its kind in the world.

4.1.5 The main announcements in summary are as follows:

- Raising the age of sale for Tobacco (one year each year) so children turning 14 this year or younger will never be legally sold tobacco products.
- New Stop Smoking Service funding - £70m per year 24/25 to 28/29. Maximum indicative allocations have been published here and this is a doubling of the stop smoking budget for Devon. It will be ringfenced and cannot replace existing spend.
- Mass Marketing Campaigns - centrally coordinated national campaign £15m per year 24/25 to 28/29
- New Enforcement Funding to support Local Trading Standards, HRMC, Boarder Force to tackle illegal and underage sales for tobacco - £30m per year 24/25 to 28/29
- On the spot fines (fixed penalty notice) for underage sales of tobacco and vapes
- Online age verification measures to purchase products online
- Close loopholes in the law which allow children to get free samples and buy non-nicotine vapes.

4.1.6 There is also a consultation on Vaping which closes on 6th December 2023. Creating a smokefree generation and tackling youth vaping: your views - Department of Health and Social Care (dhsc.gov.uk) which includes:

- Restricting the flavours and descriptions of vapes
- Regulating point of sale displays
- Regulating vape packaging and product presentation
- Stopping the sale of disposable vapes

5) NHS Devon updates

5.1 Finance update

5.1.1 As part of the 2023/24 planning, Devon Integrated Care System (ICS) submitted a deficit plan of £42.3m with a commitment to reach a breakeven position by 2025/26. In August Devon ICS reported a year-to-date deficit of £39.7m against a planned deficit of £32.6m - this is £7.2m over the plan at this point in the financial year. This is due to unmitigated costs from the industrial action and some overspend on drugs. However, the reported forecast is still a deficit of £42.3m which is in line with the plan.

5.2 Performance

5.2.1 September was an unusual month for the NHS in Devon. The heatwave at the beginning of the month put huge pressure on the system with hospitals and ambulances seeing a high number of patients suffering from the effects of dehydration. During the period 6 - 11 September demand across the south-west was nearly 13% above the planned amount of activity.

5.2.2 In the middle of the month the NHS faced four days of back-to-back strikes by consultants and junior doctors. Consultants undertook industrial action on the 19 – 20 September followed by junior doctors on the 20-22 September. The 20 September was the first time both groups had gone on strike at the same time with a minimum 'Christmas Day' level of medical staffing in place on that day.

5.2.3 This led to NHS Devon declaring OPEL 4 – the highest level of escalation in light of the continued pressures on the health system.

5.2.4 At the end of September hospital teams had to prepare for the longest period of double strike action by consultants and junior doctors between 2 – 5 October, with radiographers also undertaking industrial action for 24 hours on the 3 October.

Urgent and Emergency Care

5.2.5 As a result of the pressures outlined above, urgent care performance saw limited improvement during September 2023. The number of incidents for ambulances in September was 19,924 – an increase on August's figure of 19,713 and the busiest month this financial year (since April). Ambulance handover delays above the 15-minute target worsened in September to 10,761 hours which is almost twice the in-month trajectory 5,419 hours. However, in August (the most recent month we can compare national data) SWASFT call answering times were again amongst the best in England with a 3 second mean call answering time. SWASFT continue their recruitment work to ensure they have sufficient capacity to maintain good performance on call answering.

5.2.6 The 4-hour ED target remains below trajectory at 62.2% and has failed to achieve its target for the last 5 months but did show improvement in September, despite the increase in demand in the Devon EDs.

Elective Care – progress on waiting lists

5.2.7 The system remains committed to making sure no patients are waiting over 104 weeks by the end of October. There is a risk there may be a few waiting beyond October due to their complexity, patient choice and the result of industrial action backlogs. There were 21 patients waiting over 104 weeks at end of September.

5.2.8 The number of patients waiting over 78-weeks continue to fall for the third consecutive month, with 927 patients waiting at the end of September.

5.2.9 The improvement we have made to our waiting lists has been acknowledged in the CQC State of Care Report 2022/23 (page 20).

Hospital discharges

5.2.10 The number of patients occupying a hospital bed in Devon who are medically fit to be discharged, known as No Criteria to Reside (NCTR), shows continued improvement since March 2023. As of 18 September, the average weekly percentage of G&A beds that were occupied with patients who had NCTR was 11% (250), although falling short of the 5% (110) target. Providers are implementing a number of actions to reduce NCTR patients including opening discharges lounges and focussing on weekend discharges.

Primary and Community Care

5.2.11 The target of 85% of GP appointments within 2 weeks is showing a deteriorating position and has not achieved target during August when it was at 81.7%. However, it is slightly higher than the previous year of 79.7%.

5.2.12 The target of achieving 35% of appointments within 1 working day of request was at 50.3% in August. This target is consistently being met in Devon.

5.3 Latest News

Unique partnership pilot cutting Devon's waiting lists

5.3.1 The One Devon Elective Pilot is changing the way surgical teams work by widening the use of, and embedding, nationally-recognised best practice processes across Devon, Plymouth and Torbay.

5.3.2 Those best practice methods – which include surgical teams working from different locations across Devon and making best use of theatres and bed capacity – mean people are now being treated every day across three specialties:

- Orthopaedics – such as hip and knee replacements
- Ophthalmology – cataract procedures and diagnostic approaches for patients potentially with medical retina or glaucoma
- Spinal surgical services – including creating more capacity for less complex procedures such as treatment for herniated or degenerative discs

5.3.3 The project has the backing of NHS organisations in Devon and is supported by NHS England's Getting It Right First Time (GIRFT) programme, led by Professor Tim Briggs, Chair of GIRFT and NHS England's National Director for Clinical Improvement and Elective Recovery.

5.3.4 Trauma and orthopaedics and ophthalmology are the initial focus of the programme as they have the highest proportion of patients waiting long periods, but operations and procedures continue in other specialties. Patients are prioritised for treatment based on how long they have been waiting or their clinical need.

5.3.5 Between October 2022 and May 2023 the number of patients waiting more than 78-weeks in trauma and orthopaedics has reduced by 35 % (going from 1,093 to 384, with the total number of patients waiting more than 52 weeks continuing to reduce.

For further information on this pilot, please click here: Unique partnership pilot cutting Devon's waiting lists - One Devon

Covid and Flu Vaccination Programme

5.3.6 Devon is leading the country on the percentage of care home residents already vaccinated against COVID-19 this autumn. Over 76% of care home residents in Devon have received their COVID-19 jab.

5.3.7 The winter vaccine roll-out began on the 11 September 2023 and 155,236 COVID-19 vaccinations and 185,492 flu vaccinations have been given in Devon as of the 11 October.

5.3.8 GP practices and other local NHS services have been contacting people to offer both flu and COVID-19 vaccines, sometimes in the same visit. Currently over 34% of flu and Covid vaccinations are being administered to individuals during the same appointment.

5.3.9 As part of the NHS's commitment to make it ever more convenient for people to book in for their winter vaccines, all eligible adults can book their vaccination appointment through www.nhs.uk/live-well/seasonal-health/keep-warm-keep-well, by downloading the NHS App or by calling 119.

5.3.10 People eligible to get the NHS flu and COVID-19 vaccines include those who:

- are aged 65 or over (including those who will be 65 by 31 March 2024)
- have certain health conditions or a learning disability
- are pregnant
- live with someone who has a weakened immune system
- are a carer
- are a frontline health or social care worker
- live in a care home
- Most children can get the children's flu vaccine. This includes children who were
- aged 2 or 3 years on 31 August 2023, school-aged children (Reception to Year 11)
- and children with certain health conditions.

Women's Health Hub and Menopause

5.3.11 NHS Devon are receiving £595,000 of funding over the next two years to set up a Women's Health Hub provision in Devon. As part of this process two focus groups were held at the beginning of September for women in Devon and clinicians to share their experiences and provide their views on the draft proposals. The findings from these focus groups have fed into the final proposals for the Department of Health and Social Care which were submitted at the end of September. We will now move forward with developing our plans and there will be future opportunities for people to get involved to help shape the Women's Health Hub model in Devon.

Former Ward Area at Seaton Community Hospital

5.3.12 After the beds were removed at Seaton in 2017 following full public consultation, new ways of looking after people in the local community – often in their own home – were brought in and have been very successful.

5.3.13 Since then, the ward has sat empty and the void space currently costs the NHS in Devon about £300,000 a year in rent and other charges – poor use of taxpayers' money at a time when we are forecasting another budget deficit of more than £40 million this year.

5.3.14 In recent months, we have been talking to local health, care and community partners to see if they are interested and financially able to take on the space, but no viable schemes have been received and we started the process of handing the ward space back to NHS Property Services (NHSPS) so we can save the money that is currently being wasted on it.

5.3.15 We have always been very happy to talk to prospective occupants of the space if they have a financially viable scheme to take it on – and we remain so.

5.3.16 No NHS services are affected by this work. All services at the hospital continue as normal and there is no proposal to change any services. Local people should continue to attend appointments at the hospital as normal.

5.3.17 The ownership of Seaton Community Hospital transferred from the ownership of the then Northern Devon Healthcare NHS Trust to NHS Property Services in 2016 when the community services contract moved from NDHT to the then Royal Devon and Exeter NHS Foundation Trust. NHS Property Services charges market rent and other property costs on empty space in its buildings. Where there is no tenant, these 'void costs' are paid by the integrated care board, in this case NHS Devon.

5.3.18 The current position is that negotiations with NHSPS continue on what will happen next. If the ward was handed back to NHS Property Services, it would be for NHS Property Services to determine what to do with the building.

6) Options / Alternatives

N/A

7) Consultations / Representations / Technical Data

N/A

8) Strategic Plan

N/A

9) Financial Considerations

N/A

10) Legal Considerations

N/A

11) Environmental Impact Considerations (Including Climate Change, Sustainability and Socio-economic)

N/A

12) Equality Considerations

N/A

13) Risk Management Considerations

N/A

14) Summary

That the Health and Adult Care Scrutiny Committee note the contents of the report to support its work.

Name
Tandra Forster, Director of Integrated Adult Social Care, Devon County Council

Steve Brown, Director of Public Health, Communities & Prosperity, Devon County Council

Dr Nigel Acheson, Chief Medical Officer, NHS Devon

Electoral Divisions: All

Cabinet Member for Integrated Adult Social Care and Health: Councillor James McInnes

Cabinet Member for Public Health, Communities and Equality: Councillor Roger Croad

Local Government Act 1972: List of background papers

Background Paper Nil
Date
File Reference

Contact for enquiries:
Name: James Martin
Telephone: 01392 38300
Address: Room G38, County Hall, Topsham Road, Exeter, EX2 4QD