

Report to Devon Health and Adult Care Overview and Scrutiny Committee

22 November 2018

Modernising Health and Wellbeing Services in Teignmouth

1 Purpose

Based on the success of integrating services since the consultation in 2014/15 and the public engagement in 2018, this paper updates the Overview and Scrutiny Committee on proposals that South Devon and Torbay Clinical Commissioning Group will be discussing with its Governing Body and NHS England to seek approval to move to public consultation.

2 Recommendation

The Overview and Scrutiny Committee note the content of this report and the CCG's approach for moving to consultation.

3 Background

South Devon and Torbay has been recognised nationally as an exemplar for integrating health and care services within its local communities. As the first area in the country to take this approach, it paved the way for others.

The significant success in Teignmouth is a result of the work that has been undertaken to put patients at the centre of their own health and care. Services are being delivered to people in their own homes and they have been empowered to have more control over their own health – promoting independence and well-being.

The Enhanced Intermediate Care Team (EICT) covering Teignmouth and Dawlish has reduced acute hospital admissions by 2.5% and emergency department attendances by 2.5% (2017/18). They have demonstrated that EICT can provide the rehabilitation required in people's homes, in short residential placements or occasionally in Dawlish Hospital.

In the community there are increasingly more complex cases but EICT can now treat three times as many people in their own homes than they could in Teignmouth Hospital. This is a testament to their success.

The next step in Teignmouth is to further integrate services with primary care and the preferred way to achieve this is by having it all under one roof, in a modern, fit for purpose, building.



Example of what a modern facility could might look like.

GPs are the bedrock of the NHS; they are everyone's first port of call. Ensuring primary care is sustainable and able to support integrated working is crucial. Local GPs need to be equipped to deliver the benefits of integrated working, so they can continue to enhance the existing model of care and further embed services locally. Attracting and recruiting doctors, nurses and carers would be vastly improved within an environment that people want to work.

By having those services based in one location in Teignmouth would put real focus on prevention, independence and keeping people well and out of hospital - physical and mental health would work alongside social care and the voluntary sector. Everything that is currently available would continue to be available – the same services, delivered through an enhanced model of care, but in a more modern location.

Extensive public involvement and engagement has been undertaken by the CCG, local GPs, acute and community clinicians and the voluntary sector over a number of years. This has helped shape the successful services Teignmouth now has and has contributed to the vision for further modernisation.

Since 2013 South Devon and Torbay CCG and its partners have been working to develop health and care services in the Coastal Locality (Teignmouth and Dawlish) that meet the needs of the population and provide sustainable services into the future. In 2013 the public engagement asked people what was important to them in terms of health and care services.

This was followed in 2014/15 by a public consultation in Teignmouth and Dawlish on the future of health services in the locality. The emphasis in this consultation was the integration of services and implementation of a new model of care based on care as close to home as possible. This led to the health and wellbeing team being located to Teignmouth Hospital along with 12 rehabilitation beds (not implemented), specialist outpatient clinics, theatre for planned day case surgery and community clinics. Dawlish Community Hospital retained 16 medical beds, an extended minor injuries unit and community clinics.

In 2017 South Devon and Torbay CCG Governing Body decided to review the need for rehabilitation beds in Teignmouth Hospital as the health and wellbeing team were looking after local patients so successfully without them.

4 Vision – Primary Care and Torbay and South Devon NHS Foundation Trust

As providers of health and care for the people of Teignmouth and the surrounding area, we have a shared ambition to help people stay well and support them when they need expert help. We believe the best way to support people is to bring services together and integrate them around the needs of individuals, enabling them to stay well and at home for as long as possible.

By bringing the services of general practice, voluntary sector, community care and routine outpatients together we can create a more resilient, integrated health and care provision, delivered in modern facilities designed to better meet the needs of service users, their families and carers. Coming together in one building will enable closer working relationships and co-ordination benefiting patients, their carers and families and staff. This will also support the GP practices that need to ensure that they are able to recruit staff and continue to deliver high quality care in order to sustain local health provision into the future.

Through our partnership we will invest in these local services and the buildings they are delivered in so that local people will receive care that is resilient and sustainable in buildings that are fit for purpose both now and in the foreseeable future. Without these changes, the future of GP services in the town may not be sustainable over the next decade.

Our shared plans include:

- Bringing services into the heart of the community through the creation of a vibrant new health and wellbeing centre on the Brunswick Street site. This will accommodate the three Teignmouth GP practices - Channel View Medical Practice, Teign Estuary Medical Group and Teignmouth Medical Group and a range of other services for the local population. These will include the health and wellbeing team of community nurses and therapists and lifestyles and prevention services. It will help connect people to wider services and activities to support their physical health, mental health, social care and wellbeing.
- Supporting sustainable GP services working together with partners to bring services from hospital closer to people's homes, improving communications between services, enhancing 'joined up' working and training the future workforce of doctors and nurses.
- Developing new ways of working and new services for the benefit of the local population and extending education of the workforce needed to deliver this care.
- Supporting people who need rehabilitation care to receive this in their own homes or in a short term placement in a care home.
- Ensuring that local people are able to access GP and some other services from the new centre and that other specialist services such as community theatre and consultant led appointments are provided within the Coastal locality
- Housing voluntary sector services including Volunteering in Health in the new health and wellbeing centre, linking up a range of community services.
- By pooling our resources and facilities we believe we can better respond to the health and care needs of the people of Teignmouth.

The land, owned by Teignbridge District Council, will be made available for this development.

Our commitment to investing in voluntary and community sector will be maintained.

Our shared commitment to improving the health and care of the people of Teignmouth is genuine. We look forward to working with local people to develop detailed plans to achieve our shared vision.

5 Patient and Public Engagement

Public Engagement

Before any decisions are made, the CCG wanted to hear what local people thought of the opportunity to bring some health and care services together in a new building in Teignmouth. The engagement process ran April-June 2018 discussing four core aspects:

- The increasing pressure on GPs, resulting in the three Teignmouth practices concluding that the best way of creating capacity to secure the survival of primary care in the town is for them to co-locate in a new building.
- The opportunity a new building would provide for other services which might benefit from being co-located with GPs such as the multi-disciplinary health and wellbeing team and some voluntary sector services.
- The key factors that should be taken into account when identifying a site for any new NHS building in Teignmouth.
- The conclusion of both the CCG and Torbay and South Devon NHS Foundation Trust that the success of the post 2014/15 consultation changes means that the proposed 12 rehabilitation beds do not need to be established at Teignmouth Hospital, due to the success of the health and wellbeing team and services in supporting people out of hospital.

The CCG and Trust indicated that if all these changes were to take place, the hospital would eventually close.

As part of the engagement:

- 427 people completed the feedback questionnaire either on line or in paper format
- 180 people signed in at the drop in events, with others also attending
- 60 people wrote or called the CCG to give feedback and/or ask questions
- Meetings were held with local MP Anne Marie Morris, Teignmouth Town Council, Teignmouth League of Friends, Coastal Health & Wellbeing Forum, The Coastal Engagement Group as well as staff. Individuals such as the local MP, the chair of Devon County Council's Overview and Scrutiny Committee, Teignbridge Council leader and local county councillors were briefed, as was Devon County Council and the CCGs' Joint Engagement Forum.

Through the answers to the questions we asked in the engagement process, ten key points arose as themes:

- i. There is support for GPs co-locating in a modern health and wellbeing centre, although for some people, this is conditional on finding the right site.
- ii. Having other services and voluntary sector representation also co-located with GP practices in a new building is viewed positively.
- iii. A new centre is seen as a way of improving care, by bringing together the teams that work most closely together, including social care and voluntary sector representation.

- iv. In planning any new centre, care needs to be taken to ensure any development complements its surroundings and does not have a disruptive impact on the adjacent area.
- v. Opinion is split between those who believe a new centre should be in a refurbished Teignmouth Hospital, in a new building on the hospital site or at another location.
- vi. Support for a new centre is for many conditional on finding a flat site, which people can access by car, public transport or on foot. Most respondents thought that a town centre site was the best option
- vii. Reflecting the petition submitted, some people want to retain the hospital and avoid the loss of any outpatient services and the theatre
- viii. Some people said that 12 rehabilitation beds should be restored to the hospital in line with the previous consultation
- ix. There is a lack of understanding as to the way care is delivered locally and the services that form part of the health and wellbeing team. This is compounded by confusion over social care and health care provision in the community.
- x. There is scepticism as to whether the recent engagement and any future consultation is anything more than a tick box exercise. Some people believe that decisions have already been made.

Engagement with key stakeholders

Since the public engagement in June, the CCG has been engaging with key stakeholders including the Coastal Locality Engagement Group, Teignmouth Town Council, Dawlish Town Council, Teignbridge District Councillors, Devon County Councillors, local MP, Teignmouth League of Friends, staff and Trust Governors to develop the vision and discuss the factors that are influencing the development of detailed proposals. These factors are:

	Factors Influencing Changes
Model of care	<p>The model of care sees GPs, community health and social care teams and the voluntary sector working together to provide for the vast majority of people's health and wellbeing needs in the locality in which they live. It aims to provide the majority of care as close to home as possible, supporting people to remain independent and in their own homes, reducing reliance on bed-based services, but centralising care where that is more resilient, effective and efficient.</p> <p>There are four key elements to delivering this care model locally – locality clinical hubs, including community hospital beds and minor injuries units; local health and wellbeing centres; health and wellbeing teams; and intermediate care provision.</p>
GP practices	<ul style="list-style-type: none"> • All three GP practices are suffering from cramped space and deteriorating buildings. • Access, especially disability access, is an issue. • Limited space to be able to teach and train medical students and trainee GPs. • Recruitment and retention issues caused by lack of ability to train and unattractive setting. For example two of the three practices have advertised in last three months for salaried GPs and for the first time ever have had no applications and only two GP partners in the town are aged under 50 years old. • GPs have expressed a wish to co-locate in a new building. • Engagement exercise showed that people supported co-location but wanted their GP practice to be on a flat site, in the centre of town, easily accessible by public transport. • Teignbridge Council has identified the site on Brunswick Street for development and their preferred choice is a development including a health and wellbeing

	<p>centre.</p> <ul style="list-style-type: none"> • GPs would like to work closer together to share good practice, some back office functions and workforce development.
Health and wellbeing team	<ul style="list-style-type: none"> • Working well together in multi-agency way at Teignmouth Hospital • Co-location with GPs would enhance multi-agency working • Would like more space so can include other services on a drop in basis such as housing, mental health • Public engagement showed public support for co-location with GP practices.
Voluntary sector	<ul style="list-style-type: none"> • Two key voluntary sector organisations in Teignmouth – one is on the Teignmouth Hospital site and 1one in the town. • Co-location with GPs and health and wellbeing team would enhance multi-agency working • Public engagement showed public support for co-location with GP practices and health and wellbeing team
Community clinics – those used frequently by local people	<ul style="list-style-type: none"> • Basing these with GPs and health and wellbeing team and voluntary sector would: create a community facility, make good use of the rooms; assist multi-agency working; • Consider fit with model of care by having community clinics in each town.
Specialist outpatients and theatre services Clinics used once or twice a year by people living across a wide area	<ul style="list-style-type: none"> • Basing these in a specialist centre in the locality means they would be supported by experienced, skilled medical staff, joined with medical beds and minor injury unit • Consider fit with model of care by having specialist services within each locality with other specialist services. • Public engagement showed people wanted to keep these in the locality and not move to Torbay.
Rehabilitation beds/ intermediate care	<ul style="list-style-type: none"> • Evidence of success of enhanced intermediate care working to rehabilitate people in their own homes or care homes. • Concern from public engagement about the availability of care home beds • High cost of providing 12 beds versus community provision when there has been low demand for IC beds over the last two years.
Teignmouth Hospital building and access	<ul style="list-style-type: none"> • The current hospital was opened in 1954, the first hospital built under the NHS. • The hospital cannot be economically reconfigured to provide modern facilities required today and in the future. The most recent Hospital conditions survey shows that the building is nearing the end of its effective life with wear and tear taking its toll, mechanical and electrical infrastructure approaching the end of its economic life, drainage problems and DDA (disability discrimination) issues.
Finance	<ul style="list-style-type: none"> • Limited capital funding available to invest in new build and refurbishment.

From these discussions with stakeholders, key areas of discussion and influence have been:

- Discussion and agreement of the vision

- Discussion about the challenges, drivers and where this could lead us in terms of possible options for change
- The kind of information that should be prepared for a consultation

The range of concerns and suggestions that arose in these discussions included:

Concerns

- That services will be moved outside of Coastal Locality
- Whether there is enough funding available, where it will come from and how it will be spent
- The financial implications of having a private company involved with new builds – how much profit is taken, implications of similar arrangements to previous PFI.
- Whether there will be enough space on the Brunswick site for everything planned
- Whether there will be enough parking in town for the additional services moving in
- Whether a new theatre at Dawlish will be as good as the current facilities at Teignmouth

Suggestions

- Make a vibrant health and wellbeing centre like Budleigh Salterton and Exminster
- The possibility of the hospital being retained as well as the health and wellbeing centre built
- The practices could merge in the new centre
- Provide more parking in the town such as adding a storey to Quay Road car park.
- Negotiate changes to bus routes to go nearer both Dawlish and Teignmouth hospitals. Affordable housing should take priority on the hospital site if it is sold
- Show clear drawings and models to show vision for new centre

6 Building on the success of the model of care

Following the consultation in 2014/15, the role of Dawlish Hospital ward was expanded to take more acutely unwell patients, more admissions from the community and become a centre for end of life care, with a nursing model of 2 nurses on every shift. The lower floor in Teignmouth Hospital was refurbished to create space for the Enhanced Intermediate Care Team (EICT) and a voluntary sector information and support centre along with investment in more community nurses, therapists, social care and support staff and well-being co-ordinators.

The shared office space has enabled improved communication between the different professions within the locality including social care, therapy, nursing, pharmacy and the voluntary sector. Sharing this space has led to decreased duplication and improved flow between the locality teams so the relevant staff group can attend and intervene without delay, ensuring that staff are able to work in an integrated manner irrespective of profession or employer (for example Devon County Council social care staff, voluntary sector staff or NHS staff). The evidence shows that improved integration and implementation of enhanced intermediate care has positively impacted on emergency admissions and attendance to the emergency department. The focus on improving wellbeing and independence has proved a success through evaluation of the well-being co-ordinator programme.

This has created an environment in which the needs of a much larger proportion of the vulnerable and older population could be supported than previously. Appendix 1 outlines the evidence of success in our Coastal Locality since 2016 and the need to build on this for the future to increase integration improving outcomes for patients and ensuring the sustainability of primary care.

We now have the opportunity to build on the success of integrating services, promoting independence and wellbeing and improving outcomes for people, by taking the next step and co-locating the three GP practices in Teignmouth, alongside the health and wellbeing team, voluntary sector, and community clinics in a new build in the centre of Teignmouth. Throughout our engagement with people in Teignmouth and Dawlish this year, we have weighed up a number of options to enable us to deliver the vision, creating an integrated, strong and sustainable health and wellbeing service in the Locality. Having thoroughly evaluated the viability of these, we are moving towards a proposal for public consultation. This will describe how we believe that we can further integrate services and ensure sustainable primary care services to meet future demand.

The development of the proposal has been influenced by the public engagement and through discussion with local GPs, clinical commissioners, the Coastal Locality Engagement Group, other key stakeholders and staff.

The next step in finalising the proposal after receiving comments from Scrutiny is to undergo the assurance processes required by NHS England and discuss with the CCG Governing Body prior to presenting a final report to seek their approval to move to public consultation.

The proposal to be presented will include a commitment to support the vision of integrated services in Teignmouth and the further development of health and wellbeing services in a new centre on Brunswick Street involving the co-location of the three GP practice sites, the health and wellbeing team and the voluntary sector. In order for us to deliver this vision we would need to:

- Relocate community clinics from Teignmouth Community Hospital into the health and wellbeing centre
- Relocate specialist outpatient provision from Teignmouth Community Hospital into Dawlish Community Hospital
- Relocate theatre services from Teignmouth Community Hospital into Dawlish Community Hospital
- Reverse the decision following the consultation to establish 12 rehabilitation beds in Teignmouth Community Hospital
- Close Teignmouth Hospital and sell the site for reinvestment in the local NHS.

Rationale for the proposal:

The rationale for the detailed proposal for each service is described in the Options Appraisal. We have had ongoing conversations with the public over many years to help us develop health and care services in Teignmouth and our vision to provide the best support possible, locally. This has led us to a preferred option for how services should be provided in the future. Failing to change the delivery of primary care in Teignmouth will have significant consequences. It is not viable to retain Teignmouth Hospital, further integrate services with primary care and create a new health and wellbeing centre. The hospital itself is not configured for modern services and its situation on a steep hill at a congested end of the town is not conducive to large numbers of people attending. If we do not move towards the preferred way of providing services, the risk of a workforce crisis is significant due to the number of GPs reaching retirement age. A recent recruitment exercise to find GPs in Teignmouth was not successful and for the first time ever, no applications were received. Practices currently operate from inadequate, cramped and out-dated buildings, with limited opportunity for training and teaching the future workforce.

There are demonstrable benefits of the new integrated care model and scope for further improvements could be jeopardised.

The proposal fits fully with the national strategic direction set out in both the NHS Five Year Forward View and General Practice Forward View. It is designed to combine the benefits of primary care-at-scale and integrated delivery models. It will enable us to further improve health and wellbeing, providing quality care when it is needed at, or close to home. The comprehensive health and wellbeing centre in Teignmouth providing a range of community clinics and outpatient and surgical services only 4 miles away in Dawlish takes our integrated care to the next level.

It builds on the 'place' focus of the Devon Health and Wellbeing Strategy and the overall care model that South Devon and Torbay Clinical Commissioning Group has been working towards over the last three years, learning from successful progress made by the Health and Wellbeing Team in Teignmouth. The proposal also aligns with the Devon Sustainability and Transformation Plan (STP), initially published in 2016 and also with the STP two year update published in 2018.

8 Consultation

We will ask people to comment on our proposal and to present any alternative options they might have which viable. We plan to run an 8 week public consultation, we feel that this is justified due to the extensive public engagement undertaken since 2013.

We plan to engage with communities during the consultation by holding a series of public meetings, and responding positively to invitations to attend community group meetings to discuss the issues and encourage them to have their say. We intend to maximise the use of social media throughout the consultation.

We will ensure that as much information as possible is made available and we shall deploy all channels available to us as part of our efforts to engage with as many people as possible.

We have asked Healthwatch Devon to provide independent oversight for all information received through the consultation. Online responses will be made to a Healthwatch website, paper responses will be posted to Healthwatch offices and they will also provide trained note takers to record comments made at meetings. They will provide an independent written report on the feedback and outcome of the consultation for consideration by our Governing Body.

9 Timescale

The next step in finalising the proposal after receiving comments from Scrutiny is to undergo the assurance processes required by NHS England and discuss with the CCG Governing Body prior to presenting a final report to seek their approval to move to public consultation.

Subject to the appropriate approvals, and owing to the amount of public engagement already undertaken an 8 week consultation is planned to start early 2019.

Simon Tapley

Director of Commissioning

14 November 2018

a) Developing new ways of working with GP practices

The population of Teignmouth is changing, bringing an increase in workload due to ageing and greater number of people living longer with multiple long-term conditions. In order to meet the workload, there needs to be a change in the delivery of primary care.

The three practices are not flexible to change if they stay in three separate and out-dated buildings. Each practice has already made changes to their premises and has no more scope for improvement in terms of space or fulfilling current accepted standards of access. Co-location of the three GP surgeries into a new building provides an exciting opportunity to implement new ways of working with community services and the voluntary sector to meet the needs of the local population and fits with the Devon Sustainability and Transformation Partnership (STP) strategy.

In order to meet the increased workload, there needs to be investment in the workforce. All three practices are involved in teaching but their offer is limited by space. For the future sustainability of primary care, the workforce needs to be trained and developed in order to ensure staff are retained and recruited.

New infrastructure in terms of IT and buildings will support more flexibility in working approaches and the scope for better solutions for the future. The ability to improve direct communication between health, social care and the voluntary sector is essential for service delivery.

Data showing the impact of the introduction of the new model of care and specifically the locality health and wellbeing team which is supported by all the three GP practices demonstrates the efficacy of collaborative working with fewer emergency admissions to Torbay Hospital. Greater collaboration between GP teams, the community health and social care workforce and voluntary sector must be forged to meet the needs of the population and the increase in workload.

b) Impact of Enhanced Intermediate Care Team

The Enhanced Intermediate Care Team (EICT) which includes local GPs is able to provide rehabilitation, mainly in people's own homes or in short term residential or nursing home placements. The local GPs attend the daily morning meetings of the EICT and this input has delivered an immediate benefit to the EICT in terms of being able to confidently and effectively support a more complex and higher level of illness in people. It has also resulted in an improved understanding of the role of the EICT by the GPs. This is reflected in the high GP referral rate to EICT in comparison with other localities.

The daily Locality multidisciplinary team meeting discusses those clients at current high risk, requiring intervention from one or more sector. It also reviews people admitted to the acute hospital over the previous 24 hours so in-reach work can take place if appropriate. This is active liaison with the patient and ward staff while they are still in the acute hospital to plan and implement their discharge to home or other setting and their onward care. There is also a focus on end of life patients who are being supported at home.

The success of the team in integrating health and social care to support more people holistically and effectively at home has been recognised locally, nationally and internationally. The Coastal Locality has hosted multiple visits from neighbouring NHS Trusts both within Devon and further afield including NHS

Cornwall and the Isle of Man and nationally from NHS England and the previous Health Secretary Jeremy Hunt, all keen to learn how such working could be replicated in other communities. The team has been shortlisted for a coveted Health Service Journal (HSJ) Award, (out of 1,700 applications from the whole of the NHS) and members of the team have spoken at national and international conferences on their success.

Teignmouth Hospital previously supported 12 inpatient beds, but the new model enables support of a population of 10,000 within the community setting with EICT in place the local population can be supported without the need for dedicated rehabilitation beds.

Enhanced Intermediate Care referral rates

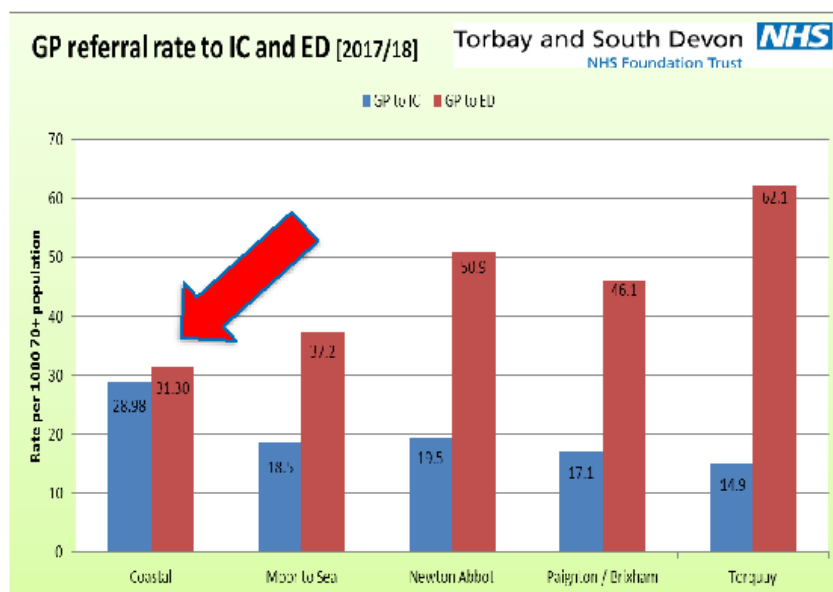
Data relating to EICT shows that the numbers of referrals in the Coastal Locality have increased significantly over the past two years. As a consequence, the referral rate into the EICT (based on the >70 population) in Coastal is roughly twice the average for Torbay and South Devon and almost four times that in some other areas. Coastal has the highest overall EICT referral rate, the highest GP referral rate (twice the Torbay and South Devon average), the lowest referral rate and absolute numbers of referrals to ED; the ratio of referral rates to IC and ED is 50:50 in Coastal compared to 30:70 elsewhere. Thus, there appears to be a correlation between high use of IC, high GP referrals to IC and lower use of ED in Coastal. This supports a hypothesis that Coastal is holding a higher complexity case load.

The data suggests that Coastal has lower bed-day rates overall, lower rates of IC bed days, and a greater numbers and rate (as Coastal has a relatively smaller population of >70s than other localities) of home referrals than other localities, all pointing to a difference in practice in Coastal compared to other localities. However, across Torbay and South Devon it is not clear if there is a correlation between low IC bed days and high home-based placements. Again, this supports a hypothesis that Coastal is holding a higher complexity case load but using fewer beds, as more care is provided at home.

Graph 1 below shows that because of our local use of the EICT, we have a viable alternative to admitting patients to the Emergency Department (ED). This data comes from the independent research by University of Plymouth using last full year data.

Graph 1 – GP to Enhanced Intermediate Care or Emergency Department

GP - EIC referrals and relationships (Apr17-Mar18)



Ratio of GP referrals to IC and ED

Coastal ~ 50:50

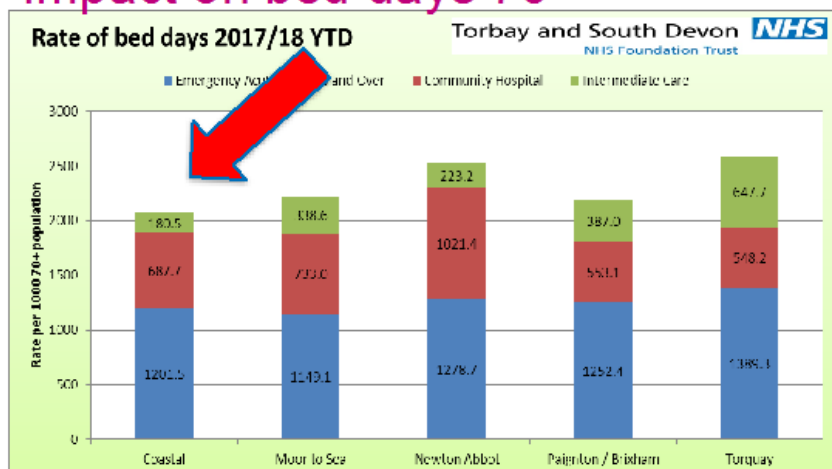
Others ~ 30:70

Hypothesis:
Coastal GPs are better integrated; locality is holding a higher complexity case load

Graph 2 shows more of our patients are looked after in our community than in other localities, having fewer days in Torbay or Community Hospital beds.

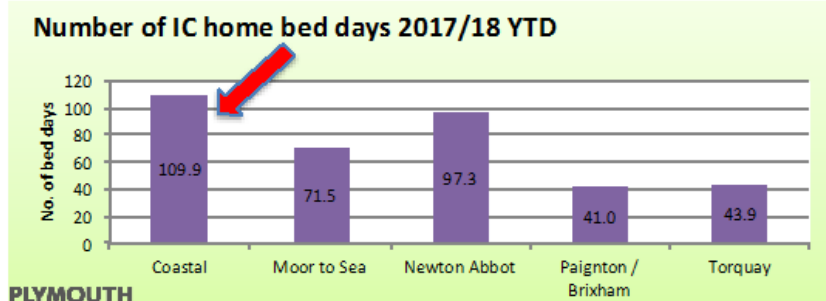
Graph 2 – Impact on bed days for people aged 70+

Impact on bed days 70+



Activity data suggests

- Coastal has lower bed-day rates
- Lower rates of IC bed days
- Greater numbers of home referrals



Coastal holds more complexity, less beds, more care at home

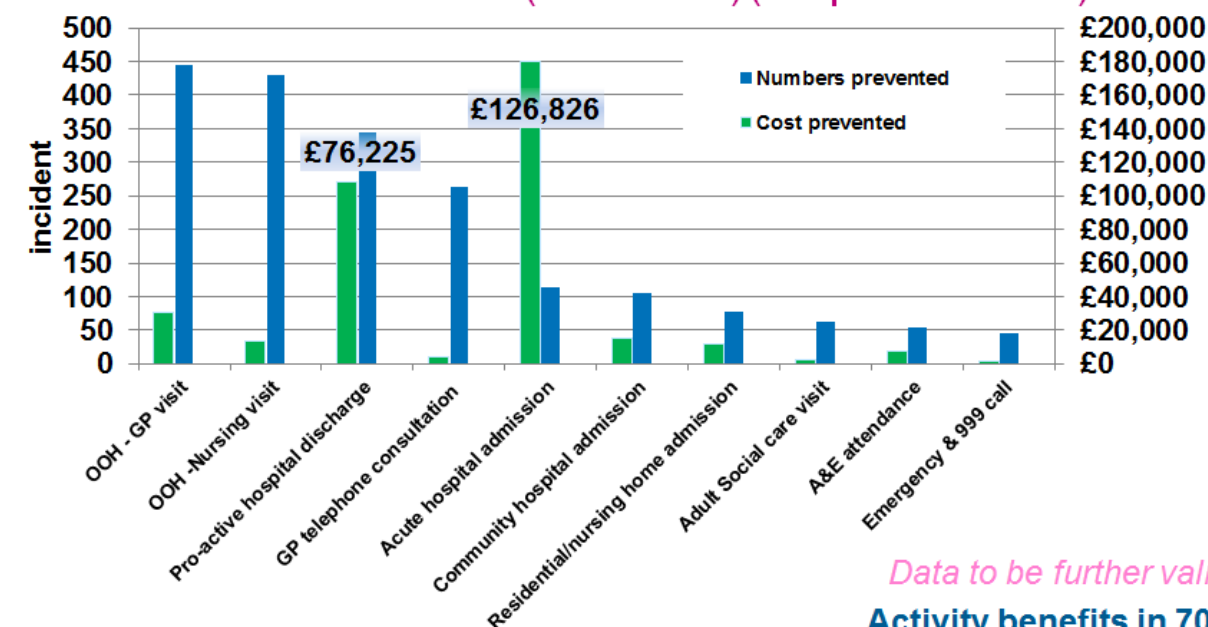
The EICT in Coastal has been capturing data on what service activity their service has prevented over the past year, since the service became “enhanced”. This data (illustrated in graph 3 below) is based on the professional judgement of the EICT lead and recorded shortly after the episode, but has not been externally audited so may be positively biased. Nevertheless, the data gives an indication of the average benefit of the EICT.

The benefits of EICT (blue bars) to the wider health system is shown, particularly to general practice and not just the acute and community services. In relation to ED attendances and ED acute admissions, these numbers represent about 2.5% of the attendances and 2.5% of the admissions from the Coastal population (>70s) over the same period of time.

If these prevented consequences are costed up using national tariff costs (green bars) compared to the average tariff cost for the number of people using the service, the service more than pays for itself (on average), with an annualised benefit of £149,323 (£127,169-£167,866). The majority of these cost benefits come from preventing hospital admissions and proactive hospital discharges. It must be noted that these do not represent real costs or savings.

Graph 3 – EIC perceived prevention and value

EIC perceived prevention and value patterns in Coastal (N=1001)(Sep16-Jan18)



Annualised Av. cost of incidents prevented (n=1940)	Annualised Av. IC cost per person (£161)(n=1001)	Annualised crude Av. benefit estimate
£263,083	£113,761	£149,323

Data to be further validated

Activity benefits in 70+s:

~2.5% reduction in A&E adm

~2.5 % reduction in A&E attd.

Outcomes of Enhanced Intermediate Care

- Closer working has been achieved by the creation of the environment, embedding all parts of the team, including the voluntary sector in the same physical room. The multi-disciplinary team (MDT) meeting has access to all the IT systems used by all providers including community staff, social care, GP surgeries and the acute trust so can access all relevant patient information.
- A monthly strategic planning meeting chaired by the Locality lead GP brings all the agencies together to assess current activity against local dashboards and to plan the further expansion of the team to support a wider proportion of the population.
- The Zone manager, covering both health and social care is in a joint post created between the NHS and Devon County Council.
- By working in in a combined office space there has been a shift in culture, hugely improving understanding of each other's work roles and responsibilities. For example, the therapy, nursing and social care leads all understand each other's roles and responsibilities and are empowered to provide support, guidance and backup to members of the other agencies.
- A dedicated coordinator refers to any of agencies and the MDT has access to all the local IT systems including nursing, social, mental health, GP and the acute hospital.
- By working in this manner the team has been able to change the outcomes for our patients as below:
 - The highest referral rate into and use of the EICT in the CCG, including social prescribing.
 - The lowest rate of bed days used per 1000 population over 70 in the CCG.
 - An estimated saving of over £200,000 in year by using the EICT instead of other agencies.

- A 6% reduction in emergency admissions compared to a 3% CCG average increase with a 2% cost saving against a 7% CCG average increase.
- Recorded patient experience scores throughout the process with an average score of 66%.
- Staff work in a dynamic and positive environment, and are the epitome of a self-managed team. There is an ethos of patient-centred care, effective problem solving and risk management. The MDT meetings feel positive, energised and dynamic.
- Quality of care for Coastal patients has improved hugely. The patients are likely to spend less time in hospital, are less likely to be in residential care and more likely to have any care they need at home.
- The Coastal GPs and paramedic services routinely refer to the EICT for emergency intervention to avoid unnecessary admission to the acute hospital.
- In a collaborative project with Volunteering in Health an information hub has been created at Teignmouth Hospital so members of the public can be signposted to voluntary services and local groups to support them using a strengths-based approach.

Financial impact: The total cost of running the Enhanced Intermediate Care Team and purchasing beds as required from the independent sector for 2017/18 is £665,000 per annum. This team has cared for 881 people (both in care homes and in their own home) in the year and purchased 1430 bed days for 85 people. The 12 bedded rehabilitation ward would cost £627,000 making available 3942 bed days per annum and would be able to care for approximately 232 people in a year.

<i>2017/18 data</i>	Enhanced Intermediate Care Team	Rehabilitation beds
Total cost of provision	£665,000	£627,000
Number of bed days/number of people	1430 bed days for 85 people	3942 bed days for 232 people
Total number of people cared for	881	232

c) Impact of Wellbeing Co-ordination Service

Detail from study by Researchers in Residence show that the impact of the holistic wellbeing coordinator service on frailty was also assessed using the validated Rockwood Clinical Frailty Scale (RCFS), which measures frailty on a scale 1-9 (very fit to terminally ill).

This shows a small but statistically and clinically significant average improvement in frailty of 4.1% (nearly one level). Or put another way, 41% of people reduced their score by 1 to 2 levels. This means that those using the holistic wellbeing coordinator service are, on average, more able to look after themselves in relation to activities of daily living (ADL).

Use of the wellbeing coordinator

Evaluation focused on triage and assessment and the service provided by the wellbeing coordinator using holistic coaching goals. This is 12 weeks of support and a 12 month follow-up. Nearly half the people who used this service were referred from the MDT and hospital. Nearly half had used three or more service types in previous year.

In general, the cohort was mainly the frail elderly, who are using a range of different types of services.

- Over half of the people going through the service were aged 80+ years
- Nearly half were referred from the new integrated locality services, so were likely to be fairly frail
- Half of participants were using three or more types of service so they were fairly dependent on health and social care services

- The results show that 47% of participants saw a reduction or no change in activity or cost in their use of health and social care services in the 12 months after first referral compared with the 12 months before.

a) Health and Wellbeing Centre

Through the collaborative process, seven potential sites for the new centre were identified as having potential to meet the required criteria: Broadmeadow Lane, Teignmouth Hospital Half Site; Teignmouth Hospital Full Site; Brunswick Street; Eastcliff Car Park; Quay Road Car Park; Rugby Club Site

A Site Appraisal was carried out in February 2018 with the Stakeholder Group. Each site was evaluated on 10 criterion, which were each weighted against their importance to the delivery of the Health & Wellbeing Centre.

- Site area - Is the site large enough to accommodate the proposed facilities? Is a degree of design compromise required?
- Parking - Is there space on the site for adequate parking or is sufficient parking available nearby?
- Public transport - Is public transport available nearby to and from the site?
- Access - Is suitable and safe vehicular and pedestrian access available?
- Abnormal costs - Are there abnormal costs associated with the site eg contamination, topography, existing buildings, flood risk, enabling works etc
- Deliverability - Is the building deliverable ie considering ownership, legal issues, planning issues, surrounding and existing land use, site constraints, trees/landscape, impact on existing services, public reaction?
- Development timeframe - Are there issues which would elongate the development timeframe eg land ownership, ecology, contamination, planning, flood risk, enabling works etc?
- Future proofing - Do the site characteristics allow for future proofing/expansion eg ease of extension and planning?
- Demographics - How close is the site to the town centre, centres of population and areas of deprivation?
- Impact of seasonal traffic - Will access to the site be unusually affected by seasonal traffic?

Weighting

Criteria	Weighting	Numerical Weighting
Site area	High	5
Parking	Medium	4
Public transport	Medium/High	4
Access	Medium	3
Abnormal costs	High	5
Deliverability	High	5
Development timeframe	High	5
Future proofing	Medium	4

Demographics	Medium/Low	1
Impact of seasonal traffic	Low	1

A desk top analysis was undertaken by independent environmental impact consultants WSP on behalf of Torbay and South Devon Foundation Trust in December 2017, to assess the transport conditions, on four of the proposed sites: Broadmeadow Lane; Eastcliffe car park; Brunswick Street; Mill Lane (existing Teignmouth Hospital site).

The assessment consisted of reviewing and scoring each site based on five criteria, being;

- Existing vehicle,
- pedestrian and cycle access to the site,
- Off-site parking surrounding the site;
- The traffic impact of the proposed site on the local highway network
- Public transport provision.

The marking criteria was based on scores 1-5, whereby a score of '1' indicated a high level of provision and low risk, and a score of '5' indicated a low level of provision and high risk.

Site	Rationale for proposal/rejection
Brunswick Street	<ul style="list-style-type: none"> • Site Appraisal – 6th mainly because the site was considered too small. The site now available has increased in size. • Transport analysis - scored highly in terms of access as both vehicular accesses benefit from the one way system and double-yellow lines on the western side of Brunswick Street providing suitable visibility. Footways are present on both sides of Brunswick Street and street lighting and pedestrian crossings are located along the length of the route to bus stops and Teignmouth Railway Station. • Public engagement: site was suggested by respondents as a suitable site. • Provides the potential for the H&WBC to be integrated within a planned, whole site, central town centre regeneration, identified the wider, community opportunities of the H&WBC development being part of the Brunswick St Regeneration proposed within the Teignbridge Council Local Plan. (Brunswick St had previously been considered as a site option in isolation of wider development plans). The 0.88-acre site, which currently contains a 56-space car park, two former garages, retail and residential buildings is in a Conservation Area and is allocated for redevelopment in the Local Plan. The site is under-used and partly derelict in places but holds much potential because it is within the heart of the town centre. Teignbridge Council has assembled parcels of land with the aspiration of reviving the area and has investigated various options for the overall site. • PREFERRED OPTION
Teignmouth Hospital Full Site	<ul style="list-style-type: none"> • Site Appraisal: scored most highly – 1st and was presented as an option during public engagement. • Transport Analysis - scored poorly in terms of access due to visibility be unsuitable to that required by Manual for Street standards. The site

	<p>also suffers due to its location on a steep gradient, making pedestrian and cyclist access to the site unattractive and unsuitable for certain patients such as wheelchair users and those with impairments and reduced mobility. The site is also a far distance from Teignmouth Railway Station, however, does benefit from bus stops for both directions being located within 30m of the site, and is served by the Teignmouth Town Centre bus service.</p> <ul style="list-style-type: none"> Public Engagement - Concerns were raised that the Teignmouth Hospital site presented a challenge in terms of accessibility, particularly if Primary Care services were collocated. REJECTED
Broadmeadow Lane	<ul style="list-style-type: none"> Site Appraisal: low score – 7th. Transport analysis - scored the worst mark out of all the sites. This is because of the inadequate highway layout on the approach for vehicles to access the site via Broadmeadow Lane, and the change of levels and electrical substation to the south of the site making it unsuitable to provide a new vehicle access to the A381 Bishopsteignton. REJECTED
Teignmouth Hospital Half Site	<ul style="list-style-type: none"> Site Appraisal: scored 3rd Transport Analysis - the existing Hospital site, along Mill Lane, scored poorly in terms of access due to visibility being unsuitable to that required by Manual for Street standards. The site also suffers due to its location on a steep gradient, making pedestrian and cyclist access to the site unattractive and unsuitable for certain patients. The site is also a far distance from Teignmouth Railway Station, however, does benefit from bus stops for both directions being located within 30m of the site, and is served by the Teignmouth Town Centre bus service. Public Engagement - Concerns were raised that the Teignmouth Hospital site presented a challenge in terms of accessibility, particularly if Primary Care services were collocated. REJECTED
Eastcliffe Car Park	<ul style="list-style-type: none"> Site Appraisal: scored most highly – 1st and was presented as an option during public engagement. Transport analysis - scored well in terms of access due to the good visibility along Dawlish Road at the vehicle access, and also the pedestrian footway along Dawlish Road leading towards the town centre and public footpath to the east of the site linking to Teignmouth Beach. The site suffers from a high risk transport impact score because of the impact of closing the only long stay car park on the eastern side of Teignmouth. Public engagement - raised concerns about the loss of parking for visitors and coach parking during the Summer months. REJECTED
Quay Road Car Park	<ul style="list-style-type: none"> Site Appraisal: scored 4th. REJECTED
Rugby Club Site	<ul style="list-style-type: none"> Site Appraisal: scored 5th REJECTED

In September 2018, Teignbridge District Council formally considered recommendations for redevelopment of Brunswick Street, including space for a new hotel, improved town centre parking, and, subject to the outcome of NHS public consultation, the Council agreed to work with the NHS to progress the delivery of the Health and Wellbeing Centre, within the development. This is now the preferred site for the Health and Wellbeing Centre, subject to successful negotiations with Teignbridge to acquire the site area required.

b) Options for Community Clinics

Site	Rationale for proposal/rejection
Health and Wellbeing Centre	<ul style="list-style-type: none"> • Care model describes community clinics being provided from a health and wellbeing centre in local towns. • Keeps services in the Coastal Locality • Benefits of co-location with health and wellbeing team, primary care and voluntary sector. • The current clinics can be 'lifted and shifted'. • PROPOSAL
Remain within Teignmouth Hospital	<ul style="list-style-type: none"> • Teignmouth has capacity for the community clinics to remain with good facilities. • Keeps services within the Coastal Locality • The building needs extensive renovation and does not have a sustainable future. • Keeping the clinics on this site would mean that the both the vision for further integration and Health and Wellbeing Centre could not be delivered. • REJECTED

c) Options for Specialist Outpatients

Site	Rationale for proposal/rejection
Dawlish Community Hospital	<ul style="list-style-type: none"> • Dawlish already has acute outpatient clinics (as well as some community outpatients), but the outpatient clinics are only running at 20% giving capacity for extra activity from Teignmouth. • A table-top exercise has been completed with the matrons, and without having to reschedule clinics, the current clinic schedule can be 'lifted and shifted'. • Keeps services within the Coastal Locality. • Care model describes specialist outpatient activity being provided from a locality clinical hub and for the Coastal locality this is Dawlish. • PROPOSAL
Remain within Teignmouth Hospital	<ul style="list-style-type: none"> • Teignmouth has capacity for the outpatient clinics to remain. • Keep services within the Coastal Locality • The building needs extensive renovation and does not have a sustainable future. • Keeping the clinics on this site would mean that the both the vision for further integration and Health and Wellbeing Centre could not be delivered. • REJECTED
Newton Abbot Community	<ul style="list-style-type: none"> • Outpatient facilities do not have the capacity to accommodate this

Hospital	extra activity. <ul style="list-style-type: none"> Does not keep services within the Coastal Locality. REJECTED
Torbay Hospital	<ul style="list-style-type: none"> Outpatient facilities do not have the capacity to accommodate this extra activity. Does not keep services within the Coastal Locality. REJECTED

d) Options for Theatre Services

Site	Rationale for proposal/rejection
Dawlish Community Hospital	<ul style="list-style-type: none"> Deemed to have potential for expansion and, under a different PFI arrangement to that at Newton Abbot Hospital, assessed as a more affordable option. Keeps services within the Coastal Locality. Care model describes specialist outpatient activity being provided from a locality clinical hub and for the Coastal locality this is Dawlish. PROPOSAL
Remain within Teignmouth Hospital	<ul style="list-style-type: none"> Teignmouth has capacity for the theatre services to remain. Keep services within the Coastal Locality The building needs extensive renovation and does not have a sustainable future. Keeping the clinics on this site would mean that the both the vision for further integration and Health and Wellbeing Centre could not be delivered. REJECTED
Newton Abbot Community Hospital	<ul style="list-style-type: none"> Newton Abbot Hospital does have a procedure room and this option was explored to identify whether it could absorb capacity and what changes were required. Capacity is constrained and would require physical expansion to accommodate this service. Does not keep services within the Coastal Locality. REJECTED
Torbay Hospital	<ul style="list-style-type: none"> There is minimal capacity within the existing unit. Further complicated by the fact that discussions are underway regarding the substantial upgrade required to theatres and the current vulnerability of the existing theatre infrastructure. Would place additional strain and reliance on the Torbay Hospital theatre capacity. Does not keep services within the Coastal Locality. REJECTED

Questionnaire

Other issues

[We have carried out equality impact assessments on our proposed model of care and our engagement and consultation process. We have considered]

We are carrying out this consultation in line with our duties under the Health and Social Care Act 2012, section 14z2 and in line with Cabinet Office consultation principles published in January 2016.