

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:

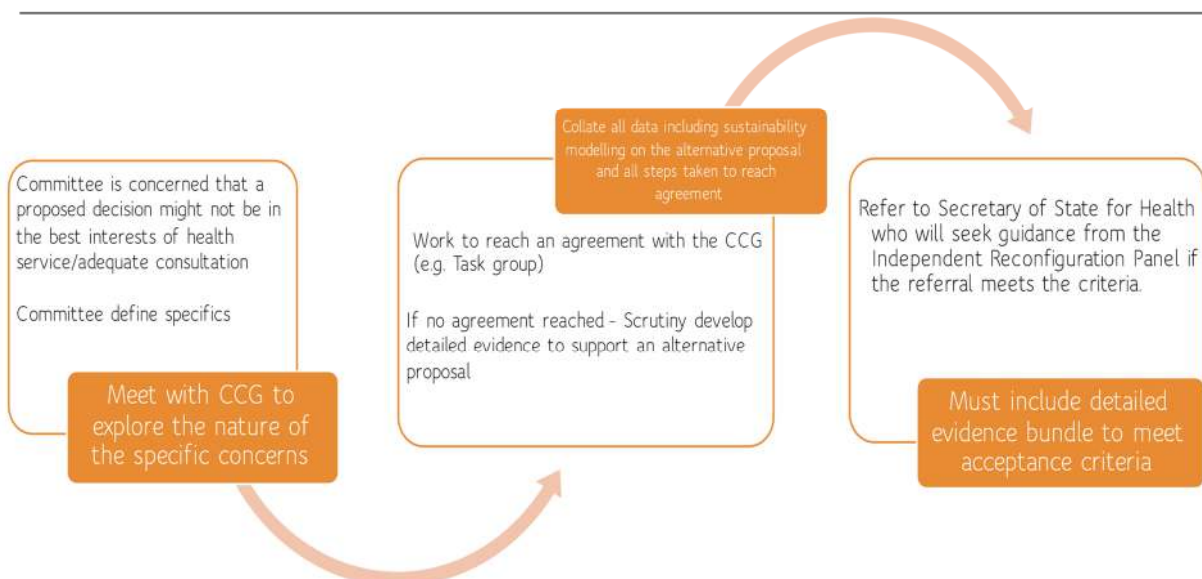
- It is not satisfied with the adequacy of **content of the consultation**.
- It is not satisfied that **sufficient time** has been allowed for consultation.
- It has **not been consulted**, and it is not satisfied that the reasons given for not carrying out consultation are adequate.
- It considers 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.

## Steps to referral

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



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



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

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**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

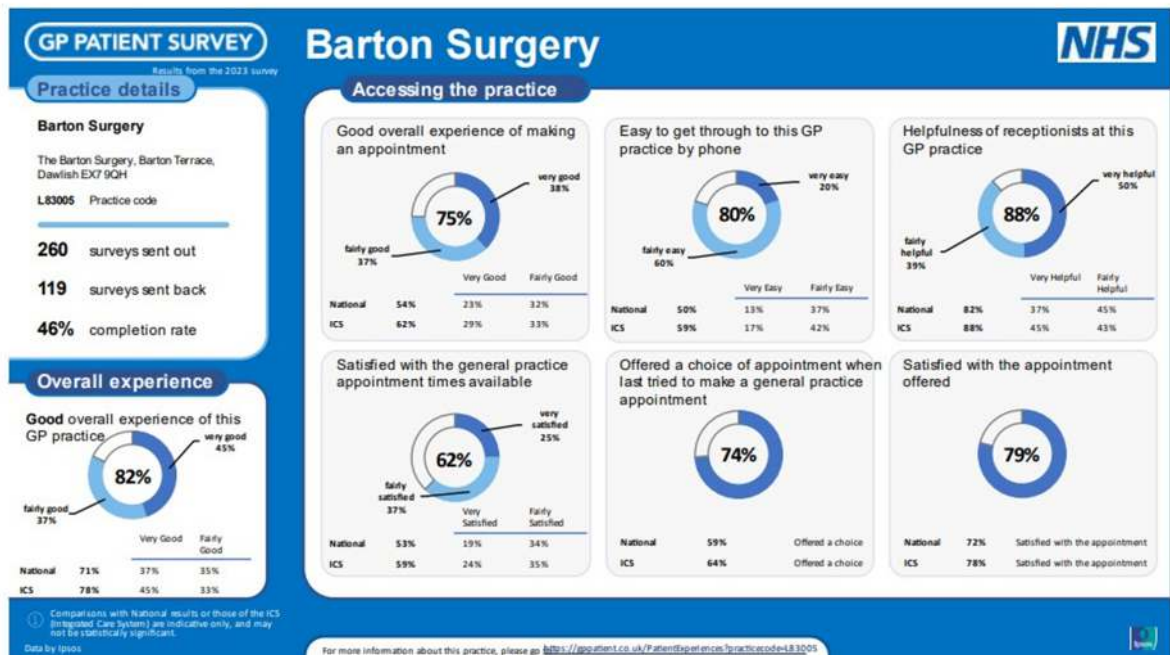
### 9.1 GP Surgeries

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 £23million). 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
<b>Space/capacity</b>	<ul style="list-style-type: none"> <li>Is the location/site large enough to accommodate all the currently provided services?</li> <li>Does the location support the commitment to provide services within the Teignmouth and Dawlish locality?</li> </ul>	<ul style="list-style-type: none"> <li>The Hospital site is large enough to provide all of the services needed.</li> <li>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.</li> <li>Both sites support the commitment to provide services in the locality.</li> </ul>
<b>Does it support delivery of the vision for the Coastal area: ‘Excellent Integrated Services’?</b>	<ul style="list-style-type: none"> <li>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</li> <li>To ensure the sustainability of primary care in Teignmouth</li> <li>To help people stay well and support them when they need help</li> <li>To enable people to stay at home for as long as possible</li> <li>To optimise use of the purpose-built Dawlish Community Hospital</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> <li>It would take a minimum of 2 years to construct the site, as an estimate.</li> <li>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.</li> <li>The arguments for co-location for GP services is made for the Health and Wellbeing Centre but not for the Hospital site.</li> <li>Members accepted the loss of rehabilitation beds.</li> </ul>
<b>Sustainability of service</b> <ul style="list-style-type: none"> <li>➤ Service</li> <li>➤ Population</li> <li>➤ Building</li> <li>➤ Staff</li> </ul>	<ul style="list-style-type: none"> <li>Can the option respond to future changes to service models and population growth?</li> <li>Is the option in a building that has long term viability?</li> <li>Is it an attractive proposition for staff?</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> <li>The Hospital building was built in 1954 and refurbishment would extend the life of the building.</li> <li>There are options for buildings to be development around the current hospital site, including building from new.</li> <li>The Health and Wellbeing Centre has an expected lifespan of 30 to 40 years.</li> <li>The Task Group felt the Teignmouth Hospital site is a far more attractive place to work from.</li> <li>The current hospital is situated close to the areas of highest deprivation in the town.</li> </ul>
<b>Clinical Evidence</b> – best place to care for people	<ul style="list-style-type: none"> <li>NHSE South West Clinical Senate</li> </ul>	

<p><b>Finance</b></p>	<ul style="list-style-type: none"> <li>• Is it affordable?</li> <li>• Capital cost required – are there any abnormal costs?</li> <li>• Has funding been identified to deliver?</li> </ul>	<ul style="list-style-type: none"> <li>• On the current estimates, the refurbishment of the Hospital would cost £23.3m against a new Health and Wellbeing Centre of c.£20m.</li> <li>• 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.</li> <li>• The NHS has yet to purchase the land for the Health and Wellbeing Centre from Teignbridge and still needs to construct the building.</li> <li>• Capital costs for the Health and Wellbeing Centre would be upfront, compared to a continued programme or series of works to refurbish the Hospital.</li> <li>• The delivery model for the Health and Wellbeing Centre is subject to VAT as a third party.</li> <li>• The League of Friends for the Hospital would not contribute to the Health and Wellbeing Centre, only the Hospital site.</li> </ul>
<p><b>Public transport</b></p>	<ul style="list-style-type: none"> <li>• Is public transport available nearby to and from the site?</li> </ul>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• The Task Group did not feel there was much difference between the two.</li> </ul>
<p><b>Car parking</b></p>	<ul style="list-style-type: none"> <li>• Number of disabled spaces (and proximity)</li> <li>• Nearby parking</li> <li>• Cost of parking</li> </ul>	<ul style="list-style-type: none"> <li>• The Health and Wellbeing Centre has 23 spaces (including 4 Disabled Spaces) compared to 42 spaces at the Hospital (including 4 disabled spaces)</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> </ul>
<p><b>Travel impact</b></p>	<ul style="list-style-type: none"> <li>• What is the impact on distance travelled by people using the service?</li> </ul>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Retaining the Hospital site would mean people do not have to travel into the centre of the town which would avoid potential congestion.</li> </ul>

<b>Pedestrian access</b>	<ul style="list-style-type: none"> <li>Is there easy pedestrian access?</li> </ul>	<ul style="list-style-type: none"> <li>Both sites are considered to have good pedestrian access.</li> <li>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.</li> <li>The Hospital site is on a hill.</li> </ul>
<b>Impact on local vicinity</b>	<ul style="list-style-type: none"> <li>What will be the impact of any additional traffic on the local area?</li> <li>Will access to the site be unduly affected by seasonal traffic?</li> <li>What impact will this have on the local economy?</li> <li>How convenient will it be to access other local services?</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> <li>The Centre would impact of number of cars moving around the town and the directions they move around to get to the Centre.</li> <li>The Hospital site is not located in the town centre.</li> </ul>
<b>Environmental impact</b>	<ul style="list-style-type: none"> <li>What is the environmental impact on the difference in travel arrangements?</li> <li>Are the buildings environmentally friendly and sustainable?</li> </ul>	<ul style="list-style-type: none"> <li>Minimal difference overall of travel arrangements to compared to the proposed Health and Wellbeing Centre.</li> <li>Refurbishment of the Hospital could be done to modern, high environmental standards.</li> </ul>

### 9.3 Sustainability

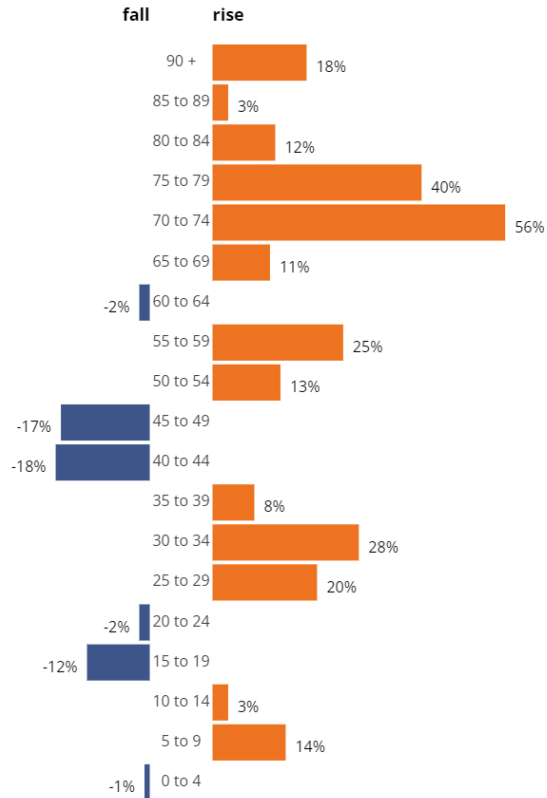
Members have been concerned with the future sustainability of services, and how much future planning has been considered. Independent projections demonstrate that growth in the locality is expected to exceed the typical growth rates, particularly in older age brackets. Census data shows that the population 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
<b>Total</b>	<b>31,206</b>	<b>32,923</b>	<b>1,717</b>	<b>5.5%</b>	<b>36,167</b>	<b>41,310</b>

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.

Population change (%) by age group in Teignbridge, 2011 to 2021



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 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:

<b>Witness</b>	<b>Position</b>	<b>Organisation</b>
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)	<b>Referral not successful</b> - NHS Devon “consulted adequately” with DCC on the proposals.	<ul style="list-style-type: none"> <li>This was the referral made by the Health and Adult Care Scrutiny Committee in 2021.</li> </ul>
Medway Council  Kent and Medway Stroke Services	Proposals were not in the interests of the health service (23(9)(c))	<b>Referral not successful</b> - The proposal should proceed alongside the commitments to deliver business cases for comprehensive stroke rehabilitation and prevention.	<ul style="list-style-type: none"> <li>December 2014 – Review of acute stroke Services in Kent and Medway began in response to concerns about performance and sustainability.</li> <li>June 2015 – the first of a series of clinical senate reports reviews the case for change.</li> <li>July 2015 – Case for change published</li> <li>11 August 2015 – NHS Report to Medway HASC and agreed for a Joint HOSC to be set up</li> <li>8 January 2016 – Kent/Medway Joint HOSC first met to discuss review</li> <li>2017 – work continued on different options</li> <li>Aug/Sept 2017 – Joint HOSC Members attended evaluation workshops on options</li> <li>24 January 2018 – Pre consultation business case published</li> <li>Feb to April 2018 – Public Consultation</li> <li>May 2018 – Review and analysis of consultation</li> <li>5 July 2018 – Report presented to Joint HOSC</li> <li>2018 – Work to identify a preferred options and a decision making business case.</li> </ul>

Council and Services	Reasons for Referral	IRP Advice to SoS or Minister	Comments and considerations
			<ul style="list-style-type: none"> <li>• 14 December 2018 – Report to Joint HOSC from Medway HASC expressing the view there has been a flaw in the process. Joint HOSC referred to the Joint Committee of CCGs.</li> <li>• 1 February 2019 – Joint HOSC met and Medway Members submitted a minority report</li> <li>• 26 February 2019 – Joint HOSC voted not to refer the proposals to the SOS.</li> <li>• 12 March 2019 – Medway HASC voted to refer the proposals to the SOS.</li> </ul>
<p>London Borough of Merton</p> <p>Improving Healthcare Together 2020 to 2030 – Surrey, Sutton and Merton areas.</p>	<p>Scrutiny was not satisfied with the adequacy of the consultation (23(9)(a)) and proposals were not in the interests of the health service (23(9)(c))</p>	<p><b>Referral not successful</b> - taking account of the observations and specifically the requirement for ongoing financial assurance, the proposals should proceed.</p>	<ul style="list-style-type: none"> <li>• January 2018 – Improving Healthcare Together 2020-2030 programme established – vision for future healthcare</li> <li>• June 2018 – Issues Paper published, followed by a pre-consultation exercise.</li> <li>• 16 October 2018 – Joint Scrutiny Sub Committee met for the first time (LBs of Croydon, Kingston upon Thames, Merton, Sutton, Wandsworth and Surrey CC)</li> <li>• December 2018 – Clinical Senate provided an initial review of the case for change, clinical model and longlist of options.</li> <li>• March 2019 – A full review of the draft pre-consultation business case provided 94 recommendations in 7 areas.</li> <li>• Into Autumn 2019 – Focus Groups to develop long list of options and workshops involving stakeholders and the public.</li> <li>• 6 January 2020 – CCG Committees in Common met to review evidence and consider recommendations – approved the business case and agreed to proceed to consultation on the proposals.</li> <li>• 8 January 2020 – Improving Healthcare Together consultation launched and ran for 12 weeks – to 1<sup>st</sup> April 2020.</li> <li>• 4 June 2020 – Joint HOSC met to consider its response</li> <li>• 22 June 2020 – Joint HOSC submitted its response but did not make any recommendations – supporting the case for change but acknowledging the</li> </ul>



Council and Services	Reasons for Referral	IRP Advice to SoS or Minister	Comments and considerations
			<p>model was unsustainable without capital investment. Did not express a consensus view on the proposed location of the specialist emergency care hospital.</p> <ul style="list-style-type: none"> <li>• 3 June 2020 – CCG CIC agreed to build the specialist emergency care hospital in Sutton.</li> <li>• 21 July 2020 – Merton referred the decision to the SoS – on consultation and interests of the health service.</li> <li>• 28 October 2020 – IRP letter</li> </ul>
<p>Dorset County Council</p> <p>Dorset Clinical Services</p>	<p>Scrutiny considers that the proposal would not be in the interests of the health service in the area (23(9)(C)) This was based on concerns due to travel times by Ambulances and concerns that there is no local alternative to the loss of community hospitals.</p>	<p>Referral not successful - the proposals should proceed.</p>	<ul style="list-style-type: none"> <li>• March 2014 – NHS Dorset CCG initiated a clinical services review across Dorset.</li> <li>• 10 September 2014 – Dorset HSC made aware of CRS via briefing paper at a meeting.</li> <li>• October 2014 – Review was formally launched.</li> <li>• November 2014 – further Paper to Dorset HSC</li> <li>• January 2015 – CCG publishes information setting out the need to change and 6 evaluation criteria.</li> <li>• March 2015 – Clinical Senate peer review on the emerging clinical design.</li> <li>• April 2015 – Stage 1 assurance reviewed from NHS England.</li> <li>• 22 May 2015 – Dorset HSC report updating members on progress.</li> <li>• 20 July 2015 – Joint HSC met for the first time and agreed each HSC would retain its right to make a referral.</li> <li>• July 2015 – Clinical Senate report making 16 recommendations</li> <li>• September 2015 – Briefings with Town and Parish Councils and Scrutiny.</li> <li>• 13 November 2017 – Dorset HSC vote to refer to SoS subject to the outcome of the next Joint HSC.</li> <li>• 12 December 2017 – Joint HSC voted against the Dorset HSC decision to refer.</li> <li>• 20 December 2017 – Dorset HSC vote not to refer to SoS.</li> </ul>

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

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

## 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*

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**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
<b>Space/capacity</b>	<ul style="list-style-type: none"> <li>Is the location/site large enough to accommodate all the currently provided services?</li> <li>Does the location support the commitment to provide services within the Teignmouth and Dawlish locality?</li> </ul>	Yes/No
<b>Does it support delivery of the vision for the Coastal area: 'Excellent Integrated Services'?</b>	<ul style="list-style-type: none"> <li>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</li> <li>To ensure the sustainability of primary care in Teignmouth</li> <li>To help people stay well and support them when they need help</li> <li>To enable people to stay at home for as long as possible</li> <li>To optimise use of the purpose-built Dawlish Community Hospital</li> </ul>	High
<b>Sustainability of service</b> ➤ Service ➤ Population ➤ Building ➤ Staff	<ul style="list-style-type: none"> <li>Can the option respond to future changes to service models and population growth?</li> <li>Is the option in a building that has long term viability?</li> <li>Is it an attractive proposition for staff?</li> </ul>	High
<b>Clinical Evidence – best place to care for people</b>	<ul style="list-style-type: none"> <li>NHSE South West Clinical Senate</li> </ul>	High
<b>Finance</b>	<ul style="list-style-type: none"> <li>Is it affordable?</li> <li>Capital cost required – are there any abnormal costs?</li> <li>Has funding been identified to deliver?</li> </ul>	High
<b>Public transport</b>	<ul style="list-style-type: none"> <li>Is public transport available nearby to and from the site?</li> </ul>	Medium
<b>Car parking</b>	<ul style="list-style-type: none"> <li>Number of disabled spaces (and proximity)</li> <li>Nearby parking</li> <li>Cost of parking</li> </ul>	Medium
<b>Travel impact</b>	<ul style="list-style-type: none"> <li>What is the impact on distance travelled by people using the service?</li> </ul>	Medium
<b>Pedestrian access</b>	<ul style="list-style-type: none"> <li>Is there easy pedestrian access?</li> </ul>	Medium
<b>Impact on local vicinity</b>	<ul style="list-style-type: none"> <li>What will be the impact of any additional traffic on the local area?</li> <li>Will access to the site be unduly affected by seasonal traffic?</li> <li>What impact will this have on the local economy?</li> <li>How convenient will it be to access other local services?</li> </ul>	Medium
<b>Environmental impact</b>	<ul style="list-style-type: none"> <li>What is the environmental impact on the difference in travel arrangements?</li> <li>Are the buildings environmentally friendly and sustainable?</li> </ul>	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
	<b>Suggestions that build on proposals</b>

24	The Health and Wellbeing Centre could include: a) Health visitors and midwives b) Dental and optician services c) Mental health services d) Osteopath and acupuncture services e) Paediatrics f) A weekend GP service g) Clinics such as chemotherapy h) An optician and retinal screening i) A lab for bloods/urine analysis j) Respiratory clinics
25	Achieve integration through technology, along with more digital appointments and screening.
26	Provide a base/second base for physiotherapists, occupational therapists and district nurses at Dawlish Community Hospital.
27	Concerns were expressed both about limited parking availability at the Health and Wellbeing Centre, the cost of parking at Dawlish Community Hospital and at the transport links between Teignmouth and Dawlish Community Hospital. Representative suggestions are set out as follows: <ul style="list-style-type: none"> <li>• “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.”</li> <li>• “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.”</li> <li>• “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?”</li> <li>• “Help with transport between Dawlish and Teignmouth, with a direct bus service.”</li> </ul>
	<b>Out of scope</b>
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
<b>Number</b>	<b>Alternative option proposed</b>	<b>Average Score</b>	<b>Total Score</b>
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	<input type="checkbox"/> Teignmouth Community Hospital would have the capacity with good facilities if <input type="checkbox"/> refurbished The building needs extensive renovation and does not have a sustainable future <input type="checkbox"/> Capital cost of refurbishment is considered high <input type="checkbox"/> Keeping services on this site would not achieve the vision of further integration with primary care <input type="checkbox"/> Pedestrian access is considered poor <input type="checkbox"/> Medium score in evaluation (825) <input type="checkbox"/> Previously evaluated and not supported.
2	Refurbish Teignmouth Community Hospital to deliver community clinics, specialist clinics and day case procedures plus rehabilitation beds	<input type="checkbox"/> Teignmouth Community Hospital would have the capacity with good facilities if <input type="checkbox"/> refurbished The building needs extensive renovation and does not have a sustainable future <input type="checkbox"/> Keeping services on this site would not achieve the vision of further integration with primary care <input type="checkbox"/> Clinical evidence supports caring for people in their own homes <input type="checkbox"/> Pedestrian access is considered poor <input type="checkbox"/> Low score in evaluation (678) <input type="checkbox"/> Previously evaluated and not supported.
3	Refurbish Teignmouth Community Hospital to deliver day case procedures and rehabilitation beds	<input type="checkbox"/> Teignmouth Community Hospital would have the capacity with good facilities if <input type="checkbox"/> refurbished The building needs extensive renovation and does not have a sustainable future <input type="checkbox"/> Capital cost of refurbishment and extension is considered high <input type="checkbox"/> Keeping services on this site would not achieve the vision of further integration with primary care or other services <input type="checkbox"/> Clinical evidence supports caring for people in their own homes <input type="checkbox"/> Pedestrian access is considered poor <input type="checkbox"/> Low score in evaluation (677)

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

7	<p>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</p>	<ul style="list-style-type: none"> <li>• Teignmouth Community Hospital would have the capacity with new build</li> <li>• Capital cost of new build is considered high</li> <li>• Keeping services on this site would not achieve the vision of further integration with primary care or other services</li> <li>• Clinical evidence supports caring for people in their own homes</li> <li>• Continued commitment to Dawlish Community Hospital PFI and suitability of Dawlish as a community hospital as modern fit-for-purpose accommodation</li> <li>• Pedestrian access is considered poor</li> <li>• Low score in evaluation (696)</li> </ul>
8	<p>Build a new hospital on the Brunswick Street site to deliver community clinics, specialist clinics and day case procedures</p>	<p>Ended at Stage 1 – site does not have capacity</p>
9	<p>Build a new hospital on the Brunswick Street site to deliver community clinics, specialist clinics and day case procedures plus rehabilitation beds</p>	<p>Ended at Stage 1 – site does not have capacity</p>
10	<p>Move day case procedures to the new Health and Wellbeing centre</p>	<p>Ended at Stage 1 – site does not have capacity</p>
11	<p>Move specialist outpatient clinics to the new Health and Wellbeing Centre</p>	<p>Ended at Stage 1 – site does not have capacity</p>
12	<p>Move specialist orthopaedic clinics to the Health and Wellbeing Centre.</p>	<ul style="list-style-type: none"> <li>• Health and Wellbeing Centre would have the capacity within new build</li> <li>• Capital cost is low</li> <li>• Would achieve the vision of further integration with community physiotherapy clinics and primary care</li> <li>• Clinical evidence supports closer working with community physiotherapy services.</li> <li>• Good public transport links and pedestrian access</li> <li>• High score in evaluation (1095)</li> </ul>

13	Build a new hospital at Broadmeadow to deliver community clinics, specialist clinics and day case procedures	<ul style="list-style-type: none"> <li>• There could potentially be a site available, but none has been identified</li> <li>• Capital cost of a new build is considered high</li> <li>• Would not achieve the vision of further integration with primary care</li> <li>• Pedestrian access is considered poor</li> <li>• Low score in evaluation (555)</li> </ul>
14	Build a new hospital at Broadmeadow to deliver community clinics, specialist clinics and day case procedures plus rehabilitation beds	<ul style="list-style-type: none"> <li>• There could potentially be a site available, but none has been identified</li> <li>• Capital cost of a new build is considered high</li> <li>• Would not achieve the vision of further integration with primary care</li> <li>• Clinical evidence supports caring for people in their own homes</li> <li>• Pedestrian access is considered poor</li> <li>• Low score in evaluation (543)</li> </ul>
15	Build a health hub between Dawlish and Teignmouth to deliver community clinics, specialist clinics and day case procedures, with adequate parking	<ul style="list-style-type: none"> <li>• 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</li> <li>• Capital cost of a new build is considered high</li> <li>• Would not achieve the vision of further integration with primary care</li> <li>• Pedestrian access is considered poor</li> <li>• Large majority of people would have to travel from either town to access</li> <li>• Low score in evaluation (543)</li> </ul>
16	Keep Teignmouth Community Hospital as it is to deliver community clinics, specialist clinics and day case procedures.	This was scored as Option 1 as Teignmouth Community Hospital would need to be refurbished to continue to deliver services
17	Build a new 12 bed rehabilitation unit in Teignmouth	<ul style="list-style-type: none"> <li>• There could potentially be a site available, but none has been identified</li> <li>• Capital cost of a new build or refurbishing an existing building is considered high</li> <li>• Would not achieve the vision of further integration with primary care</li> <li>• Clinical evidence supports caring for people in their own homes</li> <li>• Low score in evaluation (596)</li> </ul>

18	Provide 12 rehabilitation beds at Dawlish Community Hospital alongside the medical beds	<ul style="list-style-type: none"><li>• Dawlish Community Hospital could potentially be extended to accommodate</li><li>• Capital cost of an extension is considered high</li><li>• Would integrate rehabilitation beds with medical beds</li><li>• Clinical evidence supports caring for people in their own homes</li><li>• Pedestrian access, public transport and parking considered good</li><li>• Medium score in evaluation (802)</li></ul>
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**7.6.2** The Steering Group considered that the only option to score in the ‘high’ category was option 12 - to move specialist orthopaedic clinics to the Health and Wellbeing Centre in Teignmouth, rather than to Dawlish Community Hospital. This would mean that the specialist orthopaedic clinics would sit alongside the community physiotherapy clinics. The option scored highly against the criteria of finance, supporting the vision for excellent integrated services, and clinical evidence. The logic of siting the specialist orthopaedic clinics with the community physiotherapy clinics would be the same as that under which it is proposed to co-locate specialist ear nose and throat clinics and the related community audiology clinics at the Health and Wellbeing Centre.

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

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

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

**7.6.6** The Steering Group considered that all other options attracted a ‘low’ score.

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

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

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



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

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

## **7.7 Recommendation**

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

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

## 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)
- 10<sup>th</sup> September 2020 [Consultation Modernising Health and Care Services in the Teignmouth and Dawlish Area](#)
- [Local Authority \(Public Health, Health and Wellbeing Boards and Health Scrutiny\) Regulations 2013](#)
- [IRP's terms of reference](#)
- [IRP's methodology for advising the Secretary of State for Health and Social Care](#)
- Department of Health and Social Care's guidance (2014) "[Advice to local authorities on scrutinising health services](#)
- [Torrington Community Hospital Spotlight Review, Health & Wellbeing Scrutiny \(June 2016\)](#)
- [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 11<sup>th</sup> 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 \(June 2022\)](#)