

## Reconfiguration of Health and Wellbeing services in Teignmouth Development so far – briefing

### 1. Context

Since 2013 the CCG and its partners have been working to develop health and care services in the Coastal Locality (Teignmouth and Dawlish) that meet the needs of the population and provide sustainable services into the future. The aim of this briefing is to provide a brief history of changes we have already made to health and care services in the area and to describe the factors that are influencing our thinking in this latest stage of the development.

**2013:** Public engagement asked people what was important to them in terms of health and care services.

**2014/15:** Public Consultation in Teignmouth and Dawlish which led to the decision to:

Teignmouth Community Hospital	Dawlish Community Hospital
Health and wellbeing team	16 medical beds
12 rehabilitation beds (not implemented)	Minor Injuries Unit
Specialist outpatient clinics	Community clinics
Theatre for planned day case surgery	
Community clinics	

**2017:** Decision by CCG Governing Body to review need for rehabilitation beds in Teignmouth Hospital as the health and wellbeing team were looking after local patients so successfully without them.

**2018:** Public engagement asked:

- How do you feel about bringing some health and care services together into a new building? In the context of:
  - The three Teignmouth practices wish to co-locate in a new building.
  - The opportunity a new building would provide co-location of services.
  - The success of services since the 2014/15 consultation means that the proposed 12 rehabilitation beds do not need to be established at Teignmouth Hospital.

- What are the key factors that should be taken into account when identifying a site for any new NHS building in Teignmouth?

## 2. Feedback from public engagement

- There is support for GPs co-locating in a modern health and wellbeing centre, although for some people, this is conditional on finding the right site.
- Having other services and voluntary sector representation also co-located with GP practices in a new building is viewed positively.
- A new centre is seen as a way of improving care, by bringing together the teams that work most closely together, including social care and voluntary sector representation.
- In planning any new centre, care needs to be taken to ensure any development complements its surroundings and does not have a disruptive impact on the adjacent area.
- Opinion is split between those who believe a new centre should be in a refurbished Teignmouth Hospital, in a new building on the hospital site or at another location.
- Support for a new centre is for many conditional on finding a flat site, which people can access by car, public transport or on foot. Most respondents thought that a town centre site was the best option
- Reflecting the petition submitted, some people want to retain the hospital and avoid the loss of any outpatient services and the theatre
- Some people said that 12 rehabilitation beds should be restored to the hospital in line with the previous consultation
- There is a lack of understanding as to the way care is delivered locally and the services that form part of the health and wellbeing team. This is compounded by confusion over social care and health care provision in the community.
- There is scepticism as to whether the recent engagement and any future consultation is anything more than a tick box exercise. Some people believe that decisions have already been made.

## 3. Drivers for change

Factors Influencing Changes	
<b>Model of care</b>	The model of care sees GPs, community health and social care teams and the voluntary sector working together to provide for the vast majority of people's health and wellbeing needs in the locality in which they live. It aims to provide the majority of care as close to home as possible, supporting people to remain independent and in their own homes, reducing reliance on bed-based services, but centralising care where that is more resilient, effective and efficient.

	<p>There are four key elements to delivering this care model locally – locality clinical hubs, including community hospital beds and minor injuries units; local health and wellbeing centres; health and wellbeing teams; and intermediate care provision.</p>
<b>GP practices</b>	<ul style="list-style-type: none"> <li>• All three GP practices are suffering from cramped space and deteriorating buildings.</li> <li>• Access, especially disability access, is an issue.</li> <li>• Limited space to be able to teach and train medical students and trainee GPs.</li> <li>• Recruitment and retention issues caused by lack of ability to train and unattractive setting. For example two of the three practices have advertised in last three months for salaried GPs and for the first time ever have had no applications and only two GP partners in the town are aged under 50 years old.</li> <li>• GPs have expressed a wish to co-locate in a new building.</li> <li>• Engagement exercise showed that people supported co-location but wanted their GP practice to be on a flat site, in the centre of town, easily accessible by public transport.</li> <li>• Teignbridge Council has identified the site on Brunswick Street for development and their preferred choice is a development including a health and wellbeing centre.</li> <li>• GPs would like to work closer together to share good practice, some back office functions and workforce development.</li> </ul>
<b>Health and wellbeing team</b>	<ul style="list-style-type: none"> <li>• Working well together in multi-agency way at Teignmouth Hospital</li> <li>• Co-location with GPs would enhance multi-agency working</li> <li>• Would like more space so can include other services on a drop in basis such as housing, mental health</li> <li>• Public engagement showed public support for co-location with GP practices.</li> </ul>
<b>Voluntary sector</b>	<ul style="list-style-type: none"> <li>• Two key voluntary sector organisations in Teignmouth – one is on the Teignmouth Hospital site and 1one in the town.</li> <li>• Co-location with GPs and health and wellbeing team would enhance multi-agency working</li> <li>• Public engagement showed public support for co-location with GP practices and health and wellbeing team</li> </ul>
<b>Community clinics – those used frequently by local people</b>	<ul style="list-style-type: none"> <li>• Basing these with GPs and health and wellbeing team and voluntary sector would: create a community facility, make good use of the rooms; assist multi-agency working;</li> <li>• Consider fit with model of care by having community clinics in each town.</li> </ul>
<b>Specialist outpatients and theatre services</b> Clinics used once or twice a year by people living across a wide area	<ul style="list-style-type: none"> <li>• Basing these in a specialist centre in the locality means they would be supported by experienced, skilled medical staff, joined with medical beds and minor injury unit</li> <li>• Consider fit with model of care by having specialist services within each locality with other specialist services.</li> <li>• Public engagement showed people wanted to keep these in the locality and not move to Torbay.</li> </ul>

<b>Rehabilitation beds/ intermediate care</b>	<ul style="list-style-type: none"> <li>• Evidence of success of enhanced intermediate care working to rehabilitate people in their own homes or care homes.</li> <li>• Concern from public engagement about the availability of care home beds</li> <li>• High cost of providing 12 beds versus community provision when there has been low demand for IC beds over the last two years.</li> </ul>
<b>Teignmouth Hospital building and access</b>	<ul style="list-style-type: none"> <li>• The current hospital was opened in 1954, the first hospital built under the NHS.</li> <li>• The hospital cannot be economically reconfigured to provide modern facilities required today and in the future. The most recent Hospital conditions survey shows that the building is nearing the end of its effective life with wear and tear taking its toll, mechanical and electrical infrastructure approaching the end of its economic life, drainage problems and DDA (disability discrimination) issues.</li> </ul>
<b>Finance</b>	<ul style="list-style-type: none"> <li>• Limited capital funding available to invest in new build and refurbishment.</li> </ul>

#### 4. Next Steps

##### a) **Working with key stakeholders to develop overall vision** – discussions so far -

The vision for Teignmouth is to provide excellent integrated services by co-locating services in a new health and wellbeing centre:

- Three GP practices in Teignmouth
- Health and wellbeing team
- Voluntary sector
- Children's services
- Community clinics

##### b) **Working with key stakeholder to develop proposals**

The GPs in Teignmouth are responsible for outlining the benefits of co-locating their main surgeries in a new health and wellbeing centre alongside the health and wellbeing team and voluntary sector and for consulting with their registered patients about such a move.

As a result of the overall vision for Teignmouth, the above co-location and the drivers for change, the CCG is developing proposals in relation to those other services which are provided in Teignmouth Hospital.

There is a desire to re-provide all services currently delivered from Teignmouth Hospital in the locality and we are looking at where they can be best located for the future.