

Issue No 2 – January 2020

Health and Wellbeing Centre plans unveiled

Up to 100 local people attended a drop-in session at the Guildhall on Tuesday 17 December. The session sought to engage local people on the design of the new health and well-being centre prior to the formal submission for planning. Those who came along were able to see the layout and visuals of the new Health and Wellbeing centre, and share their views with architects and estates staff from Torbay and South Devon NHS Foundation Trust.

There was a broad range of views and comments, with some really helpful feedback about design including about:

- access to seating in the corridors
- wheelchair waiting and storage space
- size of meeting and seating space
- electric parking points
- environmental initiatives
- ensuring a bus stop is sited nearby.



A number of people made some very positive comments on the layout, application of plans, natural light and overall design, and thought the development very exciting. There was an overwhelming view of encouragement to move forward with the plans and the development as soon as possible to benefit local people. All the comments made on the design are being considered by the Trust and its architects as they develop the detailed plans for a submission to the planning committee at South Hams District Council at the end of February 2020.

The Trust team and architects also heard a number of views from people, including a number of representatives of the Dartmouth Area Health Action Group, relating to changes to services that were consulted on in 2016 and implemented in 2017. The changes resulted in:

- new investment in community teams in Dartmouth to provide more intensive support for people in their own homes, either to avoid a hospital admission or to continue rehabilitation after a hospital stay,
- new investment to provide a more sustainable minor injury service supported by imaging services in Totnes,
- new investment in local health services housed in Dartmouth Clinic
- the provision of two 'NHS' beds in a local care home to meet the needs of the local population
- commitment to develop a new build health and well-being centre to co-locate local health, GP and voluntary sector services
- closure of the elderly Dartmouth Hospital as it was no longer needed with the new ways of delivering community services.

The specific issues raised by people in written comments are detailed overleaf.

Dartmouth Health and Wellbeing Update

Q: Why does the new centre not have a minor injuries service (MIU) or X-ray facilities?

A: Part of the consultation was to introduce a better minor injury service which included longer opening hours with associated full time imaging support. This could only be provided in a smaller number of excellent MIU centres. In the previous model Dartmouth was only able to offer restricted MIU hours only 2 or 3 hours of which were supported by X-Ray. Since Dartmouth Hospital closed in April 2017, MIU and imaging services are provided at Totnes Hospital and Torbay Hospital. The Trust also commissioned Dartmouth Medical Practice to provide a very local minor injuries service, with a full service available at Totnes Hospital.

Q: Why is there no provision for care beds in the new centre?

A: Best Practice, as identified in the 2016 consultation, emphasised the requirement for any sustainable inpatient facility to have a minimum of 16 beds, to ensure optimum safe staffing, clinical cover and staff expertise. Evidence gathered and evaluated by the stakeholder group since the Trust introduced new ways of providing services in 2017 shows that, on average, there is the need for only one or two care beds each week to meet the needs of the community of Dartmouth and its surroundings. The Trust has a contract with local care home, Beacon Court, to allocate two beds for the NHS to use for local people. If extra capacity is needed, more can be sought at Beacon Court or there are more beds available in both Totnes and Brixham, as well as elsewhere in the area. Sometimes family choose placements outside of Dartmouth to be closer to their relatives.

Q: Do the plans for the new centre take account of the plans for 400 new homes on the outskirts of Dartmouth?

A: In drawing up these plans, the CCG and the Trust have considered long-term planning forecasts for population growth and trends for an increasingly ageing population. The new centre includes expanded facilities for Dartmouth Medical Practice, which should enable them to recruit additional clinical practitioners. This will ease the workload on GPs and enable them to better meet the needs of the growing population.

Q: How will people with mobility issues access the centre?

A: There will be plenty of public parking spaces, including disabled spaces and the site will be served by public transport. The Trust is looking to Dartmouth Town Council and South Hams Council to support easy access to the centre by bus and to ensure a suitably placed bus stop to make it as easy as possible for people with mobility issues to get to the new centre.

Q: Is there enough parking?

A: The plans include 20 dedicated spaces for staff and disabled visitors to the Health and Wellbeing Centre. In addition, there will be 130 public spaces, as the site is currently used as an overflow car park for the Dartmouth Park and Ride in peak times. The car park will be managed by South Hams District Council.

Q: Why are there no dedicated day care facilities?

A: This is not a statutory service provided by the NHS. The voluntary sector will be based at the new centre, and will provide some day services and signposting and access to a wide range of local services provided by voluntary groups and organisations. The new centre includes multi-purpose space which can be booked and used by the local community.

Q: Transport links to Totnes and beyond are poor. What can you do to help local residents?

A: Local people have always had to travel to Torbay Hospital for the full range of hospital services. There is voluntary sector support for a volunteer car service to help people get to their appointments in Totnes and Torbay, if transport is an issue. We are aware of examples elsewhere, including Torquay, where local communities have come together and agreed to subsidise a valued, local bus service in order to keep it running. The local community has suggested investigating the viability of a mini-bus service for Dartmouth. It is hoped that the Council will be able to support enhanced transport services in some way for the Dartmouth community.

Q: What will happen to Dartmouth Hospital?

A: The Trust is currently looking at outline plans for the development of the NHS owned site. Any proposals will take account of a covenant that exists on a small part of the site. The Trust will be legally required to deliver the best possible value for money solution and financial return to the NHS. Income generated through the sale of the site will be used to support the delivery of the Dartmouth health and well-being centre and health and care services in future.

Next steps

The stakeholders in the health and well-being centre will continue to work in partnership and with urgency to develop the detailed designs on the specification that has been agreed and presented, and on the site that was identified by the Dartmouth stakeholder group as the preferred site. A submission for planning permission is anticipated to be submitted at the end of February 2020. Our timeline then allows tendering for the building work from March, with the potential to start work on site as early as June 2020 with estimated completion around August 2021.

As with the Health and Wellbeing Centre, outline plans for the hospital and clinic sites, will be shared with the public for comment once they are developed before submission for full planning permission.

Latest updates are being posted on our website: <http://tsdft.uk/dartmouth>

News in brief

Intermediate care survey

Our community staff are working with Healthwatch to gain some qualitative feedback from residents in the Dartmouth area who received support from our intermediate care team. Over the past 5 weeks, we have had 4 Dartmouth residents agree to take part in this survey (27% of those who used the service), and Healthwatch are carrying out in-depth interviews with those people. Some of the others declined, and we are offering them the opportunity to complete a friends and family test instead. Others either didn't have the capacity to engage, didn't want to take part or were very poorly and receiving end of life care. For those in receipt of end of life care, we will give family members the opportunity to comment if they wish to. We are planning to extend the survey to give more people an opportunity to take part.

Trust welcomes new Chief Finance Officer

David Stacey joined the Trust this month as Chief Finance Officer. He has a wealth of experience, with a background in senior NHS roles, and joins us from North Middlesex University Hospital where he was director of finance. His previous roles include director of strategy at West London Mental Health Trust, England's biggest mental health trust and deputy director of transformation at Chelsea and Westminster Hospital NHS FT. He began his career with KPMG and spent seven years in their healthcare team, working with NHS and international health clients.

CQC submission complete

The Trust completed its information submission to the Care Quality Commission before Christmas. When the CQC is preparing for an inspection visit, the first step is to contact the organisation and ask for detailed information returns about areas the inspection may cover. The Trust is now expecting to receive an unannounced visit from the CQC very soon and a well-led inspection within the next six months.

Medical examiner role

The Trust is currently recruiting for medical examiners in order to introduce the required new Medical Examiner service. This will promote robust, transparent and independent scrutiny of death certification processes. The role of the Medical Examiner has been created by the Department of Health and Social Care in response to observations made in the Third Report of the Shipman Inquiry.

Service statistics for patients of Dartmouth Medical Practice

The following information refers to use of services by patients from Dartmouth Medical Practice (DMP) during November 2019. This is the latest period for which complete information is available.

Intermediate care

- 9 urgent (same day) referrals
- 5 non urgent referrals

Of these 2 people required a short stay in residential care. Both of these were accommodated in Beacon House in Dartmouth.

Emergency admission to hospital

Emergency admission into Torbay hospital per 1,000 population remain lower (9.1 per 1,000) for DMP patients compared to the average number (10.7 per 1,000 of population) across the Torbay and south Devon footprint.

David's story

David is in his 70s, has a complex medical history and lives at home in Dartmouth with his wife. He is supported by care visits at home three times a day, and recently needed a stay in Torbay Hospital. Seven days after returning home, his wife called the paramedics as David was unresponsive. The paramedics felt that he didn't need another hospital admission, but would benefit from intermediate care support.

A photograph of Dartmouth harbor, showing numerous sailboats and yachts in the water, with buildings and greenery on the hills in the background.

Dartmouth Health and Wellbeing Update

The Trust's community team assessed his needs and found that his mobility had reduced and he was struggling to get in and out of bed. They put together a package of care that meant he was able to continue to live at home. This included bringing some more equipment into the home to help him get in and out bed safely, and providing him with physio support and an exercise programme to do between physio visits. A community nurse reviewed his medication and visited regularly to keep an eye on his wellbeing and check he wasn't getting pressure sores. The team also worked with their hospital colleagues to co-ordinate his follow-up outpatient visits, as well as liaising with David's care agency to ensure that he was managing well with his package of support.

David is still being supported to stay at home with his wife.