



SHAPING  
OUR FUTURE

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Cornwall and the Isles of Scilly  
Health and Social Care Partnership

# Welcome

# Penwith

## About today



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Thank you for working with us to improve health and care services in Penwith.

10.00–10.20 : About today, and why we're here.

10.20–10.40 : First small table discussion.

10.40–11.00 : Second small table discussion.

11.00–11.15 : Break/refreshments

11.15–11.35 : Third small table discussion.

11.35–11.50 : Conclusions and review of discussion points.

11.50–12.00 : What next?

12.00 noon : End.

Any questions?



# Our vision for health and care services

## Why are we here?



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The areas we're focusing on.

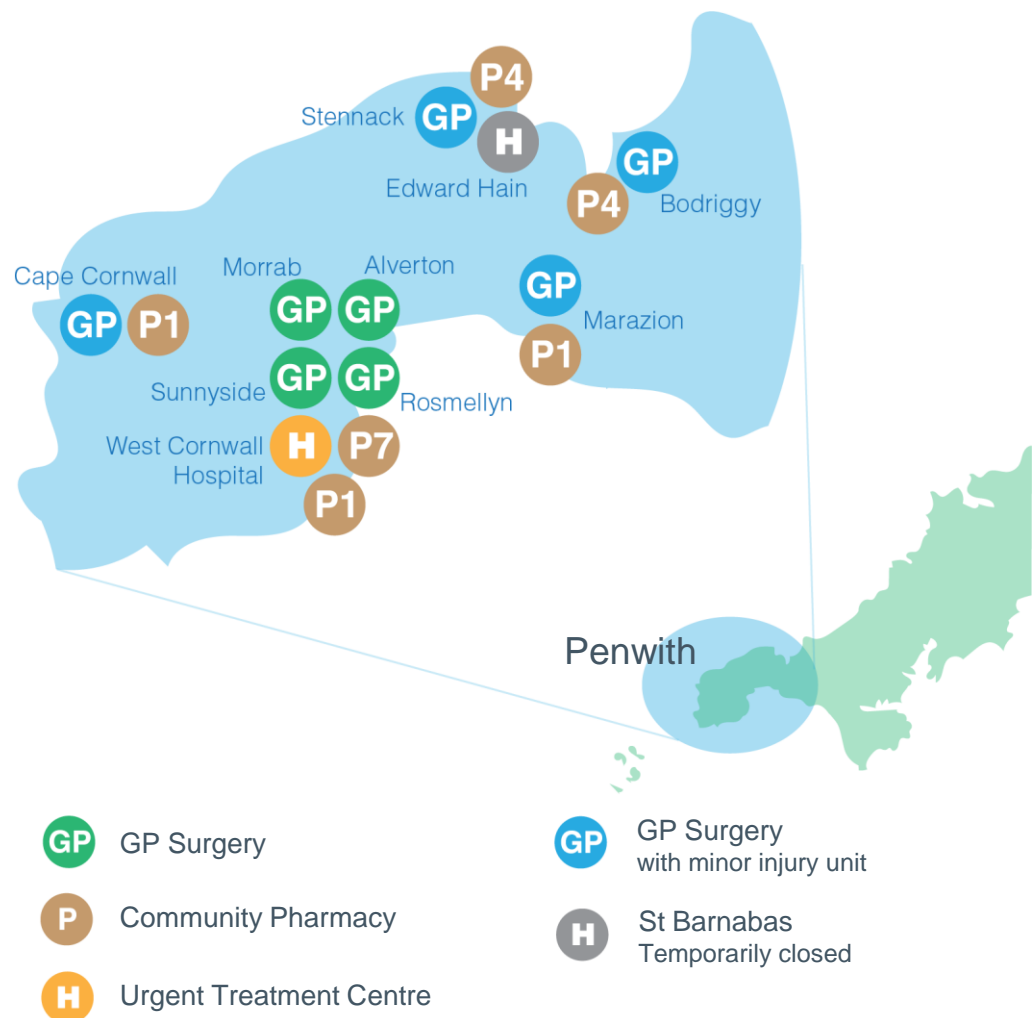
We want to empower people to take control of their lives. Health and care services need to work together to improve people's health and wellbeing, and reduce health inequalities.

Provide person-centred care as close to people's home as possible.

We'll provide safe, high quality, timely and compassionate care where people live, whenever possible.

Work with our communities on our plans to ensure services reflect the needs of each community.

Make Cornwall and the Isles of Scilly a great place to work in health and care services.



# Why are we here?

## Who lives here?



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Population: 62,530 people.

### Health & wellbeing

24% of people have a limiting long-term condition, compared with 18% across England.

### Communities & environment

People like living here: 83.9% of people are satisfied with their neighbourhood, compared with 79.3% across England.

### Access & transport

24% of households have no car, compared with 26% across England.

### Population

28.3% (17,695) of the population (62,530) are older than 65, compared with 21.8% of the South West, and 18.0% of England.

# Why are we here?

## Who lives here?



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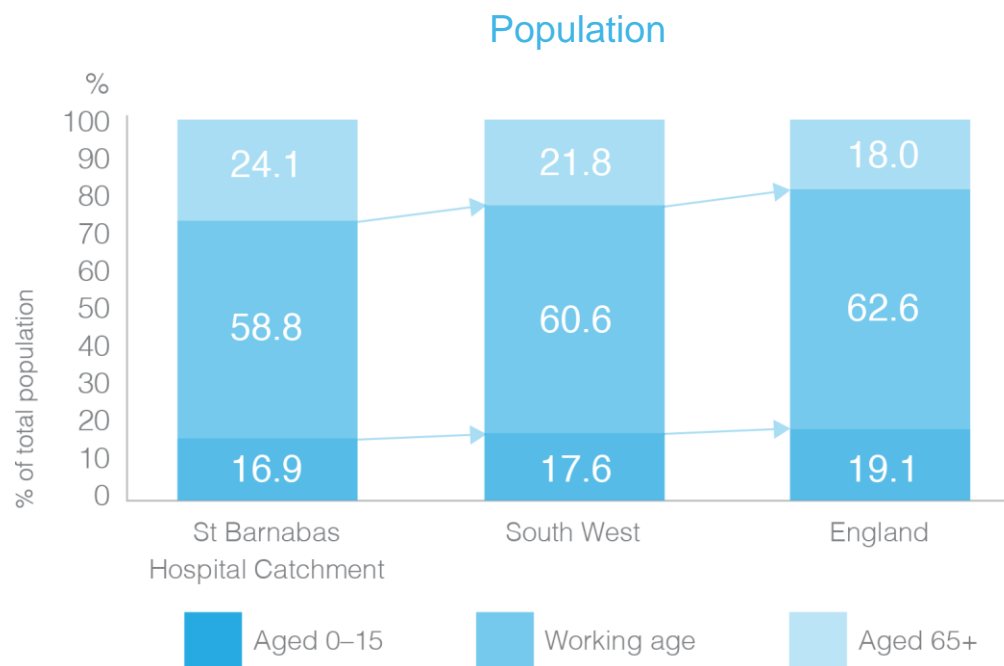
1,555 adults of working age (44%)  
claim mental health-related benefits.  
England average is 2.7%.

2,015 people older than 65 (11.4%)  
have attendance allowance.

7,770 pensionable households –  
27.8% and higher than England  
average of 20.7% of population.

24,119 people (39%) are classified  
as rural residents, compared with the  
England average of 10%.

4,720 households of one pensioner  
(60.8%), which is higher than the  
England average (59.5%).



# Why are we here?

## St Ives and the surrounding areas



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There are no extra care housing beds to provide an alternative to long-term residential care.

Two care homes and 28 beds, and 51 nursing beds have closed during the past two years.

Eight GP surgeries, with a registered population of 62,530 people:

### West Penwith

Alverton Practice   Cape Cornwall Surgery  
Morrab Surgery   Rosmellyn Surgery  
Sunnyside Surgery

### East Penwith

Stennack Surgery   Bodriggy Health Centre  
Marazion Surgery

From December 2017 to November 2018, 129 people had their discharge from hospital delayed.

106 people were discharged from Royal Cornwall Hospital, and then on to another community hospital during 2016/17.

91 people were discharged from Royal Cornwall Hospital, and then on to another community hospital during 2017/18.

18 admissions a month to hospital from care homes.  
289 people receiving NHS Continuing Healthcare.

Higher numbers of local staff are reaching retirement age.

Staff Group	Heads	% Aged 55+
Practice Nurses	40	33% (13 heads)
GPs	56	15% (8 heads)
Community Nurses	40	28% (11 heads)



# Why are we here?

## About Edward Hain Community Hospital



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NHS Property Services owns the building.

It's leased to Cornwall Partnership NHS Foundation Trust (CFT), which provides hospital services.

Inpatient beds were temporarily closed to new admissions in February 2016, due to fire safety concerns. The last patient left in August 2016.

174 people admitted to an inpatient bed in 12 months before they closed. 111 (64%) of these people lived in Penwith.

Hospital beds were occupied on average 93% of the time.

Age UK and other community and volunteer groups are providing a range of day activities and outreach support as part of a reablement and wellbeing service trial. The trial will run until June 2019.

Addaction, commissioners and Edward Hain staff are working together to plan day services for people with substance misuse and alcohol dependency.



# What have people told us is important?



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Focus on prevention and proactive care.

Personalise care and support to help people achieve what matters to them.

Coordinate care and support locally.

Develop the role of communities to provide support.

Improve care home quality and resilience.

Improve dementia care.

Improve support for carers.



## An Integrated Team





# What have people in Penwith told us is important?



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Short stay/assessment beds must be protected from being 'poached' by the acute sector

Using a pharmacist to treat minor ailments has to be able to accommodate private consultations

Children's services (particularly for under 2s) must be available

The 'worry' clinics set up in Helston look to be effective

People should be encouraged to take ownership of their own health

There needs to be access to safe mental health services

GP provided minor injury service is a good model

A personalised care plan is crucial to using short stay/assessment beds

Consider locations other than existing estate

Not all about GPs – there are many other staff who can play a vital role

The public must be informed about which service to use when

GP extended hours might be of limited use

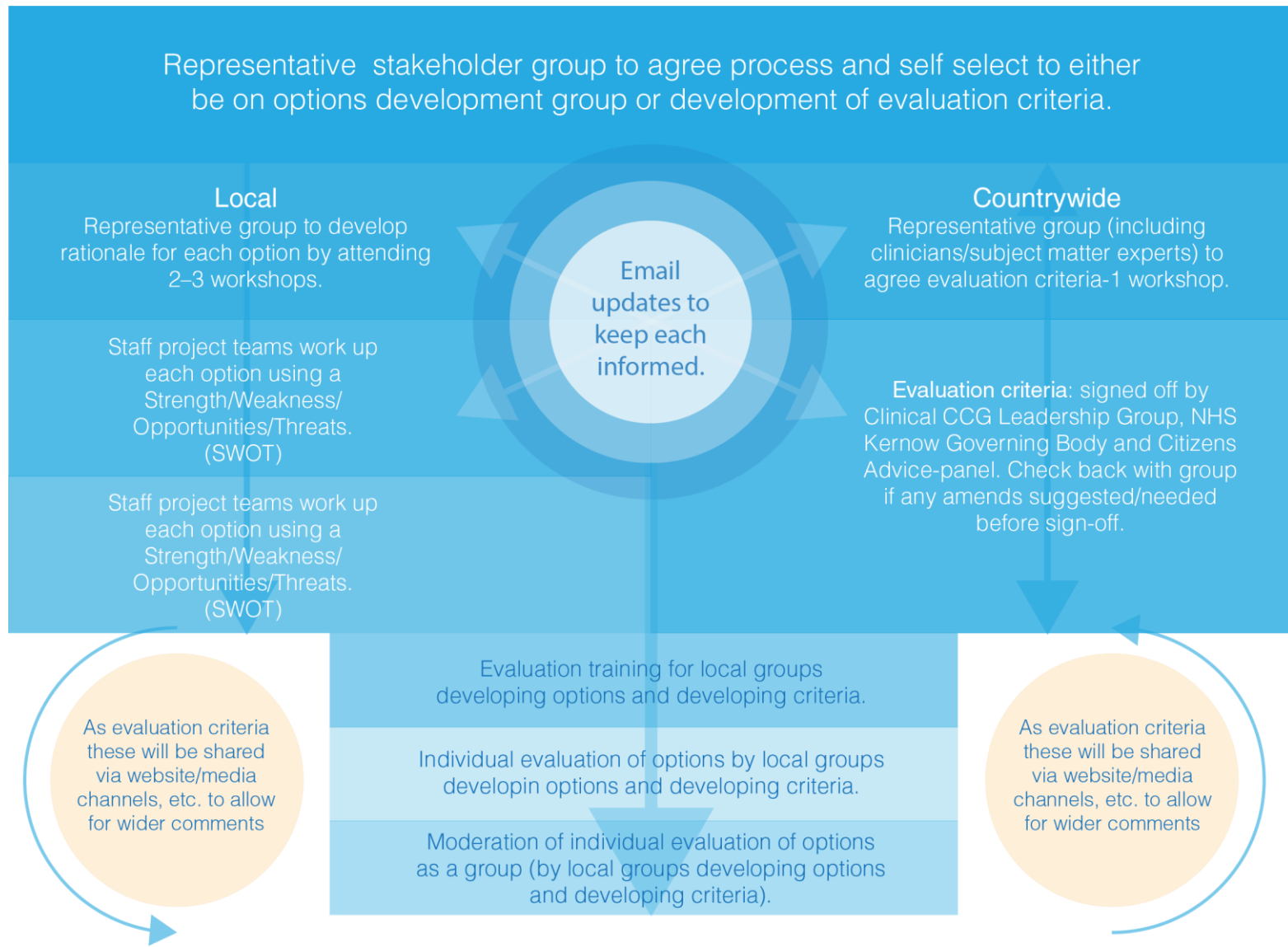
Short stay/assessment could include telehealth and assistive technology

# Option and evaluation process



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## Today's challenge



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Table 1 : What are our community needs, and what's important to us?

Table 2 : What are our key challenges in supporting communities and people to thrive?

Table 3 : What do we need to change to provide local care and support services that are fit for the future?





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Thank you.