Minutes

Cornwall and the Isles of Scilly Health and Care Partnership

Penwith integrated community services stakeholder event, workshop two

Wednesday 17 July 2019
10.30 am to 12.30 pm
St Piran's Hall, Goldsithney

Present:

Mandy Angove (Community Mental Health Team)	Tracy Hind (Clinical Workforce Lead, Cornwall Foundation Trust)
Sheena Arthur (Operations Manager, Age UK Cornwall and Isles of Scilly)	Zoe Humphreys (Care Co-ordinator, Alverton Practice)
Trevor Bailey (Trustee, disAbility Cornwall)	Lynne Isaacs (Edward Hain League of Friends)
Ruby Bowden (QA Team, Cornwall Council)	James Page (Senior Portfolio Optimisation Manager, NHS Property Services)
Lesley Brooke (West Cornwall Healthwatch)	Jennifer Paling (West Cornwall Healthwatch)
Toni Carver (Edward Hain League of Friends)	Jeremy Preedy (CAP Member)
Villy Colman (Family Hub Co-ordinator)	Carolyn Rowe (WCH League of Friends)
Kate Cook (Bosence Farm)	Tessa Snellgrove (Volunteer Cornwall)
Anita Cornelius (ICA Director, Cornwall Foundation Trust)	Deborah Stevens (Medical Director, Cornwall Hospice Care)
Steve Day (Cornwall Foundation Trust)	Paul Sylvester (West Cornwall Hospital Manager)
Andrew George (Former Liberal Democrat MP for St Ives)	Joan Tanner (Edward Hain League of Friends)
Chris Goninan (Penwith 50+ Forum)	Ruth Tod (Care Co-ordinator, Marazion Surgery)
Shirley Harris (Matron, WCH)	Kirstine Welch (Business Support Manager – West, Cornwall Foundation Trust)
Nicola Hemsley (Cornwallis Care)	Jean Weary (West Cornwall Healthwatch)

NHS Kernow team	
Andrew Abbott	Rachel Murray
Samantha Jacobs	Laura Patrick
Kate Mitchell	Michelle Smith
Louise Moore	Neil Walden (Clinical Lead)

Please note that these minutes represent the views and observations of those attending the event and the specific detail and reference to any numbers and data may not be accurate at this point in time.

Minutes

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Introduction and recap from workshop one

Dr Neil Walden welcomed everyone and gave a recap of the current state of the project and the progress made since the first workshop (see presentation slides). There was some discussion on the principles of approach agreed following the last workshop and some key points were made as below:

- Having a local step down function remains important - this already occurs from Royal Cornwall Hospitals NHS Trust (RCHT) to the community hospitals. Local clinicians and practitioners would like more step-up beds in the community and discussions are already underway to develop this.
- It is important that primary and community care services are built up to support the use of step up beds.
- We need key communication systems. Work is ongoing county-wide trying to ensure that patient information is shared where appropriate. We need teams to actually talk to each other, as well as sharing IT systems. There have been improvements in the establishment and development of multi-disciplinary teams (MDTs) in the west which is helping this communication.

Question: Wasn't stepping-up the old way of working – i.e. centralising everything at Treliske? This has shown not to work.

Answer: Centralising everything at Treliske does not necessarily support good experience for individuals if they do not need acute care and are not able to be discharged in a timely way. The development of local integrated community teams has strengthened the ability of MDTs to work together to support more people locally with complex health and care needs. This may need a different resourcing of staff and services to support care closer to home. NHS Kernow's Chief Finance Officer explained to Neil Walden at a recent meeting that there is no additional money available but that it may be possible to divert funds where needed to communities as we consider local commissioning and provision of services.

Question: The government said last year there was more funding for the NHS. How much additional money is available?

Answer: There is more money, but this needs to be seen in the context of population growth and increase in cost of things like equipment and service costs due to inflation. Primary and community care is proportionally receiving more funding which is positive, but this is allotted to specific areas such as establishing primary care networks. This

funding is also predicated on being able to employ the necessary workforce and workforce recruitment and retention is a significant challenge.

It was acknowledged how disappointing it was that the Edward Hain League of Friends raised £150,000 for the day room just two months before the hospital was temporarily closed. It's important to consider through this process how the Edward Hain League of Friends continue to be involved as a key partner in shaping local plans and opportunities. It was recognised the significant support and expertise available in the voluntary and community sector - which may include finance and we need to be mindful of this and ensure the voluntary sector is embedded in strategic and planning conversations.

The options evaluation criteria that are currently being proposed will have a specific section on finance that will prompt people to consider alternative sources of funding beyond statutory health such as the local council, voluntary sector.

Large group discussion, exploring some working ideas with Q&A opportunities with subject matter experts

We then heard short presentations from staff with an opportunity to ask questions which are outlined below.

Paul Sylvester, West Cornwall Hospital (WCH) Manager and Shirley Harris, WCH Matron from Royal Cornwall Hospitals Trust

Paul and Shirley explained the function of West Cornwall Hospital (WCH) and their strategic vision for its development. WCH will become a centre of excellence for frailty and the hospital is working more closely with GPs and local teams to develop this and manage the bed base more effectively. WCH will also develop the Urgent Treatment Centre which will support RCHT, and is rebuilding and modernising the outpatient department.

The focus is on keeping people safe and enabling them to regain their independence by providing therapy and building their confidence. There are activities on WCH wards to promote wellbeing. There was a comment that the help seems to stop when people go into a care home. The aim is to manage people closer to their own home so people may not necessarily need to go into a care home.

Question: Are delayed discharges a problem?

Answer: There are always delays on wards due to the waits for packages of care and care home beds, but this has improved significantly.

Answer: We are also supporting people to "own" their recovery and not become too dependent on physios and other staff. This involves building the confidence of people - including their relatives.

There was a discussion on how we can allow people to manage their own risk appropriately, giving people the support to be more independent with greater confidence. For example, we cannot completely remove all risk from everyone when they return home or go to a care home. Some members of the community teams recently visited Gloucester to look at its frailty service and see what we can replicate at Camborne Redruth Community Hospital. Gloucester's frailty assessment service has reduced the average length of stay to 15 hours. Their ethos centres on wellbeing and ability, as opposed to describing people as 'medically-fit' or 'therapy-fit'.

Sheena Arthur, Operations Manager from Age UK Cornwall and Isles of Scilly

Sheena advised that the winter reablement pilot at Edward Hain has been extended and has been very successful to date with 26 referrals. This is building confidence in people with the emphasis on decision-making and choice. She explained that we need to support people to be comfortable to take their own risks. The extension of the pilot until end of September has helped significantly. Home visits are being carried out to encourage people to attend and to provide opportunities to support people to access community activities and improve social integration. The visits help the staff to understand what people might want at home and to keep in contact to reduce isolation. The teams have been working closely with local staff such as care co-ordinators and social prescribers and also with day centres such as Hayle to develop an art group and other activities that can be continued.

It was felt that we needed to become less risk-averse when we are working with and supporting people in the community.

Question: Do people in care homes get any support from the community? There is a lack of knowledge of what is available out there.

Answer: Both care home and community teams have joint responsibility for supporting the inclusion of care homes within communities. We would welcome suggestions from care homes regarding how they can integrate with the community as well.

James Page, Senior Portfolio Optimisation Manager from NHS Property Services

James explained that NHS Property Services (NHS PS) has ownership of Edward Hain Hospital and all other community hospitals. Its role is to understand the

required future of the building and to support NHS Kernow in making appropriate decisions. For example, NHS PS will be aware of issues which will inform decisions on the longevity of any site, which are based on operational and clinical need and are happy to support this current review process. NHS PS does not arbitrarily close sites. Decisions are based on local needs and made by commissioners.

Question: If NHS PS was to sell Edward Hain, could the community of St Ives get an option to purchase it?

Answer: In theory there are mechanisms available to allow special interest groups (e.g. the local authority) to purchase sites. These are complex though. If an ongoing revenue funding stream is needed this would need to be addressed by NHS Kernow.

Question: The WCH outpatient department site is apparently going to be sold for housing. This seems a short-term solution to a problem. Can we delay this decision?

Answer: This was part of the original estates capital funding bid. It is not yet decided where the new outpatient department will be provided. This can be discussed further at WCH community forum.

Question: Are there covenants attached to the Edward Hain building, and if the site is sold what is your approach to re-provisioning that part of the money?

Answer: According to the legal advice we have received on the initial searches there are no legal or covenant restrictions on Edward Hain hospital.

Answer: Any sales receipt is transferred to the Department of Health and Social Care to reinvest nationally. If there are other sites locally that would benefit it may be possible to use enablement funding to transfer any existing service to another building. NHS PS would work with NHS Kernow and local stakeholders to decide that.

Neil Walden then led a discussion about the current working ideas and options as found in the presentation slide pack. It was agreed that local work to implement and develop a new model of care (with a specific focus on step up care) was required to inform local need for services (including bed provision). An additional piece of work is also underway called the Embrace Care Project which is reviewing the current health and care system (with a focus on discharge decisions) and how we can achieve the best outcomes for people. This project is also crucial to identify the needs of local populations. Group attendees made some specific observations on the working ideas/options presented:

- If the nearest step-up function is Camborne Redruth Community Hospital or Helston Community Hospital, this is too far for people living in west Penwith.
- The Bolitho School site in Penzance is presently under planning as a possible wellbeing hub. These work streams all need to link in together and with any plans for care homes and extra care housing. Cornwall Council is undertaking a procurement exercise for the development of extra care housing sites and representatives from NHS Kernow have just been asked to sit on that board. It may be that Edward Hain would be too small for an extra care housing site. Helpfully, there has been a recent new joint post between Health and Social Care to ensure we make the best of all new planning arrangements to secure sufficient section 106 money available for health investments.
- We need to ensure families are considered when integrating place-based services. There have to be universal services that everyone can access.
- We need to consider the impact of the loss of an alcohol and drug detoxification bed in Edward Hain. Discussions are already underway with local staff to consider where the service would be best placed.

The tabled options were agreed by those present as a valid representation of discussions and opinions aired to date.

Reviewing the proposed evaluation criteria

Neil Walden explained that the proposed options evaluation criteria (provided in the presentation slide pack) are county-wide rather than local to Penwith to allow for consistent and transparent decision making across each site as we are also looking at Fowey and St Barnabas community hospitals.

Kate Mitchell (KM) explained the process in more detail, including the reason for the invitees, and the workshop meeting which took place on 2 July. She has had discussions with and taken advice from other key organisations such as NHS England, the clinical senate and The Consultation Institute to learn from examples of best practice. The proposed criteria will be equally weighted and the sub-criteria scored from zero to four with zero score provided when a scheme provides ‘no evidence’ and four when it provides ‘exceptional evidence.’

The options evaluation process itself will be similar to a procurement process. The core evaluation group will be county-wide with a proportion of individuals from the local area. People will carry out the scoring individually and then there will be a facilitated group moderation process for the final agreed evaluation. All scores will be captured, together with the rationale for each.

KM discussed the sub-criteria. The system impact was stated as important as any decision made locally will have an impact elsewhere. KM reiterated that she is happy to have further conversations with individuals, or set up small groups for

discussion if anyone wants to have a further discussion about the evaluation criteria or process. Kate can be reached on: email kate.mitchell8@nhs.net or on telephone: 01209 832420. There will be minimum scores required for safety, financial affordability and sustainability. This will ensure that an option that might not be affordable now, will still be considered for the future if it scores high on everything else.

Question: Should there be a minimum score for access?

Answer: We can take that back for further discussion – although it could be argued that everything should have a minimum score.

Question: Will a risk assessment be run in conjunction with it to reinforce evaluation?

Answer: The evaluation criteria will include most risk related elements and there will also be Equality Impact Assessments (EIAs) completed for each scheme to identify any intended and unintended consequences in further detail. Andrew George offered to meet with KM outside of this meeting to discuss a risk assessment in more detail.

Question: Why didn't you look at similar geographic/demographic areas when asking other clinical commissioning groups (CCG) for advice?

Answer: We were looking at the evaluation criteria and evaluation process itself which is relevant to any area, rather than at service developments. We were instructed by NHS England and the clinical senate that these particular CCGs should be contacted for best practice around the process of establishing evaluation criteria. The criteria should be applicable to any service.

Next steps

Workshop three will take place this autumn at which the long list of options will be presented, but we will be seeking wider views in the meantime. Individual meetings will be available if requested, and we will also look to engage people who are unable to attend these meetings.

Neil Walden closed the workshop and thanked everyone for attending and for their valuable contributions at the meeting.