

Minutes

Fowey integrated community services stakeholder event

23 April 2019

10am to 12noon

St Blazey Football Club

Present:

Jonathan Treffry (Fowey Hospital Welfare Committee)	Dr Mike Waldron (Fowey River Practice)
Dr Andy Virr (County Councillor);	Ann Boosey (PPG)
Helen Luther (Fowey Hospital Welfare Committee)	Stuart Hunkin (PPG)
Roz Alexander (League of Friends)	Ruth Finlay (Mayor of Fowey)
Tasha Davis (Cornwall Council)	Angela Andrews (Cornwall Council)
Bill Davis (Volunteer Cornwall)	Pauline Giles (County Councillor)
Jordan Rowse (County Councillor)	Peter Glasson (Fowey Town Council)
Alison Oakford-Hill (Cornwall Partnership NHS Foundation Trust- CFT)	Steve Day (CFT)
Samantha Childs (CFT)	Tracey Roose (Age UK)
Lee Davis (Age UK)	Chris Harvey (Cornwall Care)
Julie Pollard (Volunteer Cornwall)	
Tom Last (photographer)	
NHS Kernow team	
John Groom (NHS Kernow)	Kate Mitchell (NHS Kernow)
Michelle Smith (NHS Kernow)	Caroline Chick (NHS Kernow)
Laura Patrick (NHS Kernow)	Ella Jordan (NHS Kernow)
Ben Mitchell (NHS Kernow)	

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Introductions and why we're here today

John Groom, NHS Kernow's Director for Integrated Care (community services) thanked people for attending the first stakeholder event to support the Fowey integrated community services project.

The group was invited to participate in the review of community services in Fowey, including those that were provided from the community hospital. Similar sessions are also taking place in Penwith and Saltash, where community hospitals are also temporarily closed to inpatient services.

Each review is distinct to its geographic patch and each review will involve people from that area. It is important to involve local people in this process, and benefit from their knowledge, experience and insight.

The purpose of today's session was to help identify a list of options for the possible future shape of community services in the locality, which will determine the future of Fowey Community Hospital.

People were asked to join three smaller groups and consider and discuss the following three questions:

- What are our key challenges in supporting communities and individuals to thrive?
- What our community needs, and what's important to us?
- What do we need to change to provide local care and support services that are fit for the future?

By the end of the session, we hope to have:

- Enabled people to have decided if they would like to remain involved by becoming a member of either the options development group or the countywide criteria setting group
- Begun having the conversations about community services in the Fowey area that will lead to the development of options for the future

Group one: Key challenges in supporting individuals and communities

Key points from the group discussion (please refer to appendix one for full list):

- Community population and housing developments are expanding rapidly, which is increasing pressure on services.

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Minutes

- People often have to rely on friends for private transport. It can take several buses to get to Royal Cornwall Hospital Trust (RCHT).
- It is important to know how many beds are in nursing and residential homes, and how many staff vacancies there are before we start planning for the future.
- There are no care homes in Fowey. Due to closures and de-registration there have been a loss of 67 beds in the surrounding area in the past two years and there are 19 admissions to RCHT a month from the surrounding care homes.
- There is no respite provision in Fowey.
- There are seasonal trends and a minor injury unit is needed in the summer. There were, however, 59 attendances at Fowey MIU in the year before the service stopped, and very few holidaymakers.
- Diabetes prevention is provided in the area. There is a lack of digital connection (used in the right way) re self-management and understanding of how to maintain a healthy lifestyle. We need to see people regularly to coach them through lifestyle choices.
- There are lots of services and support out there-it is making the connections that it a challenge, but Age UK is a good enabler for this.
- We are looking into seven-day working, but there is a nationwide recruitment crisis, and it is difficult to get GPs here without including weekend working.
- There is a need for step up and step down care. The RCHT discharge team is always short-staffed due to long-term sickness and difficulties recruiting. Assessments are therefore getting behind time.
- Short-term acute need could be dealt with in nursing homes and then stepped down.
- There is not enough home care staff to provide a double-handed package of care four times a day.
- Not all houses in Cornwall are suitable for care at home.
- Fowey Hospital site is not large enough or suitable for extra care housing but it would fit a nursing home.
- There were 30 people registered to Fowey GP surgery who were inpatients at Fowey Hospital in the year prior to the closure of inpatient beds.
- The Treffry family originally gifted the hospital to the NHS. The condition of Fowey Hospital was allowed to deteriorate by the NHS who did not spend money on it and locals therefore donated money. We have four million visitors in the summer and no extra funding.
- Requirements for modern healthcare have changed.

Group two: Key challenges in supporting individuals and communities

Key points from the group discussion (please refer to appendix one for full list):

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Minutes



SHAPING
OUR FUTURE

Cornwall and the Isles of Scilly
Health and Social Care Partnership

- It's a small town, without a railway, and a limited bus service.
- 35 percent of residents are older than 65, and the numbers of people aged older than 85 will double in the next 20 years.
- Seems nonsense to close community beds when there is bed-blocking.
- Want to safeguard the Fowey Hospital land so it is devoted to health and social care.
- Hospital always provided valuable service, but community hospitals have changed. People from this area weren't getting sent there anymore.
- People in community hospitals have greater care needs, and now need geriatric consultants, physio and OT. This is not practical with 10 beds.
- Getting short-term care placements is virtually impossible.
- Age UK has a strategy to support community hubs that GPs can refer to.
- Cornwall Link will show what is already available.
- Cornwall Care has 120 beds in three care homes, and has an arrangement with RCHT to prevent bed blocking. They like community model and making this their focus, focus on avoiding admission.
- Need travelling services – chiropodists etc.
- Transport needs to be joined up with services.
- Better to spend money to build local community services.
- Memory café is amazing but only run fortnightly and there is a great demand.
- Can put community matrons in to run services in 'hubs', can set this up quite quickly – continence, leg ulcers etc. Are very reliant on volunteers to help.
- Annoyance with NHS governance, and spending on non-clinical activities.
- More social prescribing in this area

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

Key points from the group discussion (please refer to appendix one for full list):

- The hospital covers a vast area and we need to consider elderly and disabled people who don't have access to transport.
- Need to consider what services are required at this stage, not money.
- Staff recruitment – attracting people to work in the South West is a challenge.
- Rural and coastal challenges need to be considered.
- Organisations competing for the limited staff who are available.
- Nursing wages – can't afford rent.
- Accessibility for patients and visitors. Family and friends are essential to people's progress, and they rely on family to help ie: with laundry.
- How does Polruan link in? Can you use the hospital for co-location? There is a working group in Fowey looking at that problem already.
- There have been discussions about a nursing home and that will be on the list of options – would that be the right thing for residents?

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Minutes

- Can consider co-location. Capital and revenue would be required. Will need to give consideration to the fact that the site is difficult to get to. GPs know the community and are best placed to give a view on co-location.
- Keen to explore the option of a hub, could have a number of services with some step-up and step-down beds, and perhaps sheltered housing.
- Fowey is a growing community. An influx in St Austell needs the support services to keep up.
- Struggling to maintain services now, with developments that puts huge pressure on support services.
- What is required in 18 to 24 months might be different to what is required in three or four years' time. Need to recognise that technology can help, but for some people that won't be now, but could be in the future.
- 'Improving Access to General Practice' – not a great desire for surgeries to open on Saturday mornings. Would love to see a 'walk-in' urgent clinic that would take the burden off the acute hospital – what can surgeries offer?
- Better unity between the council and health re: parking and accessibility. Have known staff providing end of life care to be issued with a parking fine. Perhaps there could be a scheme where health staff can use driveways.
- Parking problems and carrying equipment a distance can put people off wanting to be carers in such areas.
- Integration of services is key – we work with three community nursing teams – Par, Lanteglos, Bodmin. In more difficult times turn to silo working to protect core services that doesn't allow headspace.
- There are opportunities in the GP contract for working wider than the GP unit.
- Just want to get on and get done.
- Inclusion of St Austell and Mevagissey is too big.
- The Primary Care Network area is Fowey, St Blazey, Park, Tywardreath, Lanlivery, Luxulyan then down half way to Looe/Fowey. Massive area to the east is lightly populated, no services or transport. When you add St Austell you change the demography and story.

Common themes

There was a general feeling that there needs to be an increase of services in the area to support people to keep well and stay out of hospital. In particular, there needs to be more consideration of seven-day services from GPs and increased care at home support.

It was also felt that a minor injury service was needed to support not only people who live in the area, but also people who come to Fowey and the surrounding areas on holiday – although the data states that there were only 59 attendances to the MIU in the year before Fowey closed, and very few of those people were holidaymakers.

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Minutes

There was recognition that there are significant workforce restrictions across all health and care organisations. There is a finite pool of people for these services and we need to ensure we can attract and retain people in the caring profession- particularly when we may be up against higher salaries in the tourist season. As well as our population ageing so is our workforce and we in particular know it was difficult to staff Fowey Community Hospital and that GPs are finding it difficult to recruit locum cover to their practices.

People don't want to be admitted to hospital, and want to be supported and receive care in their community. Fowey is a rural area, and the issues with public transport are of great concern. Public transport is not always reliable, it can be expensive and it can take people several bus journeys to get to Treliske. This needs to be given serious consideration in all plans to ensure people receive care close to their homes, and relatives and loved ones can easily see them.

It was felt by some that staff were not able to maintain, or learn new skills to ensure they could continue to treat a wide range of people. Staff should be given dedicated or protected time to maintain their skills and training, so they can treat minor injuries. Consideration should also be given to train staff in care homes to do more to help keep people from being admitted to hospital.

There were concerns about the geographical area that is in scope for this work, which is broader than the definition of the community network panel. It was felt that extending into Mevagissey and St Austell was too broad as that population would go to St Austell Community Hospital for services and as a population they had different needs to Fowey. Members of the group would like this project to focus purely on Fowey, rather than extending into mid Cornwall. The group would like clarity on this footprint area.

Members of the group would also like clarity on the position of the nursing home that has been proposed by Phil Confue at Cornwall Partnership NHS Foundation Trust (CFT). Several members felt this was a good proposal and, having had conversations with Phil, would like clarity on what was happening with this.

Communication between partners and clinicians needs to be improved, and there needs to be better signposting to services. It was felt that clinicians didn't always know where to direct people to support, such as dementia and diabetes. Community makers can help with this work, and some members would like a dedicated community maker for the Fowey area to help keep people well and out of hospital, and supported to get home.

The overall message is to quicken the pace of the work – people in the community have been having discussions about their needs for many years, and many felt that they wanted a decision on the hospital's future to be made to end the uncertainty. The group didn't want to wait for the other two areas which are undertaking similar

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Minutes

pieces of work (Penwith and Saltash) to make decisions about their community hospitals if Fowey was ready to make a decision and develop its plans. It was agreed that this Fowey specific piece of work will proceed independently from the other two areas and the process would be accelerated where possible.

What next?

NHS Kernow's project team has committed to providing notes from this meeting within seven working days. These will be shared with everyone who attended today's session to ensure transparency and accuracy of the conversations.

A dedicated Fowey Community Hospital page will be created on NHS Kernow's website, <https://kernowccg.nhs.uk/get-involved/engagement/integrated-community-services-plans/fowey-community-hospital/> and this will include the materials that were provided for today's session, including [presentation slides](#), the [case for change](#), and a [video tour](#) of the hospital.

People attending the workshop were also asked to confirm if they wanted to still be involved with the project and which group they wished to support: either developing a long list of options for future service provision in the Fowey area that will determine the future of Fowey Community Hospital, or help to develop a set of criteria against which the three long lists of options developed in Penwith, Fowey and Saltash will be measured.

NHS Kernow will write to people to confirm which group they will support.

A follow-up meeting is being arranged to progress this work, and we will keep people updated of this progress.

Completed evaluation forms from the event would be reviewed to ensure we respond to the group's requests for improvement and information.

Appendix one

Appendix one: group session notes

Key challenges in supporting individuals and communities

Session 1

Key points from discussion:

- Communities and developments are expanding rapidly hence there is increasing pressure on services.
- There is a small creep expansion in Fowey which incorporates all ages.
- Older people are “out on a limb” and weekend services are not good. They also often have to rely on friends for private transport. It can take several buses to get to RCHT.
- How many beds are there in nursing and residential homes and how many staff vacancies are there? It is important to know the present state before planning for the future can start.
- Data on bed occupancy and numbers receiving Carers’ Allowance requested.
- 67 beds have gone in the past two years and there are 19 admissions to RCHT a month from the surrounding care homes.
- There is no respite provision actually in Fowey.
- The pink pack itemizes the specific population needs.
- There are seasonal trends (MIU needed in summer).
- 59 attendances in the year before Fowey closed and very few holidaymakers.
- The hospital could only deal with very minor injuries so patients may have presented but left again to be treated elsewhere. It is difficult to get staff as it is specialised training.
- There is good accommodation for the elderly in terms of housing, which is an alternative to residential care.

Session 2

Key points from discussion:

- High level of deprivation in St Blazey and residents can be difficult to engage with, especially younger ones who have low expectations of their future. What are we doing for the elderly of tomorrow?
- 40 out of the 100 children in the primary school were fed by a foodbank type scheme in school holidays last year. Fowey does not just have well-off residents but also rural deprivation and a lack of public transport. There is not enough support for early education. The closure of libraries means that people don’t know where to find out about what services are available.
- If we do not support communities we will not be able to attract carers to the area.
- Diabetes prevention is provided in the area. There is a lack of digital connection (used in the right way) re self-management and understanding of how to maintain

Appendix one

a healthy lifestyle. We need to see people regularly to coach them through lifestyle choices.

- Patients will not go to clinics at Wadebridge as they consider it too far and have transport issues. There is a lack of awareness of what services are out there.
- Some of these topics have been discussed year after year without any change or progress made. Nothing is available on Bank Holiday Monday.
- We are looking into seven-day working, but there is a recruitment crisis nationwide and it is difficult enough to get GPs here without including weekend working.
- There are issues with people not knowing who to contact. We need to look at the issues from a user perspective rather than an organisation perspective.

Session 3

Key points from discussion:

- There is a need for step up and step down care. The team is always short-staffed due to long-term sickness and difficulties recruiting. Assessments are therefore getting behind time.
- Short-term acute need could be dealt with in nursing homes and then stepped down. The elderly can't easily travel from Fowey to Truro. There is a shortage of home care providers. One large local one recently closed.
- There are not enough home care staff to provide a double-handed package of care four times a day.
- Not all houses in Cornwall are suitable for care at home.
- There are issues with lack of nearby parking, stairs, getting equipment in and out of the house etc.
- There are issues around lack of workforce in all areas. We need beds for short/long-term care but have to consider staffing. Would extra care housing help?
- There is Windmill House but it does not have a warden.
- Fowey Hospital site is not large or suitable for extra care housing but it would fit a nursing home.
- The nursing homes in Polperro and Looe seem to have no trouble in attracting and retaining staff.
- Only 30 people were inpatients at Fowey Hospital in the year prior to closure.
- That is also due to the fact that the MIU was taken away and there were also fewer beds, e.g. if an extra bed was needed on the men's ward for a female patient, then the other beds had to be shut to the male patients.
- The condition of Fowey Hospital was allowed to deteriorate by the NHS who did not spend money on it and locals therefore donated money. We have four million visitors in the summer and no extra funding.
- Requirements for healthcare have changed. It is now more about short/long-term care and respite care.
- KM drew attention to the photographs showing the current state of the building.

Appendix one

- The hospital is no longer fit for purpose but it is much loved by the local community who have donated thousands to it over the years.
- Equipment bought for Fowey Hospital has gone to Penrice. (JT)

Post-it notes

- Numbers of people receiving attendance allowance and other benefits. Do we know?
- Travel – especially Treliske. Can be car/bus/train.
- Some limited taxi services. 17 percent of residents have no car.
- Library services are undergoing change. We need places to access information.
- Lack of services across bank holidays – e.g. seven day services.
- Step up and step down in Fowey / county. Shortage of team and provision.
- Care home agencies
- Prior Fields: supported living, no warden.
- Diabetes prevention a need – local one is in Wadebridge. People don't go.
- Going into hospital is the worst thing for them.
- Short term: respite, reablement.
- Long term: continuing healthcare and end of life care.
- Building needs to be fit for the future.
- Tourism tax
- No investment in the building.
- Short term care. Majority of people want to be in their own homes.
- Shortage of care providers across the board – not unique to Cornwall.
- Capacity now and future of local nursing homes
- Care home occupancy is high.
- No nursing home / respite facility in Fowey.
- MIU – low numbers attending and some staffing issues.
- Need to connect with people. Who is doing what and where?
- We are not reaching the elderly.
- Lack of awareness of all the support and activities available in the area
- Some homes are not suitable for care.
- Access is steep – no parking.
- Workforce: Crisis in vacancy rate for carers. Attraction of big business / carers.
- People are not digitally connected
- Lifestyle choices and life chances are limited. Takes time to gain people's trust and support.
- How do we change the mindset of the elderly of tomorrow?
- Rural deprivation.
- Deprivation in St Blazey. Low expectations.
- Fowey has a mixed socio-economic levels - 40 children need foodbanks.
- Expanding population
- Up to 50 percent change in population in holiday season.

Appendix one

Group 2: What our community needs, and what's important to us?

Session 1

Key points from discussion:

- Neighbourhood plan, lot of public engagement since 2014 in Fowey. Small town without railway and limited bus service. Closure of Fowey Hospital and MIU. 35% of residents are 65+. Number of people aged 85+ in Cornwall will double in next twenty years.
- Seems nonsense to people in community to close beds when there is bed-blocking in RCHT and ED.
- Want to safeguard the land so that it is devoted to health and social care.
- Noted that Phil Confue organised event to look at possibilities last year, feasibilities study.
- Having some kind of drop in centre for the community.
- Hospital always provided valuable and much loved service, but community hospitals have changed. Patients from this area weren't getting sent there anymore.
- Should be beds anyone can use, that need less acute care.
- Patients in community hospitals have greater care needs that they traditionally needed, were always GP lead, now need geriatric consultant rounds and physio and OT.
- Needs of population have increased.
- Level of care delivered in community hospitals is very different – need physios, OT, allied health professionals – with 10 beds this is not practical.
- As patients are sicker and they are not our patients, need high level, complex care – this is unmanageable for 10 beds.
- Noted that getting patients placements in short term care is virtually impossible
- Noted that Fowey Hospital is old and tired and not that sort of facility we should be admitting people to and focus should be on keeping people well in their communities
- Figures in pack on population and community service do not represent how the care is delivered.
- Connectability across service is a key issue.
- How can community groups support and engage
- Age UK have strategy to support community hubs that GPs can refer to
- Cornwall Link will show what is already available in the available.
- Cornwall Care have 120 beds in three care homes, have arrangement with RCHT to prevent bed blocking. They like community model and making this their focus, focus on avoiding admission. They could support a 'cottage hospital' type set up.
- Community model identifying carers everywhere, a caring population –taxi drivers etc.
- Need travelling services – chiropodists etc.

Appendix one

Session 2

Key points from discussion:

- Fowey has a high holiday maker influx and enormous amount of second home owners – young families and elderly relatives. Also a working port.
- Transport and parking is huge problem in Fowey.
- Transport needs to be joined up with services.
- Rurality of area causes communication problems
- A wider spectrum of facilities is needed in the area
- Current hospital site is feasible for a community centre and it makes sense to keep in on this site
- Physios, consultant outpatient communities etc –used to have all of these and are what we need now.
- Better to spend money to build local community services
- Dementia specialist nurse
- Support for carers
- Need minor injuries
- Need training for carers
- Use NHS to train loved ones to be carers
- Need more provision for sexual health services
- Travelling clinics would work really well
- Have consultants come and do clinics in Fowey Hospital
- Could there be a satellite at the school – noted most kids are bused in and are not Fowey residents
- Health beginning to have more of an input in housing developments
- End of life care

Session 3

Key points from discussion:

- Noted that a 'hub' is a great idea but the practicalities of it are very difficult with such poor public transport – people won't be able to access it
- Noted that people aren't using weekend services
- Huge cohort of working people whose health and wellbeing could be improved with weekend services
- Memory café is amazing but only run fortnightly and there is a great demand
- Dementia care
- Useful to have dementia figures
- Can put community matrons in to run services in 'hubs', can set this up quite quickly – continence, leg ulcers etc. Are very reliant on volunteers to help
- Need to share best practice with things like the successful memory cafes run by volunteers, walking groups etc

Appendix one

- Day centre for respite for dementia
- Support for carers, respite for carers
- Access to citizens advice bureau
- Red cross centres were very successful
- Annoyance with governance of the NHS and spending on non-clinical activities
- More social prescribing in this area
- Will be a clinical facilitator recruited soon
- Will be one social prescriber between three harbours
- Patients need better access out of hours for routine appointments

Post-it notes

- Social prescriber for Fowey
- Live in care needed.
- Improve communications and awareness of services for dementia services.
- Weekend access – routine GP appts / seven day access
- Share skills
- Tourist and second home owners are an issue
- Issues with transport.
- MIU service needed for people who live here.
- Training. Help staff retain skills, and upskill care home staff to do more.
- Transport is an issue – planning needs to involve health when considering new developments – where are the health services to support new residents?
- Carers are really important. Taxi drivers may do shopping, not just drive. Need to do more to support carers.
- Improve dementia care – nursing home could support that.
- Great dementia café – well used, but only runs fortnightly and is over subscribed. Need to increase service.
- Transport and mobile services
- Connecting people who are lonely.
- Support carers – respite service for carers and helpline for carers.
- MIU service for tourists.
- Need to improve communication between services.
- GP surgeries need to work together to provide services.
- Base any service between hospital and GP surgeries.
- Health hub and mobile/traveling clinics – eg diabetes clinic on a Monday, foot clinic on a Tuesday.
- Map who carers are and what they do.
- Need to do more to avoid hospital admissions.
- Joint training for care home and NHS staff.
- Problems with parking and transport issues.
- People need much more medical care – nature of patients have changed.
- High influx of visitors – limited public transport
- Need more allied health professionals to work here.

Appendix one

- Map in case for change / slides only refer to healthy areas, but CNP is much wider. Need to understand geographical area.
- Cornwall Link – create awareness of services people can refer into.
- Dementia specialists are needed.
- Need more end of life care.
- Fowey nursing home care plan could have rooms to provide other community services.
- Health education with schools – could have a health hub there. Consider a satellite clinic.
- Wider spectrum of services. Central based around school.
- Protected learning time for staff to retain MIU skills.
- GP practice could provide MIU / minor ailments and physio services.

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

Session 1

Key points from discussion:

- Accessibility – A vast area is covered by the cottage hospital. Consider elderly and disabled people that don't have access to transport.
- A similar process is taking place in two other areas in Cornwall but we recognise that each solution will be local, there will not be a 'one size fits all' solution.
- We would expect the initial process to take 18 to 24 months but with recognition that there will be further work to do in future.
- Have to find a way to provide the right services. The Health and Local Authority systems will need to look at budgets. We can't not provide services.
- Need to consider what services are required at this stage, not money.
- Staff recruitment – attracting people to work in the South West is a challenge.
- Rural and coastal challenges need to be considered when thinking about ways of working.
- Organisations competing for the limited staff that are available.
- Each community is different to any other.
- Job satisfaction of workforce.
- Staff used to live-in at RCHT, City and Fowey hospitals.
- What happens elsewhere? Live-in might have been an option. Not wedded to a solution, use of space, bedded or incentive/enticement to staff, so an option may be live-in provision.
- Nursing wages – can't afford rent.
- Accessibility for patients and visitors. Family and friends are essential to the progress of patients. Rely on family to help ie: with laundry.
- How does Polruan link in? Got a GP practice that can't expand. Can you use the hospital for co-location?

Appendix one

- There is a working group in Fowey looking at that problem already. A suggestion that has previously been come up with is an NHS nursing home.
- GPs are not keen on moving.
- There have been discussions about a nursing home and that will be on the list of options – would that be the right thing for residents?
- Can consider co-location. Capital and revenue would be required. Will need to give consideration to the fact that the site is difficult to get to.
- GPs know the community and are best placed to give a view on co-location.
- We need a hub/one-stop shop. In the past this option progressed to quite an advanced stage.
- Keen to explore the option of a hub, could have a number of services with some step-up and step-down beds. Perhaps sheltered housing too.
- Consider the assets and whether provision for elderly and young people together would be beneficial (Holland model).
- A hub is common sense.
- A nursing home could be more than the step-up/step-down provision, it could provide education to keep people at home. Keeping people in bed too long can be dangerous. Too many beds might be a disadvantage.
- Continuing healthcare is expensive.
- Dementia – not enough specialist beds.
- Mixed economy – consider types of beds.
- Why is St Austell included in the figures – they have their own hospital? Only included for the statistics and to show use of St Austell hospital and facilities. Prior to closure a lot of the patients weren't from Fowey, which was a problem for the GPs as they didn't know about them.

Session 2

Key points from discussion:

- Shaping our Future was explained as a programme of strategic planning for the whole Cornwall and Isles of Scilly health and care system for 19/20, in order to create a single plan and respond to the five year plan.
- Support services are not fit for purpose – difficulty getting an appointment at the St Austell surgeries.
- Fowey is a growing community. An influx in St Austell needs the support services to keep up.
- Struggling to maintain services now, with developments that puts huge pressure on support services.
- Complex lives – in the past there were small communities, now people are not so compressed, they move on and there is no family support. Care packages are required and that's not easy. Need to go back to basics, the key is at the beginning where the patient wants to see the GP and they have to wait too long.
- That has been addressed at Middleway where from 8.30 am to 11am people can walk-in and wait and see a GP or nurse practitioner.
- Dispersed families.

Appendix one

- Community resilience.
- Navigation of services.
- Access to GP or effective/appropriate alternative. 111 might placate you but a lot of people want to see someone.
- What is required in 18 to 24 months might be different to what is required in three or four years' time. Need to recognise that technology can help - for some cohorts of patients that won't be now, but could be in the future.
- Access in a timely fashion. Struggle for care agencies – no parking. Consider logistics.
- Isolated, no car, no family.
- Need to recognise there is no right or wrong answer. Consider population and geography, could be CFT nursing home, step-up/step-down beds, other care home or care near to home.
- A hub has been discussed in the past. To include beds, but not all beds.
- Co-location – socially isolated people could walk-in to a hub instead of GP for Social Prescribing. Overall health and wellbeing, sometimes people see a GP by default. Need signposting and voluntary sector otherwise they don't know what is there.
- Strength is community and neighbours.
- Primary care – look at what GP surgery can offer.
- 'Improving Access to General Practice' – not a great desire for surgeries to open on Saturday mornings. Would love to see a 'walk-in' urgent clinic that would take the burden off the acute hospital – what can surgeries offer?
- Access.
- Fit for purpose.
- Need to see someone.
- Community support.
- General Practice – other solutions that can support.
- Right workforce and infrastructure.
- Technology does have a place, but for some cohorts that is not an option.
- Better unity between Council and health re: parking and accessibility – have known staff providing End of Life care to be issued with a parking fine. Perhaps there could be a scheme where health staff can use driveways. In a strong community, think that could be done.
- Parking problems and carrying equipment a distance can put people off wanting to be carers in such areas.
- Recruitment, operational delivery, barrier of parking could be addressed with the local community.
- Boundaries – want to focus on Fowey specifically. Need to avoid overwhelming other services. People do still have to go to St Austell/St Blazey/Par for schools and shopping. The Three Harbours (Lostwithiel, Middleway and Fowey) practices could look to expansion and improvement. Primary Care Networks would probably enable that to happen.

Appendix one

Session 3

Key points from discussion:

- Connecting communities.
- Signposting.
- What about those that don't connect?
- Social inclusion/exclusion. Younger – halo effect and impact on rest. Whole mindset.
- Starting point for the journey – doesn't matter where join that.
- Perhaps could work together to provide 7 day working, all are struggling to provide that.
- Sustainability of 7 day cover.
- Accessibility.
- Own this – specific area want everyone to be talking, there is a tide of change, what are the biggest issues. Ask people what is wrong and what can be done to change.
- Timescale – how ambitious are we going to be – what will we break to reform. Losing GPs and new cohort want part-time not partnership working. How radical can we be?
- Lots of young GPs don't want the traditional model but that is the only effective model available here.
- Integration of services is key – we work with 3 community nursing teams – Par, Lanteglos, Bodmin. In more difficult times turn to silo working to protect core services, that doesn't allow headspace.
- There are opportunities in the new GP contract for working wider than the GP unit.
- Part 1 could take 16 months, but there can be longer term solutions too, such as extra care homes. Integration – it would take 12 – 24 months to reorganise teams but that can be described as part of a solution – it is an ongoing process.
- A way to sustain primary care and general practice resources – take account of the opportunities and threats.
- Behavioural change needs to be focused on.
- Benefits of working with community matron, physio, outreach as there is a level of connection and trusted relationship.
- Need structural change as well.
- Timeline – Phil Confue came to talk to us about what we can do in Fowey. NHS care home for step-up/step-down and community services and he was going to work on that. A business plan and architect plan was developed a year ago.
- We will get the information on that proposal and have that as an option. Does it meet needs, will be a question that needs to be answered.
- Each organisation has a different approach to governance and risk.
- Just want to get on and get done.

Appendix one

- The proposal for a care home had been to the CFT board, which said that it could not afford it.
- Feels like there have been large steps backwards.
- There are national problems but also specific local issues of rurality, public transport and practicalities.
- Inclusion of St Austell and Mevagissey is too big.
- If just Fowey, how would we deal with the gaps in other areas.
- The Primary Care Network area is Fowey, St Blazey, Park, Tywardreath, Lanlivery, Luxulyan then down half way to Looe/Fowey. Massive area to the east is lightly populated, no services or transport. When you add St Austell you change the demography and story.
- That is the right footprint for general practice.
- Need to choose a solution that will support the rest of the system and not break it.
- Lot of talk and discussion, population is changing all the time.
- Some change could be implemented in other premises sooner, such as DN teams in the building next to the surgery. Fowey building is not fit for purpose now.
- Co-location – some of the solution could be services for elderly and young people together.
- Might need building space not beds, with nurses, physios, OTs etc.