Minutes

Fowey Hospital integrated community services stakeholder event, workshop three
Tuesday 10 September 2019
1.15pm to 3.30pm
St Blazey Football Club, Station Road, St Blazey

Present:

Anne Boosey (Member, Fowey PPG)	Ruth Finlay (Mayor, Fowey Town Council)
Bill Davies (community maker, Volunteer Cornwall)	Stuart Hunkin (Chairman, Middleway Surgery PPG)
Tasha Davis (community link officer, St Blazey, Fowey and Lostwithiel)	Helen Luther (Fowey Hospital welfare committee)
Peter Fassam (Fowey Town Council)	Julie Pollard (social prescribing lead, Volunteer Cornwall)

Event support team	
Hugh Evans (Cornwall Council)	Ben Mitchell (NHS Kernow)
John Groom (NHS Kernow)	Louise Moore (NHS Kernow)
Kate Mitchell (NHS Kernow)	Vicky Wright (CFT)

Introduction and recap from workshop two

John Groom (JG), director for integrated care, NHS Kernow, welcomed everyone and introduced himself and Hugh Evans (HE), strategic adviser, Cornwall Council. HE was in attendance to talk about care home market analysis.

JG asked if there were any amendments to the minutes of the last meeting and encouraged attendees to take a copy of the previous minutes away with them. There were no immediate amendments to the minutes of workshop two.

JG explained that the delay in meeting since the last workshop had been due to needing to develop the proposed evaluation criteria and awaiting more information on the care home option. It was hoped that Cllr Andy Virr (AV) would be able to join the meeting to provide an update on the conversations that he was due to have with Phil Confue (PC), chief officer for Cornwall Partnership NHS Foundation Trust (CFT).

Question: With regard to the phrase on slide five – 'decision on Fowey hospital'- at what point will that decision be made?

Answer: Kate Mitchell (KM) explained that it was necessary to first develop the evaluation criteria. A meeting to do that had been held in July. Once agreed, the evaluation criteria will be applied to all proposed options in

each of the areas where community services are being reviewed (Fowey, Saltash and Penwith).

In developing the evaluation criteria KM had sought information and advice from NHS England, the regional Clinical Senate, Devon and other best practice sites and the Consultation Institute. As NHS Kernow has accountability for the final decisions in each area, the NHS Kernow decision framework was also considered as well as workshop themes and previous discussions with communities.

Members of this group (and the other groups in Penwith and Saltash) were invited to attend the meeting in July. The proposed evaluation criteria have now been considered by the Fowey, Saltash and Penwith project groups , the Citizens Advisory Panel, and the stakeholder groups in Saltash and Penwith. Fowey stakeholders were invited to review and consider the criteria today, suggesting any necessary changes.

Once finalised, the Integrated Community Services Design Group (representing the health and care system) would be asked to endorse the evaluation criteria and process. These criteria would then be consistently adopted across each of the three areas involved in developing local options (Fowey, Saltash and Penwith).

Individuals from the Fowey group were invited to express their interest in becoming evaluators. Those interested in evaluating options would be trained and supported in that work. There are seven main criteria, with sub-sections that every option would be scored against. The option scoring system would be from one to four for each criterion. Individuals would score each option first followed by facilitated group moderation. Criteria related to safety, financial affordability and sustainability would need to achieve a minimum score of two to be considered a viable option. This is because a lack of current funds shouldn't necessarily discount an option that scores highly in every other area that might be viable should the necessary funds become available in the future.

It was suggested in the meeting that it seemed an over complicated process. KM stated that it may initially appear so although we have tried to make it as easy as possible. Each option should have serious and thorough evaluation, to ensure a robust and transparent decision making process. We have kept the proposed scoring simple without using complex weighting or algorithms, which could have been more confusing. JG agreed that the proposed process will demonstrate a consistent and comprehensive approach to the decision making process.

Question: How do we consider the building within the evaluation of the option?

Answer: If, for example, an option was to reinstate Fowey inpatient beds and minor injury unit, all evaluation criteria would be considered to decide if that was an effective, viable and appropriate option to provide the best service. The appropriateness of the building to provide that will be

included as part of the evaluation of that option. There is a specific question on environment of service delivery in the proposed evaluation criteria.

Question: What do you mean by hospital? The current building or the proposed CFT care home? It would be nonsense to consider the hospital as it is now, as that wouldn't be effective. It should be the proposed CFT care home option that we consider.

Answer: In that example, one option could be the current Fowey hospital building being used for the provision of a particular service which would be evaluated against the criteria to determine whether it was viable or not. The care home proposal could then be considered as another option, which again would need to be evaluated against all criteria. Any option developed would need to be considered against all the evaluation criteria.

KM outlined some of the options considered to date. The local development of the new model of care is already ongoing so in effect we do not need to evaluate that as we would expect continual service improvement to occur. Other options that had been explored in previous workshops were: 1) Inpatient and MIU provision at the hospital; 2) re-purposing of the hospital; 3) CFT 30 bed nursing home; or 4) a larger nursing home at a different site.

Question: The slide says option three (30 bed care home) is not feasible, early work said it was feasible and no one has yet said that it is not feasible, so that wording should be removed.

Answer: JG understood that in a conversation, Phil Confue (PC) and Cllr Andy Virr (AV) had accepted that a 30 bed care home delivered by CFT is not a viable business model. Information from Cornwall Council also suggests that care homes smaller than 50 beds are seen as weaker business models that banks won't support. JG, however, accepted that the wording on the slide should be changed at this stage until formal feasibility status was confirmed. JG explained that the original care home proposal was suggested some time ago, which did not necessarily mean that it could still be a sustainable business.

Action: Kate Mitchell to amend the wording on the slide re: feasibility.

Hugh Evans (HE) stated that if a private provider had sufficient funds they could build a care home and charge their own rates however, any use of public money through formal commissioning by the NHS or Cornwall Council would require that the proposal be viable and provided based on population need.

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Question: Why does the care home need to go through the criteria, why not wrap that one up now?

Answer: All options need to be evaluated against the proposed evaluation criteria in order to demonstrate a transparent decision making framework. JG suggested that by all options going through the evaluation process the feasible options would be identified.

Vicky Wright (VW) explained that she was a nurse working for CFT and her role related to patient flow. VW felt that times had changed and in the last six – 24 months the way the health and care system works together had improved considerably, and a bedded service was not always the right solution for everyone.

Question: Are you saying that there would be no NHS care home provision?

Answer: VW explained that the Embrace work that would be presented later had reviewed data on people that had been through the system to consider whether they had received the best outcome. This work has provided evidence on the appropriateness of placing people in various settings (such as hospital beds, care homes and people's own homes). It suggested we could support more people at home if we had the right services in place.

JG advised that the Embrace results reflected what was already thought by many clinicians working in the system, however, those conclusions were now evidenced. The conclusions tell us which parts of the health and care system needs improving.

Question: Is there an option that the hospital be closed and there be no provision on that site?

Answer: JG advised that this had been discussed previously. There was a potential option for provision of appropriate services at a site other than the hospital. JG explained that this scenario may become apparent as a result of the evaluation of other options.

There was a discussion on the current Neighbourhood Development Plan status which currently outlines the policy to maintain the hospital site for the health and wellbeing of Fowey residents.

Helen Luther (HL) confirmed that the building belongs to NHS Property Services; however, the garden belonged to CFT as the Welfare Committee had purchased it.

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Reviewing the proposed evaluation criteria

Question: Will the evaluation criteria be the model that this all hinges on?

Answer: JG explained that the proposed criteria were the means to evaluate all options against a range of important criteria. Further comments and amendments on the proposed criteria are still welcome.

Question: To produce the evaluation criteria, how much input did you have from other areas based on best practice?

Answer: When we reviewed what other areas of best practice had used for their evaluation criteria there was a lot of similarity. Locally, people had told us that considering the environment, sustainability and climate control was also important to ensure a future-proof solution. Public Health and GP colleagues also requested that the evaluation criteria included the consideration of the impact of any option on neighbouring areas and that the countywide context also be considered.

Question: How does a best practice example in Bristol relate to this piece of work, it is very different to Fowey?

Answer: We were looking at best practice of the process for evaluating criteria, not best practice for delivering services. We understand that the context of Fowey is different which is why the options are being developed locally. It is the evaluation criteria that are being developed from a countywide perspective. This is important to provide a consistent countywide approach and to consider how we promote equality of service access and provision across the county.

KM advised that at the meeting on 2 July to co-develop the evaluation criteria there had been some suggested changes to the evaluation criteria and the wording, which is what is now being presented here. A template for the evaluators to use when evaluating each option against the criteria has also been created. That template had been shared with Saltash stakeholders following the latest workshop there.

Action: Kate Mitchell to share the evaluation of the options template with the minutes of this workshop.

KM advised that we welcome evaluators from the local community as well as system-wide subject matter experts.

Training would be provided to anyone that wished to be an evaluator. The evaluators would score each option and then a facilitated session would produce a group score for each option.

Action: Anyone wishing to be an evaluator or who want to nominate a colleague was asked to contact KM direct.

In discussion about the evaluation criteria that related to wider community impact, it was felt that this was important to include.

Care home market analysis presentation

The information that had been previously relayed to JG by AV was that a 30-bed care home was not sustainable on the current hospital site. JG stated that he understood that PC and AV had spoken about a larger care home that would need an alternative site in Fowey, and significant capital investment in the region of £10-15m.

RF said that she did not have any further information from AV.

Tasha Davis (TD) advised that if the library site was being considered, then conversations would need to be held soon, as the Council were looking for a solution to that site.

There was recognition that the original conversations about a care home proposal had occurred quite some time ago and that we needed to consider the current position now regarding population needs and having viable options. There was discussion on the current countywide gap in specialist care home provision for people with dementia who we would want to support to remain being cared for in Cornwall rather than being sent out of the county.

Hugh Evans (HE) gave a presentation the four priorities for the NHS and Council's joint strategic commissioning of care homes (see slide deck).

The group discussed the information presented and there was recognition that there are three funding sources for care home placements-NHS, council and people who self-fund. It is important to understand the demand from all three, but the Council does not readily have access to all information on people who self-fund.

HE stated that there has been some work to understand the current and predicted demand for care homes across the county. It was important to ensure any new homes were placed in accessible areas based on need. We should also be considering additional types of accommodation with care such as extra care housing.

KM had obtained information, as discussed, at the last workshop, on Continuing Healthcare funding for Fowey registered patients, which would be fed in to the development of any options. The numbers of people resident in Fowey who have care home placements funded is relatively small, with the numbers and associated finances increasing as the catchment area increases. KM had also gathered data on

where the Fowey registered patients, that had been inpatients at Fowey hospital in the year prior to closure, had been discharged to. This also gives us an indication of how many Fowey residents may need care home support. Although it is recognised that this assumption is based on historical activity the numbers are still small.

JG suggested that much of the previous discussions had been around step-down care, however, step-up care in the area should also be considered to avoid impact on the acute system. We should therefore be considering what local service provision could augment care provision in people's own home as well as increasing care home capacity across the county.

Embrace care project update

Vicky Wright (VW) gave a presentation on the Embrace project (see slide deck) and explained that there had been initiatives in the past to tackle the issue of delayed transfers of care, however, this time the whole system was working together on the solutions.

The Embrace project reviewed whether individual's needs could be met in a different way upon discharge or even to prevent admission. The project considered whether the best was being done for people over the age of 65 and what could be done to get individuals home sooner or whether people could be supported to remain at home receiving appropriate care and support rather than being admitted to hospital.

The Embrace team reviewed the next steps for people in 943 acute and community hospital beds and the case notes for 265 individuals were reviewed in workshops by 131 local clinicians and practitioners.

In 57 per cent of cases the outcome had been right for the individual, but for the rest of the individuals there was room for improvement. It was recognised that being in hospital was not always the best place for people as some older people could become less active and mobile and could lose some muscle mass and independence. VW emphasised of the individuals reviewed that were discharged from an acute hospital into another short term setting such as a community hospital or care home, that is only the ideal outcome for half of the people. We need to support more people to go directly from acute care to home, wrapping community services around them rather than thinking bed based care is always right for everybody.

VW explained that countywide workshops had taken place to share the Embrace findings with colleagues. There is recognition that there should be sufficient community services and support for GPs to assess and support people in a timely way.

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Question: You said that one of the solutions previously was to use the community hospitals, those have now diminished, and so you are sending people to a diminished service?

Answer: VW explained that where some inpatient beds have been temporarily closed stronger links and better ways of working developed within remaining services and lengths of stay in local hospitals reduced from 23 days to 16. People continue to be supported in their own home with improved services or in neighbouring hospitals. It is important to ensure that people are in the best care setting for their needs and this may not always be a bed based care setting, but we do need to ensure we have sufficient community services to support people.

There was discussion around domiciliary care provision and the fact that there were eight postcodes within Cornwall where provision was challenging, however, Fowey was not one of those areas.

At the end of the meeting a message was received from AV to send apologies that he would be unable to make it to the meeting. A short update was provided saying that AV had been in conversations with PC about the nursing home proposal and that alternative sites were being actively sought for an NHS provided care home. There was a suggestion that the library and adjacent land could be considered as a plot. There was some confusion by group members as this had not been discussed before and it was felt that the land was owned by Imerys which would cause complexities. Those present agreed that further clarity was required on this proposal.

Conclusions and next steps

KM confirmed that the next steps would be:

- Aim to get the minutes sent out within seven to 10 days, which would then be finalised and added to the website.
- Information on the options template and evaluation criteria would be shared.

Action: A formal meeting between the Council, NHS Kernow and CFT was required to gain clarity on the care home option.