



Fowey area and Fowey Community Hospital workshop three

10 September, 2019

Welcome



About today

1.15pm-1.30pm

- Registration and refreshments

1.30pm

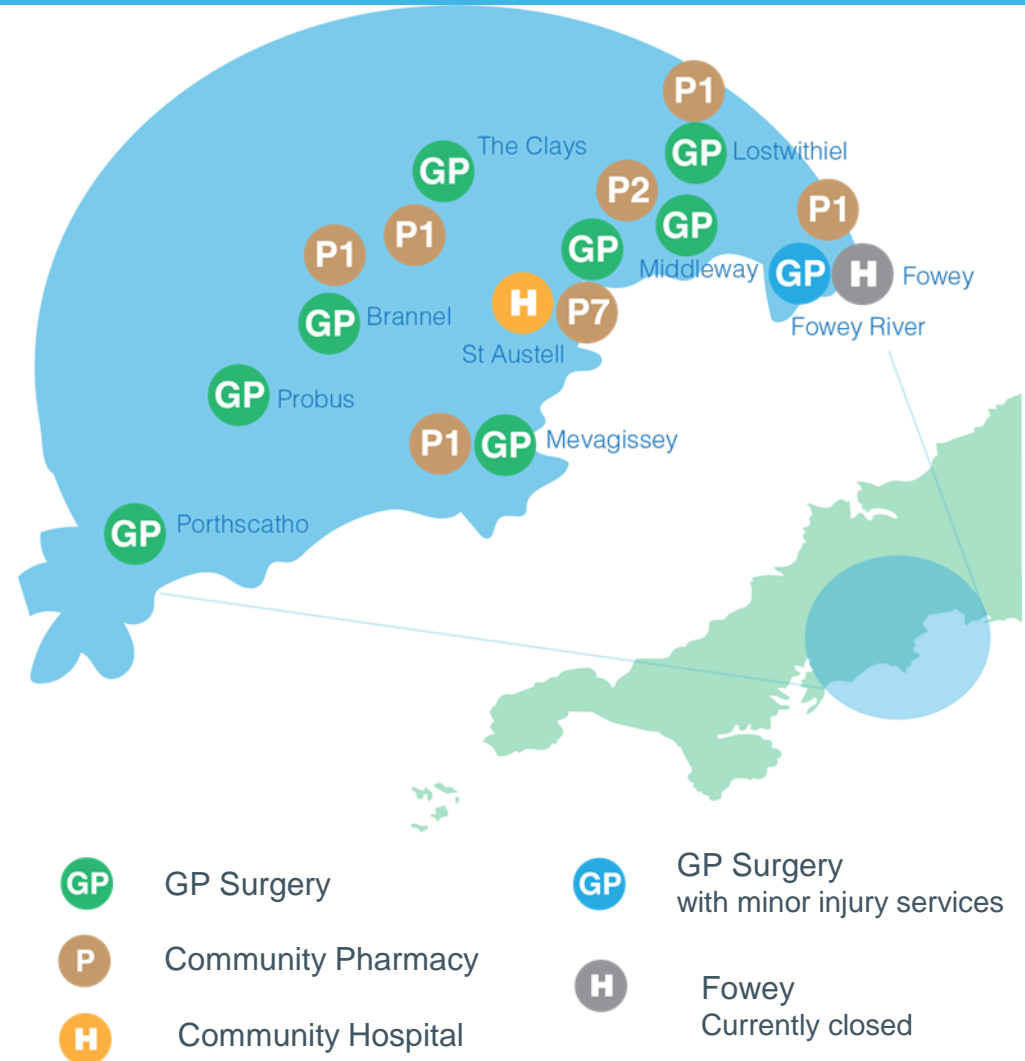
- Welcome and recap from workshop two
- Large group session-focus on some updates, allowing Q&As
 - Proposed evaluation criteria
 - Care home market analysis
 - Embrace care project

3.15pm

- Conclusions and next steps

3.30pm

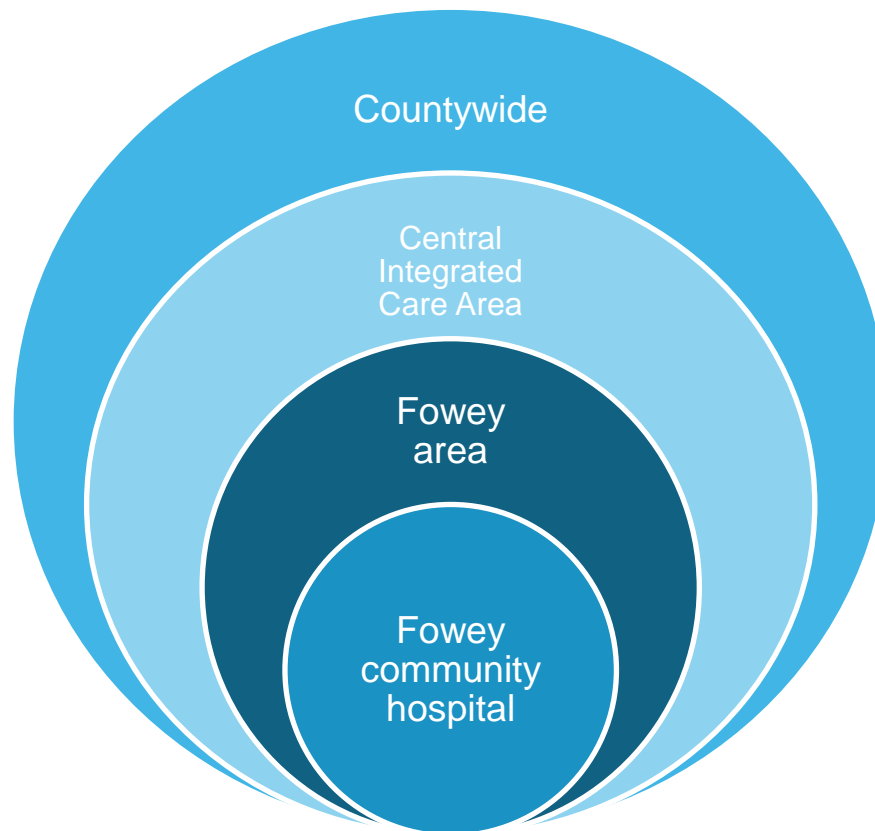
- End and evaluation forms



Recap from workshop two



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Principles and themes

Local need and local services

Focus on prevention, healthy lifestyles, rehabilitation and reablement

Promote community networks and resilience

Focus on services and not buildings

Preference for NHS funded and delivered nursing home

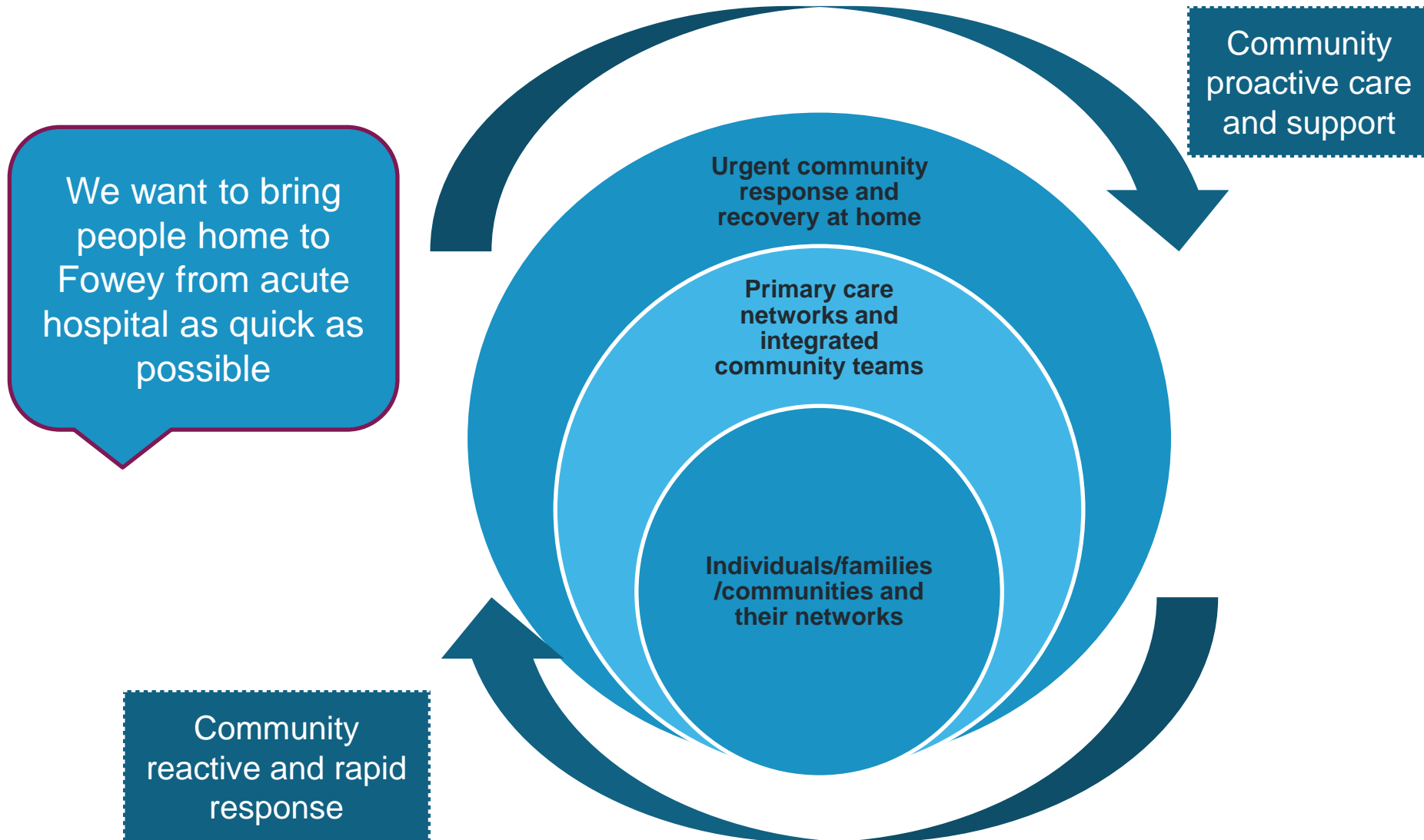
Enhance community resources

Make a decision on Fowey hospital

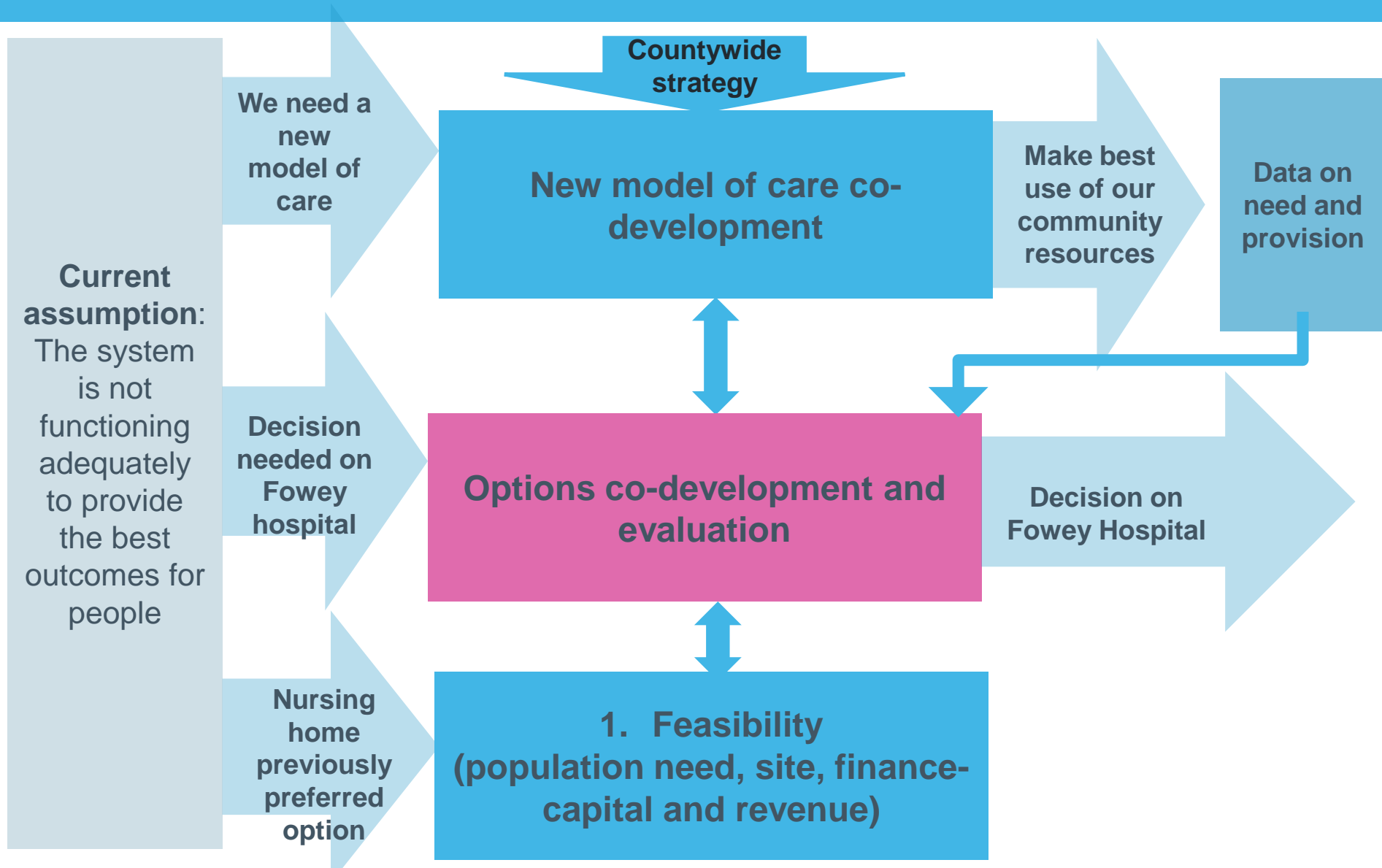
A simple model of approach



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What is our current thinking?

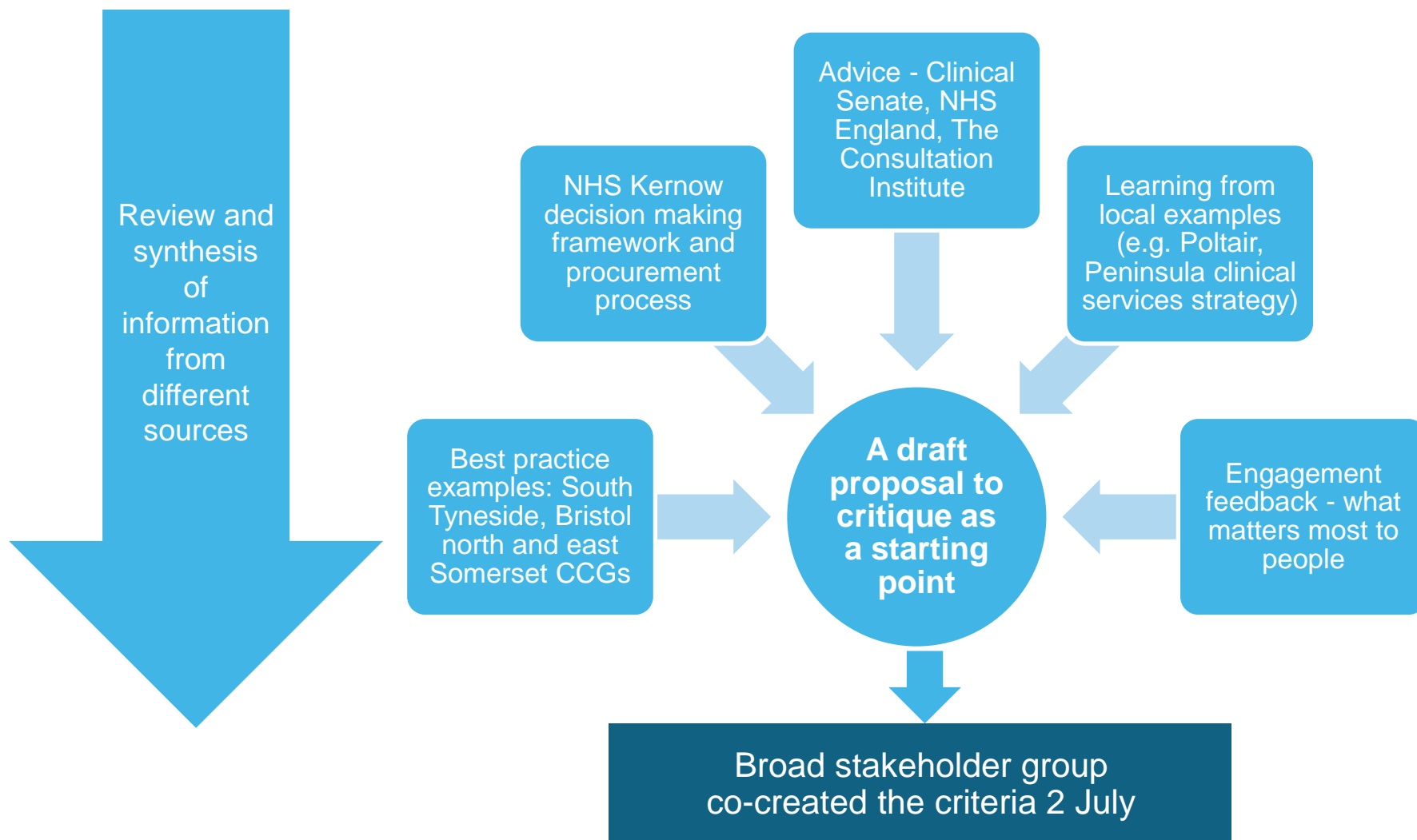


Proposed evaluation criteria

How have they been developed?



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Draft evaluation criteria

Who helped us develop them?



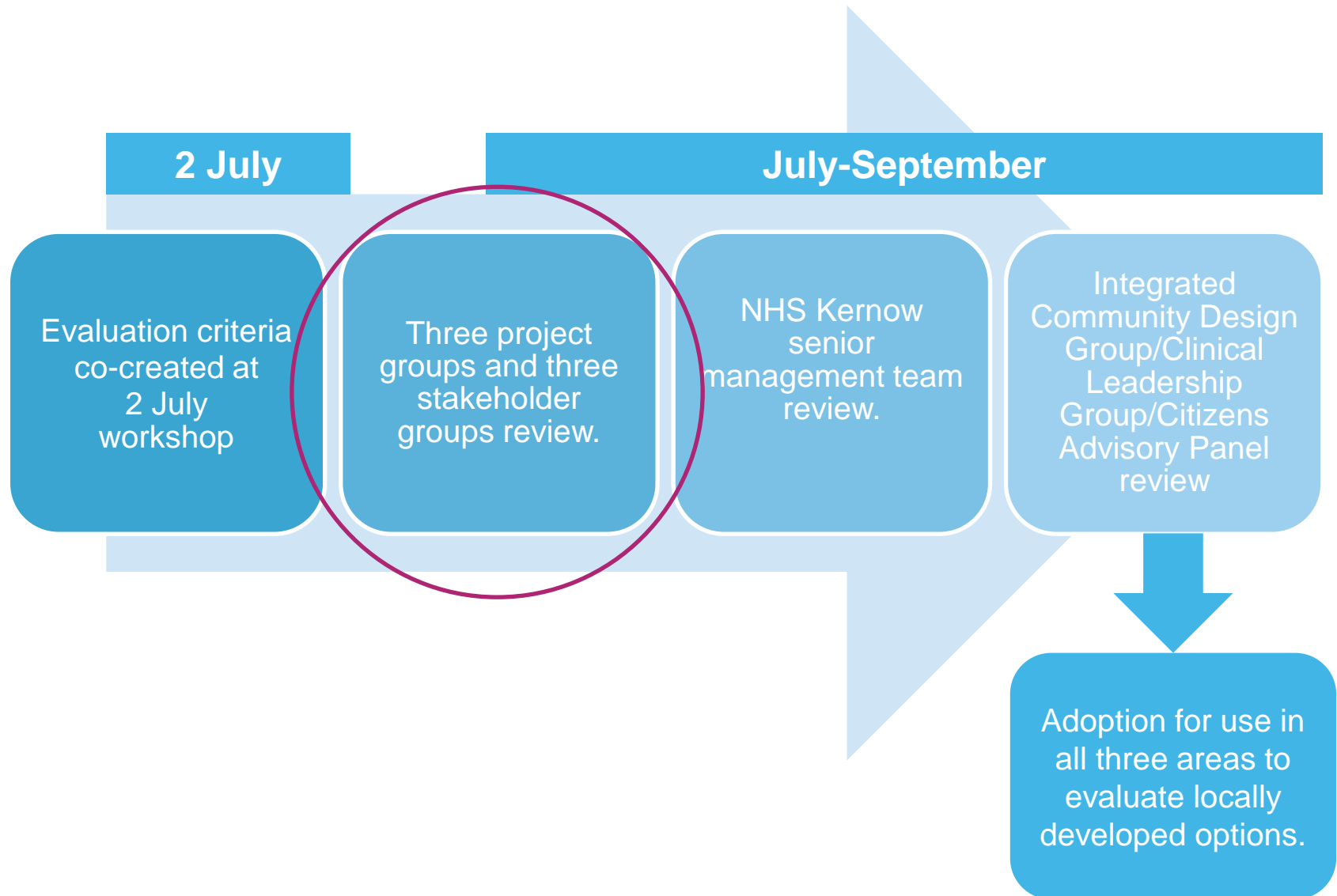
Associate director, business development, CFT	Citizen's Advice Panel (two reps)	Cornwall councillor (west Penwith)	Finance manager, NHS Kernow
Governing Body lay member, NHS Kernow	GP locality lead (north and east), NHS Kernow	Healthwatch Cornwall	Operational lead nurse, Cornwall Hospice Care
Patient and public involvement assistant, NHS Kernow	Penwith Dementia Friendly communities	Programme director, integrated community services, NHS Kernow	Programme lead, community hospital reviews, NHS Kernow
Programme manager, integrated community services, CFT	Professional lead, occupational therapist, CFT	Public health consultant, Cornwall Council	Quality lead, CFT
System GP clinical lead, CFT			

Draft evaluation criteria

The process of sign-off



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Draft evaluation criteria

Draft headline criteria	Draft sub criteria
1. Quality	1a. Effectiveness 1b. Experience 1c. Responsiveness (based on need) 1d. Safety (there will be a minimum score required)
2. Access	2a. Impact on individual choice 2b. Distance, cost and time to access services 2c. Equity of access 2d. Extended access 2e. Equity of provision
3. Workforce	3a. Recruitment and retention 3b. Staff skills and training 3c. Staff capacity
4. Deliverability	4a. Timescales and ease to deliver 4b. Sustainability
5. Environmental	5a. Climate management 5b. Environment of service delivery
6. Financial	6a. Value for money 6b. Affordability (there will be a minimum score required) 6c. Financial sustainability (there will be a minimum score required)
7. System impact	7a. System impact



Joint Strategic Commissioning of Care Homes

PRIORITY 1: Joint Contract and Service Specification

PRIORITY 2: Joint Fee Methodology for residential and nursing care services in Cornwall

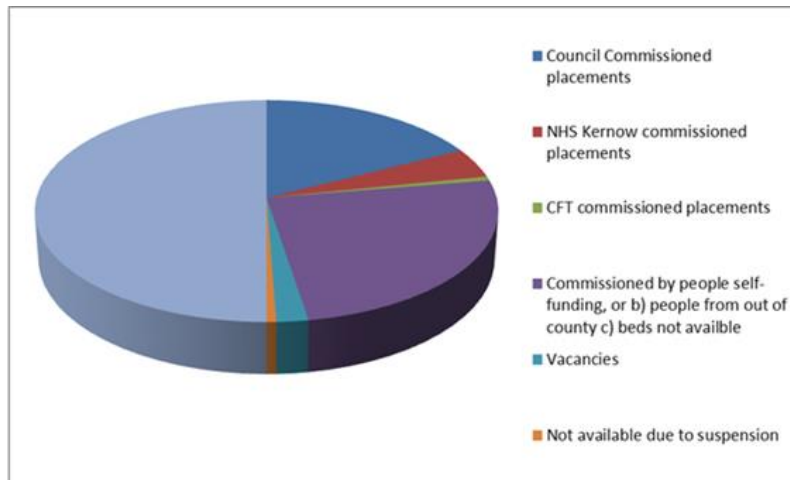
PRIORITY 3: Joint Commercial Strategy to ensure consistent and compliant placement purchasing

PRIORITY 4: Joint Market Analysis and Market Development Strategy setting out our future commissioning intentions, our approach to developing the market meet the future demands, identifying the opportunities for innovation and resources required, including workforce.

Care home supply and demand-what do we know?



- There are seven care homes within a six mile radius from Fowey Hospital providing 253 beds. (Three are residential homes with 80 beds, the rest are nursing).
- A snapshot taken in July 2019 indicated that the Council and NHS purchase 45% of the total beds available in Cornwall.



Council	1,807	35%
NHSK	451	9%
CFT	62	1%
Private and other	2,592	50%
Vacancies	204	4%
Suspended	62	1%
Total	5,178	100%

Area covered	Care Home Beds			
	Residential	Residential Dementia	Nursing	Total
St Austell and Mevagissey	138	79	81	298
St Blazey, Fowey and Lostwithiel	33	74	143	250
Total	171	153	224	548



Historical and current use

Area covered	Residential Placements					Nursing Placements				
	2014	2015	2016	2017	2018	2014	2015	2016	2017	2018
St Austell and Mevagissey	81	78	78	56	72	39	43	36	6	10
St Blazey, Fowey and Lostwithiel	37	40	40	80	74	53	50	57	32	28

Overall, there's been a reduction in placements utilised in the Fowey area since 2014, in keeping with reducing trend in Cornwall.

The national Housing LIN estimates a 50% increase in growth required from care homes by 2025. Council data shows this means:

22 new residential beds and 38 new nursing home beds for Fowey, Polruan and Lostwithiel catchment area.

Further analysis of this data is required to ensure an understanding of the impact of emerging development programmes including:

1. Development of extra care housing
2. Translation and implementation of Embrace Care diagnostics.



Care Home Business Model

The Council and NHS Kernow are working together to develop a new joint fee methodology for care home placements.

This has been developed using the Laing Buisson *Care Cost Benchmarks* 10 edition. This sets out the national benchmarking information and assumptions about the most viable business model.

Homes with less than 25 beds are not included in the Laing Buisson cost model because there are no greater efficiencies above 25 beds. A home with a 50 bed average is used to derive the land registry value and Return on Capital.

Intelligence from the market indicates that banks are no longer lending to homes with less than 20 beds and providers are reporting they are no longer able to sell homes of this size as a going concern due to lack of profitability.

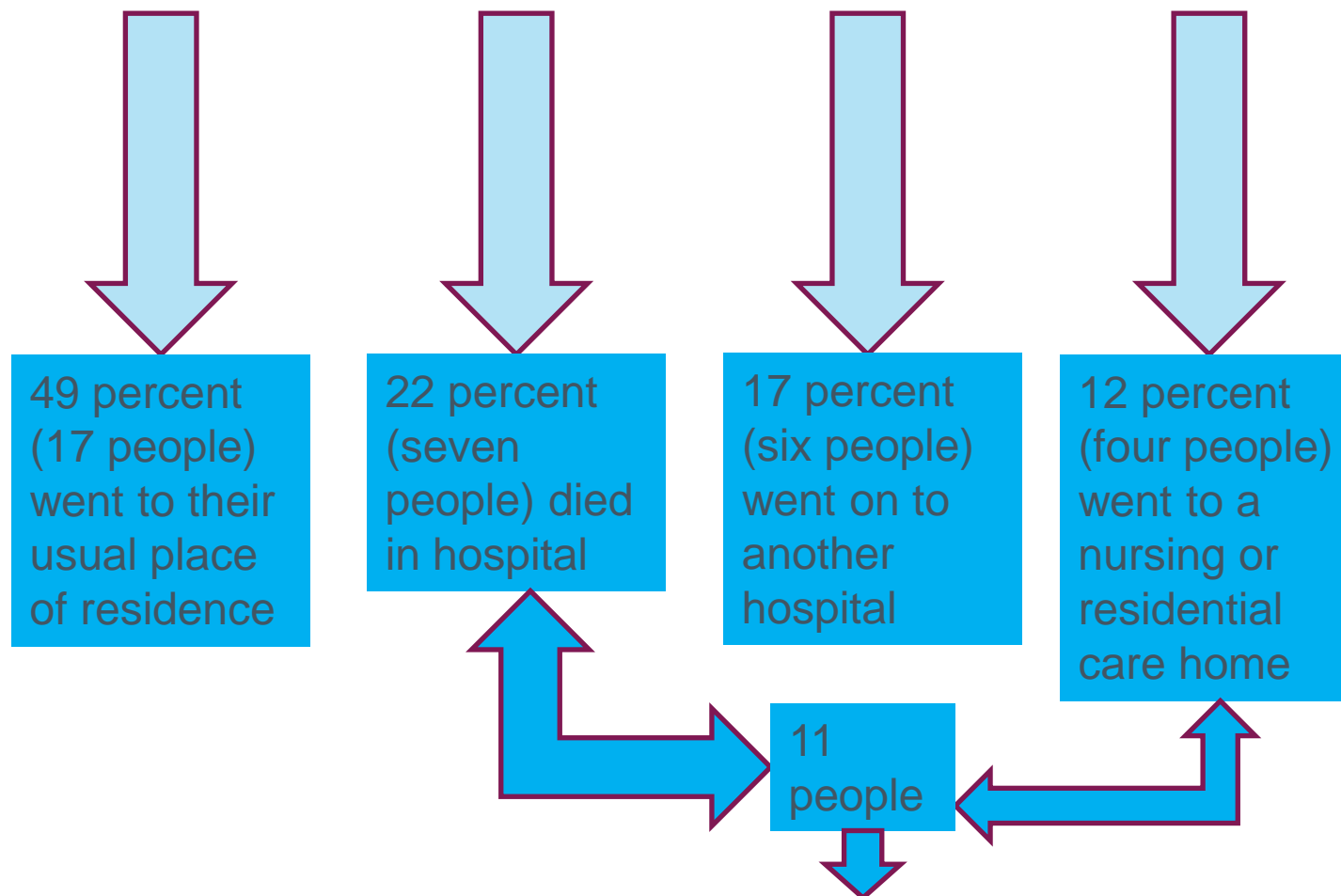
What is the current need?



	Average number of individuals per month (based on 36 months across 2016-19)			Average total cost per month (based on 36 months across 2016-19)		
GP practice registration	Funded nursing care	CHC funded Nursing/ Residential Home Care	Total	Funded nursing care	CHC funded Nursing/ Residential Home Care	Grand Total
Fowey, Middleway, Lostwithiel, Mevagissey and St Austell GP practices only	99	40	139	£63,804	£115,101	£178,905
Fowey, Middleway, Lostwithiel GP practices only	57	22	79	£36,307	£62,486	£98,793
Fowey GP practices only	18	*3- 5	*21-23	£11,873	£10,276	£22,149

* In the past 36 months there have been fewer than five people a month registered from Fowey practice who receive CHC funded nursing care and for information governance reasons these can not be shown so a minimum and maximum number is provided

Where did the 34 people registered to Fowey GP practice who were admitted to Fowey Hospital in the last 12 month period go to at discharge?



But was this based on need-ie did it achieve the ideal outcome for people?

Embrace Care project have reviewed this.

Embrace care update

We want to bring people home to Fowey from hospital as quick as possible



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What is the Embrace Care Project? The project is about:

- Improving the way we care for and support older people.
- A whole system approach.
- Improving outcomes for adults older than 65 years.
- Identifying need and evidence to pinpoint changes required
- Shaping our future model of care-an integrated health and care system

- Review and analysis to find out:
 - “Could we have supported individuals to stay at home if their needs can be met there?”
 - “What can we do to support people to get back home as soon as they are well enough?”
- What has this involved?
 - Reviewed the next steps for people in 943 acute and community beds.
 - 265 individual cases were reviewed in workshops by 131 practitioners.
 - Spoken to over 320 people working in the system and receiving care and support.
 - Reviewed 100 responses to a culture survey to build a picture of some of the key challenges facing the system when we think about change.

Are people getting an ideal outcome from our system?



We reviewed 265 cases across 5 workshops with 131 practitioners from across Cornwall. Practitioners were asked whether they felt the person's outcome was ideal or not, and if not, why not

18%

of the cases reviewed were not ideal due to not being able to access the right services; either through lack of capacity or the right service not existing

11%

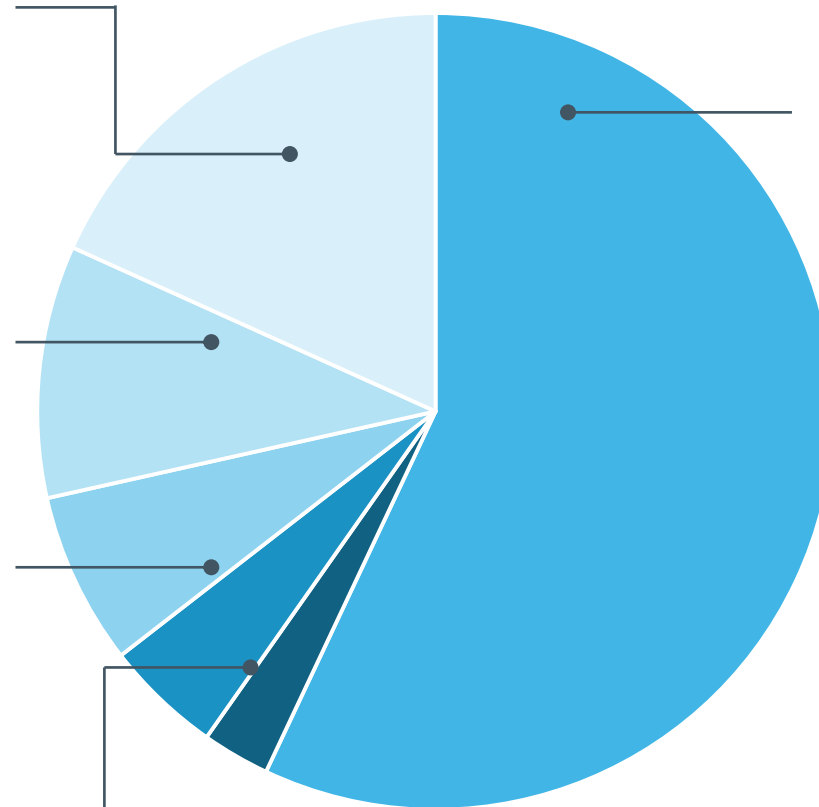
of the cases reviewed were due to decision making and behaviours, primarily through risk aversion or lack of clarity on what services are available

7%

of the cases reviewed were due to the patient, family or carer's choice to take an alternative pathway

5%

of the cases reviewed were due to a lack of collaborative working and a multidisciplinary team approach



57%

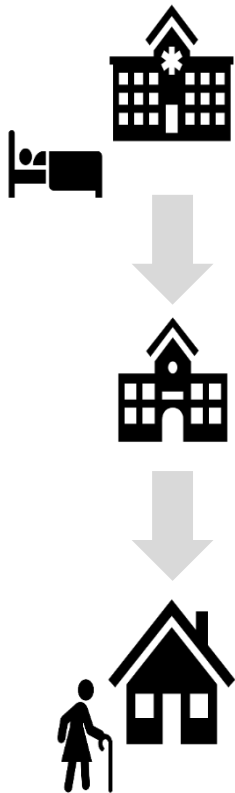
of the cases reviewed were felt to be ideal, whether that was an admission, a discharge decision or community provision

Do we have the right model of care?

The impact of pathways



- 31% of 65+ attendances reviewed don't need to happen
- 41% of 65+ admissions reviewed are avoidable
- In workshops, the number of people in residential or nursing placements where that was the **ideal outcome** was only **56%**
- When we discharge from the acute into another short term setting, that is only the **ideal outcome** for half of the people
- 22% of our acute beds and 67% of our community beds are filled with people who would be better suited elsewhere
- *We aren't always achieving the best outcome for older people*



The reality is that this step is only ideal for almost **half** of the people that this currently happens for

What are our working ideas/options?

A combination of these or something else...



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New model of care co-development

- Integrated primary/community care
- Make best use of current community resources (Embrace Care)

In progress and ongoing

Option 1: Inpatient and minor injury unit provision at Fowey

(to be informed by need, feasibility of site)

Existing building-investment required.

Option 2: Re-purpose Fowey community hospital

(no inpatient, to be informed by need, feasibility of site)

No options proposed.

Option 3: Disposal of hospital, re-provision of health/care on site as new build

(to be informed by need, site feasibility and capital funds required)

30 bed nursing home.

Option 4: Disposal of hospital, re-provision of health/care on alternative site as new build

(to be informed by need and capital funds required)

70 bed nursing home (different site and investment required).



Next steps

