

Minutes



Cornwall and the Isles of Scilly
Health and Social Care Partnership

Saltash integrated community services stakeholder event

24 April 2019

2 to 4pm

Saltash Guildhall

Present:

Clare Greenwood (Hearing Loss Cornwall)	Catherine Thomson (Cornwall Gateway)
Heather Landers (headteacher)	Bob Austin (Director)
Hilary Frank (County councillor)	Sarah Martin (Saltash Town Council)
Colin Martin (County councillor)	Derek Holley (County councillor)
Sheila Lennox-Boyd (County councillor)	Cllr Derek Holley (County councillor)
Gloria Challen (Saltash Town Council)	Dr Birte Morris (Saltash Health Centre)
Chris Phillips (Chairman, Saltash Health Centre)	Rose Edwards (Patient Participation Group)
Lisa Marie Dennis (Port View Patient Participation Group)	David Yates (Patient Participation Group)
Angie Fisher (Port View Patient Participation Group)	Peter Thistlethwaite (Patient Participation Group)
Nigel May (Citizens Advisory Panel vice chairman)	Barbara May (League of Friends)
Mary Shears (League of Friends)	Sharon Savigar (Matron, Liskeard Community Hospital)
Anne Renzi (District nursing lead, Lead, Saltash)	Laura Ashman (Community Maker)
David Yates	Rose Edwards
Margaret Holley	Catherine Thomson
Margaret Hopper	Joy Randall
Joyce Mepsted	Estelle Ward (Cornwall Foundation Trust)
Steve Day (Cornwall Foundation Trust)	Sarah Fisher (Cornwall Foundation Trust)
Tom Last (photographer)	
NHS Kernow team	
Michelle Smith	Candice Webber
Kate Mitchell	Ben Mitchell
Julie Rogers	Paula Bland

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Introductions and why we're here today

Kate Mitchell, NHS Kernow's programme lead and project manager for this piece of work, thanked people for attending the first stakeholder event to support the Saltash integrated community services project. Kate thanked everyone involved in all the work and conversations to date held about local Saltash services and St Barnabas Community Hospital.

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

Each review is distinct to its geographic area, 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. Information was presented on the key facts and figures and the challenges to Saltash and the surrounding areas.

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 St Barnabas 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 Saltash area that will lead to the development of options for the future.

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

Session one:

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

- Extra care housing should be a priority.
- The 1000 home housing development at Broadmoor Farm needs to be taken into consideration. The plan for the housing development is eight years, and does involve extra care housing, although this is not explicit.
- Minor injury service up and running in Saltash Health Centre.
- Affordable housing for families with complex needs is needed.
- Extra care housing has to have rapid access to facilities. We need an integrated system.
- St Barnabas as a building is old and no longer appropriate. We need services for the future which focus on step up and step down. People could ideally stay put and receive care in the same facility.
- We need to acknowledge St Barnabas is not fit for the above purpose.
- We need more nursing homes to take the burden off Derriford.
- NHS investment is crucial. A strong community can find its own solutions. St Barnabas was originally the vision of one woman.
- Funding for health and care services is now specific to areas. There is a new strategic commissioner in the council with in-depth experience of extra care housing. We need to work across the system.
- We need to consider demographics, numbers etc. The system is already stretched before adding more housing to it.
- There are a large number of people (especially younger ones) in the Saltash area with mental health needs.
- As an area Saltash is always told it is "Plymouth-facing" but services are commissioned by Cornwall. This leads to a feeling of isolation from other Cornwall-commissioned services which tend to be further west.

Session two:

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

- Practice staffing across branch surgeries.
- Expansion of Saltash Health Centre.
- Extra care housing.
- Health visitors running groups/programmes.
- Community Development Workers – could they be part medical and part social?
- Structured way of finding the right people to deal with specific things, rather than not knowing who to talk to.

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- Social prescribing link worker. Social prescribing for people aged 18 and older, but could this be opened up to include young children and their families?
- Regular bus route for Derriford. May not be profitable but it is definitely needed. By bus it takes one hour and two buses to get to Derriford from Saltash, by car takes 15 to 20 minutes.
- Volunteer drivers are needed. Could some drivers be subsidised?
- Could more clinics be run by nurses, and could St Barnabas be used for this?
- Increase school nurses.
- Could St Barnabas be used as a place to bring people together?
- Focus on mental health. Clear pathways of who to speak to or where to go.

Session three:

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

- We need a building that is fit for purpose. A new build.
- We need housing that is adaptable so people can stay at home instead of going into a care home.
- What about new developments and the infrastructure around them e.g schools, GP, transport? It's vital to have. It's always talked about but doesn't come to fruition e.g. Pilmere and Broadmoor. Need to contribute to healthcare.
- We have physiotherapists, mental health and paramedics already. We could do with a pharmacist.
- Social hub should also include GPs.
- A fit for purpose building would bring everything together in one location. We could take over the school or move the football club for the health and wellbeing centre.
- Local care should be local.
- We need to adapt approaches to areas and individuals to give people support.
- Information needs to be more accessible. We need to think about the audience. People don't buy papers or use the library.
- There are so many places you can register your organisations or group – it's hard to keep them all up to date. Lots of groups are run by volunteers who are not always IT savvy. Assumption is that this is how you communicate.

What are our key challenges in supporting communities and individuals to thrive?

Session one:

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

- Is there money in the system to open St Barnabas to inpatients?
- The building is not fit for purpose and would need significant investment to be made safe, as well as ongoing finance for staffing/workforce. Options could include using it for clinics if this is viable from a financial and workforce perspective. No options are off the table, but we will need to see how each one stacks up from a business perspective.
- A range of providers including NHS Property Services is involved so it is not coherent.
- Fire safety is a big issue. We can't use St Barnabas the way it is at the moment.
- I used to work nights at St Barnabas and patients received care there which they couldn't get at home.
- I think we should try and keep the clinics in it.
- Could it be used for office space?
- The local practice managers have said that there is funding available for minor injuries at the surgeries.
- There is a lack of doctors available in the hospital. They can't keep travelling to and from Derriford.
- Could we build behind and above St Barnabas?

Session two:

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

- Housebound patients – what can we suggest? Befriending option etc. lack of befrienders. Where do live at home cover?
- A central hub, with information on groups and events in the area.
- Website for the area – showing what's on, what's coming up etc.
- Evening activities or places to go.
- A hub for activities to take place in. Utilise areas we have. Could this be a new use for St Barnabas? Could we put a lot of events into St Barnabas?
- More uses for St Barnabas, utilise it. Need facts surrounding it. Can it be sold? Can it be knocked down? Can the use be changed? If sold can the money be ring-fenced for Saltash? Can a new area be built?

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Session three:

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

- Would it be better to have four to five small houses rather than one central location? Should we think on a smaller scale and local communities so we can keep people where they are? Groups could organise these locally with the right help from the council re planning. Rural areas need small solutions – even if it's a higher cost. If communities identify the land, we should give them the technical support to keep it going.
- People don't want to go into a home. People want to stay in the community they know.
- It can be very socially isolating – you have to take three buses to get to Derriford.
- We need to fight to keep something for Saltash. We have lots around us. It's a challenge to retain what we've got. It isn't too far by car but can take two hours by bus.
- The consultant could look at the scan and then advise the local GP without the patient having to travel. Is this feasible?
- What about socially isolated people who see their GP because they are lonely? Day centres are closing. We need more social hubs. There is a gap between bed and a community solution / support for that person.
- This isn't a GP's work. There were three homes locally for people with a learning disability. The people lived there for a number of years. Now the thinking is that you should make them independent but they aren't able to live that way. There is a lack of social support. It is the same with mental institutions. You can't remove something without replacing it with an alternative.
- GPs can't 'hold' everyone. The Link Workers in the GP surgery may help.
- Social prescribing should be removed from the GP surgery. I'd prefer them to come to a health and social care hub. The GP may be co-located there.
- Communication between professionals is important. They don't always know that someone else is doing it. The children's model works well.
- Two occupational therapists didn't know there was a social worker for the deaf. They all work in different locations. There used to be a whole team of social workers for the deaf now there is one for Cornwall, one day a week.

What are our community needs and what is important to us?

Session one:

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

- There is an issue with people with early stage dementia who need to feel they are being looked after in the community and have social links.
- The geography of Saltash is a challenge.
- Public transport is an issue.
- The bus to Liskeard doesn't stop anywhere near the hospital.

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- Home care doesn't work well enough. No package of care was available when I was off sick.
- There is a lack of "joined-upness" in the system.
- There is a lack of investment in services which is across the UK. We need local management and vision.
- Derriford and Liskeard are difficult for people with young families to get to.
- We have a methodology of how long it takes for people to get to a specific place (e.g. Urgent Treatment Centre) by car or public transport, as opposed to how many miles away it actually is, which we could use for this.
- The different options will have different time-frames. They will all have to stack up business-wise.
- Could we have a 16 bed hospital?
- Bed availability in east Cornwall isn't actually lacking. There are always available beds.
- There are models in the community such as Torbay with investment in people being cared for at home, where they prefer to be and are better off.
- There are issues with care home beds closing. Nursing homes should start contracting step up/step down facilities now.
- We need to consider the problem with lack of dental services also.

Session two:

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

- Children and families are not getting the support they need. There is a lack of communication and joined-up thinking between services.
- Invite younger members to the PPG.
- Referral responses or diagnosis. Doctors not speaking with schools regarding a child before giving a diagnosis. It was noted that Bloom has helped with referrals slightly.
- Beds held up at Derriford – people are in hospital recuperating rather than being transferred home or to somewhere like St Barnabas.
It was discussed that more facts are needed on wait times around this. Home First were mentioned in that they provide care to patients from Derriford and other areas.
- Clear picture of what is going on is needed. Facts around waiting times, bed capacity etc. Are delays at University Hospitals Plymouth for Cornwall or Devon patients, what impact has St Barnabas closing had. Can delays be lowered?

Session three:

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

- Transport is a big issue. There are lots of people who live in communities just outside Saltash without cars. There are community buses but you have to pay for these and some people can't afford this.

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- If you do have a car, you still may not be happy or able to travel down the A38 to another facility.
- People could be facing a short-term health issue which means their driver isn't able to drive – this would impact on the whole family's access.
- Saltash as a town is very steep – so even a central bus / pick-up may not help. Bus routes around the town keep changing.
- GPs and staff are getting older.
- East Cornwall and Plymouth – we may need to develop stronger links and get more involved in the planning of health and social care.
- Plymouth is seen as a special case to attract more money/funding.
- St Barnabas needs to links all health and social care organisations and bring it all together.
- Community organisations are often happy to step in, but you need to get the right people in touch with each other and co-ordinate information. Cornwall Link (<https://cornwall-link.co.uk/>) tries to do this but doesn't always work the way it should. It depends on how you search.
- St Barnabas could be a central hub of information and signposting people to different organisations. It's a great opportunity to pull everything together.
- Staff have come together in one place - really helps communication.
- St Barnabas – we might not be sure if we were starting from scratch. It's on a residential road; it's narrow and only has limited parking. It would be a better location for flats.
- The layout of St Barnabas is challenging, especially if you have a disability, the hand rail only goes part way down the stairs. It's a bit of a 'rabbit warren'.
- We should be aspirational. It's a valuable site. We should sell it and any money/profit generated should be used for the benefit of the town. Fowey for example is looking at a nursing home development with a number of NHS beds.

Common themes

There was a strong feeling that St Barnabas Community Hospital should be used to provide services that would help with the issues of geographic isolation. It is felt that Saltash needs to utilise the space and opportunity St Barnabas provides, to add services into the community that are either lacking or are located at University Hospitals Plymouth, or in Liskeard.

There is a feeling that Saltash is becoming forgotten: as an area Saltash is told it is "Plymouth facing" but services are commissioned in Cornwall. This leads to a feeling of isolation from other Cornwall-commissioned services which it is felt tend to be further west.

Isolation was also raised as an issue in the context of the difficulties experienced when trying to travel from Saltash to University Hospitals Plymouth, using public transport. There were numerous examples provided of how limited this service is. Typically a hospital visit to University Hospitals Plymouth from Saltash requires two

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buses and a minimum of an hour, sometimes up to two hours travel each way – 20 percent of the population use services in Plymouth. This is a large number.

The requirement for additional affordable and extra care housing is an issue in Saltash. It was felt that St Barnabas could provide an opportunity to provide more. The 1000 home housing development at Broadmoor Farm needs to be taken into consideration though. People were keen to think to the long term-perhaps across five to eight years to consider what long-term plans, such as extra care housing, could be established to provide services fit for the future.

Another key local theme was to consider how we can provide sufficient rehabilitation and reablement services in the community and consider how we can best make use of available services such as the voluntary sector and care homes. Supporting discharge from University Hospitals Plymouth was also a key theme to ensure people are transferred home as soon as possible.

The overall message is concern around Saltash becoming increasingly isolated as many NHS services are accessed outside of the town. It is felt that any addition of services utilising the space provided by St Barnabas will contribute to the town's sense of community whilst reducing social isolation and reducing the stress of travelling out of Saltash for many treatments. This particularly affects multiple groups such as the elderly, those with young children and people with mental health conditions.

In general, if proposed services at St Barnabus could be shown to reduce the amount of travel currently experienced by this community and add services back into the community. This, it was felt, would be seen as advantageous. People don't want to be admitted to hospital, and want to be supported and receive care in their community. Saltash is an isolated area, and the issues with public transport are of great concern.

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 St Barnabas Community Hospital page has been created on NHS Kernow's website, www.kernowccg.nhs.uk/get-involved/engagement/integrated-community-services-plans/st-barnabas-community-hospital/ and includes the materials that were provided for today's session, including [presentation slides](#), and the [case for change](#).

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 Saltash area that will determine the future of St Barnabas Community Hospital, or help to develop a set of criteria

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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.

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Appendix one: group session notes.

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

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Key points from discussion:

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- Minor injury service up and running in Saltash Health Centre.
- Affordable housing for families with complex needs is needed.
- Extra care housing has to have rapid access to facilities. We need an integrated system.
- St Barnabas as a building is old and no longer appropriate. We need services for the future which focus on step up and step down. People could ideally stay put and receive care in the same facility.
- We need to acknowledge St Barnabas is not fit for the above purpose.
- We need more nursing homes to take the burden off Derriford.
- NHS investment is crucial. A strong community can find its own solutions.
- St Barnabas was originally the vision of one woman.
- Funding for health and care services is now specific to areas. There is a new strategic commissioner in the council with in-depth experience of extra care housing. We need to work across the system.
- We need to consider demographics, numbers etc. The system is already stretched before adding more housing to it.
- There are a large number of people (especially younger ones) in the Saltash area with mental health needs.
- As an area Saltash is always told it is "Plymouth facing," but services are commissioned by Cornwall. This leads to a feeling of isolation from other Cornwall commissioned services which tend to be further west.

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Session two:

Key points from discussion:

- Practice staff working across branch surgeries.
- Expansion of Saltash Health Centre.
- Extra care housing.
- Health visitors running groups/programmes.
- Could community development workers be part medical and part social?
- Integrate the elderly with children. Take nursery children to care homes, or bring elderly people into schools. Use them to teach each other new skills.
- Structured way of finding the right people to deal with specific things, rather than not knowing who to talk to.
- Social prescribing link worker. Social prescribing for people aged 18 and older. Could this be opened up to include young children and their families/parents?
- Loneliness. The Hopper bus is available to elderly/disabled, and currently run a trip for Sunday lunch every other week. It's not used by young people. Could this be opened up to families and children?
- Regular bus route for Derriford. May not be profitable but it is definitely needed. By bus it takes one hour and two buses to get to Derriford from Saltash, by car takes 15 to 20 minutes.
- More volunteer drivers are needed. Could some drivers be subsidised?
- Are there places that could contribute to the bus (example: if they ran a trip to Dartmoor zoo could they contribute to the bus or ticket price etc.) Needs researching.
- Could more clinics be run by nurses? Could St Barnabas be used for this?
- Increase school nurses.
- Could St Barnabas be used as a place to bring people together?
- Wellbeing hub.
- More focus on mental health. Clear pathways of who to speak to or where to go.

Session three:

Key points from discussion:

- We need a building that is fit for purpose. A new build.
- We need housing that is adaptable so people can stay at home instead of going into a care home.
- What about new developments and the infrastructure around them e.g schools, GPs, transport? It's vital to have. It's always talked about but doesn't come to fruition e.g. Pilmere and Broadmoor. The shop at Pilmere never happened. It's the same in Bodmin when they shops weren't made a condition of the planning. It's much tighter now with triggers in the system. Also need to contribute to

healthcare.

Q: Who controls where Section 106 money is spent?

- The NHS gets funded per person so we do get an increase in funding if more people come to the area?
- Staffing levels are key.
- Theoretically the money is there, but the GP owns the building and new GPs have to buy in. Not everyone wants to commit for 40 years.
- Talking about alternative models e.g could NHS Kernow employ and then deploy them where needed and have them working in different areas e.g the emergency department?
- Section 106 money does get used for health, however Cornwall has focussed on schools and roads and parking as the council thinks this is more important.
- They have built a new surgery in Penzance where all the GPs are under one roof but it doesn't have a flashing alarm for deaf people. The council shouldn't have allowed it to go ahead. They can't go back retrospectively. All parts of a building need to be fit for purpose.

Q: Do different groups get together? Churches, police etc?

A: Safer Saltash does that – it is a brilliant group about community safety but it doesn't look at health (Paula Bland from NHS Kernow attended the last meeting).

Q: Could there be a sub group to look at health and social care?

- We have physiotherapists, mental health and paramedics already. We could do with a pharmacist.
- Social hub should also include GPs.
- We need a large social centre with lots of activities going on.
- We have the library, St Barnabas etc.
- A fit for purpose building would bring everything together in one location. We could take over the school or move the football club for the health and wellbeing centre.
- Local care should be local.
- Prevention. Schools do loads but I only know about it as a parent. Primary schools are much better than secondary schools. Something gets lost in translation between primary and secondary schools.
- Parents need to take responsibility. In the modern world things are different and young parents have expectations of services.
- We need to adapt approaches to areas and individuals to give people support.
- The government have taken power away and are now trying to hand it back.
- We have lost our sense of community.
- Our proximity to Plymouth means things get eroded. Liskeard would like a community like Saltash.
- Social media stops people talking.

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- Information needs to be more accessible. We need to think about the audience. People don't buy papers or use the library.
- It's not just about collating information, but also about updating it and letting people know what's there. It could be a role for the link workers but it is a full time job so would be an unrealistic expectation. This won't be unique to Saltash.
- There are so many places you can register your organisations or group – it's hard to keep them all up to date. Lots of groups are run by volunteers who are not always IT savvy. Assumption is that this is how you communicate.
- This could be a role for the hub. Safer Saltash for the NHS – should we invite schools and police, others to attend?

Post-it notes:

- Do more around preventative approaches and health education- need a consistent approach throughout childhood/schools.
- Have a more co-ordinated mental health service.
- A fit for purpose building. A new purpose-built development incorporating health and wellbeing services and appropriate to infrastructure accessible to deaf people.
- Diversity with workforces: physiotherapists, multi-practitioners, pharmacists.
- Look at different models of employing GPs to work in Saltash and surrounding area.
- Improve communication between local health care and support groups.
- New/ use of existing services.
- Broadmoor Farm development of 1,000 new homes. Affordable homes included.
- No additional health centres, NHS services.
- Health needs for Saltash: Undiagnosed dementia, mental health needs for children, elderly isolation/ access to services.
- NHS investment with community support /involvement of Cornwall council housing.
- Suitability of building / realistic. Fit for purpose?
- Step up/step down option. Flaw with nursing/residential homes e.g. Nazareth House in Plymouth.
- Link health services i.e. therapy/nursing.
- Health visitor clinics at St Barnaba. Bring parents together.
- Extra care housing.
- Integrated system with residential care/ shops.
- Make St Barnabas a wellbeing hub.
- The St Barnabas building has already evolved to a new role – which is satisfactory. No need to bring back minor injury unit from practices.
- Cornwall Council to look at increasing school nurses and children's services.
- A local community-led, multi-agency team to manage development of services over time. Devolution of total resources to support this.
- Places where people can meet, e.g. elderly, parents of young children.

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- Better communications between services.
- Good access to mental health. Local contact and presence, and rapid response.
- Transport: Hoppa bus available, but not frequent enough for University Hospitals Plymouth. Public transport needed.
- Transport to Liskeard

What are our key challenges in supporting communities and individuals to thrive?

Session one:

Key points from discussion:

- Housebound patients. What can we suggest? Befriending option etc lack of befrienders. Where do live at home cover?
- High street doesn't draw people in. How can we revive it? Lack of shops, or early close times.
- Community spirit needs to be increased.
- Volunteers or committees and town events needed.
- Time banking – encourage people to volunteer.
- A central hub of things to do, with information on groups and events in the area.
- Cornwall Link to be used (<https://cornwall-link.co.uk/>).
- Something for teenagers. Many don't seem to be using youth groups.
- Saltash magazine is very useful but often people don't know what they need so don't use the magazine.
- Website for the area showing what's on, what's coming up etc.
- Evening activities or places to go.
- A hub for activities to take place in. Use areas we have. Could this be a new use for St Barnabas? Could we put a lot of events into St Barnabas?
- More uses for St Barnabas. Need facts surrounding it. Can it be sold? Can it be knocked down? Can the use be changed? If sold can the money be ring-fenced for Saltash? Can a new area be built?

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- The building is not fit for purpose and would need significant investment to be made safe, as well as ongoing finance for staffing/workforce. Options could include using it for clinics if this is viable from a financial and workforce perspective. No options are off the table, but we will need to see how each one stacks up from a business perspective.
- A range of providers including NHS Property Services are involved so it is not coherent.
- There are a huge number of organisations in Saltash which support people but there is a lack of knowledge and awareness about these.
- Fire safety is a big issue. We can't use St Barnabas the way it is at the moment.
- I used to work nights at St Barnabas and patients received care there which they couldn't get at home.
- I think we should try and keep the clinics in it.
- Could it be used for office space?
- The local practice managers have said that there is funding available for minor injuries at the surgeries.
- There is a lack of doctors available in the hospital. They can't keep travelling to and from Derriford.
- Torpoint is very good and easy to get to.
- Could we build behind and above St Barnabas?
- It would be better to have a purpose-built building than trying to build on it. It was closed overnight without any local engagement which caused a lot of bad feeling.
- The data showing that not many people used it is skewed by a lot of people not knowing the services available there and therefore not attending.

Session three:

Key points from discussion:

- Would it be better to have four to five small houses rather than one central location?
- Should we think on a smaller scale and local communities so we can keep people where they are? Groups could organise these locally with the right help from the council re planning.
- Rural areas need small solutions, even if it's a higher cost. If communities identify the land, we should give them the technical support to keep it going.
- People don't want to go into a home. People want to stay in the community they know.
- People come here to retire but sometimes their family are elsewhere so they don't have local support. On the flipside, the Cornish children move away and so their parents don't have support either.
- It can be very socially isolating – you have to take three buses to get to Derriford.

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- We need to fight to keep something for Saltash. We have lots around us. It's a challenge to retain what we've got. It isn't too far by car but can take two hours by bus.
- We stopped the subsidised bus. We couldn't keep it going and couldn't run it enough to allow people to rely on it.
- 20 percent of the population use services in Plymouth. This is a large number. Could they target set times of the day to see people to make travel easier? A shuttle bus for staff and patients? Could they bring the consultant to St Barnabas and run the clinics there?
- Do we keep St Barnabas? It was built in the time of the horse and trap.
- You don't go to hospital for a chat, you go for something like an x-ray or a test. Consultants coming to have a 'chat' with a patient is not economical, it just doesn't happen anymore. If you see a health professional you must be doing something medical for them.
- A friend had an appointment for sleep apnoea. They had an appointment for an x-ray, then a sleep study. They had to wear the monitor and then return it, then had to have an appointment with the consultant. It was something like five appointments and seven trips. This is where the NHS is failing. You should have all the tests and then see the doctor.
- Medicine is modernising. You can see 20 people in Derriford but a much smaller number at St Barnabas. It's about the most efficient use of time.
- There are lots more we could do in Saltash before we go into Derriford.
- The consultant could look at the scan and then advise the local GP without the patient having to travel. Is this feasible?
- What about socially isolated people who see their GP because they are lonely?
- Day centres are closing. We need more social hubs. There is a gap between bed and a community solution / support for that person.
- This isn't a GP's work. There were three homes locally for people with a learning disability. The people lived there for a number of years. Now the thinking is that you should make them independent but they aren't able to live that way. There is a lack of social support. It is the same with mental institutions. You can't remove something without replacing it with an alternative.
- GPs can't 'hold' everyone. The link workers in the GP surgery may help.
- Social prescribing should be removed from the GP surgery. I'd prefer them to come to a health and social care hub. The GP may be co-located there.
- If someone is isolated, telling them they have to go somewhere else doesn't work. People need to know where to go. Walking them to another room is much easier.
- We need one location with a variety of rooms, and activities. There are so many people online seeking help.
- What about the cost of sessions? This could stop some people attending.
- Link workers do have a small budget to help people if they really can't afford to attend.
- If you are x age or x situation, they could get it for free.
- It's important for all to have access.

Minutes

- Communication between professionals is important. They don't always know that someone else is doing in. The children's model works well.
- Two occupational therapists didn't know there was a social worker for the deaf. They all work in different locations. There used to be a whole team of social workers for the deaf now there is one for Cornwall, one day a week.

Post-it notes:

- Bed care provision for the people of Saltash?
- Is there any money to open St Barnabas?
- Health and social care.
- Staffing to deliver services.
- Building fit for purpose.
- Minor surgeries and day cases, including transfusions.
- Health care and part view. Minor injury unit services being offered at GP practices.
- To support communities we need information of existing services and organisations.
- Support networks are out there, but how do the community know about this?
- Clinics and specialist services instead of Plymouth/Liskeard.
- Communication of initial closure of St Barnabas – bite the bullet and think about the future vision.
- Key annual events e.g. Saltash Regatta. Need to keep these thriving.
- Looking at time banking – need to create a directory.
- Proximity to Plymouth means services are not always provided more locally.
- Transport – no direct bus to Derriford now.
- A high street that doesn't attract people – car parking charges.
- Activities for younger people to do. Places for people to meet.
- Feel fortunate to be close to Derriford services, but often this means some services aren't available locally in Saltash. St Barnabas could act as a hub.
- Transport: miss out on services, can lead to isolation.
- What could you use St Barnabas for instead? Nursing home, extra care beds?
- Housebound Vs physically disabled. The voluntary sector can't offer as much.
- Multi-functional space for various clubs, health related groups, social space.
- St Barnabas can't be easily changed. Could build a new health and wellbeing hub.
- Transport. What's a reasonable distance to travel? People aren't always able to use.
- A gap between hospital and home, but what do people need? People are ready to go home, but packages of care not in place quickly enough.
- Befrienders. Saltash live at home. Could this be at St Barnabas? Abundance café?
- If thinking about a hub for GPs, social care, community staff etc. you wouldn't necessarily want it located in St Barnabas. Not a suitable building, needs new build.

Minutes

- Need better communication/co-ordination around what services are available locally.
- New houses. Need to ensure enough infrastructure in place too. Especially transport.

What are our community needs and what is important to us?

Session one:

- There is an issue with people with early stage dementia who need to feel they are being looked after in the community and have social links.
- The geography of Saltash is a challenge.
- Public transport is an issue.
- The bus to Liskeard doesn't stop anywhere near the hospital.
- Home care doesn't work well enough. No package of care was available when I was off sick.
- There is a lack of "joined-upness" in the system.
- There is a lack of investment in services which is across the UK. We need local management and vision.
- Derriford and Liskeard are difficult for people with young families to get to.
- We have a methodology of how long it takes for people to get to a specific place (e.g. Urgent Treatment Centre) by car or public transport, as opposed to how many miles away it actually is, which we could use for this.
- The different options will have different time-frames. They will all have to stack up business-wise.
- Could we have a 16 bed hospital?
- Bed availability in east Cornwall isn't actually lacking. There are always available beds.
- There are models in the community, such as Torbay, with investment in people being cared for at home, where they prefer to be and are better off.
- There are issues with care home beds closing. Nursing homes should start contracting step up/step down facilities now.
- We need to consider the problem with lack of dental services also.

Session two:

Key points from discussion:

- Children and families are not getting the support they need. There is a lack of communication and joined up thinking between services.
- Invite younger members to the Patient Participation Group.
- There is a lack of communication and services available for children of all ages and parents.

Minutes

- Referral responses or diagnosis. Doctors not speaking with schools regarding a child before giving a diagnosis. It was noted that Bloom has helped with referrals slightly.
- Saltash seems to be forgotten by services.
- Communication between services needs to be more open. Communication with schools need to be stronger
- There needs to be a health aspect to the council. Together For Families was mentioned. It was noted that there are public health directors and this should improve.
- Local Development Partnerships.
- School nurses can't run programmes anymore as there is a lack of time and resources.
- Lack of funding to schools. Example given that when trying to promote healthy teeth, school couldn't afford to give children toothbrushes meaning a member of staff paid for them.
- Beds held up at Derriford. People are in hospital recuperating rather than being transferred home or to somewhere like St Barnabas. It was discussed that more facts are needed on wait times around this. Home First was mentioned in that they provide care to people from Derriford and other areas.
- Clear picture of what is going on is needed. Facts around waiting times, bed capacity etc. Are delays at University Hospitals Plymouth for Cornwall or Devon patients? What impact has St Barnabas closing had? Can delays be lowered?
- Transport within the area is a problem. Getting to Liskeard or Derriford is difficult for people who don't drive.

Session three:

Key points from discussion:

- Transport is a big issue. There are lots of people who live in communities just outside Saltash without cars. There are community buses but you have to pay for these and some people can't afford this.
- Not everyone uses IT. You are disadvantaged if you don't have access. This is often the group organisations are trying to reach, and you can't assume that everyone has access.
- If you do have a car, you still may not be happy or able to travel down the A38 to another facility.
- People could be facing a short-term health issue which means their driver isn't able to drive – this would impact on the whole family's access.
- Cost is a big factor.
- Our proximity to Plymouth means that we often get left out.
- To get the bus to Derriford you have to make a number of changes. It's easier if you live in Callington as you can get to more places.

Minutes

- The outlying villages will be able to get to Saltash. This is easier than getting to Plymouth.
- There is no direct bus to Derriford. The council tried to provide one but couldn't make it pay.
- New housing developments have an impact on our infrastructure.
- Park and Ride was proposed but failed.
- If we have an increased population, you need organised transport to get people across.
- Saltash as a town is very steep, so even a central bus / pick-up may not help. Bus routes around the town keep changing.
- Councils have less money and there is more expectation that communities will support themselves.
- Lots of voluntary organisations are run by retired people as they have more time. In 15 years, when they will be too old and won't want to run voluntary groups, who will be provide these services and keep them going?
- GPs and staff are getting older.
- East Cornwall and Plymouth. We may need to develop stronger links and get more involved in the planning or health and social care.
- Plymouth is seen as a special case to attract more money/funding.
- It is a double-edged sword for us. It is wonderful to have access locally. My mum was treated at Liskeard Community Hospital and they were fantastic with her.
- St Barnabas needs to links all health and social care organisations and bring it all together.
- Community organisations are often happy to step in, but you need to get the right people in touch with each other and co-ordinate information. Cornwall Link (<https://cornwall-link.co.uk/>) tries to do this but doesn't always work the way it should. It depends on how you search.
- St Barnabas could be a central hub of information and signposting people to different organisations. It's a great opportunity to pull everything together.
- Staff have come together in one place really helps communication.
- St Barnabas. We might not be sure if we were starting from scratch. It's on a residential road, it's narrow and has limited parking. It would be a better location for flats.
- The layout of St Barnabas is challenging, especially if you have a disability, the hand rail only goes part way down the stairs. It's a bit of a 'rabbit warren'.
- Could we have a purpose-built facility which could accommodate GPs, health and social care and provide convalescence beds?
- We should push for a purpose built facility.
- We should be aspirational. It's a valuable site. We should sell it and any money/profit generated should be used for the benefit of the town. Fowey is looking at a nursing home development with a number of NHS beds.

Post-it notes:

- Do something now.
- Lack of services for children.

Minutes

- More communication needed.
- Important that everyone has access to support and services.
- Keeping services local is very important. Even though Plymouth and Liskeard aren't far, there aren't buses etc.
- Communication between health care professionals important, and between health and social care.
- Important to keep people within their communities if care homes close, especially for those in rural areas.
- Are people in University Hospital Plymouth waiting for services in Saltash to be able to come home?
- Extra care housing (sheltered housing for example) can accommodate wheelchairs etc. Would need to be close to facilities.
- Older people need to remain independent and don't want to go into homes. Bear in mind some people do not have support networks, which can lead to isolation.
- Could Derriford hold outpatient clinics at St Barnabas? Would this work? Would they be Efficient? What needs to be medically done at an appointment?
- Could GP surgeries offer more services so people have more things done in the community before going to see the consultant at Derriford?
- Communication between health and social care could be better.
- Think social prescribing link workers should be separate to GP surgery. Ideal would be placed in a hub. This would de-medicalise people's issues.
- A social hub for the area is needed. Links to social practice / non-medical care.
- Need social support for all aspects of society. Will help reduce isolation and improve wellbeing.
- People need to know how and where to access support. Not a coordinated approach at the moment.
- Home First and Steps has seen a big impact in the past 12 months.
- Care home with re-enablement and rehabilitation.
- Dementia care.
- Health needs.
- Mental health.
- Drive locally to develop vision.
- Geography of area and where population mainly are.
- Care in people's homes.
- Dental care.
- Access to community services.
- Transport is limited to town centre/Plymouth city/ Liskeard hospital.
- Step up / step down services.
- Geography of area and where population mainly are.
- Clear phrasing and introducing services at each phase.