Minutes

Saltash and St Barnabas Hospital integrated community services stakeholder event, workshop three
Thursday 15th August 2019
10:15 a.m. to 12.30 p.m.
The Guildhall, Lower Fore Street, Saltash

Present:

Laura Chapman (Community maker - south and east Cornwall, Volunteer Cornwall)	Anne Renzi (District nurse lead Saltash, Cornwall Partnership NHS Foundation Trust)
Lisa Dennis (Chair, Port View PPG)	David Yates (Member, Port View PPG)
Rose Edwards (Deputy Chair, Saltash Health Centre PPG)	Mary Shears (Secretary, St Barnabas Community Hospital League of Friends)
Angie Fisher (Deputy Chair, Port View PPG)	Barbara May (Member, St Barnabas Community Hospital League of Friends)
Hilary Frank (Cornwall Councillor, Saltash South)	Nigel May (CAP vice chair)
Beverley Jones (St Stephens Community Primary School)	Colin Martin (Cornwall Councillor, Lostwithiel)

Event support team	
Kate Mitchell (NHS Kernow)	Michelle Smith (NHS Kernow)
Karen Tanner (CFT)	Ben Mitchell (NHS Kernow)
Fiona Hegarty (CFT)	Vicky Wright (CFT)
Steve Day (CFT)	Julie Rogers (NHS Kernow)
Candice Webber (Kernow Health East)	

Introduction and recap from workshop two

Kate Mitchell (KM), programme lead, NHS Kernow welcomed everyone and gave a recap of the current state of the project and the progress made since the second workshop. She explained that as requested she has been making enquiries regarding whether the police station site may become available. The police have recently invested in the site and will continue to maintain a physical presence there in order to meet key response targets. Any co-location is usually with other blue light services, but the police do have rooms available on site for potential community use.

KM advised that Sharon Savigar (Matron of Liskeard and St Barnabas community hospitals) has kindly let us film her giving a tour of St Barnabas Hospital, which is helpful and informative: www.youtube.com/watch?v=i-zVouE9Hd8

KM then explained the principles and themes to be considered, including the new primary care networks and how they will work with the integrated community teams.

Question: How are you defining the word community?

Answer: We would be including all collective community resources which include all traditional community services but also our bed based care as provided by residential, nursing homes, community hospitals and hospices. There is recognition that both nationally and locally we do not have a clear definition of what our community hospitals should provide. People are not always aware of what services are already out there. There was a view that if people were aware of all community services available then they would not be so 'wedded' to building based care. We will send out a list of local services with these minutes.

Action: Kate Mitchell to send a list of available services out with the minutes.

Discussion followed regarding the difficulty of obtaining a definitive list of services and keeping it updated (Cornwall Link is trying to maintain this - https://cornwall-link.co.uk/) and for communications with small groups and people who do not use the Internet. It was noted that there are several places in the town providing a 'hub' function - PL12 in Fore Street, library and family hub. It was felt that these venues were well sourced with knowledgeable volunteers and up to date information which can be printed out for people. It was felt rather than replicating this at St Barnabas it would be helpful to have a short summary of what each place provided to help disseminate the information to the public. KM advised that she can help with sending information out in communications from NHS Kernow and Cornwall Partnership NHS Foundation Trust.

Action: Kate Mitchell to set up an email group to collate all necessary information on hub functions in the town to promote public awareness.

Action: Hilary Frank to provide information about the Local Development Partnership.

Vicky Wright, head of patient flow, Cornwall Partnership Foundation Trust (VW) then gave a presentation on the Embrace Care project (in the slide deck) with an opportunity to ask questions as outlined below. 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 – integrated health and care system

An in-depth review of was carried out to look at the journeys of older people through our acute and community hospital system to understand if they could have been better supported at home, and how they could have been supported to get home from hospital as soon as they were well enough. This was to check if people are being seen in the right place, by the right person at the right time, and therefore achieving the most ideal outcome for them.

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VW explained that she has been working in Intermediate Care in Cornwall since 2004, and that the Embrace Care project is the first time we have done something which is properly system-led. We have considered the north, east and Derriford areas too. VW noted that according to the analysis, 41 percent of the time people did not get an ideal outcome from the system and that this is our opportunity to improve that.

Question: What is intermediate care?

Answer: Intermediate care relates to people having care needs that will resolve if we support them with interventions-either to avoid someone from needing to go into a hospital or supporting them to come out of hospital earlier. It can be seen as a bridge between an acute hospital and home.

Question: Isn't it the case that people are waiting for packages of care which means they can't be seen at home?

Answer: The delays due to packages of care are not actually in our area. Our issue is with people needing rehab and reablement for which they need qualified nurses, therapy staff and GPs.

Question: Derriford seem to think it's positive that we have the number of community beds that we do?

Answer: This is good for acute hospitals as it moves patient flow away for them, but it has been shown not to be the best option for patients, who have merely been transferred to different beds. It is always best to aim to get people home from an acute hospital directly rather than going from an acute hospital to a community hospital or care home bed before going home. VW explained the data in the slide deck and explained key areas for improvement. When we discharge people from an acute hospital into a community hospital or care home the data tells us that this is the ideal outcome for only half of the people. The Home First community team has already started to work differently in the east and go directly into Derriford to help support get people home promptly.

VW further explained that we need to start to change the way we think. We have a higher than national average of admitting people into long-term residential care. We do not want people's conditions deteriorating to the point where they are unable to go home. Devon has a different way of commissioning homecare which allows home care providers to work together. We can learn from that locally to work with our providers more effectively.

KM advised that the Embrace Care findings are being reviewed and we will consider which areas we want to focus our attention on.

Reviewing the proposed evaluation criteria

KM explained the process in detail including the reason for the invitees and the

workshop meeting which took place on 2 July. The proposed evaluation criteria will be used to score all options developed as part of this process. KM has had discussions with and taken advice from other key organisations such as NHS England and Improvement, the clinical senate (a regional independent clinical advisory panel) and The Consultation Institute to learn from examples of best practice. The proposed criteria will be equally weighted and the sub-criteria scored from zero to four with zero score provided when a scheme provides 'no evidence' and four when it provides 'exceptional evidence.'

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

KM discussed the sub-criteria. The system impact was stated as important, as any decision made locally will have an impact elsewhere. There will be minimum scores required for safety, financial affordability and sustainability. This will ensure that an option that might not be affordable now will still be considered for the future if it scores high on everything else.

Colin Martin commented that the funding formula for the NHS changed in January this year. We should receive an extra £14million this year, increasing to £29million. If we can evidence what we could do if we had the money, it will put us in a stronger position to make a case for funding. KM noted that we need to remember that there may not be an investment in real terms as the demand for our services increase due to population growth and people living longer with long term conditions so their care costs more as well as costs for things like medicines and equipment increasing.

KM explained about evaluating options against the criteria and that it is not an exact science, e.g. for 5a (climate management) she would not expect options to have several pages on climate management, but instead to show that that element has been considered.

Laura Chapman asked if the workforce criteria are based on the current model. KM explained that options would describe future care models and would need to demonstrate evidence that we can recruit successfully for that option or to be able to sufficiently upskill existing staff.

Action: Kate Mitchell to circulate the proposed options completion template with the minutes. This will help people to see what work is required to complete the options and how people will be prompted to complete the evidence.

Discussion followed regarding whether the focus on and impact on the community is sufficiently prominent. It was agreed that this should be made more explicit. Colin Martin suggested amending as follows:

7. Wider impact
    - 7a. Community impact
    - 7b. System impact

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David Yates asked about acceptability (or not) to some ethnic groups. KM said that all options will be put through an equality impact assessment which would cover off this level of detail.

The group then discussed the current long list of options in more detail. KM explained that the option to re-provide inpatient and MIU provision at St Barnabas will need to be considered and taken through the process even though this group stated they did not feel it was a viable option at the last meeting. This was because there is recognition that the wider public are not necessarily at this level of thinking. This was agreed by the group.

Discussion ensued concerning the possible services that having a 'hub' as an option could house. Beverley Jones felt there are very limited services for children in this area and that this would therefore be a good opportunity. Colin Martin mentioned the need for more local mental health services for working age adults. Rose Edwards said it would be a good meeting place for various groups. KM reminded attendees that we need to consider the scope and function and decide if St Barnabas is the right place. We need to narrow down what that function could be. Another option is to consider the site as providing planned activities such as clinics and we would need clarity over exactly what is required based on population need.

Nigel May asked if it would take activity out of Derriford. KM explained that there is a very long waiting list for Cornish residents for some areas such as cardiology, neurology, urology etc. We pay by activity rather than a block contract. There is therefore a possible opportunity to consider how that activity could be provided differently. We need to think about the best place for this, as investment in St Barnabas may be needed to make it fit for purpose for providing more clinic activities.

Another option was explored to dispose the hospital and re-provide health/care on the site as a new build. KM pointed out that the money from the sale would not be returned to Cornwall or Saltash although it would be possible to bid for it against the national pot, but there would be a means to prioritise the allocation of that funding. Under section 106 there is health-specific investment available for The Treledan site but nowhere near enough for a new build, only to enhance existing health care buildings. The Treledan site has plans for an 80 bed care home or 40 bed extra care housing. There is an opportunity for us to influence that piece of work. Virginia Betts at Cornwall Council is looking specifically at section 106 housing as part of her new role in Health Partnerships and Infrastructure.

Another option is for re-provision of health/care on an alternative site as a new build. KM queried if we do still need extra care housing/a care home if we have Treledan. Vicky Wright suggested seeing if we can buy some space there with section 106 funding to carry out activities. Laura Chapman mentioned the care of leg ulcers club at Passmore Edwards where district nurses can see people all together, which saves considerable time, however we do not want to assume this is necessarily available at Treledan as we are likely to need more in future.

Nigel May suggested creating a business case for money for Saltash for a health and wellbeing centre. He felt that something could still be done with the police station site as

it is ideally situated for a community hub. KM said it could perhaps be put forward as the community's intention for a 10 year plan, but that it would need to fir with the countywide estates strategy and there is no current financial investment available.

KM stated to the group that it seemed as if our short list of options that we need to formally work up in more detail were:

1)Re-provide inpatient/minor injury unit at St Barnabas (there is a consensus that this would not be appropriate, but also a recognition that not everyone in the wider community would necessarily agree as they've not been party to the discussions on this to date-public drop in events are being planned in October to help share the information wider);

2) Re-purpose of St Barnabas to be a health and care facility focussing on co-location of staff, planned clinic activity and community activity groups (exact configuration to be worked up in more detail);

3) Sell St Barnabas (recognising that it is a national asset), but to commit to the development of a long term plan to provide a community based building that would provide a level of health/care/public facilities-function and configuration still to be defined.

Next steps

KM advised that there will be evening drop-in sessions in September/early October (dates TBC) for those who have not yet had the opportunity to hear information and contribute their ideas. She will now start putting more detail in to the options.

KM reminded the group about the evaluation process and explained that evaluators cannot be involved in developing the options further, in order to maintain impartiality. We need a very good local knowledge of the community for evaluating. All the necessary training will be provided and suggestions for possible evaluators are welcome. KM reiterated that she is happy to have further conversations with individuals and/or set up small groups if anyone wants to have a further discussion about the evaluation criteria or process. KM can be reached on: email kate.mitchell8@nhs.net or on telephone: 01209 832420.

KM then explained that the Saltash Neighbourhood Development Plan is currently under consultation with a looming deadline, and said the proposed wording for the plan pertaining both to the future of St Barnabas Hospital and the future of health and care provision in Saltash is in the slide packs. She asked for any amendments to this to be sent to her by noon on Friday 16 August, so that she can then submit a consensus view.

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