

# Minutes

## Saltash integrated community services stakeholder event

29 May 2019

10 to 12.30pm

Saltash Guildhall

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### Present:

Bob Austin (Director, Saltash CIC)	Catherine Thomson (Community Link Officer, Cornwall Council)
Laura Chapman (Community maker, Volunteer Cornwall)	Steve Helley (Trustee, disAbility Cornwall)
Sarah Cook (Saltash Live at Home scheme)	Liz Hewer (Saltash Live at Home scheme)
Cllr Sarah Martin (Saltash Town Council)	Cllr Hilary Frank (Cornwall Council)
Cllr Derek Holley (Cornwall Council)	Beverley Jones (St Stephens Community Primary School)
Dr Birte Morris (GP, Saltash Health Centre)	Rose Edwards (Saltash Health Centre Patient Participation Group)
David Yates (Port View Patient Participation Group)	Lisa Marie Dennis (Port View Patient Participation Group)
Angie Fisher (Port View Patient Participation Group)	Nigel May (Citizens Advisory Panel vice chairman)
Barbara May (League of Friends)	Greg Penzer (Service manager, Mencap)
Mary Shears (League of Friends)	Anne Renzi (District nursing lead, Saltash)
Ashton Linfoot (Workforce Transformation apprentice, Cornwall Partnership NHS Foundation Trust)	Estelle Ward (Work Transformation Clinical Lead, Cornwall Partnership NHS Foundation Trust)
Fiona Hegarty (Integrated Community manager, Cornwall Partnership NHS Foundation Trust)	Vicky Wright (Head of Flow, Cornwall Partnership NHS Foundation Trust)
Charity Gladstone (Community Matron, Cornwall Partnership NHS Foundation Trust)	
<b>NHS Kernow team</b>	
Michelle Smith	Candice Webber
Kate Mitchell	Alison Hart
Laura Patrick	Paula Bland
Caroline Chick	Louise Moore

## Introductions and why we're here today

Kate Mitchell, NHS Kernow's programme lead and project manager for this piece of work, welcomed people attending this second 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 purpose of today's second workshop session, was to explore some possible working ideas, based on the themes that were identified at the first meeting on 29 April.

Information was presented on the views and messages captured at the first workshop. The group was asked to clarify that the right themes and principles for working together had been captured from the first workshop and the group agreed this was the case. These will help us collectively identify a list of possible options for the future shape of community services in the locality, which will determine the future of St Barnabas Community Hospital.

Answers to questions from workshop one were made available and it was suggested that these would be circulated with the minutes of this workshop.

There were also discussions and opportunities to explore specific topics to allow the progression of co-development of working idea/possible options. There was an accompanying slide deck presentation to support this. There were opportunities for questions from the floor and expert clinicians on hand to respond. The focus subjects were reviewing aspects of inpatient utilisation, MIU provision, transfusion day services, extra care housing and delayed discharges.

Through the discussions it became apparent that there was a view that St Barnabas is not currently fit for inpatient provision and that MIU provision should now continue to be provided in primary care, recognising that this was not offered 24 hours a day and that there is no x-ray provision in GP surgeries. The group was explicitly asked if there was anyone who felt that St Barnabas could provide safe and appropriate inpatient care and whether it needed to provide a Minor Injury Unit (MIU). No one responded to this effect. There was therefore a consensus that the hospital was not fit for inpatient and MIU provision, but there was still a view that a type of community bed provision was required.

Other key points made from the discussion:

- It was disappointing to hear that the hospital is a national asset rather than a local one
- We are keen to continue to work with Council housing and planning colleagues to explore the potential to secure some form of health and/or care facility on Broadmoor Farm site

- There remains some confusion over where residents and day visitors can go for minor injury and illness support
- There were some reservations from clinicians whether St Barnabas was the correct site for a day transfusion service-further work was required to understand this
- Moving staff from St Barnabas to Liskeard Community Hospital at the time of temporary inpatient closure increased productivity and efficiency. People in Liskeard Hospital had their average length of stay reduced from 21 to 14 days. This reduced pressure on Derriford services
- There are some great community services-Acute Care at Home can provide IV antibiotics and fluids and the STEPS (Short term enablement planning service) and Home First teams support people well in their own homes. In the last couple of years there have been eight new Generic Support Workers who now work across the East area. For the three practices Port View, Saltash and Quay Lane that means the new Generic Support Workers have made 1880 visits (on average 93 per month) since St Barnabas closed to inpatients in 2017.
- There is a new project called Embrace Care that is looking at reviewing how the community services work supporting people to live well at home and supporting people to be discharged from hospital. This work will be really important in helping us understand local issues and solutions.

People were asked to join three smaller groups to allow more detailed discussions following on from their views stated in workshop one. The groups discussed in more detail the positives and negatives of ideas around the following:

- Enhancement of community services (various working ideas/options).
- St Barnabas Community Hospital retained (various working ideas/options).
- St Barnabas Community Hospital site disposed of, alternative site found for health and social care function (various working ideas/options).

People were asked if they needed any further information to help their thinking around the working ideas and possible options, and were invited to select scorecard options to help us gain a sense of people's views. It was stressed that this was not designed to be a vote. The tables below show the results of this straw poll for each of the three proposals.

By the end of the session we had:

- Checked that we agreed the important local themes and possible working ideas/options that were explored in workshop one.
- Explored key service areas in more detail eg. Minor injuries unit, transfusion clinics, inpatient provision, extra care housing, improving discharges and enhanced community services provision.
- Held group discussions exploring some evolving working ideas for local community services and what that may mean for the future of St Barnabas Community Hospital.
- Identified preferences amongst the group for the proposals suggested and identified proposals that the group do not think would be suitable.

## Group session notes

### Group one

**Proposal:** St Barnabas Community Hospital site disposed of, alternative site found for health and social care function (various working ideas/options).

Key points from the group discussion

- St Barnabas Community Hospital is not fit for purpose.
- Home visits take district nurses longer now as people are coming into the area with more complex needs.
- Pressure being added to district/community nurses.
- Extra care housing would give the ability to offer multiple services and care packages to suit each individual person.
- More provision in one area would be beneficial to people. Offering a more fluid style of care meaning they can access more / less depending on need.
- Could section 106 be a way to get money for this? Would it be enough money?
- Extra care housing / care homes are needed to relieve pressure on community staff.
- Would this offer more care beds?
- Who owns extra care facilities? Who runs it? NHS/private? Do residents pay to live there or is it funded?
- How much would the cost be for this? Some people who have a need for the extra help may not be able to afford it?
- What are other areas doing and how are they doing it?
- Are privately owned care homes the future?
- All care homes in Saltash are currently full and have waiting lists.
- Are there people in the existing care homes that could be stepped down to an 'extra care' housing?
- Use Peninsula House for a hub.
- Local transport and networks should be considered when thinking about location.
- Coordinate all services into one place so can be signposted to easily.
- Wider range of services can be used.
- All people in the circle (with reference to the presentation) need to be situated in the 'hub'.
- Rehab etc all in one place.
- Broadmoor Farm in west Saltash has planning for 80 bedrooms – can this space be used? Could we bid for this area and use as a hub/?
- Saltash Health Centre site – could the grassy space be used for a new build hub? Could we coordinate teams in that area and utilise the leisure centre?
- Make a new sports field elsewhere if we could use that area.
- Broadmoor Farm may seem far away right now but in the future it won't be. The town is expanding and over time the centre is moving.
- Main negative for all options would be the money.
- Where would the staff who are currently based there go to?

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- Where would the services be moved to?
- The building is empty most of the time – maintenance costs i.e. heat, electricity, upkeep are wasted.
- Need something fit for purpose.
- The building isn't being used so why keep it?
- People already own care homes in the area so they may want to invest in expanding.
- A hub could be a big space with space for beds and outpatients etc.
- Port View Surgery – what would happen to the surgery if St Barnabas was closed down? Could it be accommodated into the hub?
- The High Street is dying so we could use one of the shops when they become empty?
- Are there any existing buildings that would be suitable for the hub?
- GPs are not the first point of contact for everything there needs to be more integration of services.
- Use section 106 for innovative ideas – sports field?

## Common themes

There was a consistent theme that this community would benefit from a hub facility, created to offer health and wellbeing services that would include functions such as information provision, co-location of staff, drop in facilities as well as some clinic provision. The suggested location of this hub was broad ranging: Peninsula House, Broadmoor Farm, Saltash Health Centre, Saltash High Street.

It was felt that there is a shortage of extra care housing in the community. It was felt this provision of accommodation with care would allow independence and flexibility in care provision as people's needs altered.

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**Proposal** - St Barnabas Community Hospital site disposed of, alternative site found for health and social care function (various working ideas/options). People were invited to put stickers on a grid to represent their views. These are shown below.

Straw poll	I don't think we should be considering this idea	I'm not sure - I'd need more information	This idea is not really important	This idea is quite important	This idea is really important
<b>Proposal</b> : St Barnabas Community Hospital site disposed of, alternative site found for health and social care function (various working ideas/options)					
Extra care housing					
Care home					
New build 'hub' facility (outpatients/planned investigations, primary care, co-location of staff)					
New build facility (including inpatient beds)					
Combination of above					

## Group two

**Proposal:** Enhancement of community services (various working ideas/options).

Key points from the group discussion

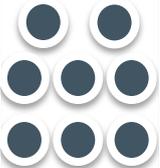
- Choice – knowing where to go if you need community help .Sometimes people only know the right place to go to or the right person to speak to because they have been through the system before, otherwise, it is difficult to know where to go.
- Local point of access.
- Services like the Live at Home scheme are very good, if people know about them.
- The Town Council website had a list of many organisations which, due to digital security rules, had to be removed. The Town Council is now asking those organisations to add their details again.
- Websites are great, but a lot of people don't use them.
- Community services should be for everything, not just health and social care.
- Lists of organisations and resources need to be managed; otherwise they go out of date quickly.
- The Town Council knows about some organisations, but not all.
- Most services are reactive, such as adaptations at home, not proactive.
- A local accessible hub would be ideal for those with learning disabilities who find Derriford a traumatic place to visit. Somewhere smaller, where there is less pressure and a broad range of services would suit them.
- GPs and district nurses are stretched and can't always go out to visit people.
- A network of services would also suit those with a learning disability who often hover between requiring health care and social care.
- The process for supporting a person who is to be discharged to home should be started whilst they are recovering, to ensure that there is the correct support and physical environment for them upon discharge.
- The better option is to keep people out of hospital and socially happy and well.
- Schools are oversubscribed and mental health provision in schools is diabolical. A school worker that helps with child mental health and parent support knows of individuals who have waited three years for Child and Adolescent Mental Health Services to respond. There are community paediatric services in Liskeard and Launceston, but nothing in Saltash. They could also come here.
- Schools are increasingly finding that they need to refer children for audiology and for Child and Adolescent Mental Health Services, or parents are asked to self-refer, using a form that is difficult to complete.
- Services are difficult to navigate, even social workers and health staff have difficulty.
- There needs to be specialists in the hub, with all information in one place.
- Two separate issues were highlighted: where to get information, and where to get service provision.
- There is a local family hub which should cater for children up to 18/19, however, in reality this serves nursery age children.
- Is there a danger of a hub just getting bigger?

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- There should be help for children that have been waiting two to three years, by having local responsive facilities.
- There are many families on low income that are under the threshold for Universal Credit who can't afford to travel to appointments.
- The expectation of a hub would be to have provision for all people in the same place, reducing the need for travel.
- It was felt that the work of the Short-term enablement planning services team (STEPS) that supports people who leave hospital, worked well. Could that be used to stop people being admitted to hospital?
- There is a body of people between hospital and home that can provide community support. Often, however, people wish to self-identify that support and feel it is their own problem to solve.
- Are people willing to accept help or know where to get it? If they don't know about services, how can they access them?
- Car parking is expensive at Derriford, making it inaccessible to some
- The Town Council has just taken control of the library. There are some things that could probably be provided there, but there are other things that would be better to provide at St Barnabas.
- Talking about extra care housing, it was felt that smaller units would be good for independent living, however, there needed to be back up and extra support in a hub.
- Currently, when someone is at home, the integrated care team would assess to see if there is a different way care can be provided. This is being done in the locality to keep people at home, which could be enhanced too.
- The Live at Home scheme does not provide care, but aims to combat isolation and loneliness by befriending and information provision.
- There should be local access to services; navigation of services should be easier.
- People need to know in advance (before they are ill) what services are available to them. Churches used to be a place to find out information, or the library, but the sense of 'neighbourhood' has been lost
- When people are diagnosed with a long-term condition, they feel under siege.
- Some people have their own diary of useful contacts as there is no central resource.
- People need to be IT literate to find out about services.
- Live at Home scheme, library, and the Town Council all have information about local community services but that is not shared. It was suggested that an information sharing agreement could allow sharing and avoid duplication.
- Services provided at St Barnabas were discussed and not everyone knew what was provided there apart from Speech and Language Therapy (SALT) and Derriford outpatients, however, with a blank sheet of paper, one suggested service would be falls prevention for older people.
- If the services and environment are right for those with a learning disability they will be right for everyone.
- There was a suggestion that the area where the police station, leisure centre, library and GP surgery were already sited would be a good location for a 'wellbeing village' – one place where all community services could be located.

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**Proposal:** Enhancement of community services (various working ideas/options).  
People were invited to put stickers on a grid to represent their views. These are shown below.

Straw poll	I don't think we should be considering this idea	I'm not sure-I'd need more information	This idea is not really important	This idea is quite important	This idea is really important
<b>Proposal:</b> enhancement of community services (various working ideas/options)					
Social prescribing					
Enhanced rehabilitation/reablement resources					
Making more connections across existing services/support					
Consider short term purchase of care home beds					
Community based frailty team					
MIU provision in GP practices					
Combination of above					

## Common themes

There was also a theme about keeping people well at home, but to also have adequate community provision that could reduce the chance of people being admitted to hospital, or ensure that they are discharged home in a timely manner from hospital. Support could either be provided from community services or by providing bed based care for rehab and reablement.

A common theme was that the current health and social care services can be confusing to navigate and that there isn't one solution that could help this. It was felt that written and web site based information would be useful, but that a physical building location would also help with information sharing and providing support. This 'hub' could be for the provision of multiple services, keeping care within the community and reducing the requirement to travel. It was not clear whether one large hub for all ages and disabilities would be appropriate or if separate smaller hubs would provide the best function.

## Group three

**Proposal:** St Barnabas Hospital retained (various working ideas/options).

Key points from the group discussion

- If the beds are gone there is no point trying to get them back.
- The tour of the hospital was helpful in showing the existing issues such as failure to be able to comply with fire regulations.
- How would visitors know that the minor injury units (MIUs) are now in the surgeries?
- There is no weekend cover, out of hours or x-ray provision at the MIUs in the surgeries
- Can visitors use the MIUs – are they a walk-in service? What is the nature of the contract?
- There need to be more communications regarding the minor injuries units, press releases etc.
- There should be some rehab/reablement buildings somewhere in the town.
- Embrace Care may help as its work in the west of the county has enabled Short-term enablement planning services (STEPS) to increase productivity. STEPS is predicted to see 1000 more people in the first year.
- Staffing is also an issue for rehab at home, especially for night-sitters.
- Social prescribing will put immense pressure on voluntary organisations.
- The NHS should provide a hub where activities can take place.
- Organisations such as the Saltash Live at Home scheme and Dementia Voice could potentially have a base in the hub.
- The building itself is not ideal. It is not on a bus route and is difficult to access. Plougastel Drive would be a better area but there is no space there.
- Could we build on open land?
- St Barnabas is well used at present with staff mostly based in Saltash. Co-locating staff improves communication.

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- We need to focus on linking up health/social/community care with more emphasis on the latter two, and also the voluntary sector.
- We need some sort of rehab beds.
- Care home beds are sometimes used for rehab under the spot purchase bed scheme.
- Occupational therapists and physiotherapists could work with care homes.
- There is an issue with lack of workforce.
- We were told in November that the transfusion unit was pretty much a done deal, but it now seems to be off the table. This is poor communication from the patient and community perspective. There is a lack of clarity over the decision-making process
- The transfusion unit is not off the table, but more work needs to be done. We would need to look at the numbers that go into Derriford for transfusions/infusions and consider the benefits to patients.
- Not all towns can viably have an x-ray provision.
- We need to consider where the units should be placed county-wide to answer the most need.
- The ideal would be a well-being “village” situated where the police station is.
- Good community services are the priority.
- It would be helpful if someone from the Embrace Care project could attend the next workshop. Early information from their work on intermediate care provision should be available from mid-July.
- Would a hub be more suitable at Broadmoor Housing? How is extra care housing funded?
- St Barnabas is not fit for inpatients as it is. If it is redesigned, then that should remain an option.
- We need more co-location of the social and voluntary sector.
- A minor injuries unit would not work unless it had longer hours than at the GP surgeries. When St Barnabas was a minor injuries unit, people were quite often sent to Derriford anyway, due to issues with lack of staffing.
- Derriford representation should be considered in the group as this area is not Royal Cornwall Hospitals NHS Trust facing.

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Proposal: St Barnabas Hospital retained (various working ideas/options)					
'Hub'/ Community wellbeing facility					
Offices/admin/ staff co-location site					
Outpatient clinics					
Keep at 'as is'-clinics and staff bases					
Planned investigations (e.g. transfusions/infusions)					
Inpatient beds					
MIU					
Extra care housing					
Combination of above					
Other	Integration of services and re-designing or have reablement beds – nursing home Children and adult mental health services – no need to drive them to Liskeard and Launceston				

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## Common themes

The overall picture provides a view that the building should be used for to support the community by offering multi-disciplinary clinics and providing community support. This will reduce the need to travel and help the immediate community requiring additional support.

There is significant interest in the planned activities in the community provided by the Embrace Care project.

It was felt that inpatient beds would not be an option that should be considered.

## Next steps

At the next, third workshop, to be scheduled in late July, there will be a more detailed look at the list of preferred options identified today. At this point we will be seeking wider views on evaluation criteria and the long list of options/working ideas. We will also aim to have some feedback on the Embrace Care project.

## Additional information

Frequently asked questions raised during workshop one on 29 April, can be viewed on the [NHS Kernow website](#)

We would like to apologise for providing incorrect travel time data in the Saltash case for change document. This was a purely administrative error and the information was taken from a slide deck for Fowey Community Hospital. This has now been changed and contains the correct travel distances from St Barnabas Community Hospital in Saltash to the nearest community and acute hospitals. An updated version is available on our website. We can confirm the information contained in the other documents is correct.