



Saltash area and St Barnabas Community Hospital workshop 3

Welcome



About today

10.15am

- Registration and refreshments

10.30am

- Welcome and recap from workshop two
- Large group session-focus on some service updates, allowing Q&As

11.15am-11.30am

- Proposed evaluation criteria

11.30: Comfort break/refreshments

11.45am

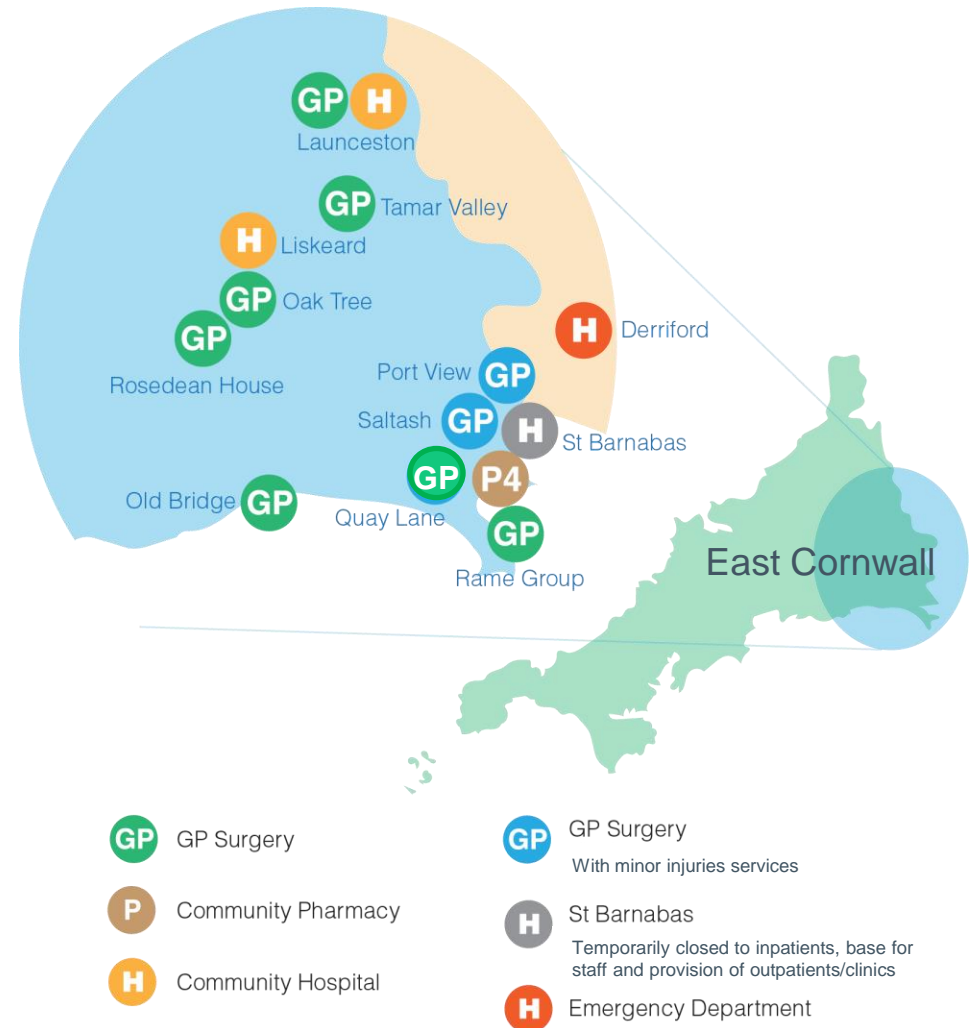
- Progress in developing options

12.15pm

- Conclusions and next steps

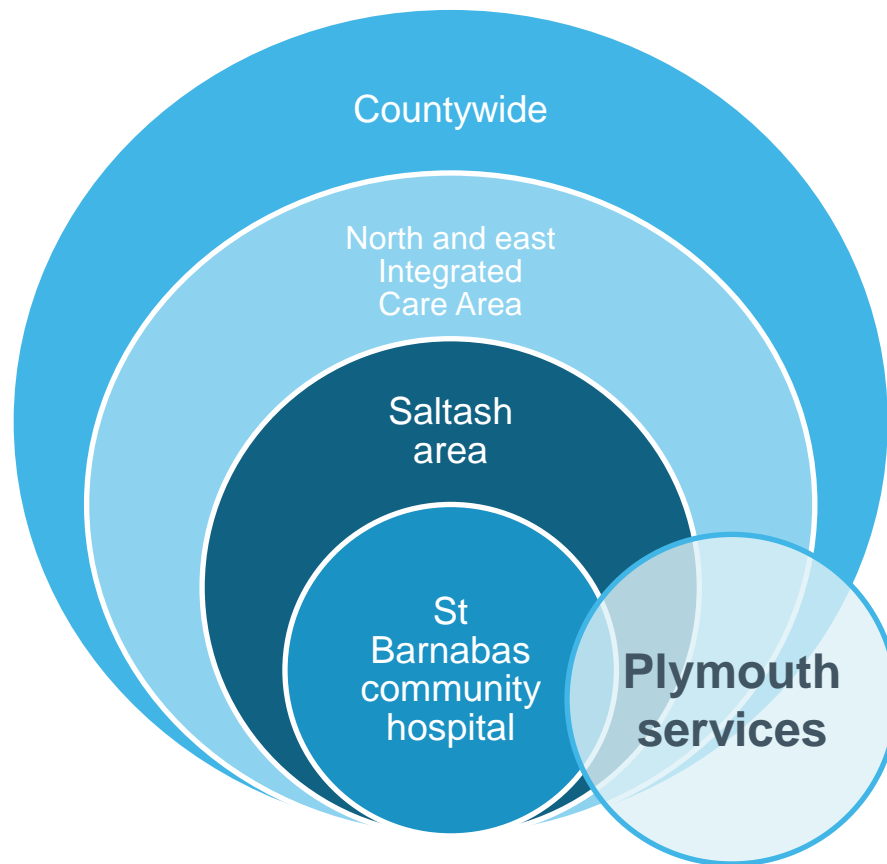
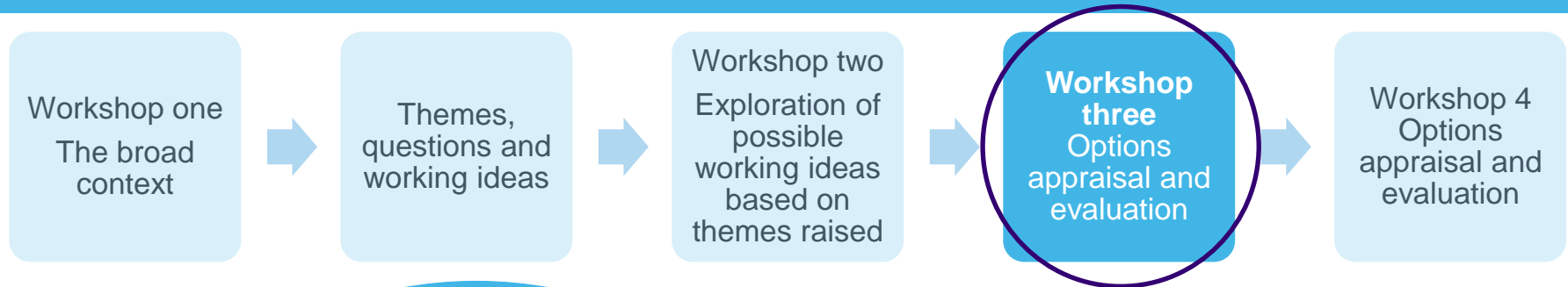
12.30pm

- End and evaluation forms



Recap from workshop two

The flow of our conversations



Principles and themes
Local need and local services
Long term vision-including accommodation with care
Local investment
Modern, fit for future services
Ageless approach
Maximise existing resources
Enhance community resources
Make a decision on St Barnabas

A simple model of approach



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Principles and themes

Local need and local services

Long term vision-including accommodation with care

Local investment

Modern, fit for future services

Ageless approach

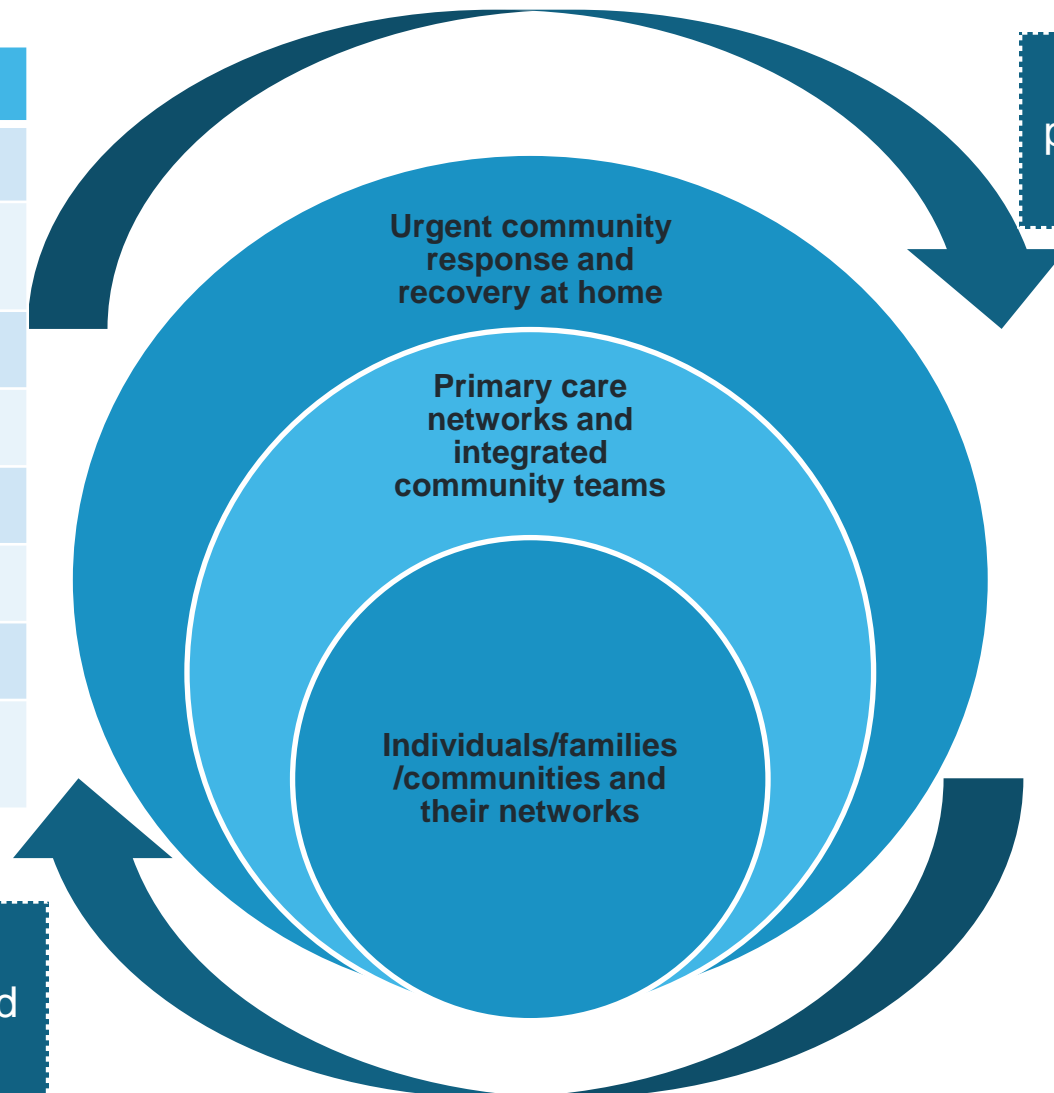
Maximise existing resources

Enhance community resources

Make a decision on St Barnabas

Community reactive and rapid response

Community proactive care and support

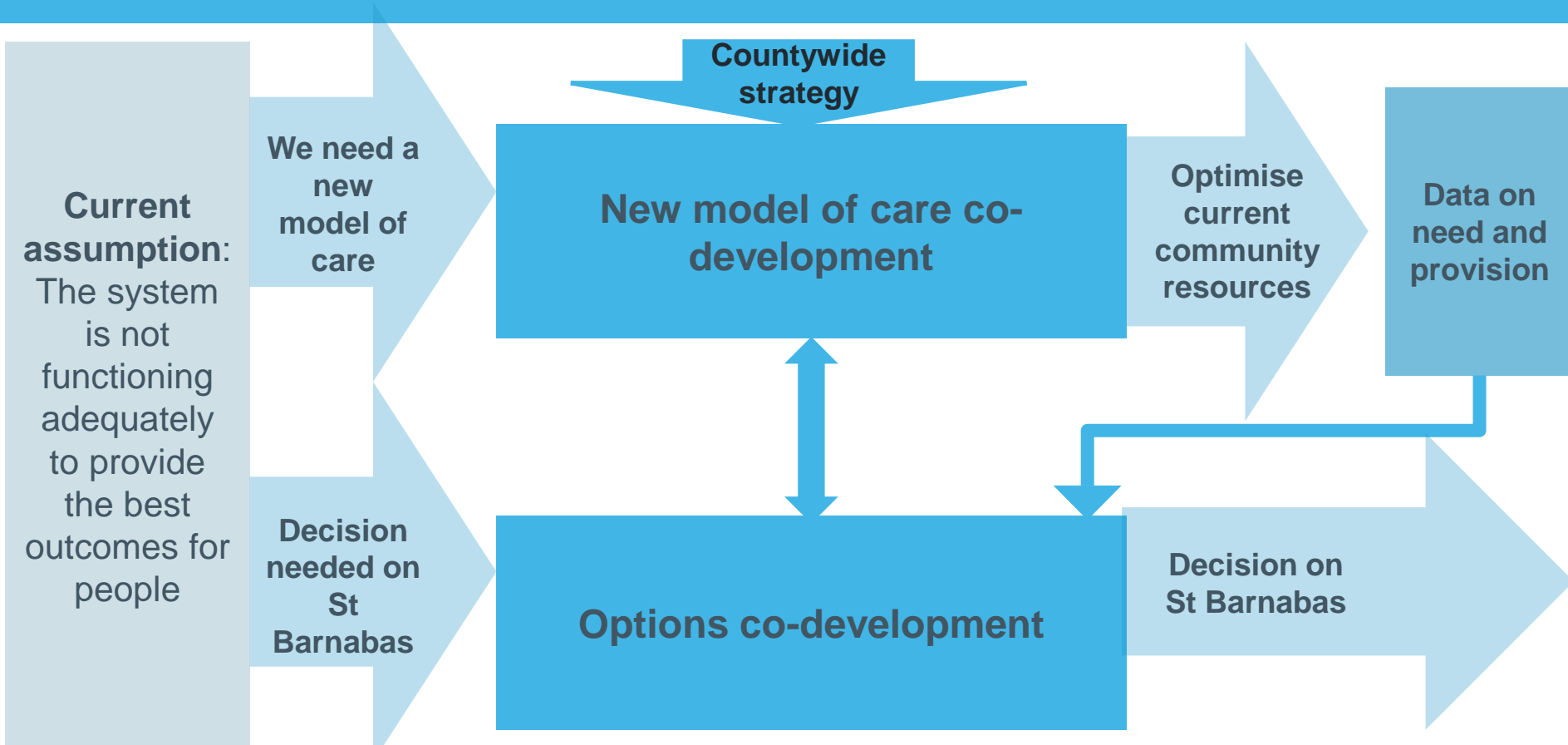


Urgent community response and recovery at home

Primary care networks and integrated community teams

Individuals/families /communities and their networks

What is our current thinking?



Principles

Long term vision-including accommodation with care	Modern, fit for future services	Maximise existing resources	Make a decision on St Barnabas
Local investment	Ageless approach	Enhance community resources	



Embrace care update

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 over 65 years old.
 - Identifying need and evidence to pinpoint changes required
 - Shape our future model of care-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
 - Analysed over 1 million rows of data
 - 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 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%

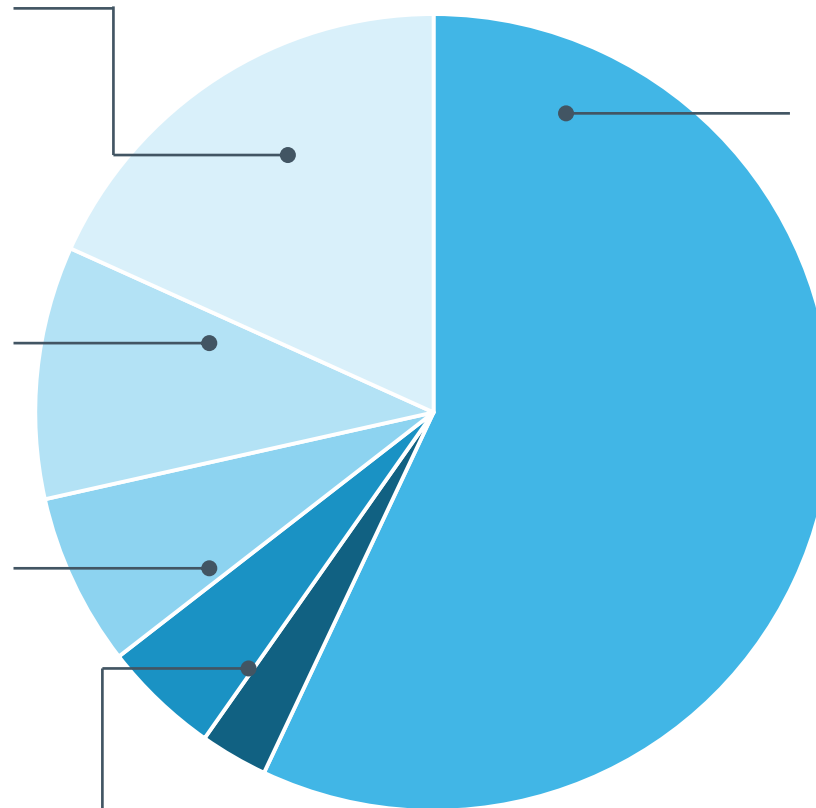
of the cases were due to decision making and behaviours, primarily through risk aversion or lack of clarity on what services are available

7%

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

5%

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



57%

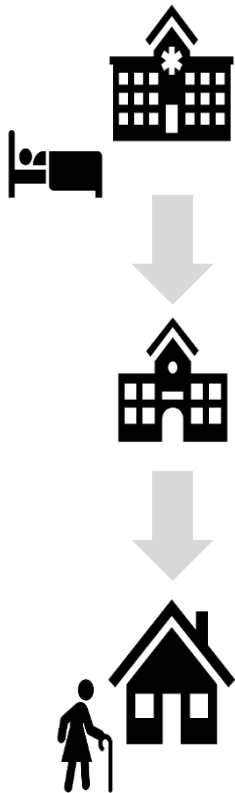
of the cases reviewed were felt to be ideal, whether that was an admission, a discharge decision or community provision

Do we have the right model of care?

The impact of pathways



- 31% of 65+ attendances don't need to happen
- 41% of 65+ admissions 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



- Potential to trial one morning a week four to six chairs
- Initial potential treatments identified and care plans/drug transcripts already in place
- Equipment requirements have been scoped
- Additional staffing requirements:
 - Two registered nurses (needed for checking and safety)
 - One healthcare assistant (observations/admission documents, patient care)
 - Admin support (already in place)
 - Medical cover-not currently available at St Barnabas
 - Could utilise staff from Liskeard, but will need backfill from other day case units (Bodmin/ St Austell/ Falmouth)
- 3 site options: St Barnabas, Liskeard or Launceston Community Hospital
- Current activity based on 10 months in 2018= 9 transfusions per month, 5 per week

Summary options appraisal: Transfusion/Infusion Day Case Clinics



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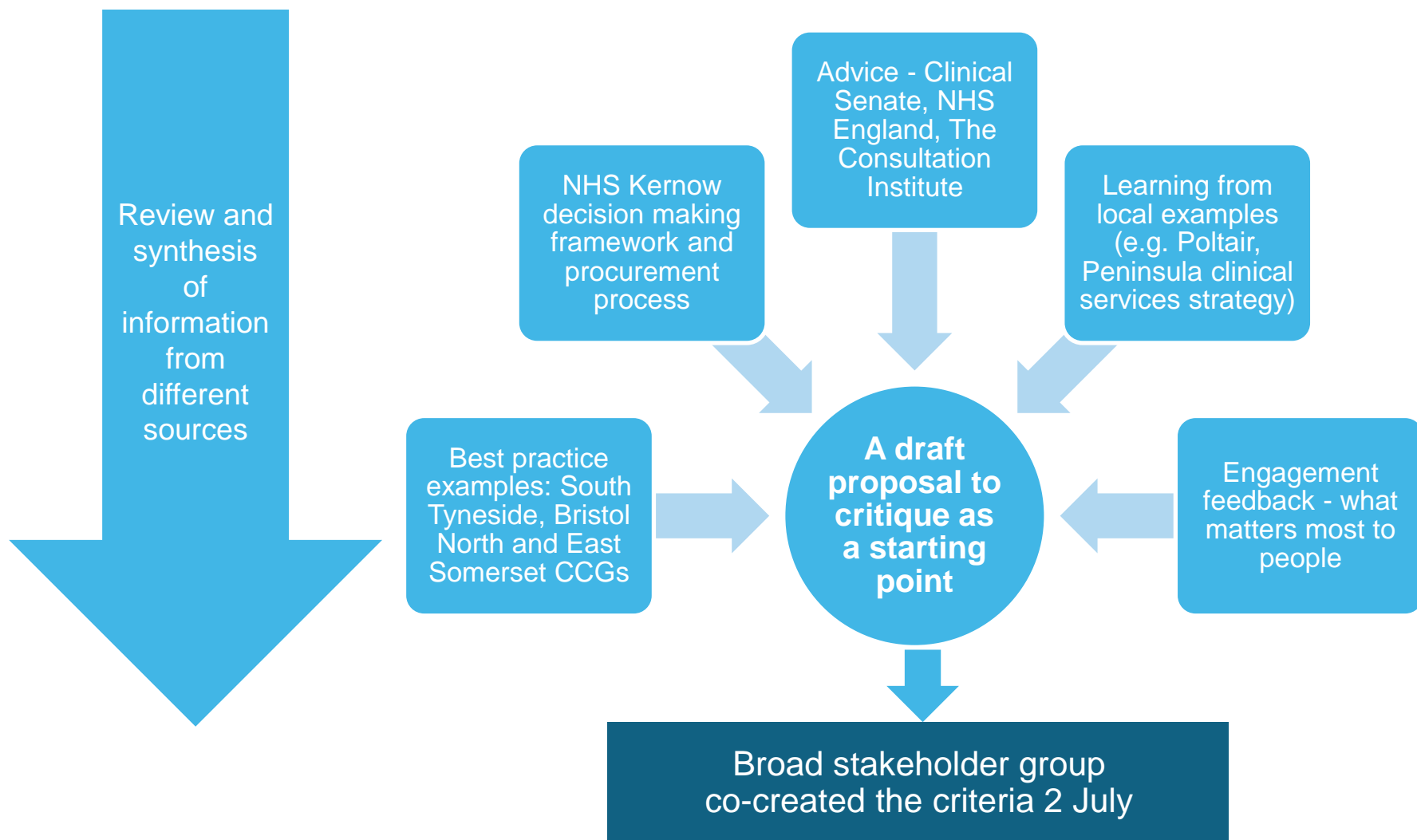
Site option	Staff training required	Medical cover available	Capital investment required for building	Additional staff required	Provision of local service	Appropriate environment and access (clinical and IT e.g. WIFI)
1. St Barnabas hospital	√	X (option is 999)	√ (£20,000)	√ (staff would need to come from Liskeard/ Launceston, but would need backfill)	√	X
2. Liskeard hospital	√	√	X	√	√	√
3. Launceston hospital	√	√	X	√	√	√

Proposed evaluation criteria

How have they been developed?



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Draft evaluation criteria

Who helped us develop them?



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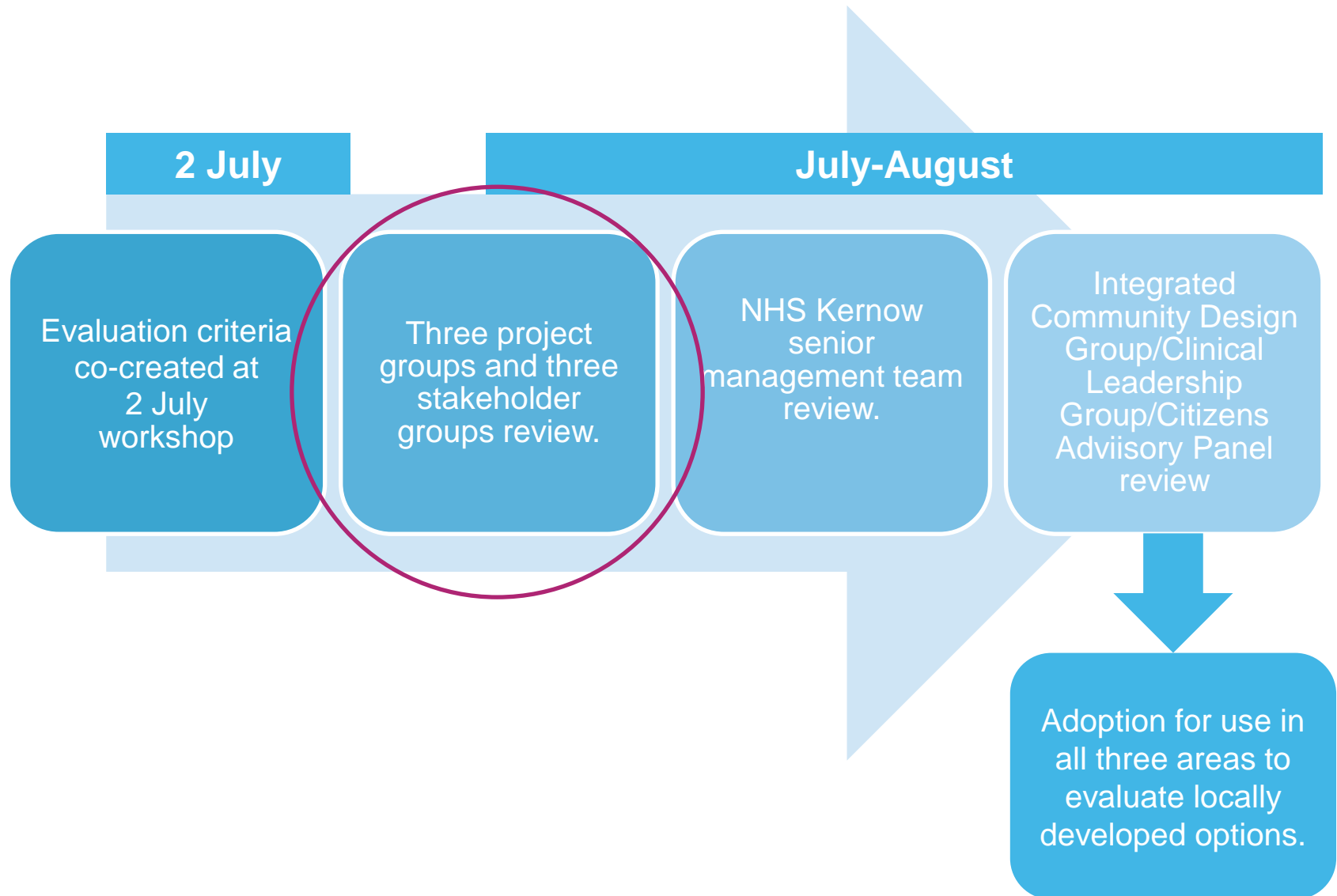
Associate director, business development, CFT	Citizen's Advice Panel (two reps)	Cornwall councillor (west Penwith)	Finance manager, NHS Kernow
Governing Body lay member, NHS Kernow	GP locality lead (north and east), NHS Kernow	Healthwatch Cornwall	Operational lead nurse, Cornwall Hospice Care
Patient 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

Headlines from our last discussions



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1. Enhancement of community services

	Pros	Cons
Social prescribing	Detailed understanding of community knowledge. Holistic and personalised approach to individual wellbeing and functioning. Can support individuals to live well in communities and reduce demand on statutory services. Connects people and services. Plans already in place.	Could put pressure on voluntary sector if not appropriately funded.
Enhanced rehab/reablement resources	Provides care close to/at home. Builds individual strength, resilience and independence, avoiding hospital admission and supporting timely discharge back home. (Since August 2017 an average of additional 93 visits/month for Saltash/Quay Lane/Port View practices have been provided by new Generic Support Worker roles.) Embrace Care project is focussing on this.	Workforce recruitment may be an issue. Limited investment opportunities, but Embrace Care Project may have evidence on how to use existing resources differently.
More connections across existing services/support	Integrates services, shares resources, information, provide more effective care. Maximises impact of current resources. Work is already ongoing.	This will only have maximum impact if voluntary sector are an equal partner.
Short term purchase of care home beds	Provides short term support for potential admission avoidance/enabling discharge. Already in place for Chyvarhas, Callington.	Model requires some in reach support to be effective if placement for rehab/reablement.
Community based frailty team	Provides a community based 'virtual ward' approach to support the most vulnerable to stay in their community. Example models are in the SW to learn from-local team have visited to learn from approach.	Will require sufficiently resourced community nursing teams-recruitment/investment may be an issue.
MIU provision in GP practices	Saltash and Port View are now contracted to provide minor injury services-provides care closer to home, reduces need to travel, provides extended provision for service than St Barnabas service did.	No 24hr access, no x-ray. If the person is not suitable or the surgery has no capacity at that time they may ask the person to attend the Cumberland Centre or Liskeard Hospital

Headlines from our last discussions



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2. St Barnabas Community Hospital site disposed of, alternative site found for health and social care function

	Pros	Cons
Extra care housing	<p>Promotes independent living, personalised care, provide sustainable communities. Provides alternative choice of support.</p> <p>Meets the need of 134 units required by 2025 in the Saltash area.</p> <p>Already included in property development on Treledan site (Broadmoor Farm). (80 bed care home/40 unit extra care)</p> <p>Centralises care for efficient workforce use, removes pressure from community staff.</p> <p>Could delay/reduce/eradicate need to go into long term care.</p>	<p>Broadmoor Farm/Treledan site would need public transport (included in current plans)</p> <p>Property developer may not want to implement.</p> <p>There may not be a suitable alternative site.</p> <p>Investment required by provider/developer.</p> <p>Loss of St Barnabas site to health provision.</p> <p>The hospital is a national asset-not local-sale will therefore not necessarily provide local funds, although it will contribute to the national capital receipt and will allow us to be eligible to bid for funds.</p> <p>The Neighbourhood Development Plan (under consultation) cites the need to maintain St Barnabas for health care provision.</p>
Care home	<p>Centralises care, remove pressure from community services. Already included in plans for Treledan.</p> <p>Provide additional capacity in the market.</p> <p>May support discharge.</p> <p>Provides long term care.</p>	<p>Workforce may be a challenge.</p> <p>Section 106 insufficient for new build and some constraining parameters (capital investment only).</p>
New build 'hub' -outpatient/ Planned/ primary care, staff co-location	<p>Potential to integrate provision of services and support, provision of single point for services/one stop shop, reduction in travel time to access services. Wider range of services provided.</p> <p>Navigation of services easier.</p>	<p>No identified local/national NHS capital investment available.</p>
New build facility (including inpatient beds)	<p>Safe, quality local inpatient provision.</p> <p>Reduction in people from Saltash needing to attend Liskeard and Plymouth hospitals.</p> <p>Services provided closer to home.</p> <p>Potential to provide range of services.</p>	<p>As above.</p> <p>Limited activity evidence for need for additional hospital inpatient beds (increased bed availability and reduced occupied bed days since St Barnabas closure)-relatively close proximity to Liskeard Community Hospital and University Hospital Plymouth.</p>

Headlines from our last discussions

3. St Barnabas Hospital retained as a health and care facility



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	Pros	Cons
'Hub'/ Community wellbeing facility	Potential to integrate centralised provision of range of services. Reduction in travel time to access services. Wider range of services provided locally. Provides a physical point of contact and source of information. Reduces the trauma of vulnerable people travelling out of area (e.g. people with Learning Disabilities, elderly, non drivers). Creation of community networks. Supports wellbeing of whole person. Car parking is free. Provides an opportunity for new ways of working.	Location/access/car parking may not be appropriate. Limited parking-especially for people who are disabled. Community groups would not be able to afford to utilise if there was a cost. <u>Nb</u> : It does not necessarily need to be health owned premises for a hub. Needs to link in with children's/school/family hub plans. Limited evidence on optimal size/function for hub. Level of investment required unknown.
Offices/admin/ staff co- location site	Shared use of building allows cross organisation communication/coordination-promotes improved and efficient working practices. There is no other local premise available to house individuals.	This may not completely optimise the space. It currently does not allow integration with social care and the voluntary sector as the staff are currently mainly health.
Outpatient clinics	Current provision of 2,500+ clinic contacts per year could increase. Provision of capacity for Plymouth Consultant clinics. Local people do not need to travel to Plymouth. More routine appointments such as hearing aid battery changes could occur locally. More local specialist nurse-led clinics could occur. There is no other local premise available to house individuals. Provides an opportunity for new ways of working. Could reduce current long waits for treatments at Plymouth.	Location/access/car parking may not be appropriate. The current environment may still need investment to improve access for an increased range and type of clinics.
Planned investigations	More local services to reduce travel inconvenience, time and cost. More choice of care. Summary options appraisal complete for transfusion/infusion day case.	St Barnabas may not be the appropriate environment from a clinical safety viewpoint. Investment required for environmental alterations/workforce. The demand may not be sufficient from the local catchment area. Commissioners and Cornwall and Devon providers would need to agree the changes. No diagnostics e.g. x-ray.

Headlines from our last discussions

3. St Barnabas Hospital retained as a health and care facility



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	Pros	Cons
Inpatient beds	<p>Reduction in people from Saltash needing to attend other sites e.g. Liskeard and Plymouth hospitals.</p> <p>Services provided closer to home-less travel inconvenience, cost and time.</p> <p>Potential to provide range of services.</p>	<p>Environment a challenge for modern healthcare-significant investment required. Location in residential area, limited parking. Moving staff from St Barnabas to Liskeard community hospital increased productivity and efficiency (average length of stay reduced from 21-14 days-reducing pressure on Plymouth). Workforce may be a challenge.</p> <p>Environment restricts safety of care for some patient groups.</p>
MIU	<p>Single site provision for local population. Clarity over access. Walk in for all provided.</p>	<p>Would need to cease current contract with Port View/Saltash surgeries.</p> <p>No out of hours/x-ray provision (same with GPs).</p> <p>Previous annual attendance (455) insufficient for standalone staffing.</p>
Extra care housing	<p>Promotes independent living, personalised care, provide sustainable communities. Provides alternative choice of support.</p> <p>Meets the need of 134 units required by 2025 in the Saltash area.</p> <p>Centralises care for efficient workforce use, removes pressure from community staff.</p> <p>Could delay/reduce/eradicate need to go into long term care.</p> <p>Cornwall Council are procuring a strategic partner to help implement the model countywide.</p>	<p>The site may not be appropriate/large enough for a viable model.</p> <p>Successful planning permission required.</p> <p>Treledan site already has plans in place for 40 units.</p> <p>The hospital is a national asset-not local-sale will therefore not necessarily provide local funds although it will contribute to the national capital receipt and will allow us to be eligible to bid for funds.</p> <p>No identified local/national NHS capital investment available.</p> <p>Workforce may be an issue.</p>

A summary of our working ideas/options

A combination of these or something else...



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Option 1: Enhancement of community services

Integrate primary (GP)/community/voluntary care and support

This work is ongoing and already in progress

Option 2: Re-provision of inpatient and MIU provision at St Barnabas

(to be informed by need)

Feasibility to be considered via evaluation process

Option 3: Re-purpose St Barnabas: community health and wellbeing hub

(no inpatient/MIU, to be informed by need)

'Hub' for services e.g. reablement, outpatient, children's, families, and/or 'Hub' for admin/staff co-location.

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

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

- A. Extra care housing.
- B. Care home.
- C. Inpatient (option 2).

Option 5: Disposal of hospital, re-provision of health/care on alternative site as new build

(to be informed by need and capital funds required)

- A. Extra care housing (Treledan).
- B. Care home (Treledan).
- C. Inpatient

Saltash Neighbourhood Development Plan (under consultation):

<https://plan4saltash.co.uk/>



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CURRENT WORDING IN DRAFT PLAN (p, 65-66):

POLICY HWB 3-THE FUTURE OF ST BARNABAS HOSPITAL

13.6 JUSTIFICATION - The community hospital is located at an accessible site reasonably well related to the town centre, and to main circulation roads linking to surrounding settlements. The NHS Transformation Plan (STP) for Cornwall sets a priority on redesigning current community hospital provision to provide an enhanced offer of community based support which reduces reliance on care in institutional and pressure on acute hospital settings. Alongside this the Minor Injuries Unit in the site was closed in December 2016, and the 9 inpatient beds closed in February 2017. In summer 2018 several community health teams were based at the hospital, some 70 staff in all, and regular clinics continue to be offered from the site.

13.7 The implications of all this for St Barnabas Hospital are under discussion. Given the town's proposed growth to 2030, it would be inappropriate to lose such a valuable local service centre from the supporting social infrastructure. The community hospital and adjoining health centre have considerable potential for rationalisation and regeneration to provide a modern community health hub that meets current and future needs and could enhance cooperation across medical and social services. The Hospital is also an important building that contributes strongly to the Suburban Villas character area (see Policy ENV1).

Saltash Neighbourhood Development Plan (under consultation): <https://plan4saltash.co.uk/>



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CURRENT WORDING IN DRAFT PLAN (p, 65-66):

POLICY HWB 3-THE FUTURE OF ST BARNABAS HOSPITAL

13.8 Policy HWB 3 Intention — The following policy is intended to encourage and enable the retention and enhancement of the site as a key health facility to meet the current and future community health needs of Saltash and its adjoining communities .

POLICY HWB 3 – FUTURE OF ST BARNABAS HOSPITAL

1. Proposals for the regeneration and enhancement of St Barnabas Community Hospital and GP Surgery (see Fig 26) which retain and extend their health and social use (such as a hub for integrated community care teams) will be supported, subject to:

- i. Retention of the hospital building
- ii. Improvement of the access and parking arrangements
- iii. The provision of space for social and community services

2. The following enabling development will be supported:

- i. Workshop, business and retail space for health-related activities
- ii. Residential development including key sector worker housing
- iii. Extra care housing
- iv. Fitness facilities

Saltash Neighbourhood Development Plan (under consultation): <https://plan4saltash.co.uk/>



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PROPOSED WORDING FOR PLAN:

POLICY HWB 3-THE FUTURE OF HEALTH AND CARE PROVISION IN SALTASH

13.6 JUSTIFICATION

We need sustainable local health and care provision to ensure we safeguard the model of the NHS and support our population of Saltash to live well and to be able to access timely and appropriate support as and when it is required. In the light of the current challenges around population growth, quality and regulatory requirements, workforce recruitment and retention and limited real investment in health and care provision we need to maximise all available resources to place more emphasis on prevention to achieve improved outcomes for individuals and reduce demand on services.

Part of this is recognition that we need to improve our out of hospital care, whilst ensuring we have sufficient bed based care within communities (which includes support provided to people in their own homes and care homes) to provide adequate care for people's needs.

St Barnabas community hospital is part of the local health and care system, located within a residential area which is reasonably well related to the town centre. The Minor Injuries Unit in the site was temporarily closed in December 2016, and the 9 inpatient beds temporarily closed in February 2017. Since the summer 2018 several community health teams have been based at the hospital, some 70 staff in all, and regular clinics continue to be offered from the site.

There is currently a service review underway which is focussing on the population need of Saltash and the surrounding area. This review is working in partnership with communities to understand how we can ensure people are in the right care setting that will result in the best outcomes for them as an individual. The review will identify options for delivery of local services and within that what future role will be for the St Barnabas community hospital building.

Saltash Neighbourhood Development Plan (under consultation): <https://plan4saltash.co.uk/>



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PROPOSED WORDING FOR PLAN:

POLICY HWB 3-THE FUTURE OF HEALTH AND CARE PROVISION IN SALTASH

13.7 The implications of all this for St Barnabas Hospital are therefore not yet known. Given the town's proposed growth to 2030, it is important to consider the town's future health and care needs and to ensure that all resources and local assets are utilised to their maximum as indicated by this need. The aspirations of the local community are to ensure a modern health and care system that is fit for the future. This may involve delivering services in a different way and the local community will be involved in the discussions and evaluation of these ideas. Any change in services or provision of alternative services will need to improve the health and wellbeing of the local population, address health inequalities and be based on the projected future population needs in relation to services and support required to meet those needs. The options for change (considering both how services are provided and where they are provided) will determine the future role of St Barnabas community hospital.

13.8 The current service review recognises that any perceived or actual loss of local health and care services, building assets or permanent change to the services offered there will only be acceptable where the proposal shows there is no need for the facility or service, it is not viable; or adequate facilities or services exist or the service can be re- provided in alternative accessible locations or in different, more effective ways.

Saltash Neighbourhood Development Plan (under consultation): <https://plan4saltash.co.uk/>



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PROPOSED WORDING FOR PLAN:

POLICY HWB 3 – THE FUTURE OF HEALTH AND CARE PROVISION IN SALTASH

1. Proposals for the regeneration and enhancement of local GP surgeries, community health and social care services (which may include development of new ways of working including use of existing services, buildings and support infrastructure) will be supported, subject to:

- i. Sufficient evidence of local public and staff engagement in the development and evaluation of options
- ii. Sufficient evidence that proposals are based on population need and aim to enhance local services and improve the health and wellbeing of the local population

2. The following enabling development will be supported at appropriate sites (including St Barnabas- (See also para 13.7 re the implications for St Barnabas are under discussion) based on the above evidence (this is not an exhaustive list) :

- i. Workshop, business and retail space for health and care-related activities
- ii. Residential development including key sector worker housing
- iii. Flexible housing and accommodation options with care and support e.g. extra care housing
- iv. Fitness and wellbeing facilities including improved access to green space
- v. Community 'hub' provision for health, care and community services, support and information and/or the administration of the same.



Next steps

