



SHAPING
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Cornwall and the Isles of Scilly
Health and Social Care Partnership

Welcome

Saltash area and St Barnabas
Community Hospital

Saltash and St Barnabas Community Hospital

Workshop 2 : About today



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9.45–10.00

Registration and refreshments

10.00–10.15

Welcome and a recap from workshop 1

10.15–11.15

Large group session-focus on key service areas, and questions and answers

11.15–11.30

Break/refreshments

11.30–12.00

Three small table discussions exploring some evolving working ideas

12.00–12.15

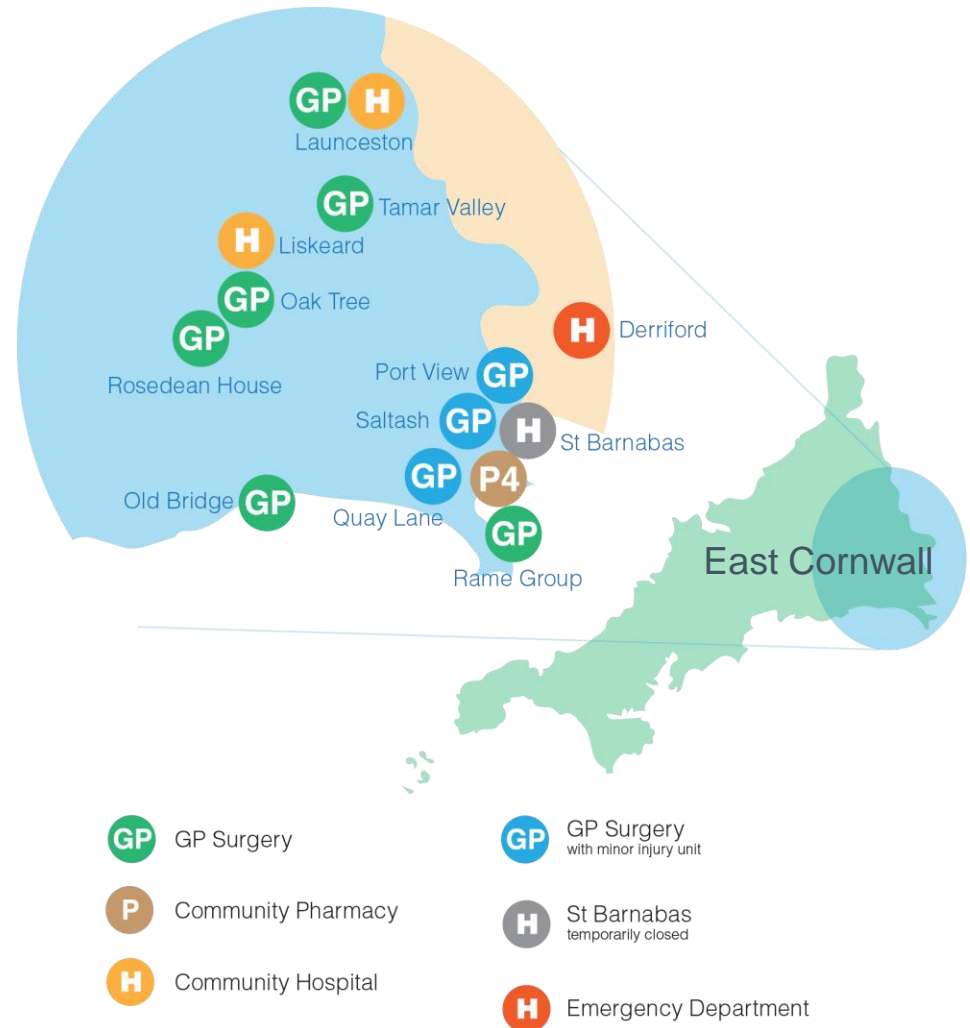
Conclusions and review of discussion points from tables. Any questions?

12.15–12.30

What next?

12.30pm

End and evaluation forms



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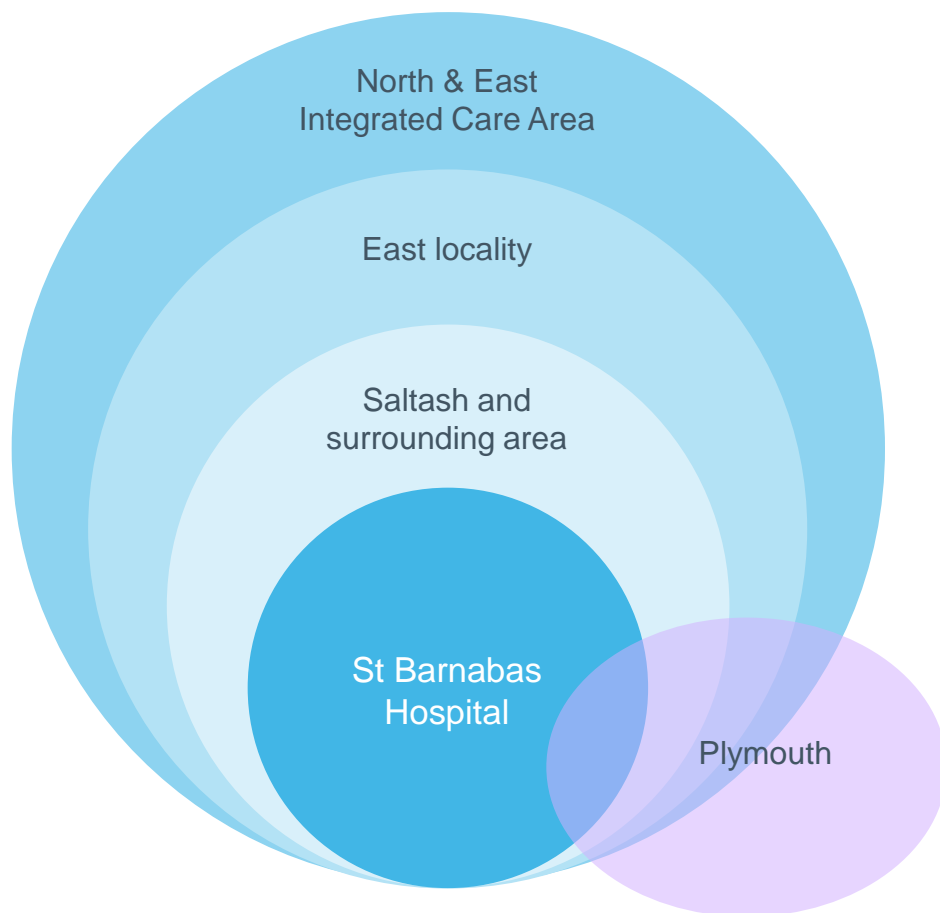
A Recap from Workshop 1



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The context for our focus



Needs

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

Services & Support

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

'Working ideas' for local strategy/St Barnabas function

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

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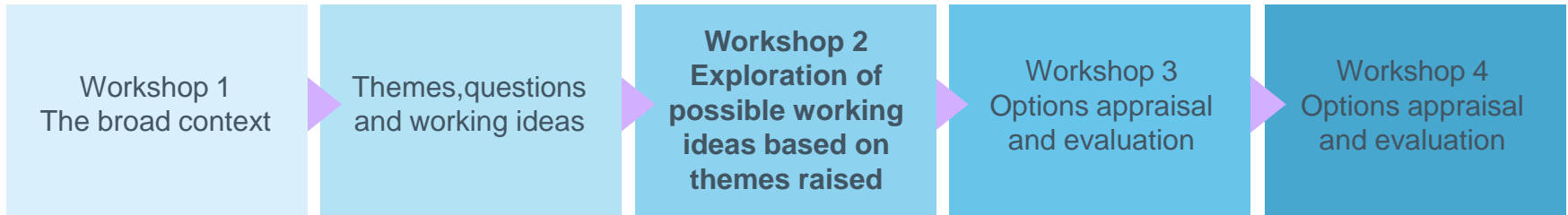
A Recap from Workshop 1



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The flow of our conversations...



Information gained through the workshops will inform all
local work that is currently underway at a variety of
levels...

Health, social care, education, children's,
housing, planning, transport.

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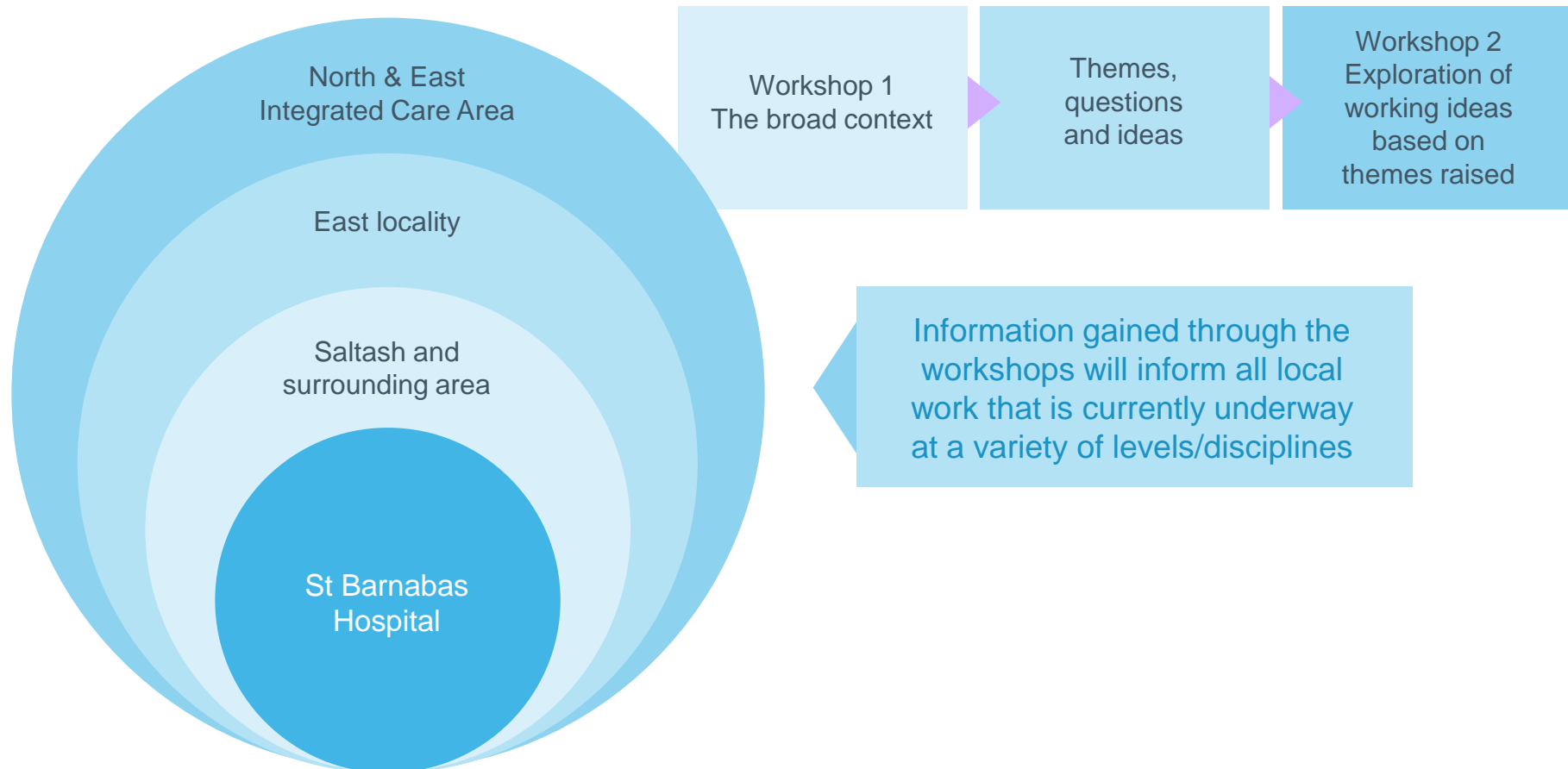
A recap from Workshop 1



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The flow of our conversations



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We think we heard themes emerging...

Transport and access

- * Public transport to Plymouth and Liskeard challenging
- * Geography is a challenge

Community rehab/ reablement facilities

- * Utilise existing care homes
 - * Consider new models
- e.g. Frailty community model
- * Need for step up/down facility
- * Focus on prevention/lifestyles
 - * Build community spirit

Longer term housing/ building opportunities

- * Extra care housing a priority
 - * Consider Broadmoor site
- * Expand existing buildings?
 - * Consider a new build

Workforce

- * Sickness, recruitment, retention and retirement challenges
 - * More generic health/
social care roles

Community support

- * Consider families/ children
- * Consider people who are housebound
- * Reduce loneliness and isolation
- * Maximise the use of existing support—Saltash has lots going on
 - * GP led MIU provision

St Barnabas Hospital

- Potential use for 'hub'/ community wellbeing facility
- * Not fit for modern inpatient care
 - * Parking/access/layout poor
 - * Currently well utilised
 - * More nurse led clinics
 - * Consider selling

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Workshop 1



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We think we heard last time...

Themes

- Transport/access is key
- Community rehabilitation/reablement facilities is important
- Workforce is a challenge
- Enhancing community based support essential
- Longer term housing/building opportunities-extra care housing should be a priority
- Clarity over the future of St Barnabas is required

Principles

- Focus on local need and local services
- Consider the longer term strategy/vision as well as short term solutions
- Investment in the local area
- Modernise/make support services fit for the future
- Consider all ages and maximise all current support networks
- Provide a decision for the future of St Barnabas Hospital

Working ideas for options

- St Barnabas Hospital retained (various options for use)
- St Barnabas Hospital site disposed of, alternative site found for health and social care function (various options)
- Enhancement of community services (various options)
- Combination of above
- Other

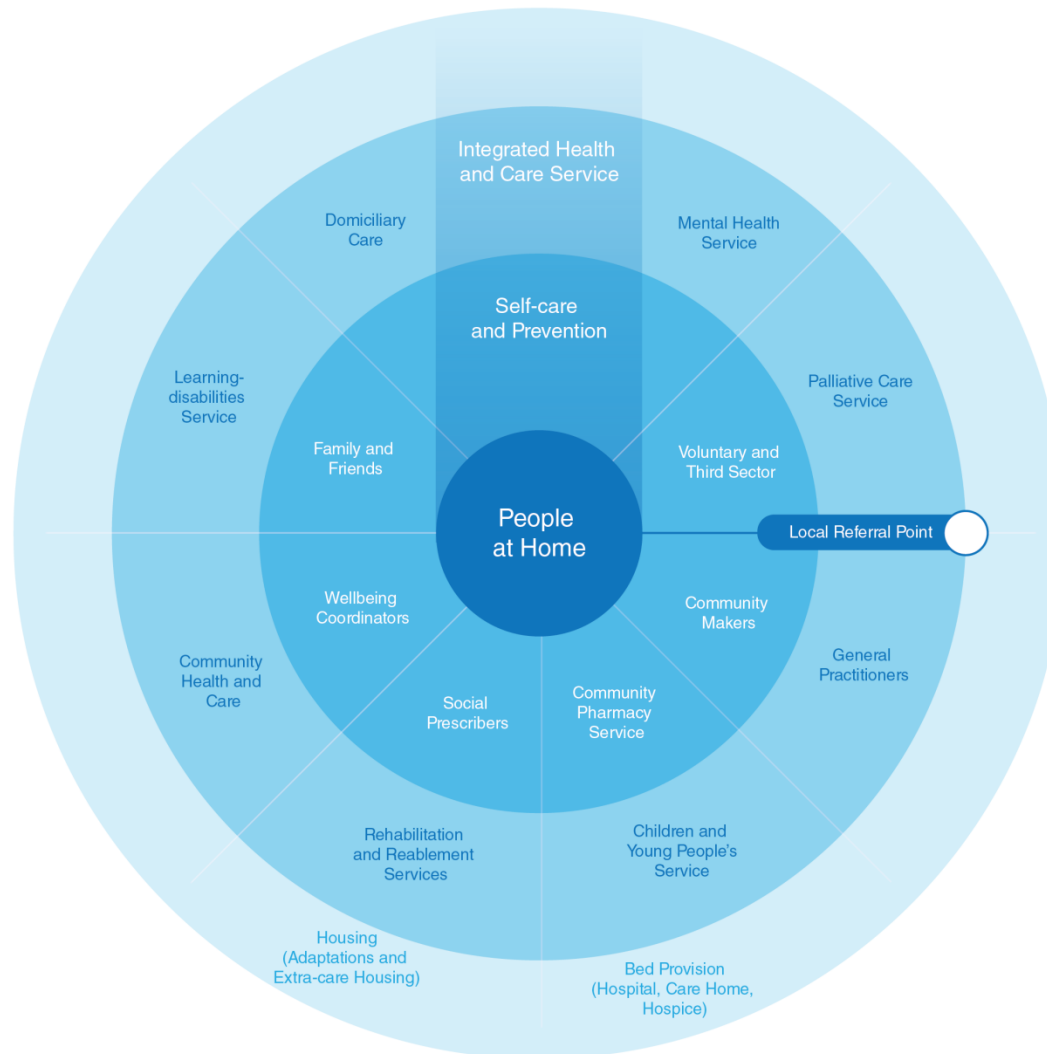
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Emerging Model: supporting health and wellbeing



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St Barnabas Community Hospital retained

- '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
- Conversion to extra care housing
- Minor Injury Unit (MIU)
- Combination of above
- Other



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

- Extra care housing
- Care home
- New build facility (outpatients/planned investigations, primary care, co-location of staff)
- New build facility (including inpatient beds)
- Combination of above
- Other



Enhancement of community services

- 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
- Other

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Focus on: MIU

(This data includes people registered with Saltash, Quay Lane and Port View GP practices)

2015–16

(Hospital closed to MIU Dec 2016)

455 MIU attendances at St Barnabas.
Opening hours: seven days – 8am to 3pm.

7,578 attendances elsewhere (92% residents attended Plymouth or Liskeard)

64% of the 455 attendances (289) were registered to Saltash practice and 35% (157) were Port View

April 2017 to April 2019

251 minor injury attendances at Saltash Health Centre.
Opening hours: Five days, 8am to 6pm

204 minor injury attendances at Port View.
Opening hours: five days, 8.30am to 6pm

6,912 MIU attendances 12 months post closure at other sites (666 less than previous year.)

Proportionate split of Plymouth/Liskeard attendance is similar to the year before.

April 2019

Formally contracting Saltash and Port View surgeries to provide minor injuries services. (25 other GP practices provide MIU)

10 pharmacies within 3m of Saltash.

3 in Saltash provide collective opening hours of:
Mon-Fri 7am-11pm
Sat 7am-10pm
Sun 11am-4pm

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Focus on: Transfusion/Infusion Day Case Clinics



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- Cost Estimate for Infusions Suite at St Barnabas Community Hospital based on initial site assessment: £20,000 (excluding equipment and staff costs)
- Potential to trial one morning a week four to six chairs
- Initial potential treatments identified and care plans/drug transcripts already in place
- 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)
- Before implementation need to know –requirements for detailed site survey, costings, impact and infection control assessments, agreement on activity transfer with University Hospital Plymouth and NHS Kernow, numbers and demand.

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Focus on: Extra-care Housing

- Self-contained homes with communal living space to enable independent living.
- Right models of housing can increase quality of life, support the development of sustainable communities, reduce fuel poverty and stimulate the housing market.

24% of the Saltash population is **older than 65**, compared with 22% of the South-west, and 18% of England.

23% of people in Saltash **have a limiting long-term condition**, compared with 18% across England.



Based on a nationally recognised tool, the ratio for extra-care housing is used is 25 units per 1000 of population over 75 years.

Saltash therefore needs 134 units by 2025.

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Focus on: In-patient Beds



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- There were 209 admissions to St Barnabas Hospital in the 12 months prior to in patient bed closure. 68% of people were registered with Saltash, Tamar Valley or Port View surgeries
- 57% of people (119) discharged from St Barnabas returned to their usual place of residence (e.g. home/care home), 6% (13) of people died, 23% (49) went to a care home
- 128 more people attended Liskeard Hospital in the 12 months post closure of St Barnabas inpatient beds than the 12 months before.



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Focus on: In-patient Beds

What was the impact on the bed availability in neighbouring hospitals in the 12 months following temporary bed closures in St Barnabas?

LISKEARD – ALLWARDS: In the 12 months post-closure of inpatient beds at St Barnabas	
Number of delays as at End of Month	38 less delays
Number of delayed bed days	870 less delayed bed days
Number of occupied bed days	226 less occupied bed days
Number of available bed days	1054 more bed days available

BODMIN/LISKEARD/LAUNCESTON – ALLWARDS: In the 12 months post-closure of inpatient beds at St Barnabas	
Number of delays as at End of Month	104 less delays
Number of delayed bed days	1574 less delayed bed days
Number of occupied bed days	1484 less occupied bed days
Number of available bed days	144 more bed days available

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Focus on: Enhanced Community Services



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We want to see people supported at home and kept as independent as possible, wherever possible.

Less bedded care where not medically required



More community/home-based care

35% of community hospital bed days are being used by people who are fit to leave.

Older people can lose **5%** of their muscle strength per day of treatment in a hospital bed.

62% of hospital bed days are occupied by people over 65 years old.

For people over 75 in hospital 10 days of bed rest can equate to ageing 10 years.

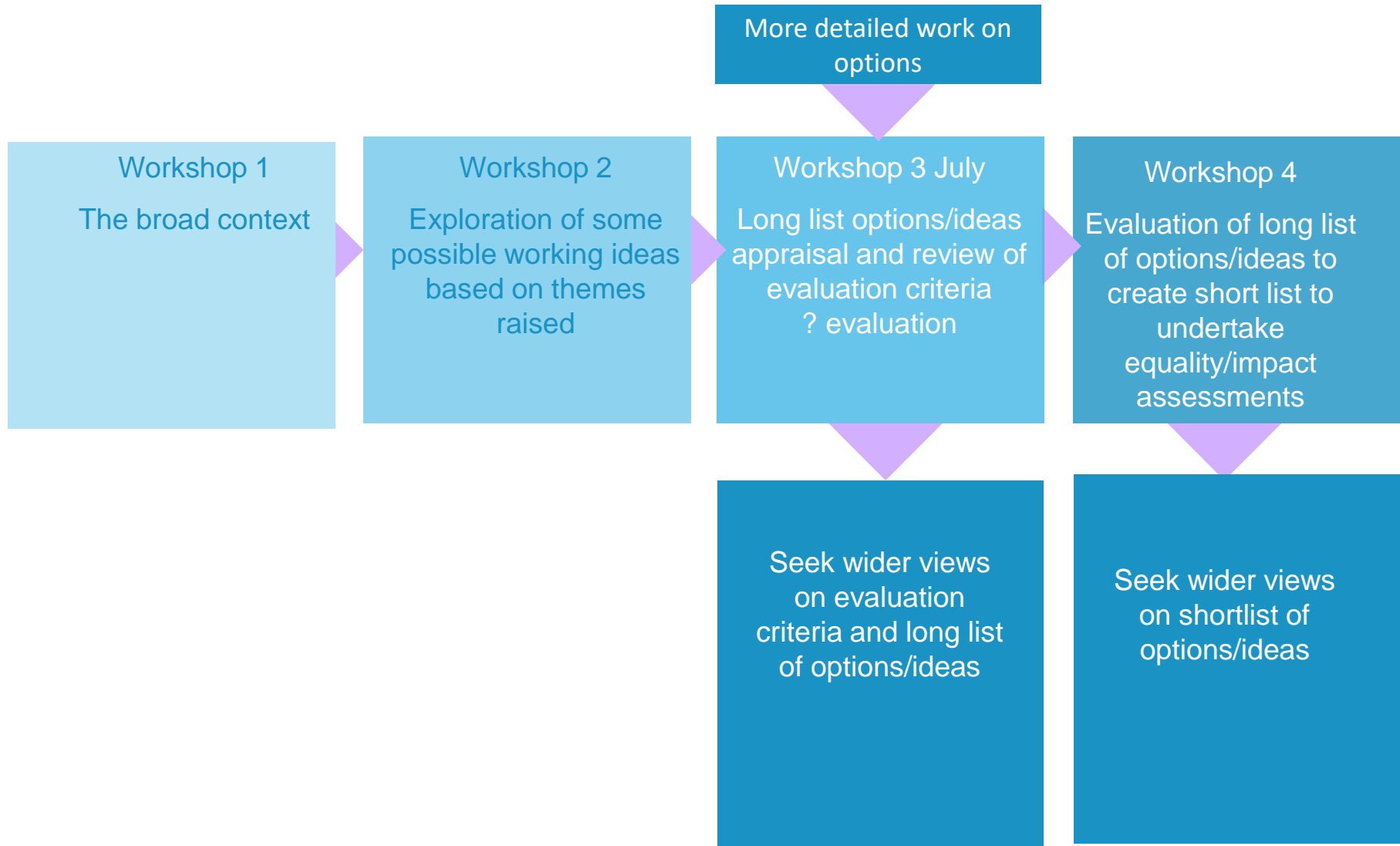
- Most people prefer their home environment to hospital or residential care - 83% of people with dementia want to stay in their own homes.
- The beds in the system are available for those who need it most improving access to acute care
- Integrated community teams working closely to provide anticipatory care and support to:
 - Prevent people from going into hospital unnecessarily
 - Support people to be discharged promptly and returned to their community

Saltash and St Barnabas Community Hospital Next Steps...



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Setting the Evaluation Criteria



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Nominated membership so far

ORGANISATION	ROLE	AREA COVERED
NHS Kernow	Community hospital project manager	Countywide
NHS Kernow	Quality manager	East
NHS Kernow	Lay member Governing Body	Countywide
NHS Kernow	Deputy director of corporate governance	Countywide
Cornwall Council	Senior primary care development manager	Countywide
Cornwall Council	Cornwall councillor	West
Cornwall Council	Principal Social Worker	West
Cornwall Council	Family Hub Co-ordinator	West
Cornwall Council	Cornwall councillor	West
Cornwall Council	Cornwall councillor	East
Public Health	Consultant in public health (children)	Countywide
disAbility Cornwall and Isles of Scilly	Representative	Countywide
Cornwall Hospice Care	Specialist nurse	Countywide
Cornwall Partnership NHS Foundation Trust	Professional lead for physiotherapy	Countywide
Cornwall Partnership NHS Foundation Trust	Professional lead for occupational therapy	Countywide
Cornwall Partnership NHS Foundation Trust	Programme Manager	Countywide
Cornwall Partnership NHS Foundation Trust	Quality lead	Countywide
Cornwall Partnership NHS Foundation Trust	Shaping our future clinical lead, primary care medical director	Countywide
Healthwatch Cornwall	Representative	Countywide
Penwith Dementia Friendly Communities	Chairman	West



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Thank you.