Cornwall and the Isles of Scilly Health and Care Partnership

Minutes

Penwith integrated community services stakeholder event, workshop three

Monday 13 January 2020
10.15am - 1pm
St Piran's Hall, Goldsithney

Present:

Tracy Hind (Clinical Workforce Lead, Cornwall Partnership NHS Foundation Trust)	Toni Carver (Vice Chair, Edward Hain League of Friends)
Ruby Bowden (Quality Assurance Team, Cornwall Council)	Joe Croft (Property Strategy Officer, Cornwall Council)
James Page (Senior Portfolio Optimisation Manager, NHS Property Services)	Vicky Farrell (Penwith Community Rehabilitation Team)
Jeremy Preedy (Citizens Advisory Panel Member)	Lynne Isaacs (Edward Hain League of Friends)
Carolyn Rowe (West Cornwall Hospital League of Friends)	Angela Long (Adult Social Services)
Anita Cornelius (Integrated Care Area Director, Cornwall Partnership NHS Foundation Trust)	Vanessa Luckwell (Council Community Link Officer-Hayle & St Ives)
Steve Day (Cornwall Partnership NHS Foundation Trust)	Jennifer Paling (West Cornwall Healthwatch)
Joan Tanner (Chair, Edward Hain League of Friends)	Chandelle Randall (Community Maker, Volunteer Cornwall)
Angela Andrews (Community Safety Partnership/Health Commissioning, Cornwall Council)	Lynda McHale (Hospital Matron, Edward Hain Hospital)
Sue Rogers (Integrated Community Manager, Cornwall Partnership NHS Foundation Trust)	Lesley Brooke, West Cornwall Healthwatch
Dr Dan Rainbow (GP, Stennack Surgery)	Cllr Andrew Mitchell (Cornwall Council)

NHS Kernow team	
Andrew Abbott (Director of Integrated Services Primary Care)	Jodeigh Phelps (Complaints and FOI Manager)
Kate Mitchell (Programme Lead)	Andrea Darby Project Assistant for Locality Development (West)
Dr Neil Walden (Clinical Lead)	Michelle Smith (Strategy Team Support Assistant)
Louise Moore(Patient and Public Involvement)	

Introduction and recap from workshop one

Dr Neil Walden welcomed everyone and gave a recap of the current state of the project and the progress made since the last workshop (see presentation slides). He explained that purdah (due to the General Election) meant the workshop that was originally scheduled for 11 November 2019 needed to be postponed, but this has also allowed more time to develop options. He then went through the principles of approach agreed at previous meetings and the proposed long listed options.

Dr Neil Walden asked the room if there were any other options not on the long list that should be considered. There was agreement that there are not. Kate Mitchell explained that the project team has started to develop the evidence and information for re-provision of inpatient beds as it has been agreed previously that this option would be fully evaluated against all evaluation criteria. The final evaluation criteria were presented as a reminder (21 different criteria looking at quality, access, workforce, deliverability, environmental, financial, impact).

Dr Neil Walden then presented each option in turn with the supporting evidence and information collated to date (see presentation) to allow a discussion and view on which of the long listed options should be short listed for full evaluation.

Option – Do nothing

It was agreed unanimously that this is not an option, as discussed in the previous workshops in April and July 2019. The community would like a decision on the future of Edward Hain community hospital.

Option – Alternative care provision on existing site for use as extra care housing

The total area of the hospital and land is too small for Cornwall Council's recommendations for a suitable site for extra care housing.

Other comments noted were that:

- Even if the site was large enough it wouldn't necessarily provide a modern care service fit for the future due to the location, access and environmental constraints.
- There would need to be a high investment required in the site to provide a new facility and due to its size, the numbers of people who would be able to be supported would be small and so the return on investment would not be high.
- The site would still have some location, size, access and environmental constraints making it unsuitable.

This option was therefore unanimously discounted.

Option – Alternative care provision on existing sites for use as care home

Based on the evidence and information collated, the total area of the hospital and land is too small to build a new viable care home on-the current recommended size is 50-60 beds.

Other comments noted were similar to those raised when discussing extra care housing.

- Even if the site was large enough it wouldn't necessarily provide a modern care service fit for the future due to the location, access and environmental constraints.
- The site would still have some location, size, access and environmental constraints making it unsuitable.
- The current care home market is experiencing challenges especially smaller businesses. Carrick Lodge (30 bed care home) had folded as it was not big enough to be viable. It is also proving difficult to sell care businesses in Cornwall.

This option was therefore unanimously discounted.

Option – Use as staff and administration base

The following points were considered:

- There is a need to still consider estates solutions in the west integrated care area as co-location of health, care and community staff improves integration. Work is already underway to progress this, considering both health and Council premises.
- The chosen site would need to allow for a flexible approach for a wide range of staff and having a central location with good parking and access is key - Edward Hain community hospital does not provide this.
- Staff were most concerned about increased travel times in summer if Edward Hain community hospital were used as a staff base-they felt it was impractical.
- The upgrading to improve WIFI connectivity was not felt to be unsurmountable.

It was formally agreed that Edward Hain community hospital is not an appropriate site for this option due primarily to its location, access and limited ability to provide multi-purpose spaces for flexible use.

This option was therefore unanimously discounted.

Option – Use as a family hub for children and young families

- The children's services and family hub teams undertook and internal and external site visit to Edward Hain community hospital to consider its suitability to deliver services there. They reported that the site was not suitable, but they are still considering other sites in St Ives.
- The site access constraints and environmental health and safety concerns that the children's services and family hub teams have about access, parking and

external safety that pose a risk to families with push chairs and young children pose the same safety/access risks and challenges to the elderly and people with poor mobility/disabilities.
- The site location is also not central enough to allow for 'drop in' sessions.

This option was therefore unanimously discounted.

Option – Expand the building size with a new build to accommodate increased numbers of inpatient beds

Kate Mitchell explained that new recommendations for community hospitals have been published by the South West Clinical Senate. The Clinical Senate is a group of independent clinicians who provide external scrutiny and advice to health and care systems on evidence based clinical effectiveness and models of care that will provide the best outcomes for individuals. Their recommendations on community hospitals were circulated prior to this meeting. The minimum bed number they recommend to provide safe, reliable and effective staffing for any single site is 16 whereas the maximum bed size for Edward Hain is 12. Even with the bed number of 12 the current four bed bay and single bays are below Department of Health recommendations for building compliance.

Cornwall Partnership NHS Foundation Trust (CFT) commissioned a site feasibility report that concluded that the site size was not large enough to increase the bed size from 12. Preliminary costings for a new build indicate it could be in the region of £12-15m. The League of Friends representatives stated that they had taken advice on a new build and the estimate was considerably lower than those stated (£12-15m). They also did not agree with the assumptions made that the site could not accommodate the Clinical Senate's recommended minimum number of 16 beds.

A question was asked what would happen if no options were viable and the site was sold. Attendees felt it was important for any monies to be used locally if at all possible. James Page explained that any funds from disposal of NHS assets are recycled within the central NHS budget for healthcare provision. Healthcare systems, including Cornwall can then 'bid' against these funds. There is also an ability legally to develop a business case locally where some of the funds from any sale of NHS estate could be recycled back to the local community if it was linked to another NHS PS owned property. In this scenario, it could be that if there are no viable options following evaluation and the site is declared surplus, then an alternative location would be required for the existing community clinics. Some local recycling of the sale receipt could therefore help re-locate the clinics elsewhere to another NHS PS owned property. NHS PS can only sell a site if it is declared surplus by NHS Kernow, the commissioning organisation. There are no known restrictions on the use of Edward Hain, although it was noted by the League of Friends that the Edward Hain family gifted it to the NHS in good faith for ongoing healthcare provision.

Concerns were raised across the room about feasibility of the site to allow a new build. The majority considered that the restrictions of the site and the cost to the

taxpayer would not justify the small return. The following points were also considered:

- Any new building should meet the minimum Clinical Senate recommended bed numbers (16) and should be based on actual bed need. The site report states this is not possible.
- Any new build should be large enough to provide additional services and activities from not just beds. New builds should be multi-purpose and large enough to provide the flexible spaces that community teams require as the model of care develops.
- Even with a new build, the site of the Edward Hain community hospital would still have location, size, access and environmental constraints.
- Embrace Care programme work is underway and indicates that we do not use beds efficiently and effectively-historical bed use reflects demand not need.
- The model of care is already changing and is different to when Edward Hain community hospital was last open to beds. For example West Cornwall Hospital (WCH) is seeing more people direct from the community and also plans to 'pull' West Cornwall residents out of Royal Cornwall Hospital Treliske - WCH have higher levels of medical staffing and facilities and diagnostics on site such as x-ray. So, it would be more beneficial for people to go direct to WCH (even if beds at Edward Hain community hospital were open). WCH are also developing more services to support people in the community to avoid a hospital admission in the first place.

The majority of the workshop attendees bar three representatives from Edward Hain community hospital League of Friends stated this option should be discounted. The three League of Friends representatives did not have sufficient confidence in the CFT feasibility report and were not assured that a new build site could: a) not increase the bed size to the Clinical Senate's recommended minimum of 16 beds and that b) the cost would be as high as £12-15m.

It was agreed the multi-agency project group would consider the League of Friends representatives' views and concerns at the next project group on 15 January 2020, to make a final decision on whether this option should be short listed for evaluation.

Option – use part of the site as a centre for day services reablement

Kate Mitchell explained that in order to fund and implement a reablement service such as the Age UK reablement pilot, we would need a commissioner and provider of the service. No new providers can be commissioned to provide day reablement services until at least April 2021 due to the Cornwall Council's current method of contracting the service. If we were to consider Edward Hain community hospital as a potential site for reablement (if we felt the service model was effective and the building and site appropriate), it would therefore not be possible until at least that date. We also would not have any guarantee that a provider would want to use the site or were successful in being commissioned to do so. The constraints regarding the external and internal environment would also still remain.

The distinction between day services and reablement was discussed. It was recognised that the clinically led community reablement services were different to the pilot model and that the pilot also provided a different level of service than traditional day services.

Age UK (the lead provider for the pilot) have produced a learning report and the multi-agency project group for the Edward Hain community hospital review have produced a short evaluation report. Both were circulated prior to this meeting.

Kate Mitchell advised that West Cornwall Hospital are developing their services and will have more capacity to provide in-reach support to Treliske to identify West Cornwall residents and bring them closer to home to a bed in West Cornwall Hospital (if that was required).

The following points were also discussed:

- The function of the Age UK pilot's service delivery (building people's confidence, increasing their wellbeing and connecting people back with existing community activities) is really important but this function is not necessarily reliant on being delivered from Edward Hain community hospital. Existing roles such as social prescribers, community makers and care coordinators continue to deliver this function in the community.
- The pilot was expensive and the numbers benefitting was small, but its model was different to existing day services so a direct cost comparison is misleading.
- The pilot was not able to provide evidence that it promoted timely discharge.
- The evaluation of the pilot does not reflect what the actual need is.
- If a building was to be considered to run reablement services from it should be large and flexible to allow a wide range of staff to work from there and the location, parking, access and time required to get to and from there are important for an effective multi-purpose building. Edward Hain community hospital would still have some location, size, access and environmental constraints making it unsuitable.
- Having reablement services in four rooms on the first floor would still only be using 50 percent of the upstairs space and therefore not fully optimising the space.
- It's important to make a distinction between day services providing a reablement ethos (improving independence) and the community reablement delivered by Short Term Enablement Planning Service (STEPS) and the clinically led reablement delivered by Home First teams. These services already deliver reablement in people's homes.
- This option could not be merged with the option to re-open inpatient beds as the pilot was delivered from four rooms that would be occupied by the inpatient services should they be in place.

Option – re-provide up to 12 inpatient beds and maintaining the current community clinics in a refurbished and fire safety compliant environment

Queries were raised regarding the figures quoted for the works required to provide beds in a refurbished and fire safety compliant building. James Page said that these were from a chartered surveyor commissioned by NHS PS in 2016/17 and includes the inflation costs since then. They also include factors such as labour costs. Backlog maintenance was discussed. James explained that investment in maintenance occurs when they have assurance that a service will be provided in any building.

Kate Mitchell pointed out that if we invest in fire safety and refurbishment, it will not change the building structure or the size but will mean that people in beds can be evacuated safely. The issues over room size will be the same. Widening the corridors to allow beds to be evacuated in the event of a fire may reduce ward sizes further. Greater acuity of people in hospital means that more space is often needed for equipment and space around beds. All these elements will be considered as part of the evaluation. James further stated that if inhabitants of the holiday flat next door park where they are legally entitled to, this means that beds cannot be evacuated from the building if a fire occurred and another route would have to be found.

It was noted that the system is already struggling with recruitment and retention of staff and that there is a risk of ending up with a service which is difficult to sustain. A bigger venue with more beds provides a better service with more staff cover for annual leave, sick leave etc. Edward Hain community hospital site does not currently meet the Clinical Senate recommended minimum number of 16 beds because of the size of the site and the fact it's close to private residential homes and so expansion is not possible. It is also steeply sloping, meaning that in one option for a new build the ground floor would need to be underground, indicating major engineering works.

It was discussed and agreed that the short listed option above of re-instating beds and continuation of community clinics would be subject to scoring against the evaluation criteria. It was recognised that the site has limitations due to the facilities, size and access, most particularly that the site will not be able to accommodate the minimum number of 16 beds as recognised by the South West Clinical Senate.

The community stakeholder group concluded that it was still important to complete the evaluation process for this option to demonstrate due consideration had been given and to formally record evidence to inform any decision making about the need for consultation should this option be evaluated as being non-viable.

Kate Mitchell then explained the process of evaluation and the roles of those chosen as evaluators.

Neil Walden reiterated the current timeline. If the conclusion is that substantial variation to the original bedded service is necessary then the next steps will be required: development of pre-consultation business case (if required); stage two

assurance meeting with NHS England and Clinical Senate; public consultation (if required) once stage two assurance meeting is complete; decision made. Neil assured attendees that they will be kept informed of the progress and outcomes from the evaluation. He then closed the workshop and thanked everyone for attending and for their valuable contributions at the meeting.