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# Welcome

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## Penwith and Edward Hain Community Hospital Review Workshop

13 January 2020

# Workshop 2 : About today



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## **10.00am-10.15am**

Registration and refreshments

## **10.15am – 11.45am**

Welcome to all. Large group presentation:  
A recap from workshop two, reviewing the  
long list of options and agreeing those to be  
short listed.

## **11.45am-12.00pm** Refreshment break.

## **12.00pm-12.30pm**

Further discussion on options

## **12.30pm-12.45pm** Next steps

**12.45pm-** End and completion of evaluation  
forms.

## **1.00pm** Close

### **Aims for the day:**

1. To review the long list of options to understand and agree which should be short listed
2. To review and agree the short listed options for evaluation
3. To explain the next steps

# Where are we in the process?



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**30 April - workshop 1:**  
The broad context:  
Themes, questions and ideas

**17 July - workshop 2:**  
Exploration possible working ideas/long list of options based on themes raised

11 November workshop postponed due to purdah

**13 January - workshop 3:**  
Review of long list of options  
Agreement of short list of options

**Next steps:**  
Evaluation of options including equality impact assessments and consultation (if required)

# Principles of approach agreed at previous workshops



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People want to be treated close to, or at home

Providing care and support within the local community should be the default option

We need to focus on prevention and healthy lifestyles - family as well as an individual approach

We want more local flexibility, control and capacity in community based services

We want a decision for the future of Edward Hain Hospital

Local decision making with locally managed resources is key

Sharing resources across organisations

Local services should be based on local need

Maintaining our community spirit - connecting people and services.

Making the best of what we already have

Allow people to operate at their level in an autonomous way

Trust people to be able to do 'the right thing' for individuals

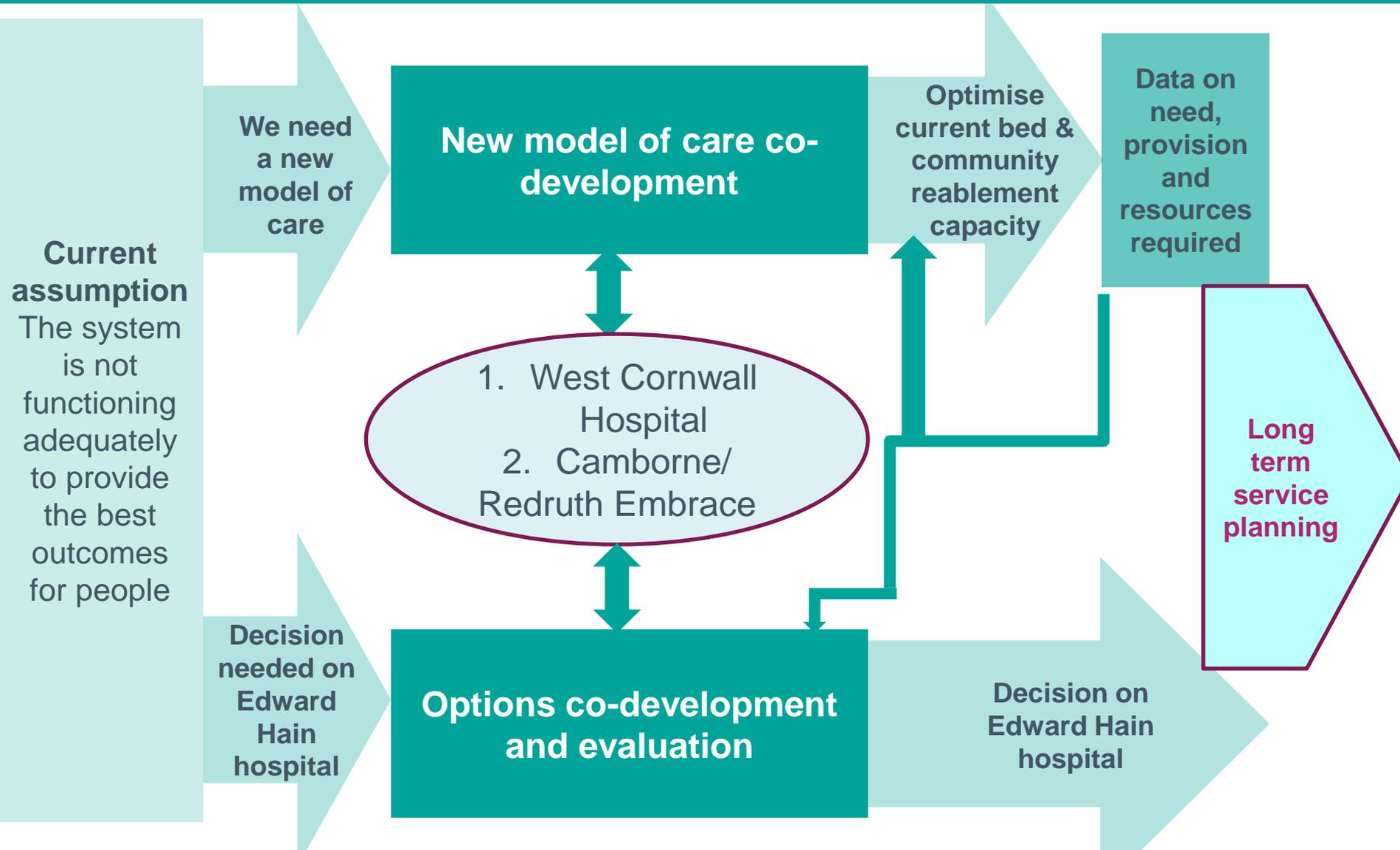
Look to the future – five to ten years

Build sustainability across all services – ensure resources available in community including those who don't have access to statutory funding

# A recap from workshop 2



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# Reminder: final evaluation criteria **(amends in red)**



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Headline criteria	Sub criteria
1. Quality	1a. Effectiveness 1b. Experience 1c. Responsiveness (based on need) 1d. Safety <b>(there will be a minimum score required)</b>
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- <b>workforce supply</b> 3b. Staff skills and training- <b>workforce upskilling</b> 3c. Staff capacity- <b>new ways of working</b>
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 <b>(there will be a minimum score required)</b> 6c. Financial sustainability <b>(there will be a minimum score required)</b>
7. <b>Wider</b> impact	7a. System impact 7b. <b>Community impact</b>

# Current proposed long listed options



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Longlisted options		Short listed options
1. Model of care development (in progress)		<p>?</p> <p>?</p> <p>?</p> <p>?</p> <p>?</p> <p>?</p> <p>?</p>
2. Do nothing (discounted at 1 <sup>st</sup> workshop)		<p>Paperwork for shortlisted options will need to cover in detail:</p>
3. Alternative care provision on existing site- extra care housing		<p>1. Supplementary evidence/information</p>
4. Alternative care provision on existing site- care home		<p>2. Background reading for evaluators</p>
5. Staff and administration base		<p>3. Complete options appraisal</p>
6. Family hub for children and young families		<p>4. Equality and quality impact assessments</p>
7. Expand the building size with a new build to accommodate increased numbers of inpatient beds.		
8. Day services reablement centre		
9. Re-instate 12 inpatient beds and continue existing community clinics		
<p><b>Anything else?</b></p>		

## Longlisted options: Alternative care provision on existing sites for use as extra care housing or care home



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- The minimum acreage for Extra Care Housing stated by Cornwall Council's Accommodation with Care Board as being required for a feasible site is a minimum of 1.5 acres, ideally 2 acres.
  - Edward Hain community hospital and land is below this size at 0.59 acres.
  - **The site is too small for extra care housing.**
- The Associate Director for Cornwall Partnerships NHS Foundation Trust's Estates and Facilities (and member of the system Estates Strategy Group) has provided some market information on size requirements for a viable care home (in excess of 50 beds). Three sources of information were reviewed (Local Authority owned residential care, land acquisition company, specialist estate agent).
  - The size required for a 50-60 bed viable care home is 3,000m<sup>2</sup> to 3,500m<sup>2</sup>. This equates to 0.74 acres to 1 acre at a minimum.
  - Edward Hain community hospital and land is below this size at 0.59 acres.
  - **The site is too small for a care home.**

Any questions/  
concerns with these  
statements?

## Longlisted option: Use as staff and administration base



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- Location of site does not allow for efficient and economical coverage of health and care community team across Penwith.
- Impractical due to limited parking (3 disabled spaces at the front and 14 at the rear).
- Increased time needed to access the site during peak seasonal times- reports of local journeys increasing by up to 100% in peak summer months.
- Poor WIFI connectivity and IT infrastructure
- Lack of interest and agreement from staff.
- **The site is not appropriate for a staff and/or administration base.**

Any questions/  
concerns with these  
statements?

## Longlisted option: Use as a family hub and/or for children and young family services



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A site visit in November, 2019 by the Penzance, Hayle and St Ives Early Help Locality Manager and staff discounted the site as an appropriate venue for children's/family hub due to:

- Location not conducive to 'drop in'-no nearby schools, surgeries or community facilities.
- Not in a central location with level access.
- Limited parking-3 disabled spaces at the front and 14 at the rear.
- Rear access from car park is not Equality Act compliant-steep slopes and 27 steps-difficult to negotiate with young children and push chairs.
- External environment poses health and safety risks for young children and families- steep slopes and steps, different heights of buildings and access points with numerous trip, fall and drop hazards and lack of safety rails.
- **The site is not appropriate for a family hub and/ or use by children's services.**

Any questions/  
concerns with these  
statements?

## Longlisted option: Expand the building size with a new build to accommodate increased numbers of inpatient beds.



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### Relevant context

- South West Clinical Senate released recommendations (September, 2019) that the minimum bed size for a single hospital site is 16 in order to achieve safe, reliable and efficient staffing.
- The maximum bed size for Edward Hain community hospital is 12
- Even with 12 beds the room sizes are below recommended national guidelines
- A new build would cost a minimum of £12-15m

Any questions/  
concerns with these  
statements?

### Evidence

- A feasibility site study (July, 2018) examined options for a new community building and key worker accommodation.
- Three options were considered to see if bed numbers could be increased.
- No viable options were identified due to the constraints of the site (size and geography).
- Expansion to increase the bed number is not feasible.
- Even if the necessary investment for a new build (£12-15m) were available the site could not accommodate the minimum bed size recommended by the clinical senate.
- **The site is not appropriate for a new build.**

## Longlisted option: Use part of the site as a centre for day services reablement (report sent out prior to workshop)



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### Context and key points

- The winter reablement pilot was funded January, 2019-September, 2019 to alleviate winter pressures.
- Attendees reported a positive experience of care and improvements in confidence.
- People valued the company the most.
- The total cost of the pilot was £140,395 for 27 people over nine months. This equals a cost per person for the pilot of £5,199 and a cost per person per session of £249 (a total of 564 attendances). The majority of the funding came from CFT, Penwith GP locality made a contribution of £8,500. The League of Friends also offered a contribution.
- Lots of learning emerged to inform the Council's future commissioning.
- Cornwall Council commission all day services via a closed financial 'framework'. This means no new day services can be commissioned until at least April, 2021.
- Cornwall Council commissioning strategy is focussed on modernising day opportunities, commissioning personalised packages of flexible support with the aim of focussing on independence and re-connecting people back to their communities

## Longlisted option: Use part of the site as a centre for day services reablement (report sent out prior to workshop)



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Should this be a short listed option for evaluation?

### Key points to consider

- To run reablement services there needs to be interest from both commissioners and providers.
- The building (age, structure, location and parking) may pose challenges for providers to run services from.
- There is no opportunity to commission a new reablement day service immediately-the option would be to 'facilitate' the building in case a provider wanted to run services from there from April, 2021.
- It may not be in line with commissioning strategy-the Council are modernising day service provision and opportunities.
- No evidence was found to demonstrate a contribution to easing winter pressures.
- The pilot cost £5,199 per person and £249 per person per session. The average Council commissioned session costs £40. (Although its recognised the service provision may be different).
- Funding was only ever available for the pilot period.

**Proposed short listed option one:  
Reopening up to 12 inpatient reablement  
beds and maintaining current community  
clinics in a refurbished environment**



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Option component	Key facts and assumptions being made
<p><b>1a. Up to 12 reablement beds</b> (with access to rehabilitation and end of life care).</p>	<ol style="list-style-type: none"> <li>1. South West Clinical Senate recommendation (Sept, 2019) is that the minimum bed number is 16.</li> <li>2. Building expansion not viable.</li> <li>3. Four bed and single bays are already under the recommended size (Department of Health guidelines).</li> <li>4. No 'diagnostics'-limited 'step up' direct from community.</li> <li>5. No 'convalescence' or drug/alcohol detoxification beds</li> </ol>
<p><b>1b. Number of people supported per year as inpatients= 220</b></p>	<ol style="list-style-type: none"> <li>1. This is based on previous levels of activity but increased to reflect current average length of stay.</li> <li>2. 198 people min (90%) will 'step down' from WCH or RCHT</li> <li>3. 22 people max (10%) will 'step up' direct from community (includes end of life care)-number constrained by facilities</li> </ol>
<p><b>2a. Maintain existing community clinics</b> (podiatry and mental health).</p>	<ol style="list-style-type: none"> <li>1. Twice weekly podiatry</li> <li>2. Monthly psychiatric consultant clinics</li> <li>3. Bi-monthly community mental health clinics</li> </ol>
<p><b>2b. Number of people supported per year at community clinics= 366</b></p>	<p>Based on last 12 months activity:</p> <ol style="list-style-type: none"> <li>1. 24 people attended 64 mental health clinics (94% of attendees registered to Stennack surgery).</li> <li>2. 342 people attended 1,214 podiatry appointments (86% of attendances registered with Stennack surgery)</li> </ol>

# Proposed short listed option one: Reopening 12 inpatient reablement beds and maintaining current community clinics



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**Total investment to support provision of up to 12 beds for up to 220 people a year and 1,278 community clinics for up to 366 people a year will initially be £3.81m and then £1.64m ongoing every year.**

Option component	Key facts and assumptions being made
Investment to make fire safety compliant: <b>£1.3m- one off capital investment (excluding VAT)</b>	<ol style="list-style-type: none"> <li>1. With investment the building will be safe for bed evacuation in the event of a fire.</li> <li>2. Some constraints will remain:                             <ul style="list-style-type: none"> <li>• Size of four bed and single bays are under the recommended size</li> <li>• External rear access is not Equality Access compliant</li> <li>• Restrictions on lay out-no line of sight</li> <li>• Some corridor widths and sloping floors remain.</li> <li>• Limited parking</li> <li>• Age of building-reduced thermal efficiency/maintenance costs</li> </ul> </li> </ol>
Investment to refurbish building: <b>£0.87m-one off capital investment</b>	<ol style="list-style-type: none"> <li>1. Painting, decorating, new and refurbished electrical and mechanical facilities. Some inflation costs may apply</li> </ol>
Investment in safe staffing levels: <b>£1.01m</b> <b>-ongoing annual costs</b>	<ol style="list-style-type: none"> <li>1. Safe staffing levels will need to increase</li> <li>2. Same staffing levels of a 16 bed unit</li> <li>3. Recruitment to small units is a challenge across the south west</li> </ol>
Investment in non-staff costs: <b>£0.63m</b> <b>-ongoing annual costs</b>	This includes rent, heating/lighting bills, rates, overheads, equipment, security, waster disposal etc.

# Option one: Re-provision of 12 inpatient beds and continuation of community clinics



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## Opportunities to consider

- Local reablement and rehabilitation offer in addition to home based services
- Positive individual experience of hospital
- Bed based care closer to home
- Travel time benefits for local residents
- Increased use of building
- Provision of choice for end of life care in addition to home and hospice
- Valued local asset and resource retained
- Building and association with Edward Hain retained
- Community clinics continue

**Anything else?**

## Option one: Re-provision of 12 inpatient beds and continuation of community clinics



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### Issues to consider

- The model of care is changing: e.g. Embrace Care community intervention offer and West Cornwall Hospital (centre of excellence for healthcare in west Cornwall).
- Plan for investment in more home based reablement services.
- Known inefficient use of existing beds (doesn't reflect true need).
- New Clinical Senate recommendations on minimum bed size as 16 (no potential to expand building).
- Known difficulties in recruitment (29 staff required) to small units.
- Site constraints to deliver new model of care: location, access, parking, age and structure, range of diagnostic facilities
- Limited opportunity to 'future proof'-building and service provision
- High cost to invest in building and staff to provide level of service

**Anything else?**

# Current proposed long listed options



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# Next steps

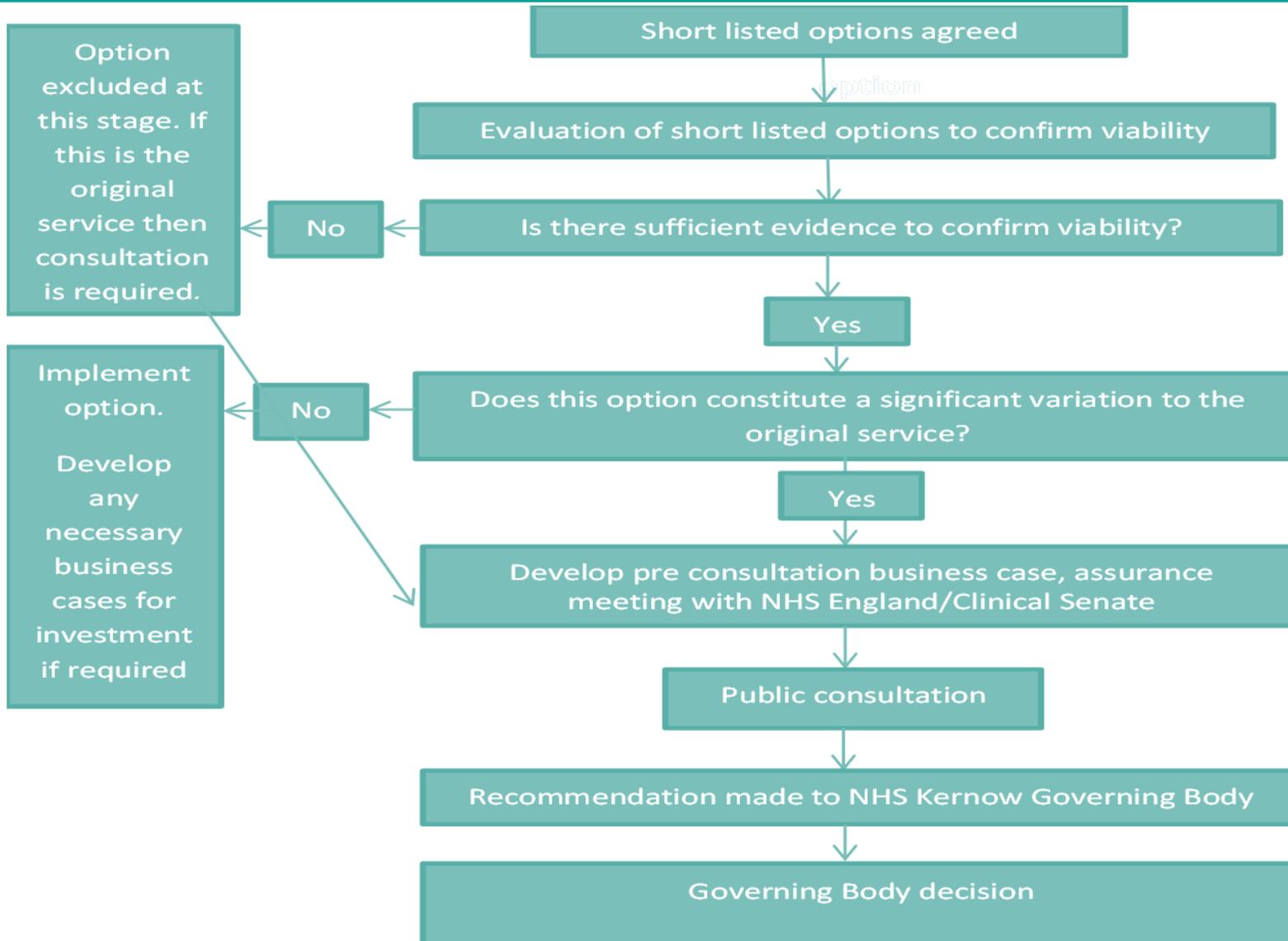


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December 2019- January-2020	February 2020	March, April, May 2020	June, July, August 2020	November 2020
<ul style="list-style-type: none"> <li>• Examine long list of options</li> <li>• Co-development of short listed options</li> <li>• Training option evaluators</li> <li>• Community workshop to review long listed options</li> <li>• Sign off of viable short listed options</li> </ul>	<ul style="list-style-type: none"> <li>• Evaluation of short listed options</li> <li>• <u>NB</u>: If the conclusion is that substantial variation to the original bedded service is necessary then the next steps will be required</li> </ul>	<ul style="list-style-type: none"> <li>• Development of pre-consultation business case (including equality and quality impact assessments)-if required</li> <li>• Request stage two assurance meeting with NHS England and Clinical Senate</li> </ul>	<ul style="list-style-type: none"> <li>• Public consultation (if required) once stage two assurance meeting is complete</li> </ul>	<ul style="list-style-type: none"> <li>• Decision made</li> </ul>

**Enhancement and developing the model of care in:** 1) West Cornwall Hospital, 2) Camborne Redruth Community Hospital, 3) Community services: Work is now live and informing continuous service improvements

# Next steps





## We will continue to keep you informed and let you know:

1. The outcome of the evaluation process
2. When the Governing Body will be making a decision
3. Whether a public consultation will be required and when the dates are
4. Consultation activities and events (if required)



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**Thank you**