



# Minutes

## Saltash and St Barnabas Hospital integrated community services stakeholder event, workshop four

Wednesday 26<sup>th</sup> February, 2020

10:00 a.m. to 12.45 p.m.

The Guildhall, Lower Fore Street, Saltash

### Present:

Brian Anderson (St Barnabas Community Hospital League of Friends)	Denise Watkins (St Barnabas Community Hospital League of Friends)
Angie Fisher (Deputy Chair – Port View PPG)	Nigel May (Quay Lane PPG, CAP member)
Hilary Frank (Cornwall Councillor Saltash South)	Mary Shears (Secretary, St Barnabas Community Hospital League of Friends)
Colin Martin (Vice Chair – Cornwall Health and Adult Social Care Overview and Scrutiny Committee)	Peter Thistlethwaite (PPG Port View/Director – Saltash Gateway CIC)
Barbara May (St Barnabas Community Hospital League of Friends)	Estelle Ward (Workforce Transformation Clinical Lead, Cornwall Partnership NHS Foundation Trust, CFT)
James Page (NHS Property Services)	David Yates (Port View PPG)
Neil Parsons (Strategic Business Manager, Saltash Health Centre)	

<b>Event support team</b>	
Kate Mitchell (NHS Kernow)	Sharon Savigar (Matron, Liskeard Community Hospital)
Ben Mitchell (NHS Kernow)	Ann-Marie Perry (Interim Integrated Community Manager, CFT)
Julie Rogers (NHS Kernow)	Jodeigh Phelps (Complaints and FOI Manager, NHS Kernow)
Vicky Wright (CFT)	
Candice Webber (Kernow Health East)	

### Introduction and recap from workshop three

Kate Mitchell (KM) welcomed everyone and gave a recap of the workshops held so far and the progress made since the last workshop (see presentation slides). She explained that there had been several reasons for the delay in workshop four taking place including purdah (due to the General Election). However, this had allowed work to occur which is important to inform the next stage of the options appraisal. This includes a review of previous St Barnabas building inspection documents and collating relevant information to share today on the previously suggested long listed options. It also allowed a review of the Clinical Senate community hospital

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recommendations which were circulated with the invite for this meeting. Those recommendations are important as they provide independent clinical views on how community hospitals should provide services.

Kate Mitchell explained that the aim for today was to review the long listed options that have been suggested in previous workshops and review the evidence and information collected against these options. This would then allow the group to appraise the options and consider which should be short listed to proceed to full evaluation. It is important that just those options that are deemed viable and deliverable to be short listed would be fully evaluated. This is what we agreed at the start of this project.

Kate Mitchell then went through the key messages from workshop three and the key themes raised at the public drop in sessions. The themes from the public drop in sessions mirror what we have discussed in previous workshops. This prompted some comments and questions from the attendees:

- It was discussed (and all present agreed) at the last workshop that St Barnabas was not fit for inpatient care, that the local priority should be in developing community services and that 'more local beds is not necessarily the answer'. An attendee who wasn't present at the workshop where that was discussed suggested this point be reworded as they felt some local bed provision is necessary. It was recognised that we mean 'beds' in the broadest sense- including care home beds, hospice, community hospitals and people's beds in their own homes.
- There was a question asked about benchmarking and its relevance to our local context when we may be being compared with areas that are not the same as ours from a geographical or population basis. It was clarified that local and national benchmarking is relevant and useful when used as part of a suite of evidence. For example some benchmarking for the Sustainability and Transformation Programme had been with comparator Clinical Commissioning Group sites specific to certain pathways of care. It is important to take all of the available sources of information into account, so a fuller picture is provided rather than just looking at one data source.
- It was highlighted that Cornwall Council had recently secured a new direct bus service to Derriford Hospital. The timetable planning is currently underway.
- It was asked if the funds from the sale of the St Barnabas site could be retained for reinvestment elsewhere in the Saltash area. James Page, NHS Property Services (NHS PS) advised that the national policy is that the money from the sale of any NHS PS owned buildings goes back into the national budget pot. However, James is keen to work with local systems and there is potential flexibility to redeploy some of the funds into the local area but this would depend on a business case being put together with sufficient evidence of need. He



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clarified capital monies can only be released if the whole asset is disposed of (i.e. declared as surplus to local model of care requirements and then sold). It was pointed out that St Barnabas hospital is made up of separate, but linked buildings of different age and structure.

Kate Mitchell talked through the progress and learning from the other two community hospital projects (see presentation slides). The evaluation of Edward Hain community hospital short listed option is underway. She highlighted the similarities between the constraints and issues raised for Edward Hain community hospital and St Barnabas community hospital. These included the age and structure of the building, the limited diagnostic facilities, lack of site flexibility and small number of beds. It was noted that new recommendations for community hospitals have been published by the South West Clinical Senate. The minimum bed number they recommend to provide safe, reliable and effective staffing for a single site is 16. St Barnabas community hospital has nine.

The final evaluation criteria were presented as a reminder. There are 21 different criteria looking at quality, access, workforce, deliverability, environmental, financial, and wider impact. Kate Mitchell advised detailed information about the evaluation criteria had been shared with the group after the last workshop. It was clarified that the criteria looking at community and wider system impact would include both negative and positive areas of impact.

Kate Mitchell reminded the group that it is the local population needs and required model of care that should drive how buildings are used and introduced the next two speakers to talk about local care developments and service improvements.

Neil Parsons, Strategic Business Manager at Saltash Health Centre gave an update on the building developments at the practice to increase the number of consulting rooms and provide multifunctional spaces to increase the number and type of services and activities that can be provided (see presentation slides). They are now able to offer 6 additional consulting rooms. It is not just about how the Health Centre uses the space for their registered population. The Health Centre is currently working with different providers (primary, secondary and community) to see what could be put in the consulting rooms and wider space.

Neil Parsons highlighted the opportunities that the multifunctional spaces offers and gave examples of some of the possible uses such as leg ulcer clubs, diagnostic services, blood transfusion clinics, day case services (currently held at University Hospital Plymouth), and services for the wider health community. The Health Centre is keen to talk to partners, including the commissioners about developing plans to use the free spaces in a way that meets the needs of the local population.

The Health Centre is looking at other areas of development to improve the site, currently the front of practice is out-dated and they have applied to the minor



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improvement grant scheme to refresh the front of the building, this application has not been agreed yet, but it demonstrates the practices' desire to improve the premises for the local area. If they are successful this will also improve the use of digital technology in healthcare and future proof services. There is also an opportunity to allow other practices to use the additional consulting rooms where they might be struggling for room.

It was confirmed that the funding for the Saltash Health Centre developments came from a specific government transformation fund which was for specific use by primary care and GP practices. It could not have been used in any other setting.

Vicky Wright presented an update on the Embrace Care Programme and summarised the challenges in Cornwall with delayed discharge of patients and a rapidly growing population of adults over 65. She gave a system overview of where Embrace will be working and described the seven different work streams. It was recognised the system cannot function without beds, but these don't necessarily need to be in a hospital and could be beds in a nursing or residential home setting, within extra care housing or indeed bed based care at the person's own home. It was also noted that reablement and recovery of people is much better and faster at home. Vicky was positive about the changes being made to date and how a range of partners including the care at home market are working together to create more capacity in community services.

Kate Mitchell then explained she was going to present each long listed 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 – Model of care development (in progress)**

The model of care work is already in progress locally and improvements are already in place and this work will continue (e.g. Saltash Health Centre developments, Embrace Care Programme work streams). Everyone agreed that this work should continue. Local service improvements do not have to be evaluated through this process as local teams are already implementing local 'test and learns.'

It was agreed unanimously that the model of care development is already in progress and therefore does not require formal evaluation via this process.

## **Option – Do Nothing**

It was agreed unanimously that this is not an option, as discussed in the previous workshops. The community would like a decision on the future of St Barnabas community hospital.



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

Kate Mitchell explained that the Accommodation with Care Board has given some advice on sites and suitability for extra care housing. The Accommodation with Care Board includes health and care commissioners and providers and they oversee the implementation of the strategy for care homes, extra care housing and care at home. The total area of St Barnabas community hospital and land is too small for the Accommodation with Care Board's recommendations for a suitable site for extra care housing. The size required is at least 1.5-2 acres. This size is required in order to provide sufficient standards and size of home owner's flats and provision of communal spaces such as lounge and dining areas as well as adequate car parking and green space for residents.

Some group members were keen to understand more detail and there was a discussion whether a 'hub and spoke' model could be explored for extra care housing. It might be possible that this could be part of a larger provision in conjunction with the Treledan development. Kate Mitchell stated again that the minimum acreage for a viable extra care housing site is based on the provision of a large enough facility that would be viable. St Barnabas hospital and land is under the required size.

At the moment the Treledan plan is for 80 care homes beds and 50 extra care home units or a combination of those.

It was re-iterated that extra care housing sites are by their nature large sites, the nearest extra care housing site is Passmore Edwards in Liskeard. It was suggested that individuals may want to look at this for some idea of scale.

It was agreed that some attendees do not want to dismiss the idea of extra care housing on the site as it is so local to other amenities and Treledan is out of town. To determine if a 'hub and spoke' model has potential it was requested that Kate Mitchell clarify with Council commissioners and the Accommodation with Care Board whether a hub and spoke model with smaller facilities nearer a larger one could be a viable model of care delivery. She will also find out the timescales for the Treledan development. Kate will then share this via email to the group or at another meeting<sup>1</sup>. The information will also be reviewed again at the multi-agency project group that is overseeing this process.

It was noted by group members that there may be other potential building sites such as the Cornwall College Saltash campus which could be utilised as it is closing in July 2020. Cornwall Council is also currently carrying out a review of use of all their property in the area and is keen to work with partners to consider any co-location opportunities.

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<sup>1</sup> Please note that this information is provided at the end of these meeting notes.

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Kate Mitchell reminded the group that the evaluation process is quite considerable in terms of an option needing to be able to have adequate evidence against each of the 21 evaluation criteria. This includes looking at quality, access, workforce, deliverability, environment, finance and system impact. As the work undertaken for developing an option and evaluating it is considerable, we needed to be clear at the outset if the short listed option has the potential to be viable and deliverable. It was accepted that the St Barnabas site is too small for extra care housing. However, a couple of individuals felt they needed more information about the possibility of a hub and spoke model before making a decision on whether to formally discount this option.

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

Based on the evidence and information provided, the total area of the hospital and land is too small to build a new viable care home on (50-60 beds). It was discussed that 50-60 beds is the current size of care home that is a viable business model-this information is based on knowledge of the market including local providers, estate agents, banks and lending organisations.

One attendee asked why we are looking at the options when there is no option which works for St Barnabas community hospital. Group members stated it was not fit for inpatient provision and that they wanted to consider a hub model or a new build. Kate Mitchell stated that the hub model and new build facility will be considered later on in the session.

Kate Mitchell reminded attendees of the process that was agreed at the start of the project. This was to develop together a long list of options for the future of St Barnabas community hospital. The options being presented are those long list of options and further work has been done on the options to explore their potential to be short listed. This is what this workshop is about- reviewing that information and considering together what should be short listed for evaluation. We also agreed at the start of this process that evaluation will only happen on those options that we short list, it is not possible to go through full evaluation for all of the proposals because of the amount of work involved.

After discussion, this option was unanimously discounted.

## **Option-Transfusion/ infusion day case clinic**

Some community members and clinicians have been involved in previous discussions looking at infusion and transfusion as an option to occur in St Barnabas community hospital. We discussed at the last workshop, some of the clinical concerns regarding this in terms of the facilities at St Barnabas not being clinically appropriate to provide a safe service. These included no medical cover on site, inappropriate environment for frail/unwell individuals, staff recruitment and training



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required, investment required to bring room up to an adequate standard, low level of demand. There are therefore clinical requirements for such a service that St Barnabas site cannot provide. Kate Mitchell reminded the room that we've always spoken from the start about the model of care needing to inform how we use buildings rather than the other way round-ie trying to fill a building with activity that may not be appropriate clinically.

A group member raised that we should bear in mind what was shared by Saltash Health Centre earlier in the session; they already have the infrastructure to deliver this locally. The potential for a more local and appropriate service is there, as University Hospital Plymouth (UHP) and NHS Kernow are saying they want to provide care closer to home. Saltash Health Centre would like to have conversations with partners (including commissioners and UHP) about increased provision of services in Saltash Health Centre-potentially for all residents.

After discussion, this option was unanimously discounted as a suitable option for St Barnabas, but the group recognised they would like to be involved in further conversations locally about how more services from UHP could be provided locally.

At around 12.30pm a few attendees needed to leave. Not all options had been discussed however before the scheduled end time of 12.45pm. Rather than rushing the discussions it was felt it would be helpful to have a meeting in two-three weeks to continue appraising the long list of options. The options left to consider were inpatient and MIU provision (the original service), a community health and wellbeing hub and a new build healthcare facility on an alternative site. Those present in the room had already stated the site was not fit for inpatient provision and this has been stated at the last two workshops. Attendees wanted to focus on the potential for a community health and wellbeing hub and a new build healthcare facility on an alternative site. Kate Mitchell apologised for running out of time to have these discussions-group members could see that the slides included these and the aim was to spend a large amount of time discussing the hub as there was new information and evidence to share with the group since we last discussed potential hub activities. However, all present felt that it was not appropriate to have continued conversations seeing as a number of people had to leave.

Kate Mitchell will send some suggested dates out to the stakeholder list and will try to find a time, date and venue that suits the majority. It was agreed that the best time would be 10.00am until 12.30pm.

## **Post meeting note.**

A question was raised for Kate Mitchell to ask the Cornwall Council lead strategic commissioner for Extra Care Housing and the Accommodation with Care Board

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whether we could consider a 'hub and spoke' model- a smaller building with a larger site nearby such as Treledan.

The answer received states that:

The extra care housing (ECH) specification is very different from sheltered housing or other types of retirement housing. It has significant additional facilities which therefore reflect the size of site it requires.

Cornwall Council's ECH model is for affordable rents/shared ownership. In order to make this model viable the schemes need to be 70 units/flats or above (a site size requirement therefore of approx. 2 acres). This exceeds the 0.66 acreage at St Barnabas community hospital.

This model also assumes that the land will be transferred to the ECH provider for a nominal amount.

ECH also offers 24 hour 'on call' care. People who live in ECH pay a core care charge to pay for this regardless of care need. In order to keep this cost at an affordable level there also needs to be a viable number of units which providers state is 70.

The multi-agency project group that is overseeing this project to determine the future of St Barnabas community hospital has reviewed the comments made at the workshop on 26 February and the above response from Cornwall Council's Strategic Commissioner for Accommodation with Care and have determined that the site is too small for a viable extra care housing service.

Kate Mitchell has also asked Cornwall Council's Principal Development Officer what the time scales are for the Treledan site. The answer was five to ten years.