NHS
Cornwall and Isles of Scilly

Minutes
Fowey integrated services - stakeholder meeting

22 November 2024
11am to 2pm
Fowey Pavilion, Langurtho Road, Fowey

Attendees

- Tryphaena Doyle, place director (North & East), Cornwall and Isles of Scilly Integrated Care Board (CIOS ICB) – Meeting chair
- Melissa Hartwell, Chair of Fowey Forum
- Lynn Simms, Mayor of Fowey
- Ruth Finlay, Councillor, Fowey Town Council
- Gareth Walsh, public health practitioner, Cornwall Council
- Mike Woodliffe, senior transaction manager (South West), NHS Property Services
- Lucy Tuson, director of engagement and communications, CIOS ICB
- Jenny Walrond, head of communications and engagement, CIOS ICB
- Matthew Fox, communications and engagement officer for North Cornwall ICA, CIOS ICB
- Caroline Chick, communications and engagement manager, NHS England
- Margaret Schwarz, chair, Cornwall Partnership NHS Foundation Trust (CFT)
- Thomas Lilleyman, associate director estates and facilities, CFT
- Sarah Fisher, head of communications, CFT
- Jayne Thomas, operational manager – adult community services, CFT
- Sue Windley, senior estates project specialist, NHS Devon ICB
- Debbie Gilbert, chief executive officer, Healthwatch Cornwall NHS
- Lindsay Adams, admin support officer, CIOSICB (note taker)
- Peter Johnson, Adult Social Care Commissioning Cornwall Council

Apologies

- Debbie Richards, chief executive, CFT
- Glen Everton, communications officer, NHS England
- Emma Hart, deputy head of communications, CFT
- Mathew Chetwynd, ICS director of estates, NHS Devon ICB
- Sally Vincent, Town Clerk, Fowey Town Council

- Richard Cockshott, GP partner, Fowey River Practice
- Paula-Jane Marrett, GP partner, Fowey River Practice
- Amber Dudley, operations manager, Fowey River Practice
- Cllr Andrew Virr, Cornwall Council
- Cllr James Mustow, Cornwall Council
- Cllr Michael Bunney, Cornwall Council
- Noah Law, MP
- Sarah Scoltock, community link officer, Cornwall Council
- Volunteer Cornwall representation

Minutes from the meeting

Welcome and apologies

Tryphaena Doyle welcomed everyone to the meeting. Apologies were noted as above. Fowey River Practice GPs had been unable to secure a locum doctor so had sent apologies. However, they had provided information they wished to be shared in the meeting on their behalf.

Introductions were made around the room.

Tryphaena Doyle (chair) noted that representatives from the Fowey Hospital and Welfare Committee had attended previous project workshops in 2019. She had sought advice from Town and County Councillors previously involved and the former Fowey Hospital Matron on how to contact these representatives. A subsequent search of the charity name on the Charity Commission website had identified it had a status of ‘removed charity’.

The meeting marked the restart of the project paused in March 2020. The project had started in 2018, initiated by the temporary Fowey Hospital closure and always framed within the broader context of identifying the needs of those living in Fowey and the surrounding area to inform the future model of healthcare services in the area.

The chair outlined the meeting purpose and agenda referencing Slide 2 in the presentation.

She noted that it has been 9 years since the minor injuries unit (MIU) closed and 8 years since hospital beds closed. There had inevitably been many changes since and many of those originally involved in the project had changed roles. This included Kate Mitchell who had done an outstanding job of overseeing the project previously. The chair also noted the presence of Ruth Finlay, who has been involved throughout and would play a vital role in providing continuity and valuable insights in the meeting.

Organisational changes had also taken place:

The lead NHS commissioning organisation had changed from NHS Kenow (Kernow Clinical Commissioning Group) to the Cornwall & Isles of Scilly Integrated Care Board.

There had also been a change in the provider of community services previously delivered from Fowey Hospital. Cornwall Partnership NHS Foundation Trust had taken over the contract for these services, which were formerly provided by Peninsula Community Health Community Interest Company.

Whilst acknowledging that well-publicised challenges remain within the NHS, the chair also drew attention to the advances in medicine and technology such as wearable devices and remote monitoring which enable healthcare to be delivered very differently, and increasingly, in people's own home rather than a hospital setting.

Recap on key background information

Overview of the hospital site and previous service provision

Thomas Lilleyman presented summary information on Fowey Community Hospital contained in slide 3 of the workshop presentation.

He emphasised that from a physical point of view, the building is small and in a poor state of repair, providing significant challenges. There is also the ever-present insurance risk and or potential claims (for injury, fire or building collapse). The layout of the building and room sizes are non-compliant with Health Building note standards. Even if capital funding was available, which it is not, it would not be possible to create a compliant building. Moreover, if capital funding was available, priority would be given to other Cornwall Partnership NHS Foundation Trust sites that serve larger populations and can provide greater service impact.

Ruth Finlay reminded the group that a large meeting was held about the position of the hospital in April 2018, attended by 150 members of the public. Nurses who had previously worked in the hospital attended were aggrieved with issues of what had led to closure, including the building, age, requirements for different care impacting on an old building and issues with food. There was a lot of disquiet from those who had worked there, as well as the Fowey population in response to the loss of the hospital services. The meeting was joined by London based architects organised by Phil Confue, CFT chief executive officer at the time who presented on potential options for the site including its conversion to a care home.

The chair thanked Ruth for providing important historical context. She noted that it would be important to review in detail the feasibility of repurposing the site as a care home later in the meeting as her review of previous workshop notes concluded that whilst it had been inferred this was unlikely to be a viable option, this had not been formally agreed by workshop participants.

Jayne Thomas presented information on the historical use of Fowey Hospital contained in slide 4 of the presentation. She drew attention to the low use of both the minor injury and hospital beds prior in the last year of operating. Most (63%) people admitted to the hospital were not registered with Fowey River Practice.

Melissa Hartwell pointed out that during the hospital's final year of operation, the number of available beds had been reduced, which naturally impacted usage rates.

She also emphasised Fowey's large older population and the significant influx of summer visitors, many of whom might have relied on the minor injuries service.

The Chair clarified that the bed numbers were reduced due to fire safety and infection control concerns, ensuring the hospital operated safely within the maximum capacity for the site. As such, it was appropriate to use the figures from the last 12 months to reflect actual usage, even though they were lower than in previous years when more beds had been available.

Jayne Thomas further confirmed that visitor numbers were accounted for in the data on the minor injuries service. The chair noted that clinicians who worked in the service had positioned it as more of a first-aid service. There was no x-ray, and they had always directed people with more complex injuries to the minor injury unit at St. Austell with x-ray. Similarly, the level of inpatient care was low because there were no doctors or physiotherapists. Again, people with higher needs had always been cared for in St. Austell community hospital which had higher, more qualified staff and better facilities.

Engagement activities before 2019 general election and project pause in March 2020

Jenny Walrond presented a timeline of community engagement up to 2020 described on slides 5 to 7 of the presentation.

Tryphaena Doyle drew attention to the relevance of the outcome of the evaluation of the Edward Hain community hospital in St. Ives. The site had originally had more beds (12) than Fowey and was deemed non-viable from a clinical, safety, operational and financial perspective. The South West Clinical Senate recommendation that community hospitals should have a minimum of 16 beds stands.

Ruth Finlay raised that a lack of public transport and difficulties accessing healthcare services remained a significant issue for older people in Fowey. The bus service had been reduced. Despite Par only being a few miles away with a rail service, people will likely need to use taxi as the most obvious mode of transport.

Previously explored options

Re-open Minor Injuries

Jayne Thomas presented slide 8.

It was noted that Fowey River GP Practice now provides a comparable service, with demand remaining low at an average of 20 to 25 visits per month.

Melissa Harwell highlighted the challenges of securing GP appointments and expressed concern about the potential impact of adding minor injury care to GPs' workload. The Chair responded by noting that Fowey River Practice receives separate funding for treating minor injuries and committed to asking the GPs about the effect of this additional work on their core activities.

There were no objections to the points presented, which concluded that reopening the MIU was not a viable option.

Action
Tryphaena Doyle to contact Fowey River GP practice for their views on difficulties expressed by attendees in obtaining appointments from the diverted MIU.

Re-provide inpatient beds
Jayne Thomas presented slide 8.

There were no objections to the points presented, which concluded that reopening the inpatient beds was not a viable option.

Day services/clinics
Jayne Thomas presented slide 12.

There were no objections to the points presented, which concluded that using the site to host day services or clinics was not a viable option.

Care Home/Extra Care housing
Margaret Schwarz presented slide 11.

Ruth Finlay advised Cllr Virr had also suggested that the old library site in Fowey as an alternative care home site – it has better access.

Margaret Schwarz advised CFT are commissioned to provide community but not care home services. CFT does not have the capital to develop the site, nor the expertise and staff to run such a home.

Melissa Hartwell asked why CFT were speaking to this part of the presentation if they were unable to operate a care home. The chair explained that CFT had started the original discussions with the community about using the site as a care home as previously raised by Ruth Finlay, and therefore it was important CFT led on explaining what has changed and why is no longer an option.

Tryphaena Doyle noted that Cornwall Council generally lead on commissioning care homes. The community is free to continue discussions with Cornwall Council to explore the possibility of identifying a site for a care home. However, under current NHS financial regulations, any funding linked to Fowey Hospital cannot be reallocated to support such a project.

The chair concluded that using the site as a care home was not a viable option.

Update on Community Services strategy and development

The chair explained that the next part of the presentation would demonstrate the service changes and improvements that have taken place since the hospital services stopped.

She presented:

Slide 12 – community services development.

Slide 13 – developments in bedded care services.

Slide 14 – developments in urgent care services.

Slide 15 – developments in GP services. She reported that prior to the meeting, Fowey River Practice had asked her to ensure the group were aware of the significant pressures that primary care continue to face despite the improvements listed on the slide. Their strong view was that much more investment into community services and GP practices was needed.

Slide 16 – developments in planned care services.

Slide 17 – prevention and voluntary sector investment. The chair noted that Volunteer Cornwall had contacted her to ask for ideas about other hub locations and she noted that Fowey currently does not have its own hub.

Melissa Hartwell raised that other specialist services ran out of sites in Probus and Charlestown so it should be feasible for this to happen in Fowey. She had asked if it was possible for the Fowey Hospital to be converted into a community hub facility with the garden used as a car park.

Thomas Lilleyman provided financial context to explain why this would not be feasible. CFT were responsible for hundreds of sites across Cornwall and there were already significant financial challenges in maintaining these sites already in use. In short, the costs and the lack of funding meant the site could not be developed as a hub.

Mike Woodliffe advised that if, after a period of public engagement, the ICB were to determine no health service uses could be found for the building, NHS Property services could then sell. If sold, as per NHS Property Services policy, 50% of the net sales will be retained within NHS Property Services and 50% could be reinvested into other NHS Property Service estates in the locality (e.g. at Par, St Austell or Bodmin Centre), therefore staying within the system. The first step in the process however is for CIOSICB to declare the building as surplus to requirements and this cannot be determined until there has been full public engagement.

Tryphaena Doyle noted, that as the library site being considered for a care home is not owned by NHS Property Services, no sale proceeds could be invested here.

Identify additional considerations

The chair stated that it should be formally recorded that the consideration of the site as a community hub had been discussed and ruled out in the meeting.

The chair now read a statement prepared by the Fowey GP practices in lieu of their attendance:

"*We acknowledge the concerns raised about the suitability of Fowey Hospital for inpatient care. In its final years, staffing shortages impacted on our practice workload as we had to provide additional support.*

We understand that options for the site are being reviewed. Although the building has significant limitations, our expanding services are often constrained by limited space. If it was affordable, could the site be use by Integrated Neighbourhood Team as office or clinical space.

Additionally, our Par Health Centre urgently needs redevelopment and we'd welcome any opportunity to explore reinvesting potential sale proceeds here"

Margaret Schwarz and Jayne Thomas confirmed that the site would not be suitable for office or clinical space for the same reasons used to discount other options discussed earlier in the meeting.

The chair concluded that no other options for the site had been identified.

Next steps for community engagement

The Chair emphasised the importance of public engagement in ensuring the ICB gathers a wide range of perspectives to guide its decision-making effectively.

Jenny Walrond presented Slide 19. She emphasised that a key objective of the community engagement was for it to be accessible so as many views from the community could be heard.

Exact details of the engagement exercise were still being finalised, but the headlines included:

- Drop-in session on Saturday 07 December 2024 in Fowey 11am to 2pm which would be attended by representatives from CFT and the ICB. There was discussion about the type of content that could be presented at the session with suggestions for videos and posters. Arrangements for a British Sign Language interpreter and a screen reader can be made to support engagement, if required.
- Postal and online surveys.
- Using social media and posters to promote the engagement including the drop-in session. Support was requested to share social media posts.

The engagement will focus on understanding how the changes to the hospital have affected people and exploring their preferences for future healthcare services.

Lynn Simms noted that the hospital was just a building. It was more important for the Fowey community to engage with the design on the future of healthcare services in Fowey and to use this opportunity to raise what was important to them.

Jenny Walrond highlighted that the building had been a part of the community for over a century, and it was important to recognize that some people held a deep emotional connection to the hospital. The discussion that followed emphasised the

need for engagement materials to approach the community with respect by being honest, realistic, and clear.

Everyone agreed that the Fowey Pavilion, the venue for this meeting, would be an excellent location for the drop-in session. Its proximity to the neighbouring Community Centre, hosting a Christmas event on the same day, makes it especially convenient. Additionally, the site is accessible and located near a residential area.

Discussion took place on the most beneficial locations to display engagement posters. Melissa Hartwell agreed to take posters to display on Town Hall and Council notice boards.

Tryphaena Doyle summarised the next steps in community engagement:

- A 5 week engagement period.
- During which time people could share their views, online, by post or in person at a planned drop-in event on Saturday 7 December in Fowey.
- Town Council and Fowey Forum colleagues in today's meeting will help to promote the above.

With no other matters arising, the meeting concluded at 12.44pm.

Final copy for ratification

Signed by the chair:  Date: 2 December 2024