

Caring where it matters

Fowey Integrated Community
Services Engagement
Stakeholder Meeting 22nd Nov 2024



Agenda



1. Recap on key background information

Overview of the hospital site and previous service provision

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

Previously explored options:

- Minor Injury provision
- Inpatient beds
- Care Home/Extra Care Housing
- Day services/clinics

2. Update on Community Services strategy and development

Review progress and changes to community services since 2016

3. Identify additional considerations

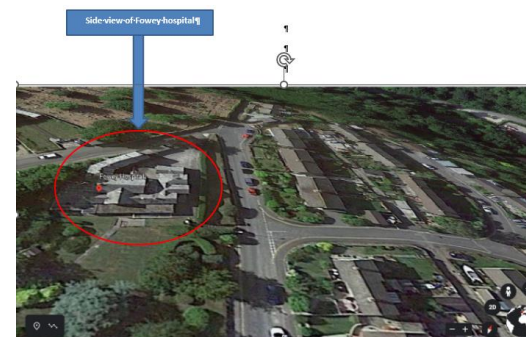
Discussion of any factors we should consider

4. Next steps for community engagement

Discuss what is needed to move forward with community engagement

Summary Position

- Originally built 1914.
- Building owned by NHS Property Services, leased to Peninsula Community Health (PCH) & Cornwall Partnership NHS Foundation Trust from 1st April 2016 whilst occupied.
- Garden owned by CFT.
- Basic Minor Injury service closed in 2015 (1.1 people seen a week). Service now provided by Fowey River Practice. Demand remains low.
- 10 beds originally - basic reablement and end of life care. More complex needs required admission to other community hospitals.
- Staffing concerns led to Peninsula Community Health closing 4 beds in 2016 and last 6 in 2018 (by CFT when assets transferred from PCH).
- No services since.
- Building in poor state of repair.
- Rooms too small – non-compliant with Health Building Note compliance standards.
- Layout unsuitable for people with complex needs / dementia.
- It is too small to be a viable community hospital according to Clinical Senate Guidelines and the criteria used to evaluate the larger Edward Hain site in St Ives – deemed non-viable.



Historic Use

Minor Injury Visits

- **Average:** 1.1 person per week
- **Period:** 12 months prior to closure

Inpatient Beds Usage

1. Total Admissions: 144

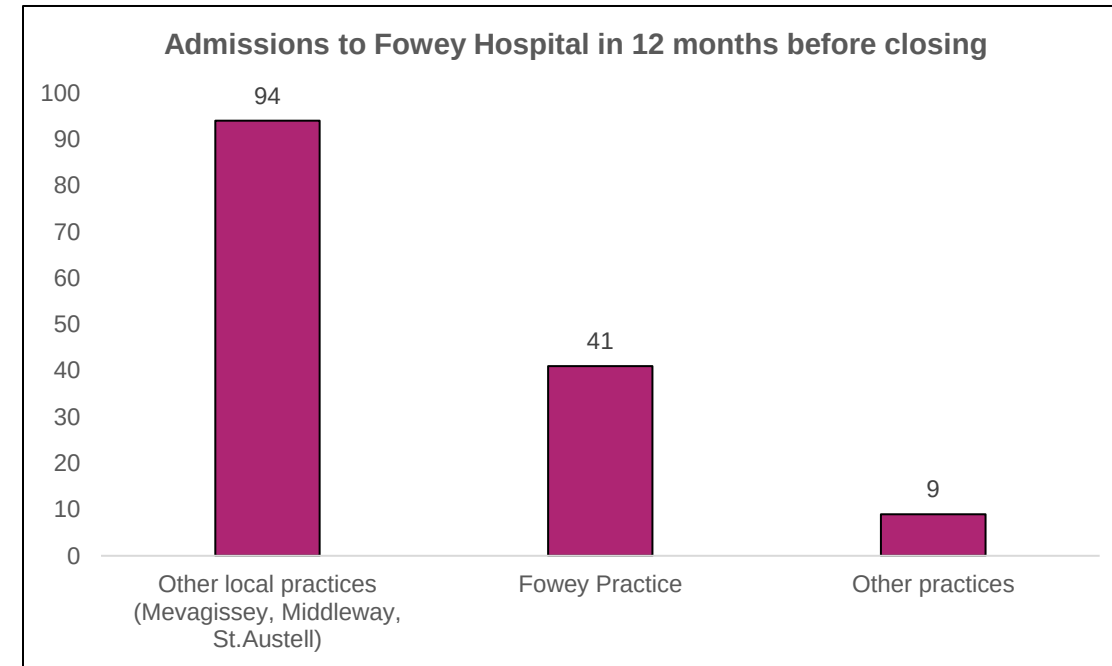
- **By Unique Individuals:** 130 (some stayed more than once).

2. Admissions by Patient's GP Practice:

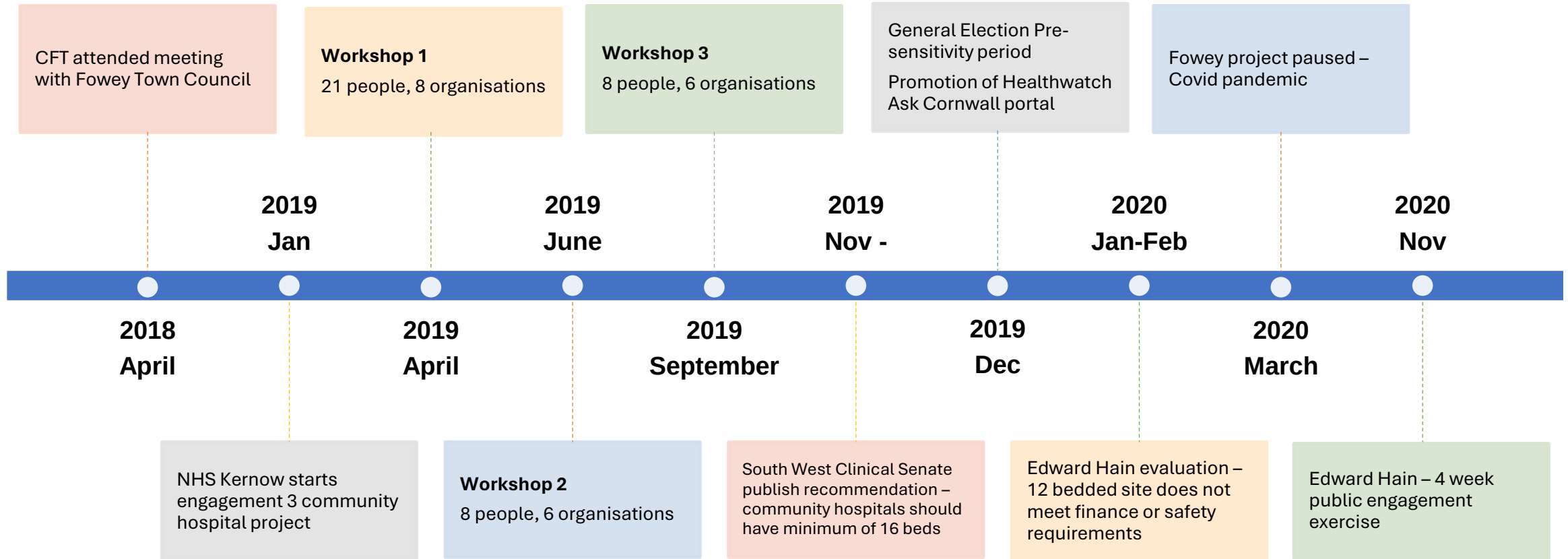
- **Fowey Practice:** 41 admissions by 30 people
 - *Percentage:* 23% of total admissions.
- **Other Local Practices** (Mevagissey, Lostwithiel, Middleway, St Austell): 94 admissions by 82 people.
 - *Percentage:* 63% of total admissions.
- **Non-Catchment Practices:** 9 admissions by patients registered outside the catchment.

End of Life Care

- 7 people registered at the Fowey GP surgery and 6 people who were registered with Mevagissey, St Austell, Lostwithiel or Middleway surgeries received end of life care.



Community Engagement – up to 2020



- ✓ **722 people** from **286 organisations** identified as **virtual stakeholders**
- ✓ **95 people** from **29 organisations** identified as **representative stakeholder group**
- ✓ **HASCOSC** briefed throughout

Community Engagement – after 2020

ICB commissions The Consultation Institute to advise on Fowey next steps – recommendations:

- An issues paper be prepared and discussed with a reconvened Fowey Stakeholder group.

- Previous options are revisited, any new options are assessed, And

- if no new viable options are identified, a 4 week period of public engagement to gather broader perspectives (that replicates the approach taken with Edward Hain) is undertaken.

- The HASCOSC is kept appraised.

2024-25 System Operating Plan

- 24/7 Integrated urgent care including enhanced community provision (for example same day urgent care and community assessment and treatment units).
- Primary Care Hubs.
- Discharge to assess (reducing length of stay in hospital).
- Transforming our approach to major conditions including diabetes, cardiovascular and respiratory.
- Mental health: increasing access to services and maximising the value of investment to improve equity with physical health.
- Providing 24/7 end of life care.

2023-2024

May – Jan



**2022
November**

CIOISCB Community Conversations Engagement –
More than 10,000 people informs 10 and 5 year strategies

What people told us was important

1. Treat people close to, or at home – lack of public transport is a problem for people in Fowey.
2. Support people to stay at home, in their community rather than attend hospital – recognise not all people's homes are suitable care for home.
3. Focus on prevention and healthy lifestyles - obesity, smoking and high blood pressure (hypertension) are the top 3 prevalent risk factors in the population.
4. Work across every health and care organisation in a more joined up way as a single team.
5. Local services should be based on local need - the needs of Fowey's older population are important.
6. Ensure our health and care services are fit for now and the future – more people living with multiple long-term conditions: 4.1% of the registered population have 7+ long term conditions.
7. Make the most of what we already have - connect people and services. The voluntary sector can do more.
8. Make a decision about the hospital.

Options considered – Reopen Minor Injuries

- **Not viable:** Reinstating minor injury services at Fowey Hospital is not deemed viable, nor necessary from quality, financial or operational standpoints.
- **Limited service:** The former service was not a dedicated minor injuries unit; nurses were often diverted from ward duties to handle walk-in patients. There was no x-ray nor any other diagnostic provision.
- **Low demand:** Prior to its closure in 2015, usage of the minor injury service was low, averaging just one attendance per week.
- **Alternative provision:** Fowey River GP practice now provides a comparable service, and demand remains minimal – an average of 20-25 visits a month.
- **Cost:** Major capital investment would be necessary to upgrade the building to an acceptable standard for any clinic-based services.
- **Low priority:** Even if capital funding were available, which it is not currently, other CFT sites would be prioritised for such funding.

Options considered – Re-provide Inpatient Beds

- **Building condition:** Outdated building, costly to maintain and in poor state of repair. Unsuitable for people with complex needs like dementia. Staff do not think the environment allows for dignity or quality care.
- **Room size and bed spacing:** The current room sizes do not meet Health Building Note (HBN) compliance standards, with the two single rooms at only 58% and 64% of the recommended 19m². Bed spacing falls below Department of Health standards, compromising patient safety and limiting the movement of staff and equipment. This increases risks, such as falls and infection transmission, and restricts staff from safely using essential equipment.
- **Limited service** People with more complex needs requiring additional medical supervision, specialist physiotherapist and /or occupational therapist input were supported at other community hospitals like St Austell.
- **Minimum bed requirement:** Clinical Senate guidance recommends a minimum of 16 beds to sustain a viable community hospital. Previous evaluations, such as for Edward Hain Hospital (which had 12 beds), concluded that hospitals with fewer than 16 beds are not viable. Fowey Community Hospital, with only 6 beds, does not meet this threshold.
- **Location, Parking and Access Constraints:** In residential area, no scope to expand. Limited public transport.
- **Cost:** Even if capital funding were available - which is not currently the case - priority would be given to other Cornwall Foundation Trust (CFT) sites that serve larger populations and can provide greater service impact.

Options considered – Repurpose as a Care Home

- April 2018: Discussions were held on the feasibility of developing the temporarily closed 6-bedded Fowey Community Hospital into a new 30-bedded nursing home with 7 parking spaces and 3 staff flats. Intention was to address a critical shortage of specialist dementia nursing home beds in Cornwall. It was presented in good faith based on information available at the time.
- Subsequent detailed analysis of the proposal deemed it would not be feasible due to financial, operational, and strategic constraints. The same logic rules out its use for Extra Care housing.
- **Not viable:** National benchmarking states 50 beds is the minimum for a profitable home. Local providers highlight banks are reluctant to fund smaller homes and they are harder to sell.
- **Site size and location:** Too small with limited parking, access and public transport provision. Additional traffic would place extra burden on road/parking infrastructure in popular tourist destination.
- **Recruitment challenges:** The area's high cost of living and its popularity as a tourist destination hindered the recruitment of registered nurses and other staff.
- **Cost:** CFT do not have £10-15m capital funding available. And if it were available, other sites with sufficient backlog maintenance issues would take priority.
- The community can explore other sites. However, any funding associated with the hospital could not be redirected.

Options considered – Day Services or Clinics

Not viable

- No clinics previously offered at this site.
- No identified demand for such services in the area.
- Building constraints and cost.
- Alternative locations are available.

Community Services Development

Our healthcare strategy is to shift from hospital towards community-based care. It anticipates people living for longer. In the last 20 years, there has been a 50% increase in people aged over 65.

2019 Embrace Care Diagnostic found **67% of community hospital beds are occupied by people who would be better suited elsewhere** (they had no medical or nursing need) and that people are staying longer than necessary due reasons including lack of community capacity. Analysis showed that if the right community services and support were available, fewer beds would be needed.

Since the hospital closed, additional community services and capacity have come online that provide alternative models of care.

- **Personalised Care** – shaped around what matters to the individual, their needs, strengths and circumstances, and their stage in life.
- **Focused on prevention** – health creation, healthy living, early detection to stop development of disease, preventing its progression, reducing its impact.
- **Place-based** – trusted local relationships, harnessing community strengths and assets, tackling inequity, increasing local services for care and rehabilitation.
- **Integrated** – holistic support from integrated neighbourhood teams wrapped around people.

Community Services Development – Bedded Care

- ✓ **2 extra end of life beds** at Mount Edgcumbe (10 in total). Local GPs and community teams also provide more end-of-life care in people's homes (if they wish) rather than a hospital, hospice bed or care home.
- ✓
 - In the last 12 months (1st Nov 23 - 1st Nov 24) 7 people from Fowey received continuing health care funded end-of-life care in a care home. 11 people received care at home.*
- ✓ **5 Dementia assessment beds** at Hendra Court, Par.
- ✓ **24 Beds Bodmin Community Assessment and Treatment Unit**. 27 people seen in last 12 months*
- ✓ People from Fowey can still use **other community hospital beds** at locations that offer a higher level of care than Fowey Hospital could provide. More people from Fowey in the last 12 months have accessed a community hospital bed than in the 12 months before it closed.
- ✓ **Transfer of care hub** helps organise care for people in both the community and hospitals, making sure they get the right support in the right place. On average, the hub supports 63 people from Fowey each month.*

Community Services Development – Urgent Care

- ✓ **Falls response car** - Cornwall Ambulance Service professionals support people after a fall. Rated outstanding by Care Quality Commission.
- ✓ **X-ray car** - 2 operators and portable x-ray check people after a fall or injury (but who are at low risk of a fracture) negating the need for Fowey residents to travel to Treliske.
- ✓ **Acute care at home** - 147 people seen in the 12 months before Fowey closed. 193 people in last 12 months*.
- ✓ **Bodmin Same Day Emergency Care** - Last 12 months: 9 attendances, 10 telephone consultations*.
- ✓ **Virtual Wards** - People receive hospital-level care in their homes, including monitoring of conditions like COPD and heart failure. Virtual wards reduce the need for hospital visits and provide continuity of care in a familiar setting. Work is now underway to open virtual cardiology and respiratory wards. 5 referrals since December 2022*.
- ✓ **Additional reablement capacity** (Humans Cornwall & IoS, Age UK and Stay At Home Cornwall) - Multi-million investment into services that help people regain independence after illness or injury. These services offer short-term support at home.

* Where Fowey numbers shown, please note this is a subset of all activity.

Community Services Development – GP Services

- ✓ **Bodmin Primary Care Hub:** Fowey residents can now access additional on-the-day appointments with plans being developed to allow access to the St Austell hub and potentially a service closer to Fowey.
- ✓ **NHS Health Checks:** offered every 5 years for those aged 40-74.
- ✓ **Primary Care Network (PCN) Initiatives:** The Bosvena and Three Harbours PCN, which includes the Fowey River practice has implemented:
 - 2 **Social Prescribers** supporting the Fowey, Middleway and Lostwithiel practices.
 - 1.4 First Contact **Physiotherapist** supporting the Lostwithiel, Fowey and Middleway practices.
 - 1 **Mental Health Practitioner** supporting the Lostwithiel, Fowey and Middleway practices.
 - 2 **Pharmacists** and a **Pharmacy Technician** supporting the Lostwithiel, Fowey and Middleway practices.
 - New **Frailty Nurse** and **Care Co-ordinator**.
 - Enhanced support for people with diabetes provided by a **Specialist Diabetes Nurse**.
 - Enhanced health support in care homes, alongside other health and care practitioners, to enable care home staff to keep their residents safe and well.
 - **Saturday Super Clinics in Par** providing holistic support for people with Long Term Conditions including diabetes.
 - 1 **Sexual Health Specialist Nurse** supporting all practices in the PCN.

Community Services Development – Planned Care

St Austell Elective Surgical Hub

- £15m build.
- Opened 7th October 2024.
- Bringing day case surgery closer to residents of Fowey and surrounding area.



Bodmin Community Diagnostic Centre

- CT and MRI scanning provision
- Providing alternative to Treliske.



Community Services Development – Prevention and Voluntary Sector Investment

Kernow Gateway

- Dedicated email and telephone service to access voluntary sector support - 01827 266383 / welcome@kernowgateway.org.uk



Par Cornubia Hub

- Supports people who often seek help from GPs but have no medical need.
- Opened November 2022 with the aim of tackling isolation and poor health through companionship, healthy eating, and community support.



THE HUB
at Cornubia, Par
(Moorland Road entrance)

Monday, Wednesday, Friday
10:00am - 2:00pm
EVERYONE WELCOME

Friendly, social environment
with quiet spaces too.

Fresh, hot, affordable
lunch served with a smile

FREE INTERNET ACCESS

FREE books and weekly wellbeing activities:
Puzzles, Quizzes,
Chairrobics,
Live music, singing
and dancing.
Seasonal crafting sessions.

FREE regular support sessions:
IT workshops, Financial advice,
Home Energy advice,
Visual impairment advice.
Reduced price footwear appointments.

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Discussion – Additional Considerations

The Consultation Institute recommended

previous options are revisited and any new options are assessed

Next steps for community engagement

- **Consultation Institute – 4 week engagement exercise**
 - Start December and extend to **5 weeks** to allow for Christmas and New Year
 - Drop-in session
 - Online and postal surveys