



EDWARD HAIN COMMUNITY HOSPITAL ENGAGEMENT REPORT



Cornwall and the Isles of Scilly
Health and Care Partnership

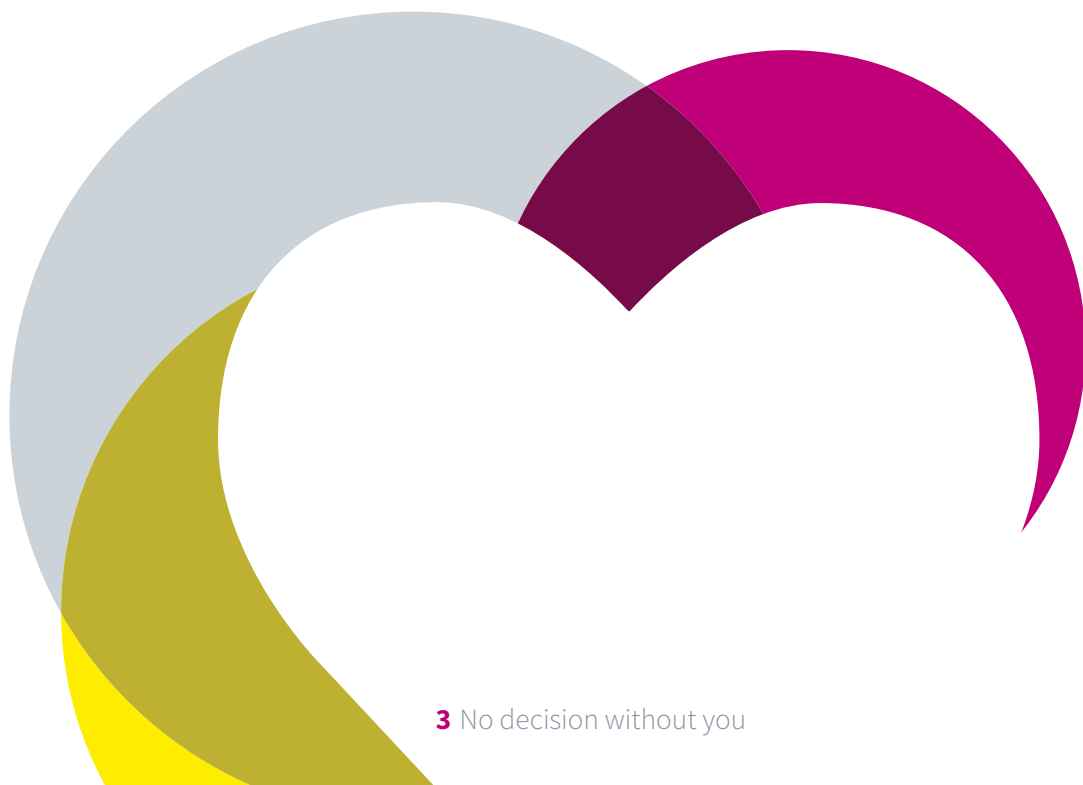
A REPORT TO
EXPLAIN HOW WE
ARE WORKING
TOGETHER AND
HOW YOU CAN
HAVE YOUR SAY



NO DECISION
WITHOUT
YOU

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INTRODUCTION

This document is to tell you about the work we have completed looking at health and care services in St Ives and Penwith. We have worked closely with people who live and work in this area.

An important part of this work has been considering the role of Edward Hain Community Hospital. This has been something local people have been asking us about for some time. The work to consider the role of the hospital has concluded.

This work has told us the hospital is no longer able to provide health and care.

This document will describe how we have got to this point, and what permanently closing the hospital could mean for the community clinics that still operate from there.

No decision has yet been made as we now wish to check we have captured and responded to what this means for local people. This document will therefore tell you how you can have your say. It will also tell you how and when the decision will be made.

The work to improve the care and support we offer to Penwith residents is ongoing.



“YOUR THOUGHTS
AND COMMENTS
WILL HELP US
TO CONTINUE
TO IMPROVE
LOCAL SERVICES
FOR OUR LOCAL
COMMUNITIES”

Delivering the right care and support for people living in Penwith

This document describes the work done to consider the role of Edward Hain Community Hospital in providing the right health and care support to people. This has involved us talking to people who live and work in Penwith.

Dr Neil Walden has worked as a local GP and is the clinical lead for this work. He helped us review Penwith services and the future of Edward Hain Community Hospital. He says that:

“Since January of 2019 it has been heartening to see the ideas and issues being brought to the health and care conversations on needs and services with our local stakeholders, staff and public.

Building on previous workshops with local staff, volunteers, patients and carers we now feel we better understand people’s needs in our area.

Some of the key messages include keeping care at home and close to home where safe to do so, as well as ensuring that if people need a stay in a bed their care is centred on their individual needs, wellbeing and ongoing independence, with the outcome where possible being a safe return to home.

Your thoughts and comments will be gratefully received during this extended engagement. They will also help us to understand how the public can continue to be involved with local conversations. These conversations involve local health, care, voluntary sector and community teams and GPs in primary care. These teams work together in the [Penwith Primary Care Network and the West Integrated Care Area](#). Your thoughts and comments will help these teams to continue to improve local services for our local communities.”



What is this document?

This document sets out our work to consider the future of Edward Hain Community Hospital taking into account all the other services available in the area. Lots of people have been involved in this project. They have given their time, views and ideas. These have helped us to understand local needs and how services are developing and responding to these. We called this group of people our ‘community stakeholder group’. They are people who live and work in the local area. The group also includes people from the hospital’s League of Friends, West Cornwall HealthWatch and people from patient participation groups. The group also includes local GPs, Cornwall and parish councillors, health and care and voluntary sector staff including staff who have worked in the hospital.

Together, we developed and evaluated potential options for use of the hospital. We discussed how each option could meet people’s health and care needs. We also discussed what role Edward Hain Community Hospital could have in delivering each option. More detail about this work is in [appendix 1](#).

Reviewing Edward Hain Community Hospital and its role to provide health and care

The outcome of this work tells us that the hospital is no longer able to provide health and care. This means that it is not suitable to re-open the 12 inpatient beds.

This also means it is not suitable to continue to deliver the podiatry and mental health clinics that run there.

While the outcome was clear, a decision has not been made yet.

More detail about this work is provided in [appendix 1](#).

Why is Edward Hain Community Hospital no longer able to provide health and care?

The evaluation found there to be lots of reasons why the hospital is no longer suitable for health and care provision.

Evaluation examples

- The hospital can only provide 12 beds. An independent clinical group called the South West Clinical Senate recommends that 12 beds is too small. The expert senate clinicians say that a minimum bed number for safe, efficient and reliable staffing is 16.
- The building was designed as a house and not a hospital. It has narrow corridors and small doorways. This means people on a bed can't get out in a fire. A lot of money would be needed to make it safe in the event of a fire.
- The hospital site is within a residential area. We cannot do any building works to make it bigger.
- The wards are too small. They are below what the national guidelines are for good inpatient care. Having small rooms means that the space to move equipment and walk around the bed is reduced. This means people may be at risk of falling or tripping. Staff may also not be able to use equipment safely.
- The inside and outside of the hospital does not meet the standards of the disability act called the Equality Act. This means if you have mobility difficulties, need a stick or wheelchair or are frail it is hard to move in and around the hospital.
- The people most likely to need to use such a facility would be elderly and frail with a range of physical disabilities. The site would therefore not provide safe care.
- Modern inpatient care needs a greater standard of environment than the site can provide. Indeed staff who work there do not think the environment is appropriate to deliver good quality care.
- It would need 29 new nurses to support 12 beds.
- The layout of the building means it is unsuitable to care for people with dementia.
- There is no medical imaging such as an X-ray or CT scan. This means it cannot diagnose problems and people would need to go elsewhere.
- The site is too small. It cannot offer different types of services.
- The building is old and it costs a lot to maintain. This is not good value for money.
- The limitations of the age and structure of the site mean that it is not possible to address all of the concerns with the current building.

How we have worked together so far - introduction and background

We will now tell you a little bit more about this work. More detailed information is provided in [appendix 1](#).

Local health and care organisations have been working with people who live and work across Cornwall and the Isles of Scilly. We have been talking about how to improve the way services work together. This is important. It will help people receive the right care, at the right time, in the right place and from the right person.

As part of this work, we have been talking to 3 communities about the future of their community hospital. We started this work in 2019. The 3 hospitals are Edward Hain Community Hospital, St Ives; St Barnabas Community Hospital, Saltash; and Fowey Community Hospital. None of these hospitals have provided inpatient care for several years because of fire and safety concerns.

We have worked with each town and the nearby area separately. People who live in each area have met with local health and care staff. This has helped us to understand what local people need and how each of the 3 hospitals could meet these needs.

This has helped us to understand local needs, where services work well and where we can improve.

While this work has taken place, health and care teams have improved and extended the services available locally. This is part of our commitment to provide as much care as we can in people's homes or local community. The more we work in this way, the more we can help people to remain independent and healthy. This is 1 of our priorities so we think about it all the time. It helps us to decide how future health and care needs can be met.

This report is about the work we have undertaken in Penwith and St Ives.



HAVE YOUR SAY

We want to make sure everyone has had a chance to get involved and share their ideas.

We want to do this before NHS Kernow Clinical Commissioning Group's (NHS Kernow) Governing Body makes a formal decision.

We have worked with people in St Ives and Penwith. This work has told us the hospital is no longer able to provide health and care.

To help NHS Kernow make a decision, please answer the following questions:

- 1** If Edward Hain Community Hospital was not available, how would this affect you, your friends, family and community, and what might help with any concerns you have?
- 2** If we moved the podiatry clinics from Edward Hain Community Hospital to another location in St Ives, how would this affect you, and what might help with any concerns you have?
- 3** If we moved the mental health clinics from Edward Hain Community Hospital to another location in St Ives, how would this affect you, and what might help with any concerns you have?
- 4** Do you have any ideas about how we can continue to improve health and care services or access to these in Penwith and St Ives?

We will write directly to the people who currently use the podiatry and mental health clinics to ask for their views.

There are a number of ways you can tell us what you think.

Join our virtual public meeting on 22 October 2020 at 5.30pm.

Online

You can join our virtual public meeting. This will be held on 22 October 2020 at 5.30pm using Microsoft Teams. To join, type bit.ly/36puK7k into a browser like Microsoft Edge, Google Chrome or Firefox.

You can fill in a feedback form on the NHS Kernow website: bit.ly/30oWXaA

Email

You can email: kccg.engagement@nhs.net

Write to us

You can write to us at:

FREEPOST RTES-UZ XK-SHBG
C/O Engagement team
NHS Kernow Clinical Commissioning Group
Sedgemoor Centre, Priory Road,
St Austell
PL25 5AS

We are asking for people's views from 7 October through to 4 November.

We need to receive your comments by 12am on Wednesday 4 November.

Please tell your friends and family in St Ives and Penwith so they can have their say too.

We will share information on how to be involved on our social media and through our Edward Hain Community Hospital engagement web page: bit.ly/30oWXaA

WHO WILL MAKE THE FINAL DECISION

NHS Kernow's Governing Body will make the final decision at a meeting held in public. They will receive a report which summarises the work with people in St Ives and Penwith. It will reflect the feedback we receive by 4 November. They will use this information to make a final decision about the future of Edward Hain Community Hospital. The Governing Body includes a number of local GPs and lay people to ensure people are at the centre of our decision making. The Governing Body will meet on Tuesday 1 December 2020. You can attend the meeting by visiting the Governing Body web page on NHS Kernow's website: kernowccg.nhs.uk/get-info/governing-body-meetings



“WE KNOW PEOPLE WANT TO BE SUPPORTED AT HOME OR CLOSE TO HOME FOR AS LONG AS POSSIBLE”



BACKGROUND INFORMATION

Edward Hain Community Hospital

Edward Hain Community Hospital's 12 inpatient beds were temporarily closed in February 2016. This was because of fire safety concerns. Since then, people who live and work in the area have thought about how this has affected how we deliver health and care services.

We have tried to use the hospital in different ways. For example, between January and September 2019, we tested a scheme to help people regain their independence and take part in activities. This was 1 of the options on the long-list considered by our community stakeholder group.

When Edward Hain Community Hospital was open it also had 1 bed for people with drug and alcohol addiction. The treatment allowed for detoxification in a safe place. People across Cornwall were able to use this bed as well as local residents. Now, the treatment is provided from Helston Community Hospital.

Podiatry (providing care to people with foot, ankle and lower leg conditions) and community mental health clinics have remained at the hospital. The podiatry clinics are held on 2 days each week. The mental health clinics occur 1 morning a month.

During the peak of COVID-19, face to face clinics were paused. Some people were able to receive their appointments by telephone. Face to face podiatry clinics started again in August.

Penwith

Edward Hain Community Hospital, St Ives is located in west Cornwall (Penwith). About 65,170 people live in Penwith.

There are 8 GP practices in Penwith. Together they make up a group of practices called the Penwith Primary Care Network (PCN). These are shown on the map on page 11.

What has happened in the Penwith area since the closure of the inpatient beds at Edward Hain Community Hospital?

We have already made improvements. People now receive care which is more co-ordinated and closer to home. We always try to improve our services. This work has helped us to decide how to improve health and care services across Cornwall, Penwith and in St Ives.

We have made a lot of changes to meet people's needs. These include:

- 2 extra end of life beds at St Julia's Hospice, Hayle
- providing more short-term, intensive reablement support to people at home and in the community closer to their home

Reablement services help people to regain their independence after an illness or injury. This will mean less people need to go into hospital. We have more staff available who work in the community.

We have also changed the way we use hospital beds. West Cornwall Hospital provides more rehabilitation (using therapy to improve people's independence). The hospital and community staff work much more closely together to improve people's recovery and shorten the time they spend in hospital.

“ THIS WORK HAS HELPED US TO DECIDE HOW TO IMPROVE HEALTH AND CARE SERVICES ”

The 14 Primary Care Networks and their GP practices

West Integrated Care Area

1. Penwith

Network population: 65,173

- Alverton Practice
- Bodriggy Health Centre
- Cape Cornwall Surgery
- Marazion Surgery
- Morrab Surgery
- Rosmellyn Surgery
- Stennack Surgery
- Sunnyside Surgery

2. South Kerrier and Isles of Scilly

Network population: 32,960

- Helston Medical Centre
- Meneage Street Surgery
- Mullion and Constantine Group Practice
- Isles of Scilly Health Centre
- St Keverne Health Centre

3. North Kerrier west

Network population: 36,707

- Carn to Coast Health Centres
- Praze-an-Beeble Surgery

4. North Kerrier east

Network population: 30,813

- Clinton Road Surgery
- Harris Memorial Surgery
- Manor Surgery
- Veor Surgery

Central Integrated Care Area

5. Falmouth and Penryn

Network population: 47,289

- Falmouth Health Centre
- Penryn Surgery
- Trescobeas Surgery
- Westover Surgery

6. Truro

Network population: 32,790

- Lander Medical Practice
- Three Spires Medical Practice

7. Coastal

Network population: 27,422

- Carnon Downs Surgery
- Chacewater Surgery
- Perranporth Surgery
- St Agnes Surgery

8. Arbennek Health (rural)

Network population: 36,088

- Brannel Surgery
- Clays Practice
- Probus Surgery
- Roseland Surgeries

9. St Austell Healthcare

Network population: 30,845

- St Austell Healthcare
- Mevagissey Surgery

10. Watergate

Network population: 47,185

- Narrowcliff Surgery
- Newquay Health Centre
- Petroc Group Practice

North and east Integrated Care Area

12. Three Harbours and Bosvena Health

Network population: 41,740

- Carnewater Practice
- Fowey River Practice
- Lostwithiel Medical Practice
- Middleway Surgery
- Stillmoor House Medical Practice

12. North Cornwall Coast

Network population: 20,568

- Bottreaux Surgery
- Port Isaac Surgery
- Wadebridge and Camel Estuary Practice

Practices not yet in a network:

- Camelford Medical Practice
- Churchfield Practice

13. Holsworthy, Bude and surrounding villages

Network population: 36,475

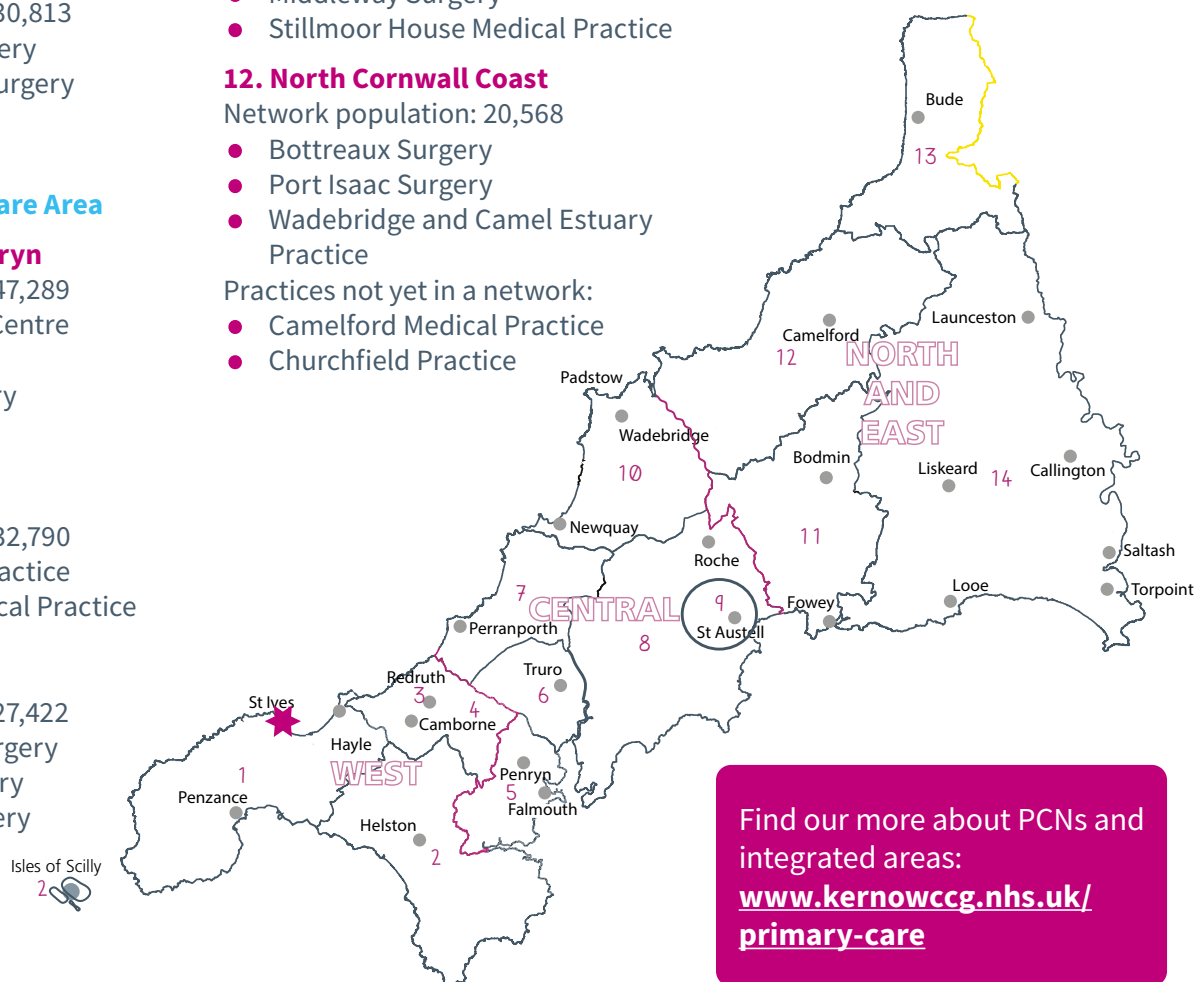
Includes some practices in Devon

- Blake House Surgery, Black Torrington
- Bradworthy Surgery
- Neetside Surgery
- Ruby Country Medical Group
- Stratton Medical Centre

14. East Cornwall

Network population: 105,395

- Launceston Medical Centre
- Oak Tree Surgery
- Old Bridge Surgery
- Port View Surgery
- Quay Lane Surgery
- Rame Group Practice
- Rosedean House Surgery
- Saltash Health Centre
- Tamar Valley Health



Find out more about PCNs and integrated areas:
www.kernowccg.nhs.uk/primary-care

HEALTH AND CARE SERVICES

Continuing to improve health and care services

The work to improve health and care services in St Ives and Penwith continues. COVID has also required us to make some changes very quickly. This has meant we've been able to keep more people safe and cared for at home.

We provide lots of care in people's home or their community. Where people are able and it's been suitable, we've been able to provide opportunities to speak to staff by phone or video call by using software like FaceTime.

We know people want to be supported at home or close to home for as long as possible. People also want to access a hospital bed when they need it.

We need to design a health and care system fit for the future. We must use our staff, buildings and money wisely.



What we have learnt from our response to COVID-19 - new ways to provide care

In response to COVID-19 health and care staff, volunteers and organisations worked closer together than ever before. We delivered as much care as possible to people at home or in their community and away from hospital. We did this to keep people safe. For example we provided:

Remote access to care

All GP practices provided telephone or video appointments. Some community clinic appointments have also occurred on the phone.

Community assessment and treatment units (CATUs)

2 were set up in West Cornwall Hospital and Camborne/Redruth Community Hospital. These units rapidly diagnose, assess and treat people, including the frail and elderly in our communities. They aim to reduce the amount of time people need to spend in hospital, and often avoid an admission.

Community co-ordination centres (CCCs)

Health and care staff decide together which community team can best to respond to a person's needs. This ensures people are seen promptly by the right person, and that those with the greatest needs are prioritised for care and support.

What you have told us is important to you

The people on the community stakeholder group agreed these things should be considered when planning services:

- treat people close to, or at home
- support people to stay at home, in their community rather than attend hospital
- focus on prevention and healthy lifestyles
- work across every health and care organisation in a more joined up way as a single team
- local services should be based on local need
- ensure our health and care services are fit for now and the future
- make the most of what we already have - connect people and services

These have helped this project and shaped the new services that we have put in place.

How can local staff and people be involved in improving services?

There is a group in Penwith called the Penwith Integrated Care Forum (PICF). This group includes people who live and work in Penwith. It includes people who use services and their carers. The people in this group work together to ensure health and care services are easy to access and meet people's needs. This group has been part of the work to review Edward Hain Community Hospital. This group continues to meet to discuss and plan local health and care support.



SHORT-LISTED OPTION

How the Edward Hain Community Hospital short-listed option was agreed

We reviewed and considered all the options we developed with the community. We all agreed that there was just 1 option which we should fully evaluate.

Based on the evaluation criteria, some of the options we chose not to evaluate included:

- putting alternative care on the site - for example buildings with multiple self-contained homes with care and support services available for people to live in. This is called extra care housing
- providing a care home
- using it as an office and clinical base for staff
- using it as a place for family and children's services
- building on site to provide more beds
- using it as a place where, during the day, people can be helped to be independent and healthy

What was our short listed option?

The only option we decided to fully evaluate was to re-open the hospital's 12 inpatient beds; and continue with the existing podiatry and mental health community clinics in a fire safety compliant and refurbished hospital. We agreed together how this would be evaluated.

How did we evaluate the option?

The evaluation criteria (or 'tests') and scoring were developed with people from across Cornwall. We asked these people to help us because they were experts in key areas. These areas included clinical quality, patient views, staff and finance. This group also involved local people from Penwith.

The process, criteria and scoring were agreed by the people on our community stakeholder group.

There were 13 evaluators. 2 people were from Penwith and 11 people were experts in specific areas. More detail can be found in [appendix 2](#).

Together, they considered our short-listed option against 21 criteria (or 'tests'). These are set out below.

Each of the criteria was scored on a scale of 0 to 4. The scores were agreed as follows:

0: no evidence

1 : limited evidence

2: adequate evidence

3: good evidence

4: exceptional evidence

We gave the evaluators background information to help them decide the right score. The information told them about local services, national guidelines, the local population and how services are used. The evaluators also had a plan of the hospital and how the hospital could be used to deliver services which would respond to people's needs. Evaluators also had the opportunity to visit the hospital.

The evaluators scored the criteria on their own, before meeting as a group to discuss their scores and the reason for this.



The evaluators considered the evidence against the criteria set out below.

- 1** Quality was considered in terms of:
 - effectiveness (people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence)
 - experience of patients, staff and relatives
 - how the service could respond to individual and population need
 - safety of patients, staff and relatives
- 2** Access was considered in terms of:
 - patient choice
 - distance, cost and time for patient, staff and relatives
 - equal access to services
 - ability of the service to provide extended hours
- 3** Workforce was considered in terms of:
 - ability to recruit the right type and number of staff
 - ability to train staff to the right skill level
 - the potential to develop new roles and new ways of working
- 4** Deliverability was considered in terms of:
 - how easy it would be to deliver in an agreed timeframe
 - how sustainable the service is - that is, can it continue to function at the same level over time and support healthcare provision for the long term
- 5** Environment was considered in terms of:
 - contribution to climate management such as whether the building was efficient in terms of energy use
 - internal and external environment of hospital including the age, structure and suitability of healthcare provision
- 6** Finance was considered in terms of:
 - value for money such as how many people are supported and how they would benefit
 - affordability - what it would cost to set the service up and what it would continue to cost
 - financial sustainability - that is, would the service be affordable over a long period of time rather than just for 1 or 2 years
- 7** Wider impact was considered in terms of:
 - what impact (positive and negative) could there be on the community and the health and care system

Evaluation outcome

The scores for each of the criteria are below:

Criteria	Final score
1. Quality	
Effectiveness	1
Experience	1
Responsiveness (based on need)	0
Safety (there will be a minimum score of 2 required)	0
2. Access	
Impact on individual choice	1
Distance, cost and time to access services	1
Equity of access	0
Extended access	1
Equity of provision	0
3. Workforce	
Workforce supply	1
Workforce upskilling	1
New ways of working	1
4. Deliverability	
Timescales and ease to deliver	1
Sustainability	1
5. Environmental	
Climate management	1
Environment of service delivery	0
6. Financial	
Value for money	1
Affordability (there will be a minimum score of 2 required)	0
Financial sustainability (there will be a minimum score of 2 required)	0
7. Wider impact	
System impact	0
Community impact	1
Total score	13

The final score was 13 out of 84. The minimum score is not met for safety, financial, affordability or sustainability.

The evaluation process made the following recommendation:

The short-listed option to re-open 12 inpatient reablement beds and the continuation of existing podiatry and mental health community clinics in a fire safety compliant and refurbished hospital is not viable at Edward Hain Community Hospital.

The evaluators agreed the option was not viable or deliverable, because it did not meet the minimum scores in several areas. A minimum score of 2 out of 4 was agreed in advance.

The areas where the minimum scores were not met were safety, financial affordability (cost) and financial sustainability (our ability to continue to meet these costs in the future). Safety was considered in terms of whether the inside and outside of the hospital provided a safe place for people who were admitted or attending. It was also important to consider the safety of visitors and staff. Safety included reviewing the staff levels and numbers required to deliver safe care.

In addition, the option did not provide the requirements for access, workforce, deliverability, environment and wider system/community impact criteria. The information above describes what was considered in each of these areas. All scores for each of these criteria are low (either '0=no evidence' or '1=limited evidence'). The option scored a total of 13 out of 84.

What does this mean for the community clinics that are running from the hospital?

Podiatry clinics run 2 days a week and support over 300 people a year. 73% of the people who attend the clinics come from St Ives.

Mental health clinics run a morning a month and support almost 30 people. 93% of these people come from St Ives.

If the Governing Body decide it is not appropriate to run these clinics from Edward Hain Community Hospital in the future then we will need to find another suitable location. We have talked with clinic staff and other health and care colleagues to look at where else the clinics could be held locally. We considered locations within a 20 mile radius that have

availability for clinics. We also wanted the sites to be easy to get to and to have good parking. Use of the sites also needed to be affordable.

This analysis has concluded that Stennack GP surgery in St Ives is a viable potential option. We are now asking for your feedback on this proposal. We are also writing a letter to people who attend the podiatry and mental health clinics to get their views.

How do we think this could affect Penwith residents?

Through this work we've spoken to a lot of people who live and work in Penwith and St Ives to ensure we are meeting local needs and understanding and responding to concerns.

In undertaking this assessment we have also recognised the different needs of people in local communities. We know it's important to be able to respond to these needs.

We have described positive changes that have taken place to provide more care in or close to people's homes that provide real alternatives should Edward Hain Community Hospital not provide healthcare anymore. We have also identified some concerns that people may have if Edward Hain Community Hospital does not provide healthcare in the future. We understand that there may also be other impacts that people will be worried about.

The purpose of involving you now is to make sure we have understood what these impacts are, and thought about what we can do to address these. We want you to have your say so we can feedback your views and shape the decisions to be taken by the Governing Body.

Through this engagement process, we can review and adjust our assessment of benefits and impacts to reflect the feedback of local people.

Positive impacts for Penwith residents

Frontline staff and those planning care can focus on improving community services to keep people at home where possible. We know people would rather be treated at home wherever possible. Being in a hospital bed is not always the right place for people.

Inpatient healthcare will be delivered from an environment that is safe and better able to meet people's individual needs and improve their chances of returning to independence.

Community clinics will be delivered from an environment that is safe and appropriate.

Resources in the local area can focus on supporting people in the community.

We can make the best use of the support available to care for people at or closer to their home. The community therapy teams and the GPs will also be able to remain working in the community to support people at home. This means there will be more opportunities for the development of local teams to focus on prevention and planned services to support those individuals and families who are most at risk of ill health, and help avoid hospital admissions.

Concerns that Penwith residents may have

People who live in St Ives and close by may have to travel further if they need to be admitted for care to a community hospital.

There may not be enough community hospital beds to serve local people.

We understand the connection people have with their local health care facilities and the history they have in local communities. The League of Friends for Edward Hain has been working closely with us. We also feel passionately that people deserve to have their care delivered in buildings that can deliver 21st century care that best meet their needs.

What have we done to address these concerns?

We have looked at data to understand if Penwith residents need to travel further to access a hospital bed. Recent data shows that in the recent 12 months compared with the 12 months when the Edward Hain Community Hospital beds were open, Penwith residents were admitted to hospitals on average 5.36 miles further away than residents outside Penwith who were discharged from Royal Cornwall Hospitals NHS Trust (RCHT).

There is a local NHS funded transport scheme to help people attend care settings if transport is difficult.

We have provided more care in the community.

The local hospice in Hayle provides 2 additional end of life care beds - a total of 10. It also provides a neighbourhood 'hub' for people and their carers to have access to support, information and therapy. This hub helps people at the end of their life to manage their symptoms and feel confident to stay at home if they wish. This provides more specialist care for local people and their loved ones when they need it most.

Local GPs and community teams also provide more end of life care in their homes (if people wish) rather than a hospital or hospice bed.

West Cornwall hospital has developed its services and diagnostic equipment. More people can be seen here rather than attend Royal Cornwall Hospital Treliske. The changes at West Cornwall Hospital also means more Penwith residents can be diagnosed, treated and admitted there direct from the community rather than having to attend Truro or another hospital first.

NHS Kernow and Cornwall Council are working together to improve the way we provide care for people in their own home. We are doing this by recruiting more care workers. We have also

improved our systems and the way services work together. This helps us use all staff time most effectively. This will mean we can see more people.

We have undertaken a review of how we use all hospital beds in Cornwall, which has shown we rely too much on hospital beds for care that could be provided in people's local communities. This helps us to understand how we use hospital beds better. This will help ensure that people have access to a bed when they need it.

We have focussed on recruiting new staff in the hospitals and care sector in the west in September, 2020. 10 additional community care workers and 12 additional hospital healthcare assistants were recruited. This will help ensure we have enough staff to provide the right care.

We have provided more support to care homes. Each care home in the west has a designated GP to link with. All care homes have had a greater level of training and support through COVID. We know this is important in reducing avoidable admissions for people who often do not cope well in unfamiliar environments.

Development of new ways of working creating a new community geriatrician consultant role. This person works closely with local GPs to help people keep well and stay at home.

Local stakeholders will continue to be involved in conversations about local healthcare needs and services. There is a strong group already established (Penwith Integrated Care Forum) that includes local community representatives as well as health and care workers.

We will continue to work together to recruit more local carers to care for people at home.

The single bed for drug and alcohol detoxification based at Edward Hain Community Hospital that provided treatment for the county has now been relocated to Helston Community Hospital.

Thank you for taking the time to read this report. We value hearing your views. Please do get in contact with your views by 12am on Wednesday 4 November.



“ DEVELOPMENT OF NEW WAYS OF WORKING TO HELP KEEP PEOPLE WELL AND STAY AT HOME ”

APPENDIX 1

This appendix tells you in a little more detail how we worked together with people who live and work in Penwith.

Working in partnership with you

This project has focused on the needs of local people and has been delivered in partnership with the community.

We had a group of more than 100 people who wanted to be kept informed of our discussions. These are people who use services, carers and staff as well as people from local organisations.

We call these people our ‘stakeholders.’ They have an important role to play. Out of this group 53 people attended our workshops. They represented 25 different organisations. Everyone worked together. We agreed how we would develop and evaluate options for the future use of Edward Hain Community Hospital.

Each time we held a workshop, about 35 people from the community stakeholder group came along. At each workshop they shared their views.

Stakeholder groups

The stakeholder group included:

Age UK Cornwall and Isles of Scilly

- Operations manager

Alverton GP practice

- Care co-ordinator

Bodriggy Health Centre, PPG and Hayle Day Care

- Chair

Bodriggy Health Centre PPG and Hayle Town Council

- Representative

Bosence Farm Drug and Alcohol Treatment Centre

- Chief executive officer

Citizen Advisory Panel

- Representative

Cornwall Care Services

- Staff member

Cornwall Council

- Adult social care staff member
- Community link officer
- Community safety partnership/health commissioning
- Contracts manager
- Councillor, Lelant and Carbis Bay
- Councillor, Marazion and Perranuthnoe
- Councillor, St Buryan
- Councillor, St Ives west
- Councillor, St Ives east
- Drug and alcohol team staff member
- Family hub co-ordinator
- Head of service adult social care
- Property strategy lead
- Property strategy officer
- Public health consultant
- Quality assurance team staff member

Cornwall Hospice Care

- Medical director

Cornwall Partnership NHS Foundation Trust

- Business support manager
- Clinical workforce lead
- Community mental health team manager
- Head of patient experience
- Integrated care area director
- Occupational therapy team lead
- Staff member, Penwith community rehabilitation team
- Strategic finance lead

Cornwallis Care Services

- Staff member

Disability Cornwall

- Communications manager
- Trustee

Edward Hain Community Hospital

- Matron

Edward Hain League of Friends

- Chairman
- Representative x2
- Vice-chair

Healthwatch Cornwall

- Representative

Liberal Democrat Party

- National and local campaigner and former local MP

Marazion Surgery

- Care co-ordinator

Marazion Surgery PPG

- Representative

NHS Property Services

- Senior portfolio optimisation manager

Penwith Day Centre

- Trustee

Penwith Dementia Friendly Communities

- Representative

Penwith 50+ Forum

- Representative

Stennack Surgery

- GP

Volunteer Cornwall

- Community maker

West Cornwall HealthWatch

- Representative x2

West Cornwall Hospital

- Matron

Making sure people have their say and knew how to get involved

We agreed a plan at the start of the project to make sure we could involve people and collect their views.

We checked our plan with 1 person from West Cornwall HealthWatch and 1 member of the Citizens' Advisory Panel for the Cornwall and Isles of Scilly Health and Care Partnership.

We updated and changed our plan as the project progressed.

Who else did we talk to and share information with?

We talked to lots of people because we wanted to make sure we received a range of views, ideas and feedback.

We shared information with more than 680 other people and organisations. They received this at each step of the process and have been able to share their thoughts with us.

The different groups and people that we spoke to are listed below.

Citizen Advisory Panel (CAP)

CAP provides an independent view and critical friendship on matters relating to health and care. People from this group helped us decide our evaluation process.

Patient Participation Groups (PPGs)

Made up of people who are registered with local GP practices. They have an interest in the services provided by GPs and local services. We went to meetings to tell people about this project and listen to their views. Some people from the PPG came to our workshops.

Healthwatch Cornwall

We told Healthwatch Cornwall about this project and how people could get involved. They helped us decide our evaluation process. They also helped us to tell people about this project.

West Cornwall HealthWatch

People from this group attended local community groups and workshops to tell us people's views and opinions. 1 person from this group was a member of our evaluation panel. We asked them to do this to make sure the views of the community were shared.

Cornwall Council's Health and Adult Social Care Overview and Scrutiny Committee, and elected members

We have given regular updates to elected councillors and the scrutiny committee. We have done this to make sure councillors knew about the project, could take part and tell people what we were doing. The Scrutiny Committee has a role in overseeing how we are taking forward this work and engaging with local people to reach decisions that reflect the health and care needs of local people.

NHS England and Improvement

This is part of the national NHS. They checked we did everything we needed to.

The Consultation Institute

A national organisation that advises on best practice for engagement and consultation. They helped to make sure we did everything we needed to do.

The South West Clinical Senate

A group of independent clinicians. They checked our clinical decisions, and helped us understand what is safe and appropriate.

Health and care clinicians, practitioners and volunteers

People and teams who understand the community, its needs and how services can meet these.

How have we communicated and shared information so far?

Clear and easy to read documents

All meeting minutes, papers and presentations have been shared and published on our website.

NHS Kernow website

Up to date page with all meeting minutes and presentations. These include video tours of the hospital and interviews with stakeholders and clinicians: www.kernowccg.nhs.uk/get-involved/engagement/integrated-community-services-plans

Between April 2019 and August 2020, 717 people viewed the information. 265 people watched the video tour of the hospital.

Social media

We used Facebook and Twitter to ask people what they thought about our plans. 2,228 people have viewed our Facebook posts and 1,901 people have viewed our tweets.

Ask Cornwall web platform

Healthwatch Cornwall has developed a new digital community platform, [Ask Cornwall](#). This has forums where people can talk about Edward Hain Community Hospital and services in Penwith.

Surveys

We surveyed GPs at the start of the project. We did this to find out what they thought. We also had GPs at our workshops and clinical meetings.

Existing meetings, events and public drop-in sessions

We went to community networks, panels and groups such as town and parish councils. We also went to public forums to talk about the project and answer people's questions and make sure they could tell us what they thought. We held 3 public drop-in sessions in St Ives, Penzance and St Just. These were held in the evening between 6.30pm and 8.30pm.

Planned workshops

We held workshops so people could tell us what they thought and help to develop our ideas. About 35 people came to each workshop.

Media

We told reporters about our work and kept them updated.

Clinical leadership

As well as the people on our community stakeholder group we had lots of nurses, doctors and therapists work with us.

People were happy that nurses, doctors and therapists worked with us. They felt this meant the process was based on people's needs and the staff who look after them.

How the community and health and care services worked together

We have worked with the people on our community stakeholder group from the start. We have agreed together how to progress each piece of work to ensure the approach is thorough. Together we have:

Identified key people

For example people from health and social care, local councillors, West Cornwall HealthWatch, Edward Hain League of Friends, GP patient participation groups and interested community groups.

Contributed to the development of the case for change

This set out what people needed, how they use services and the plans for future services.

Developed design rules and priorities for service improvement

These included what was important such as designing services based on local needs and putting people and their carers first.

Developed the process to agree and evaluate the options

This made sure everyone knew how to take part and how recommendations would be made.

Developed the evaluation criteria (or 'tests')

We agreed what criteria were important and how to score them. There were 21 evaluation criteria. These covered things like quality, access, staff and money.

Agreed which people would do the evaluation

2 of the 13 who did this were people from the local community.

Developed and reviewed a long list of options

We asked if each option would meet people's needs and provide effective services. In this way, we agreed the short-list.

Evaluation

Evaluated the 1 short-listed option. Reviewed the evaluation outcome and process.



Making sure people have their say and knew how to get involved



APPENDIX 2

The evaluation membership

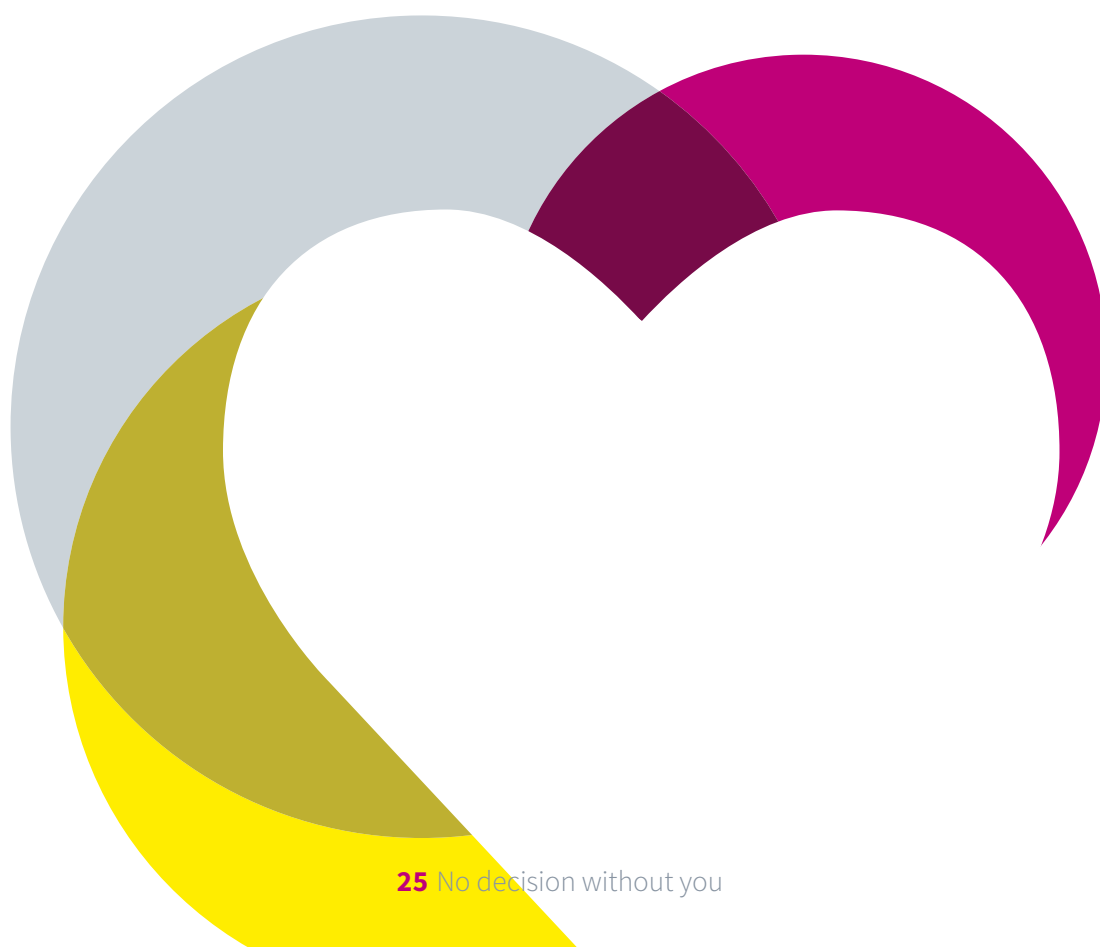
The membership of the evaluation panel is below. This membership was agreed with the community stakeholder group.

Local representation

- Local lay member expert - West Cornwall HealthWatch
- Local Cornwall councillor - Cornwall Council

Countywide 'subject matter experts'

- Deputy director of HR and organisational development, Cornwall Partnership NHS Foundation Trust (CFT)
- HR people partner equality lead, Royal Cornwall NHS Hospital Trust
- Commissioning officer, Cornwall Council
- Community hospital GP lead (from outside of the area), CFT
- Director of integrated care (community services), NHS Kernow
- Property strategy lead, Cornwall Council
- Deputy director clinical quality, NHS Kernow
- Deputy director of finance, NHS Kernow
- Programme manager integrated community services, CFT
- Associate director business development, CFT



APPENDIX 3: FEEDBACK FORM

For 18 months we have worked with people in St Ives and Penwith to explore the role of Edward Hain Community Hospital to provide the right health and care support to people.

This work, which has been led by NHS Kernow Clinical Commissioning Group (NHS Kernow), has now concluded.

This work has told us the hospital is no longer able to provide health and care. This also means it is not suitable to continue to deliver the podiatry and mental health clinics that run there.

We want to make sure everyone has had a chance to get involved and share their ideas.

We want to do this before NHS Kernow's Governing Body makes a formal decision.

We are asking for people's views from 7 October through to 4 November. We are also writing to the people who attend or work at the mental health and podiatry clinics at Edward Hain Community Hospital for their views.

To help NHS Kernow Governing Body make a decision, please answer the questions below.

You can also fill in a feedback form on the NHS Kernow website: bit.ly/30oWXaA

Return your form

FREEPOST RTES-UZ XK-SHBG
C/O Engagement team
NHS Kernow Clinical Commissioning Group
Sedgemoor Centre, Priory Road,
St Austell
PL25 5AS

- 1** If Edward Hain Community Hospital was not available, how would this affect you, your friends, family and community, and what might help with any concerns you have?

2 If we moved the podiatry clinics from Edward Hain Community Hospital to another location in St Ives, how would this affect you, and what might help with any concerns you have?

3 If we moved the mental health clinics from Edward Hain Community Hospital to another location in St Ives, how would this affect you, and what might help with any concerns you have?

4 Do you have any ideas about how we can continue to improve health and care services or access to these in Penwith and St Ives?

NO DECISION WITHOUT YOU

This document is to tell you about the work we have completed looking at health and care services in St Ives and Penwith. We have worked closely with people who live and work in this area.



If you would like this information in another format or language please contact:

FREEPOST RTES-UZ XK-SHBG
Cornwall and Isles of Scilly Health and Care
Partnership, Sedgemoor Centre, Priory Road, St
Austell PL25 5AS