



Meeting of the: Governing Body Summary sheet

Date of meeting: 06/10/2020

For: Public session (Part 1)

For: Information

Agenda item and title:	Progress update on the three community hospital engagement projects (Edward Hain, St Ives; St Barnabas, Saltash; Fowey).
Author(s):	Kate Mitchell, Programme Lead Tryphaena Doyle, Community Services Planning and Design Lead Tracey Lee, ICS Readiness Programme Director
Presented by:	Kate Mitchell, Programme Lead
Lead director/GP from CCG:	Jon Price, Joint Director Adult Care & Health Cornwall Council NHS Kernow.
Clinical lead:	Dr Neil Walden (Edward Hain)

Executive summary:

This report provides an update on the current position and proposed next steps for the three community hospital engagement projects:

- Edward Hain, St Ives;
- St Barnabas, Saltash;
- Fowey hospital, Fowey.

It augments information included in a 'stakeholder update' provided to the Governing Body and others on 19th August.

The primary focus of the report is on the Edward Hain community hospital engagement project as the work to develop the options and the appraisal and evaluation of these has now concluded.

The single short listed option to reinstate 12 inpatient reablement beds and continue with existing community clinics in a fire safety compliant and refurbished building at Edward Hain community hospital has been fully evaluated and is non-viable. This has been widely communicated to stakeholders and the wider public.

There are no other viable options to consider for Edward Hain Community Hospital site. Work has now started to identify potential alternative locations for existing community clinics, should a subsequent decision be made by the Governing Body that the hospital is to close.



Ahead of a decision being made, a four week period of wider public engagement seeking views on the outcome of the evaluation of the short listed option for Edward Hain community hospital and options for alternative clinic sites will now take place to ensure we have captured the fullest set of perspectives

The work through the Edward Hain community hospital engagement project has built a strong link between local health and care partners and the local community and this provides the start of a trusted relationship which will be further built upon through the next stage of the process.

It is intended that the feedback from the four week public engagement exercise, including the proposals for the potential re-location of existing community podiatry and mental health clinics will

- (i) form part of the suite of papers shared with the November Health and Social Care Overview and Scrutiny Committee and
- (ii) inform the decision made by NHS Kernow Governing Body at its December meeting in respect of Edward Hain community hospital and related health service provision in St.Ives and Penwith.

Although they are not at the same stage, for transparency, additional information is provided on the Fowey and Saltash projects at the end of the report.

Recommendations and specific action the Governing Body needs to take at the meeting?

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| 1. | To note and feedback on the progress made to date and next steps in relation to the Edward Hain, Fowey and Saltash community hospital projects. |
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Evidence in support of arguments:	Case for change for each project. Stage one NHSE/I assurance process for service reconfiguration. External scrutiny from: The Consultation Institute, South West Clinical Senate, Citizen Advisory Panel. Legal advice is being sought. Engagement documentation: https://www.kernowccg.nhs.uk/get-involved/engagement/integrated-community-services-plans/
Who has been involved/contributed:	Many and various. Each of the three projects has a large virtual stakeholder list (where all meeting notes and presentations are shared) and a face to face stakeholder list for workshop attendees. There have been numerous informal meetings, conversations, public drops ins, stakeholder



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	<p>workshops and one to one sessions with all stakeholders since the projects were established in January 2019. Within this discussions have been held with MPs, town/parish councils, community network panels, West Cornwall HealthWatch, Healthwatch Cornwall, Citizen Advisory Panel, Patient Participation Groups, NHS Kernow Clinical Leadership Group, GP locality groups, NHS Property Services, NHS and Cornwall Council staff and commissioners.</p> <p>The Health and Adult Social Care Overview and Scrutiny Committee (HASCOSC) has been kept informed as follows:</p> <ol style="list-style-type: none"> 1. The October 2018 committee received an update on and endorsed the process and project timelines at that stage. 2. The July 2019 committee received an update on progress and revised timelines. <p>Three committee members were nominated to represent each of the three projects and receive weekly email progress updates.</p>	
Cross reference to strategic objectives:	Improve health and wellbeing and reduce inequalities	<input checked="" type="checkbox"/>
	Provide safe, high quality, timely and compassionate care	<input checked="" type="checkbox"/>
	Work efficiently so health and care funding give maximum benefits	<input checked="" type="checkbox"/>
	Make Cornwall and the Isles of Scilly a great place to work	<input checked="" type="checkbox"/>
	Create the underpinning infrastructure and capabilities critical to delivery	<input type="checkbox"/>
Engagement and involvement:	As above in 'who has been involved/contributed'.	
Communication and/or consultation requirements:	<p>For the Edward Hain project, a further period of wider public engagement for four weeks is being planned at the time of writing with an associated communication and engagement plan. This is being developed and delivered jointly by the commissioner (NHS Kernow) and the provider (Cornwall Partnership NHS Foundation Trust).</p> <p>For the Fowey and Saltash projects, this will be shaped and determined by the project and community stakeholder groups.</p>	
Financial implications:	<p>To be determined as a result of the evaluation process for each of the three projects.</p> <p>In relation to Edward Hain, upon evaluation, the option to reopen the hospital inpatients and clinics did not meet the minimum scores for safety, financial affordability and financial</p>	



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	sustainability.
Review arrangements:	Each project will pass through the formal NHS England and Improvement review process for planning, assuring and delivering service change for patients.
Risk management:	Full project and programme governance in place.
National policy/legislation:	NHS England and Improvement review process for planning, assuring and delivering service change for patients. NHS Act 2006.
Public health implications:	Each project has developed and considered public health profiles for the area as part of this process.
Equality and diversity:	Equality and quality impact assessments will be produced against each site's short listed option as it is developed. We have completed these for Edward Hain community hospital. These will be shared with and further informed by the planned four week engagement process and will form part of the information supplied to the Governing Body to support its decision making process.
Other external assessment:	Regular reviews with NHSE and Improvement as per the service reconfiguration assurance process. Additional external scrutiny and support from the South West Clinical Senate, The Consultation Institute.
Relevant conflicts of interest:	Identified conflicts of interest with regard to the identification and evaluation of potential options for alternative outpatient provision have been managed by the project team.
For use with private and confidential agenda items only	
FOI consideration – Exemption*	Qualified /absolute*

1. Update on the Edward Hain community hospital engagement project

1.1 Background

Before temporary bed closure in February 2016 (due to fire safety concerns), Edward Hain community hospital provided twelve inpatient beds (historically supporting up to 220 people a year, and an average of 42 from St Ives) and podiatry and community mental health clinics (supporting up to 366 people a year pre Covid-19). The beds have remained closed since then. The community podiatry and mental health clinics continue to operate two days a week, albeit with a pause in face to face activity during Covid-19. Some face to face clinics re-started in August.

1.2 The process undertaken with the community stakeholders

In line with a process endorsed by the October 2018 HASCOSC, the Penwith integrated community services review project worked with an agreed community stakeholder group to define the local case for change, agree service design principles, review local health population needs and public health data and consider what local services and support was required to meet these needs. This work progressed alongside the clinically led development of the model of care and the work of the Embrace Care Programme that aimed to re-design local bedded and non-bedded care to achieve optimum outcomes for the older population. Part of this engagement project included discussing the work delivered by the Embrace Diagnostic¹ (2019) which improved our understanding of the over reliance of bed based care and how community services need to change. Within this, the local community was keen to consider the role of Edward Hain community hospital in enabling the delivery of the local model of care.

Further information on the engagement can be found [here](#).

Edward Hain community hospital stakeholder group members co-developed and appraised eight long listed options. These were:

1. Do nothing
2. Alternative care provision on existing site - extra care housing
3. Alternative care provision on existing site – care home
4. Staff and administrative base
5. Family hub for children and young families
6. Expand the building size with a new build to accommodate increased numbers of inpatient beds
7. Day services reablement centre
8. Re-provision of 12 inpatient beds and continuation of existing community clinics

¹ <https://doclibrary-shapingourfuture.cornwall.nhs.uk/DocumentsLibrary/CIOSHealthAndCare/TransformationBoardMeetings/Minutes/1920/201908/Item6app4EmbraceCareDiagnosticSummaryBooklet.pdf>

Having appraised these eight options (the rationale for discounting the options is in appendix one), the group recommended to proceed to full evaluation of a single option: *Re-provision of 12 inpatient reablement beds and continuation of existing podiatry and mental health community clinics in a fire safety compliant and refurbished environment.*

At this point the community stakeholder group understood the constraints and limitations of the site; particularly that it did not provide capacity for the minimum bed number of 16 as recommended by the NHS South West Clinical Senate² in order to provide safe, reliable and efficient staffing. The South West Clinical Senate provides commissioners of health and care services with a source of independent clinical advice to help them to make the best possible decisions about health and care provision in the South West. Further detail about the process and co-production methodology including stakeholder group membership, selection of evaluation criteria, options scoring and rationale is available, but is not included here for brevity.

The full evaluation process to confirm or deny the shortlisted option's viability was completed January-March 2020.

13 evaluators (including two local community stakeholders and eleven countywide 'subject matter experts') completed their individual evaluation and a subsequent group moderation session agreed the scores for 17 out of the pre-determined 21 evaluation criteria. As was agreed at the start of the process, the four criteria scores that could not be agreed were escalated to a 'super moderation' process. This involved four NHS Kernow Executives (Chief Officer, Finance Director, System Director for Integrated Communities, Chief Nursing Officer) reviewing the option documents, individual scoring rationale and the moderation discussions in order to come to a final score. The agreed evaluation scores range from 0 (no evidence) to 4 (exceptional evidence). The final scores for the single short listed option to provide 12 inpatient reablement beds and continuation of community clinics in Edward Hain community hospital are provided below in figure 1. More detailed information for each scored rationale is available but not provided here in the interests of brevity, but a summary version is available in the [workshop slides](#) published on NHS Kernow's website.

Figure 1: Evaluation criteria and scores for short listed option

Headline criteria	Sub criteria	Final score	Minimum score reached?
1. Quality	1a. Effectiveness	1	N/A
	1b. Experience	1	N/A
	1c. Responsiveness	0	N/A
	1d. Safety (there will be a	0	No

² <https://www.swsenate.nhs.uk/wp-content/uploads/2019/10/2019-19-09-Senate-Recommendations-Community-Hospitals-FINAL.pdf>



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	minimum score of 2 required)		
2. Access	2a. Impact on individual choice	1	N/A
	2b. Distance, cost and time to access services	1	N/A
	2c. Equity of access	0	N/A
	2d. Extended access	1	N/A
	2e. Equity of provision	0	N/A
3. Workforce	3a. Workforce supply	1	N/A
	3b. Workforce upskilling	1	N/A
	3c. New ways of working	1	N/A
4. Deliverability	4a. Timescales and ease to deliver	1	N/A
	4b. Sustainability	1	N/A
5. Environment	5a. Climate management	1	N/A
	5b. Environment of service delivery	0	N/A
6. Finance	6a. Value for money	1	N/A
	6b. Affordability (there will be a minimum score of 2 required)	0	No
	6c. Financial sustainability (there will be a minimum score of 2 required)	0	No
7. Wider impact	7a. System impact	0	N/A
	7b. Community impact	1	N/A
Total score of 13 out of a possible 84			

The evaluation process has therefore determined that:

1. The option to re-instate 12 inpatient reablement beds and the continuation of existing community clinics in a fire safety compliant and refurbished environment is not viable at Edward Hain community hospital.
2. The option is not viable or deliverable due to two reasons:
 - a. The minimum scores for safety, financial affordability and financial sustainability were not met.
 - b. The option would not meet adequate levels of quality, access, workforce, deliverability, environment, finance and wider system/community impact criteria. All scores are low (either '0=no evidence' or '1=limited evidence'), scoring a total of 13 out of 84.
3. There are no other viable options - the community stakeholder group considered all long listed options and identified nothing further to evaluate, but further work is required to develop options for the potential re-location of the existing community clinics.

The outcomes of the evaluation process were shared with the community stakeholder group on 19 August following a planned and agreed pause in engagement due to Covid-19.

There were 31 attendees at the workshop with good representation across health and care staff, patient participation groups, Penwith Integrated Care Forum, local and Cornwall councillors, West Cornwall HealthWatch, Healthwatch Cornwall and Edward Hain League of Friends. The majority of attendees acknowledged the robustness and inclusivity of the evaluation process and broadly accepted the outcome of the evaluation recognising the constraints of the hospital site for modern health and care provision. There was some disappointment expressed in the low scores and the lengthiness of the process. There was also recognition that the work to develop the clinically led local model of care continues. The evaluation has however concluded that Edward Hain is not a viable option from which to deliver service needs in future, and therefore provides a clear position from which any future service developments can be determined.

There was a clear message expressed from attendees that all the learning and evidence collected through this review and engagement project should continue to inform the planning process for the integrated services and estates strategy across the West Integrated Care Area. This assurance was given. The strategic planning and development of the local model of care will continue under the Embrace Programme and Cornwall and Isles of Scilly Estates Strategy Group, working with local Primary Care Networks and reporting to and involving community stakeholders via the well-established Penwith Integrated Care Forum.

A written briefing outlining the evaluation outcome was shared with around 860 stakeholders via email from 12noon onwards on the day of the workshop, including to Cornwall MPs, Penwith town and parish councillors, HASCOSC members, Cornwall Partnership NHS Foundation Trust staff, Adult Social Care staff, NHS Kernow staff and NHS Kernow Governing Body.

A media release was also issued across Cornwall and a video, produced with Edward Hain community hospital review clinical lead Dr Neil Walden, was shared widely across NHS Kernow's social media channels.

Following the workshop to explain the option evaluation outcome in detail all stakeholders were given two weeks to provide any additional comments, concerns and observations. An additional period of engagement for 4 weeks is planned with the wider public to allow those who have not been involved, including people who attend current clinics operating from Edward Hain community hospital, to have a say. This information will provide further information to shape decisions taken by NHS Kernow Governing Body in December 2020.

1.3 External scrutiny: NHS England and Improvement, South West Clinical Senate, The Consultation Institute, Citizens Advisory Panel and legal advice

In order to ensure compliance with required guidelines for planning, assuring and delivering service change³ NHS Kernow has held regular review meetings with NHS England and Improvement, sourced additional external scrutiny from the South West Clinical Senate, The Consultation Institute and requested that the Citizens Advisory Panel feedback on the process. NHS Kernow is also seeking legal advice to ensure it is meeting its statutory responsibilities for public involvement and consultation.

1.3.1 NHS England and Improvement require us to follow an assurance process for service change and engagement and we will continue to have review meetings to ensure we follow their assurance ‘tests’. Appendix two provides a summary of our adherence to these five tests.

1.3.2 The South West Clinical Senate provides independent clinical scrutiny over the model of care delivery and has produced recent (2019) guidelines on community hospitals⁴ which informed the evaluation process as supporting evidence to consider. One of the recommendations was that the minimum number of beds in any single location should be 16 for safe, reliable and efficient staffing.

1.3.3 The Consultation Institute is a not-for-profit best practice institute, promoting high-quality public and stakeholder consultation in the public, private and voluntary sectors. They have provided the following statement regarding the process of co-development and evaluation of options with the stakeholders and the outcomes produced to date.

“The work that has been undertaken to engage the local stakeholders and communities appears to be comprehensive and thorough, particularly the work undertaken to involve stakeholders in options development, criteria development, shortlisting and then ultimately options appraisal of potential solutions for your community hospitals.

The four Gunning Principles⁵ provide the framework against which the robustness of engagement can be tested - these principles are:

Gunning 1 – Consultation must be at a time when proposals are still at a formative stage. *The work that you have done is good evidence that you have engaged the public at an early stage and before any final decision on the hospitals has been taken.*

Gunning 2 – Sufficient reasons must be put forward for any proposal to permit “intelligent consideration” and response. *Considerable information has been*

³ Planning, assuring and delivering service change for patients. NHS England, 2018

⁴ <https://swsenate.nhs.uk/wp-content/uploads/2019/10/2019-19-09-Senate-Recommendations-Community-Hospitals-FINAL.pdf>

⁵ The Gunning Principles are a set of rules for public consultation that were proposed in 1985 by Stephen Sedley QC, and accepted by the Judge in the Gunning v LB of Brent case.

provided to local stakeholders to enable them to contribute to, and assess, options for the future of the sites and provide their view to the CCG.

Gunning 3 – Adequate time is given for consideration and response. *The process has been undertaken over a period of time that enables local people to engage in the work and put forward their views.*

Gunning 4 – The product of consultation is conscientiously taken into account by the decision maker(s). *A full report of engagement activity is being submitted to the CCG Governing Body to inform the decision making process. This will include any additional comments and observations that the community stakeholders and public make following the release of the evaluation outcomes via the media, stakeholder workshop and publishing on the website”.*

1.3.4 The Citizens Advisory Panel (CAP) provides an independent view and critical friendship on matters relating to health and care. This group approved the proposed evaluation process, scoring and criteria and were assured of the level of engagement undertaken. NHS Kernow has continued to keep this group up to date on progress and seek their feedback throughout. CAP received the outcome of the Edward Hain options evaluation and stated the level and extent of the engagement process was “exemplary” and whilst the process was lengthy, it should be considered as best practice for future engagement and consultation.

1.3.4 Legal advice is also being sought to provide assurance that this process meets the CCG’s statutory responsibilities in respect of involving people on service change and taking equality issues into account.

1.4 Edward Hain : Next steps

In order that NHS Kernow can make a formal decision on the future of Edward Hain community hospital, the following will now take place:

1. Identification and evaluation of potential sites within a 20 mile radius for the potential re-location of the existing community clinics which currently provide an average of six attendees a month for mental health outpatients and 80 attendees a month for podiatry outpatients. Across the last 15 months these clinics have supported 28 people through community mental health clinics (26 people and 93% are registered with Stennack surgery, St Ives) and 390 people through podiatry clinics (285 and 73% are registered with Stennack surgery, St Ives.) Potential site options will be identified and evaluated with and by outpatient staff and individuals from the Edward Hain project group and will take into consideration the below elements:
 - a. Quality (safety and appropriate environment).
 - b. Access (equity of provision and access and distance required to travel).
 - c. Deliverability (time to transfer and implement services, ‘readiness of site’ to accept the services).
 - d. Finance (affordability).

The Edward Hain multi-agency project group will endorse the outcomes of the evaluation which will identify short listed option (s) for potential re-location of sites.

2. A four week period of wider well-publicised public engagement will commence to provide opportunity for people not involved to date, including people who attend current clinics operating from Edward Hain Hospital, to express their views and comment on the evaluation outcome, potential future clinic location (s) (endorsed by the Edward Hain project group as described above) and potential impacts, building on the impact assessments undertaken to date. Activities are likely to include:
 - Virtual public meeting(s), recognising the current COVID context, promoting this widely through existing stakeholder, staff, partner and media networks (such as Cornwall Council weekly media briefing, West Cornwall HealthWatch, Cornwall HealthWatch, Edward Hain League of Friends, Patient Participation Groups, St Ives town council),
 - Sending letters direct to all current attendees of Edward Hain community clinics inviting people to comment on the potential re-location of clinics ,
 - Providing a single point of contact (via email and a FREEPOST postal address) for people to send comments to and promoting this widely through existing stakeholder, staff, partner and media networks such as West Cornwall HealthWatch, Cornwall HealthWatch, Edward Hain League of Friends, Patient Participation Groups, St Ives town council
 - Providing a feedback form on NHS Kernow website that has been widely promoted throughout the project where all meeting minutes and presentations are uploaded.

The outputs from the four week public engagement exercise, including proposals for the potential re-location of existing community clinics will inform recommendations to be presented to Kernow Governing Body at a subsequent meeting to inform the decision in respect of the Edward Hain community hospital and related health service provision in St.Ives and Penwith.

The development of Penwith (and West Cornwall) integrated community services and enabling estates strategy will continue under the leadership of local Primary Care Networks aligned with the Embrace Care Programme (multi-agency improvement programme to improve the way we care for and support older people <https://cioshealthandcare.nhs.uk/embrace-care/>) and the work of Cornwall and Isles of Scilly Estates Strategy Group, reporting to and including community stakeholders via the well-established Penwith Integrated Care Forum. This includes individuals from the Penwith and Edward Hain community hospital stakeholder group.



2. Saltash integrated community services and St Barnabas community hospital

Before temporary bed closure in February 2017 (due to fire safety and staffing concerns), St Barnabas community hospital provided 9 inpatient beds and a minor injury unit (MIU) (with no x-ray) which was dependent on staffing from the inpatient wards. The beds and MIU have remained closed since then, but several community clinics continue to operate on a daily basis. Since Covid-19, face to face clinics have reduced and have been supplemented by remote delivery options such as telephone and video consultations.

In community stakeholder events there has been consensus that the site was not fit for inpatient provision and that as a community group they accepted it is unlikely that reopening beds will be a viable option.

At the last community workshop on 26 February the recent learning from Edward Hain community hospital process was discussed. The workshop also received updates from the Embrace Care Programme and the plans for service enhancements provided by the current refurbishment of Saltash Health Centre.

The community's current preferred option is to consider a Saltash 'hub'. The exact nature of the hub is still to be confirmed, but generally a 'hub' refers to a public space that brings community agencies and neighbourhood groups together to offer a range of activities and services such as community clinics and drop in advice sessions. There are currently four Saltash community 'hubs' and the group will need to focus on what needs to be provided in addition to these and what role St. Barnabus community hospital could play in future provision. The aim was to consider this and complete the appraisal of the long listed options at a workshop on 18 March. However, due to Covid-19 this workshop was stood down.

The community stakeholder group were recently contacted to offer the option of a virtual meeting in line with Government guidelines regarding face to face meetings and the group accepted. A virtual meeting was held on 9 September where the group explored in more detail the long listed options to decide which are viable to short list. At that meeting it was agreed that the only short listed option that the community stakeholder group consider is viable to pursue at this stage is to develop the 'hub option.' Further work is required to clearly define this before any appraisal or evaluation can occur.

3 Fowey integrated community services and Fowey community hospital update

Before temporary bed closure in August 2016 (due to infection control and safe staffing concerns), Fowey community hospital provided 6 beds and a minor injury unit (MIU) (with no x-ray) which was dependent on staffing from the inpatient wards. The beds and MIU have remained closed since then and no other clinical or non-clinical activity happens at the hospital.

The community stakeholder group broadly accept that the site is not suitable for inpatient provision and has stated they would like a nursing home in Fowey. The option

of a Fowey care home has been explored with community stakeholders through reviewing data, local strategy and undertaking site visits to assess site feasibility.

In April 2018, Cornwall Partnership NHS Foundation Trust (CFT) publicly proposed to the Fowey community an option to build a new 30-bedded care home which would include 7 car park spaces and 3 staff flats. This decision was based on the available intelligence at the time. Subsequent to that, particularly due to work on the part of Cornwall Council and the joint care home market development strategy⁶, we now have a more informed view of local demand. NHS Kernow and Cornwall Council's joint Care Homes Market Development Strategy outlines joint strategic commissioning intentions for 2020-25. Whilst there is an acknowledged shortage of nursing and specialist dementia care provision countywide, Fowey and the surrounding area does not have the highest demand and lowest availability of care home provision and is therefore not a current priority site for care home development.

We are keen to discuss the implications of this analysis in further detail with the Fowey community stakeholder group. As yet, there are no further working ideas or options that the community have identified for the potential use of Fowey community hospital. The group has been contacted to see if they are willing to hold a virtual meeting and the recently established Three Harbours and Bosvena Health Primary Care Network are keen to play an active part in this meeting to ensure discussions focus on responding to population need.

2. Recommendations and request

It is recommended and requested that the Governing Body undertake:

1.	To note and feedback on the progress made to date and next steps in relation to the Edward Hain, Fowey and Saltash community hospital projects.
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⁶ Care Homes Market Development Strategy: Joint Strategic Commissioning Intentions. 2020-25. Cornwall Council, NHS Kernow, Cornwall Partnership NHS Foundation Trust.

Appendix one

Planning, assuring and delivering service change for patients: The five tests of service change

NHS England guidance states there must be clear and early confidence that a proposal satisfies the government's five tests, NHS England's test for proposed bed closures (where appropriate), best practice checks and is affordable in capital and revenue terms. These have been considered through the evaluation criteria. More detail is available on the evaluator's scoring and rationale if required, but in terms of brevity has not been included. A summary of the rationale can be found in the workshop slides which are published on [NHS Kernow website](#).

The five key tests: a summary of key activities to date

One - Strong public and patient engagement

Key activities include:

- Active communication with 687 stakeholders who receive all meeting minutes and presentations – 133 of those are 'in the room' stakeholders who receive meeting invitations to attend events.
- Building on three Shaping our Future engagement workshops in West Cornwall, July 2017-February 2018 - 126 attendees.
- Building on four West Cornwall workshops across October 2018 - March 2019 to develop the local model of care - 120 attendees.
- One workshop with 19 community stakeholders to develop a local case for change for this project.
- Four workshops (April 2019 - August 2020) specific to this project with an average attendance of 25 attendees to co-develop the process, options and evaluation process.
- Healthwatch Cornwall –involved in co-developing our evaluation criteria and process and provide links to our dedicated website pages for the projects. The organisation receives regular updates on progress and supports the project in the promotion of all engagement with their volunteers.
- West Cornwall HealthWatch - members attend local community groups and workshops to help feed in wider views and opinions. We also had a member of West Cornwall HealthWatch on the options evaluation panel to ensure there was local community representation at each level of the process.
- League of Friends of Edward Hain Memorial Hospital-members of the League of Friends were regular attendees and participants of all meetings and workshops.
- Edward Hain family-all meeting notes and presentations have been shared with the family as part of our wider virtual stakeholder group.



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- Clear and accessible documents – all meeting minutes, related documents and presentations are shared and published on our website. The community stakeholder group have opportunities to comment on the accuracies of all workshop minutes.
- NHS Kernow website – dedicated page for the Penwith area work, which is regularly updated with details on project progress, all meeting minutes and presentations. These include video tours of the hospital and interviews with stakeholders and clinicians. The web page is:
<https://www.kernowccg.nhs.uk/get-involved/engagement/integrated-community-services-plans/>
- Cornwall and Isles of Scilly Citizen Advisory Panel (CAP) – CAP provides an independent view and critical friendship on matters relating to health and care. This group approved our proposed evaluation process, scoring and criteria and were assured of the level of engagement undertaken. We have continued to keep this group up to date on progress and seek their feedback throughout.
- Patient Participation Groups (PPGs) - made up of people who are registered with the community's practices and have an interest in the services provided by GP and local services. Members of PPGs attend the workshops.
- Social media - using both Facebook and Twitter, we promoted the different ways people were able to get involved and have their say on our plans and work. When we promoted our public drop in events we had a total of 1,704 views on Facebook and 1,680 views on Twitter for the posts promoting the events.
- Web platform- Healthwatch Cornwall has developed a new Digital Community Platform, Ask Cornwall, connecting people in conversation for our health and wellbeing in Cornwall and the Isles of Scilly. There are dedicated discussion topics for Edward Hain community hospital and Penwith integrated community services.
- Surveys – we initially surveyed GPs at the outset of the project in order to understand the views of local primary care teams in addition to the GP attendance provided at workshop and clinical meetings.
- Existing meetings, events and public drop-in sessions – we have attended local community networks, panels and groups such as town and parish councils and public forums etc. We also held three planned public drop in sessions in a variety of locations across Penwith: St Ives, Penzance and St Just. These were held in the evening (6.30pm-8.30pm) as all workshops to date were held during the day and we wanted to target those individuals who had not yet attended a workshop to contribute their ideas.
- Media – we work closely with the media to keep them informed of our work, and respond to enquiries in a timely way. We have worked with local press and radio to promote specific events such as public drop ins and workshops.
- The method of engagement has been based on open and continuous collaboration with the community stakeholder group agreeing together how to progress the below key components:
 - Identifying appropriate stakeholders



- Contribution to the development of the case for change
- Co-development of local design principles and priorities for service improvement
- Co-development of process to develop options and evaluation of these,
- Co-development of evaluation criteria,
- Co-development of evaluator membership,
- Co-development of long listed options and appraisal of these,
- Co-development and agreement on the shortlisted options based on the appraisal above,
- Evaluation of shortlisted options,
- Review of evaluation outcome and process,

Two - Consistency with current and prospective need for patient choice

The evaluation process included main criteria of access and one of the sub criteria which the evaluators needed to score (0-4) was based on patient choice. Quality and equality impact assessments have been completed and will be updated as the wider engagement progresses.

Three - A clear clinical evidence base

This project has been led clinically from the start. Various methods of clinical leadership and involvement influencing this work includes the below:

- The project has built on three Shaping Our Future workshops, four Model of Care workshops and four project specific workshops all attended by local clinicians. The project has a local clinical lead who is part of the project group and local staff attend the workshops. The multi-agency project group overseeing the governance of the project also has a local GP, Public Health consultant and local hospital matron as part of their membership to ensure the model is clinically led.
- The work has also been informed by the Embrace Diagnostics⁷, historical and current service activity data, public health profiles and The South West Clinical Senate recommendations for community hospitals⁸. Review meetings have been held with the Clinical Senate to inform them of the emerging model of care.
- Clinical membership (GPs, Occupational Therapist) of stakeholder group co-developing the draft evaluation criteria, process and scoring,
- Clinical membership on evaluation panel (nursing and GP). Local GP survey to understand perceived needs, service function and to contribute their views if they could not attend meetings

⁷ <https://doclibrary-shapingourfuture.cornwall.nhs.uk/DocumentsLibrary/CIOHealthAndCare/TransformationBoardMeetings/Minutes/1920/201908/Item6app4EmbraceCareDiagnosticSummaryBooklet.pdf>

⁸ <https://www.swsenate.nhs.uk/wp-content/uploads/2019/10/2019-19-09-Senate-Recommendations-Community-Hospitals-FINAL.pdf>



Kernow Clinical Commissioning Group

- Strong and varied local clinical attendance at stakeholder workshops to co-develop service principles and development and appraisal of long listed options,
- 2 GPs in the project group - one being the clinical lead for the project and the other being the lead GP for Stennack surgery who provided medical input to Edward Hain community hospital inpatient beds,
- GP Chair for all community stakeholder workshops,
- GP and Public Health consultant on project group membership and involved in the co-development of shortlisted option,

Four - Support for proposals from clinical commissioners

Specific actions to gain support and involvement from clinical commissioners includes:

- Invitation to local GP practices to be involved in local workshops to develop options and evaluation criteria,
- Presentations and papers to Clinical Leadership group (a group with representation from every GP practice) ensure sign up and endorsement of evaluation process and evaluation criteria,
- GP membership in system's Community Services, Planning, Design and Delivery Group which has been subsequently renamed as the Collaborative Communities Board (the system group who endorse the project group's recommendations),
- Project updates provided at GP Locality/Primary Care Network and integration meetings to allow feedback,
- Governing Body GPs received weekly updates on progress (along with other key stakeholders) to allow feedback.

Five - Bed test

- During the time since the temporary bed closure and since the start of this focussed engagement project, there have been ongoing changes in the delivery of local services and population need. These changes have formed part of this engagement and service review process to ensure that the process of developing new models of care and examining their impact informs the process to determine the future role of the hospital.



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