

Title:	Relocation of Services from St Kilda's, Brixham – Feedback of Engagement		
Prepared for:	Torbay Overview and Scrutiny Committee (18 May 2016) Torbay and Southern Devon NHS Foundation Trust Torbay Council		
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1. PURPOSE

The Director of Transformation, Torbay Council in the role of Director of Adult Social Services in conjunction with the lead member and portfolio holder for Adult Social Care will make a decision in respect of the recommendations from the Torbay and South Devon NHS Foundation Trust (TSDFT).

Recommendations contained in the report were considered by the TSDFT board on the 06 April 2016. The recommendations were subject to engagement and the output of which is contained within this report to aid the consideration of the Trust as to the formal recommendation that it will put forward to the council in respect of this 'Key Decision' and for consideration by the Director of Transformation (DASS) in making the final decision.

This report provides details of the engagement that has taken place in respect of the relocation of services from St Kilda and the themes that emerged from those interactions. It provides answers as to the questions and issues raised to aid consideration of the decision. It does not provide a recommendation as to the decision however this is previously contained within the report. It does provide a conclusion for consideration.

2. BACKGROUND

A good level of engagement is reported. The Brixham Town Council meeting was attended by circa 40 people, the voluntary sector organisations have positively engaged. The Primary Care GP Locality Commissioning Lead for Brixham has been briefed with respect to the proposals regarding St Kilda and is keen to learn the outcome of the engagement process and hear the views of the community. Councillors at both Town and Torbay level have commented and offered input.

A joint engagement meeting occurred with Brixham Does Care and the Brixham Hospital League of Friends. This was a detailed session that covered explanations of the Trust's proposals and both organisations responded together. The session was positive with both bodies making an agreement

in principle to working closely on and contribute to proposal to develop service activity on hospital site.

Sandwell Community Caring Trust also provided feedback with regard to the proposals. A meeting with staff occurred in April and the CEO from SCCT provided his further comments and concerns.

Of note is the timing of the community wide consultation being led by the Clinical Commissioning Group (CCG) in respect of a new model of care and estate. At some meetings there has been an understandable conflagration of the St Kilda engagement and decision (immediate and with the Council) and the recently initiated consultation by the CCG. Never-the-less, any changes as an outcome of the St Kilda decision will need to fully involve primary care and ensure that sufficient medical cover and resources are in place.

It is important to restate that the two items in terms of decision making are separate.

Throughout the engagement disappointment was expressed as the likelihood of the New Build not going ahead. The reasons for this have been well documented in the Trust Board report. Also, recorded in the Board report is the fact that there continues to be money spent on on-going maintenance of the building which in itself is not fit for significant redevelopment to make it fit for future. A list of the stakeholders is included as Appendix 1 together with key issues from each. The key themes and officer response appear in table 1 Key Themes.

It is also important to note that as part of the transfer of the services in St Kilda to a social enterprise, a commitment was given to by the incumbent Mayor when making his decision to approve this transfer:

Torbay Care Trust will honour the Mayoral pledge to the 8 remaining long term residents of St Kilda. They will live out their days within St Kilda, in its re-provided facility. [extract from HOSC minutes March 2011]

This promise has been superseded by events such as the advent of austerity on a national basis, the implications for public body funding (health and care) cost increases, many of which are recorded in the Board report. Given the present proposals for there not to be a new build replacement for St Kilda the commitment to the four remaining residents, should be in the spirit of that commitment which is to have them move to quality premises where there is an expectation that they will not have to move again and can be settled for the rest of their lives.

The proposals put forward meet the spirit of this commitment subject to the decisions of the residents and those that support them as to the care home they choose.

Table 1. - The key themes

Concern/Issue		Response	
Capacity	Can it be met locally?	Is there an improvement on present provision?	Location
Residential Care	Yes	Yes – en-suite rooms, new facilities available	Brixham Care Homes
Intermediate and Step Down beds	Yes	<p>Yes - For those clients living in Brixham intermediate care will be delivered locally from the community hospital site which will also accommodate step down clients when required along with other local care homes.</p> <p>For the 70% of clients that receive intermediate care at St Kilda but live elsewhere in the bay, homes more local to them and their bay-based families will be sort improving their experience of care in line with Darzi (Care that is effective, safe and well judged by patient experience) and Outcome Framework principles as set out for health and social care</p>	Local to those requiring care
Day Care	Yes	<p>Yes - Space is being allocated on the community hospital site where there is good access. The environment will be in itself suitable having been updated, however it is still regarded as being an interim solution with co-production of a new area/facility being undertaken with the stakeholders (clients, carers etc) with the initial investment of £200k to be shaped by them</p> <p>Additionally, both the League of Friends and Brixham Does Care have offered to consider support in regard to this element</p>	Brixham Hospital Site
Community Meals	Yes	<p><i>Maintained</i> - Use of the community hospital kitchens will enable the production of the meals presently produced at St Kilda. It is hoped that that the volunteers that run this service will continue to do so picking the meals up from the hospital rather than St Kilda- effectively the other side of the road.</p>	
Concern/Issue		Response	
Is the reduction in Bed Numbers in both the Acute Trust and the Community settings going to deplete the overall options for care?			
		<p>The New Model of Care at both a local and national level is predicated on increased levels of care at home. The reduction in bed numbers in the residential care market is not necessarily at odds with the reduction of beds in the Integrated Care Organisation’s business plan. Work is well advanced in the development of carer recruitment and skills to create an adaptable care-force able to populate the new model of care. The last 12 months has seen an increase in Care</p>	

		capacity of 600 hours within the domiciliary care sector and this is set to continue.
What makes St Kilda not fit for purpose?		
		<p>A range of issues have been identified which include no en-suite facilities, internal fittings not wheelchair friendly, limitations of larger wheelchair access, a single wet room as examples</p> <p>The infrastructure dates from the 1960's and is fundamentally not suited to our aspirations for a modern care environment</p> <p>Substantial investment would be required which could be better spent on care</p>
Is there capacity and quality in the market?		
		The Trust's Business Support and Quality Team provide assurance as to the fact that there is capacity within the homes within the bay. This changes on a daily basis and a database of the homes is held to support decision making at any point in time
Will St Kilda ethos is not to be lost nor should delivery be an overly 'medical model'?		
		<p>Intermediate care at St Kilda is delivered by NHS staff presently. The complexity of clients is increasing and higher levels of nursing care are required by many. The use of the hospital site improves this situation.</p> <p>The day care will continue to be delivered by the existing staff if they are willing</p> <p>The community meals will continue to be delivered by the volunteers if they are willing</p> <p>There is capacity for Care Home Residents to be supported in Brixham where there is record of quality care.</p>
Is the cost of transferring care beds to the hospital site is more than continuing to run St Kilda's?		
		<p>The block contract arrangement at St Kilda's does not make these beds best value in the market.</p> <p>Although the initial contract with SCCT was for 36 beds, for sometime the maximum capacity has been 29 beds and the present use is only 24 beds.</p> <p>With the capacity that exists within Brixham hospital the cost of the beds being used there is already accounted for. This would enable a cost saving for the system and better utilisation of public assets.</p> <p>As one of the larger community assets in Brixham the available capacity in Brixham Hospital is such that there is presently a situation of dual payment where beds being purchased outside of the hospital are effectively an additional cost to the system which would be better spent towards care</p>
Are the staff of St Kilda protected and will they have jobs in the NHS?		

		Commitment has been made including at the meeting on the 1 st April with the staff that they would be offered opportunities within the NHS.
Is the transition timescale sufficient to support those involved?		
		<p>Sandwell Community Caring Trust has given nine months notice on the contract to run services at St Kilda effective from the 1st April 2016.</p> <p>The Trust has a sound record of being able to re-provide services and support clients through changes such as moves brought about during Safeguarding episodes. The protocol for caring for clients and ensuring the support of professional, clinical and care managers will be employed.</p> <p>The time frame in respect of this contract notice is sufficient to ensure that there is a managed and supported transition which will attend to the wellbeing of those effected by the changes.</p>
Will intermediate care be available when it is needed?		
		<p>A recent tender for intermediate care August 2014 established a revised and updated specification and contract with the care homes. Successful multiple bed contracts – block booking of several beds or a unit e.g Hewitt Lodge, Belle Vue, have been successfully used for intermediate care patients.</p> <p>Outline discussions with providers have established a willingness and ability to further increase the capacity in this way.</p>

3. EQUALITY IMPACT ASSESSMENT

Previously included with the Trust Board paper.

4. CONCLUSION

‘Change is hard because people over-estimate the value of what they have and under-estimate the value of what they may gain by giving that up’ [*Belasco & Stayer - 1994*]

As stated the building is such that it is not suitable for redesign or refurbishment in terms of fit for future service provision which means that the present spend on maintenance of St Kilda means that money is being spent on repair not care.

The over-riding question is will people have services that are at least as good or better than they are presently receiving if St Kilda was to close and that in doing so money is being spent on care rather than unnecessarily spent on repairs. The proposals are designed to have people receive services more locally and in establishments that are more modern. It is considered that these proposals are able to meet the concerns raised and enhance the wellbeing of those that require the services provided

Appendix 1 – Engagement Record

Group/Individual	Date (2016)	Themes/Concerns/Issues
Sandwell Community Caring Trust	01 April	Meeting with Staff at St Kilda
Brixham Town Council	21 April	<p>Resolution: <i>St. Kilda to stay open until a firm and improved solution can be provided</i></p> <p><i>The meeting required the ‘Improved Solution’ to be alternatives to the present St Kilda setting which offered better facilities and opportunities</i></p> <p>What makes St Kilda not fit for purpose? Will staff be guaranteed jobs? Is there sufficient capacity locally to provide the services presently delivered at St Kilda?</p> <p>Is this allied to the new model of care and community hospital consultation?</p>
Brixham Community Partnership	21 April	Chair in attendance at Town Council meeting Statement re proposals supplied for AGM 19 th April
Brixham League of Friends	22 April	These two voluntary sector organisations are working together in a joined up fashion both in terms of responding to the engagement and planning for the future developing change at Brixham Hospital.
Brixham Does Care	22 April	<p>Considerable disappointment was expressed with regard to the proposal not to proceed with the new build St Kilda 36 bedded unit. Over a number of years the LoF particularly worked with the Trust in partnership to develop the scheme and thus feel the schemes failure particularly acutely.</p> <p>DBD and LoF believe it's important that enhanced services and facilities are provided for health and social care on site at the Hospital to move forward and address the above views and feelings.</p> <p>Broadly the meeting welcomed the proposed transfer of Intermediate Care beds from St Kilda to the Hospital wards and to assure the retention of 20 beds.</p>

		<p>There was no objection in principle to the proposals but emphasis was given to the importance of good quality replacement beds, particularly for the four long stay residents.</p> <p>BDC and the LoF have offered their support in working with the NHS in respect of the development of day care services and options for the community of Brixham.</p>
Overview and Scrutiny	27 April	<p>Members concerns related to seeking assurance about capacity and quality in the independent sector for Intermediate Care, respite care and long stay placements, and the loss of what St Kilda provides ethos wide and can the independent sector match this.</p> <p>Members several times naturally connected the St Kilda change to the CCG consultation and model of care proposals.</p> <p>Positive messages about co-design with Brixham Does Care and League of friends.</p> <p>Specifics on staff redeployment and TUPE required by members in finding jobs and retaining skills and mechanism to do so.</p> <p>The NHS and Council need to work hard to bring the Brixham community with them on the St Kilda proposals. . Disappointment new build not proceeding</p>
GPs	May 2016	Requirement to ensure the appropriate medical cover is available for any solution
Sandwell Community Caring Trust / Staff	May 2016	<p>SCCT have been committed to the town of Brixham since and providing quality care and services since 2008 at St Kilda. They are very disappointed that the proposal for the new build will now not proceed.</p> <p>SCCT have committed to working closely and proactively with the NHS both in regard to securing permanent alternative employment for SCCT employee's and the residents of St Kilda and the users of short term bed based care, day services and community meals.</p> <p>SCCT highlight the need to ensure capacity and quality of Intermediate Care and Respite/Step-down short term beds.</p> <p>.</p> <p>Likewise that sufficient choice and quality of placement can be found locally for the long stay St Kilda residents so</p>

		<p>they have a good transition to a new home.</p> <p>SCCT are concerned that moving Intermediate Care beds to Brixham Hospital is not good value and the cost of this service will be higher to the public purse.</p> <p>In general terms SCCT are concerned about the transition period both in terms of how long it may take, finding SCCT staff secure employment given the current change environment in the local NHS and their sense of the capacity of the independent sector.</p>
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