



# Health & Social Care Moray

Shaping future health and social care services in the Forres area

Second community conversation event held on 15 August 2017 in  
Forres Academy, Roysvale Place

## Event report

### **1. Introduction**

On 15 August 2017, the Moray Integration Joint Board (MIJB) and Health & Social Care Moray held a second open community conversation event as part of efforts to have an ongoing, open and productive dialogue with people about how best to shape future health and social care services in the Forres area.

This followed on from the first event which took place on 08 June.

The aim of the community conversation events is to provide people with the opportunity to:

- Better understand the role and function of the board and Health & Social Care Moray;
- Learn about the health and social care profile of the community;
- Consider the current resources, the opportunities for improvement and the challenges which need to be addressed;
- Hear about and comment on new service developments;
- Ask questions and raise issues directly with board members and lead officers;
- Contribute ideas and suggestions through discussions to start identifying local priorities and local solutions to help shape future services.

The event was promoted through print, online and social media, along with invitations to those who attended the initial event.

Over 40 people attended the event along with board members and Health & Social Care Moray staff.

**We would like to thank all those who came to the event and participated so actively.**

This report records the key themes drawn out from the conversations which took place on the evening.

## **2. Welcome and reflections**

Pam Gowans, Chief Officer of Health & Social Care Moray, welcomed everyone to the event which she explained was part of ongoing efforts to positively engage with the community.

Planning and working together is essential to ensure Health & Social Care Moray and its governing body the Integration Joint Board make the best decisions going forward to transform and modernise care, committing the right resources to the right services which help people stay well and live as independently as they can.

Mrs Gowans reflected that the first meeting covered a lot of ground and hopefully gave people a sense of the challenges being faced. One of the key concerns locally was around mental health and wellbeing and that will be addressed as a specific topic at a future event.

There were also a lot of questions around Leancoil Hospital and its future. This would again be debated and expanded on during the evening.

## **3. Presentation 1 - Forres Neighbourhood Community Nursing**

The Buurtzorg Model of support in the community was presented by Mrs Gowans. This model was developed in the Netherlands and fits well with our ambition for nursing in the community.

The principles are being applied by the Forres Neighbourhood Community Nursing Team which operates 24 hours a day, seven days a week, to try to keep people at home when it's the right thing to do.

Evidence is clear that when people are taken into hospital at this stage in their life, within 72 hours they can lose their confidence and an element of their mobility.

The Forres team runs the five augmented care flats at the new Varis Court which has been developed by Hanover Scotland in partnership with Health & Social Care Scotland and which also offers dementia specific and extra care sheltered housing for tenants.

In the first month of operation the team positively supported 32 patients at home and four in the Varis Court augment care flats – 21 of the 36 would traditionally have been admitted to hospital instead for the same care.

The Neighbourhood Community Nursing Team represents a significant financial investment and will be monitored and evaluated to ensure the service is not only of high quality but effective and efficient.

Varis Court was officially opened by First Minister Nicola Sturgeon and the work in Forres has attracted national interest.

## **Presentation 2 – Leancoil Hospital: the current picture**

The second presentation was given by Anne McKenzie, a Health & Social Care Moray Service Manager who has responsibility for community hospitals.

She explained that traditionally patients have been admitted to a community hospital for a period of time to get over an acute episode of illness or injury. Staff have put them in bed and looked after them while they work their way up to being as functional as possible.

Patients may be admitted to community hospitals from home directly by their GPs or transferred from Dr Gray's, Raigmore Hospital in Inverness or Aberdeen Royal Infirmary.

Leancoil, which was built in 1892, is one of five community hospital in Moray. Between April 2016 and March 2017 there were 64 admissions and the average length of stay of patients was 32 days – over four weeks. 97% of patients were registered with a Forres GP. During the same period 25 patients from the area were admitted to other community hospitals.

The cost of running Leancoil is around £1 million a year - £0.5 million in nursing staff costs and the materials they use such as dressing and a further £0.5 million in other staffing costs such as medical staff, physiotherapists, occupational therapists, social work staff and for major pieces of medical equipment.

The infrastructure of the Leancoil building poses a significant challenge, with some areas having been condemned, said Mrs McKenzie.

Evidence supports a move to providing care closer to home, helping people stay as independent and as mobile as possible and creating situations where dependency decreases.

By working in partnership with the community, Health & Social Care Moray wants to understand the value Leancoil has and if that could be extracted to provide the same outcomes for patients elsewhere in the community.

## **4. Table discussion**

The community conversations centred on small group discussions. Each of the tables had a facilitator and scribe from Forres Area Community Trust (FACT) and/or Health & Social Care Moray.

**We asked:**

1. If you were in charge of Health & Social Care Moray, what is the first thing you would do to develop the new model?
2. What opportunities and challenges do you see in the new model?
3. Does Leancoil still have a role in the new model if equivalent care and support can be provided elsewhere in the community?
4. If you had to make a decision on the future of Leancoil, what would help you make that decision?

The comments have been drawn together as follows:

**Varis Court Augmented Care Unit**

**First thing to do:** Provide more information on what its purpose is, who it is for and admission/eligibility criteria. Ensure a community alarm system is in operation to reassure patients and families. Increase capacity. Use it for Forres residents.

**Opportunities and challenges:** Explore broadening of criteria and expanding to provide a facility for those under 65. The environment with courtyards is good for social contact. Opportunities to mix the generations with visits by children from nurseries.

The security of on-going funding may be a challenge. Need to collect robust evidence and data to show if it is making a difference to people. Listen to feedback from residents, patients and families on how to make improvements.

**Neighbourhood Community Nursing Model**

**First thing to do:** Improve community understanding of the model and how the whole care and support system works so people know how this fits in with GPs, district nurses etc. Allow time for the service to evolve. Recruit more home carers as part of the team to support people to remain at home by making the post more financially attractive.

**Opportunities and challenges:** Requires continuity of staff in the team. Need to work with patients and families to get them to think differently about care and increase confidence in the model. Educate people on self-management of long-term conditions and how to maintain independence – work with the third sector and community groups. Explore expansion of the model to the under 65s including those with mental health issues. Opportunity to enable patients to take more control over their care and avoid “learned helplessness”.

The security of on-going funding may be a challenge, particularly if it costs more than inpatient care. Capacity of the team. Consider the geographic area being covered to minimise travel time of staff. Difficulties around staff recruitment. The need to have some in-patient beds as well as support at home.

### The hospital building

#### When considering the future of Leancoil we need to know or consider:

- If the building meets infection control standards.
- If the building is fit for purpose.
- How much it would cost to get it up to standard and where funding would come from to repair and maintain it.
- How much it would cost to bring the whole building back into use, the costs of different options.
- What is possible structurally?
- How the community could raise funds for some of the work.

### Continued use of Leancoil as a community hospital

#### When considering the future of Leancoil we need to know or consider:

- How many of the patient admissions are re-admissions
- How often patients are waiting for home care so they can go home and how the shortage of home carers can be resolved.
- If we have to have a community hospital.
- How Leancoil could be part of the new model with staff adopting the principles of the Buurtzhog model
- How the community could apply for funding and make use of some parts of the building and grounds while it continues as a community hospital.

### Alternative in-patient provision and community nursing model

#### When considering the future of Leancoil we need to know or consider:

- How people are being supported at home by the new model.
- What care is provided in Leancoil and how that could happen at home?
- If there are opportunities to increase the number of augmented care beds at Varis Court.
- The admission criteria for the augmented care beds.
- If more augmented care beds could be provided elsewhere in Forres so there are nine beds in total to replace what would be lost at Leancoil.
- If there is still an opportunity to add beds to the health centre.
- If care can be provided round-the-clock.
- What data from the augmented care beds over a full 12 months tells us about how the unit has worked and if it is effective and efficient.
- How we overcome the challenge of recruiting and retaining staff.
- If professional can work in different ways.
- How costs compare between Leancoil and the Varis Court augmented care units.
- How the local care homes might be able to provide step-up and step-down beds
- If closure of Leancoil would lead to more patients being stuck in Dr Gray's waiting to get back to Forres.
- We can be confident that consultation on the future of Leancoil will be open, honest and meaningful.

## Future use of Leancoil building

### When considering the future of Leancoil we need to know or consider:

- If the site could become a new Varis Court sheltered housing development with augmented care beds.
- If it could be used as: a day centre; half-way house between hospital and home; a drug and alcohol rehabilitation centre; for the provision of palliative care.
- What would benefit the whole community?
- If a community asset transfer is an opportunity to be grabbed or if it could be too much of a burden

## 5. Questions and answers

Following the table discussion, the floor was opened up to the audience to ask any questions or make any points.

Issue	Question or point	Response
<b>Integration</b>	How is the integration of health and social care going?	Health and social care in Moray have been working in a fairly integrated way for a long time. I believe we have a really strong team and a good and supportive board. The annual performance report has just been published to mark the end of the first year of operating. <a href="https://hscmoray.co.uk/annual-report.html">https://hscmoray.co.uk/annual-report.html</a> Moray does well in the ways in which we are measured. We have got a handle on where we think we are and now we have an opportunity to up the ante. There is lots of ambition and excitement for what is possible.
<b>Awareness raising</b>	We were struck at this table about how little is known in the community about how health and social care is delivered. How does it become known?	Events such as this are a way to communicate and share information. There are so many layers to services and people need an easy way to know what is available.
<b>Leancoil</b>	Leancoil has been left to go to wrack and ruin. It's a disgrace. Don't know why you're asking us, you don't listen and you do what you like anyway.	We are here to listen. We do have to modernise and I don't think our current situation can carry on. We have 9 beds on a derelict site. We think we should be able to do better. It's not about a building – our best is

Issue	Question or point	Response
		<p>about delivering good care. This does not detract from all the good work which has gone on at Leancoil.</p> <p>We believe there are other ways to deliver the care. The future of the site is still to be determined. What does good look like and how do we deliver that?</p> <p>We want to know what you think we should do to strengthen the future.</p>
<p><b>Health Centre</b></p>	<p>What happened to the beds that were going to go into the health centre?</p> <p>I think Leancoil was allowed to run down in the expectation that it was going to close. We have got to move on. We are left with Leancoil because we don't have the facilities in Grantown Road. If it is not replaced we will feel like we have been sold down the river. I would like to see it turned into another health centre but that would take millions.</p>	<p>It is understood Scottish Government funding for the capital costs of the health centre was reduced at a very late stage. Costs had to be reduce and a decision was taken not to include the beds.</p>
<p><b>Community Asset Transfer</b></p>	<p>It is a real opportunity for the community to take ownership of Leancoil and invest in part of it so some health and social care services can be provided. There are lots of people willing to donate money and who may be able to access funds which you as a statutory body cannot. We would like to see it retained for the good of the people of Forres.</p> <p>Leancoil is an asset. The personal worry I have is governments are tempted to sell it off to the private sector and whatever money is made will go in to NHS coffers. I</p>	<p>The building belongs to the NHS. The benefits would be lost to this community unless you went down the road of a community asset transfer under the Community Empowerment Act.</p> <p>If we are in that position then we would want to sit down with those interested.</p>

Issue	Question or point	Response
	would like to see this community advocate money is reinvested into this community.	

## 6. Next steps

We will gather information to respond to the points people said they needed to know or consider to help inform their deliberations on what should be the way forward for health and social care in the Forres area.

We will share and discuss this information at the next community conversation event which will also have a focus on mental health and wellbeing

This will be held:

**DATE:** Wednesday 29 November 2017

**VENUE:** Forres Town Hall

**TIME:** 7-9pm

Please note the change of venue.

The event is open to everyone with an interest in helping to plan future health and social care services for the Forres area.

We hope you can join us.

For further information please contact:

Fiona McPherson  
Public Involvement Officer  
Health & Social Care Moray  
Unit 9c Southfield Drive, Elgin IV30 6GR  
01343 567187 or 07970 826897  
[www.hscmoray.co.uk](http://www.hscmoray.co.uk)