



Draft Transformation Plan for the redesign of health and social care services in the Forres locality – consultation activity and response report



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1. Purpose

This report summarises the outcome of the public consultation on the draft Transformation Plan for the redesign of health and social care services in the Forres locality area.

The purpose of the report is to summarise:

- The engagement and consultation process
- Comments on the consultation process
- Key themes identified from the consultation responses
- You said, we did
- What happens next

2. Background

Health & Social Care Moray is the partnership which brings together health, care and support services in the community. It works under the direction of the Moray Integration Joint Board to achieve the best possible health and wellbeing outcomes for people in Moray.

Rising demand for services combined with reducing funding and operational pressures are putting the sustainability of current models of care and support at risk. These models also need to be better at improving people's health and wellbeing outcomes such as their aspirations to stay as well as possible for as long as possible and living independently in their own home and community and their experiences of services.

Health & Social Care Moray identified that in the Forres locality there were opportunities to respond to these challenges and aspirations and drive improvement in a transformational way through service redesign

Shaping future services was taken forward using a localities approach to co-production to ensure people had opportunities to be involved in decisions about their local services.

A series of pre-consultation engagement meetings with the local community began in June 2017.

The Forres Locality Professional Core Group, comprising a wide range of stakeholders, was formed in November 2017 to collectively develop a draft transformation plan for the redesign of health and social care services in the locality which would “support the delivery of sustainable primary and secondary health and social care services in the Forres locality area which are safe and will lead to improved personal health and social care outcomes.”

The draft Transformation Plan was reviewed by the Core Group on 18 September 2018 as the basis for the public consultation which ran from 1 October to 1 November 2018.

3. Pre-consultation engagement

A series of open community conversation events hosted by Health & Social Care Moray was launched in June 2017 with the aim of building a productive, ongoing two-way dialogue with people living and working in the locality around how best to shape future health and social care services.

The public events – held in Forres Academy and Forres Town Hall – sought 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;
- Ask questions and raise issues directly with board members and lead officers;
- Contribute ideas and suggestions to help shape future services and start identifying the priority areas.

They were promoted through print and social media as well as direct invitations to key community groups in the locality such as community councils.

The initial event was attended by over 70 people along with Integration Joint Board members, local councillors, representatives from NHS Grampian and Health & Social Care Moray staff.

A second event in August 2017 drew an audience of over 40 people and around 50 joined in the November 2017 conversation which, in response to the community's request, focused on mental health and wellbeing.

The Forres Locality Professional Core Group produced a communication and engagement plan which built on the initial engagement events and outlined the activities required to support the project objectives.

More focused engagement to support community involvement in the development of a new model of service redesign was launched in February 2018 with a media release and information leaflet.

An information drop-in was held in Forres Town Hall on 26 February but the co-production workshop planned for 28 February had be cancelled due to adverse

weather. Workshops did take place on 17 April and 13 June 2018 and the event reports were presented to the Core Group.

4. Consultation activity

The formal public consultation ran for four weeks from 1 October to 1 November 2018.

The consultation pack comprised the full 33 page draft Transformation Plan document along with a short response form. Paper copies were made available from Forres Health Centre and Forres Access Point. Copies were also sent to community halls.

The documents were available for viewing and download from the Health & Social Care Moray website. Response channels were by email, post or online survey link.

To raise public awareness of the consultation and encourage participation it was promoted through a media release and on the Health & Social Care Moray Facebook page.

The plan and response form were issued by email to the Forres Locality Professional Core Group for distribution to health and social care staff working in the locality. It was also circulated to a range of stakeholders including the MP and MSPs, ward members, community councils and area forum, the Forres Area Wellbeing Network (FAWN), tsiMORAY's Health & Wellbeing Forum and all individuals who had attended any of the engagement events and provided their contact details.

The consultation was promoted during the Varis Practice and Culbin Practice flu clinic days held in Forres Town Hall on 24 and 25 October 2018.

5. Satisfaction with how the consultation was run

Two respondents made comment on how the consultation was run.

“These consultations were not distributed until 24 October. You have not given the public sufficient time to respond.”

This survey should have been circulated to the public of Forres and surrounding area to get a true picture of feeling regarding Leancoil and the state of care at the present time. This survey therefore will NOT give a true picture of the populace of Forres.”

6. Summary of consultation responses

A total of 27 responses were received. Three were by email, two on the printed consultation response form and the remainder via an online platform. Two were on behalf of groups/organisations.

Most respondents had multiple roles in relation to completing the survey and others did not specify their interest.

RESPONDENT	TOTAL
A person who has accessed, or is currently accessing, Forres-based health & social care services	13
A health & social care staff member supporting the Forres area	11
A member of the public from the Forres area	15
A member of a Forres-based community group	11
An informal/unpaid carer from the Forres area	13
A provider of health & social care services supporting the Forres area	9
A member of the public out with the Forres and surrounding area	7
Other	5

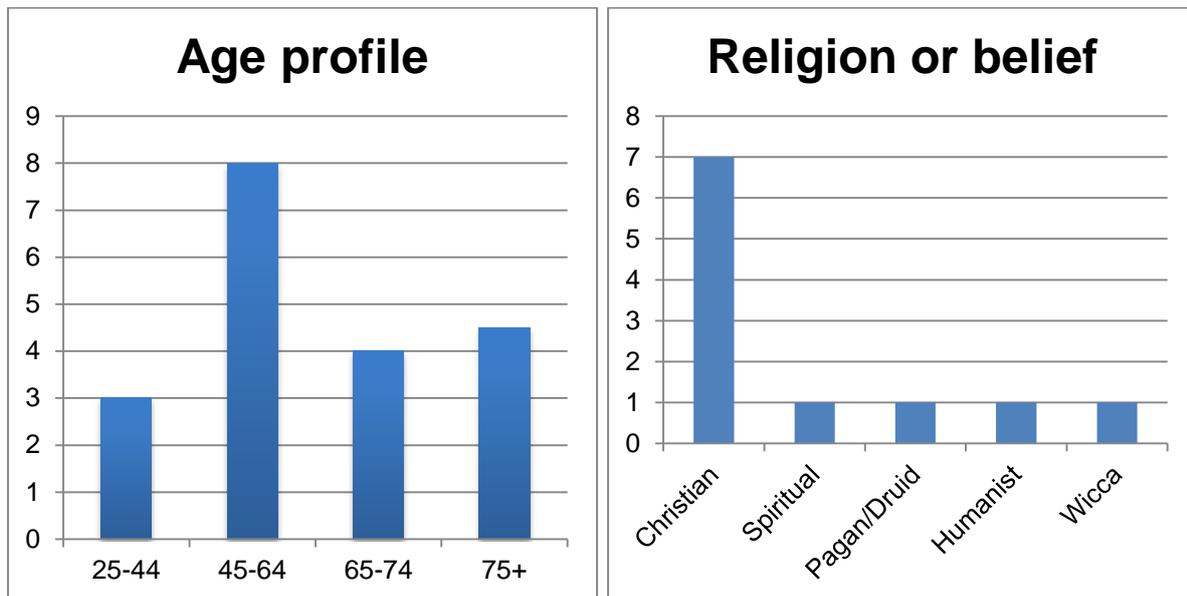
Those responding 'other' identified as: a member of Forres Community Council; a person with an interest in saving Leancoil as a community asset transfer to enhance health and social care services; a retired GP; friend; and a health and social care staff member out with the Forres area.

A number had accessed Forres-based and Moray health and social care services. These included: the Forres Health Centre/GP; Varis Court; allied health professionals (OTs and physios); primary care services in general; Leancoil and Dr Gray's Hospitals; the Forres Neighbourhood Care Team; A&E; phlebotomist.

To help put consultation responses in context, respondents were asked a number of optional monitoring questions. This generated the following profile.

- Gender – 55% female, 40% male, 5% preferred to self-describe (from 20 responses)
- Age – 44% were in the 45 to 64 years age group (from 18 responses)
- Sexual orientation – 83% heterosexual or straight, 11% preferred not to disclose, 6% preferred to self-describe (from 18 responses)
- Ethnicity – All identified as white Scottish, British or European (from 16 responses)
- Religion or belief – 58% Christian (from 12 responses)

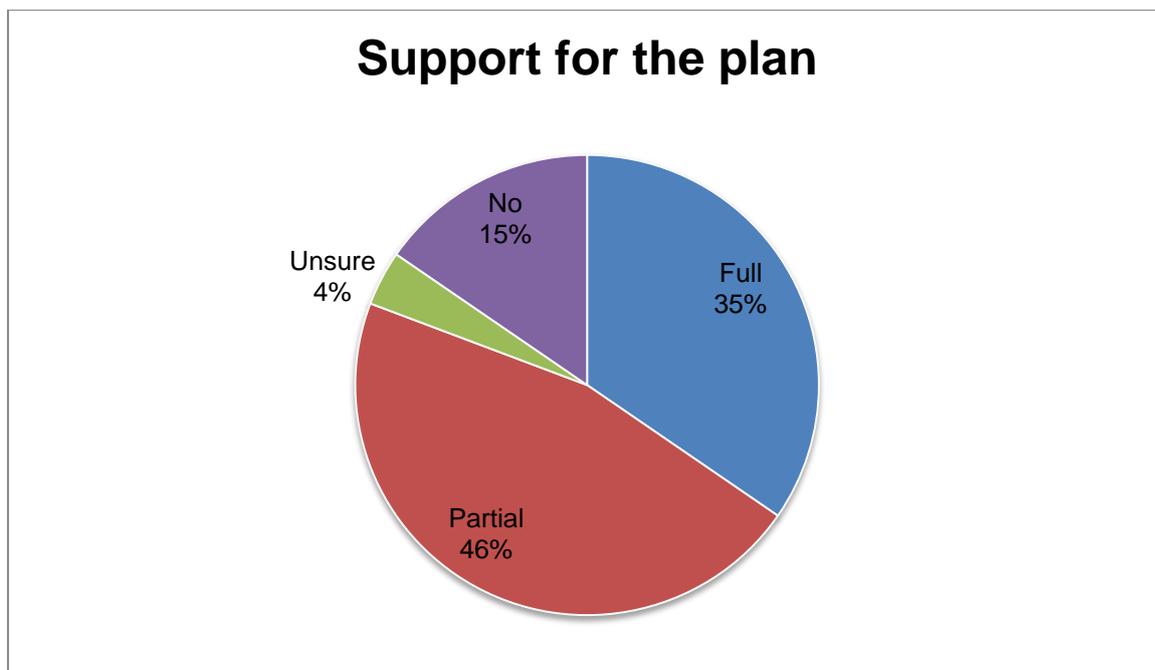
- Disability – 75% no, 20% yes, 5% preferred not to disclose (from 20 responses)



7. Summary of key response themes

The consultation asked people what they thought about the changes outlined in the draft Transformation Plan.

The majority of respondents (81%) fully or partially supported the plan.



People were asked for comments on the plan and invited to put forward improvement ideas. These have been themed as follows:

➤ **Meeting demand within available resources**

Many people considered the proposed changes were an appropriate response to the challenges outlined. Concerns were raised around funding for the funding and staff resource regarded as necessary to successfully implement the plan, particularly with the prospect of increasing future demand on services.

“Sound conclusion in face of resource constraints/cuts.”

“It is all ambitious, timely and logical but depends critically on obtaining a full staff complement.”

“I am concerned about the resources available to implement the plan.”

“I agree with moving away from the hospitals but to have care in the community needs the right professionals and from my wait of 4 weeks for physio I don’t see how that works for very sick people just out of hospital.”

“I am interested to know how you are going to fund this multi-disciplinary team structure. ... the project should have made funding available from the start for a dedicated OT and PT service as part of the model not just catered for nursing.”

Two comments related to financial savings.

“Look at the management structure within NHS Grampian and make efficiency savings there.”

“The population of Forres continues to increase and the care provision to decrease. This Transformation Plan is not realistic. It is less about care and more about saving money.”

➤ **The draft Transformation Plan, the model and design principles**

Comments on the content of the proposed model and the quality of information presented in the document were mixed.

“This plan appears to be based on assumptions. Some hard facts would be more useful when deciding how the services should be delivered.”

“As it is not clear from the document what needs the new model aims to meet, it is difficult to say if there are better ways to meet the objective which makes best use of resources and can be delivered in an affordable way.”

“I see insufficient allowance for town planning (housing property). Figures are all based on old people. Is this correct? Do only old people block beds?”

“I cannot tell what can be realistically delivered from the document. There is no mention of what resources are in place to provide the options.”

“...the whole plan is heavily weighted on medical and other professional interventions with a risk that this continues to segregate Health and Social Care from the rest of an individual’s life. This segregation may well be one of the reasons for unsustainable demands and a finite resource. We applaud that the presented proposal integrates the different aspects of health and social care much more than in the past – but does it go far enough in order to create a sustainable future?”

“Hanover welcomes the design principles outlined in section 5 of the report. Hanover supports these principles both as positive, re-enabling objectives and in its continued partnership working with Health & Social Care Moray (HSCM).”

➤ **Leancoil Hospital building**

Issue was taken with the estimated repair and maintenance costs for Leancoil and position statement that it is not financially sustainable. Many people wanted to see the building continue to be used in some capacity, particularly to support the health and social care needs of the community.

“I am not sure there is enough evidence to support the statement at 4.3. I personally would like to see what this £4 million is based upon.”

“... Leancoil should have been maintained to an acceptable standard and fit for purpose for an ageing population and for them to stay within their home locality.”

“I do not support the opinion that Leancoil Hospital is financially unsustainable. There are many ways for it to be used as part of the overall health and social care services for Forres. Leancoil could be used to complement healthcare services provided by local hospitals, in the areas of palliative care for patients and their carers. It could serve to provide a much needed central point for the many local charities in the surrounding area.”

“I believe that Leancoil Hospital should be fixed and retained for social care of the elderly. There is not enough provision in Forres for the number of residents.”

“Leancoil should be sold conditionally upon being developed on the lines of Hanover Court development.”

➤ **Leancoil staff recruitment and retention**

There was challenge to the statement that Health & Social Care Moray is unable to recruit enough nurses to maintain safe staffing levels at Leancoil.

“We were told staff has indeed been recruited on the last recruitment drive so this has left some of us wondering why the key messages being published remain that there is an issue around staffing.”

“Unclear from this exactly how recruitment and retention will be improved.”

“There has been no research into why Leancoil Community Hospital cannot retain staff. However I suspect staff are not pleased about the state of the building. You do not train as a nurse to empty rainwater out of buckets because the roof of the hospital is leaking.”

➤ **Varis Court augmented care unit (ACU)**

Views on the Varis Court element of the proposed model were mixed. One person who had been admitted to the unit praised the provision while others questioned whether it was the right setting for patients.

“The Varis Court model is exciting and, as a user, just what I needed at times of acute flare-ups whilst managing multiple long-term conditions.”

“People will need to be proactively persuaded that the Varis Court accommodation provides all that used to be available for near end of life care at Leancoil.”

“Varis Court ACU looks like a very nice and useful facility.”

“I’d further question the suitability of Varis Court for the 5 units where they are currently located. This is not safe for the patient with mobility issues.”

“The sustainability of the ACUs has yet to be proved.”

“I am not sure Varis Court is the best option. I think you would be better off having a rapid response team that comprises of homecare, OT, PT, nursing and GP input.”

“We welcome the service provided by Varis Court. We hope that the provision of service is indeed sufficient to cover the whole spectrum of care needed.”

“Hanover believes that it is able to support the principles and objectives within the report by offering a cost effective accommodation input that is flexible and provides for the dynamic challenges faced by HSCM within the Forres and other areas in Moray... We are able provide step up and step down resources. For example the current ACU at Varis has five flats. This could be increased, if required, and it can also be decreased without the need for the HSCM to undertake new build or dispose of ‘not fit for purpose’ buildings.”

➤ **Multi-disciplinary team (MDT) and integrated working**

Integrated working was considered a key pillar to successful implementation of the plan and one which required a greater focus on culture shift.

“This might work if there is indeed a drastic cultural shift around integration of the multidisciplinary team in the widest sense.”

“I support some of it – the MDT although I assumed this was already happening with integration and would be further strengthened with the new GP contract.”

“The MDT structure is a good idea.”

“But integration needs to go a lot further – and again I applaud that the model mentions all the different sectors. The cultural shift required all around to make this a daily reality is phenomenal. The plan does not give details how this shift is going to be facilitated. Effective collaboration in the multi-disciplinary team – all players need to see the win-win and actively engage – and create the personal relationships with patients/families/neighbours as well as amongst the MDT members to create such collaboration.”

“We welcome the inclusion of home carers in the multi-disciplinary team structure... We wonder what resources of community support are integrated and effectively used within the plan (2nd level in the Forres MDT Model, page 19).”

➤ **Rehabilitation**

The role played by Allied Health Professionals (AHP) in supporting people to live well at home, preventing hospital admission and to be re-abled so they can continue living as independently as possible in their own environment, was considered critical by some.

“Improve the access to AHP services at an earlier stage to prevent patients getting into crisis – this would require increase number of AHP staff.”

“The hospital needs to close but there appears to be limited support/staff/services to meet the rehabilitative requirements in the community. AHP staff need to be at the heart of the rehabilitative process but this is not achievable on existing levels of staff/structure.”

➤ **Commissioning of beds in local care homes**

Questions were asked over the capacity of local care homes to meet current and future demand with concerns expressed that Forres patients would have to be cared for out with the locality which would impact on them, their relatives and friends.

“Losing Leancoil will mean some patients will have to be provided with care beds out with Forres as 5 beds commissioned at local nursing homes will not be enough in high demand situations. This would mean some family members may not be able to visit loved ones.”

“Discharging elderly from Aberdeen/Dr Gray’s and relocating to residential or nursing home facilities out with the Forres/Elgin areas in either the short or long term is unacceptable particularly given the public transport bus times and time taken for elderly to visit family, spouse, partners.”

“The two residential homes in Forres, I’ve been told, have waiting lists. I do not consider residential care to be more appropriate than nursing care.”

“Step-up/step-down beds in care homes were commissioned previously. Why was this stopped and what lessons were learned? How do we know it's going to be successful this time?”

“We are concerned that the nursing home bed capacity may not be sufficient. The quoted 2 beds seem low to us.”

➤ **Other improvement ideas**

Increased self-management and anticipatory care

“Patient – what will make a difference is more self-responsibility, personal resourcing and agency. This applies to all aspects of life – self-care... preventative health care... social inclusion etc... Whilst the onus is on the individual, health care professionals, particularly GPs and consultants can do a lot when validating and promoting these approaches... Education and resource provision for patients as well as health care professionals are essential.”

“Education in schools to help young people to know about self-care and services offered by the many voluntary and state sector and encourage preventative and dietary help.”

“Personal responsibility for self-care: health care professionals effectively encouraging and validating patients' use of self-care approached, incl. exercise, nutrition, mindfulness, and complementary therapies. This needs to be supported by education of healthcare professionals as to general principles and what's available locally.”

“Promote and support community educational initiatives for effective Anticipatory Care Planning to encourage the wide spread use of ACP.”

Investment in community support

Community Support (in MDT Model on page 19): that aspect could be expanded by facilitated access to community initiatives, third sector projects etc by integrating and validating these resources. In particular, social inclusion projects. ... Financial support to community projects to help carry the burden of health and social care in the pre-clinical field. Considering the whole budget a minimal proportion of it would go a long way to safe costs in the professional service provision.”

Rapid response service

“Para med unit based at Forres Health Centre.”

“If there is some after hours' service provided in Forres so everyone doesn't have to go to Dr Gray's in evening.”

“I am not sure Varis Court is the best option. I think you would be better off having a rapid response team that comprises of homecare, OT, PT, nursing and GP input.”

The comments in full are included in Appendix 1 (individual comments) and Appendix 2 (collective comments).

8. You said, we did

The Affordability of the Plan

The Transformation Plan costs have been revised in the final version and the IJB report confirms that a budget has been allocated to meet future staffing costs.

Ensuring that the MDT structure can support a preventive, re-ablement and a rehabilitation approach to care by having the right balance of staff (in particular Allied Health Professionals)

Originally, a workshop (hosted by Glasgow School of Art) had been arranged with staff across the spectrum of health and social care professions operating in the Forres area. It is now recognised that this element of the Transformation Plan will need more staff input and will be the focus of a series of workshops over a 6 month period.

The focus of these workshops is to ensure that the MDT can deliver a preventive, re-ablement and rehabilitation approach. Discussions will consider the development of a multi-disciplinary rapid response team, the utilisation of additional AHP input and the development of pre-crisis assessment approaches.

Clarifying the future use of Leancoil Community Hospital and ensuring that it will continue to be a local asset for the benefit of the Forres community.

The purpose of including a recommendation regarding the decommissioning and closure of Leancoil Community Hospital, as part of the report to the MIJB meeting on 29 November 2018, is to allow plans for the alternative future use of the hospital building and site to be progressed.

The appropriateness of the ACU model in terms of being fit for purpose.

The effectiveness and impact of the Transformation Plan will be reconsidered by the MIJB 6 months from the date of agreeing the Plan. Monitoring reports will be provided to the Chief Officer on a monthly basis.

Continued community engagement

The implementation of the Transformation Plan will be undertaken on a continuous improvement basis. A schedule of public engagement events will continue to be

implemented to help inform any future changes to the way that health and social care services are delivered in the Forres locality area. The first event will focus on feedback on the Transformation Plan and Consultation Exercise.

9. Next steps

Recommendations on the redesign of health and social care services in the Forres locality along with the finalised Transformation Plan and this consultation activity and response report will be considered by the Moray Integration Joint Board (IJB) on 29 November 2018.

This report will be published on the Health & Social Care Moray website <https://hscmoray.co.uk/forres-locality-consultation.html> and will be sent to the consultation respondents who requested a copy.

10. Appendix 1 – What individuals told us

	Level of support	Comments	Services accessed	Ideas to improve delivery of health and social care services in the Forres area
1	Full support	Having experience as an Estates Planner, Management Planner and Commanding Officer of DMRU Headley Court, I think this is well thought out and reasonable plan.	GP, X-ray, nurse, phlebotomist	No but the highlighted risks in the plan must be accounted for because in my experience they will happen individually and, worse case, together.
2	Full support	BLANK	BLANK	Look at patient history before seeing them.
3	Full support	Decision correct but report over egged. Page 17 chart says it all.	Varis practice, NHS Dr Gray's emergency	Possibly a para med unit based at health centre. Provision for expansion of housing in town.
4	Full support	Sound conclusions in face of resource constraints/cuts.	All primary care services and Forres Neighbourhood Care Team	The Varis Court model is exciting and, as a user, just what I needed at times of acute flare-ups whilst managing multiple long-term conditions. I've often thought that another two such resources - say at the likely flats at the old Tesco site and the probable redevelopment of the Leancoil site - would satisfy local needs given that Leancoil must close and the loss of planned beds in the new Health Centre. If the NHS/TMC got involved as they did at Varis Court that would be great.
5	Full support	This might work if there is indeed a drastic cultural change around integration of the multidisciplinary team in the widest sense – including community resources which have been largely untapped.	GP, unscheduled care, Varis Court, care managers, community OTs, physios	The cultural shift I have mentioned above was touched on in a couple of the consultation meetings I have attended - sadly I am not sure how much follow-up there was from those and what the impact was. The present dire state of health and social care requires integration. I applaud that in Forres we are

	Level of support	Comments	Services accessed	Ideas to improve delivery of health and social care services in the Forres area
				<p>looking at a Health and Social Care Model and I hope that will also mean integrated budgets - as without that the phenomenally wasteful (and poor patient service) of bed blocking whilst waiting for decisions/actions in the Social care sector may well continue.</p> <p>But integration needs to go a lot further – and again I applaud that the model mentions all the different sectors. The cultural shift required all around to make this a daily reality is phenomenal. The plan does not give details how this shift is going to be facilitated.</p> <p>Patient – what will make a difference is more self-responsibility, personal resourcing and agency. This applies to all aspects of life – self-care (stress management, exercise, mindfulness, nutrition), preventative health care (both the evidence based routines promoted by the NHS, as well as complementary and alternative medicine), social inclusion etc. Healthy community relationships are a reliable predictor of positive health outcomes across the board. Whilst the onus is on the individual, health care professionals, particularly GPs and consultants can do a lot when validating and promoting these approaches (rather than commenting on them as useless or even wasteful, as a common experience shows). Supporting agency in each patient can save the NHS a tremendous amount of wasted resources on poor/unwanted service. Education and resource</p>

	Level of support	Comments	Services accessed	Ideas to improve delivery of health and social care services in the Forres area
				<p>provision for patients as well as health care professionals are essential.</p> <p>Community – greater integration of available community resources and active support and validation for these resources. So much is available within the local community, through community groups and third sector organisations, council and governmental initiatives such as the National Entitlement Card. A promoted comprehensive, up-to-date, accessible directory across the board of all MDT contacts of these assets can make a huge difference to their uptake by the patient, particularly if there is a targeted approach tailoring the information to the individual (a hundred fliers just won't do the trick). Again education and resource provision for patients as well as health care professionals are essential – and a relatively minimal financial commitment considering the potential savings.</p> <p>Smooth and supported transitions between different stages of care – hospital, ACU, Care Homes – better communication between the different teams and in particular patients, their families, neighbours and surrounding community assets. Again a huge cultural shift – when increasingly the experience of a healthcare professional developing a direct personal relationship with a patient (which would give them this level of information) is becoming a rarity as patients are treated by teams rather than</p>

	Level of support	Comments	Services accessed	Ideas to improve delivery of health and social care services in the Forres area
				<p>individuals.</p> <p>Effective collaboration in the Multidisciplinary team – all players need to see the win-win and actively engage – and create the personal relationships with patients/families/neighbours as well as amongst the MDT members to create such collaboration.</p> <p>I am not sure that I am successful in describing the magnitude of the cultural shift I perceive – I am afraid it is one that goes against the present trend as I perceive it. Only the willingness of the professionals involved and a dedicated educational programme may have a chance of success.</p>
6	Full support	It is all ambitious, timely and logical but depends critically on obtaining a full staff complement.	Only occasional minor appointments at the health centre	There is a public perception that Leancoil is spacious (which it is) and full of equipment. People in general will need to be proactively persuaded that the Varis Court accommodation provides all that used to be available for near end of life care at Leancoil. I suggest that a series of well-advertised open days might help.
7	Full support	Varis Court ACU looks like a very nice and useful facility.	GP services, minor accident facility, X-ray for podiatry referral at Forres Health Centre	Education in schools to help young people to know about self-care and services offered by the many voluntary and state sector and encourage preventative and dietary help.
	Full support	Because of the care supplied in the centre of Forres, but fine as small bed unit with filling you will get back to your own house in a	Forres Health Centre, pharmacist	If there is some after hours' service provided in Forres so everyone doesn't have to go to Dr Gray's in evening.

	Level of support	Comments	Services accessed	Ideas to improve delivery of health and social care services in the Forres area
		short period of time		
8	Partial support	I am concerned about the resources available to implement the plan.	No	Improve the access to AHP services at an earlier stage to prevent patients getting into crisis - this would require increased numbers of AHP staff.
9	Partial support	I am not sure there is enough evidence to support the statement in 4.3. I personally would like to see what this £4 million is based upon. I'd further question the suitability of Varis Court for the 5 units where they are currently located. This is not safe for the patient with mobility issues. We were told staff had indeed been recruited on the last recruitment drive so this has left some of us wondering why the key messages being published remain that there is an issue around staffing.	Physiotherapy and GP services	Comment relating to a staffing issue at Leancoil which has been removed from the public document at the request of the Forres Locality Professional Core Group.
10	Partial support	BLANK	GP	Keep the info coming.
11	Partial support	I support some of it - the MDT although I assumed this was already happening with integration and would be further strengthened with the new GP contract. However there is no mention of that in this document and it will surely have an impact on how people are cared for in the future and by who.	BLANK	Is this consultation about operational delivery or creating a new model?
12	Partial support	The MDT structure is a good idea. Losing Leancoil will mean some patients will have to be provided with care beds out with Forres as 5 beds commissioned at local nursing	No	Look at the management structure within NHS Grampian and make efficiency saving there.

	Level of support	Comments	Services accessed	Ideas to improve delivery of health and social care services in the Forres area
		homes will not be enough in high demand situations. This would mean some family members may not be able to visit loved ones. Despite what is said in the summary, losing Leancoil will lead to bed blocking issues at Dr Gray's.		
13	Partial support	The hospital needs to close but there appears to be limited support/staff/services to meet the rehabilitative requirements in the community.	No	AHP staff need to be at the heart of the rehabilitative process but this is not achievable on existing levels of staff/staff structure.
14	Partial support	This survey should have been circulated to the public of Forres and surrounding area to get a true picture of feeling regarding Leancoil and the state of care at the present time. This survey therefore will NOT give a true picture of the populace of Forres.	No	A priority is the care in the community for elderly. Discharging elderly from Aberdeen/Dr Gray's and relocating to residential or nursing home facilities out with the Forres/Elgin areas in either the short or long term is unacceptable particularly given the public transport bus times and time taken for elderly to visit family, spouse, partners. This is where Leancoil should have been maintained to an acceptable standard and fit for purpose for an ageing population and for them to stay within their home locality.
15	Partial support	Unclear from this exactly how recruitment and retention will be improved	GP surgery	More joined up approach – particularly access to live information at the point of delivery.
16	Partial support	BLANK	GP	More staff and less management layers within NHS
17	Partial support	I do not support the opinion that Leancoil Hospital is financially unsustainable. There are many ways for it to be used as part of the overall health and social care services for Forres.	No	Yes, lots. This consultation report goes some way towards providing health and social care services in the Forres locality. However, the services are increasingly scattered geographically and the use of Leancoil as a centre should not be overlooked.

	Level of support	Comments	Services accessed	Ideas to improve delivery of health and social care services in the Forres area
				I am suggesting that Leancoil could be used to complement healthcare services provided by local hospitals, in the areas of palliative care for patients and their carers. It could serve to provide a much needed central point for the many local charities in the surrounding area e.g. as an extension of the palliative care services of the Highland Hospice; Maggie Houses (cancer foundation) and Macmillan project; local charities like Pushing up the daisies and The journey home; Carer services like Quarriers etc.
18	Partial support	There has been no research into why Leancoil Community Hospital cannot retain staff. However I suspect staff are not pleased about the state of the building. You do not train as a nurse to empty rainwater out of buckets because the roof of the hospital is leaking. A member of the public whose husband had recently become disabled was told by an occupational therapists to let the house they own and have lived in for 40 years and to move to Knockomie housing estate for a house with disabled access. She did not consider this an adequate response, neither do I. I believe this OT has been thrown out of a few houses. Is this what you call adequate care? My neighbour waited 3 months in Leancoil for a bed in Meadowlark. The two residential homes in Forres, I've been told, have waiting	Forres Health Centre (the reception was appalling and I made a complaint)	Although I have worked in and believe in rehab, 5 units at Varis Court are not enough. Not all the elderly in Forres are able to rehab and we need a far wider provision, I believe, considering that Forres has the highest number of pensioners in the whole of Moray. Members of the public have complained to me about the lack of home care. Some only get 1 hour per week. People from Forres are sent to hospitals all over Moray. In some cases this makes visiting very difficult or in some case impossible. This is just not good enough.

	Level of support	Comments	Services accessed	Ideas to improve delivery of health and social care services in the Forres area
		lists. I do not consider residential care to be more appropriate than nursing care. I believe that Leancoil Hospital should be fixed and retained for social care of the elderly. There is not enough provision in Forres for the number of residents. We have recently lost two day centres and a hospital. The population of Forres continues to increase and the care provision to decrease. This Transformation Plan is not realistic. It is less about care and more about saving money.		
19	Partial support	I support much of the plan. I see insufficient allowance for town planning (housing property). Figures are all based on old people. Is this correct? Do only old people block beds? I see no benefit for the town residents from the gain to be made from disposing of Leancoil building. I support plan 3 as you propose in the belief that your costings are realistic and that it is the contemporary solution to an ongoing problem.	I am registered with the Varis Practice, have visited there and Dr Gray's last year.	Leancoil should be sold conditionally upon being developed on the lines of Hanover Court development. Doing so would be a benefit to the community at little or no capital loss and containable running costs for the future. This "return" will cater for the future needs as the average age of the population increases. It will also make the pill of losing the local hospital sweeter or even cure the rash.
20	Unsure	This plan appears to be based on assumptions. Some hard facts would be more useful when deciding how the services should be delivered.	GP practice	Be honest and upfront; people will be more likely to support decisions if they can see the whole picture.
21	Unsure	As it is not clear from the document what needs the new model aims to meet, it is difficult to say if there are better ways to meet the objective which makes best use of	No	This model lacks any mention of "doing with" patients. How are you going to involve, empower and enable patients to achieve the very best outcomes for their own health and wellbeing?

	Level of support	Comments	Services accessed	Ideas to improve delivery of health and social care services in the Forres area
		<p>resources and can be delivered in an affordable way. It seems very focused on rehabilitation but does not back that up with resources for rehab and there is little detail about neighbourhood working, utilisation of community assets, intermediate care, the enhanced offer from general practice and how this links to urgent care. I would have thought the role of home care, pharmacy, rapid access to CPNs and AHPs, housing and adaptations would have more of a focus in the plan, along with chronic disease management. Step-up/step-down beds in care homes were commissioned previously. Why was this stopped and what lessons were learned? How do we know it's going to be successful this time? Is there sufficient capacity? What happens if Care Inspectorate grades are unacceptable or a moratorium imposed? The very first line of the document says the model should be about the delivery of sustainable services so why has the option of Leancoil even been included when you state it is not sustainable? The sustainability of the ACUs has yet to be proved yet your measures of success at 1.3 and 2.1 only focus on the ACU - what about patients who are cared for at home? When did the possibility of using beds in the community hospital in Nairn get ruled out?</p>		

	Level of support	Comments	Services accessed	Ideas to improve delivery of health and social care services in the Forres area
22	Unsure	BLANK	Health Centre, NHS Grampian, Leancoil, Occupational Therapist	More staff, provision of medium stay care beds for those who need nursing care but not full hospital facilities e.g. post-op final care.
23	Unsure	I cannot tell what can be realistically delivered from the document. There is no mention of what resources are in place to provide the options.	Hospital and physio	I agree with moving away from the hospitals but to have care in the community needs the right professionals and from my wait of 4 weeks for physio I don't see how that works for very sick people just out of hospital.
24	No support	I am interested to know how you are going to fund this multi-disciplinary team structure. As previously stated the project should have made funding available from the start for a dedicated OT and PT service as part of the model not just catered for nursing.	I work in Forres but have never been on the receiving end of services.	I am not sure Varis Court is the best option. I think you would be better off having a rapid response team that comprises of homecare, OT, PT, nursing and GP input.

11. Appendix 2 - What groups and organisations told us

Two collective responses were submitted. These were on behalf of:

- New Findhorn Association Caring Community Circle – a group of volunteers supporting vulnerable community members.
- Hanover (Scotland) Housing Association

The **New Findhorn Association Caring Community Circle** expressed support for the changes outlined in the plan and made the following comments:

- We are concerned that the nursing home bed capacity may not be sufficient. The quoted 2 beds seem low to us. We welcome the inclusion of home carers in the Multidisciplinary team structure. We welcome the service provided by Varis Court. We hope that the provision of service is indeed sufficient to cover the whole spectrum of care needed. We wonder what resources of community support are integrated and effectively used within the plan (2nd level in the Forres MDT Model, page 19).

A number of points were put forward to improve the delivery of health and social care services in the Forres area.

- Personal responsibility for self-care: health care professionals effectively encouraging and validating patients' use of self-care approached, incl. exercise, nutrition, mindfulness, and complementary therapies. This needs to be supported by education of healthcare professionals as to general principles and what's available locally.
- Preventative care provision: encouraging/facilitating access and use of preventative health care.
- Community Support (in MDT Model on page 19): that aspect could be expanded by facilitated access to community initiatives, third sector projects etc by integrating and validating these resources. In particular, social inclusion projects. Healthy community relationships are proven to have positive health impact across the board and loneliness is a significant contributor to ill health and use of medical services. This requires effective communication with community groups/projects/resources in general and most importantly in the MDT approach surrounding individual patients.

This could be improved through Community Health Coordinator posts to: provide education to MDT and all healthcare professionals; link patients to social inclusion opportunities, education and self-care approaches.

- Financial support to community projects to help carry the burden of health and social care in the pre-clinical field. Considering the whole budget a minimal proportion of it would go a long way to save costs in the professional service provision.
- Joined up thinking (and possibly funding) regarding other local authority initiatives that support self-reliance, mobility and therefore social inclusion – particularly public transport, dial-a-bus and the ‘bus pass’ (National Entitlement Card) as this has a major impact on life quality and health outcomes.

The present model whilst acknowledging the importance of Community in the second circle around the patient, the whole plan is heavily weighted on medical and other professional interventions with a risk that this continues to segregate Health and Social Care from the rest of an individual’s life. This segregation may well be one of the reasons for unsustainable demands and a finite resource. We applaud that the presented proposal integrates the different aspects of health and social care much more than in the past – but does it go far enough in order to create a sustainable future?

Promote and support community educational initiatives for effective Anticipatory Care Planning to encourage the wide spread use of ACP.

Hanover (Scotland) Housing Association fully agreed with the planned changes. The association welcomed the Redesign of Health and Social Care Services in the Forres Locality Area; Transformation plan, acknowledging that Hanover Scotland are an integral part of the proposals and as such recognise that Hanover have a declared interest in the plan.

The response continued: However we welcome the opportunity to provide comment and hope that these will provide Health and Social Care Moray (HSCM) Board members with useful information to help them analyse and come to an informed judgement.

Hanover welcomes the design principles outlined in section 5 of the report. Hanover supports these principles both as positive, re-enabling objectives and in its continued partnership working with HSCM. Hanover believes that it is able to support the principles and objectives within the report by offering a cost effective accommodation input that is flexible and provides for the dynamic challenges faced by MSCM within the Forres and other areas in Moray.

We are able to provide access to:-

- Accommodation resources that are consistent with person centred and reablement principles.

- Shared risk with regard to the provision of capital intensive resources such as those within Varis Court in Forres and within Linkwood View in Elgin and the new development at Spynie.
- We are able provide step up and step down resources. For example the current ACU at Varis has five flats. This could be increased, if required, and it can also be decreased without the need for the HSCM to undertake new build or dispose of 'not fit for purpose' buildings.
- Provide opportunities for an integrated Health/Care/Housing approach that meets the holistic needs of those the HSCM care for. This includes the 'whole house approach' which has successfully been implemented at Varis Court.
- Through the partnership with a housing, and care provider, allow for a cost effective approach through the leasing of resources which reduces the need to make provision for repairs, planned maintenance and new build.

As such Hanover would endorse option 2 of the consultation.

Hanover Scotland values the strong partnership we have with Moray. We see this as being a long term partnership which is breaking new ground and changing the way we do things for the better.