

# Growing Older Project Update

Reprovision of Abbey and Eskgreen Care Homes and  
Belhaven and Edington Community Hospitals

August 2018



East Lothian  
Health & Social Care Partnership



## Where we are now with the Growing Older consultation?

First of all, I thought I should let you know that David Small has taken up the post of Director of Primary Care Transformation with NHS Lothian and I am acting as Interim Director of Health and Social Care for the next few months. That means that I will be heading up the project with our IJB Chair Peter Murray for the time being.



I know many of you were expecting a paper on the progress of our reprovisioning to be presented to the August Integration Joint Board (IJB) meeting. We felt that it was important that the teams at NHS Lothian and East Lothian Council were able to sit down together and review your feedback to inform the draft paper going to the IJB so we have held on to the paper a little longer so that can happen. That meeting has been scheduled for mid-September, so I hope to bring the paper to the IJB in the next couple of months. I will share a draft of the paper with you before it goes to the IJB.

We have been exceptionally lucky with the number of people who took part in the consultation and for the excellent feedback we've been given. I wanted to use this newsletter to share the information we have and to make sure that you feel that your views have been represented fairly. Please let us know what you think.

Everyone on the team is very grateful for the time and effort that groups and individual people have given so far and I hope that you will want to be involved as the project evolves.

**Alison Macdonald**



## What we were asked to do

The IJB in February 2018 asked us to consult and engage with local communities about the re-provision of the hospitals and care homes in their areas. This built on preliminary work that we had undertaken with Health and Social Care Forums in late 2017 and early 2018. This next consultation phase took place between March and the end of June 2018.

The consultation has involved meetings with the public, community councils, and area partnerships, elected members, staff, and relatives. We also conducted online surveys, pop up events, suggestion boxes, briefings and visits to extra care housing.

We have carefully collated and analysed the feedback you gave us at meetings, online and in emails and letters and what follows next is a digest of what you have told us.

Thank you very much to everyone who took part and gave us their views and ideas.

## Key themes

- There was general acceptance of the need to change and issues around the fabric of the buildings.
- People accepted that the message on change is about the buildings and services and not about the care being received. People were keen to emphasise the quality of care currently provided.
- There was a great deal of interest and local attachment to the services and strong feelings about keeping services in communities.
- Some people felt a lot of excitement about the potential of extra-care housing for both residents and staff.
- There was an emerging and improving understanding about extra-care housing could look like and how it can be developed locally
- There was some excitement about the greater potential for ELC and NHS Lothian to work together.
- There was some concern about the level of care that could be provided in extra-care housing, for example, and wondered about provision from community hospital.
- There was initial anxiety for staff about their jobs, but after staff meetings there was less concern, especially given the long term nature of this planning.
- There was real anxiety about sites and where services might be located. Most people are very aware of the lack of land – and its cost.
- There was a desire to understand the links between these proposals, the Local Development Plan and the Local Housing Strategy.
- People wanted to understand the tenancy/ownership models better and were anxious about potential negative impact on individuals.
- Concern about potential for isolation of residents



## Your thoughts around specific issues

- **Different models of care**—people had lots of ideas around the type and design of service that could be built as an extra care model. Some suggestions around Dutch Buurtzorg model, The principles of this model are being piloted as part of the facility visited at Varis Court in Forres, Moray. A similar facility used by a relative's parent in New Zealand (Berwick Royal Oak) was highlighted as a model.
- **Design and detail of new extra care housing facility**—we had lots of positive discussion about what type of services and facilities could be in an extra care facility took place– what emerged was that people wished to retain/develop existing services, for example:

- ⇒ step up and step down care
- ⇒ palliative care and end of life
- ⇒ Nursing and residential care
- ⇒ 24 hour nursing care
- ⇒ Minor Injuries unit (North Berwick)

They also wanted:

- ⇒ intergenerational facilities
- ⇒ Community involvement and social hub
- ⇒ Garden areas
- ⇒ Inclusion within the community and central to towns
- ⇒ Ability for family to stay for care and support (over and above a partner permanently sharing with a couple)
- ⇒ Manage potential for social isolation and developing model around building stronger communities.



- **Tenure and security of tenancy**—Concerns raised in relation to security of tenancy and financial issues. There were also concerns in relation to moving from current council house tenancy as a couple. These could be resolved by ensuring that any couple moving in to extra care housing would remain—if, for example, the client either dies or moved on to other care—the partner would remain as a tenant/owner for life. Housing allocation panels would manage the balance of need across the extra care facility. People were concerned about private provision for extra care housing too and the ability for some flats to be purchased and how this may restrict access to this type of housing. Different commissioning models and funding approaches are in place across the country and would need to be further explored in business case options.
- **Site**—this was raised very frequently across all sites. Questions around what current sites were available, would they be large enough for new facilities and cost to buy land.
- **Co-production**—we were clear that the consultation and engagement work was only the start of these projects and communities and groups would have the opportunity to help co-produce the models (this is adhering to IJB Engagement Policy 2018) over the next 12-18 months when the business cases are being developed.
- **Allocation of extra-care housing places**—there are different commissioning models across the country but most have an 'allocation/housing panel'. How extra-care housing places would be allocated was a concern raised about how to ensure there was no 'house blocking' or individuals being priced out of the ability to have an extra-care housing. Panels in other extra-care housing models manage this process through a panel to ensure these concerns are not realised.
- **Transition from current services in to new services and what happens to remaining assets**—this was mentioned early on during the consultation and engagement sessions as there was an initial view that this work would be taking place sooner rather than later. Once meetings and groups were informed that this is a 3-5 year plus set of plans then there was less emphasis of this. However, there

was clear emphasis that when it does take place then there should be huge importance around getting any transition right.

- **Staff—development of new roles/planning transition/recruitment & retention (including housing for staff)**—Staffing issues and many elements of this came up frequently. This centred on the focus to ensure staff are protected and that they move with any of the services. When we spoke to staff they were more reassured when they understood that that this development will take at least 3-5 years and that in the new facilities were likely to be looking to employ additional staff. Developing their role in to providing care in an extra-care housing facility would require positive recruitment with attractive jobs, positive career opportunities and positive career pathways. Housing for staff was raised (primarily in North Berwick – given current house prices) and some very positive models and thinking to support staff were highlighted.
- **Sheltered housing**—there was a lot of discussion initially around the differences between extra care housing and sheltered housing. Many people liked the sheltered housing model
- **Access to packages of care**—This issue was raised frequently and IJB staff had previously highlighted this. People supported the need to have speedier packages of care in place in people's own home to support independence.
- **Minor Injuries Unit**—the people of North Berwick want the Minor Injuries Unit to remain in any new development.
- **Affordability/value for money/costs of services**—this was raised, however, people at the various events and meetings were informed - and they accepted – that this stage of work was about developing a model for the reprovision of these services. But there was concern as to how any new facilities could be funded and how land and a site could be purchased if required.

## Key messages from Dunbar

There was full support on the standard of care being provided by the staff in Belhaven hospital. This point was made clear by IJB staff at the outset of all presentations and workshops. Focus was on re-provision of facilities.

- Some mistrust due to recent issues with Ward 2 at Belhaven.
- The Dunbar workshop highlighted 'localism' and wanting to keep current services local.
- There was a wish to retain current services including beds accessed by GPs, respite, palliative and 24 hour nursing care.
- There was support for the need to re-provide Belhaven in a new facility. Some views that adjacent land or current Belhaven site could be used for new build. Also some views that new facility could be based nearer centre of Dunbar closer to better transport links, but others thought that the current site should be used.
- There were positive discussions on how the extra care housing model could be developed and services provided in any new facility. Many positive comments received by those present at events who would 'like this model of service for themselves' at some point in the future. Also concern as to how the new concept of 24 hour health and social care could be provided in an extra care housing facility rather than a "hospital ward" facility. Encouraging comments received on benefits of stronger developing stronger links with community, e.g. intergenerational models, community facilities.



## Key messages from Musselburgh

- Full support on the standard of care being provided by the staff in Eskgreen Care home. This point was made clear by IJB staff at the outset of all presentations and workshops. Focus was on re-provision of facilities.
- Positive discussions on how extra care housing model could be developed and services provided in any new facility. Many positive comments received by those present at events who would 'like this model of service for themselves' at some point in the future. Also concern as to how the new concept of 24 hour health and social care could be provided in an extra care housing facility rather than a "hospital ward" facility. Encouraging comments received on benefits of stronger developing stronger links with community, e.g. intergenerational models, community facilities.
- Concerns highlighted with existing council tenancy arrangements for individuals/couples moving in to an extra care housing facility and the security of that tenancy. (Noted that in other EXTRA-CARE HOUSING models this is managed through EXTRA-CARE HOUSING assessment panel).
- Concerns raised around whether Wireworks site is large enough for such a facility and many comments referencing the previous commitment (unsure exactly what commitment was) made to the building of a care home on the wireworks site. In doing so suggestions raised about a potential two-site option – wireworks and Eskgreen (with either refurbishment or new build on current Eskgreen site).
- Some feelings of having "lost out" repeatedly, desire to keep Eskgreen too, feelings that biggest town is under served.



## Key messages from North Berwick

- Full support on the standard of care being provided by the staff in both Edington hospital and Abbey Care home.
- Ensure all current services are reprovided in any new service provision. This includes the Minor Injuries Unit, Palliative care, community beds, respite provision, North Berwick Health Centre and Abbey Care Home.
- Broad support on the need to reprovide these services in a new purpose built facility. There are still some views on the potential to reprovide any new facility within the current Edington facility (e.g. following refurbishment). Some discussion on the ability to access adjacent land (The Lodge grounds) to the current site (this is unlikely but situation will be clarified as part of business case process).
- Support on the need to reprovide North Berwick Health Centre adjacent to any new facility. Some discussion on a two-site option if one site not able to be identified in North Berwick but provision should still be in North Berwick.
- Concern on the ability to recruit new (and more) staff to any new facility. Some positive ideas from events on potential ways to support staff with accommodation (e.g. key worker housing model and/or linked to affordable homes).
- Positive discussions on how extra care housing model could be developed and services provided in any new facility. Many positive comments received by those present at events who would 'like this model of service for themselves' at some point in the future. Also concern as to how the new concept of 24 hour health and social care could be provided in an extra care housing facility rather than a "hospital ward" facility. Encouraging comments received on benefits of stronger developing stronger links with community, e.g. intergenerational models, community facilities.
- Concerns around 'house blocking' in any new facility and concerns about the input of shared ownership and private purchase models. North Berwick not keen on private provider model of extra-care housing.



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## Next steps

Once the meeting of East Lothian Council and NHS Lothian senior managers has taken place, and their views also taken into account, these will be the next steps.

- In principle it is proposed that the IJB should be asked to approve the strategic direction and the model of care principles and that the Council and NHS Board be asked to respond as owners of facilities and holders of capital budgets.
- The IJB is asked to approve the establishment of 3 project teams to reprovide these services in Dunbar, North Berwick and Musselburgh.
- Localised models are to be developed in each of the 3 localities. The Project teams will be governed by the current (but revised membership, terms of reference and remit) Project Board which will report to the newly established (as at June 2018) Strategic Change Board (previously Strategic Planning Programme Board).
- To support this work a request is made to the IJB for dedicated Project Resource, a full time Project Manager to draw up joint (across 3 sites) Initial Assessment, to support the Project Board and direct the 3 Project Teams.
- To note the governance timeline below.

### IJB Chair Peter Murray says

We have tried to be really faithful to what you have told us and you can see that there were a wide range of views and ideas shared. We will keep you up to date with the progress of our paper to the IJB and will share a draft of the paper with you nearer the time, and if it is agreed we will be coming back to you again very soon to seek your help with the next phase of the project. In the mean time, please accept my thanks and those of the team, for all the time, advice, opinions and support that you have given us so far.



### Keep involved and up to date

If you want to keep up to date with this project:

- Email [elhscp@eastlothian.gov.uk](mailto:elhscp@eastlothian.gov.uk)
- Phone 01620 827 755
- Write to East Lothian Health and Social Care Partnership, Room 2.11 John Muir House, Brewery Park, Haddington EH41 3HA

