

A STRATEGIC VISION FOR INSCH HOSPITAL AND OUR COMMUNITY



**Prepared by the
Friends of Insch Hospital and Community**

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1) Introduction

We love Inch Hospital! As the Friends of Inch Hospital and Community we have seen the Hospital used over many years to provide in-patient beds and many other valued services for local people. It is at the heart of our community.

We are deeply concerned that our much-loved and valued Hospital currently stands virtually empty. As you would expect, we have commented on, questioned and in some cases criticised the decisions that have led to this loss of services. All on behalf of our local community.

We understand the challenges faced by the Integration Joint Board and the Health and Social Care Partnership. These challenges existed before the Pandemic, but Covid has certainly made us all think about what we have lost and what should be done to move forward in the future.

The local community was invited through the Joint Board “to play a key role in shaping future service models.” We, the Friends, accept this invitation. We have prepared this Strategic Vision document as what we hope and believe will be seen as an important contribution to the service (and estates) planning that is about to take place. In our Conclusion we make a positive offer to work with the Health and Social Care Partnership, our General Practice, and all others with an interest in the health and well-being of the people of Inch and our local community.

We are offering to be an active partner, as we have been before, to help in the preparation of a Service and Estates plan that is both ambitious and realistic, and which will have the support not only of those who fund services, and those who provide them, but also our local community. We do so in the spirit of our Constitution’s two main purposes; to improve the health and well being of Inch Practice patients, and to act as a bridge between those who provide services, and those who receive them.

2) How did we get here? – An important background

In 1919 the local community decided to build a hospital in Inch as a memorial to the fallen soldiers of the Great War. The land for this was gifted by Leith Hall Estates. In April 1922, the hospital opened, providing medical, surgical, and maternity services with eight general and three maternity beds, plus an operating theatre. We are now, of course, nearing the 100 years anniversary.

In 1948 the hospital was handed over to the NHS. By the 1960s the bed complement had changed to 11 general and four maternity beds. Further developments occurred with the first day room added in 1972, supported by money raised by the community, followed by the health centre building added to the site in 1979.

The list is extensive! What they collectively demonstrate is the ability of the Friends to harness the fantastic resource that is our local community and its people.

We have been equally active in developing plans for improving the buildings on the site. In 2000 the Friends developed a plan for a healthy living centre to be added to the existing hospital placing health promotion at the core of physical and mental health service provision. A plan for an extension to the Health Centre building for therapy services (2009) was followed by our most ambitious plan to date for a replacement Hospital funded in large part by the proceeds from involvement in renewable energy projects and local fund-raising (2010-2016). Most recently we have developed plans for a Community wellbeing hub. The common theme in all of this has been to harness the knowledge and expertise of the local community to generate plans to improve the Hospital and associated buildings.

Why do we believe that this history is important? For us it shows that our local community, with their efforts often channelled through the Friends of Insch Hospital and Community have always supported the provision and development of local health and social care services. As needs have been identified, and new ways to meet these needs suggested to us, they have been supported by us. We have provided support in the shape of volunteers, expertise and experience, and direct funding for everything from major buildings developments to small projects.

3) Our current services – what we have and what we have lost.

There are a number of community health and social care services provided in Insch and for our local community. At the heart of these is our General Practice. We value all of our local services and the individuals who provide these. We have not set out to list them in this document, not least because we may accidentally omit one and cause unintended offence. We are aware that many of the individuals who provide these services already work closely together. Any plan for the future must build upon these strengths.

Additionally, as has already been indicated members of the local community provide support and services on a voluntary basis. We believe that this is a real strength of our community.

We also recognise that there are local services provided by the private sector such as Care home and Home Care Services.

Sadly, we have lost a number of local services in recent times, for a variety of reasons. These include:

- Day hospital / day care services
- In-patient beds
- Mackie Palliative care suite
- Minor injuries unit
- A local base for Therapists

These combined losses have taken the heart out of Inch hospital. We have been left with a Hospital building still excellent decorative condition, containing a lot of good equipment (often funded by the Friends!). However, with the exception of some limited office accommodation, it is virtually unused. You will understand why the local community regard this as the effective closure of the hospital.

4) Our current buildings and what we do in the future

The most important buildings to consider are the two on the hospital site. Inch hospital, as already indicated, was originally built in 1922 and has received a number of extensions to it since then. It is joined by a corridor to the General Practice / health centre building, constructed in 1979.

These buildings are more than simply space within which services are provided to people. They provide a place where clinical staff and other staff can come together to discuss and plan to meet individual and community needs.

The hospital building in particular has a wider value and meaning. Local people regard it as the focal point for health care in the area. The War Memorial is located within its walls. The Hospital has a sense of ownership from the local community which in turn acts as a very strong motivation for the fantastic support that they give to local services.

We understand that buildings are always being assessed in relation to changing standards and to whether they offer value for money. Our own efforts to develop plans for new building show that we believe that improvements could be made locally. Above all we recognise that buildings are there to support and enable the services that we want. Any future buildings plan must therefore be driven by what is required to meet service needs and deliver a new service model. We start with the presumption that local services will need local buildings!

We are fully aware that there are likely to be a number of options to consider in identifying the best future arrangements for our local Estate. We know this, not least, because we have thought about them over time and sought to bring some of them to fruition! We have even acquired land adjacent to the hospital that may be helpful in the development of a plan for the whole site. We are extremely well placed with this experience, and access to expertise, to support the identification of practical options and to in due course to make an agreed plan into a reality.

5) Why this Strategic Vision has been drawn up

The Health and Social Care Partnership is undertaking a strategic needs assessment process “to look at what provision there is now and how it can be improved and adapted to meet the current and future needs of the area population.”

The chair of the Integration Joint Board indicated that “this is a really exciting piece of work which will allow each and every member of the community to help shape future service provision in the area.” She went on to say, “there has been much local interest in the future of Inch War Memorial hospital and this work will help to shape how such a well-loved resource can be used in the future.”

At the moment the Partnership is undertaking a “community engagement” process as part of this work. We have responded to the organisational survey and of course as individual members of the local community as well. We are also participating in the focus groups established as part of this stage.

We welcome the efforts made by the Partnership to seek the “views and opinions” of the local community through this process. We hope and expect that this will produce a very clear sense of what the local community believe are important to them in relation to health and social care services.

6) From Needs Assessment to A Service Plan

As you can see from our history, we have always sought to play an active part in the development of services and of plans for buildings that would support these. We believe that we are very well, perhaps uniquely, placed as an organisation to be an active partner in developing a service model or models that is both “innovative” and “fit for the future”. We want to see a Service Plan / Model that brings together the Partnership’s own strategies and plans with our vision of the future for health and social care services for our community.

You have invited the community to “play a key role in shaping future service models.” To assist with this, we have developed our own strategic vision. This is not intended to be a detailed Service (and Estates) plan. Instead, it is meant to be a contribution to the starting point of preparing such a plan.

We have not gone into any great detail about what we see as local health and care needs. The Partnership will have gathered this information as part of their process and will be adding to this through the “Community Engagement” process that we have contributed to.

We do however wish to draw attention to the significant growth in the elderly population, who will have more complex health and care needs. Any service plan should recognise the growing pressures that this places on many existing

services. We can also see the increasing pressures caused by a growth in the incidence of a number of long-term conditions. This points to the need to do all we can to promote positive health and well-being. For this reason, we have focused our Strategic Vision on meeting the needs of older people in the community and those adults with long-term conditions. We would certainly wish this to be expanded to also address the needs of children and young people and families.

7) Our Strategic Vision - What do we want?

We want a truly integrated and partnership approach to maintaining and promoting the health and well-being of the people of Inch and the local community.

We believe that services provided locally should be at the centre of this. We want to reduce travel, for example to the Aberdeen Royal Infirmary, wherever this is possible.

We want to build on the excellent people and skills that we already have in our local General Practice and Community health and social care teams.

Such an approach would include:

- Access to opportunities for people to improve their own physical and mental health and well being
- Prevention where possible of people's health and well-being deteriorating and avoiding a crisis / exacerbation of their condition
- Preparing an individual plan for managing a crisis / exacerbation if it occurs in a way that avoids any unnecessary acute hospital episode
- Where an acute hospital admission does occur providing prompt rehabilitation / reablement services through a single service / team to improve the condition of the individual and minimise the risk of deconditioning and complications.

- Where individuals have additional needs for a short period, we want a flexible single health and social care team that works together to identify, anticipate, plan for, and meet these needs.
- Assessment of long-term need and organisation of long-term health and social care for those who need it.
- Providing Palliative and End of Life Care to support a “good end” and a “good death”

8) How do we achieve this?

a) an “Insch team” approach.

- a. All those who provide support and services for the local population belong to the same team
- b. We recognise that in practise there will be people who are members of more than just this team.
- c. Volunteers will be members of this team as well as those working for the General Practice, the Council, and NHS Grampian.
- d. This is not a proposal to change any employment arrangements or have some structural reorganisation!
- e. It is an opportunity for members of a team to work together and be given permission to work flexibly and across boundaries where these best supports individuals.
- f. There will of course be “sub-teams” who focus primarily on different groups, such as frail older people, and children and young people etc.

b) An agreed range of local services

- a. including “intermediate care” / additional services to keep people at home, prevent acute hospital admissions, facilitate discharge, and support local access to more specialist services.
- b. We recognise and support the provision of greater help for people in their own home but believe that an important component of any comprehensive service is a recognition that for some individuals a local bed gives them the greater level of immediate support that would be available at home.**

c) Building(s) / space that enables all the above to be achieved.

- a. Space for service provision
- b. Space for equipment
- c. Space for a “base” for staff (? And volunteers)
- d. space that provides a physical focal point for the community
- e. administrative space
- f. “meeting” space
- g. In effect something that combines the concepts of “Community Hospital” and “community hub” and “community health and well-being Centre” preferably in a single building

d) A focus on people!

- a. thinking about everything from recruitment and retention, work roles, training opportunities, use of volunteers, and making the working environment attractive for all staff etc.

e) Opportunities to innovate and “pilot”

- a. Permission to try new approaches that can best meet local needs. if this comes with additional funding that gives you more resource locally, even if on a temporary basis then it can help provide the opportunity to develop different ways of doing things and / or different services.

f) Real involvement of the community

- a. both in planning and providing support and services
- b. Starting of course with an open and active involvement of community representatives (such as the Friends) in helping to produce more detailed and feasible plans in line with all the above!

9) Finance

We want to achieve this Strategic Vision through a combination of:

- a “fair share” of resources for the Insch and Community population managed through the Integrated Joint Board including that used for acute “emergency” care
- Access to any appropriate capital funds to support agreed building plans
- Any funds available to support innovative projects, pilots, research etc

We know that money is always limited and that there will always be more calls on it than available funds. For this reason, we also want to bring in the continued support of the local community, both through people’s time and their fund-raising.

We also understand the importance of achieving “value for money” and believe that the integrated approach offers best opportunity to do this locally.

One idea we have had which we would wish to explore is the creation of a “budget” for local health and social care for the area. We understand that this could be “virtual” rather than real but would want to see an opportunity to discuss how this might be used differently and more flexibly.

We can also see the value of a discrete “cash” budget that can be spent by agreement on anything legitimate to meet the needs of a particular individual. This might, for example, include overtime for a member of staff or access to a voluntary service to provide additional help.

10) Staffing

We recognise the challenges of both recruitment and retention of staff. We would wish to offer opportunities for training and the development of “enhanced” and / or flexible roles etc to meet these challenges.

11) Conclusion

We hope that this Strategic Vision document will be seen as more than a contribution to the process of Community Engagement that is currently happening. We want to work with the Health and Social Care Partnership to develop a plan for local services in which the local community plays a role.

We see it as important that the local community can work in partnership with local NHS / Social Care providers to help provide a comprehensive set of support and services.

We acknowledge the importance of a truly integrated approach with an emphasis on freeing up those in the local “team” to work together with support from their managers / organisations.

Our offer is to work with others to develop a service (and associated estates) plan, and to work with all local partners to implement this plan for the benefit of the health and wellbeing of our local population.

