

**Land next to Sole Bay Engagement Exercise**

Wednesday 22 March 2017 – 2.00pm to 4.00pm and 6.00pm to 8.00pm  
Stella Peskett Millennium Hall, Southwold

- Chair: Rebecca Driver, Director of Commissioning and Engagement of NHS Great Yarmouth and Waveney CCG
- Panel members: Fran O’Driscoll, Director of Partnership and Delivery of NHS Great Yarmouth and Waveney CCG  
Saul Spevack, Senior Transaction Manager (East) of NHS Property Services  
Nicole Rickard, Head of Communities of Suffolk Coastal and Waveney District Councils and NHS Great Yarmouth and Waveney CCG

**Group one – 2.00pm – 40 people**

**A presentation from the CCG and NHS Property Services was made, followed by an open question and answer session from the audience.**

- Question: A member asked about the arrangement of this meeting as Reydon Parish Council were not notified and it wasn’t advertised around the village.  
Response: RD apologised and assured the questioner this was due to the time constraints associated with the pre-election period.
- Question: A member asked about the planning permission originally granted.  
Response: As part of the original scheme there was to be an integrated scheme for homes, a healthy living centre and a care home. This is still live and was one of the things that NHS Property Services hoped would help sell the site.
- Question: A member felt it would be helpful to explain why it is that the site has to be marketed outside of the NHS. Everyone was told in the consultation that as an interim measure some care beds would be reserved in Oakland’s and Pitches View. What was required is that patients would be cared for in home but those who needed proper care beds would go into the care home so a 60 bed care home is news to the public who envisaged a smaller home to allow people to return home quickly. Why is the NHS not able to have a smaller home and therefore save money in Oakland’s and Pitches View? Response: In terms of the number of beds this was the basis on which the planning permission was sought at the time. The marketing wasn’t restricted to care home developers. The Shape of the System (SoS) public consultation was clear that the new model would have care provided in home and where this was not possible, beds with care would be provided. This has been managed in Great Yarmouth and Waveney because there are existing care homes with the provision available. More recently the practice team have done a good job with the beds that have been available to keep as many patients out of a hospital. The CCG learnt from rolling out the Out of Hospital Team (OHT) that beds in a care home setting work well and that is why it was our direction from the SoS consultation.

- George Wheatley – Question: Had received a letter (10 July 2015) from Andy Evans which states the nursing home will be built but he didn't know when. It still isn't built and isn't likely to be now. Response: Andy Evans, CCG Chief Executive, will be retiring at the end of March. In good faith in his response, that was the intention for the site, but there has been rapid change since this letter was written. NHS Property Services and the CCG have tried to market the land but there has been virtually no interest.
- Phillip Ohear – Question: Corresponded and received a response from Dr John Stammers whose response debates if a care home is still appropriate; this appears to be a personal view and not that of the CCG. Response: The changing age profile of the population was noted. If a care home developer isn't found now, one could come forward in the future. Mr Ohear asked if NHS Property Services would look for a temporary use of the site i.e. for allotments or gardens. He shared the views expressed and that it was regrettable about the late advertising of the meeting. He asked if rather than trying to finish this issue today if everyone could have a proper debate for people to come with their arguments about what other things this site could be used for. Response: Dr John Stammers said that if we look back to 2015, we all believed a care home was the right thing; two years down the line we have learnt a lot about caring for patients in their own homes or in a 'bed with care'. It is clear that the fears from local community of patients going into hospital. Care has been more flexible with this model, so professionals have been able care for patients better. Dr Stammers explained that there could be several options for the site. It could be useful to have beds next door to the surgery but then the surgery would have to take on the care on approximately 45 complex patients so this could place additional strain on the surgery and the care of other patients within the area. There are some gaps in rehab and reablement and so far the practice has been able to use Pitches View to fill these. There are also practical difficulties like staffing. Some people simply wouldn't work within a care home setting.  
Cathy Ryan – As a practice we were disappointed the nursing home wouldn't be built. The biggest problem in Southwold, Reydon and surrounding areas is not just old age but old age with dementia and the nearest dementia home is in Darsham. Cathy is relieved at this point that the home isn't being built. A home with 60 beds would need 120 staff to run it and care for patients safely. The majority would have to be nurses and it is very difficult to recruit in the area. Cathy is worried that if the home went ahead would have to rely on nurses from agencies. Beds with care works but it just isn't enough so more care is needed.  
In terms of the temporary use of land nothing is being ruled in or out. NHS Property Services have tried to market the site for care homes but there has been no interest expressed. Whether the site is held for care home use can be discussed. There were concerns raised by the feedback received from developers in that the site is not in the right place, and care homes are now being much more selective in the sites they choose. Developers also felt more interested in sites in Southwold rather than Reydon so this may need to be looked at. If the site isn't used for a health setting then the NHS wouldn't have the capital to improve its resources. So overall the NHS are open to suggestions.  
In terms of the fuller engagement exercise, the CCG felt it needed to run this event to get the views of the community and then during the pre-election period, the CCG will use the time to discuss the options suggested. There may be an opportunity to come back to the community after this time.
- Michael Ladd – Question: It is disappointing and could understand how the community feels let down. Residents were told Southwold Hospital wouldn't close until adequate provision was put in place. Cllr Ladd had heard a 20 bed care home

would be there and felt that 60 beds was too big. Regarding the alternative use of the site for a retirement complex Cllr Ladd asked if the CCG could purchase some care beds within this complex. Cllr Ladd also stated that the preferred option being Southwold was not realistic because the building on the current site would be the centrally placed for Southwold and Reydon. He could not understand why developers would say that the building was not in the right place – it was understood that the initial interest would be units for patients to purchase/rent and care would not be provided. Response: The CCG can explore having those conversations with NHS Property Service to have a unit for use by the surgery but then it would need to be staffed and CQC registered.

- Question: A member wanted to declare an interest in that he had heard this all before and wanted to pay tribute to the care in the community as it is exemplary but cutting beds is nonsense. The member has a full time paid live in carer due to the advice of Cathy Ryan which is working well. He always understood from meetings that the care home would be there but just not when. Residents were never encouraged to think the care home would be so big. Care home agency fees are so high and VAT has to be paid so he asked what the NHS is doing to encourage the government to train more doctors, nurses and medical experts and to ensure what we are thinking about in the long term. Response: It is difficult for the NHS to make a political comment but the CCG appreciates the frustrations, money is tight and constrained, so we are in a problematic situation. The CCG has a five year plan. We don't want to get into a situation where providers are accepting different rates for health care and social care, so within the STP there are two key components the CCG will be looking; the care home situation across Norfolk and Suffolk and the cost of care provided in patients own homes. Health and social care are working together to deliver improvements to communities.
- Question: A member had heard the surgery is stretched which is a concern to have a care home. It was asked what the CCGs assessment is of the need for care beds and what long term care beds are needed. Response: When looking at a need for care you need to consider what is needed over the next few years for Waveney. There is significant rise in dementia and sheltered housing/assisted living provision. The CCG confirmed that they were committed to the care home so haven't looked at other uses for the site yet. If it isn't achievable, the need will still increase so will need to provide a solution.
- John Steward – Question: Sought clarification on the size of a care home. Previous meetings with care home operators asked what is the minimum size for a care home and one operator said 25-30 but no minimum. Mr Steward also asked what mix of patients does the CCG envisage caring for. Response: The maximum number of beds for the site would have been 60 but this was never a definite number. In order for care homes to break even the size of the home needs to be at least 35 beds. Step up and step down care could be provided, but there would be mixed use because some patients may be eligible for CHC and some may require social residential care. The plan was fairly flexible on what the beds would be used for.
- Question: A concern was raised that the world's population is growing which no one seems to consider so it was asked who is thinking long term? Response: Across the public sector we tend to plan in five year cycles. The Public Health Department maps out the changes in the population and they look many years ahead. Nicole's role is partly about the population and she is focused on prevention. Nicole has been working with communities to work together to try and do things differently and

stopping things getting worse. They are starting to identify greater numbers of over 85 and think about those not living with much money or those living alone so putting support in for the community.

- Richard Dales – Question: There is a serious political situation and the NHS and social care are underfunded. There has been a lot of discussion which we don't know the outcome of. For a care home owner it is difficult to make money so was not surprised to hear there was no interest; care homes are closing across the country. Richard had heard there was a demand and the need for new ideas to meet that so it would be unacceptable to release an asset in the local area to possibly meet that demand in a few years' time. Richard urged the CCG not to throw away this asset. Response; The CCG reiterated that no discussions had been made to release the land.
- Statement: Cathy Ryan noted that now many patients had gone into pitches view. About 10 years ago a patient would be in a care home with full nursing care so as a system we have come very far. In another 10 years Cathy felt that not many people would be in the new care home because patients do not choose to go into a home so we need to be mindful about what we do in the future. The Pitches View rehab flat is funded by Sole Bay Care Fund and Suffolk County Council but the patients who go into the flat are very flexible in its use. As a community we need to think carefully about what we want and we need to persuade the panel to keep hold of this asset and get the community to come up with some ideas – Response: The CCG hopes everyone is clear as to why we are in this situation and that they are happy to listen to all ideas from the community.

#### Suggestions from the floor:

- We need something in between, not necessarily patients going into a care home but there is a desperate need for cottage hospitals / convalescent homes. We all hear about 'bed blocking' Not every patient is suitable for care in the community. We need to look after our patients differently; some patients in hospitals are there for specific treatments like heart attacks which allow patients to return home much quicker.
- Michael Ladd felt the CCG should consider working with the interested party (retirement complex) to make something work.

The meeting closed at 3.30pm – Rebecca thanked everyone for attending and apologised for the late publicity of the meeting. Rebecca reiterated that no decision has yet been made and that this was an opportunity to listen to the community.

**A presentation from the CCG and NHS Property Services was made, followed by an open question and answer session from the audience.**

**Group two – 4.00pm – 30 people**

- Dr Phills – Question: You noted there were three members of Sole Bay Health Centre here earlier; who were they? Response: Dr John Stammers, Cathy Ryan and Rigby Whittaker.  
Question: Do you know why Dr Neimer left the surgery so abruptly? Rebecca advised Dr Phills to contact the practice directly with this concern.  
Question: If patients need an appointment at the surgery they are to turn up and it's a bit of a 'free for all' which seems an odd way to run a service. Response: Sole Bay is a business in its own right and advised Dr Phills to direct his question to the practice directly.  
Question: It appears anything you want to get done you get referred further to the West. If it isn't dealt with within Beccles then it goes even further. It would be nice to know how the proposed beds with care would work. Response: The shape of the system public consultation looked at moving services into the community with an out of hospital team (OHT) and beds with care. OHTs were implemented in Lowestoft and Great Yarmouth and it was quickly recognised that this model wouldn't work in a rural patch so something slightly different was designed for Southwold and Reydon. The service is supplemented with beds with care at Oakland's and a flat at Pitches View, patients will go for a variety of reasons like reablement. The CCG realised patients could stay at home with the appropriate care but that there would be a group who would need care within a home or beds with care. In response to this, we have refurbished a ward in Beccles Hospital which has enhanced staffing like physios and social workers working over the weekend. These beds are available for the whole of Great Yarmouth and Waveney. The CCG hopes to develop an IV service at Beccles.
- Mr Windale Question: Thanked the CCG for coming. Queried the usage of this site and if it is unavailable to be a care home would the CCG still want the site for some kind of clinical use or will they be selling it for another purpose? Response: This is the reason we are here today to listen to the views of the residents. It was a plan to build a care home but with no interested parties it is still on the market for a care home development, if this isn't successful then there are other ideas. Fran noted that NHS Property Services have had we had some interest for a retirement village and one option was around having a unit as part of this set up with access to shared facilities supported by relevant service. It is recognised there is an OHT and a few beds and there has been no increased admission to hospital so doesn't feel we need a large number of beds for this population. Over the next few years we will need more beds and more sheltered housing and this idea was well received at the earlier meeting but it will mean staffing the unit and getting it CQC registered. NHS Property Services noted that they are mindful of the commitment of the CCG to provide a care home on this site so when marketing the site it was on the basis of a care home. Now there are reservations of delivering a care home we are going back to the local community to get ideas of what it could be used for.
- Question: A member mentioned point of distinction between Southwold and Reydon and felt there was a good site in Southwold Hospital so why not market that? Response: For a care home the site isn't big enough however the site is now being looked at to see what is the best use for it. A care home will require a certain critical mass to be viable which is at least 35 beds. There was an interested care home operator who would be able to split services between two different sites but this

regrettably became unviable. Fran noted the site is now declared as surplus but we are committed to working with the community group to come up with a reasonable option.

- Question: One member stated that we cannot be the first people to face this kind of dilemma and asked if there is a kind of model for a way forward. Response: Every locality is different. NHs Property Services noted before the CCG took the decision to release the site for a care home the market was looked at and saw that there should be a demand; which there is but not for the Reydon site. There are a number of ways forward; we could carry on marketing the site for a care home, we could put it on the market and see what comes up or we could talk to the community to see what they want us to do with the site which is the purpose of today's meeting.
- Ian Bradbury; Southwold Town Councillor. Question: In 2016 a panel promised that Southwold Hospital wouldn't be closed until a care home was opened in Reydon. Southwold Hospital was originally provided and paid for by the people of Southwold and in 2016 there was a moral imperative to give this back to the people of Southwold which didn't happen. Economic times are difficult but Mr Bradbury urged NHS Property Services to give something back to the community. There is a group who have plans to develop the area to the benefit of Southwold and Reydon. Mr Bradbury is also the Chair of the neighbour of plan team and noted staffing levels and how there isn't sufficient regeneration for young people to live and work in this area due to high priced housing. If a retirement home in Reydon adjacent to the surgery is a possibility then the CCG should take it. Response: The CCG have been working with the local Southwold and Reydon group. The CCG have invited the group to put together a proposal to NHS Property Services. It's also been agreed to look more into the retirement village and what this could offer. With regard to staffing issues, Cathy Ryan stated at the earlier meeting that although the site was planned for 60 beds this was maximum figure so it could be used for less but 120 people would be needed to staff a care home of this size. Because these staff are paid a low rate, this unit would be difficult to staff. There are also concerns that the onerous would fall on the surgery. Nicole stated that discussions with the group have focused on the local community so there are a lot of possibilities but they need to be moved forward quickly.
- Question: A member asked for more details as to why the original firm for the care home pulled out. Response: NHS Property Services noted that there is an element of commercial confidentiality, but in summary the interested party had another scheme within the area. They had hoped to share the schemes to make it profitable but they hit difficulties which still are unresolved so they had to pull out.
- Question: A member asked if the idea of a retirement village is a McCarthy and Stone type development like houses/flats or if it will be a more controlled scheme. Response: NHS Property Services stated a retirement village is a little like that; the offer for this site was for individual apartments to buy / rent but also community facilities like a gym.
- Question: Clarification was sought as to whether the site is stuck within healthcare and therefore no alternatives like health centres/swimming pools etc. would be thought of? Response: To assure the community from the shape of the system public consultation that NHS Property Services want to market it only as a care home. Fears were raised at the time that someone might put something else on the site, so for the time being it is only available for healthcare development.

- Question: Will the CCG monitor further requirement for a care home? Response: The need for a care home is well evidenced and a key commitment of the STP is to look at the care home market and see what we pay for care. We will also look at the sector of providing care in patient's homes.
- Roger Cracknell. Question: What will happen to the beds with care the CCG are currently funding, how many are there and can the CCG guarantee if the number will stay the same or increase? Response. Fran stated the contract for the out of hospital team (OHT) and beds with care is on a short term rolling contract. It is clear they are well used and are essential to keeping the local population out of hospital so there is no intention of decommissioning these beds. There is one permanent bed in Oakland's and one additional bed to be used in winter; there is also access to a flat in Pitches View. There was a fear of increased admissions from the closure of Southwold hospital but this hasn't happened.
- Question: A member noted that Cathy Ryan is mostly funded by charity and not paid for by the CCG and is coming up to retirement age so asked who will fund this post in the future? Response: Cathy's role is part funded by Sole Bay Health Fund and Suffolk County Council. Fran agreed that Cathy is fairly irreplaceable so the CCG are supporting the surgery nurses to support her in her current role. The surgery is also paid money to pay for carers. This member was a previous chairman of the League of Friends and they funded a nurse for six months and felt this funding shouldn't come from the community and should be paid entirely by health. Response: Fran couldn't comment on the status of one member of staff but suggested she would approach the surgery and see what is being funded by charitable funds.
- Question: A member asked if the OHT treatment service was able to expand to provide the care needed at home and also noted that Sole Bay has never provided a service from Friday night to Monday morning. Response: Fran stated as part of the new Sustainability and Transformation Plan (STP) there are challenging targets for acute hospitals and getting a 20% reduction so we will need more staff and resources in the community. Another plan is the GP Five Year Forward View which describes that over the next year we have to extend GP services to 7 days, we aren't sure how we will do this yet but not all surgeries across the patch will need to be open 7 days a week.

Meeting closed at 7pm – Rebecca thanked everyone to coming.