

Note of meeting held on 27th October 2025 at 2pm in the Dundonald Room, CB

Sederunt:

Elena Whitham MSP (EW)

Enhance Healthcare: Katie Murtagh (KM), Andy Jamieson (AJ)

Symington CC: Liz Kelly (LK), David Houfe (DH) and Deborah Lochhead (DL)

Sharon Johnstone (SJ), Cllr Stephen Ferry (SF), Cllr Julie Dettbarn (JD), 2 members of staff from Sharon Dowey's office.

(All present agreed to the meeting being recorded for the purposes of drawing up a note of the meeting.)

Elena welcomed everyone to the meeting followed by a round of introductions.

EW asked what form we wanted the meeting to take. Questions first?

JD asked if Andy and Katie wanted to give us a bit of background to the service they currently operate and what the operational arrangements would be for Townend.

AJ gave an overview of Enhance Healthcare, explain they are a privately owned care service, based in East Kilbride, who currently provide 22 care services – from care for Older People to more specialised services, inc rehab - and currently look after over 1000 service users and employ over 300 staff.

The rehab service at Calderglen has sustained significant demand. The genesis of the current proposal was initially based on the need to refurbish and update the premises – which couldn't reasonably be done with the previous service users in residence. Residents were successfully rehoused into one of their LD units in Ayr - alongside the staff. A number of options were explored with the now empty building – resulting in the preferred model being residential rehab – where they have a good record of very positive outcomes for people using the Calderglen service.

A long process in two parts where they worked closely with the HSCP commissioning teams to ensure a successful move for the residents. In the background, they were having discussions with the Care Inspectorate around potential types of registration. The CI recognised that Enhance had the skills set and the wherewithal to deliver a residential rehab service at Townend. The next stage was discussions with the HSCP which were well received due to demand for this type of service here.

Grateful for the opportunity to engage with the Community Council and to address people's understandable concerns, to explain how the model works.

EW thanked AJ for the overview and history of the service and said as a former Community councillor herself, she appreciates that when things happen without full understanding or

knowledge it makes things very difficult for the CC – and the earlier and more up front that good informative discussions can take place is optimal. While we're aware that the community became aware of your plans before you were quite ready to start engaging with the public.

JD: I take on board this became 'breaking news' in advance of where you would normally be engaging with the public. But really important that this happens now. There's a lot of fear and worry out there. People need to know more than they do right now. The people whose concerns most need addressed are those who live immediately adjacent, their worries about how this is going to impact on their homes and family lives. Can a meeting be set up with the nearest residents? While there's an aspiration that we will have a full public meeting, it would be really helpful if a meeting could be set up for the closest residents to address their understandable concerns.

SJ: There is no question in anyone's mind that there is a need for this type of service. The level of service that you can provide is also not in question. The fact that something is being done to people in a village with no communication, no consultation – while I appreciate the timeline was unfortunate – we are now hearing the first residents will arrive in January which doesn't give a lot of time. There are 12 homes and families and their issues have never been addressed. No communication.

AJ: 'No communication' seems unfair. A note was sent to the Community Council providing an overview of the project. They've spoken with a number of residents locally - in person and on the phone - as have our staff. They were really keen to attend this meeting today and engage with the CC and discuss next steps.

LK: Thinks that the CC is being expected to act as 'go-betweens' - which is outwith their statutory remit. The residents need to have direct discussions with the provider. The CC is looking for a public meeting.

EW: It's good to break the impasse and have this discussion today – but this can't be the end of the conversation. Information needs to flow and people need to be heard.

LK: Agrees that we need to start with those most closely affected. Wishes to understand what the problems are around having a public meeting.

AJ: Explained that they have already a small number of very aggressive approaches and appreciates this is a highly emotive issue / a large number of people may not be the most productive way forward.

KM: Concerns about incidents of abusive behaviour towards their staff.

LK: Feels they've had to fight to get any information.

JD: I appreciate that the CC have had a really hard time over this – a lot of the onus for this has fallen to them - all of which is outwith their remit. While I appreciate the value of

discussions within a controlled environment are probably the most productive way forward, I'd also be willing to chair a public meeting in due course. It's really important to get the community on board as this is the community that you will want your future residents to be welcomed.

DL: It's important to point out these meetings aren't aggressive.

LK: Thriving Communities are willing to help facilitate a public meeting.

DH: Interested to know what 'progress' looks like.

AJ: To open up dialogue. To provide granular detail on specific concerns, particularly in relation to adjacent residents.

KM: Keen to discuss today how the model works. Getting that knowledge out there. Alleviating fears.

LK: Refers to CC statement online.

DH: We're not here today to ask questions. But to ask for a public meeting.

EW: Maybe good to go through some of the questions.

SF: When are you planning to be open?

AJ: Can't finish the building works until the planning consent for down pipes and car park are resolved. All internal works are just replacement works. There is no work happening just now on the matters requiring consent.

EW: Re the car park. Is that going to be rectified?

AJ: Awaiting outcome of planning application.

EW: Can we go back to the questions?

AJ: Expect to open in the latter part of quarter one 2026.

JD: Asks about people coming from prison and misinformation on forced detox. EW and JD can confirm that there is no forced detox in Scottish prisons. This is what we need your help with – to provide facts rather than myths.

KM: The prison to rehab pathway means that the individual has to voluntarily go into a structured programme prior to liberation. They have to show commitment to that / regular drug testing. Attending groups / classes within prison. Pre-assessment by Manager in consultation with in house psychiatrist / medical history etc. If the assessment concludes they are suitable for the service, arrangements are made for them to be admitted straight from liberation. Robust individual plans. All residents sign a contract re the house rules. They agree to regular unannounced drug tests / room checks/ device checks / curfews. Any relapse terminates their contract and there would be a safe, managed discharge.

JD: Another question that has frequently been raised with me is the concern that a drug rehab unit attracts drug dealers and various bad actors. Is that your experience at Calderglen?

KM: No. None of that at all. People who come into the service have detoxed and already shown a firm commitment to their recovery. Already on a pathway of change. When they are out for personal shopping, outings (pre risk assessed) etc they are accompanied by a member of staff.

JD: Whilst they are staying with you, residents don't go out on their own? One of the other concerns that has been raised is the proximity of licensed premises in a small village.

KM: Very important for people in recovery not to have these temptations taken away. That's not what living in society is about. We are really building up the person to be part of society and part of the community. By week 10, they are prepared for overnights, home visits etc.

EW: Important to stress that, in your model, residents need to be detoxed and stable. Huge amount of pre-rehab work needs to have taken place. Important for people to hear this today.

SJ: Car parking? Additional staffing?

KM: We wouldn't imagine there would be more traffic. If residents are going out, they would use the minibus. Or would be accompanied in taxis. Staffing ratios much the same.

SJ: The whole point is not about your service. It's about the location, up a single track road. That's the issue that's not been addressed. There's no question about the quality of your service.

DH: No practical boundary between the care home and adjacent householders.

SJ: Concerns about loss of amenity / privacy. Outdoor gym. Smoking facilities? These may sound like small issues but impact on people who live there.

EW: Shared spaces / amenities a bit tricky. How does that affect those who live nearby. How do you co exist in a way that doesn't affect the enjoyment of your home.

SJ: The 12 families who live there deserve that discussion.

AJ: Confirmed they'd be happy to do so.

JD: can SJ / CC provide me with contact details for Townend Estate householders? We'll work on getting you to a public meeting, but until then, to meet with adjacent householders would be really helpful.

LK: Can I just clarify that it will only be residents on the Townend Estate?

EW: I think in the first instance, this is the right meeting to have. To find out more.

(Unfortunately, the rest of the recording was of very poor quality and indecipherable.)