

Subject: **Arran Services Integrated Hub**

Purpose: To provide an update to the Integration Joint Board on the Arran Services Integrated Hub.

Recommendation: The Integration Joint Board is asked approve the Strategic Assessment for an Arran Integrated Hub and to begin work on the Initial Assessment.

Glossary of Terms

NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
IJB	Integration Joint Board

1.	EXECUTIVE SUMMARY
1.1	The defined geographical area, advanced local integration blueprint and engagement of frontline teams on Arran presents an excellent opportunity to rapidly advance HSCP integration and new ways of working.
1.2	The development of a Health and Social Care Hub on Arran has been identified as a central requirement in the transformational change of care delivery that is necessary to meet future challenges.
1.3	Arran has a mix of estate with some modern facilities and some outdated buildings that are no longer fit for purpose. These have significant maintenance and refurbishment costs and include Arran War Memorial Hospital, Brodick Health Centre, Lamlash Medical Centre and Social Services offices.
2.	BACKGROUND
2.1	<p><u>A NEW MODEL OF CARE IS NEEDED</u></p> <p>Reflecting national issues and an elderly population with high multimorbidity, there is already significant difficulty in meeting the need for health and social care on the island.</p>
2.2	The high dependency ratio, shrinking workforce and the certainty of the demographic changes in coming years will have a profound impact on the demand for health, social and long-term care services. The current model of care is ill adapted to cope with this.
2.3	The Arran Review of Services 2015-16 led to a clear consensus on a future model of care. The review provided an overview of current services, need, challenges and opportunities. Detailed recommendations on delivering integration on the island were

	endorsed by the IJB in May 2016.
2.4	The aim is a genuine transformation with service user centred care delivered by a single, truly integrated team. This encompasses a very wide range of services and staff groups. It includes all primary care, community hospital, community health and social care teams, social work, residential care and administration teams. These services will be accessed through a single point of contact.
2.5	Several recurring themes arose in the examination of services on the island. There are a large number of small teams delivering care, these are often a small fragment of a larger Ayrshire service and are vulnerable to recruitment & retention issues and illness. There are multiple lines of management and little coordination of care between teams. The teams are geographically isolated with bases in different sites and significant time is lost to travel. There is much duplication of work and multiple records with repetition and little ability to share information between teams.
2.6	<p>The Review identified key elements of a more efficient and sustainable service on Arran, including:</p> <ul style="list-style-type: none"> • Single Management Structure • Single Team • Single Point of Contact • Single Care Record • Hub <p>A Hub site is seen as crucial in two particular aspects.</p>
2.7	Firstly, to meet predicted demand care must be efficient and cost effective. Crucial aspects to this on Arran include being able to reduce the costs of running and staffing multiple sites. Several significant opportunities exist here.
2.8	Secondly, developing a single integrated team is a core requirement of the plans. It will be a significant challenge to combine a disparate group of teams of varying sizes and differing cultures into an effective single unit. This is highly constrained by the current estates footprint and the associated geographical isolation, travel times, and communication limitations.
3.	PROPOSALS
3.1	<p><u>Initial steps</u></p> <p>A draft accommodation schedule for an integrated hub on Arran is attached in Appendix 1. This proposes the rationalisation of the estate.</p> <p>Following the preparation of this it was agreed to follow SCIMP guidelines and produce a Strategic Assessment (Appendix 2).</p> <p><u>Governance</u></p> <p>A Project Steering Group has been established. Appendix 3 provides members of the Steering Group. The Group will meet on a monthly basis to progress the Initial Agreement and will report to the Joint Property Board which will act as the Project Board for the Steering Group. See Appendix 4 for outline of Governance arrangements.</p>

	<p><u>Workstreams</u></p> <p>The Project Steering Group will oversee the following workstreams</p> <ul style="list-style-type: none"> • New model of care • Workforce • Design • Communication and engagement <p>These will be key components of the Initial Assessment and detailed work in these areas has already started following the Arran Review of services. These plans are already at early implementation stage on Arran and will form the basis of the Initial Assessment.</p> <p><u>Timescales</u></p> <p>The Steering Group have already mapped the various processes that each organization – NAC and NHS need to have sight of the proposal for Arran. Once approved at these forums, the Strategic Assessment will need to formally approved at the NAC cabinet and NHS Board. Once approved the Strategic Assessment will be sent to Scottish Government. This approval process will be completed by August 2018. Following this process the following is an indication of timescales for next stages:</p> <ul style="list-style-type: none"> • Initial Assessment – 8 months • Outline business case – 8 months • Full business case – 6 months • Construction <p>Subject to agreement of the Strategic Assessment in August 2018, the team will report back to IJB with a copy of the full Initial Assessment in February 2019.</p>
3.2	<p><u>Anticipated Outcomes</u></p> <p>It is anticipated that at the end of the process outlined above the Scottish Government will approve the Full Business case for an Integrated Hub on Arran.</p> <p>This will enable the outcomes identified in the Strategic Assessment – Appendix 2 to be delivered.</p>
3.3	<p><u>Measuring Impact</u></p> <p>The impact of such a facility on Arran will enable the outcome of the Arran Review to be fully implemented and delivered. This transformation of services on Arran will mean</p> <ul style="list-style-type: none"> • The increasing elderly and complex care needs for residents on Arran will be met by a single fully integrated team, co located in the Hub • The team will be coordinated and managed via a single point of contact located in the Hub • People on Arran will be cared for in their own home or as close to home as possible • Care will be provided seamlessly and third and independent sector providers will be an integral part of how care is provided • Self care and independence will be a key component of the model

4.	IMPLICATIONS
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Financial:	To facilitate this, and in line with the support offered to other such capital projects, it is proposed that the Steering Group should be awarded £50K to create the capacity required to deliver this work without further delay.
Human Resources:	There are no immediate implications for NASCP staff of this project.
Legal:	There are no immediate legal implications of this project.
Equality:	None
Children and Young People	None
Environmental & Sustainability:	Sustainability of health and social care services on Arran and the development of a suitable environment to provide services from are a key driver for the integrated Hub on Arran.
Key Priorities:	Providing integrated services is a key priority of the H&SCP.
Risk Implications:	There are major risks to the future sustainability of health and social care provision on Arran without a Hub.
Community Benefits:	Only applies to reports dealing with the outcome of tendering or procurement exercises.

Direction Required to Council, Health Board or Both	Direction to :-	
	1. No Direction Required	X
	2. North Ayrshire Council	
	3. NHS Ayrshire & Arran	
	4. North Ayrshire Council and NHS Ayrshire & Arran	

5.	CONSULTATION
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5.1	<p>There has already been considerable work to engage with staff, public, key partners and community on Arran about service change.</p> <ul style="list-style-type: none"> Public /Community – there has already been significant engagement on Arran and further early engagement events are planned to take place on Arran starting in May and will be running until November. Other partners - Ambulance and Dental- – have either been included in the membership of the Steering Group or early discussions have taken place on the intention to develop plans for an integrated hub. There has been a positive response to inclusion in the plan and further discussion and dialogue is taking place. This will include Police and Fire service on Arran.
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6.	CONCLUSION
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6.1	<p>To approve the Strategic Assessment for an Arran Integrated Hub and to begin work on the Initial Assessment, the steering group also recommends:</p> <ul style="list-style-type: none"> To continue to progress the Strategic Assessment through the respective NHS and NAC governance structures. Establish the workstreams set out above and begin development of the Initial Assessment. To facilitate this, and in line with the support offered to other such capital
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	<p>projects, it is proposed that the case be made for the Steering Group to be awarded £50k to create the capacity required to deliver this work without further delay and that the CPMG will feedback on this in due course.</p> <ul style="list-style-type: none">• At the same time, agreement is sought to commission specialist expertise and support from South West Hub on no-commitment, speculative basis to support the design and delivery of further more detailed proposals.• Finally, it is recommended that NHS Ayrshire and Arran and North Ayrshire Council jointly conduct a site search to identify potential locations for the Hub.
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Arran Integrated Hub					
Proposed Draft Accommodation Schedule					
Generic Use/Cluster	Room Name	No of rooms	Area (sqm)	Total (sqm)	Comments
Public/General	Waiting Area (30 seats)	1	45	45	Combined for GP/Outpatients/In-patients/Hub
Public/General	Toilet Male	1	3	3	Main public toilets for Hub
Public/General	Toilet Female	1	3	3	Main public toilets for Hub
Public/General	Accessible Toilet	1	5	5	Main public toilets for Hub
				0	
Office	Reception (3 person)	1	13.5	13.5	Combined for GP/Outpatients/In-patients/Existing Montrose House Residential Care/Hub
Office	Records	1	24.5	24.5	Small to Medium Size - hospital requires space for 2 years of records, minimal GP info (main GP records held off site at Shiskine) Guidance states 3.5m per GP (assumed 7)
				0	
Patient/Clinical	Consulting Rooms	7	14	98	Flexible use : for GP consulting/hospital outpatients/CPN
Patient/Clinical	Treatment Rooms	2	18	36	Flexible use : for GP consulting (minor surgical procedures GP / ANP's covering wide range of procedures)
Patient/Clinical	Lab Room	1	8.5	8.5	adjacent to Consulting and Treatment Rooms : to spin bloods/hold fridge/sluice
Patient/Clinical	Unscheduled Care 4 bay area	1	64	64	adjacent to Consulting and Treatment rooms - aim to have flexible use space where could also use for reablement. Base on BfBC 16.0m
Patient/Clinical	Inpatient beds individual rooms with en-suite	10	20	200	In-patient beds - aim to have flexible use of beds to be able to use as day case beds in addition to in-patient area. All bedrooms are sized the same i.e. No larger bedrooms?
Patient	Accessible Toilet	1	5	5	in unscheduled care area for day patients
Office/Clinical	Nurses Station	1	10	10	next to in-patient area
Office/Clinical	Duty room	1	10	10	next to in-patient area
Office/Clinical	GP doctor of the day Office	1	12	12	next to in-patient area
Patient/Clinical	Accident & Emergency/Resus Room (2 bays)	1	60	60	consider requires ambulance access / and vicinity to reception
Patient/Clinical	X-Ray	1	80	80	adjacent to A&E. This may seem large, but includes X-ray room, Waiting area, viewing room & reception
Patient/Clinical	Physio Treatment Area/Gym/Reablement Area	1	60	60	Based on a 15 place area - approx 6.5 per place
Clinical	Preparation Room	1	15	15	to accommodate drugs storage and bloods fridge. I have assumed that this is the same as a clean utility room, as it has the same function.
Clinical	Sluice	1	12	12	
Clinical	Clinical Waste	1	12	12	uplift from mainland only every fortnight
Clinical	Ward food prep area	1	15	15	Ward Kitchen Food Prep Area for patients/food supplements etc
Patient	Day Room	1	30	30	for inpatients . Depends on use and how may this has to accommodate, for the purposes and to be consistent I have assumed 15
Patient	Linen/Laundry Store	1	5	5	piece of work being undertaken by Clinical Support Services and Ken Campbell, NAC to scope capacity of current set-up at Montrose House.

Patient/Clinical	Mortuary	1	40	40	occupancy for 6, Includes Mortuary, Viewing Area and Relatives Room
Patient/Clinical	Chapel/viewing Area/multipurpose	1	20	20	adjoining mortuary to provide viewing area
Patient/Staff/Visitors	Kitchen	1	25	25	piece of work being undertaken by Clinical Support Services and Ken Campbell, NAC to scope capacity of current set-up at Montrose House - hope to be able to utilise for all. Roughly 1.5m per staff member
Office/Staff	Porter/Handyman room	1	12	12	query what is existing at montrose house
Office	Multipurpose Open Plan Office	1	180	180	32 workstations : staff groupings who would utilise office are Senior Nursing and Management, Admin Team, GP team, Community Nursing Team & AHP's, Social Work and Care at Home Team. Equates to headcount of 52 with WTE of 42.24. 32 workstations calculated on basis of 7.5 desks to 10 WTE as per Smarter Offices space plan ratio detailed in PAMs. NB Also need space within open plan office to site photocopier/shredder.
Office	Single Point Of Contact Office	1	12	12	to house 4 workstations
Meeting Space	Large Meeting Room	1	60	60	to accommodate 30 people, to have ability of being partitioned into 2 or 3 smaller areas
Meeting Space	Breakout rooms	2	12	24	sited off of multipurpose open plan office each to have capacity to seat 4 people
Staff amenities	Dining Room and soft seated rest area	1	80	80	Staffing numbers for hub calculated as 111. Rough guide 44 of whom would be classed as Community based workers who would by nature of work be out in Community majority of time. NB Figure of 111 does not include the existing 35 Montrose House staff who already have a staff room area - which would remain for them. Query what should reasonable and practical provision be?
Staff amenities	Female Changing area (predominately for hospital staff) with showers and toilets also to comprise lockers	1	40	40	? Alternative would be provide separate Female and Male showers with communal shared locker area. Predominately female workforce - exact split unknown. Depends on how many staff. Guidance for 20 states 58 m
Staff amenities	Male Changing area (predominately for hospital staff) with showers and toilets also to comprise lockers	1	40	40	? Alternative would be provide separate Female and Male showers with communal shared locker area
Bedroom accommodation	Relatives bedroom with en-suite	1	20	20	
Bedroom accommodation	For use by on-call personnel with en-suite	1	20	20	
Bedroom accommodation	Staff accommodation with en-suite	2	20	40	
Utility	DSR	1	12	12	
Utility	Comms Room	1	15	15	
Utility	Plant Room	1		0	Engineering space is calculated on 12% of total accommodation
Storage	See below for rationale			0	Currently considerable number of storage rooms/areas varying in size in hospital (see Note 1)

	Equipment Store (housing electrical re-charging equipment and nursing equipment - see note 1 below for detail	1	12	12	in vicinity of nurses station and in-patient bedded area
	PPE + Major Incident Store - see note 1 below for detail	1	12	12	in vicinity of nurses station and in-patient bedded area
	Nursing Store (A&E, In-patients and Out-patients) - 18 linear metres	1	36	36	
	Stationery and General Supplies	1	8	8	sited off of multi-purpose office area
	Oxygen Store	1	14	14	external access required
	Sub Total			1548.5	
	Circulation - 33%			511.0	
	Engineering - 12%			185.8	
	Partitions - 5%			77.4	
	Total			2322.75	

Note 1	
Electrical equipment recharging room - floor space plus 6 linear metres of shelving	Look to combine these 2
Nursing Equipment Store - large equipment such as portable hoists, syringe drivers on stands, sit on weighing scales plus 6 linear metres of shelving	
PPE store - 8 linear metres + COSHH flammable liquids large 2 door metal cupboard	Look to combine these 2
MAJAX store - 18 linear metres + hanging rail	
Nursing Store - (A&E, in-patients and outpatients) - 18 linear metres	
Stationery and General Supplies	
Oxygen Store - external	

PROJECT: Arran Integrated Hub

What is the need for change?

Patients are staying in hospital for longer than necessary & there are insufficient community care resources

Patients are receiving uncoordinated care with duplication, fragmentation and some gaps in service.

Unable to afford and meet projected increase in demand for services without changing the model of care

Present Estate is preventing efficient integration of health and social care and ability to address current challenges.

Current facilities are functionally ineffective and will not support proposed new model of care.

What benefits will be gained from addressing these needs?

Identify Links

Improves support to allow people to live independently.

Increases proportion of people with complex care needs to be cared for at home.

Ensuring timely discharge from hospital

Prevents admission to hospital with earlier intervention and crisis intervention and support at home.

Facilitates health and social care integration and development of a more effective flexible and resilient team.

Improves the efficiency and effectiveness of health and social care estates. Reduces maintenance & staffing costs.

Creates a sustainable model of integrated care fit for remote and rural nature of service delivery issues and pressure on Arran.

How do these benefits link to NHSScotland's Strategic Investment Priorities?

Identify Links

Prioritisation Score

Person Centred

5

Safe

5

Effective Quality of Care

5

Health of Population

5

Value & Sustainability

4

TOTAL SCORE

98

What solution is being considered

Service Scope / Size

Full range of health and social care services on Arran

Service Arrangement

Integration of health and social care services. Co-location of services.

Service Providers

Existing NHS, Council, GP, Health & Community and Social Care providers.

Impact on Assets

Potential expansion of Montrose House Care Home or New Site.

Value & Procurement

Hub Value £10M

PROJECT DIRECTORY

Project Directory
NHS Ayrshire & Arran

Review of Arran Clinical & Partnership Services

as at 28 March 2018

Version 1

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