

Subject: **Trindlemoss and Warrix Ave., (formerly known as the Tarryholme Drive Project)**

Purpose: To advise the IJB of progress and current status of the project

Recommendation: To note the contents of the report

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
NAC	North Ayrshire Council
LD	Learning Disability
MH	Mental Health
TDP	Tarryholme Drive Project

1.	EXECUTIVE SUMMARY
1.1	The Tarryholme Drive Project (TDP) was established from a market opportunity to address the gaps and needs in the provision of Mental Health & Learning Disability Services. All functions will be realised by May 2019.
1.2	Considerable work has been undertaken to date through a variety of working groups drawn from the services that will be established at the TDP. These have informed the design and refurbishment of the building, the care and work force models to be deployed.
1.3	The IJB are asked to note the progress made to date
2.	BACKGROUND
2.1	The sale of Red Cross House, Irvine, in 2016 presented the North Ayrshire Health & Social Care Partnership (NAHSCP) with an opportunity to change and improve the delivery of Mental Health and Learning Disability Services across Ayrshire and Arran.
2.2	The size and layout of the existing facility provided a footprint for the creation of much-needed community options to support those in our society who are amongst the most vulnerable and have complex care needs. Traditionally, they have either been in hospital for longer than necessary, supported in individual and dispersed in tenancies, and /or placed in residential placements outwith their home communities

2.3	An initial Business case for the purchase of the facility was approved by NHS AA and North Ayrshire Council (NAC) in May 2016 and the purchase finalised in October 2016.
2.4	Planning continued with focus on service involvement on design and partner activity to identify stakeholder need and final preferred options for the future use of the building gained approval by NAC Cabinet and NHS AA in February 2017. Capital funding for refurbishment being split between NAC, NAC Housing and NHS AA according to use and function of the services to be delivered.
2.5	The refurbishment of the site has been informed by a number of design working groups drawn from the multi-disciplinary teams from health and social care and with events held with service users, carers and the 3 rd and Independent sectors.
	<ul style="list-style-type: none"> • Learning Disability Day Services for North Ayrshire residents to replace the current dated resource of Fergushill. The footprint of TDP, including a small extension, enables the vision and brief prepared for a previously-proposed new build to be realised on this site at a reduced cost. TDP also has additionality e.g. a hydrotherapy pool. The move to this new facility will also involve Hazeldene community based services. The service delivery model is under review.
	<ul style="list-style-type: none"> • 20 housing tenancies for people with complex learning disabilities and, often, co-morbid health problems. They require a responsive 24/7 support service and individual outcome focussed care planning. Five of the units will be refurbished to be fully accessible. The tenancies will have telecare and assistive technology. This will enable the HSCP to deliver high quality care in a model that is financially more sustainable than that delivered in high cost packages to individual and dispersed tenancies. It will also allow for the residents to be able to spend time on their own as they wish, knowing that support can be summoned immediately.
	<ul style="list-style-type: none"> • 6 unit facility for learning disability service users with very high needs. This group, whose difficulties include understanding and interpreting the world around them, can demonstrate behaviours that can challenge service providers. It is important that the physical and relational environment provides people with an opportunity to be safely alone in their own home whilst simultaneously enabling the identification of bespoke care packages. This will enable at least 6 of the 9 people currently identified as 'delayed discharge' in Arrol Park to be resettled into a fit for purpose environment.
	<ul style="list-style-type: none"> • 9 unit mental health facility a community rehabilitation facility to replace the function of one of the rehabilitation wards in Woodland View. This will enable people to continue their recovery journey in an environment as close to independent living as possible, while managing dynamic risks. It will also enable for one of the current in-patient wards, 7A to be 'freed up' as its function transfers to a community setting. It will be an extension of the service provided at Woodland View. In turn, the ward can then be used for the transfer of the LD Assessment & Treatment in patient function of Arrol Park to transfer from their outdated building to the new hospital.
2.6	Appendix 1 shows the site layout. The main site, consisting of the Learning Disability Components is scheduled for completion in May 2019.

2.7	The mental health facility, based in Warrix Ave., is scheduled for completion in February 2019.
2.8	<p>Governance</p> <p>The project has a number of governance routes. The various working groups report to a Steering Group, which in turn reports to the MH Change Programme Board. The project is also reported to the recently formed Transformation Board, NAHSCP.</p>
2.9	The capital finance reports to Capital Programme Board, the property development to the Joint Property Group. The TDP also has reported variously to the NHS AA Scrutiny Group and now the Transformational Leadership Group and Corporate Management Team through the Programme Management Office of NHS AA.
3.	PREPARING FOR OCCUPATION
3.1	Mental Health Community Rehabilitation : The working group has identified a mixed model of staffing. Registered Mental Health Nurses and support workers identified by the current banding of 3 (NHS) whose work role is new by combining a job profile that encapsulates the role of a social care support worker. It also will have 0.8 of a dedicated Occupational Therapist. The unit will be managed by the current Band 7 nurse who manages the two rehabilitation wards, 7A and 7B at Woodland View. The staffing complex will be by application from the current staffing group and the organisational change process has commenced.
3.2	The unit will be an extension to the hospital. However, unlike the hospital environment it will be able to replicate experience as near to independent living as possible. Residents will be encouraged to self-care, self-medicate, use benefits to self-cater, and, importantly develop and practice their own anticipatory care plans whilst still in a supportive environment.
3.3	The length of stay will be limited to 9 to 12 months. Throughout this time, the residents will be supported to attend review by their own home sector Community Mental Health Team and supported to link to the Crisis Response Team, should the need arise, just as they would in their own homes. Managing onward moves will require the resident to have either a home to go to, or if not, an active housing application at the start of this journey as opposed to the current practice of waiting until discharge is anticipated.
3.4	Learning Disability Day Services : An ongoing review is being undertaken. The service wants to move away from the outdated demarcation that exists such that those attending Fergushill are considered complex, and those attending Hazeldene as more able. They have visited other services and are defining outcomes from a strengths based perspective, focussing on health, fitness/physical activity, life skills/independent living skills, employability and community inclusion.
3.5	The workforce is establishing a 'skills bank' so that their expertise can be matched according to the service users identified needs and desired outcome.
3.6	Learning Disability Tenancies & Six unit complex needs : The tenancies will be registered with the Care Inspectorate as Housing Support with Care at Home, and the Six unit complex needs as a Care Home.

3.7	The staffing model will be utilising the knowledge and skills of a Band 7 Learning Disability Nurse to manage clinical aspects across the residents needs in the tenancies and care home. This will be supplemented by a core staff group of health and social care staff of 5 during 16 hours of the day and 3 across the night. The core group will be active in both planned and responsive care, largely focussing on supporting daily living skills. Should the tenant decide to have other agreed outcomes delivered from another provider, personal assistant, or as a direct payment this will be enabled.
3.8	The more complex needs of residents in the care home demand a higher staffing ratio of 1:1. Again, the use of telecare and assistive technology will maximise opportunities to spend time alone if so wished. If there is a need for higher ratio for some tasks, the workers are able to access assistance from the core staff group of the residencies.
3.9	Naming of the resource. : The primary consideration in shaping the development of the project has been one of involving service users and staff. The moving of day service facilities to the new site represented a significant transition for all currently involved, so, when it came to naming the new facility, service user and staff involvement remained key. The input of an existing Focus Group of service users at Fergushill was sought to help with this. A short list of options was provided to them, of names with historical connections to the site. However, the group itself chose to do some further research on the topic. In the process they came across Trindlemoss , the original source of the waters which drained into a well on the site. The freshness of the name, and the idea of it being the original water source, appealed greatly to the group, in the context of the new facility representing a fresh new start.
3.10	The LD 'day services' element of the site will be simply known as Trindlemoss. It is considered an unnecessary step to sub define the function and limit public and users perceptions. The community will be encouraged to be as involved in the resources available just as the service users will be supported to engage with those resources already available in the local community.
3.11	The tenancies and high needs element are already identified by different road names and it is intended a submission be made to Locality partnership meeting of Irvine, with the proposal that the properties be renamed as Trindlemoss Court. The intention of the high needs unit is not to establish Care Home in its name, but simply 1-6 Trindlemoss Court, and the tenancies numbered accordingly.
3.12	The MH rehabilitation unit will be simply identified by the current street name addresses, of Warrix Avenue.
4.1	<u>Anticipated Outcomes</u>
	<p>The TDP has been predicated on the transformation of how we deliver our services. It will :</p> <ul style="list-style-type: none"> • Enable MH rehabilitation to move from a hospital, in patient based setting, to a more dynamic risk management and recovery focussed environment. Residents, will be empowered and enabled to take control of their recovery journey. • Provide an environment for those who have learning disabilities to be able to live a valued life, as independently as possible, creating connections with communities both within Trindlemoss and inclusion in the wider community

	<ul style="list-style-type: none"> • Provide an environment and workforce in LD Day services that is strengths based, outcome focussed and meets the range of needs • Enable the transfer of LD Assessment & Treatment in-patient unit at Arrol Park to both function as intended for this purpose and do so in a modern and fit for purpose environment. • Enable a deliver model that is financially sustainable, realising anticipated savings on current delivery
4.1	<p><u>Measuring Impact</u></p> <ul style="list-style-type: none"> •
	<p>The project is establishing an evaluation paradigm that draws on both quantitative and qualitative aspects.</p> <ul style="list-style-type: none"> • Data analysts are able to provide information as to current and historical patterns of in-patient movements, length of stay etc. • The project requires to be evaluated from experiences, views and outcomes relevant to the various 'user groups'. It will also require to evaluate the experience and views of the workforce who will be doing things differently. • The proposal of a small investment of monies to enable a partnership approach in this with an independent and academically renowned resource of the University of the West Coast of Scotland is currently being explored.
4.	<p>IMPLICATIONS</p> <p>That the NAHSCP, as lead partner of MH and LD services are transforming the delivery of those services across Ayrshire & Arran. This is by utilising the workforce differently, efficiently and effectively providing high quality services to those that are most vulnerable. That the environment of delivery is and develops solid community links</p> <p>.</p>
Financial:	The capital funding programme is within agreed budgets. The revenue financials are due to deliver savings to both NAC and NHS AA
Human Resources:	The staffing groups of nursing in current wards are effected. Organisational Change process has commenced with the MH Team and job profiles enhancing current descriptors are being evaluated.
Legal:	The establishment of Warrix Avenue as an extension of Woodland View is agreed by Health care Inspectorate. The Mental welfare Commission confirm that any hospital based orders in terms of the Mental Health Care and Treatment Scotland) Act (2005) 2015 applies.
Equality:	The project maximises on opportunities for vulnerable groups to be safely living valued lives with inclusion and development of communities.
Children and Young People	The TDP will provide opportunities for young people in transition from living with family carers and schools to develop independent living skills
Environmental & Sustainability:	The refurbishment of the building is to high specification and accords to building standards.
Key Priorities:	The TDP is fully aligned to the NAHSCP strategic plan.
Risk Implications:	Savings are not delivered in accordance with the original financial assumptions. This is being managed by ongoing dialogue with NHS AA financial director and the responsible officer for the decommissioning of Ailsa site wards. The NHS AA have identified that a reduced saving is acceptable to them. The management of

	anticipated savings for NAC through the commissioning of care packages is on track
Community Benefits:	Not applicable

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
5.1	The project has and continues to be developed in consultation with stakeholders, budget holders, service users and carers, workforce, 3 rd and Independent Sectors. Community involvement is the next stage of the Communications Working Group focus.
6.	CONCLUSION
6.1	The TDP has developed over the past year with realisation over 2019. It is an exciting time for all involved. It is ambitious, realising four functions that will provide safe, supportive and forward looking services to people who are most vulnerable

For more information please contact [Norma Bell, Independent Living Manager on [Tel. No. 01294 317760] or [email: nbell@north-ayrshire.gov.uk]