

EAST AYRSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

INTEGRATION JOINT BOARD: 30 NOVEMBER 2017

REVIEW OF THE COMMUNITY REHABILITATION CENTRE, KIRKLANDSIDE HOSPITAL- OUTCOME OF STAKEHOLDER ENGAGEMENT PROCESS, SERVICE CHANGE STATUS RECOMMENDATION AND NEXT STEPS

Report by Annemargaret Black, Head of Community Health and Care

PURPOSE

1. The purpose of this report is as follows;
 - i. to provide for consideration the recommendations within the completed report on the stakeholder engagement process and options appraisal process in relation to the services currently provided at the Day Hospital, Community Rehabilitation Centre, Kirklandside (IJB Appx 1);
 - ii. share the outcomes from this process and approve the service change status recommendation that it is not considered major service change;
 - iii. to approve the future service model set out in this paper
2. Following the report to the East Ayrshire Integration Joint Board on 14 June 2017. This report sets out the findings from comprehensive stakeholder engagement process undertaken from June 2017 until September 2017, including the work of the Stakeholder Reference Group, the options development process and the preferred option developed by the group to review the Day Hospital service at the Community Rehabilitation Centre currently based on the Kirklandside Hospital site.
3. The Stakeholder Engagement report, including recommendations for a future service model has been completed, considered and approved to go forward to the Integration Joint Board by the Model of Care Programme Group at their meeting on 2 November 2017.
4. Although there was no requirement to follow the Scottish Health Council service change status process, the Stakeholder Reference Group agreed to follow this guidance to ensure good practice and to be confident that all aspects of this process had been fully considered. The service change guidance was carefully followed with due consideration given to the process, options development and options appraisal.
5. After following this process, the recommendation is that the IJB approves that the proposed change is not considered 'major service change' as the service will be redesigned to meet the national 20-20 and local East Ayrshire vision that services will be delivered as close to peoples own homes as possible with hospital care being the exception.
6. This report sets out the preferred service model developed by the Stakeholder Engagement Group and asks the East Ayrshire Integration Joint Board to approve the option developed within this report.

BACKGROUND

7. Scottish Government's CEL 4 Guidance (2010) sets out the 'planning, informing and engaging' process in relation to a service change process. The guidance sets out identifying the need for change, informing potentially affected people of the planned timetable for engagement, reasons for change and the development of model(s) with key stakeholders and option appraisal process.
8. The Scottish Government has confirmed that the service change decision is for consideration and approval by the East Ayrshire Integration Joint Board within the Public Bodies (Joint Working) (Scotland) Act 2014.
9. Although, there is no requirement to submit this report to the Scottish Health Council, the Stakeholder Reference Group followed all guidance and process in relation to this engagement as a matter of good practice.
10. It is within this context that the engagement on the review of the Community Rehabilitation Centre has taken place.
11. Following, the stakeholder engagement activity, a service change template (IJB Appx 2) was completed and considered by the Model of Care Group on 2 November, for their views in relation to the public involvement process and whether it has been in accordance with the guidance.
12. The Model of Care Group approved that this process had been carried out as per the CEL 4 guidance and that the inform and engagement processes were a proportionate response to this review.

PEOPLE WHO USE SERVICES AND CARERS IMPLICATIONS - STAKEHOLDER REFERENCE GROUP - INFORMING AND ENGAGING PEOPLE IN DEVELOPING HEALTH AND COMMUNITY CARE SERVICES

13. A Stakeholder Reference Group was convened as part of the Model of Care programme in January 2017. This group was pivotal in taking forward the above process, which included overseeing and agreeing an engagement plan to inform potentially affected people of the planned timetable for engagement, reasons for change and background information. Other key work of the group included the development of options and options appraisal process in line with Scottish Government CEL 4 Guidance.
14. Stakeholders were represented from the following areas: EAHSCP Head of Service, East Ayrshire Advocacy (representing older people), Day Hospital, Community Rehabilitation Centre staff member, Day Hospital, Community Rehabilitation Centre Service User, public/patient representative, carer representative, Third Sector representative EAHSCP Senior Manager, Service Manager, Associate Nurse Director, Consultant Geriatrician, and staff side. A Scottish Health Council representative was in attendance at all meetings to observe the work of the group.
15. It was agreed that the group would meet regularly from June 2017 to September 2017 to implement and inform the engagement process, options development and options

appraisal. At the initial meeting, the engagement programme was considered and agreed by the group.

16. The group followed all due processes set out in the guidance when considering the review of services provided by the Day Hospital, Community Rehabilitation Centre. Recognition and full consideration were given to the affected population namely, frail older people in the Kilmarnock and Northern Localities requiring a programme of rehabilitation.
17. During this series of meetings, the Stakeholder Reference Group considered, discussed and appraised various options (taking into account views from wider public engagement) for reviewing the service which on average has approximately 46 patients attending the service per month. The selection and scoring criteria for each option was linked to core dimensions of the Healthcare Quality Strategy as well as location of the service in proximity to local communities.
18. The Quality Strategy sets out that services must be safe, person centred, effective, equitable, efficient and timely. Along with services to be available in an easy to access location, these were used as criteria for the options appraisal scoring process.
19. There were four main options selected for consideration

Option	Description
1. Status Quo	Continue with current team and location
2. Standalone, co-located team	Current team co-located with a Health and Social Care Service
3. Standalone, mobile team	Current Team providing services throughout the community in a wide range of community settings
4. Aligned, mobile team	Current team aligned with other community teams to provide services in a range of community settings

20. After considering all of the above, the group overwhelmingly agreed with option 4 which is for the team to align with other services in the community and offering the current service in a mobile approach in a range of community settings. This was viewed as delivering services more flexibly with opportunities to strengthen current staff structures and provide a more localised service option that is efficient, safe and effective for patients.
21. By aligning with a community based multi-disciplinary team, this should improve accessibility for people to attend more community based rehabilitation in their own communities. It should also increase productivity by making the service more accessible.
22. Non-rehabilitation out-patient services were also considered within the work of the stakeholder group separately and discussions took place with staff who deliver the clinics. As clinics require to continue for care reviews and monitoring, it was assessed that these clinics could be delivered from alternative community based locations.

SERVICE CHANGE STATUS

- 23.** In line with CEL 4 guidance, a service change recommendation template (IJB Appx 2) was completed and approved by the Model of Care Group at its meeting on 2 November. A full Stakeholder Engagement Report was also included and is available (IJB Appx 1).
- 24.** In response the Model of Care Group acknowledged the engagement work that had been undertaken including the option appraisal and scoring options process and considered the approach undertaken regarding this NHS service to be proportionate and consistent with the process and principles outlined in the guidance.
- 25.** The view was that the proposals would not meet the threshold for major service on a number of points:
- The engagement process appears to have been inclusive, and has included the development of a long list of options for consideration
 - The service would continue to be offered in a range of community settings
 - The proposal is not concerned with emergency or unscheduled services.
 - The proposal appears to align with the Scottish Government's strategic 2020 vision to achieve sustainable quality in the delivery of healthcare services across Scotland.
 - The engagement process appears to have been inclusive, and has included the development of a list of options for consideration.

FINANCIAL AND RESOURCE IMPLICATIONS

- 26.** The service will be delivered within existing resources and productivity gains will be significant given the current non attendance rates described within the stakeholder report.
- 27.** There will be some additional costs in relation to staff travel expenses as it is proposed that the team will work in the community rather than being based at one site. However, it is anticipated that there will be savings in transport costs. Modelling is underway to identify the costs of re-providing this service in the community and also to provide staff accommodation and support services.
- 28.** The service is delivered by a mixture of directly managed staff and teams who are managed within lead partner or support services arrangements. For example allied health professionals, properties and estates and Geriatricians. To allow full re-provision of the current service, it is crucial that there is still full resource provision into the future model by other partnerships and support services.
- 29.** A financial plan is being developed for this service. This is in alignment to the financial plan required for accommodation re-provision and for the future housing model development to re-provision Kirklandside beds as outlined in the report to IJB on 14 June 2017. The finance detail is not yet available in terms of costing the future model and

financial governance requires to be clarified in terms of funding a proposed future model in respect of the role of NHS Ayrshire & Arran and East Ayrshire IJB.

HUMAN RESOURCE IMPLICATIONS

30. All human resource implications will be fully supported by the East Ayrshire Health and Social Care Partnership and will include all relevant staff, HR colleagues, Organisational Development and staff side. Specific organisational change policies will support any agreed change.

LEGAL IMPLICATIONS

31. The processes in this report will support the IJB to be fully confident that the CEL 4 Guidance has been followed and applied as good practice.

COMMUNITY PLANNING

32. This will not impact on community planning processes.

EQUALITY IMPLICATIONS

33. Equality and diversity impact assessments were undertaken for both the engagement process and the selected option. Both EQIAs are attached to the Stakeholder Reference Report. An equality and diversity impact assessment will be undertaken in relation to the new model.

RISK IMPLICATIONS

34. If the service change decision is delayed this will have an impact on the timescales in relation to introducing the community model.

RECOMMENDATIONS

35. It is recommended that the IJB:
 - (i) Approve the service change status outlined in this paper (and the associated appendices) is not regarded as major service change.
 - (ii) Approve and endorse the implementation of a community based model;
 - (iii) To otherwise note the content of the report.

Annemargaret Black
Head of Service Community Health and Care Services
30 November 2017

Implementation Officer: Irene Campbell



Review of the Community Rehabilitation Centre, Kirklandside

Stakeholder Engagement Report

East Ayrshire Health and Social Care Partnership

Version No:

Final

Prepared by

Irene Campbell
Programme Improvement Manager

Effective from

October 2017

Review Date

*Not appropriate if an annual report, to be used for
policy documents*

Lead reviewer

Annemargaret Black
Head of Community Health & Care

**Dissemination
Arrangements**

East Ayrshire Health & Social Care Partnership and all stakeholders

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Glossary

The following is a guide to some of the terms used in this report.

CEL4	Chief Executive Letter (Scottish Government guidance on informing, engaging and consulting People in Developing Health and Community Care Services)
CRC	Community Rehabilitation Centre
CVOEA	Council for Voluntary Organisations East Ayrshire
EACH	East Ayrshire Community Hospital
EAHSCP	East Ayrshire Health and Social Care Partnership
EqIA	Equality Impact Assessment
HR	Human Resources
MDT	Multi-disciplinary Team

1. Background

With an increasing ageing population and many people living longer with long term conditions, the health and social care needs of our population are expected to continue to rise in coming years. The needs of the population are also becoming more complex due to co- and multi-morbidities. The imperative to develop and design services in new ways applies to East Ayrshire as it does nationally.

The proposal to review the Community Rehabilitation Centre (often called the Day Hospital) at Kirklandside Hospital arose from this wider context through the East Ayrshire Health and Social Care Partnership's review of Rowallan Ward, Kirklandside Hospital which formed part of the review of our Community Hospitals (copy available upon request). This stakeholder engagement report sets out the strategic context, the local review, the work of the Stakeholder Reference Group as well as the wider stakeholder information and engagement process that was undertaken from June 2017 until September 2017.

1.1 The strategic context

The decision to review the provision of community hospital care in East Ayrshire sits within a national and local context that leaves little scope to continue with current models of care.

In 2011, the Scottish Government set out *Achieving sustainable quality in Scotland's healthcare – a '20:20' vision* as its strategic vision for achieving sustainable quality in the delivery of healthcare services across Scotland (commonly referred to as the 2020 Vision). This vision is that by 2020 everyone is able to live longer healthier lives at home, or in a homely setting and, that we will have a healthcare system where:

- we have integrated health and social care;
- there is a focus on prevention, anticipation and supported self-management;
- when hospital treatment is required, and cannot be provided in a community setting, day case treatment will be the norm;
- whatever the setting, care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions; and
- there will be a focus on ensuring that people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission.

A number of other national initiatives provide additional strategic context for our review. For example:

- Healthcare Quality Strategy for NHS Scotland;
- Reshaping Care for Older People;
- Integration of Health and Social Care;
- Delivering for Remote and Rural Healthcare;
- Intermediate Care Framework;
- Scotland's National Dementia Strategy;
- NHS Scotland Efficiency and Productivity Framework for SR10;
- Shifting the Balance of Care;
- AHP Delivery Plan.

Links to each of these documents is provided in the References at the end of this report.

Integration and the creation of Health and Social Care Partnerships provides an opportunity to comprehensively review current services and models of care to best meet needs and expectations. In response to the local and national pressures for change, NHS Ayrshire & Arran, along with the three Ayrshire Health and Social Care Partnerships have embarked on an ambitious three-year programme of service change – New Models of Care for Older People and People with Complex Needs. It is within this context that the review of the Community Rehabilitation Centre takes place.

1.2 Community Rehabilitation Centre, Kirklandside

Since the 1970s within the Kilmarnock locality, day hospital services for older people in Kilmarnock and the surrounding area are provided at the Community Rehabilitation Centre (CRC), Kirklandside, Kilmarnock. The Centre provides rehabilitation services to day patients from the following areas: Kilmarnock, Kilmaurs, Fenwick, Stewarton, Dunlop, Symington, Dundonald, Crosshouse, Gatehead, Darvel, Newmilns, Galston, Hurlford and Crookedholm.

The Consultant led multi-disciplinary rehabilitation services provided are mainly for people aged over 65 with complex care needs and can extend to patients under age 65 based on individuals' assessed needs.

The main aim of the service is to promote optimum level of function through implementing therapeutic programmes devised collaboratively by the MDT to meet individuals' assessed needs.

The main features of the service are set out below:

- Consultant led multi-disciplinary rehabilitation mainly for people aged >65 with complex health care needs, may extend to <65s based on assessed needs
- 2 sessions per week Consultant Physician in Geriatric Medicine
- To promote optimum level of function through implementing therapeutic programmes devised collaboratively by the multidisciplinary team to meet individuals' assessed needs
- People must be medically stable, able to actively participate in treatment programmes, have cognitive ability to follow treatment plan
- The service has 5 directly employed staff – Charge Nurse, Staff Nurses and Nursing Assistants
- Other services provided from the centre: Physiotherapy (staff also cover domiciliary service and ICES), Occupational Therapy, Speech & Language Therapy, Dietetics, Appliance Service, Dental Service, Podiatry, Chaplaincy Service, Specialist Nurses
- Some patients attend the Centre CRC for Falls Clinic or Movement Disorder Clinic appointments only and do not receive any rehabilitation services that the CRC provides. Patients who attend these clinics will do so infrequently, perhaps only every 6 or 12 months. These are generally for review appointments.

Referrals to the service come from a range of areas including hospital discharges, out-patient clinics, GPs, AHPs, District Nursing and Social Work. The service operates from Monday – Friday 08.30 am until 4.30pm. The service offers 12 patient places per day (60 per week).

The recording system /database linked to the service posed some difficulties in relation to the analysis of the data and we were unable for example to calculate average length of stay for the service. However, analysis of data captured by the service for 2016/2017 was able to provide the following service activity levels and this is set out in the next section.

1.3 Analysis of the data

The table below sets out information in relation to the number of new patients, number of patients who either completed the treatment and/or left the service as well as average duration of attendances.

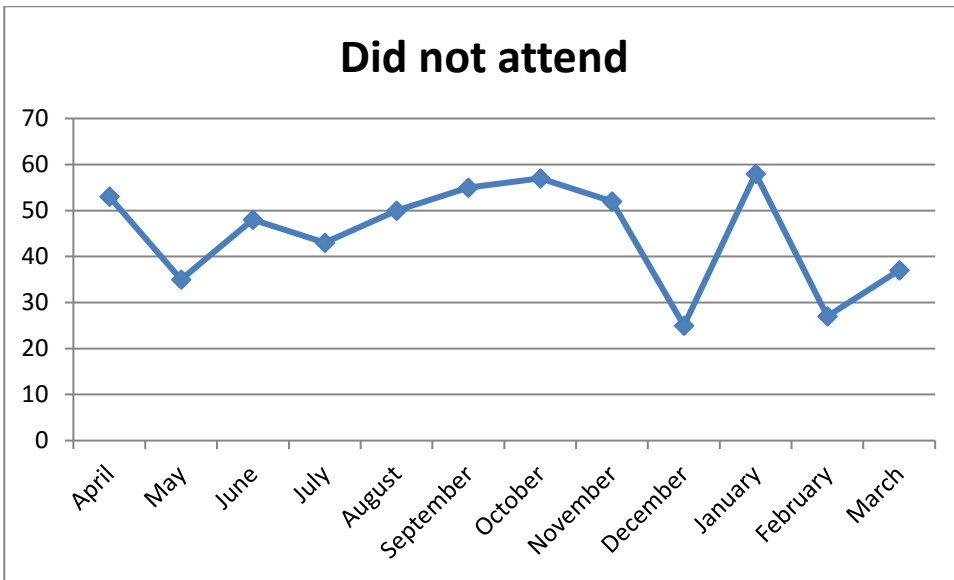
2016/2017 Patient Data for CRC (does not include clinics)

Patient on Register Carry Forward			Attendances					
Month	New Patients	Patients Removed from list	Remain	Duration 4 hours or more	Duration less than 4 hours	DNA	Total attendances	Avg attends per day
April	11	10	49	131	28	53	159	7.6
May	16	13	52	176	10	35	186	8.5
June	17	19	50	160	6	48	166	7.5
July	8	9	49	168	22	43	190	9
August	16	22	43	158	28	50	186	8.1
September	20	16	47	143	20	55	163	7.4
October	17	21	43	128	18	57	146	7
November	17	14	46	154	10	52	164	7.5
December	9	6	49	121	7	25	128	7.5
January	10	23	36	139	1	58	140	6.4
February	19	14	41	137	5	27	142	7.1
March	15	11	45	152	18	37	170	7.4



Around 46 attending per month, ranging 36 – 52

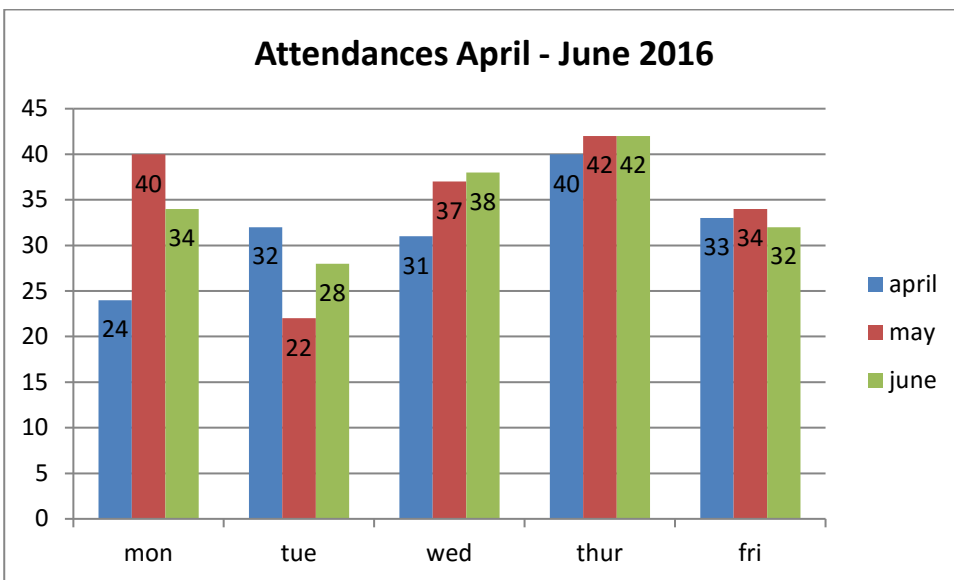
This includes an average 15 new referrals per month, ranging 8 - 20 (most commonly 16 or 17).



There was an average of 45 non-attendances per month (ranging 25 - 58) if we add the attendances and the DNAs, assume this to be the number of potential sessions available.

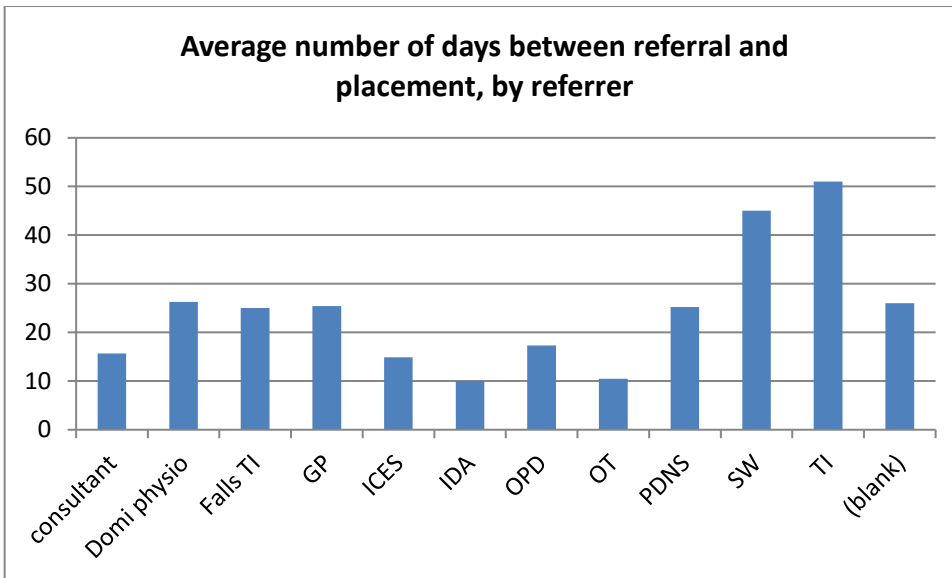
DNAs comprised 22% of potential sessions, on average, ranging 16 - 29%

From the electronic records April, May, June 2016



- There were 160 attendances in April
- There were 175 attendances in May
- There were 174 attendances in June
- Most people attended once per week

The table below is from a sample of records from start and end of the referral book from April 2014 until the end of February 2017. It also includes samples from 2016/17 and looks at trends, who refers and what the patient is referred for.



- of 88 referrals, 63 were either from domi physio (30) or GP (33)
- average number of days from referral to placement is around 25 or 26
- the 3 consultant referrals were shorter (16 days)
- the SW and TI referrals took much longer to placement (45 and 51 days)
- but there were only 1 SW and 2 TI referrals
- differences in times may reflect different needs, and different actions taken
- most referrals were for falls – 71/85

Referrals to CRC from AHPs have been declining over the years as patients can be directed to a range of rehabilitation services that may be delivered at home or in the local community as an alternative to attending the CRC.

2. The engagement process

Following CEL 4 (2010) guidance, a range of activities were planned to ensure an inform and engagement process took place. The timeline for this activity is set out below.

Activity	Timeline	Status
Start engagement process with staff	June/July	Completed July 2017
Development of options for model with key stakeholders: <ul style="list-style-type: none"> Stakeholder engagement group to meet to take forward : Develop options with key stakeholders Agree criteria and weightings EQIA process (led by sub group) 	<p>June - September</p> <p>June – September</p> <p>August – September</p> <p>Ongoing</p>	<p>Completed September 2017</p> <p>Completed September 2017</p> <p>Completed August 2017</p> <p>Completed October 2017</p>
Communications plan and activity <ul style="list-style-type: none"> Seek views via focus groups and meetings with stakeholders Range of activities to inform and engage 	<p>June – September</p> <p>June – September</p>	<p>Completed September 2017</p> <p>Completed September 2017</p>
Complete Stakeholder Engagement Report	October	Completed

2.1 The Work of the Stakeholder Reference Group

A Stakeholder Reference Group was formed in December 2016 in order to oversee and develop the process of informing and engaging on options for the re-provisioning of services from Rowallan Ward, Kirkcaldy. The Group undertook a process of developing and appraising potential options for re-provision of the Rowallan Ward services. Following this process it was agreed that this group would continue to function and link to the Models of Care Group. Terms of reference were reviewed and it was agreed that the group would continue to take part in the options development and appraisal process for future service reviews relating to the Models of Care Programme in

East Ayrshire. It is within this context that the work of the group continued and led on the review of the Community Rehabilitation Centre at Kirklandside Hospital.

Membership of the Group was intended and continues to reflect, as far as possible, the range of people with an interest in continuing care for frail older people in Kilmarnock. Direct invitations to older people and carers were made to join the Group; invitations were also issued via relevant organisations in Kilmarnock (such as the Carers' Centre, East Ayrshire Council of Voluntary Organisations, and the Volunteers Centre); and advice was given that people could join the Group in pairs rather than individually if they would find this less intimidating. This approach continues and the current membership of the group is as follows:

The Stakeholder Reference Group – Current membership

Member	Representing
Head of Community Health & Care Services (Chair)	EAHSCP
Service Manager, Kirklandside	Staff
Charge Nurse, Rowallan Ward	Staff
Charge Nurse, Community Rehabilitation Centre	Staff
NHS Staff Side Representative	Staff
Patient/public representative	Older people
Patient/public representative, Community Rehabilitation Centre	Older people/service users
Patient/public representative	Community
Patient/public representative	Carers
Third Sector representative	Community
Older People's Advocacy Service East Ayrshire	Older people in the community
Consultant Geriatrician	Clinical
Associate Nurse Director	Clinical
Programme Improvement Manager	EAHSCP
Project Officer (Graduate Intern)	EAHSCP

There was representation from the Scottish Health Council (SHC) at all meetings and SHC representatives took notes accordingly.

The Stakeholder Reference Group meetings were held in accessible venues, and transport to the venues was offered where needed. By agreement information to Group members was sent to most members electronically in advance to allow for accessible formats, and face to face meetings were held with individuals to discuss the information prior to meetings, when requested. Paper copies of all documents were also sent to 2 group members at their request. The Programme Improvement Manager was available to all group members for individual meetings or updates as and when required.

A total of 4 meetings took place on 22 June, 8 August, 18 August and 1 September. The minutes from all meetings are attached at Appendix 1.

Group meetings and the development of options for a new model

In June 2017, the group met to discuss models of care related work. All stakeholders were in agreement that the group would take forward the CRC review, options development and options appraisal process. There was agreement that a CRC service user and staff member from CRC would be invited to join the group. A project brief (appendix 2) was sent to the group to initiate this process.

It was agreed that the communications strategy previously used and a range of activities undertaken to take this forward would be an appropriate way to respond to this inform and engagement process and ensure that engagement with stakeholders was as wide scale as possible. In addition to this, members of the Stakeholder Reference Group were tasked with identifying and engaging more widely their staff and with interested groups and individuals in their networks in the Kilmarnock area. This was to identify all possible options for service re-provision and ensure that many views would be presented to the Stakeholder Reference Group. All members of the Group agreed with the approach set out in the plan.

Meetings were well attended and following the above meeting in June with 9 group members in attendance, attendance at future meetings was as follows; 10 attendees on 8 August, 11 attendees on 18 August and at the meeting held on 1 September 9 were in attendance. Scottish Health Council were present at all meetings.

Options Development

The main purpose of the meeting held on 8 August was to develop options and to agree scoring and weighting for the options.

A visual presentation was made by the Programme Improvement Manager which included background information, some findings from the literature and a previous options development session on the CRC to help generate ideas. Main points included:

- Presentation – Informing the process
- Paper from previous options development session
- Options development – agreeing the process/suggested models
- Scoring and weighting options
- Next steps

All copies of documents, presentations and relevant background papers are available upon request.

There was much discussion around different options that could be developed depending on the requirements of the patient group using the service. Group members were advised that the options generated at this meeting were not to be seen as an exhaustive list and were encouraged to continue engaging with a wide range of groups and individuals to generate further ideas. The following options were discussed and put forward for scoring and weighting by the group.

Option	Description
Co-location with day services	Addition to Rosebank Day Centre – build on the existing accommodation and relocate staff
Co-location with health and social care services	Addition to existing health social and care services
Co-location with leisure type facilities	Addition to existing facilities that have leisure type facilities that can be used for rehabilitation purposes e.g. a gym
Fluid multi-disciplinary team	A team that has a base but moves around community to visit patients and provide services
Co-located within the blended option	Addition to current option being developed to re-provide services at Rowallan Ward
Sheltered Housing	Provide existing services within sheltered housing complexes
East Ayrshire Community Hospital (EACH)	Provide existing services at EACH
North West Area Centre (NWAC)	Provide existing services at NWAC
Ayrshire Central Hospital	Access services at Irvine Central
Town Centre Location	Provide services in a town centre location e.g. Centrestage
Ayrshire College	Utilise college facilities to incorporate Day Hospital service
Old Kilmarnock College Site	Explore potential to rent the old Kilmarnock College site and provide services there
Mobile Unit	Have a mobile unit that staff can travel around communities in and provide services in local amenities
Morven Day Services	Provide services at Morven Day Services
Status quo	Services continue to be provided at the Community Rehabilitation Centre, Kirklandside

3. Options development, scoring and weighting

The Stakeholder Reference Group agreed criteria and weightings, option appraisal and a scoring process. Members also agreed on the formation of a sub group to conduct an equality impact assessment on the process of engagement and on the preferred option. All relevant papers are attached at Appendix 1.

Following discussions around the types of patients receiving care at the CRC, it was decided to separate the scoring process into two patient groups: those who required assessment and rehabilitation at the CRC and those who attended the site for clinics only.

The Group discussed, deliberated and agreed the following criteria – which were linked to the Quality Strategy, the 20:20 Vision as well as travelling distance from home.

After discussion, and with much consideration of the importance of patients being seen quickly to enable early as well as effective interventions, the agreed weightings were assigned to each criteria:

Criteria	Weight
Safe	20
Close to home	10
Person-centred	10
Effective	20
Equitable	10
Timely	20
Efficient	10

The Group then agreed the following scoring process:

	Score
Excellent	5
Good	4
Satisfactory	3
Mediocre	2
Poor	1

After considering the options presented above, it was decided to amalgamate the similar options and the final options for scoring and weighting were agreed as follows:

Option	Description
Status Quo	Continue with current team and location
Standalone, co-located team	Current team co-located with a Health and Social Care Service
Standalone, mobile team	Current Team providing services throughout the community in a wide range of community settings
Aligned, mobile team	Current team aligned with other community teams to provide services in a range of community settings

Scoring for patients attending clinics only

Some patients attend the CRC for outpatient clinic appointments only and do not receive any rehabilitation services that the CRC provides. Patients who attend clinics only will do so either every 6 or 12 months. It was agreed that this outpatient clinic service would continue to operate separately from the other CRC activity and that there would be no advantage in alignment with other EAHSCP teams.

Option 1 – Status Quo

Discussions around the status quo with the issue of transport fully considered as well as accessibility to the Kirklandside site.

This option was scored as follows:

Criteria	Score	Weight	Total
Safe	3	20	60
Close to home	2	10	20
Person-centred	5	10	50
Effective	5	20	100
Equitable	4	10	40
Timely	4	20	80
Efficient	3	10	30
TOTAL			380

Option 2 – Standalone team, co-located in Health and Social Care Partnership

Discussions around the merit of the current team structure but located and delivering the service from an existing Health and Social Care facility in Kilmarnock. This was discussed and considered by all in the group. This was viewed as a good option with an opportunity for better transport links as well as a more central location.

This option was scored as follows:

Criteria	Score	Weight	Total
Safe	4	20	80
Close to home	3	10	30
Person-centred	5	10	50
Effective	5	20	100
Equitable	4	10	40
Timely	4	20	80
Efficient	4	10	40
TOTAL			420

Option 3 – Standalone team, mobile

Discussions around the merit of the current team structure delivering the service from a range of locations currently served by the service. For example, a rota would be introduced to enable the service to be delivered from a range of community locations in Kilmarnock, Stewarton, Galston etc. This was discussed and considered by all in the group. This was viewed as a good option with an opportunity to alleviate current transport issues and to provide people with a more local service. Rotation of the clinic to different sites may have a small impact on waiting times to attend at a particular site.

Criteria	Score	Weight	Total
Safe	4	20	80
Close to home	4	10	40
Person-centred	5	10	50
Effective	5	20	100
Equitable	4	10	40
Timely	3.5	20	70
Efficient	4	10	40
TOTAL			420

Scoring and weighting – Patients requiring assessment and rehabilitation

Patients who attend for assessment and rehabilitation will attend the centre on a weekly basis usually for at least a six week period.

Option 1 – Status Quo

Discussions around the status quo with the issue of transport fully considered as well as accessibility to the Kirklandside site. It was decided by group members that this option should be scored the same for this patient group as for the first patient group.

This option was scored as follows:

Criteria	Score	Weight	Total
Safe	3	20	60
Close to home	2	10	20
Person-centred	5	10	50
Effective	5	20	100
Equitable	4	10	40
Timely	4	20	80
Efficient	3	10	30
TOTAL			380

Option 2 – Standalone team, co-located in Health and Social Care Partnership

Discussions around the merit of the current team structure re-located and delivering the service from an existing Health and Social Care facility in Kilmarnock. This was discussed and considered by all in the group. This was viewed as a good option with an opportunity for better transport links as well a more central location. It was decided by group members that this option should be scored the same for this patient group as for the first patient group.

This option was scored as follows:

Criteria	Score	Weight	Total
Safe	4	20	80
Close to home	3	10	30
Person-centred	5	10	50
Effective	5	20	100
Equitable	4	10	40
Timely	4	20	80
Efficient	4	10	40
TOTAL			420

Option 3 – Standalone team, mobile

Discussions around the merit of the current team structure delivering the service from a range of locations currently served by the service. For example, a rota would be introduced to enable the service to be delivered from a range of community locations in Kilmarnock, Stewarton, Galston etc. This was discussed and considered by all in the group. This was viewed as a good option with an opportunity to alleviate current transport issues and to provide people with a more local service. However, it was also viewed that patient and staff safety and efficiency may not be as strong with this option as the small team would be split up and resources may be limited.

This option was scored as follows:

Criteria	Score	Weight	Total
Safe	3	20	60
Close to home	4	10	40
Person-centred	5	10	50
Effective	4	20	80
Equitable	5	10	50
Timely	3.5	20	70
Efficient	3	10	30
TOTAL			380

Option 4 - Aligned with Community Teams and providing mobile services in a range of community settings

Discussions around the benefits of joining up teams and having a larger multi-disciplinary team delivering services more flexibly and in a range of settings. This was viewed as a very good option with opportunities to strengthen current staff structures and provide a more efficient, safe and effective service for people closer to home.

This option was scored as follows:

Criteria	Score	Weight	Total
Safe	4.5	20	90
Close to home	4	10	40
Person-centred	5	10	50
Effective	5	20	100
Equitable	5	10	50
Timely	4	20	80
Efficient	4	10	40
TOTAL			450

Work of the Stakeholder Reference Group, EQIA sub group

A sub group was formed to take forward the EqlA process and drafted and updated an EqlA on the work of the Stakeholder Reference Group and an EqlA on the Options Appraisal Process. The sub group comprised 4 members from the Reference Group. Both EqlA assessments are at appendix 3 .

4. Feedback from wider engagement

4.1 EAHSCP Staff Engagement

5 nursing staff are permanently based at the Community Rehabilitation Centre, Kirklandside and staff groups were made up as follows, Charge Nurse, Deputy Charge Nurse, Staff Nurses, Nursing Assistants and Generic Assistant. All staff took part in the engagement process and their views were captured and formed part of the options development process.

In addition to the staff permanently based at the centre, a range of other staff provide services to the patients attending for assessment and rehabilitation. Geriatricians, specialist nurses, AHPs and technical instructors also provide a range of support to patients.

Staff interviews

A discussion group took place with 4 staff members as well as an interview with the Charge Nurse. Staff were also advised that the Programme Improvement Manager was available to meet with anyone who wanted an individual interview or phone discussion.

In addition to the above, interviews took place with staff who provide a range of services within the Community Rehabilitation Service and included:

- AHPs
- Consultant Geriatrician(s)
- Nurse Specialists

Key themes from staff

All staff had worked at the Community Rehabilitation Centre for a number of years and all advised that they were happy to work at the service. Staff felt that they had the time to get to know patients well and that this was a real advantage to the service. A general theme was that this type of service was very much needed and that they had the time and space to provide a range of interventions such as blood test follow up, blood pressure checks and monitoring of conditions. All felt that it is important this this is available. Staff were keen to work as part of a multi-disciplinary team and this worked well with AHPs, Consultant Geriatricians and Specialist Nurses who also provide services at the CRC.

Staff also felt that patients benefited greatly by attending the service rather than receiving this type of service at home. Staff felt that from a patient perspective it was a good social experience as for many patients this is their only day out.

Negative comments were mainly about the problems in relation to patient transport as this affected patients' time of arrival/departure which can impact on type and length of intervention particularly if patients arrived to the service much later than expected.

All agreed that the service should continue to be offered to patients in the catchment area.

Options suggested from staff:

- Status quo
- Community clinic – 1 location, all staff based there
- Town centre location – MDT
- Based at Rosebank

4.2 Feedback from Patients

Short interviews took place with **15** patients who were attending the service. All patients advised that staff were very helpful, patients were well looked after and that the medical checks were very good.

Transport was raised as an issue for patients who used this service with most advising that the transport was not reliable, often arriving late which meant you got to the service later than expected. Comments were also made about leaving late at the end of the day due to transport delays for the homeward journey. Many interviewed said that on occasion there was a lot of time sitting around. Patients who got lifts from family/friends spent less time at the service whilst experiencing all rehabilitation programmes in a shorter time frame.

Key themes:

- Service is good
- Day can be long with a long space between treatments

4.3 Feedback from public engagement

Public and Stakeholder Engagement

A range of activities were undertaken to inform and engage the public about the review. This provided many opportunities for people to take part in the process should they want to give their views. By utilising extensive networks both within the membership of the Stakeholder Engagement Group, staff networks, via social media and the NHS Public Participation Network ensured that this was wide reaching.

In addition to the activities noted above, a programme of public engagement was undertaken by the Programme Improvement Manager with face to face meetings taking place in the following ways:

- Meetings with local carers groups at Carers Centre, Kilmarnock (8)
- Meeting with local older people in Sheltered Housing Complex, Kilmarnock (6)
- Meeting with local older people in Sheltered Housing Complex, Stewarton (10)
- Meeting with a member of the public who had received the information from the Public Participation Network

Carer's Centre Group Meetings

In August, the Programme Improvement Officer and Project Officer, met with **8** people at the Carers Centre, Kilmarnock. An overview of the New Models of Care for older people and those with complex needs programme was given as well as the review of the Community Rehabilitation Centre. There was interactive discussion at both sessions and key themes are set out below:

- Important to stay at home if you can
- Best to be in your own community
- Service should be in Kilmarnock
- Kirklandside is difficult to get to if you have to get the bus – the road is really busy and dangerous to cross

Older people in Sheltered Housing Complexes

The Programme Improvement Manager and Project Officer met with **5** residents at a local sheltered housing complex in Kilmarnock and **10** residents at a sheltered housing complex in Stewarton . A short verbal overview was given on new Models of care for older people and those with complex needs and this was followed by an interactive discussion on the review of the Community Rehabilitation Centre.

Everyone agreed that it would be better to receive or attend services in their local communities and spending all day at a service was not popular.

Key themes are set out below:

- Service sounds good but would like it to be more accessible (Kirklandside is not easy to get to)
- Ambulance service is not ideal/long time waiting for transport
- Town centre locations would be preferable
- Like the idea of locating it within a housing complex (Rowallan Ward reprovion model)

Communication Activity – In person

Group	Number of people involved
Staff (permanently based at the centre)	5
Staff (other staff who work at the centre)	9
Current Service Users	15
Clinic only service users	5
Public/older people/carers	24
Patients representatives	4
Stakeholder Reference Group members (non-statutory)	5
Total	67

4.4 Communication Activity

The communication approach was agreed by the Stakeholder Reference Group and was closely followed. Information on the review was communicated in the following ways:

- Social Media – multiple interactions via facebook (390) (appendix 4)
- Social Media – multiple interactions via twitter activity (1,077) (appendix 4)
- NHS Ayrshire & Arran website (*Involving You* section)
- East Ayrshire Council website, East Ayrshire Health and Social Care Partnership section
- Notice to Kilmarnock GP practices (see Appendix 5)
- Notice in town centre community pharmacies
- Information provided via Patient Participation Network reached 159 individuals and 51 organisations in East Ayrshire
- Information in Carers centre
- Briefings for Integrated Joint Board are available upon request.

5. Conclusion

The inform and engagement process was wide reaching and provided opportunities via a range of activities to enable public opinion and views to be gathered and heard. Following CEL 4 guidance ensured a robust process to promote the review and gather views of local people who use the service, are potential service users and/or friends and relatives of this patient group. Completion of the Scottish Health Council major service change template (Appendix 6) allowed for consideration of the proportionality of the inform and engagement process.

Following the options appraisal, a mobile community based option, but aligned with other community healthcare teams, was considered the most appropriate delivery model for the community assessment and rehabilitation service. This option best addressed people's strong preference to receive services close to their own home where possible. The proposed change will improve the accessibility, capacity and resilience of the service.

There was no clear preference for the setting for re-provision of the out patient clinic activity.

A recommendation will be made to the East Ayrshire Integrated Joint Board to approve that the service change status in relation to this review is not considered major service change and for permission to progress the preferred option designed and developed by this process.

6. Next steps

That this report, all appendices and all associated paperwork including 2 EqlAs and Scottish Health Council major service change template will be referred to the East Ayrshire Integrated Joint Board for a decision to be made in relation to the service change status and next steps. This will be referred to the meeting due to be held on 30 November 2017.

HEALTH AND SOCIAL CARE PARTNERSHIP

STAKEHOLDER REFERENCE AND IMPLEMENTATION GROUP

**THURSDAY 22 JUNE 2017, 10.30, SIR ALEXANDER FLEMING ROOM,
HQ,
LONDON ROAD, KILMARNOCK**

Present: Annemargaret Black, Head of Community Health and Care Services, EAHSCP, [Chair]
Anne Sinclair, Service Manager, Kirklandside Hospital
Dr Anne Hendry, Consultant Geriatrician
Irene Campbell, Programme Improvement Manager
Elaine McDowall, Charge Nurse, Day Hospital, Kirklandside
Caroline Scott, East Ayrshire CVO
Yvonne Templeton, Participation Network
Simon Bell, Service Manager, Architecture and Asset Planning, Safer Communities
Lucy Gordon, Project Officer

In attendance: Sharon Bleakley, Scottish Health Council

Apologies: Irene Clark
Gordon Mackay
Alison Brown
Craig Stewart
Ailsa McCrorie
Robin Paterson

	MATTERS ARISING	ACTION
1.	<p><u>Introduction/Apologies</u></p> <p>Annemargaret Black started off the meeting introducing everyone present around the table and noted apologies made.</p>	
2.	<p><u>Presentation – Implementing the preferred option</u></p> <p>Irene Campbell provided a presentation to the group regarding developing and implementing the preferred option of the re-provision of Rowallan Ward services. The presentation gave a brief overview / background of how the current situation of the group was reached. The presentation outlined;</p> <ul style="list-style-type: none"> • The work of the stakeholder reference group • All options that were considered • Options scoring and how the preferred option was decided • The preferred option (blended option) • Next steps for the stakeholder reference group 	
3.	<p><u>IJB Paper</u></p> <p>The IJB Paper outlining the re-provisioning of Kirklandside Hospital was briefly discussed to provide background for those present and to inform that this process had not been considered by the IJB as major service change. This decision was informed by Scottish Health Council opinion provided in March 2017 following consideration of all stakeholder engagement activity.</p>	
4.	<p><u>Feasibility Study</u></p> <p>Feasibility study to be undertaken and will aim to determine;</p> <ul style="list-style-type: none"> • Who requires this care and what are their needs? • What are the different housing options? • How will the housing be designed? <p>Detailed brief to be prepared regarding housing options for Simon Bell.</p>	Irene Campbell
5.	<p><u>Scottish Government Guidance</u></p> <p>It was discussed that it is important that all guidance in relation to the Scottish Government will be met. Dr Anne Hendry advised that as long as all requirements were met it is not necessary for patients to be treated in a hospital.</p>	
6.	<p><u>Moray Model</u></p> <p>Dr Anne Hendry declared conflict of interest as she sits on the board at Hanover Housing and is an advisor in relation to the Moray Model. It was discussed that more information regarding the Moray Model would be beneficial to this group.</p>	

	<p>Dr Anne Hendry and Irene Campbell to meet to progress this and it was discussed they will;</p> <ul style="list-style-type: none"> • Find out more information • Set up a video conference call with a group from Moray at a future meeting <p>Dr Anne Hendry also confirmed she will be involved in the evaluation of the Moray Model in due course.</p>	Dr Anne Hendry/Irene Campbell
7.	<p><u>Updated Terms of Reference</u></p> <p>It was agreed that the Terms of Reference should:</p> <ul style="list-style-type: none"> • Be expanded to include that the group is implementing work from the East Ayrshire Models of Care group and is much wider than the Rowallan Ward review • Include Out of Hours in the group membership – Irene Campbell to contact Linda Dickinson • Include representative from mental health • Amend frequency of meetings from every 8 weeks to every 4-6 weeks <p>Terms of Reference to be updated and circulated in time for next meeting.</p>	Irene Campbell
8.	<p><u>Next Steps</u></p> <ul style="list-style-type: none"> • Determine frequency of meetings and circulate to all group members • Circulate presentation from today's meeting to all concerned • Development session to be organised for the near future 	Irene Campbell
9.	<p><u>Day Hospital Review</u></p> <p>In relation to the Kirklandside Day Hospital review it was discussed that:</p> <ul style="list-style-type: none"> • The project brief should be sent to all members of the group • A development session should be organised for the near future <p>The communications approach put forward from Irene Campbell was agreed by all group members. This will follow CEL 4 guidance as before.</p> <p>An information sheet will be circulated to all members for approval and will be widely circulated by mid July.</p> <p>It was also discussed that all relevant reviews should be brought forward to this group for information.</p>	Irene Campbell
10.	<u>A.O.C.B</u>	

	Yvonne asked if the papers could be printed and sent to her prior to the meeting. This was agreed and Yvonne will send her contact details to Irene.	Yvonne Templeton
11.	<u>Date of next meeting</u> To be advised.	

Stakeholder Reference and Implementation Group
Meeting 2
8 August 2017

Present: Annemargaret Black, Head of Community Health and Care Services
Irene Campbell, Programme Improvement Manager
Anne Sinclair, Service Manager
Gordon MacKay, UNISON
Dr. Anne Hendry, Consultant Physician in Geriatric Medicine
Elaine McDowall, Charge Nurse
Charles Waddell, Patient Representative
Caroline Scott, Third Sector Team Lead
Irene Clark, East Ayrshire Advocacy
Lucy Gordon, Project Officer

Apologies:

Maxine Ward
Deborah Brady
Sharon Bleakley
Simon Bell, Service Manager
Craig Stewart
Ailsa Macrorie
Yvonne Templeton
Alison Brown
Linda Dickinson
Robin Paterson

In attendance:

Katrina MacFarlane, Scottish Health Council
Jeff Holt, Scottish Health Council

Introduction/Apologies

Annemargaret Black welcomed everyone to the meeting and started off introductions around the table. All apologies were also noted and previous minutes approved.

Background

Irene Campbell provided a brief background to the group.

Presentation – Informing the Process

Irene Campbell and Lucy Gordon provided the group with a presentation to inform of the process. The presentation focussed on Improving Rehabilitation and Intermediate Care for Older People in Kilmarnock and included:

- the case for change nationally and locally
- current provision
- future provision – what did the literature tell us?
- engagement so far
- key themes from engagement
- previous options developed
- suggested options from engagement
- criteria/scoring options for discussion
- scoring/weighting options for discussion

There was much discussion around the current service, what is delivered and the cohort(s) of patients who use the service. It was agreed that Elaine Mcdowall would provide a presentation regarding this information at the next meeting before the options scoring process takes place.

Options development

There was much discussion around different options that may be developed depending on the type of patient who was using the service. For example if this was for rehabilitation or for longer term attendance at clinics such as movement disorder.

Options developed so far from this meeting as follows:

Option	Description
Co-location with day services	Addition to Rosebank Day Centre – build on the existing accommodation and relocate staff
Co-location with health and social care services	Addition to existing health social and care services
Co-location with leisure type facilities	Addition to existing facilities that have leisure type facilities that can be used for rehabilitation purposes e.g. a gym
Fluid multi-disciplinary team	A team that has a base but moves around community to visit patients and provide services
Co-located within the blended option	Addition to current option being developed to re-provide services at Rowallan Ward
Sheltered Housing	Provide existing services within sheltered housing complexes
East Ayrshire Community Hospital (EACH)	Provide existing services at EACH
North West Area Centre (NWAC)	Provide existing services at NWAC
Ayrshire Central Hospital	Access services at Irvine Central
Town Centre Location	Provide services in a town centre location e.g. Centrestage
Ayrshire College	Utilise college facilities to incorporate Day Hospital service
Old Kilmarnock College Site	Explore potential to rent the old Kilmarnock College site and provide services there
Mobile Unit	Have a mobile unit that staff can travel around communities in and provide services in local amenities
Morven Day Services	Provide services at Morven Day Services

Status quo	Services continue to be provided at the Community Rehabilitation Centre, Kirklandside
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- Further meeting to be scheduled quickly to allow for further development of options and to score/weight options

- Information Sheet to be produced and circulated to all by date of next meeting

It was agreed that further options could be developed at future meetings and those within the community to be asked their views on potential options at future interviews conducted by Irene Campbell and Lucy Gordon.

Scoring and Weighting options

There was a lot of discussion around the scoring and weighting options that would be used for this process. It was decided that the scoring and weighting options would be as follows:

Criteria	Weight
Safe	20
Close to home	10
Person-centred	10
Effective	20
Equitable	10
Timely	20
Efficient	10

It was also discussed that the scoring process should be separated into two patient groups:

- those attending clinics only
- patients attending for assessment and rehabilitation

Next steps

It was discussed that a further meeting should be scheduled quickly to allow for the scoring process to take place.

Irene Campbell and Lucy Gordon to pull together an information sheet and asset map for the next meeting.

EqlA subgroup

It was agreed that a sub group would be formed and voluntary members were:

- Irene Campbell
- Caroline Scott
- Lucy Gordon
- Anne Sinclair

Stakeholder Reference Group
Community Rehabilitation Service Options Appraisal Meeting
9.30 am, Conference Room Balmoral Road, 18 August 2017

Present:

Irene Campbell, Programme Improvement Manager (Chair/session facilitator)
Anne Sinclair, Service Manager, Kirkcaldy Hospital
Caroline Scott, East Ayrshire CVO
Dalene Sinclair, Senior Nurse, EAHSCP (representing Craig Stewart, Associate Nurse Director)
Charles Waddell, Patient/public representative
Alison Brown, Charge Nurse, EAHSCP
Gordon MacKay, Unison (arrived at 10.45)
Anne Hendry, Consultant Geriatrician
Elaine McDowall, Charge Nurse, Community Rehabilitation Service
Yvonne Templeton, Patient/public representative
Lucy Gordon, Project Officer

Apologies: Irene Clark, Ailsa Macrorie, Annemargaret Black

In Attendance: Sharon Bleakley, Scottish Health Council

Welcome

Irene Campbell opened the meeting by welcoming and introducing everyone present around the table. She advised that following on from the meeting on 8 August that this meeting would consider and score the options using the scores and weightings developed at the last session. Also, adding that if any other options had arisen from public engagement or from group members networks these would also be considered.

Previous Minutes

The action note of the previous minutes was tabled for comment and approval and was agreed as an accurate reflection of the meeting. All actions had been completed.

Matters Arising

All actions from the previous meeting had been completed.

Presentation

Elaine McDowall gave a presentation on the Community Rehabilitation Centre providing an overview of how the service operates, the catchment area, source of referrals, the work of the movement disorder clinic and falls clinic. Also, the work of occupational therapy and physiotherapy at the service. This generated much discussion with comments regarding why no self referrals and also why there was no pharmacy presence or links within the current structure. Irene agreed to contact Joyce Mitchell, Pharmacy Advisor to discuss.
ACTION – Irene Campbell

Information for consideration

Lucy Gordon had prepared an information sheet setting out the information that had been requested at the meeting on 8 August. This had been sent out in advance and provided an excellent source of reference for discussion at the meeting in relation to the options developed on 8 August. A great deal of discussion took place and it was noted that the number of options presented appeared to be duplicate models with the only different being that it was at different venues. It was agreed by all on the group to amalgamate the options that related to community venues.

Scoring and Weighting - Agreeing Criteria / Process

Irene Campbell explained the model of a scoring and weighting process that was agreed at the last meeting. She asked if anyone had any other preferred ways of doing this but the group was happy to take forward the process set out below.

The process previously discussed and the weighting composition was agreed by the stakeholder group as follows:

Criteria	Weight
Safe	20
Close to home	10
Person-centred	10
Effective	20
Equitable	10
Timely	20
Efficient	10

A query was raised in relation to person centred weighted as 10, but the group recognised that the focus of the service was person centred and that this is a continued expectation and was weighted accordingly.

The scoring process was presented , discussed and agreed:

	Score
Excellent	5
Good	4
Satisfactory	3
Mediocre	2
Poor	1

Scoring and Weighting the Options

The options from the options development session from 8 August were discussed and after amalgamation of similar models set out in the information sheet were agreed by all as follows:

- **Option 1 - Status quo**
- **Option 2 - Standalone, co-located with a Health and Social Care Service**
- **Option 3 - Standalone, peripatetic team providing services throughout the community in a range of community settings**
- **Option 4 - Aligned with Community Teams and peripatetic providing services in a range of community settings**

Irene advised everyone that it is important to make sure that all options were fully considered and that another meeting can easily be arranged to continue the process. She also confirmed that any additional options that were suggested during engagement sessions would be presented to the group for consideration and that the engagement process was still underway.

Following discussions around the types of patients receiving services at the Community Rehabilitation Service, after much discussion, the group decided to separate the scoring process into two patient groups;

- those attending clinics only
- patients attending for assessment and rehabilitation

Members then carefully discussed each option, outlining the potential benefits and risks in relation to patients attending clinics only with the outcome as follows:

Option 1 – Status Quo

Discussions around the status quo with the issue of transport fully considered as well as accessibility to the Kirklandside site.

This option was scored as follows:

Criteria	Score	Weight	Total
Safe	3	20	60
Close to home	2	10	20
Person-centred	5	10	50
Effective	5	20	100
Equitable	4	10	40
Timely	4	20	80
Efficient	3	10	30
TOTAL			380

Option 2 – Standalone team, co-located in Health and Social Care Partnership

Discussions around the merit of the current team structure located and delivering the service from an existing Health and Social Care facility in Kilmarnock. This was discussed and considered by all in the group. This was viewed as a good option with an opportunity for better transport links as well a more central location.

This option was scored as follows:

Criteria	Score	Weight	Total
Safe	4	20	80
Close to home	3	10	30
Person-centred	5	10	50
Effective	5	20	100
Equitable	4	10	40
Timely	4	20	80
Efficient	4	10	40
TOTAL			420

Option 3 – Standalone team, peripatetic

Discussions around the merit of the current team structure delivering the service from a range of locations currently served by the service. For example, a rota would be introduced to enable the service to be delivered from a range of community locations in Kilmarnock, Stewarton, Galston etc. This was discussed and considered by all in the group. This was viewed as a good option with an opportunity to alleviate current transport issues and to provide people with a more local service.

Criteria	Score	Weight	Total
Safe	4	20	80
Close to home	4	10	40
Person-centred	5	10	50
Effective	5	20	100
Equitable	4	10	40
Timely	3.5	20	70
Efficient	4	10	40
TOTAL			420

It was decided to score 3 options only for patients who attend clinics only as option 4 mainly related to patients receiving the community rehabilitation and assessment.

At this point, a decision was made for a further meeting to take place to consider the scoring and weighting for patients attending the service for rehabilitation and assessment. A possible date of 31 August was identified and Irene advised that she would confirm and send out all meeting information.

Equality and Diversity Impact Assessment (EQIA)

- Irene advised the EQIA process will cover both the stakeholder engagement process and the options and as before, is happy to lead the process. The following sub group members had volunteered at the meeting on 8 August:
 - Irene Campbell
 - Caroline Scott
 - Irene Clark
 - Lucy Gordon

Scottish Health Council will be invited to attend the meeting to observe the process

Any other business

No other business was identified.

Date and time of next meeting

Irene will send out information once a meeting date and venue has been confirmed.

Stakeholder Reference Group
Community Rehabilitation Service Options Appraisal Meeting
12.30pm, CVO Offices, Belford Mill, 1 September 2017

Present:

Irene Campbell, Programme Improvement Manager (Chair/session facilitator)
Anne Sinclair, Service Manager, Kirklandside Hospital
Caroline Scott, East Ayrshire CVO
Alison Brown, Charge Nurse, EAHSCP
Anne Hendry, Consultant Geriatrician
Elaine McDowall, Charge Nurse, Community Rehabilitation Service
Yvonne Templeton, Patient/public representative
Irene Clark, East Ayrshire Advocacy
Lucy Gordon, Project Officer

Apologies:, Ailsa Macrorie, Annemargaret Black, Craig Stewart, Charles Waddell, Gordon MacKay,

In Attendance: Sharon Bleakley, Scottish Health Council

Welcome

Irene Campbell opened the meeting by welcoming and introducing everyone present around the table. She advised that following on from the meeting on 18 August that this meeting would continue the scoring and weighting options, focussing on cohort 2.

Previous Minutes

The minutes from the previous meeting on 18 August was tabled for comment and approval and was agreed as an accurate reflection of the meeting. All actions had been completed. Irene also provided a brief update of the previous minutes to those who were not in attendance at the previous meeting.

Matters Arising

All actions from the previous meeting had been completed.

Asset Map

Irene presented a draft asset map to the table that had been produced to determine available resources in Kilmarnock and surrounding areas where the community rehabilitation service could be delivered. It was discussed that more in depth asset mapping would be needed once options have been developed and it is known what the service is going to look like/deliver. It was also discussed that it is important to determine what is already ongoing in the community to avoid duplication and mix experience/skills.

Patient/Public Engagement Update

Irene provided an update to the group regarding patient and public engagement update so far. Also, adding that there were no new options developed from the engagement process so far but if at any point options were developed from future engagement these would be brought forward to the group for consideration.

Options development and scoring update

Irene provided a brief update on the options scoring from the session on 18 August to those who were not in attendance. Everyone was happy with the scoring of the options from the previous session and so it was advised the group should begin to score the options for the second group of patients.

Continuation of scoring and weighting the options

The options from the options development session from 18 August were discussed and after amalgamation of similar models set out in the information sheet were agreed by all as follows:

- **Option 1 - Status quo**
- **Option 2 - Standalone, co-located with a Health and Social Care Service**
- **Option 3 - Standalone, peripatetic team providing services throughout the community in a range of community settings**
- **Option 4 - Aligned with Community Teams and peripatetic providing services in a range of community settings**

It was agreed by all that the term 'mobile' would be used rather than 'peripatetic'.

Irene advised everyone that it is important to make sure that all options were fully considered and that another meeting can easily be arranged to continue the process. She also confirmed that any additional options that were suggested during engagement sessions would be presented to the group for consideration and that the engagement process was still underway.

Following discussions around the types of patients receiving services at the Community Rehabilitation Service, after much discussion, the group decided to separate the scoring process into two patient groups;

- those attending clinics only
- patients attending for assessment and rehabilitation

At the previous session on 18 August, the patient group attending clinics only was scored. At this session, members carefully discussed each option, outlining the potential benefits and risks in relation to patients attending for assessment and rehabilitation with the outcome as follows:

Option 1 – Status Quo

Discussions around the status quo with the issue of transport fully considered as well as accessibility to the Kirklandside site. It was decided by group members that this option should be scored the same for this patient group as the first patient group.

This option was scored as follows:

Criteria	Score	Weight	Total
Safe	3	20	60
Close to home	2	10	20
Person-centred	5	10	50
Effective	5	20	100
Equitable	4	10	40
Timely	4	20	80
Efficient	3	10	30
TOTAL			380

Option 2 – Standalone team, co-located in Health and Social Care Partnership

Discussions around the merit of the current team structure located and delivering the service from an existing Health and Social Care facility in Kilmarnock. This was discussed and considered by all in the group. This was viewed as a good option with an opportunity for better transport links as well a more central location. It was decided by group members that this option should be scored the same for this patient group as the first patient group.

This option was scored as follows:

Criteria	Score	Weight	Total
Safe	4	20	80
Close to home	3	10	30
Person-centred	5	10	50
Effective	5	20	100
Equitable	4	10	40
Timely	4	20	80
Efficient	4	10	40
TOTAL			420

Option 3 – Standalone team, mobile

Discussions around the merit of the current team structure delivering the service from a range of locations currently served by the service. For example, a rota would be introduced to enable the service to be delivered from a range of community locations in Kilmarnock, Stewarton, Galston etc. This was discussed and considered by all in the group. This was viewed as a good option with an opportunity to alleviate current transport issues and to provide people with a more local service. However, it was also viewed that patient and staff safety and efficiency may not be as strong with this option as the small team would be split up and resources may be limited.

This option was scored as follows:

Criteria	Score	Weight	Total
Safe	3	20	60
Close to home	4	10	40
Person-centred	5	10	50
Effective	4	20	80
Equitable	5	10	50
Timely	3.5	20	70
Efficient	3	10	30
TOTAL			380

Option 4 - Aligned with Community Teams and providing mobile services in a range of community settings

Discussions around the benefits of joining up teams and having a larger multi-disciplinary team delivering services more flexibly and in a range of settings. This was viewed as a very good option with opportunities to strengthen current staff structures and provide a more efficient, safe and effective service for people closer to home.

This option was scored as follows:

Criteria	Score	Weight	Total
Safe	4.5	20	90
Close to home	4	10	40
Person-centred	5	10	50
Effective	5	20	100
Equitable	5	10	50
Timely	4	20	80
Efficient	4	10	40
TOTAL			450

Equality and Diversity Impact Assessment (EQIA)

Irene Campbell advised that a meeting date would be scheduled soon and sent out to the sub-group members. The EqIA sub-group members are as follows:

- Irene Campbell
- Caroline Scott
- Irene Clark
- Lucy Gordon
- Elaine McDowall

Scottish Health Council will be invited to attend the meeting to observe the process

Any other business

Irene informed group members of a visit being organised to visit Varis Court in Forres. She welcomed any volunteers and Yvonne Templeton, Elaine McDowall and Alison Brown all expressed interest. Information would be sent out in the very near future.

Date and time of next meeting

Irene advised that a meeting can be scheduled at any time to score and weight any new options that may be developed through future public and patient engagement. She also advised that all group members will be kept up to date with the process via email. All in attendance agreed with this approach.

Day Hospital review: methodology

Background

Within the Kilmarnock locality, day hospital services for older people are provided at the Community Rehabilitation Centre, Kirklandside, Kilmarnock. The Consultant led multi-disciplinary rehabilitation services provided are mainly for people over 65 with a number of needs including frailty, physical disabilities, mental health, cognitive impairment and dementia related ill health. The main features of the service are set out below:

- Consultant led multi-disciplinary rehabilitation for mainly people >65 with complex health care needs, may extend to <65s based on assessed needs
- 2 sessions per week Consultant Physician in Geriatric Medicine
- To promote optimum level of function through implementing therapeutic programmes devised collaboratively by the multidisciplinary team to meet individuals' assessed needs
- People must be medically stable, able to actively participate in treatment programmes, have cognitive ability to follow treatment plan
- The service has 5 directly employed staff – Charge Nurse, Staff Nurses and Nursing Assistants
- Other services provided from the centre: Physiotherapy (staff also cover domicillary service and ICES), Occupational Therapy, Speech & Language Therapy, Dietetics, Appliance Service, Dental Service, Podiatry, Chaplaincy Service, Specialist Nurses
- Falls Clinic, Movement Disorder Clinic

Initial discussions in relation to developing potential options for new models of Day Services took place at a staff development day in November 2015, and a number of high level options were explored at that time to consider various options. As part of the East Ayrshire New Models of Care programme, and following on from the Community Hospital Review in 2016, reviewing day care services will continue to form part of the continuing development of the programme. The aims of the New Models of Care programme are to support people to live as independently as possible at home or in a homely setting, to avoid hospital.

Scope of the Review

The scope of the review encompasses:

- Day hospital service provided at the Community Rehabilitation Centre, Kirklandside

Literature review

A short literature review will focus on:

- Day Hospital model
- Alternatives to day hospital models/services
- Community alternatives to day hospitals
- Identifying good practice or models from other areas

The literature review will seek to explore the evidence in relation to the effectiveness of day hospitals and alternatives to delivering this model.

Quantitative Data

A range of quantitative data will be analysed to consider the following by service area:

- Number of people accessing each service
- Length of stay with the service
- Frequency of contact with the service

Examination of this information will provide a narrative to complement the qualitative data.

Qualitative information

The review will undertake a series of face to face meetings with all relevant stakeholders including:

- Staff
- Consultant
- AHP
- Day services patients/service users
- Clinic only patients

A series of face to face meetings will be held with relevant stakeholders to ask:

- What works well
- What doesn't work well
- Suggested improvements for going ahead

Interim report

An interim report will be prepared and presented to the East Ayrshire Models of Care Group for consideration.

Final report

A final report will be prepared, setting out findings and recommendations and will be presented to the East Ayrshire IJ

The timeline for conducting the review is as follows:

		July				Aug			
Task		1	2	3	4	1	2	3	4
Literature review									
Information gathered									
Write-up									
Desk research									
Information gathered									
Narratives prepared									
Qualitative information									
Stakeholders identified									
Meetings held									
Write-up									
Interim report									
Final report									

Section A: Standard Impact Assessment Process Document**NHS Ayrshire & Arran Standard Impact Assessment Process Document**

Please complete electronically and answer all questions unless instructed otherwise.

Section A**Q1: Name of Document**

Review of services at Kirklandside Rehabilitation Centre – developing and agreeing the preferred option (community model)

Q1 a: Function Guidance Policy Project Service Other, please detail

Q2: What is the scope of this SIA

NHS A&A Wide Service Specific Discipline Specific Other (Please Detail)

Q3: Is this a new development? (see Q1a)

Yes No

Q4: If no to Q3 what is it replacing?

Services provided for people currently attending the Rehabilitation Centre at Kirklandside Hospital, Kilmarnock

Q5: Team responsible for carrying out the Standard Impact Assessment? (please list)

Representatives from the Stakeholder Reference Group – discussions took place at meetings in relation to completing and updating of the EQIA. A sub group was formed to fully assess the process of informing and engaging. The following members met to take forward and complete the EQIA process.

Caroline Scott
 Jackie McLean
 Lucy Gordon
 Elaine McDowall
 Irene Clark

Q6: Main SIA person's contact details

Name:	Irene Campbell, Programme Improvement Manager	Telephone Number:	01563 503330
Department:	Planning & Performance, East Ayrshire Health & Social Care Partnership	Email:	Irene.campbell2@apct.nhs.uk

Q7: Describe the main aims, objective and intended outcomes

The aims are to develop, consider and agree options in relation to the review of services currently delivered at the Community Rehabilitation Centre, Kirklandside.

The main aim of the options development, scoring and weighting process was to ensure that options considered the evidence from a local review, what stakeholders wanted / told us, the 20-20 vision for health and social care services in Scotland as well as meeting Scotland's quality ambitions; to provide a safe, effective person centred quality service for older people with complex health care needs in Kilmarnock. The process was also to take account of national care and quality standards, specifically - care services in Scotland to reflect dignity, privacy, choice, safety, realising potential, and equality and diversity. Similarly, the widely accepted six dimensions of quality (developed by the Institute of Medicine) should underpin future provision, ensuring care that is safe, effective, patient-centred, timely, efficient and equitable. The importance of patients being seen quickly to enable early as well as effective interventions were a main consideration of the weighting and scoring framework.

Following CEL 4 guidance (supporting service change) the Stakeholder Reference Group was tasked to oversee a period of engagement with a range of stakeholders in Kilmarnock. The group was to include key stakeholders including patients and carers. The membership and activities of the Group are described in a separate EqIA document. This was achieved.

The Group was to undertake a process of developing and appraising potential options during this review of the Rehabilitation Centre. The group agreed criteria and

weightings, option appraisal and scoring process and to come to agreement by consensus on preferred option(s). This was completed.

The intended outcome is to agree an option for the review of this service taking into account wider stakeholder views. This was achieved.

Q8:

(i) Who is intended to benefit from the function/service development/other(Q1a) – is it staff, service users or both?

Staff Service Users Other Please identify
_____ Carers _____

(ii) Have they been involved in the development of the function/service development/other?

Yes No

(iii) If yes, who was involved and how were they involved? If no, is there a reason for this action?

A Stakeholder Reference Group was formed in December 2016 in order to oversee and develop the process of informing and engaging on the re-provisioning of services from Rowallan Ward, Kirklandside. The Group undertook a process of developing and appraising potential options for re-provision of the Rowallan Ward services. Following this process it was agreed that this group would continue to function and link to the Models of Care Group. Terms of reference were reviewed and it was agreed that the group would continue to take part in the options development and appraisal process for future service reviews relating to the Models of Care Programme in East Ayrshire. It is within this context that the work of the group continued and led on the review of the Community Rehabilitation Centre at Kirklandside Hospital.

Membership of the Group was intended and continues to reflect, as far as possible, the range of people with an interest in continuing care for frail older people in Kilmarnock. Direct invitations to older people and carers were made to join the Group; invitations were also issued via relevant organisations in Kilmarnock (such as the Carers' Centre, East Ayrshire Council of Voluntary Organisations, and the Volunteers Centre); and advice was given that people could join the Group in pairs rather than individually if they would find this less intimidating. This approach continues and the current membership of the group is as follows:

The Stakeholder Reference Group – Current membership

Member	Representing
Head of Community Health & Care Services (Chair)	EAHSCP
Service Manager, Kirklandside	Staff
Charge Nurse, Rowallan Ward	Staff
Charge Nurse, Community Rehabilitation Centre	Staff
NHS Staff Side Representative	Staff
Patient/public representative	Older people
Patient/public representative, Community Rehabilitation Service	Older people/service users
Patient/public representative	Community
Patient/public representative	Carers
Third Sector representative	Community
Older People's Advocacy Service East Ayrshire	Older people in the community
Consultant Geriatrician	Clinical
Senior Nurse	Clinical, EAHSCP
Programme Improvement Manager	EAHSCP
Project Officer (Graduate Intern)	EAHSCP

A representative from the Scottish Health Council in attendance at all meetings.

(iv) Please include any evidence or relevant information that has influenced the decisions contained in this SIA; (this could include demographic profiles; audits; research; published evidence; health needs assessment; work based on national guidance or legislative requirements etc)

The Group undertook a process of developing and appraising potential options for review of the Rehabilitation Centre services. Members of the Group were tasked with identifying and engaging more widely their staff and with interested groups and individuals in their networks in the Kilmarnock area. This was to identify possible options and ensure that views would be presented to the Stakeholder Reference Group. A total of 4 meetings took place on 22 June, 8 August, 18 August and 1 September. It was agreed at the first meeting that the communications strategy previously used and a range of activities undertaken to take this forward would be an appropriate way to respond to this inform and engagement process to ensure that engagement with stakeholders was as wide scale as possible. The 2nd meeting was an options development process, whilst meetings 3 and 4 considered options development, scoring and weighting. A separate EQIA on this process has been completed.

Developing the options

A visual presentation was made of some background information, suggested options to date and some findings from the literature to help generate ideas and a draft EQIA was made available for comment. The options development session was led by the Programme Improvement Manager. Group members were advised that the options generated at this meeting were not to be seen as an exhaustive list, but were encouraged to continue engaging with a wide range of groups and individuals to generate further ideas. Minutes were taken and are attached to this document. There was much discussion and the following options were developed following much discussion with a longer list of options being amalgamated with the final list of options developed as follows:

Option	Description
Status quo	Continue with current team and location
Standalone, co-located team	Current team co-located with a Health and Social Care Service
Standalone, mobile team	Current Team providing services throughout the community in a wide range of community settings
Aligned, mobile team	Current team aligned with other community teams to provide services in a range of community settings

Following options development, at the next 2 meetings, the Stakeholder Reference Group agreed criteria and weightings, option appraisal and a scoring process. Members also agreed on the formation of a sub group to conduct an equality impact assessment on the process of engagement and on the preferred option.

Following discussions around the types of patients receiving care at the CRC, it was decided to separate the scoring process into two patient groups: those who required assessment and rehabilitation at the CRC and those who attended the site for clinics only.

The Group discussed, deliberated and agreed the following criteria – which were linked to the Quality Strategy, the 20:20 Vision as well as travelling distance from home.

After discussion, and with much consideration of the importance of patients being seen quickly to enable early as well as effective interventions, the agreed weightings were assigned to each criteria:

Criteria	Weight
----------	--------

Safe	20
Close to home	10
Person-centred	10
Effective	20
Equitable	10
Timely	20
Efficient	10

The Group then agreed the following scoring process:

	Score
Excellent	5
Good	4
Satisfactory	3
Mediocre	2
Poor	1

Following the above process, the preferred option with the highest score is to align with Community Teams and providing mobile services in a range of community settings. Discussions around the benefits of joining up teams and having a larger multi-disciplinary team delivering services more flexibly and in a range of settings. This was viewed as a very good option with opportunities to strengthen current staff structures and provide a more efficient, safe and effective service for people closer to home. This option was scored highest out of the four options and is as follows:

Criteria	Score	Weight	Total
Safe	4.5	20	90
Close to home	4	10	40
Person-centred	5	10	50
Effective	5	20	100
Equitable	5	10	50
Timely	4	20	80
Efficient	4	10	40
TOTAL			450

In addition to the stakeholder engagement group activities noted above, the following engagement took place to ensure views of stakeholder groups were heard and presented at the Stakeholder Reference Group to ensure local views of stakeholders were included.

- Staff engagement (14 staff)
- 1 x meeting with carers at the Carers Centre (8 carers)
- 2 x meetings with Sheltered Housing residents (15 residents)
- 1:1 meeting with member of the public

- Social Media – multiple interactions via facebook (**390**) (appendix 6)
- Social Media – multiple interactions via twitter activity (**1,077**) (appendix 6)
- NHS Ayrshire & Arran website (*Involving You* section)
- East Ayrshire Council website, East Ayrshire Health and Social Care Partnership section
- Notice to Kilmarnock GP practices
- Notice in town centre community pharmacies
- Information provided via Patient Participation Network reached **159** individuals and **51** organisations in East Ayrshire
- Information in Carers centre
- Briefings for Integrated Joint Board

Q9: When looking at the impact on the equality groups, does it apply within the context of the General Duty of the Equality Act 2010 see below:

In summary, those subject to the Equality Duty must have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation;
- advance equality of opportunity between different groups; and
- foster good relations between different groups

Has your assessment been able to demonstrate the following: Positive Impact, Negative / Adverse Impact or Neutral Impact?

What impact has your review had on the following 'protected characteristics':	Positive	Adverse/ Negative	Neutral	Comments Provide any evidence that supports your answer for positive, negative or neutral incl what is currently in place or is required to ensure equality of access.
Age	✓			The re-provision of services from the Rehabilitation Centre will affect older people in Kilmarnock who have complex health care needs. Access to the services will not be based on age, but on clinical need.
Disability (incl. physical/ sensory problems, learning difficulties, communication needs; cognitive impairment)	✓			Physical accessibility of the Kirklandside site was problematic. The new provision, therefore, will improve access to services, since these will now be

				delivered closer to people's own homes.
Gender Reassignment			✓	The re-provision of services will have no differential impact on people on the basis of gender reassignment. However, the new model of care may entail providers coming into people's own homes, which may raise fears about potential discrimination for this group of people. Attention should be given to clear information that our services take a proactive approach to tackling discrimination.
Marriage and Civil partnership			✓	The re-provision of services will have no differential impact on people based on their marriage or civil partnership status.
Pregnancy and Maternity			✓	Not applicable.
Race/Ethnicity			✓	The re-provision of services will have no differential impact on people on the basis of their race or ethnicity. However, the new model of care may entail providers coming into people's own homes, which may raise fears about potential discrimination for this group of people. Attention should be given to clear information that our services take a proactive approach to tackling discrimination.
Religion/Faith			✓	The re-provision of services will have no differential impact on people on the basis of their religion of faith. However, the new model of care may entail providers coming into people's

				own homes, which may raise fears about potential discrimination for this group of people. Attention should be given to clear information that our services take a proactive approach to tackling discrimination.
Sex (male/female)			✓	The re-provision of services will have no differential impact on people based on their gender.
Sexual orientation			✓	The re-provision of services will have no differential impact on people based on their sexual orientation. However, the new model of care may entail providers coming into people's own homes, which may raise fears about potential discrimination for this group of people. Attention should be given to clear information that our services take a proactive approach to tackling discrimination.
Staff (This could include details of staff training completed or required in relation to service delivery)	✓	✓		A lengthy process of engaging with staff took place. This included group meetings and face to face meetings. Staff were invited to meet to discuss their views, and were offered the option of meeting individually or in groups. The meetings were held in their place of work. As a result of this options process staff will have an opportunity to work in a range of community settings.
Cross cutting issues: Included are some areas for consideration. Please amend/add as appropriate. Further areas to consider in Appendix B				
Carers	✓			The community based service will move services closer to people's own homes and communities, making it easier for carers to access.

Homeless			✓	The location of the service will have no differential impact on people on the basis of homeless status.
Involved in Criminal Justice System			✓	The location of the service will have no differential impact on people on the basis of involvement in the criminal justice system.
Language/ Social Origins			✓	The location of the service will have no differential impact on people on the basis of language or social origins.
Literacy			✓	The location of the service will have no differential impact on people on the basis of literacy.
Low income/poverty			✓	The location of the service will have no differential impact on people on the basis of low income
Mental Health Problems			✓	With regard to mental health, it is unclear what the impact will be. Some concerns were raised about the loss of social contact that was part of the centralised service. Decentralising services closer to people's own homes should carefully consider the effects on individuals for whom social isolation may negatively impact on their ability to benefit fully from rehabilitation services.
Rural Areas	✓			The community location of the service could positively impact on people living in rural areas, as care will be delivered in their own home or community, rather than in a centralised facility.

Q10: If actions are required to address changes, please attach your action plan to this document. Action plan attached?

Yes

No

Q11: Is a full EQIA required?

Yes

No

Please state your reason for choices made in Question 11.

Wide engagement with partner agencies, staff, relatives of patients, carers, elected members and the public has taken place, ensuring the impact on people with protected characteristics and others has been identified and addressed throughout. There was also wide involvement in the options generation and appraisal process. An impact assessment on our process of informing and engaging is available separately.

If the screening process has shown potential for a high negative impact you will be required to complete a full equality impact assessment (see guidelines).

Date SIA Completed

28/09/2017

Date of next SIA Review

Signature

Jackie McLean

Print Name

Jackie McLean

Department or Service

Planning and Performance
EAHSCP

Please keep a completed copy of this template for your own records and attach to any appropriate tools as a record of SIA or EQIA completed. Send copy to elaine.savory@aapct.scot.nhs.uk

Section B: Standard/Full Impact Assessment Action Plan (EQIA)

Name of document being EQIA'd:

Date	Issue	Action Required	Lead (Name, title & contact details)	Timescale	Resource Implications	Comments
DD / MM / YYYY						
DD / MM / YYYY						
DD / MM / YYYY						
DD / MM / YYYY						
DD / MM / YYYY						
DD / MM / YYYY						

Further Notes:

Signed:

Date:

Section C: Quality Assurance

QA Section

Lead authors details?

Name:

Telephone Number:

Department:

Email:

Does your policy / guideline / protocol / procedure have the following on the front cover?

- Version Status Review Date Lead Author
Approval Group Type of Document (e.g. policy, protocol, guidance etc)

Does your policy / guideline / protocol / procedure have the following in the document?

- Contributory Authors Distribution Process Implementation Plan
Consultation Process

Is your policy / guideline / protocol / procedure in the following format?

- Arial Font Font Size 12

Signatures

Lead Author: Date:

Signatures

QA Check Date:

Once both signatures above are complete the document can be sent to the approving group for approval **(Sections A&C only)**.

NHS Ayrshire & Arran Standard Impact Assessment Process Document

Please complete electronically and answer all questions unless instructed otherwise.

Section A

Q1: Name of Document

Review of day hospital services at Kirklandside Community Rehabilitation Centre – Inform & Engagement Process

Q1 a: Function Guidance Policy Project Service Other, please detail

Q2: What is the scope of this SIA

NHS A&A Service Specific Discipline Specific Other (Please Detail)
Wide

Q3: Is this a new development? (see Q1a)

Yes No

Q4: If no to Q3 what is it replacing?

Q5: Team responsible for carrying out the Standard Impact Assessment? (please list)

Representatives from the Stakeholder Reference Group – discussions took place at meetings in relation to completing and updating of the EQIA. A sub group was formed to fully assess the process of informing and engaging. Membership of the EQIA sub group – Lucy Gordon, Jackie McLean, Irene Clark, Elaine McDowall and Caroline Scott.

Q6: Main SIA person's contact details

Name:

Irene Campbell, Programme Improvement Manager

Telephone Number:

01563 503330

Department:

Planning & Performance, East Ayrshire Health & Social Care Partnership

Email:

Irene.campbell2@aapct.nhs.uk

Q7: Describe the main aims, objective and intended outcomes

East Ayrshire Health and Social Care Partnership is reviewing day hospital assessment and rehabilitation services provided at Kirklandside's Community Rehabilitation Centre. The information and engagement process to date has been conducted in accordance with CEL 4 guidance which sets out our responsibility to inform potentially affected people, staff and communities about the proposed changes and to involve them in the development and appraisal of options in a proportionate way.

EAHSCP has a responsibility to make sure that their process of engagement meets the requirements of the Equality Act (2010) to eliminate discrimination, advance equality of opportunity and promote good relations between those who share a particular protected characteristic and those who do not.

This document details the findings of an Equality and Diversity Impact Assessment carried out on the informing and engaging process in order to identify the likely impact of the process; to ensure that any negative impacts identified can be mitigated, as far as possible; and to identify areas for improved engagement as the process continues. This impact assessment also paid particular attention to consideration of older people and identifying the barriers to engagement that may affect groups whose voices are seldom heard.

Q8:

(i) Who is intended to benefit from the function/service development/other(Q1a) – is it staff, service users or both?

Staff Service Users Other Please identify
_____Carers_____

(ii) Have they been involved in the development of the function/service development/other?

Yes No

(iii) If yes, who was involved and how were they involved? If no, is there a reason for this action?

A Stakeholder Reference Group was formed in December 2016 in order to oversee and develop the process of informing and engaging on the re-provisioning of services from Rowallan Ward, Kirklandside. The Group undertook a process of developing and appraising potential options for re-provision of the Rowallan Ward services. Following this process it was agreed that this group would continue to function and link to the Models of Care Group. Terms of reference were reviewed and it was agreed that the group would continue to take part in the options development and appraisal process for future service reviews relating to the Models of Care Programme in East Ayrshire. It is within this context that the work of the group continued and led on the review of the Community Rehabilitation Centre at Kirklandside Hospital.

Membership of the Group was intended and continues to reflect, as far as possible, the range of people with an interest in continuing care for frail older people in Kilmarnock. Direct invitations to older people and carers were made to join the Group; invitations were also issued via relevant organisations in Kilmarnock (such as the Carers' Centre, East Ayrshire Council of Voluntary Organisations, and the Volunteers Centre); and advice was given that people could join the Group in pairs rather than individually if they would find this less intimidating. This approach continues and the current membership of the group is as follows:

The Stakeholder Reference Group – Current membership

Member	Representing
Head of Community Health & Care Services (Chair)	EAHSCP
Service Manager, Kirklandside	Staff
Charge Nurse, Rowallan Ward	Staff
Charge Nurse, Community Rehabilitation Centre	Staff
NHS Staff Side Representative	Staff
Patient/public representative	Older people
Patient/public representative, Community Rehabilitation Service	Older people/service users
Patient/public representative	Community
Patient/public representative	Carers
Third Sector representative	Community
Older People's Advocacy Service East Ayrshire	Older people in the community
Consultant Geriatrician	Clinical
Senior Nurse	Clinical, EAHSCP
Programme Improvement Manager	EAHSCP
Project Officer (Graduate Intern)	EAHSCP

The Stakeholder Group undertook a process of developing and appraising potential options for re-provision of the Rehabilitation Centre services. Members of the Group were tasked with identifying and engaging more widely their staff and with interested groups and individuals in their networks in the Kilmarnock area. This was to identify possible options for service re-provision and ensure that views would be presented to the stakeholder reference group. At the first meeting of the stakeholder group the group was presented with both written and verbal background information. The stakeholder group discussed and agreed the communications plan and agreement of terms of reference. 2nd meeting was an option development process which ensured consensus was sought and was facilitated by an external person. 3rd & 4th meetings agreed criteria and weightings, option appraisal and scoring process.

The Programme Improvement Officer met directly with carers during their group meeting at the Carers Centre, Kilmarnock and provided a presentation and interactive discussion to 1 group of 5 carers as well as briefing staff.

(iv) Please include any evidence or relevant information that has influenced the decisions contained in this SIA; (this could include demographic profiles; audits; research; published evidence; health needs assessment; work based on national guidance or legislative requirements etc)

Comments:

In this section, the process of generating and appraising potential options for the Rehabilitation Centre services is set out. The following information was presented at the start of the process:

- Presentation – Informing the process
- Literature Review
- Options appraisal paper 2015
- Scottish Government’s 20:20 vision
- Local Model of Care Programme

The above generated much discussion and a range of options were developed for consideration at following meetings. The group agreed that the previous communications strategy would be used for this process. This would ensure that there was a range of activities to ensure engagement with stakeholders as widely as possible.

4 meetings took place to take forward this process 22 June, 8 August, 18 August and 1 September. Meetings were well attended and a representative from Scottish Health Council was in attendance at all meetings. At the meeting held on 8 August the group agreed criteria and weightings, option appraisal and scoring process. EQIA sub group members were agreed. All minutes and documents are available and included in the final Stakeholder Reference Report October 2017.

In addition to the above, the following also took place:

Communication Activity – In person

Group	Number of people involved
Staff (permanently based at the centre)	5
Staff (other staff who work at the centre)	9
Current Service Users	15
Clinic only service users	5
Public/older people/carers	24
Patients representatives	4
Stakeholder Reference Group members (non-statutory)	5
Total	67

- Social Media – multiple interactions via facebook (390)
- Social Media – multiple interactions via twitter activity (1,077)
- NHS Ayrshire & Arran website (*Involving You* section)
- East Ayrshire Council website, East Ayrshire Health and Social Care Partnership section
- Notice to Kilmarnock GP practices
- Notice in town centre community pharmacies
- Information provided via Patient Participation Network reached 159 individuals and 51 organisations in East Ayrshire
- Information in Carers centre
- Hard copies of information on reprovisioning and tell us what you think displayed in Kilmarnock GP Practices and town centre pharmacies

Section A: Standard Impact Assessment Process Document

Q9: When looking at the impact on the equality groups, does it apply within the context of the General Duty of the Equality Act 2010 see below:

In summary, those subject to the Equality Duty must have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation;
- advance equality of opportunity between different groups; and
- foster good relations between different groups

Has your assessment been able to demonstrate the following: Positive Impact, Negative / Adverse Impact or Neutral Impact?

What impact has your review had on the following 'protected characteristics':	Positive	Adverse/ Negative	Neutral	Comments Provide any evidence that supports your answer for positive, negative or neutral incl what is currently in place or is required to ensure equality of access.
Age			x	The services being considered is accessed mainly by older people with complex health care needs in Kilmarnock. Actions taken to ensure/improve engagement.

			<p>In order to ensure the engagement process is as accessible as possible to older people in the town, a range of approaches were adopted:</p> <ul style="list-style-type: none"> • Invitations to older people were made to join the Stakeholder Reference Group; • Invitations to join the Stakeholder Reference Group were issued via relevant organisations in Kilmarnock (such as the Carers' Centre, East Ayrshire CVO, and the Volunteers Centre. We advised that people could join the Group in pairs rather than individually if they would find this less intimidating; • The Group meetings were held in accessible venues, and transport to the venues was offered where needed; • By agreement information to Group members was sent electronically in advance, (hard copies of all documents were sent to 2 group members also) to allow for accessible formats, and face to face meetings were held with individuals to discuss the information prior to meetings, when requested; • Meetings were held with groups of older people in their own settings to inform and engage about the re-provisioning of services. For example, we met with a number of residents (15 people) in a sheltered housing complexes in Kilmarnock and Stewarton • Meetings took place with people currently using the service • Further meetings with individuals outwith the Stakeholder Reference Group were held (for example with the Carers Centre); • Stakeholder Reference Group members were tasked with engaging with their own
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				<p>members and wider groups that they were involved with, to help ensure older people in the catchment area were given as much opportunity as possible to discuss their views in accessible and familiar settings;</p> <ul style="list-style-type: none"> • Printed material was displayed in accessible locations such as health centres, GP surgeries and pharmacies • Information was published on the NHS Ayrshire & Arran and East Ayrshire Health & Social Care Partnership web sites as well EAHSCP social media accounts – facebook 390 people reached twitter (1077 impressions) , to provide as wide a coverage of accessible information as possible to encourage older people to engage. <p>This engagement has built on ongoing engagement that has taken place over a longer period of time, both in relation to the New Models of Care Programme and to locality planning, where individuals have been supported and encouraged to express their views on service provision in Kilmarnock and wider area.</p>
<p>Disability (incl. physical/ sensory problems, learning difficulties, communication needs; cognitive impairment)</p>			x	<p>Given the people most likely to require the services of the Rehabilitation Centre, we were aware of the importance of accessibility for people with physical and / or sensory disabilities. In order to support accessibility, we took steps such as:</p> <ul style="list-style-type: none"> • Ensuring Stakeholder Reference Group meetings were held in accessible venues; • Assisting with transport to the meetings where needed; • Providing information electronically and hard copy in

				<p>advance to allow people to adapt it as necessary;</p> <ul style="list-style-type: none"> • Providing telephone and face to face support to supplement the electronic information; • Making use of existing organisations to engage with older people in Kilmarnock and throughout East Ayrshire <ul style="list-style-type: none"> • The involvement of advocacy services was key. <p>This engagement has built on ongoing engagement that has taken place over a longer period of time, both in relation to the New Models of Care Programme and to locality planning, where individuals have been supported and encouraged to express their views on service provision in Kilmarnock.</p>
Gender Reassignment			x	No issues were identified in relation to the engagement exercise.
Marriage and Civil partnership			x	No issues were identified in relation to the engagement exercise
Pregnancy and Maternity			x	No issues were identified in relation to the engagement exercise
Race/Ethnicity			x	<p>A wide range of organisations in Kilmarnock were made aware of the engagement process, and were also invited to send representatives to become members of the Stakeholder Reference Group.</p> <p>This engagement has built on ongoing engagement that has taken place over a longer period of time, both in relation to the New Models of Care Programme and to locality planning, where individuals have been supported and encouraged to express their views on service provision in Kilmarnock.</p>

Religion/Faith			x	No issues were identified in relation to the engagement exercise
Sex (male/female)			x	No issues were identified in relation to the engagement exercise
Sexual orientation			x	No issues were identified in relation to the engagement exercise
Staff (This could include details of staff training completed or required in relation to service delivery)			x	<p>A lengthy process of engaging with staff took place. This included group meetings and face to face meetings. Staff were invited to meet to discuss their views, and were offered the option of meeting individually or in groups.</p> <p>This engagement has built on ongoing engagement that has taken place over a longer period of time, both in relation to the New Models of Care Programme and to locality planning, where staff have been supported and encouraged to express their views on service provision in Kilmarnock.</p>
Cross cutting issues: Included are some areas for consideration. Please amend/add as appropriate. Further areas to consider in Appendix B				
Carers			x	<p>Carers are key partners in our work, and have been engaged in a number of ways. For example:</p> <ul style="list-style-type: none"> • East Ayrshire CVO and the Carers Centre were encouraged to send representatives onto the Stakeholder Reference Group; • Meetings were held with individuals as requested. • Discussions took place with carers at the Carers Centre (5 carers) to obtain their views on the review. <p>This engagement has built on ongoing engagement that has taken place over a longer period of time, both in relation to the New Models of Care Programme and to locality planning, where carers have been</p>

				supported and encouraged to express their views on service provision in Kilmarnock.
Homeless			x	No issues were identified in relation to the engagement exercise
Involved in Criminal Justice System			x	No issues were identified in relation to the engagement exercise
Language/ Social Origins			x	No issues were identified in relation to the engagement exercise
Literacy			x	No issues were identified in relation to the engagement exercise
Low income/poverty			x	No issues were identified in relation to the engagement exercise
Mental Health Problems			x	No issues were identified in relation to the engagement exercise
Rural Areas			x	No issues were identified in relation to the engagement exercise

Q10: If actions are required to address changes, please attach your action plan to this document. Action plan attached?

Yes

No

Q11: Is a full EQIA required?

Yes

No

Please state your reason for choices made in Question 11.

This is a process for generating ideas and developing options. There is a separate process, which will be subject to an EqIA in relation to the development of a preferred option(s).

If the screening process has shown potential for a high negative impact you will be required to complete a full equality impact assessment (see guidelines).

Date SIA Completed

28/09/2017

Date of next SIA Review

Signature

Print
Name

Jackie McLean

Department or
Service

Please keep a completed copy of this template for your own records and attach to any appropriate tools as a record of SIA or EQIA completed. Send copy to elaine.savory@aapct.scot.nhs.uk

Section B: Standard/Full Impact Assessment Action Plan (EQIA)

Name of document
being EQIA'd:

Date	Issue	Action Required	Lead (Name, title, and contact details)	Timescale	Resource Implications	Comments
DD / MM / YYYY						
DD / MM / YYYY						
DD / MM / YYYY						
DD / MM / YYYY						
DD / MM / YYYY						
DD / MM / YYYY						

Further
Notes:

Signed:

Date:

Section C: Quality Assurance

QA Section

Lead authors details?

Name:	<input type="text"/>	Telephone Number:	<input type="text"/>
Department:	<input type="text"/>	Email:	<input type="text"/>

Does your policy / guideline / protocol / procedure have the following on the front cover?

Version Status	<input type="checkbox"/>	Review Date	<input type="checkbox"/>	Lead Author	<input type="checkbox"/>
Approval Group	<input type="checkbox"/>	Type of Document (e.g. policy, protocol, guidance etc)	<input type="checkbox"/>		<input type="checkbox"/>

Does your policy / guideline / protocol / procedure have the following in the document?

Contributory Authors	<input type="checkbox"/>	Distribution Process	<input type="checkbox"/>	Implementation Plan	<input type="checkbox"/>
Consultation Process	<input type="checkbox"/>				

Is your policy / guideline / protocol / procedure in the following format?

Arial Font	<input type="checkbox"/>	Font Size 12	<input type="checkbox"/>
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Signatures


Lead Author:	<input type="text"/>	Date:	<input type="text" value="DD / MM / YYYY"/>
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Signatures


QA Check	<input type="text"/>	Date:	<input type="text" value="DD / MM / YYYY"/>
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Once both signatures above are complete the document can be sent to the approving group for approval **(Sections A&C only)**.

Tweet Activity ✕




East Ayrshire HSCP @EAHSCP
Do you have an opinion on the reprovisioning of Rowallan Ward? We want to hear them! More information attached:
<https://www.east-ayrshire.gov.uk/Resources/PDF/R/R/e-provisioning-of-Rowallan-Ward-at-Kirklandside-Hospital-Kilmarnock-Notice.pdf> ...
<pic.twitter.com/hazlRqtKbc>

 **Reach a bigger audience**
Get more engagements by promoting this Tweet!

Get started

Impressions	840
Total engagements	42
Retweets	13
Link clicks	12
Detail expands	11
Media engagements	4
Likes	1
Profile clicks	1

Post Details Reported stats may be delayed from what appears on posts ✕



East Ayrshire Health and Social Care Partnership
1 February at 16:28 · 🌐

Do you have an idea on how to reprovision services at Rowallan Ward, Kirklandside Hospital? Why not share them with us! More info below:
<https://www.east-ayrshire.gov.uk/.../Re-provisioning-of-Rowal...>

620 people reached
Boost post

1 Share

👍 Like 💬 Comment ➦ Share

620 People Reached		
6 Likes, Comments & Shares		
3 Likes	3 On Post	0 On Shares
0 Comments	0 On Post	0 On Shares
3 Shares	1 On Post	2 On Shares
60 Post Clicks		
0 Photo views	49 Link clicks	11 Other Clicks 📊
NEGATIVE FEEDBACK		
0 Hide Post	0 Hide All Posts	
0 Report as Spam	0 Unlike Page	

Appendix 5 Notice to Kilmarnock GP Practices

Review of Kirklandside's Community Rehabilitation Centre

We have started an ambitious programme of change to improve our services for older people and those with complex needs. As part of this programme, we are reviewing the Community Rehabilitation Centre at Kirklandside, Kilmarnock and we are looking for your views and ideas.

What do we currently do?

At the moment, people attend the Centre to take part in therapeutic activities (such as physiotherapy, for example) that aim to improve their health and mobility. Most people who go are over 65, and last year 175 new patients attended.

Why are we reviewing this service?

- People now live longer, and sometimes with complex health and care needs, so the sorts of services we've provided in the past may no longer be meeting the needs of the population.
- We want to help people to live longer healthier lives at home, or in a homely setting, and so we may need to do things differently.
- By giving us your views and ideas we can develop options that allow us to continue to deliver high quality care for people in the Kilmarnock area.

Tell us what you think

A wide range of people are already involved in this work, including representatives from patient groups, advocacy services for older people, the local voluntary sector, doctors, staff and managers.

If you would like to tell us your views or ideas or to find out more information about the Community Rehabilitation Centre at Kirklandside, please contact Irene Campbell, Programme Improvement Manager on 01563 503330 or by email Irene.campbell2@aapct.scot.nhs.uk by 30th September.

We look forward to hearing from you.

If you require any of our information materials in an accessible format, such as large print, Braille or in a community language please telephone 0845 724 0000.

Appendix 6 Scottish Health Council Major Service Change Template

GUIDANCE ON IDENTIFYING MAJOR HEALTH SERVICE CHANGES

RECORDING TEMPLATE

The logo for the Scottish Health Council is a purple speech bubble shape. Inside the bubble, the words "scottish", "health", and "council" are stacked vertically in a lowercase, sans-serif font.

scottish
health
council

making sure
your voice counts

INTRODUCTION

The Scottish Health Council has published a guidance paper, *Guidance on Identifying Major Health Service Changes*, which sets out issues to consider when identifying whether a proposed service change ought to be regarded as 'major'. It is intended to provide a shared framework for discussion which can be used by NHS Boards, the Scottish Health Council, the Scottish Government and local community groups. It was developed following a consultation process which enabled key stakeholders to have a say on the content and format.

Service Change: **Review of the Community Rehabilitation Centre at Kirklandside Hospital (Day hospital)**

BACKGROUND TO PROPOSED CHANGE

A development day was held in November 2015 focussing on day care and day hospital services within East Ayrshire H&SCP. As part of this day, a mapping exercise was undertaken which helped identify areas of duplication and gaps in service provision. In addition, a previous Pan Ayrshire review of NHS day hospital services had also identified some issues with the service model and indicated that it would be beneficial to look at options for new models of service delivery.

This report provides information about the review of the Community Rehabilitation Centre (often referred to as day hospital services) provided in Kirklandside Hospital which was conducted within this context.

During June – September 2017 supported by detailed guidance provided by the Scottish Health Council on service change, an informing and engagement programme took place with a range of stakeholders. Stakeholders included patients, patient relatives, carers, staff as well as the public and gathered the direct views of **67** people. In addition, many opportunities for people to engage with this process were provided via social media, third sector networks and the public participation network. A Stakeholder Reference Group was formed whose members additionally engaged with their respective organisations and wider networks. Membership of the Stakeholder Group was **15** and included representatives from the public, older people's advocacy service, third sector as well as staff, staff representatives, senior managers and clinicians.

The Stakeholder Group developed options, informed and supported by a literature review and feedback from the engagement process. The Group then completed an appraisal exercise and generated a preferred option to align the CRC service with community teams and provide mobile community assessment and rehabilitation services in a range of community settings. This outreach model will be based within an existing community team.

Overwhelmingly older people's stakeholders and carers wished for services to be delivered close to their own homes. As this model was preferred it is incumbent on the Health and Social care Partnership to explore it, involving the stakeholder group in order to test feasibility.

AREA AND SERVICES AFFECTED	
Health & Social Care Partnership	East Ayrshire Health & Social Care Partnership
Changes Proposed <i>(in broad terms)</i>	<p>To re-provide day hospital assessment and rehabilitation services for elderly patients with complex health care needs from the Kilmarnock area, through a model that is preferred by stakeholders.</p> <p>The current service is a consultant led multi-disciplinary assessment and rehabilitation service, aiming to promote optimum level of function through implementing therapeutic programmes devised collaboratively by the multi-disciplinary team to meet people's assessed needs.</p> <p>The change proposed relates to the location rather than to the nature and quality of the services. The proposal is to align the day hospital community assessment and rehabilitation service with local community healthcare teams and provide mobile services in a range of community settings instead of in the centralized hospital-based facility.</p>
Information available <i>(list key documents - strategy papers etc)</i>	<ul style="list-style-type: none"> • Stakeholder Reference Group Background paper • Engagement and communications plan • Updated terms of reference for agreed by the group • Literature Review • Information sheet • Briefings to IJB, Elected Members and MSPs/MPs • All agendas, minutes and papers presented at all meetings
ASSESSMENT OF THE ISSUES REFERRED TO IN THE GUIDANCE ON IDENTIFYING MAJOR HEALTH SERVICE CHANGES	
1. Impact on patients and carers <i>(Include estimated numbers of people affected if possible.)</i>	The review of the Community Rehabilitation Service will affect mainly older people with complex health care needs in Kilmarnock and surrounding areas. The new provision will improve access to services for

		<p>people in their own communities, and will provide these services in a way that respect, dignity and privacy are maintained.</p> <p>The service offers a maximum of 12 places per day and received 175 new referrals during 2016/17. The service is not operating at full capacity with a high DNA rate. By implementing the new model, there is likely to be less DNA and higher rates of older people able to access assessment and rehabilitation at home or closer to home.</p>
	Service Change Advisor/Local Office:	
2.	Change in the accessibility of services	<p>The new, mobile / community based model means that assessment and rehabilitation will be delivered in people's own homes or in their community, rather than in a centralised facility. This will improve access for both service users and carers and should increase the number of people using the service.</p> <p>Access to Kirklandside Hospital by public transport is infrequent and the bus stop is not close to the site. Access is by crossing a busy main road/motorway roundabout exit which could make crossing difficult. Community based services will much improve this.</p>
	Service Change Advisor/Local Office:	
3.	Emergency or unscheduled care services	<p>Patients who require emergency care as part of their care would still access that at their local hospital (i.e. Ayr or Crosshouse) if required.</p>
	Service Change Advisor/Local Office:	
4.	Public or political concern	<p>From June until September a programme of engagement with key stakeholders gathered the direct views of 67 people on options for the review of the Community Rehabilitation Service. In addition to this, there were many opportunities for people to engage and to provide feedback via a range of ways including numerous interactions via facebook, twitter and NHS Public Participation Network.</p> <p>During this inform and engagement process, people overwhelmingly expressed a preference to access services in either their home or a community facility. People also felt strongly that care providers should be allowed to spend more time understanding and responding to individual preferences, and supporting unpaid carers.</p>

		<p>The option to move to the new model of a mobile community-based service offers the potential to meet these expressed priorities.</p> <p>This was the preferred option out of a set of four potential options that were developed by a Stakeholder Reference Group during an inclusive options development and appraisal process.</p> <p>The decision reached by the Stakeholder Reference Group is yet to be shared publicly, pending approval through the East Ayrshire Health and Social Care Partnership governance process. Following this, suitable measures will be put in place to plan for, consult on, and manage the change towards the new model of community assessment and rehabilitation. . The stakeholder group have already expressed the desire to oversee the model through its feasibility, development and implementation stages and to champion it as we go forward.</p> <p>An IJB paper in June 2017 provided a full update on the activity and progress to the East Ayrshire Health and Social Care Partnership Integrated Joint Board. A further IJB paper will be issued in November 2017 advising the outcome and findings from this engagement.</p>
	Service Change Advisor/Local Office:	
5.	Conflict with national policy	<p>The 2020 vision supports the provision of services close to home where appropriate and the East Ayrshire Health & Social Care Partnership aspires to provide services to people as close to home as possible.</p> <p>As the proposal is to de-centralise the care of older people with complex health care needs, it is in line with this policy.</p> <p>The current model of the centralised facility in a hospital setting will not deliver the national 20-20 vision or quality ambitions.</p> <p>The next stage of the review process is to test the feasibility of the model that stakeholders prefer. By doing this EAHSCP can demonstrate that we are listening to the public and to what stakeholders want, and that we are acting in line with national policy.</p>

	Service Change Advisor/Local Office:	
6.	Change in method of service delivery	Method of service delivery will change from a centralised hospital-based model to one where people receive assessment and rehabilitation from a range of staff and service providers based on their specific needs and preferences in their own home or community.
	Service Change Advisor/Local Office:	
7.	Financial implications	This will be done within existing resources. Redesign of the current model will allow reinvestment within the catchment area to achieve a model that is preferable to stakeholders that also achieve the 20-20 vision and quality aspirations. This will be tested via a business planning process, and if found to be feasible, will be taken forward under the auspices of the stakeholder group.
	Service Change Advisor/Local Office:	
8.	Related changes in recent years	<p>The formation of the East Ayrshire Health and Social Care Partnership has allowed us to begin a process of transformational change to help sustain services into the future. This includes the development of locality teams, GP Clusters, the implementation of Self Directed Support, agreement of a technology strategy, partnership with Housing and enhanced community rehabilitation services. All of which provide a context of change towards caring for people in their own homes or in a homely setting. Significant engagement with the public, stakeholders and workforce has reinforced that people want to have services and supports delivered locally.</p> <p>The models of care programme provides a further opportunity to align services. For example there is potential for the redesigned CRC service to align with the preferred 'blended model' previously developed as the preferred option in the re-provision of services from Rowallan Ward, Kirklandside. It provides an opportunity to work in new and innovative ways.</p>
	Service Change Advisor/Local Office:	
9.	Consequences for other services	<p>Moving towards the new model of community assessment and rehabilitation will be supported by wider changes that we wish to implement as part of our New Models of Care programme, in line with national requirements and wide ranging stakeholder engagement.</p> <p>Other reviews of service or changes to working arrangements that could impact on the provision of the day</p>

	<p>hospital services include the ICES review, changes to the Front Door service, the review of community nursing, and the Pan Ayrshire review of falls services.</p> <p>On the Kirkcaldy Hospital site accommodation is in place for 75 community staff. Development of an accommodation strategy is already underway as the admin accommodation is not fit for purpose and this information is included in the wider report.</p> <p>The new service model fits with a 'patch –based' approach to service delivery that the HSCP are progressing within our 3 locality areas.</p>
Service Change Advisor/Local Office:	
CONCLUSION	
<p>Is it major service change? (Provide reasons for your view.)</p>	<p>The review of the Community Rehabilitation Centre service does not constitute major service change as it relates to a small number of day attendances that stakeholders wish to be re-provided in a community based model. Overwhelmingly, stakeholders do not support Kirkcaldy as the future setting for providing the current service.</p> <p>The Scottish Government's 2020 Vision supports the provision of services in people's own homes or in a homely setting. The proposed model supports this policy.</p> <p>Option appraisal, conducted by an inclusive Stakeholder Reference Group, has found that a mobile community - based option, aligned with other community healthcare teams, is the most appropriate service delivery model to meet modern care standards that meet people's needs and preferences. It is also the most appropriate service delivery model to address people's strong preference to receive services close to their own home where possible. The proposed change will improve the accessibility, capacity and resilience of the service.</p> <p>There was no clear preference for the setting for the out patient clinic activity.</p>
Date of completion	05/10/2017
Service Change Advisor/Local Office:	
Staff involved in this assessment	<p>Annemargaret Black, Head of Community Health & Care Services</p> <p>Irene Campbell, Programme Improvement Manager</p>

FURTHER INFORMATION

Any questions should be directed in the first instance to Irene Campbell, Programme Improvement Manager, East Ayrshire Health and Social Care Partnership, Tel: 01563 503330, e-mail : Irene.Campbell2@aapct.scot.nhs.uk

References

Healthcare Quality Strategy for NHS Scotland

<http://www.gov.scot/resource/doc/311667/0098354.pdf>

Reshaping Care for Older People

<http://www.gov.scot/Resource/0039/00398295.pdf>

AHP Delivery Plan

<http://www.gov.scot/resource/0039/00395491.pdf>

Integration of Health and Social Care

<https://blogs.gov.scot/integrating-reshaping-care/2015/12/08/health-and-social-care-integration-policy-update-december-2015/>

Delivering for Remote and Rural Healthcare

<http://www.gov.scot/resource/doc/222087/0059735.pdf>

Intermediate Care Framework

<http://www.gov.scot/Resource/0039/00396826.pdf>

Living and Dying Well: A national action plan for palliative and end of life care in Scotland

<http://www.gov.scot/resource/doc/239823/0066155.pdf>

Scotland's National Dementia Strategy

<http://www.gov.scot/Resource/0042/00423472.pdf>

Scottish Government: 2020 Vision

<http://www.gov.scot/Topics/Health/Policy/2020-Vision>

NHS Scotland Efficiency and Productivity Framework for SR10

<http://www.gov.scot/Resource/Doc/341668/0113614.pdf>

Shifting the Balance of Care

http://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=3&ved=0ahUKEwjHnuv3zqHSAhVIVxQKHeoD7QQFggvMAI&url=http%3A%2F%2Fwww.shiftingthebalance.scot.nhs.uk%2Fdownloads%2F1249894242-Improvement%2520Framework%2520July%25202009.pdf&usg=AFQjCNE_ZmCuStQcjbe_4ll-iYmoYnQmHQ