

EAST AYRSHIRE

Health & Social Care
Partnership

Developing the Cumnock Health and Wellbeing Hub Event Report

December 2019

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1. Introduction

This report will be used as a reference document for consideration and input as part of the wider planning process for the Cumnock Health and Wellbeing Hub.

This event was held at the Boswell Centre, Auchinleck on 25 October 2019. The aim of the event was to capture views on how to develop the Cumnock Hub from a range of stakeholders including: healthcare professionals, social work professionals, third and independent sector colleagues and members of the public. It was important to consider a range of views on how our current services can be transformed to continue to deliver effective and person centred 21st century services in the coming 5 – 10 years and beyond.

This gathering was the first of five local events to be held in East Ayrshire reflecting the wider Transformational Change Programme ‘Caring for Ayrshire’, which aims to drive forward change and improvements in the way health and care services are delivered across Ayrshire. The Programme recognises a range of challenges including: increasing demand, poor health, staff shortages, financial limitations and buildings that are no longer fit for purpose as drivers for change alongside evolving policy, clinical and quality requirements.

Approximately one hundred people attended on the day which provided good representation from a number of areas including the public, Acute Services, Primary Care, District Nursing, Social Work, Allied Health Professionals and third and independent sector.

There was great emphasis to ensure that discussions at the event focussed on future services and vital to all discussion, there was consideration in relation to advances in technology, digital services, new models of care and how these services can meet the needs of local people.

Discussion sessions were designed to ensure that people had an opportunity to consider how we can best provide services as part of our Cumnock Hub. The Cumnock Hub refers to the following areas:

- Cumnock
- New Cumnock
- Auchinleck
- Mauchline
- Surrounding villages.

2. Discussion Groups

There were ten discussion groups, nine with professionals and one group with members of the public. Key to discussions was to consider where services can be delivered from recognising that current facilities may not be future proof or flexible enough to deliver the range of services required.

All group discussions were facilitator led. This gave all attendees the opportunity to work through a structured process to ensure that knowledge, experience, views and ideas could be captured to feed into the future options appraisal process as part of the next steps towards developing the hub. In addition, it was important for all attendees to consider where future services can be delivered from, for example current premises may not be future proof and there may be better places or ways to deliver future services. Therefore the event was structured in such a way that attendees had the opportunity to look carefully at the range of services, buildings and facilities in the area and be guided through a process to inform the development of options for the optimal model.

There was a large amount of information in relation to what is working well, what is not working well and suggested improvements.

Noted below are some key areas that were highlighted by many groups.

What is working well?

- Experienced staff
- Good at supporting people in the community
- Palliative and end of life care – at home and at EACH
- Community Connectors
- Rothesay House services.

What is not working well?

- Age of the workforce
- Community Pharmacy – prescription not always ready
- Access to transport
- Filling Consultant posts for specialist services
- Access to GPs – long wait for appointments.

Suggested improvements

- More hubs in localities (Ochiltree model)
- Improved transport
- Better IT
- More palliative care beds in the community.

3. Key Themes Identified

3.1 Home

Important to all discussion groups was a desire to expand the number of services that we can deliver at home. Recognising that people want to stay in their home or communities where possible it is important to continue to deliver a range of services in the home. The services below were considered key to keeping people safe at home.

- Equipment and adaptation
- Rehabilitation
- Care at home
- Palliative and end of life care
- Self-Directed Support
- Pharmacy
- AHP: Occupational Health/Physiotherapy/Dietitian/Podiatry
- Front Door Services
- Intermediate Care Team
- Community Alarm
- District Nursing
- Carers Support
- Be-friending.

Suggested improvements for future care:

- More access to overnight carers
- Additional Care at Home
- Diabetes Nurse Specialist Service
- Respite.

Although all groups were asked to fully consider TEC, there was little feedback in relation to this.

3.2 What to deliver in the community

There was discussion around current services and the range of buildings across the communities that services are delivered from. General discussion took place in relation to the quality of buildings with some more modern than others. Information on current service composition can be found on page 10.

A key theme identified in all discussion groups is the remote and rural landscape of the area. This was a particular focus at the public discussion. The lack of affordable and accessible public transport was frequently raised and consideration must be given to local services being available in communities. This included looking to further develop the community hub model such as the model at Ochiltree and associated benefits. Many saw opportunities with this type of approach which could incorporate a range of drop-in services from the Health and Social Care Partnership, NHS, Local Authority as well as the third and independent sector.

From the public discussion there were very positive comments in relation to the range of services available at GP Practices and all viewed the role of the Practice Nurse as extremely valuable. AHP and pharmacy services were also very well received and although appointments could be difficult to access at times, all were happy with their GP consultation when they attended an appointment. There was real appetite to continue with this Multi Disciplinary Model.

3.3 Health and Wellbeing Centre

Due to financial constraints many found it difficult to fully consider the concept of new buildings and noted what would be an optimal model at EACH rather than a new build. There were many ideas on what services can be delivered from EACH however, a key theme was the difficulties associated with making any improvements or changes under the current contract system. This is of huge concern and was raised by many during discussions. Another key theme is the underutilisation of space, empty wards, layout of the existing building and lack of autonomy to make any changes at EACH.

Approximately 40% of attendees expressed a preference for a new build rather than continuing with EACH. People who commented on a new build cited more flexibility around design and that this would enable a better use of space.

Interestingly, there was little or no difference between the future services to be provided at EACH or a new build and therefore the information set out below relates to both EACH or a new build.

3.4 Key areas for inclusion in EACH / New Build:

- In-patient services
- Greater range of out-patient services including clinics
- Intermediate Care and Rehabilitation
- Palliative care and end of life care
- Wider range of Locality Services
- Mental Health Services
- Addiction Services
- GP Services

- Ayrshire Urgent Care Services
- X-Ray
- On site pharmacy
- Dentist
- AHP services – physiotherapy, podiatry, occupational health, dietitian, speech and language
- Mobile screening
- Scottish Ambulance Service base/Bariatric Ambulance Service
- Range of third sector organisations offering range of activities and supports – carers, alzheimers and dementia support, community connectors
- Porters to be on site at night
- Cafe – utilise more
- Community Alarms, Self Directed Support, Smarts supports etc
- Space for Mobile Unit – clinical specification
- Pulmonary Rehabilitation.

4. Future Service Delivery at the Health and Wellbeing Centre and the Range of Future Services for the Optimal Model

4.1 Health and Wellbeing Hub

There were comments from some attendees suggesting that whether EACH is replaced or remains as is, that to rename as a Health and Wellbeing Hub is a positive way to go. This would remove the connotations of a hospital which is associated with illness, to a more health focussed approach and the potential for a range of public health information to be available. Others suggested that 'Community Hospital' was a good term to use as it was familiar to all.

4.2 In-patients

Key areas for inclusion in relation to an optimal model included to continue to deliver in-patient care but to enhance what is currently provided. In-patient care at EACH was very highly regarded and to expand and continue to deliver this high level of service was considered key to a future optimal model.

For example, reference was made to consider an Elderly Mental Health Unit, more rehabilitation services, palliative and end of life care with scope to consider and respond to local needs.

A consistent theme was the lack of opportunity to redesign and fully utilise space at EACH and all discussions which focussed on a new build welcomed an opportunity to design a fit for purpose building that could accommodate in-patients but with the flexibility to design and redesign as required. This was viewed by those who commented as an exciting opportunity.

4.3 Clinics

There is an opportunity to deliver a range of clinics and build on the services currently provided. Suggestions included speciality clinics which would have to be explored further but all agreed that there is scope for shifting the balance of care and to offer a more responsive service for local communities.

4.4 Primary Care

A consistent theme was to have a GP practice and more services delivered by primary care. There was discussion around providing dental services, GP practice, as well as a pharmacy. The inclusion of a pharmacy would ensure Pharmacy First, minor ailments, smoking cessation and more would be provided. Multi-disciplinary teams were regarded as working very well and that patients were responding well to this approach when they are used to this way of working. More promotion and communication on how this works would be a good way forward.

In relation to individual GP Practices there was recognition that not all buildings were fit for purpose but this was not explored or commented on in any detail.

4.5 Advanced Nurse Practitioners

A consistent theme was to continue to deliver what is currently offered and expand the range of services provided and led by ANPs. This could include in-patient services, primary care and clinics.

4.6 Screening and Mobile Services

Many attendees commented that more mobile screening should be made available locally however, no examples were cited.

4.7 Third Sector

All viewed current partnership working and third sector services that are available at EACH to be really positive. It was highlighted that an opportunity to design or develop new areas that can be utilised by third sector colleagues would allow for services to be expanded and that it would make sense for a range of services to be available. Services suggested included:

- Dementia support services
- Be-friending services
- Advocacy
- Community Connectors
- Carers Support
- Condition specific support services e.g. Alzheimer's Scotland, Diabetes etc.

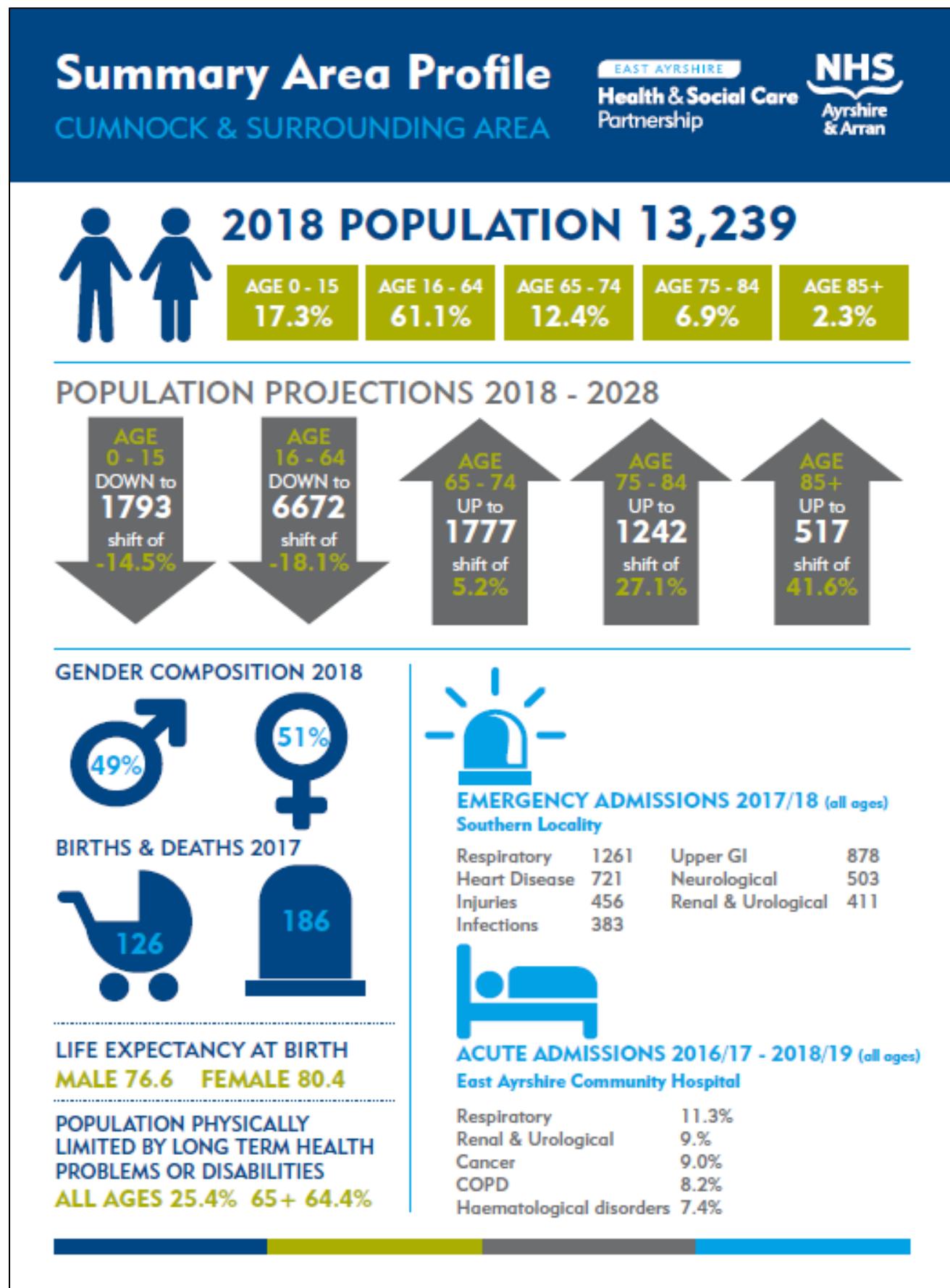
In addition to the above, there was consistent comment from all groups regarding the inflexibility of what can currently be delivered at EACH, the amount of space that is underutilised and the difficulties associated with making any changes. It is clear that there is an appetite to deliver a diverse range of services at EACH or a New Build.

4.8 Future Services

A considerable amount of information was made available to all who attended the event. This included demographic profiles setting out population projections for the coming years. All groups were asked to consider future demand in relation to future services. Up take of this approach was very low (less than 5%) therefore there is no reliable data to present.

5. Conclusion and Next Steps

The event was very well attended with attendees providing a range of expertise, knowledge and ideas on how best to develop the Cumnock Hub going forward. Expanding on the services that could be delivered at home was a key feature of all discussions and must be explored further. However, at the centre of much discussion was EACH and the services that could be delivered from EACH if there was greater flexibility with the contract. Alternatively, a new build that was designed to support the types of services outlined in this report must be given consideration as this would enable design of spaces for future service use.



Summary Area Profile

CUMNOCK & SURROUNDING AREA

EAST AYRSHIRE
Health & Social Care
Partnership



2017 RESIDENTS SURVEY RESULTS

Do you need public transport to access health services?

YES 34.8% NO 65.2%

Experiencing public transport barriers in travelling to / from medical appointments?

YES 36.2% NO 63.8%

Satisfaction with Hospitals



VERY / FAIRLY
SATISFIED
78.2%



NEITHER
10.5%



VERY / FAIRLY
DISSATISFIED
0.7%



NO CONTACT
10.5%

Satisfaction with Community Health Initiatives



VERY / FAIRLY
SATISFIED
26.9%



NEITHER
10.8%



VERY / FAIRLY
DISSATISFIED
0.8%



NO CONTACT
58.9%



How is your health in general?



VERY GOOD / GOOD
78.6%



FAIR
18.6%



VERY BAD / BAD
2.8%



People with
dementia
Cumnock Area

264



People in
Southern Locality
receiving Care at
Home service

610



% of population
with no access
to a car
Cumnock Area

25.3%

Appendix 2.

Home	Care Homes	Rothesay House	Ochiltree Community Hub	Netherthird Clinic	Ballochmyle Medical Practice
Addiction Services	AUCS	Addiction Services	Health and Wellbeing	Addiction Services	Addiction Services
AUCS	Carers' Support	Carers' Support	SAS	CAMHS	Carers' Support
Befriending	Dietician	Digital Services	SW C&F	Digital services	CLDMH
Carers' Support	District Nursing	Equipment & Adaptations	SW CLDMH	Learning Disability	Digital services
Community Alarm	GPs	ICT	SW Front Door	Mental Health Services	District Nursing
Dentist	Inpatient beds	Learning Disability	SW Locality Services	SALT	GPs
Dietician	Mobile and Screening Services	Mental Health Services	Third Sector	SAS	Health Visitors
Digital Services	Optometry	Occupational Therapy	Visiting Services		MH Services
District Nursing	OT	PEOLC			Mobile and Screening Services
Equipment & Adaptations	PEOLC	Pharmacy			PEOLC
GPs	Pharmacy	Physiotherapy			Pharmacy
Health Visitors	Physiotherapy	SALT			Physiotherapy
ICT	Podiatry	SDS			Podiatry
Learning Disability	Respite	Smart Supports			SAS
Mental Health Services	SALT	SW C&F			TEC
Optometry	SAS	SW Care at Home			Visiting service
OT	SW Locality Service	SW CLDMH			
PEOLC	Third Sector	SW FDS			
Pharmacy Reviews	Visiting Services	SW Justice Service			
Physiotherapy		SW Locality Service			
Podiatry		Visiting Services			
Rehab Facilities					
Respite					
SALT					
SAS					
SDS					
Smart Supports					
SW C&F					
SW Care at Home					

SW CLDMH
SW FDS
SW Justice Service
SW Locality Service
Visiting Services

Tanyard Medical Practice	Valley Medical Practice	Catrine Health Centre	Auchinleck Health Centre	Boswell Centre	Ellisland Court Day Centre
Addiction Services	Addiction Services	Addiction Services	Addiction Services	Carers' Support	AUCS
Carers' Support	Digital Services	Digital Services	Carers' Support	Day Services	Care at Home
CLDMH	District Nursing	District Nursing	Dentist	Digital Services	Community Rehab
Dentist	GPs	GPs	Digital Services	Justice Services	Day Services
Dietician	Health Visitors	Health Visitors	District Nursing	Learning Disability	District Nursing
Digital Services	MH Services	MH Services	GPs	Respite	GPs
District Nursing	Mobile & Screening Services	PEOLC	Health Visitors	SAS	Health & Wellbeing
GPs	PEOLC	Pharmacy	MH Practitioner		Mobile & Screening Services
Health Visitors	Pharmacy	Podiatry	MH Services		OT
MH Practitioner	Physiotherapy		PEOLC		Podiatry
Mobile and Screening Services	Podiatry		Pharmacy		Respite
MSK Service	SAS		Podiatry		SAS
Optometry Pre-School	SW CLDMH		SALT		SW Locality
PEOLC	Visiting Services		SAS		Visiting Services
Pharmacy			SW CLDMH		
Physiotherapy			Visiting Dietetic Service		

Podiatry
Respiratory Nurse Specialist
SALT
SAS
Third Sector
Visiting Service

Visiting Services

Afton Court Day Centre	East Ayrshire Community Hospital (EACH)		Other (Specify)
AUCS	AUCS	Mobile & Screening Service	Addiction Services
Care at Home	Carers' Support	OPD	Podiatry
Community Rehab	Community Alarm	OT	
Day Services	Cumnock Breath Easy Group	Outpatients	
District Nursing	Day Services	PEOLC	
GPs	Dementia Services	Pharmacy	
Health & Wellbeing	Dental	Physiotherapy	
Older Peoples Services	Diabetes Specialist Nurse	Podiatry	
Optometry	Diabetes Support Group	Pulmonary Rehab	
Podiatry	Dietician	Rehab	
Respite	Digital Services	Respiratory Consultant	
SAS	District Nurse Evening Service	Respite	
SW Locality Service	District Nursing	SALT	
Visiting Services	GPs	SAS & Bariatric Ambulance	

Health & Wellbeing Hub	Social Work	
Health Visitors	Stroke Specialist Nurse	
ICT	SW Care at Home	
Inpatient beds	SW Justice Unpaid Work	
Mental Health Services	Visiting Services	