

# Rosewell House

Options Appraisal (Consultation & Engagement Plan) 09.06.21

1. Our purpose for engaging is:

ACHSCP and BAC are currently developing an options appraisal looking at the future delivery mechanism for an integrated intermediate facility at Rosewell House. This will involve looking at several options for registering Rosewell House: as an NHS registered facility, a Care-inspectorate registered facility, or split-model between the two. It is important to understand how various stakeholders, including the public, relate to these options. Outcomes of the engagement will be incorporated into the options appraisal to ensure that they are considered in the final decision.

2. What do we already know about the community and the issue? At this point consider previous, relevant engagement that has been done and how this impacts on the requirement to do more.

## National Consultation

### *Health & Care Experience Survey:*

- In Aberdeen City, 87% of respondents to the local 2019 Health & Care Experience survey agreed that “community-based health and social care services are available to me”. However, the “Creating a Healthier Scotland” survey suggests that participation services and activities in the local community may be lower than the general awareness of their availability. The Evaluation of Acute Care at home did highlight that 37.5% Carer/Patient responders confirmed they had been signposted to a community resource, of which 83.3% (5/6) report that they contacted this recommended service.
- In recent polling by Ipsos Mori on behalf of Deloitte, nearly two-thirds (63%) of respondents falsely believed that the NHS provides social care services for older people. These findings are supported by recent listening events undertaken by Age UK Participants at Age UKs events stated that quality and location are the most important factors when choosing care services.

## Local Consultation

- *ACHSCP Strategic Plan:* ACHSCP undertakes robust local consultation & engagement on the strategic plan which drives our values aiming to be caring, person-centred and enabling. These values, and the principles contained within the strategic plan, are at the heart of the planned service for Rosewell House.
- *ACHSCP Health & Social Care Survey:* ACHSCP undertakes a biennial survey focusing on how people in Aberdeen experience their health & care services.



- *ACHSCP Hospital @ Home:* An evaluation into the Hospital @ Home service in 2019 demonstrated that both patients and carers had a preference to be looked after in a homely environment, which also resulted in reduced stress levels. This reinforces the principles of delivering care at home or in a homely environment which has underpinned the work on the Frailty Pathway, including Rosewell House.
- *ACHSCP Primary Care:* ACHSCP has recently undertaken large-scale consultation relating to primary care services such as 'Community Treatment & Care Services' and immunisations, which may have transferable learning. For example, findings of these consultations provide strength to the principle that care should be provided as close to home as possible.
- Acute Care at Home Evaluation highlighted unpaid experiences of working with different professional groups that they were predominantly positive while being supportive and demonstrating effective partnership working. Generally, patients are happy to see multi-disciplinary professionals in some circumstances and are happy for information about their care to be shared in order to facilitate this.

### 3. What do we still need to know?

Whilst there is a good evidence base in previous consultation to assume agreement with the principles for the service at Rosewell House, we need to understand how patients may experience the service under the options put forward in the options appraisal.

This is because the different options have slightly different implications for the care and service model delivered at Rosewell House. For example, there are small differences in visiting policies between NHS and Care-Inspectorate registered facilities. It will be important to understand how patients and the public feel about these differences to help inform the best way forward.

We also need to understand wider stakeholder and staff perspectives to ensure that any concerns are reflected in the options appraisal.

### 4. Who are the community participants in the engagement (e.g. carers, young people, people from ethnic minority communities)?

The community participants in the engagement are older people with frailty, but importantly also their families and carers. This is because it was identified in the interim evaluation, which undertook a number of patient testimonies, that *"to elicit a more accurate account of service acceptability/experience from an older cohort of service users, it is likely that future work focusing on engaging unpaid / informal carers will be more fruitful."*

5. Who are the agency participants in the engagement? (e.g. particular groups of staff, third and independent sector organisations, community councils)

- *Particular Groups of Staff* – Staff groups at Rosewell House, and connections with staff in the wider Frailty Pathway
- *Third & Independent Sector Organisations* – Bon Accord Care are a partner in the integrated model at Rosewell and are a vital stakeholder.

6. What barriers might affect anyone who should be involved and what resources do we have to overcome them? It is at this point that a Health Inequalities Impact Assessment (HIAA) should be considered and carried out as appropriate.

As identified above, patients experiencing Frailty may also experience difficulties recalling their care and experience. As a result, the engagement plan should involve carers and families. Opportunities should also be provided to engage in an informal way, face-to-face and avoiding use of technology.

The scale of this engagement does not require a dedicated HIAA specifically on the engagement, however it should be noted that a HIAA will be undertaken on the final proposal and completed options appraisal.

Activity	Stakeholder	Date	Notes	Lead	Completed?
<i>Immediate Engagement Activities</i>					
Options Appraisal Development Workshops	NHSG / ACC / ACHSCP / BAC	Series of workshops over June & July		Sarah Gibbon, Programme Manager	Completed 12.07.21
Rosewell Organisational Development Session	Rosewell Staff	Series of workshops over June & July	Review content & outputs of development workshops with staff	Fiona Nairn, Organisational Development Facilitator	Completed, however ongoing
Review of national consultation	General Public	NA	National Literature and consultations including <ul style="list-style-type: none"> <li>• Health and Social Care Survey</li> <li>• Age UK Listening events</li> </ul>	Chris Smillie	Completed 13.07.21
Review of local consultation	General Public	NA	CTAC Immunisations H@H	Chris Smillie	Completed 13.07.21
Case Studies	Patients	March 2021	Undertaken as a part of the interim evaluation	Calum Leask	Completed March 21
Public Survey	General Public	21.06.21 – 12.07.21	Microsoft forms, supported by QR code poster in Rosewell House, and paper copies if required.	Gordon Edgar	Completed 12.07.21
Drop-In Sessions at Rosewell	Families / Carers	2 x sessions, dates TBC	Friday the 25 <sup>th</sup> of June and Friday the 2 <sup>nd</sup> of July for 2 hours to speak to patients/residents/families (1.30 – 3.30).	Gordon Edgar	Completed 02.07.21
'Making Every Opportunity Count' style conversations	Families / Carers	22.06.21 – 09.07.21	Informal conversations with families /carers, captured on a simple form.	Discharge Co-Ordinators (BAC & NHSG)	Completed 09.07.21
Feedback following discharge from OT	Patients / Families / Carers	Ongoing currently	Undertaken as a part of quality improvement work. Outcomes to be shared with Rosewell team on completion.	Rosewell House Occupational Therapy Team	Ongoing as of 11.08.21
<i>Longer Term Engagement Activities</i>					
City Voices Survey	General Public	Longer Term		Sarah Gibbon / Gordon Edgar	Long term



Bon Accord Care

Service Feedback	Patients / Families / Carers	Longer Term	Improvement Trees / Care Opinion / Compliments & Complaints	Julie Warrender Zoe Pirie	Long Term
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7. What feedback has been given to engagement participants?

What	How	When
Engagement report has been shared with Discharge Co-ordinators	ACHSCP Development Officer sent to Discharge Co-Ordinator's for onward action	12.07.21
Engagement report has been shared with Transitional Lead	Project Manager sent to Transitional Lead for onward action	12.07.21

8. What are the key things learned from the engagement?

Patients/Families/Carers

**Food** – Patients and families/carers generally commented that the quality of the food was high and enjoyed during their stay.

**Staff** – Patients and families/carers found staff to be friendly, helpful and caring, however it was noted that at times they felt there was a lack of staff and that sometimes resulted in longer wait.

**Quality of Life** – Patients and families/carers found Rosewell to be clean and comfortable, though at times it could be a little boring and sometimes noisy. Patients and families/carers mentioned how it isn't nice not being able to have visitors or seeing family through windows (including during isolation).

**Suggestions for Improvement –**

- Improved communication between patient, families and between ARI & Rosewell, and from ARI on decision to transfer to Rosewell.
- Introduction of 'meet and greet' for visitors on their first visit to Rosewell

Rosewell House Staff

During the Organisational Development weekly meetings that are currently being held at Rosewell House we held 3 meetings to discuss the upcoming options appraisal.

The meetings were attended by 15 staff that were on shift and could be given time to attend.

Staff did not seem to have a preference for one option and appreciated that the option chosen would be done to meet the needs of the service but voiced their



opinions that it also needed to be the best option for patients/service users too. They were reassured that the needs of the patient/service users were very much at the centre of all the options.

In general there were a few questions following the presentation re how the options would affect staff and their day to day working.

The timing of the discussions was difficult as the staff were still going through organisational change and that was what the majority of queries were about as opposed to the options appraisal.

The staff are aware that if they have any further queries about the options appraisal they can be answered by one of the project team.

#### Local Residents

Local residents in the streets surrounding Rosewell House have reported an increase in parking in the surrounding neighbourhood, which is impacting their access to their drives and ease of deliveries. Residents have registered complaints and discussed the issues with their local representatives.

#### 9. What impact has this learning had on our subsequent decisions and actions?

1. BAC should continue to deliver the catering at Rosewell House regardless of the outcome of the options appraisal.
2. Staffing and the success of recruitment campaigns should be monitored and reviewed on an ongoing basis.
3. Consistency in visiting across Rosewell would be beneficial, as well as consistency in visiting policies between Rosewell and ARI. The importance of visiting to patients/families/carers has been reflected in the options appraisal.
4. Options that improve the overall communication in Rosewell, and between Rosewell & ARI would be welcomed by patients/families.
5. Ensuring clear, continuous communication with staff regarding any possible impact on their roles throughout implementation.
6. Explore both short and long term solutions to alleviate pressure on the parking situation surrounding Rosewell House, including (but not limited to) promoting use of green transport options such as bicycles; dedicated



bicycle storage; use of the NHSG shuttle bus; development of more parking on-site at Rosewell House