

**Gillian Morrison (Interim Chief Officer)**

Orkney Health and Care

01856873535 extension: 2611

[OHACfeedback@orkney.gov.uk](mailto:OHACfeedback@orkney.gov.uk)



Agenda Item: 8.

## **Integration Joint Board**

Date of Meeting: 9 December 2020.

Subject: Proposed New Care Facility, Kirkwall.

### **1. Summary**

1.1. This report seeks approval from the Integration Joint Board (IJB) in relation to the updated model of care and scope of the proposed replacement care facility in Kirkwall. At the Special Meeting of the IJB on 18 August 2020, it was recommended that further engagement with relevant stakeholders be completed and a report returned no later than December 2020. The report also notes that the Stage 2 Capital Project Appraisal was agreed by the Council at the Special General Meeting on 30 June 2020, subject to approval of the revised scope by the Integration Joint Board.

### **2. Purpose**

2.1. To seek approval of the updated model of care and scope of the proposed replacement care facility in Kirkwall.

### **3. Recommendations**

The Integration Joint Board is invited to note:

3.1. That the constraints of the existing St Rognvald House building are not compatible with regard to modern day delivery of care.

3.2. That the building infrastructure is not fit for purpose in the longer term.

3.3. The increased numbers in people delayed in hospital over the autumn, as referred to in section 4.6.1 below.

3.4. That the proposed replacement was the subject of a seminar held on 19 November 2020, attended by Elected Members, NHS Orkney Board Members and the Senior Management Teams from both Orkney Islands Council and NHS Orkney, which saw an aspiration for flexibility and different care delivery methods, including additional extra care housing, but did not dispel the need for the replacement build.

3.5. That development of a Home First and Discharge to Assess model of care is already underway utilising winter planning funding.

3.6. That a wide-ranging meeting of professionals, hosted by the Area Clinical Forum, was held on 1 December 2020, with the broad outcome of a desire to see flexibility in the delivery of care in the replacement facility and the addition in due course of extra care housing, subject to future funding and approval by the relevant authorities.

**It is recommended:**

3.7. That the IJB agree the revised service delivery model and scope of the proposed new replacement Kirkwall care facility, namely provision of a future-proofed 40-place facility with a revised start date for construction in summer 2021, with delivery at the year end of 2023.

3.8. That the Senior Management Team of Orkney Health and Care continue to work with clinical, professional and third sector colleagues in respect of minor modifications to the current architectural plan.

3.9. That the IJB instructs the Interim Chief Officer to ensure service development continues in line with the recent discussions to ensure that Home First is the default model of care and that progress in this respect is reported to the IJB no later than December 2021.

## **4. Background**

4.1. On 30 June 2020, Orkney Islands Council approved a Stage 2 Capital Project Appraisal for a replacement care facility in Kirkwall, subject to approval of the revised scope by the Integration Joint Board. The full report submitted to that meeting is attached as Appendix 1.

4.2. Members will recall that the report, attached as Appendix 2, considered by the IJB on 18 August 2020, set out the case to reduce the already approved care facility replacement from 60 places to 40. The minute of that meeting recorded the following:

'3.8. That the matter be reconsidered by the Board, no later than December 2020, following wider engagement with stakeholders, with the report addressing the following points:

- The need to replace the ageing facility at St Rognvald House needs to be made more prominent in the revised report – the facility was currently unsatisfactory for both residents and staff.
- Further clarification needs to be made about potential future numbers and need, although much data is already included in the report.
- There will be aspects of the review of the IJB's Strategic Commissioning Implementation Plan ahead that may impact on the Kirkwall care facility, such as the need for a 'step-up/step-down' care pathway, or the impact that recent initiatives, such as Tech Enabled Care/Community Led Support/Self Directed

Support, may have which suggests that the care facility design should incorporate a modular approach.

- The need for flexibility in design and use is paramount since things can change quickly in the dynamic world of social care.'

4.3. With regard to the physical building, St Rognvald House would need major investment should this facility require to remain operational in the longer term and, as noted in the previous Capital Project Appraisal, this would lead to a number of technical and operational challenges in delivering any refurbishment. The major areas that require works include:

- Replacement of roof coverings.
- Thermal upgrade of the existing external fabric through utilisation of external wall insulation.
- Major internal upgrades of the existing accommodation to provide en-suite facilities for the 16 residents who do not have these facilities at present.
- Full upgrade of the heating facilities including to decarbonise the heat source.
- Full electrical upgrade.
- Upgrade of nurse call installation.
- Complete provision of a 'retro' fit sprinkler system.

4.3.1. The technical and operational issues include:

- Maintaining the heat, electrical and water supplies (services) to the parts of the building that would remain occupied.
- Maintaining the emergency escape routes during construction of the extensions.
- Managing the noise, disruption and dust from the construction work whilst maintaining a homely setting for residents.

4.3.2. If all of the above works were undertaken, there would remain a number of bedrooms at or very slightly below the minimum size for existing rooms and significantly smaller than the standard for a new-build. A significant number would be below the requirements for new-builds, but generally larger than the 10.25m<sup>2</sup> minimum required for existing care homes.

4.4. With regard to daily care provision, there is no doubt that the building is not fit for modern-day care and the equipment to support this. As described at section 4.3 above, the room sizes are not optimal and 16 bedrooms do not have en-suite facilities attached. Whilst this is sub-optimal under normal circumstances the lack of en-suite facilities has added complexity in trying to shield or isolate service users as a consequence of the current pandemic and serves to highlight the need for modern facilities which are future proofed for further potential pandemics. The small bedrooms and narrower corridors do not lend themselves to the optimal delivery of rehabilitation or reablement for service users and therefore reduces the flexibility of care that can be provided there.

4.5. Orkney recognised early on, with the build of Smiddybrae House, that small group living is a model that is more conducive to harmonious and de-institutionalised care home life. That has been adopted further in the new Hamnavoe House and is much needed for the future service users of a Kirkwall facility. Small group living also importantly incorporates a domestic style kitchen area which can also serve as an area for practice for residents undergoing a period of rehabilitation or reablement.

4.5.1. Members will recall that there was an agreement (with additional funding not available to the IJB) to open the fourth wing within Hamnavoe House during the first phase of the pandemic specifically to accommodate patients who were deemed to no longer require medical care but whose rehabilitation had some way to go. Clinicians' feedback has highlighted that this experience evidenced that the standard of accommodation and domestic kitchen arrangement worked very well in terms of being able to deliver rehabilitation programmes and offered the degree of flexibility required to both professionals and service users alike.

4.6. Since the IJB's meeting in August 2020, two significant engagement events have taken place with regard to this project.

4.6.1. On 19 November 2020, a joint seminar was held to provide information and facilitate debate. All Elected Members, Board Members of NHS Orkney and the Senior Management Team of both Orkney Islands Council and NHS Orkney were invited. The presentation that was given is attached as Appendix 3 to this report, and shows that, despite the (then) number of people who remained in hospital whose discharge was delayed, Orkney generally performs well with better performance than the Scottish average in terms of the following parameters:

- The Orkney Islands represented the highest percentage of adults aged 65+ living unsupported at home throughout Scotland during 2018/19 at 93.7%. This was 2.4% higher than the Scottish proportion.
- 90% of people in the community spend their last 6 months of life at home.
- Little change to the level of Emergency Hospital Admissions over the past five financial years.
- Significantly lower than national average Emergency Hospital Admission rate per 1000 for the over 65 populations.
- During 2018/19 the number of bed days Orkney Islands residents aged 75+ spent in hospital represented one of the lowest rates per head of population in Scotland.
- The falls rate per 1000 population declined by 48% between 2013/14 and 2018/19. In the latest year this represented the fourth lowest falls rate nationally as highlighted above.

4.6.1.1. Discussion ensued around how care home places could be used differently in the future such that care homes are part of a sustainable model of care which may see more movement than at present of people moving in and out of care as required. Extra care housing tenancies are sought after keenly in Kirkwall and it was noted that both the modern care homes have surrounding land to accommodate extra care housing and that the planning to replace St Rognvald House also had that capability.

4.6.1.2. It should also be noted that, although Shetland manage their care homes differently, there is a greater capacity in the system for both care home places and care at home services which would aid the ability to be more fluid in care delivery.

4.6.1.3. The desire to see a model of carefully defined care was expressed and worry regarding the view of a 'blank revenue cheque' was raised. The available revenue is however already identified as the existing revenue budget for St Rognvald House.

4.6.1.4. The overall model of care is always under development with a continuing emphasis on care at home, and care home provision is seen as one element of this overall support network to enable people to stay at home where possible, but to provide accommodation where care at home is no longer safe. The replacement of St Rognvald House would also provide the ability for the service users to enjoy the same quality of physical accommodation as elsewhere in Orkney, acknowledging the standards of care provision are similar throughout Orkney.

4.6.2. On 1 December 2020, the Area Clinical Forum (ACF) hosted a dedicated meeting to the care home discussion. The ACF membership encompasses all professionals within NHS Orkney and social work colleagues were also invited to attend. A summary of the report has been provided by the Chair, Mr Steven Johnston, and this is attached as Appendix 4. The principal desires of the clinicians and professionals were that of flexibility within the system and that, in planning a new build, it should be part of an overall system of care including supported housing in due course. The aim would be that, as older people's care needs fluctuate up and down, those needs can be met with care provision flexing up or down within the overall system, with an emphasis on 'home first'. The positive experience in terms of the re-ablement ethos and design of Hamnavoe House during the temporary opening of the Brinkies Wing to provide step-down care from hospital was noted. The concept of adjacent extra care housing to any care home was welcomed.

4.6.2.1. The need to be able to provide care for those with dementia with especially complex needs here in Orkney was noted as a particular and growing gap.

4.6.2.2. Particular good practice examples were offered, and it was agreed that further planning work on the internal design of a replacement build would include capturing those professional examples, with clinicians forming a stakeholder consultation group.

## 5. Contribution to quality

Please indicate which of the Orkney Community Plan 2019 to 2022 visions are supported in this report adding Yes or No to the relevant area(s):

<b>Resilience:</b> To support and promote our strong communities.	Yes.
<b>Enterprise:</b> To tackle crosscutting issues such as digital connectivity, transport, housing and fuel poverty.	No.
<b>Equality:</b> To encourage services to provide equal opportunities for everyone.	Yes.

<b>Fairness:</b> To make sure socio-economic and social factors are balanced.	Yes.
<b>Innovation:</b> To overcome issues more effectively through partnership working.	Yes.
<b>Leadership:</b> To involve partners such as community councils, community groups, voluntary groups and individuals in the process.	Yes.
<b>Sustainability:</b> To make sure economic and environmental factors are balanced.	Yes.

## 6. Resource implications and identified source of funding

6.1. There are no immediate human resource implications arising from this report. It is anticipated that the existing staffing model in use at St Rognvald House will be deployed at the new 40 place facility.

6.2. The capital project cost for the proposed new Kirkwall care facility is £12.27 million, as detailed in the Stage 2 CPA, attached as Appendix 1 to this report.

6.3. It is anticipated that the new facility will employ the same staffing numbers as St Rognvald House and, as a consequence, will be revenue cost neutral apart from the additional property revenue cost of £152,000 in the short term.

6.4. The Council's Residential Care Charge for 2020/21 is £1,007 per week for those assessed as paying the full cost of their care. This is based upon the average of costs across all three local authority care homes, on the principle of full cost recovery and that there will also be a reduction in the depreciation charge as a result of the greatly extended asset life.

## 7. Risk and Equality assessment

7.1. An Equality Impact Assessment has been undertaken and is attached as Appendix 5 to this report.

## 8. Direction Required

Please indicate if this report requires a direction to be passed to:

NHS Orkney.	No.
Orkney Islands Council.	No.
Both NHS Orkney and Orkney Islands Council.	No.

## 9. Escalation Required

Please indicate if this report requires escalated to:

NHS Orkney.	No.
Orkney Islands Council.	Yes.
Both NHS Orkney and Orkney Islands Council.	No.

## 10. Conclusion

10.1. The additional work that has been undertaken is such that it evidences well two factors:

- That the replacement for St Rognvald House at 40 beds should proceed as swiftly as possible in order to reduce the lifespan of the building to the benefit of the service users and staff who provide the care, with the new build offering the greatest possible flexibility to cater for all the service users who may in future receive care there.
- There is a shared desire to take forward a flexible way of working where “Home First” is the ethos and which recognises the fluctuating needs of older people. Development of that model can run concurrently alongside development of the new care facility but need not further delay the provision of new fit for purpose care facilities in Kirkwall for older people.

## 11. Authors

11.1. Gillian Morrison (Interim Chief Officer), Integration Joint Board.

11.2. Lynda Bradford (Acting Head of Health and Community Care), Orkney Health and Care.

11.3. Susan Dutton (Acting Service Manager – Health and Community Care), Orkney Health and Care.

## 12. Contact details

12.1. Email: [gillian.morrison@orkney.gov.uk](mailto:gillian.morrison@orkney.gov.uk), telephone: 01856873535 extension 2611.

12.2. Email: [lynda.bradford@orkney.gov.uk](mailto:lynda.bradford@orkney.gov.uk), telephone: 01856873535 extension 2601.

12.3. Email: [susan.dutton@orkney.gov.uk](mailto:susan.dutton@orkney.gov.uk), telephone: 01856873535 extension 2682.

## **13. Supporting documents**

13.1. Appendix 1: Report to Special General Meeting of Orkney Islands Council on 30 June 2022, including the revised Stage 2 Capital Project Appraisal.

13.2. Appendix 2: Report submitted to Integration Joint Board on 18 August 2020.

13.3. Appendix 3: Kirkwall Care Facility Presentation to Seminar on 19 November 2020.

13.4. Appendix 4: Summary of development session hosted by Area Clinical Forum of NHS Orkney Board, on 1 December 2020.

13.5. Appendix 5: Equality Impact Assessment.



## **Item: 16**

**Special General Meeting of the Council: 30 June 2020.**

**Proposed New Care Facility, Kirkwall.**

**Revised Stage 2 Capital project Appraisal.**

**Joint Report by Chief Executive and Chief Officer/Executive Director of Orkney Health and Care.**

### **1. Purpose of Report**

To consider a revised Stage 2 Capital Project Appraisal in respect of the proposed new care facility in Kirkwall.

### **2. Recommendations**

The Council is invited to note:

#### **2.1.**

That the proposal to increase care beds in Kirkwall to 60 was first approved in 2013 as an extension to St Rognvald House and was based solely on the anticipated increase in the elderly population.

#### **2.2.**

That, although the Stage 2 Capital Project Appraisal to replace St Rognvald House, approved in October 2016, was based upon the same level of analysis. That analysis did not take account of changing models of care and, therefore, incorporated wide assumptions that the increasing elderly population translated directly into the need for additional care home beds.

#### **2.3.**

That, in October 2016, when the project was approved it was recognised that the increased revenue costs had not been identified.

#### **2.4.**

That following a review of the data used previously, the risk to the service of not having sufficient residential care places by 2035, as a consequence of the projected demographic increase in the ageing population, can be mitigated by adopting a proposal to build a 40 bed facility that is 'future proofed' with scope to build additional bed spaces in blocks of 10, should the need arise in future years.

## **2.5.**

That, although Hamnavoe House, Stromness, which opened in January 2020 with an additional eight permanent residential beds, increases the current number of residential beds in Orkney from 110 to 118, this additional provision was not included in the original data for the Needs Analysis.

## **2.6.**

That there is currently no revenue budget provision in respect of the additional residential beds, referred to at paragraph 2.5. above, as this was not identified as part of the original Stage 2 Capital Project Appraisal process.

## **2.7.**

The estimated capital and additional revenue costs for three options in respect of the proposed new care facility in Kirkwall, as details in section 12.1. of this report.

## **2.8.**

The estimated additional revenue costs for staffing for a 60 bed care facility at £858,580 per annum, however, there is no budgeted provision for this going forward and additional service efficiencies would be required in addition to existing efficiency targets to fund this in advance of opening the new facility.

## **2.9.**

That the available workforce capacity is unlikely to support human resource-intense models of care, such as residential care homes, in the future, and that assistive technology and community-based alternatives must be maximised to reduce dependency on residential care provision.

## **2.10.**

That enactment of the Public Bodies (Joint Working) (Scotland) Act 2014 requires that options for models of care and managing the services within revenue budget are the responsibility of the Integration Joint Board, whereas the provision of capital and buildings remains the responsibility of the Council.

## **2.11.**

That, although, it is still too early in the development and deployment of tech enabled care and support to understand the full potential of the opportunities that this currently offers, it is expected that Orkney Health and Care will continue to develop this new approach and that significant progress will have been achieved by the time the new facility would be ready for opening.

## **2.12.**

That the current revenue budget for St Rognvald House is £2,407,500 for 2020/21, with the assumption that a new 40-bed facility will not have additional revenue implications.

## **2.13.**

Options for the existing St Rognvald House site, including marketing for sale once construction of the new Kirkwall care facility has commenced to test whether this would be financially advantageous over redevelopment of the site, with the potential to generate a substantial capital receipt from disposal or redevelopment of the existing St Rognvald House site.

**It is recommended:**

## **2.14.**

That, subject to approval by the Integration Joint Board, the revised Stage 2 Capital Project Appraisal in respect of the proposed new Kirkwall care facility, attached as Appendix 1 to this report, be approved, namely provision of a 40-bed facility at a capital cost of £12,270,000, with a revised start date for construction in Spring 2021, with delivery in Spring/Summer 2023.

## **2.15.**

That the project be funded through a capital contribution from the Strategic Reserve Fund of £7,362,000 and General Fund borrowing of £4,908,000.

## **2.16.**

That the construction contract for the proposed new 40-bed Kirkwall care facility should include an option to demolish the existing St Rognvald House building and redevelopment of the site, with provision of £500,000 for the demolition and site redevelopment included in the capital programme on a cost neutral basis.

## **2.17.**

That the existing facility and site at St Rognvald House, Kirkwall, be offered for sale on the open market, for a period of one year, after commencement of construction of the new facility.

## **2.18.**

That, should no interest be received from advertising the existing facility at St Rognvald House, for sale, the Council undertake demolition of the existing St Rognvald House and redevelop the site for serviced sites.

## **3. Background**

### **3.1.**

In July 2013, the Council approved the inclusion of the following projects in the capital programme for 2013/14 onwards:

- Proposed extension and refurbishment of the care services provided at the St Rognvald House site at a gross cost of £7,260,000.
- Proposed refurbishment of the Gilbertson Day Centre at a gross cost of £300,000.

### **3.2.**

On 3 March 2015, Council resolved that consideration of a new build care facility in Kirkwall be referred back to the Policy and Resources Committee, at which time the Committee should also be provided with updated information, including financial estimates, in respect of the proposed upgrading of existing facilities at St Rognvald House, Kirkwall.

### **3.3.**

On 6 October 2015, the Council resolved that the Chief Officer, Orkney Health and Care, should submit, to a meeting of the Policy and Resources Committee no later than September 2016, a Stage 2 Capital Project Appraisal in respect of a 60 bed new build care facility in Kirkwall, to replace St Rognvald House and provide extra residential care capacity.

### **3.4.**

The most recent decision of the Council regarding the proposed new care facility in Kirkwall, namely recommendations from the Policy and Resources Committee on 27 September 2016, is detailed, in full, in Appendix 1 to this report.

## **4. Assessment of Current Capacity and Future Need**

### **4.1.**

Concern has recently been raised around the reliability of the Care Home Bed Numbers assessment in the context of national policy changes and the additional data, that included unsubstantiated assumptions based upon demographic data only, upon which the recommendation to build a 60-bed facility was based, in 2016. In addition, workforce availability is an increasing concern, which may be mitigated, in part, by the availability of alternative service delivery models, such as community-based care and the use of assistive technology. Lack of revenue funding is also an unresolved issue. These concerns and considerations have contributed to a decision to revisit the capacity of the proposed facility, as well as consider options for alternative, multi-disciplinary care delivery.

### **4.2.**

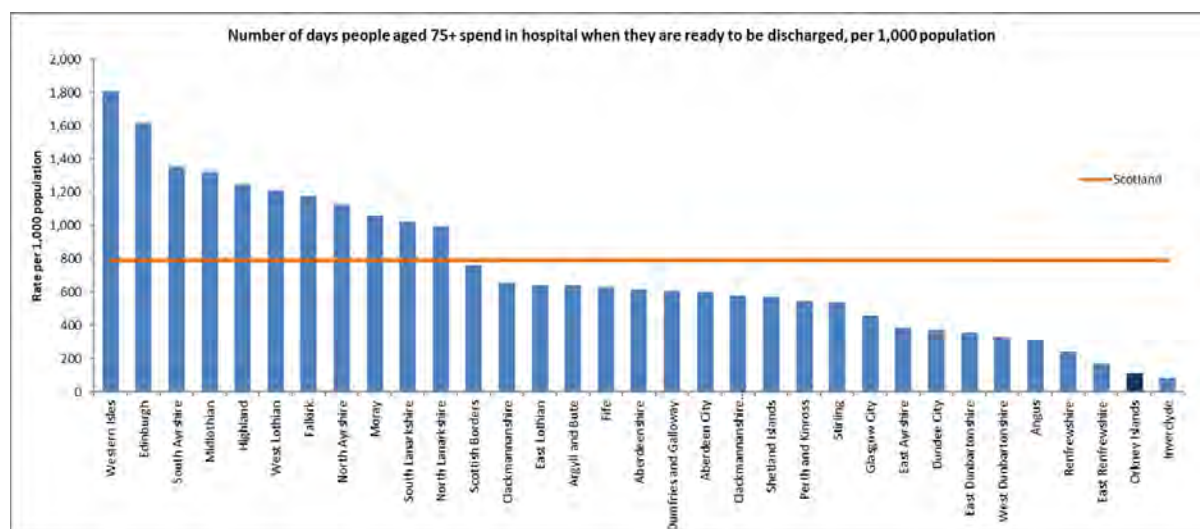
It should, however, be noted that increasing demands on community-based services are already significant. The demands on Care at Home services, are such that the Council has an ageing workforce, increased demand and an increasingly complex cohort of service users. Indeed, despite an investment of £160,000 in Care at Home services in 2017, meeting complex service users' needs in the community increasingly accounts for additional investment, rather than a simple increase in service user numbers.

### 4.3.

Demand on community-based services can have a detrimental impact on the ability to discharge older people from hospital, resulting in what is commonly referred to as hospital 'delayed discharge'; however, it should be noted that not all people who have experienced a delayed discharge were waiting for residential care. The waiting time for a residential bed in 2019 was an average of 25 days. At the time of writing there are six people on the waiting list for a residential bed.

### 4.4.

The table below shows the number of days that people in Scotland, aged 75 and over, spend in hospital when they are ready to be discharged to receive care at home, or residential care:



#### 4.4.1.

This information demonstrates that Orkney has the second lowest rate of delayed discharge per head of population in Scotland and compares very favourably with the other island authorities. This indicates that the service is already working well in terms of the wider social care service demand as patients do not wait long in hospital. This information supports anecdotal information that people in Orkney wait very little time for a residential care bed, especially when considered in a national context.

### 4.5.

It should be noted that the Public Bodies (Joint Working) (Scotland) Act 2014 specified that models of care and the management of services within revenue budget became the responsibility of the newly-formed Integration Joint Boards, representing the local health and social care partnerships. However, the provision of capital and service settings was to remain the responsibility of the local authority.

## **5. Mitigating Factors**

### **5.1.**

In recent years there has been the development of the NHS Intermediate Care Team and a second community responder team which operates 18 hours per day. Both of these service developments aim to enable very frail individuals to remain at home safely for longer. In addition, there has been the creation of care at home double-up teams, using modern apprentices, which has served to enable the most frail people to receive care and, also, to provide a training opportunity for young potential carers.

### **5.2.**

The recent opening of Hamnavoe House, the replacement for St Peter's House, has delivered eight additional residential care places, although, as discussed at section 4.1. above, revenue funding is yet to be identified. It should also be noted that the fourth wing of the facility has been used on a temporary basis to facilitate hospital discharges during the COVID-19 emergency; it is not currently deployed as a residential care facility for frail elderly or dementia residents.

### **5.3.**

It has been acknowledged that the increased use of Tech Enabled Care (TEC) and remote access will mitigate the need for admission into residential care in the future, to some degree. It should be noted, however, that whilst Orkney has considerable experience in the use of rudimentary telecare technology in supporting people in their own homes, Orkney has not yet fully developed and realised the advantages of other forms of available technology. This work is being taken forward by a Programme Board under the Strategic Plan. That said, increases in average age on admission to residential care, for example, should be taken as an indicator of the positive impact TEC has had supporting people at home for longer.

### **5.4.**

Another recent innovation is the Community Led Support (CLS) programme. The recent pandemic has halted the promising early work of the programme, so it is impossible to say what impact CLS will have on the need for residential care in the future. That said, experience of more mature CLS programmes elsewhere has demonstrated that folk have remained in their own homes for longer, reducing the demand for residential care.

## **6. Capital Project Appraisal**

### **6.1.**

On 27 September 2016, the Policy and Resources Committee recommended approval of a revised Stage 2 Capital Project Appraisal in respect of a proposed new 60-bed Kirkwall care facility, as a replacement for St Rognvald House.

## **6.2.**

However, as discussed above, the approach to care is in transition as a result of national policy changes, with greater emphasis on care at home and increased reliance on technology-supported solutions to help people to live longer in their own homes.

## **6.3.**

Therefore, it was appropriate to consider a revised proposal to replace the ageing St Rognvald House with a modern 40-bed residential care home and to provide high-dependency care for the elderly in Orkney. However, in recognition of the demography, it will be built with support services and communal space able to accommodate an increase from 40 to 60 residents in two extra wings of 10 beds each subject to extra demand if it transpires in the future. In addition, the new accommodation will be designed and constructed to meet the requirements of both current legislation and the Care Inspectorate, and cater for a high degree of physical frailty and dementia. The design will also include four bedrooms of sufficient size to provide bariatric facilities. It is proposed that the accommodation will follow the format of both Smiddybrae House and Hamnavoe House, in that it will be organised in small wings and designed in a way that, if future expansion is required, it can be accommodated with minimal disruption to the residents and staff. This small group-living method of care delivery is recognised as best practice and is within the guidelines issued by the Care Inspectorate in 2014 in relation to new builds.

## **6.4.**

The current programme is designed to meet both the revised financial requirements of the capital programme and the needs of the service and is considered more affordable in revenue terms. Should the revised Stage 2 Capital Project Appraisal be approved, design work will commence immediately, with construction due to commence in Spring/Summer 2021 and completion due in Spring/Summer 2023. This is revised from the original approved schedule of construction beginning in Spring 2018, with completion due in Spring 2021. It should be noted that the timescales are subject to clarification depending upon the effects of the COVID-19 restrictions on productivity of the construction industry.

## **6.5.**

The original schedule has been delayed primarily due to issues surrounding the approval of planning permission, primarily due to the constraints on the foul sewer network as identified by Scottish Water. A number of solutions to this have been explored with work due to commence shortly on works to remove a retail building from the foul network which will release sufficient capacity to accommodate this development.

## **6.6.**

The journey from initial discussion of the need for additional residential care capacity in Kirkwall, to the point of submission of this revised Stage 2 Capital Project Appraisal, has been lengthy and involved reconsideration of options and proposals.

During this time the financial circumstances of the Council have changed greatly, with significant savings requirements as a result of reduced funding. It should be noted, too, that public interest in this project has been significant, since the outset, and remains so, to date.

### **6.7.**

The Stage 2 Capital Project Appraisal, attached as Appendix 2 to this report, has been revised to reduce the number of beds to 40. This recommendation not only reduces significantly the financial cost of the project; it may also offer a more achievable project for local building firms and, therefore, may benefit the local market.

### **6.8.**

The existing building and site at St Rognvald House, Kirkwall, will incur ongoing revenue costs of £50,000 per annum, until such time as the site is redeveloped or disposed of. The costs have been developed to include provision for demolition and installation of roads' infrastructure to allow redevelopment of the site for housing, as an option. The potential exists to generate a substantial capital receipt from redevelopment of the existing St Rognvald House site. This could be included as part of the overall construction contract for the new facility.

### **6.9.**

However, there are further options for the existing St Rognvald House site, including marketing the building for sale, once the construction of the new facility has commenced, to test if this would be financially advantageous over redevelopment of the site.

### **6.10.**

It is proposed that the site be marketed for sale for a period of one year and, if no interest is shown in the site, the option to demolish and redevelop the site be undertaken by the Council, and this be included within the project costs and be part of the approved project.

### **6.11.**

If the sale option is picked up by developers, it is proposed that a report be submitted to the Asset Management Sub-committee, providing the necessary details, and the project reduced to remove the demolition and redevelopment costs and timescale.

## **7. Human Resource**

There are no immediate human resource implications arising from this report. It is anticipated that the existing staffing model in use at St Rognvald House, will be deployed at the new 40-bed facility.



## 8. Equalities Impact

An Equality Impact Assessment has been undertaken and is attached as Appendix 3 to this report.

## 9. Links to Council Plan

### 9.1.

The proposals in this report support and contribute to improved outcomes for communities as outlined in the Council Plan strategic priority theme of Caring Communities.

### 9.2.

The proposal in this report relate directly to 2.11. We will successfully complete the new build residential care home for older people in Kirkwall creating additional capacity.

## 10. Links to Local Outcomes Improvement Plan

The proposals in this report support and contribute to improved outcomes for communities as outlined in the Local Outcomes Improvement Plan priority of Living Well.

## 11. Financial Implications

### 11.1.

The capital project costs for the proposed new Kirkwall care facility is £12.27 million, as detailed in the Stage 2 CPA, attached as Appendix 1 to this report. The table shown below provides the capital cost comparison for the new facility:

<b>Option</b>	<b>Estimated Capital Cost</b>	<b>Estimated Property Revenue Costs</b>
(a) 60 Bed Care Home Facility – 3,994m <sup>2</sup>	£15,003,000	£240,000
(b) 40 Bed Care Home Facility with expansion option for a 60 Bed Facility - 3,088m <sup>2</sup>	£12,270,000	£152,000
(c) 40 Bed Care Home Facility based on Hamnavoe House – 2,725m <sup>2</sup>	£10,746,000	£152,000

### 11.2.

The Stage 2 Capital Project Appraisal provides a breakdown of capital expenditure, with a start date of 2021/22 for design work, and completion by 2023/24.

### 11.3.

The estimated cost of demolition and redevelopment of the St Rognvald House site for housing is £500,000 and this would be required to be added to the project costs noted above should this option be agreed.

### 11.4.

The recommended option is to progress with the new care facility for Kirkwall, at a capital cost of £12,270,000 and to include the provision for demolition and redevelopment of the St Rognvald House site at an estimated cost of £500,000 a total of £12,770,000. The demolition and redevelopment cost would however be cost neutral as future capital receipts should exceed the redevelopment cost.

### 11.5.

It had been agreed to fund the £15,000,003 60-bed project on a 60:40 split of Strategic Reserve Fund contribution: General Fund Capital Debt. It is proposed to maintain the 60:40 split for the £12,270,000 40-bed project with a Strategic Reserve Fund contribution of £7,362,000 and General Fund borrowing of £4,908,000.

### 11.6.

It is anticipated that the new facility will employ the same staffing numbers as St Rognvald House and, as a consequence, will be revenue cost neutral apart from the additional property revenue cost of £152,000 in the short term.

### 11.7.

A breakdown of the existing revenue costs at St Rognvald House is given below, alongside the projected revenue costs anticipated in a 60-bed facility:

	<b>Existing St Rognvald House</b>	<b>60-Bed</b>
<b>Description</b>	<b>Annual Budget (£)</b>	<b>Annual Budget (£)</b>
Staff Costs	2,183,300	2,955,380
Property Costs	151,800	207,000
Supplies and Services	99,300	135,400
Transport, Vessel and Plant	2,500	3,400
Administration	2,200	3,000
<b>Expenditure</b>	<b>2,439,100</b>	<b>3,304,180</b>
Other Grants, Reimbursements	13,800	13,800
Sales	17,800	24,300
<b>Income</b>	<b>31,600</b>	<b>38,100</b>
<b>Net Total</b>	<b>2,407,500</b>	<b>3,266,080</b>
Costs per bed	60,188	54,435

## **11.8.**

The Council's Residential Care Charge for 2020/21 is £1,007 per week. This is based upon the average of costs across all three local authority care homes, on the principle of full cost recovery and that there will also be a reduction in the depreciation charge as a result of the greatly extended asset life.

## **12. Legal Aspects**

### **12.1.**

In terms of Section 95 of the Local Government (Scotland) Act 1973, the Council must make arrangements for the proper administration of its financial affairs. As part of that, the Council is expected to have regard to economy, efficiency and effectiveness in its use of resources.

### **12.2.**

In terms of Section 35(1) and (2) of the Local Government in Scotland Act 2003, the Council must determine and keep under review the maximum amount which it can afford to allocate to capital expenditure. In so doing, the Council must comply with regulations made by Scottish Ministers.

### **12.3.**

In terms of Section 2.10.9 of the Orkney Integration Scheme, formal approval of this revised capital project bid will require to be obtained from the Integration Joint Board.

## **13. Contact Officers**

John W Mundell, Interim Chief Executive, extension 2101, Email [john.mundell@orkney.gov.uk](mailto:john.mundell@orkney.gov.uk)

Lynda Bradford, Interim Head of Health and Social Care, extension 2601, Email [lynda.bradford@orkney.gov.uk](mailto:lynda.bradford@orkney.gov.uk)

Su Dutton, Interim Service Manager – Health and Community Care, extension 2682, Email [susan.dutton@orkney.gov.uk](mailto:susan.dutton@orkney.gov.uk)

## **14. Appendices**

Appendix 1: Previous Council Decision.

Appendix 2: Revised Stage 2 Capital Project Appraisal.

Appendix 3: Equality Impact Assessment.

## **Provision of Care Facilities in Kirkwall**

### **Extract from Minute of Meeting of Policy and Resources Committee – 27 September 2016**

The Committee noted:

15.1. The Stage 2 Capital Project Appraisal, attached as Appendix 1 to the report by the Chief Officer, Health and Social Care, in respect of a new build 60 bed care facility at Soulisquoy, Kirkwall.

15.2. That the Stage 2 Capital Project Appraisal indicated a proposed start date for construction in Spring 2019, with completion in Spring/Summer 2021.

15.3. The significant change in the affordability position of the General Fund capital programme, as set out in section 9 of the report by the Chief Officer, Health and Social Care.

15.4. The inherent risk to the service of having insufficient residential care places with an ageing population and the associated financial and service user outcome risks.

15.5. The additional net revenue costs relating to the proposed 60 bed care facility for Kirkwall, totalling £531,000 per annum as follows:

15.5.1. £690,000 in respect of additional staffing in order to provide care to the increased number of residents.

15.5.2. £100,000 in order to accommodate the increased number of beds and larger floor area.

15.5.3. Income of £259,000 from fees and charges for the additional accommodation.

15.6. That the existing building and site at St Rognvald House, Kirkwall, would incur ongoing revenue costs of approximately £50,000 per annum, until such time as the site was redeveloped or disposed of.

15.7. That, in order to make best use of the site at Soulisquoy, a land swap would be required with Orkney Housing Association Limited, as detailed on the plan attached as Annex 5 to the Stage 2 Capital Project Appraisal, referred to at paragraph 15.1 above.

15.8. That potential existed to recover some of the additional development costs attributable to the need to develop the wider site at Soulisquoy from future developers, estimated at £488,000.

15.9. That potential existed to generate a substantial capital receipt from disposal or redevelopment of the existing St Rognvald House site.

15.10. Options for the existing St Rognvald House site, including marketing for sale once construction of the new Kirkwall care facility had commenced to test whether that would be financially advantageous over redevelopment of the site.

15.11. That, should the proposed new 60 bed care facility in Kirkwall be approved for inclusion in the capital programme, the additional revenue costs, referred to at paragraph 15.5 above, would require to be considered, in the first instance, by the Integration Joint Board, as part of the budget setting process for 2020/21.

The Committee resolved to recommend to the Council:

15.12. That land at Soulisquoy, Kirkwall, extending to 22,145m<sup>2</sup> or thereby, as shown indicatively on the plan attached as Annex 3 to Appendix 4 of this Minute, be approved as the preferred site for the proposed new 60 bed care facility.

15.13. That the Solicitor to the Council should conclude a land swap with Orkney Housing Association Limited, in order to provide the best access to the site at Soulisquoy, Kirkwall.

15.14. That the Stage 2 Capital Project Appraisal in respect of the proposed new 60 bed care facility in Kirkwall, attached as Appendix 4 to this Minute, be approved.

15.15. That the proposed new 60 bed care facility in Kirkwall be included in the capital programme for 2016/17 onwards, at a gross capital cost of £15,000,000.

15.16. That a capital contribution, up to a maximum sum of £8,500,000, be made from the Strategic Reserve Fund towards the financing of the capital programme in light of the proposed new 60 bed care facility in Kirkwall, together with a contribution of £630,000, from the Strategic Reserve Fund to the General Fund, towards the purchase cost of the land.

15.17. That the proposed new 60 bed care facility in Kirkwall be procured by a restricted European Tender.

15.18. That the construction contract for the proposed new 60 bed care facility in Kirkwall should include an option to demolish the existing St Rognvald House building and redevelopment of the site.

15.19. That the Chief Officer, Health and Social Care should submit a report, to a meeting of the appropriate Committee in November 2016, considering options in respect of the future of the existing facility and site at St Rognvald House, Kirkwall.

## **Stage 2 Capital Project Appraisal**

**Committee: Orkney Health and Care.**

**Project Name: New 40-bed Care Facility, Kirkwall.**

### **1. Background**

#### **1.1.**

A 60-bed care home was first described in 2013, when refurbishment of St Rognvald House, the 44-bed care home for high-dependency residents, was agreed. Subsequently, the Council agreed a replacement for St Rognvald House, when a new 60-bed facility, to be situated at Soulisquoy, Kirkwall, was added to the Capital Programme, in October 2016.

#### **1.2.**

It is now proposed that the capacity for the new facility is reduced to 40 beds. All other aspects of the previously approved new building remain unaltered and, as such, this revised Stage 2 Capital Project Appraisal will focus upon the issues behind the proposal to reduce the number of beds.

### **2. Residential Care Estate**

#### **2.1.**

Orkney's current residential care services for older people are provided as follows:

##### **2.1.1.**

Stromness – 40 high dependency beds at Hamnavoe House. This new facility, having opened in January 2020, replaced St. Peter's House, adding eight beds to the available capacity across the residential care estate. At the present time only three wings are in operation and, of the 30 beds, three are utilised as providing respite care.

##### **2.1.2.**

Kirkwall - 44 high dependency beds at St Rognvald House. St Rognvald House currently provides care for 44 residents in total, 40 permanent places with 4 respite places. The places are broadly configured such that half of the capacity is for people who are very physically frail with the remainder for those with significant dementia. Although some modernisation was carried out in 1998 a significant number of the rooms do not have en-suite facilities and are very small when judged against modern day standards. This project to build a new 40-bed care facility will replace the current facility.

### 2.1.3.

Dounby - 32 high dependency beds at Smiddybrae House. Smiddybrae House opened in July 2005 and initially provided residential care to 30 highly dependent people; the capacity is organised into 50% dementia care and 50% care for those with physical frailty. It is a high quality, modern facility and the bedrooms with en-suite far exceed the best practice guidance issued by the Care Inspectorate. The initial build included a number of double room facilities; however, after consideration of usage information and taking account of the pressure on care places, some conversion was undertaken within the building, as part of a spend to save capital project in 2013 and the effective capacity of the service was increased from 30 to 32. two of those places are used for respite care delivery.

## 3. Assessment of Current Capacity and Future Need

### 3.1.

Orkney is not immune from the national trend of an aging population; indeed, it is predicted we will have a higher population of those aged over 65 than the rest of Scotland, with the greatest increase in the 75+ age group. The age cohort 65+ is estimated to increase by 45% over the next 20 years, while the 16–64 cohort is estimated to decrease by 15%.

### 3.2.

These predictions will have a significant impact on the care needs of an aging population, especially those aged over 65, whilst the younger, working age population is predicted to decrease. Recent analysis of demand was undertaken by an officer of NHS Scotland's Local Intelligence Support Team (LiST) and is based on data projections at 2017. This analysis, along with demographic information produced internally by Education, Leisure and Housing colleagues, confirms that projections are largely unchanged compared with those considered in 2016, when approval was given to expand the capacity of care home beds in Kirkwall to 60. The population increases however are only part of the picture and do not in their own right evidence the need for additional care home beds.

### 3.3.

Current population growth predictions are given below:

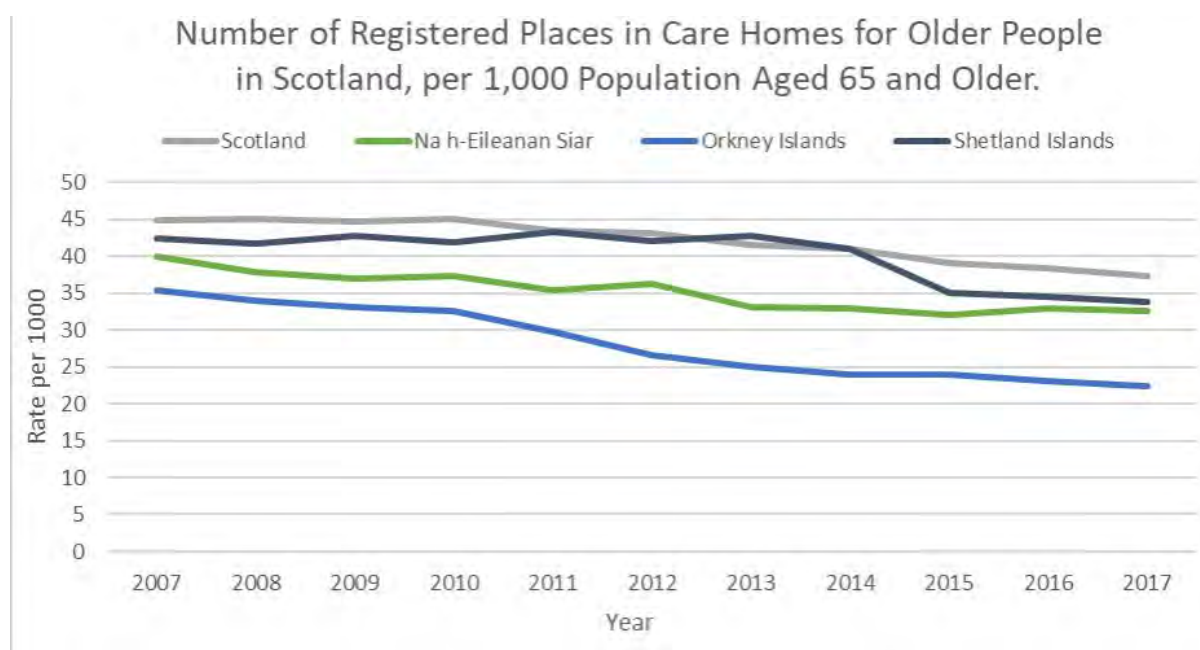
	2020	2025	2030	2035	2037
Over 65's	5,457	6,082	6,708	7,159	7,247
Over 70's	3,951	4,527	5,024	5,538	5,756
over 80's	1,438	1,829	2,250	2,576	2,727
over 90's	235	328	467	627	725

	2025	2030	2035	2037
Over 65's % increase	13.16%	24.21%	33.72%	35.40%
Over 70's % increase	16.74%	27.87%	40.97%	46.85%
over 80's % increase	30.39%	55.97%	73.88%	83.26%
over 90's % increase	38.19%	79.40%	128.64%	163.32%

Source: OIC ELH

### 3.4.

The LiST analysis, which was brought up to date in June 2020, shows that Orkney has consistently represented the lowest rate per head of population, between its peers, of care home places for people aged 65 and over. This steadily declined by 37% over the 10-year period 2007 – 2017, to a low of 22 beds per 1,000 population aged 65+. However, this does not take account of the new beds in Hamnavoe House and it should also be noted that the care home bed per 1,000 population aged 65+ for Scotland is also declining, as are those of the other island partnerships, as shown in the chart, below:



The analysis also indicates that Orkney has the highest average age on admission to care homes compared to peers, which suggests that people are living for longer at home.

### 3.5.

It should be noted that there are currently more than 270 people aged over 65 in Orkney who are receiving a care at home package. In addition to traditional Homecare provision the Social Care (Self-Directed Support) (Scotland) Act 2013 and the Carers (Scotland) Act 2016 have given individuals more control over their support, meaning people may stay at home longer. Nonetheless, the support needs



of these people will continue to increase in time, with a number likely to need a care home place as their care needs increase.

### **3.6.**

It should be noted that Hamnavoe House opened in January 2020. This new facility replaced the 32 bed St Peter's House, which was no longer fit for purpose. Hamnavoe House has 40 places, but has opened with only 30 beds due to the fact that revenue funding is yet to be identified. The additional 10 beds have been used to accommodate hospital discharge during the Covid-19 pandemic on a temporary basis.

### **3.7.**

The LiST analysis also shows that, in terms of the Health and Wellbeing National Outcomes, Orkney performs well, as shown below:

- Orkney represented the highest percentage of adults aged 65+ living unsupported at home, throughout Scotland, during 2018/19, at 93.7%. This was 2.4% higher than the Scottish average.
- 90% of people in the community spend their last six months of life at home.
- Little change to the level of Emergency Hospital Admissions over the past five financial years.
- Significantly lower than national average Emergency Hospital Admission rate per 1,000, for the over 65 population.
- During 2018/19 the number of bed days Orkney residents aged 75+ spent in hospital represented one of the lowest rates per head of population in Scotland.
- The falls rate per 1,000 population declined by 48% between 2013/14 and 2018/19. In the latest year this represented the fourth lowest falls rate nationally, as highlighted above.

### **3.8.**

Despite demographic projections, demand can be difficult to predict, even with the best modelling; this is partly owing to the changing face of social care, as well as advances in technology. The table below shows how long people waited for a care home bed in the calendar years 2016 to 2019 inclusive:

Year	Physically frail (PF) bed placed on residential care waiting list	Dementia bed entered on residential care waiting list	How many people required to wait for an offer of a residential care bed	Total Dementia days waiting	Total PF days waiting	Other information
2016	37	22	32	595	299	Longest wait - 82 days. Average - <b>27.9 days.</b>
2017	27	16	20	197	634	Longest wait -146 days. Average - <b>41.5 days.</b> (3 people died on waiting list.)
2018	31	18	6	21	106	Longest wait - 41 days. Average - <b>21.1 days.</b>
2019.	30	32	28	330	148	Longest wait-50 days Average wait <b>25 days</b> (3 people died whilst on the waiting list) A delayed discharge was excluded from these figures as a statistical outlier

The broad analysis of these figures is that Orkney Health and Care (OHAC) is managing people in the community for far longer, or until end of life. OHAC has tried to benchmark these waits with other areas in Scotland. It has not been possible to provide that evidence however anecdotally OHAC is aware that other areas have far longer waits once an individual is recognised as needing residential care.

### **3.9.**

Two nascent innovations that have seen considerable development since 2016 are Technology Enabled Care (TEC) and Community Led Support (CLS). Implementation of TEC in Orkney is still in its infancy, whilst promising early developments in CLS were checked by the Covid-19 pandemic. In addition, more people are now living longer in relatively better health. It is impossible to accurately quantify how these new approaches to care, alongside developing medical treatments and equipment, might enable people to remain in their own home for longer. Nonetheless, both TEC and CLS are two of the three programmes that feature in the Integration Joint Board's Strategic Plan and, therefore, are at the heart of the IJB's future strategy for tackling the many challenges that face social care over the coming years.

### **3.10.**

The recommendation to build a 60-bed facility, in 2016, was based upon health needs assessments made in 2009, 2012 and 2016. All showed anticipated population growth in the older population in general with particular growth in the over 75s and, as such, the building was designed to accommodate the anticipated population growth by 2035 without adjustment for new approaches to service provision and revised statistics for people staying healthier for longer.

### **3.11.**

However, having considered service user waiting times over the last few years, alongside waiting times experienced nationally, it is clear that older people requiring residential care are not waiting long for a place in one of our care homes. It is not possible to offer conclusive statistics to support the reasons for this, although it is difficult to look beyond improving medical treatments, technology and improving care at home services. As a consequence, whilst waiting times are falling, it would be hard to justify a further significant increase in residential beds, at this time.

### **3.12.**

Nonetheless, it is important to note that demographic estimates clearly suggest that demand in the longer term will increase. As more people progress into older old age, and whilst we appreciate the demography, it does not necessarily follow that this will be translated into the need for more residential beds, in Orkney. We acknowledge that service modelling will evolve as we make increasing use of new and future technology and as we develop CLS to strengthen local networks of support to sustain older people within their local communities for as long as possible.

### **3.13.**

Consequently, the revised design for a 40-bed care home retains the service facilities (offices, laundry, kitchen, etc.) needed to support a 60-bed facility. In addition, the design allows for the easy addition of two 10-bed wings, if and when demand exceeds the existing capacity.

## **4. Proposed Project Revision**

### **4.1.**

The proposed project is a replacement of the current St Rognvald House with a new building which will provide 40 high dependency places and will adhere to the guidelines for accommodation as set out in the National Care Standards.

### **4.2.**

The proposal for the 60-bed solution was approved for inclusion in the capital programme in 2016. The revised proposal is to deliver a 40-bed facility, by removing two 10-bed accommodation wings. The central services have been retained as per the 2016 design to allow for any possible expansion in future years.

### **4.3.**

The proposal has been reviewed in consultation with Orkney Health and Care, the client, to provide the optimum service provision. This will deliver the current best-practice model for small group living. The central services are then provided to meet the needs of the small group units and include administration areas, kitchen, laundry and service areas.

### **4.4.**

The revised scheme has been developed based upon the client consultation. The proposed solution can be seen in Annex 3, attached.

### **4.5.**

The capital costs for this project are anticipated to be £12,270,000. The full Financial Assessment of Capital Expenditure is attached at Annex 1.

## **5. Existing Site Options**

### **5.1.**

Thought must be given as to the future of the existing building and site that the St Rognvald House service occupies.

### **5.2.**

The available options include:

- Retain the facility and find a new use (e.g. student residence).

- Demolish the existing facility and use the land for further developments (e.g. housing or self-build plots).
- Sell the building 'as is' to a developer.

### **5.3.**

At this time, when the new build is completed, there is no desire by OHAC to retain the existing building. The intention is to explore potential uses with other Council services and, if no use can be found, see whether an external agency might be interested in the existing property and ascertain what receipts can be obtained for the asset.

### **5.4.**

The option to demolish and provide land for housing are detailed below and, to ensure some certainty as to the future use of the asset, it is proposed that this be included within the project, with the works taking place once the existing facility has been vacated. The preliminary proposals shown at Annex 6b:

- Demolition costs will be in the region of £250,000.
- Road infrastructure in the region of £250,000.
- Potential receipts from the sale of sites are in the region of £1,495,000.

### **5.5.**

Should the initial proposal to market the site for sale be successful, then the provision for demolition would not be required, and this would be omitted from the project. Details of this option, should it be applicable, would be provided in a report to the Asset Management Sub-committee in due course.

## **6. Programme**

### **6.1.**

The requirements of the programme will have to take account of both the service needs and the affordability of the project. Another factor that should not be forgotten is the ability of the local construction industry to finance and manage a short build programme.

### **6.2.**

With this in mind, the programme has been developed which allows for planned expenditure over a number of years along with a longer build period to allow local contractors to be able to tender for the project.

### **6.3.**

A summary of the programme dates is provided below:

<b>Description</b>	<b>Start</b>	<b>Finish</b>
Detail design	July 2020	Dec 2020
Procurement	September 2020	Jan 2021
Construction	March 2021	April 2023
Client Fit out	May 2023	August 2023
Operational	August 2023	
Demolition	October 2023	March 2024
Redevelop site	March 2024	October 2024

#### **6.4.**

The above dates need to be clarified in light of the restrictions applied during the COVID-19 pandemic. The dates shown are based on 'normal' working practices. It is too early to confirm the implications on productivity that the COVID-19 restrictions will have on construction output and, therefore, timescales may be subject to confirmation as more knowledge is obtained on the output of the construction industry.

### **7. Project Appraisal**

	<b>Criteria</b>	<b>Response</b>
1	Protects Existing Statutory Provision	The project protects the existing statutory provision.
2	Meets Corporate Priority / Community Planning Goal	The project will work towards providing better services by improving the quality of accommodation in line with Council Delivery Plan 2018 – 2023 targets.
3	Protects Existing Assets	A replacement build contributes to the Council's priority target relating to residential facilities to provide new modern care facilities which can support high dependency care needs.
4	Minimises Capital Cost	The project will provide a 40 bed care home in one phase thereby minimising construction costs compared to a larger project.
5	Maximises Investment from External Sources	No external funding is anticipated.
6	Beneficial Impact on Revenue Expenditure	There will be no increase in ongoing revenue costs associated The building will be more efficient and will reduce energy revenue costs

	<b>Criteria</b>	<b>Response</b>
		due to the new build implementing new building regulations.
7	Linked to Other Council Provision	
7 a)	Enhances Statutory Provision	The project will provide a significant enhancement to the existing provision by significantly increasing the standard of accommodation.
7 b)	Protects or Enhances Discretionary Provision	Not applicable.
8	Re-use of Derelict Land or Building	Not applicable.
9	Promote or Enhance Orkney's Environment	The project will be developed to current Building Standards which require a reduction in energy uses and therefore a reduced impact on the environment.
10	Promote or Enhance Orkney's Heritage	Not applicable.
11	Economic Prosperity or Sustainable Communities	The project will provide potential employment for the construction industry and will also result in continued employment in care provision once complete.
12	Enhances Council operations or Improves Health and Safety	The project will assist to improve the delivery of care service.

## 8. Risk Assessment

Risk of not proceeding with a reduction to 40 beds:

- Revenue expenditure becomes unaffordable.
- Inability to staff the overall social care sector.
- Reputational damage as multiple wings of the new facility lie empty.

Risk of Proceeding:

- The residential care estate reaches capacity much quicker than anticipated.
- Risk of unsustainable pressure on community based services and unpaid carers.
- Reputational damage as the number of beds is reduced from the original specification.

## 9. Financial Implications

The financial implications of the proposals are detailed in the Financial Assessment of Capital and Revenue Expenditure, attached at Annex 1.

## **10. Recommendations**

It is recommended that the Stage 2 Capital Project Appraisal in respect of a new care facility for Kirkwall, at a capital cost of £12,270,000, be approved, and the project included in the Capital Programme for 2020/21 onwards.

## **11. Accountable Officers**

Sally Shaw, Chief Officer, extension 2601, Email [sally.shaw@orkney.gov.uk](mailto:sally.shaw@orkney.gov.uk)

Lynda Bradford, Interim Head of Health and Social Care, extension 2605, Email [lynda.bradford@orkney.gov.uk](mailto:lynda.bradford@orkney.gov.uk)

Ian Rushbrook, Capital Programme Manager, extension 2713, Email [ian.rushbrook@orkney.gov.uk](mailto:ian.rushbrook@orkney.gov.uk)

## **12. Annexes**

Annex 1 – Financial Assessment of Capital and Revenue Expenditure.

Annex 2 – Location Plan.

Annex 3 – Floor Plan.

Annex 4 – Roof Plan.

Annex 5 – Site Plan.

Annex 6a – Existing St Rognvald House Site.

Annex 6b – Proposals for St Rognvald House Site.



PROJECT APPRAISAL REPORT - STAGE 2  
FINANCIAL ASSESSMENT OF CAPITAL EXPENDITURE

**Committee:** OHAC

**Capital Programme:** General Fund

**Project Name:** Replacement Kirkwall Care Home

<b>CAPITAL COSTS</b>	<b>Total £ 000</b>	<b>Previous £ 000</b>	<b>2019/20 £ 000</b>	<b>2020/21 £ 000</b>	<b>2021/22 £000</b>	<b>2022/23 £000</b>	<b>Onwards £ 000</b>	<b>Notes</b>
<b>1. Initial Costs (at inflated prices)</b>								
Site / Property Acquisition	277.0	277.0	-	-	-	-	-	2
Other Site Costs (including Fees)	-	-	-	-	-	-	-	
Construction / Improvements	10,190.0	22.3	100.0	4,000.0	5,500.0	567.7		
Information Technology Costs	200.0	-	-	-	100.0	100.0		
Plant & Equipment	-	-	-	-	-	-		
Vehicles	-	-	-	-	-	-		
Professional Fees - Consultant	1,600.0	203.5	72.7	433.0	340.0	305.0	245.8	
- Client	-	-	-	-	-	-	-	
<b>Gross Capital Expenditure</b>	<b>12,267.0</b>	<b>502.8</b>	<b>72.7</b>	<b>533.0</b>	<b>4,340.0</b>	<b>5,905.0</b>	<b>913.5</b>	<b>1</b>
<b>2. Initial Funding (at inflated prices)</b>								
Government Grants	-	-	-	-	-	-	-	
Other Grants	-	-	-	-	-	-	-	
Other Financial Assistance	-	-	-	-	-	-	-	
<b>Total Grants Recievable, etc.</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	
<b>Net Capital Cost of Project</b>	<b>12,267.0</b>	<b>502.8</b>	<b>72.7</b>	<b>533.0</b>	<b>4,340.0</b>	<b>5,905.0</b>	<b>913.5</b>	
<b>Net Council Capital Expenditure</b>	<b>12,267.0</b>	<b>502.8</b>	<b>72.7</b>	<b>533.0</b>	<b>4,340.0</b>	<b>5,905.0</b>	<b>913.5</b>	
<b>Net Present Value</b>	<b>9,884.1</b>	<b>478.9</b>	<b>65.9</b>	<b>460.4</b>	<b>3,570.5</b>	<b>4,626.7</b>	<b>681.7</b>	
Cost of Capital	5%	5%	5%	5%	5%	5%	5%	
Year		1	2	3	4	5	6	

**Notes**

1 Expenditure based on traditional procurement programme with a revised estimated start on site of Spring 2021

2 Site cost based on internal transfer of land occuring financial year 2017/18

3

4

PROJECT APPRAISAL REPORT - STAGE 2  
FINANCIAL ASSESSMENT OF REVENUE EXPENDITURE

**Committee:** Orkney Health and Care

**Capital Programme:** General Fund

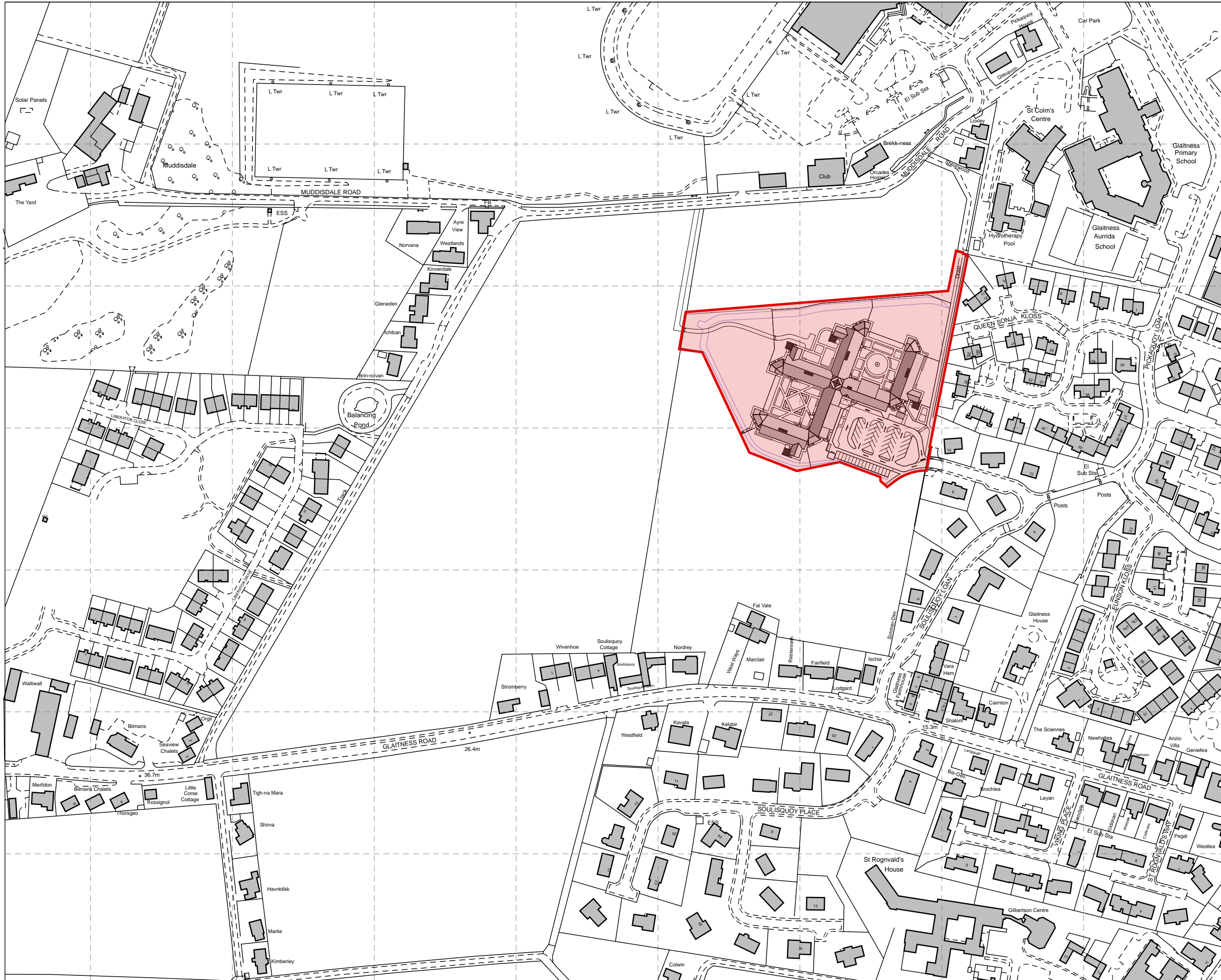
**Project Name:** New Build of St Rognvald House

REVENUE COSTS / (SAVINGS)	Total £ 000	2020/21 £ 000	2021/22 £ 000	2022/23 £ 000	2023/24 £ 000	2024/25 £ 000	2025/26 £ 000	Onwards £ 000	Notes
<b>1. Full Year Operating Costs (at inflated prices)</b>									
Staff Costs	16,727	2,183	2,248	2,316	2,385	2,457	2,531	2,607	1
Other Staff Costs (incl. recruitment, relocation, etc.)	-	-	-	-	-	-	-	-	
Property Costs	1,165	152	157	161	166	171	176	181	
Supplies and Services	759	99	102	105	108	111	115	118	
Transport, Vessel and Plant Costs	23	3	3	3	3	3	3	4	
Administration Costs	15	2	2	2	2	2	2	2	
Apportioned Costs	-	-	-	-	-	-	-	-	
Third Party Payments	-	-	-	-	-	-	-	-	
Transfer Payments	-	-	-	-	-	-	-	-	
Miscellaneous Expenditure	-	-	-	-	-	-	-	-	
<b>Gross Revenue Expenditure</b>	<b>18,689</b>	<b>2,439</b>	<b>2,512</b>	<b>2,588</b>	<b>2,665</b>	<b>2,745</b>	<b>2,827</b>	<b>2,912</b>	
<b>2. Full Year Operating Income (at inflated prices)</b>									
Government Grants	-	-	-	-	-	-	-	-	
Other Grants	107	14	14	15	15	16	16	17	
Rents and Lettings	-	-	-	-	-	-	-	-	
Sales	138	18	19	19	20	20	21	21	2
Fees and Charges	-	-	-	-	-	-	-	-	
Miscellaneous Income	-	-	-	-	-	-	-	-	
<b>Gross Revenue Income</b>	<b>245</b>	<b>32</b>	<b>33</b>	<b>34</b>	<b>35</b>	<b>36</b>	<b>37</b>	<b>38</b>	
<b>Net Revenue Expenditure of Project</b>	<b>18,444</b>	<b>2,407</b>	<b>2,479</b>	<b>2,554</b>	<b>2,630</b>	<b>2,709</b>	<b>2,790</b>	<b>2,874</b>	
Existing Budget	16,849	2,407	2,407	2,407	2,407	2,407	2,407	2,407	
Increase / (Reduction) in Revenue Costs	1,595	-	72	147	223	302	383	467	
Net Present Value	<b>1,362</b>	-	68	134	198	261	321	380	
Cost of Revenue	3%	0%	3%	3%	3%	3%	3%	3%	
Year		1	2	3	4	5	6	7	

**Notes**

1. This is on the assumption that the current level of staffing and other costs will not increase and therefore based on current budget.

2. The fees and charges sit within a separate cost centre but there may be a reduction in income due to 4 less beds depending on the mix of self funded to funded places occupied.



REVISIONS **Annex 2.**

NOTES

Project  
**PROPOSED CARE FACILITY. KIRKWALL**

Title  
**SITE LOCATION PLAN**


Project No.	Drawing No.
<b>401230002</b>	<b>1.05</b>
Revision	
Printed	Issue
17/06/2020	
Date	Drawn
JUN 2018	DS
Scale	Checked
1:2500	

All dimensions to be checked on site before work and the manufacture of fittings commences.

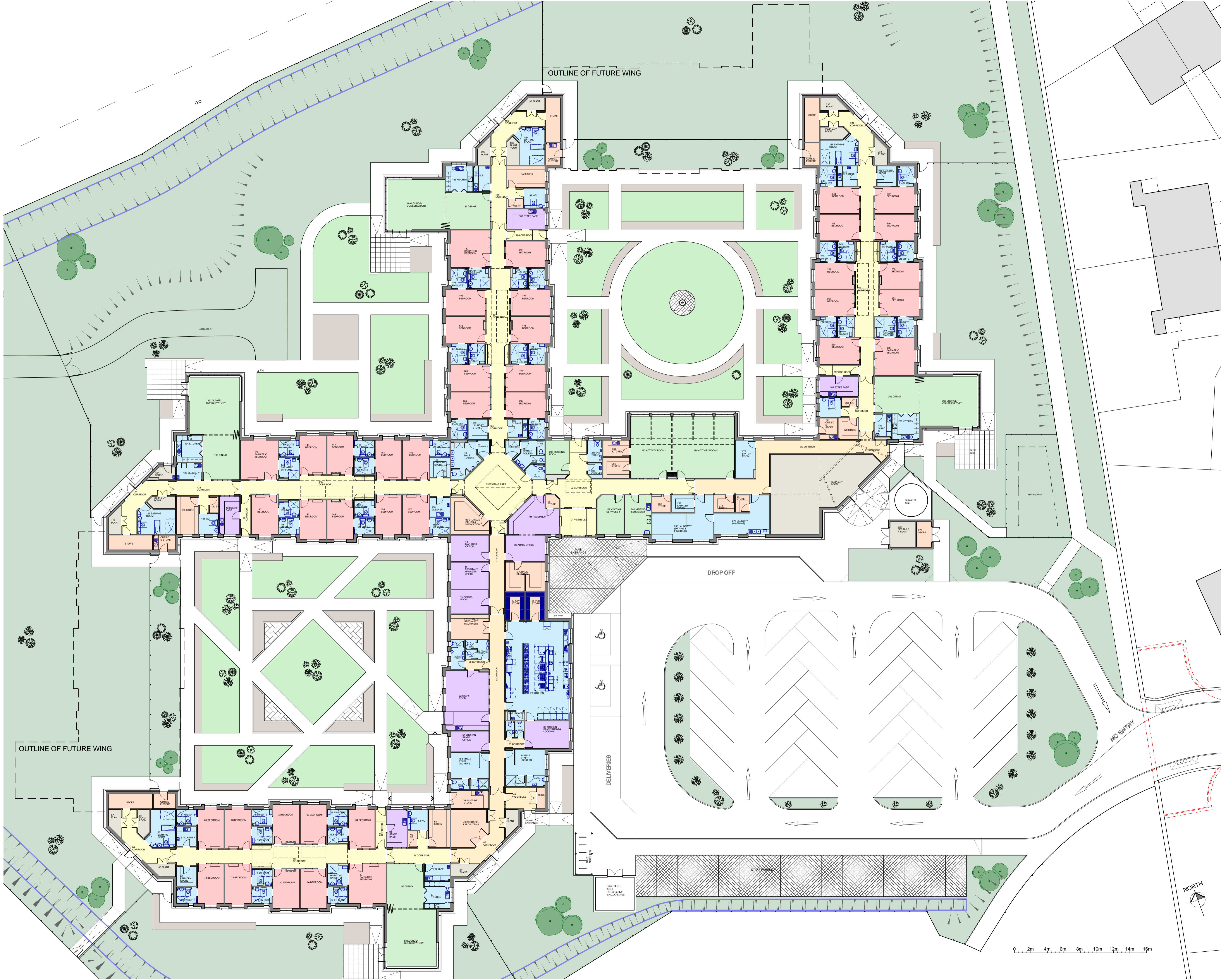
This drawing is not to be scaled.

Information contained within this drawing is copyright of Orkney Islands Council.

DEVELOPMENT AND INFRASTRUCTURE  
 Council Offices, Kirkwall  
 Orkney, KW15 1NY  
 tel (01856) 873535  
 fax (01856) 876094  
 www.orkney.gov.uk



developmentandinfrastructure@orkney.gov.uk  
 Executive Director- Gavin Barr, BSc Hons, MSc URP, MRTPI



- C Further adjustments to 40 bed facility, DS 17-6-20
- B Adjustments to reduce to 40 beds, DS 4-5-20
- A Adjustments to layout at Plant Room, Laundry etc. DS 1-9-19

REVISIONS

Project  
**NEW 60-BED  
 KIRKWALL CARE  
 FACILITY**

Title  
**1:200 FLOOR PLAN  
 GENERAL  
 ARRANGEMENT**

Project No. <b>401230002</b>	Drawing No. <b>1.01</b>
Revision <b>A   B   C</b>	Issue
Printed <b>17/06/2020</b>	Date
Date <b>DEC 2016</b>	Drawn <b>DS</b>
Scale <b>1:200 at A1</b>	Checked

All dimensions to be checked on site before work and the manufacture of fittings commences.

This drawing is not to be scaled.

© Information contained within this drawing is copyright of Orkney Islands Council.

DEVELOPMENT AND INFRASTRUCTURE  
 Council Offices, Kirkwall  
 Orkney, KW15 1NY  
 tel (01856) 873535  
 fax (01856) 876094  
 www.orkney.gov.uk

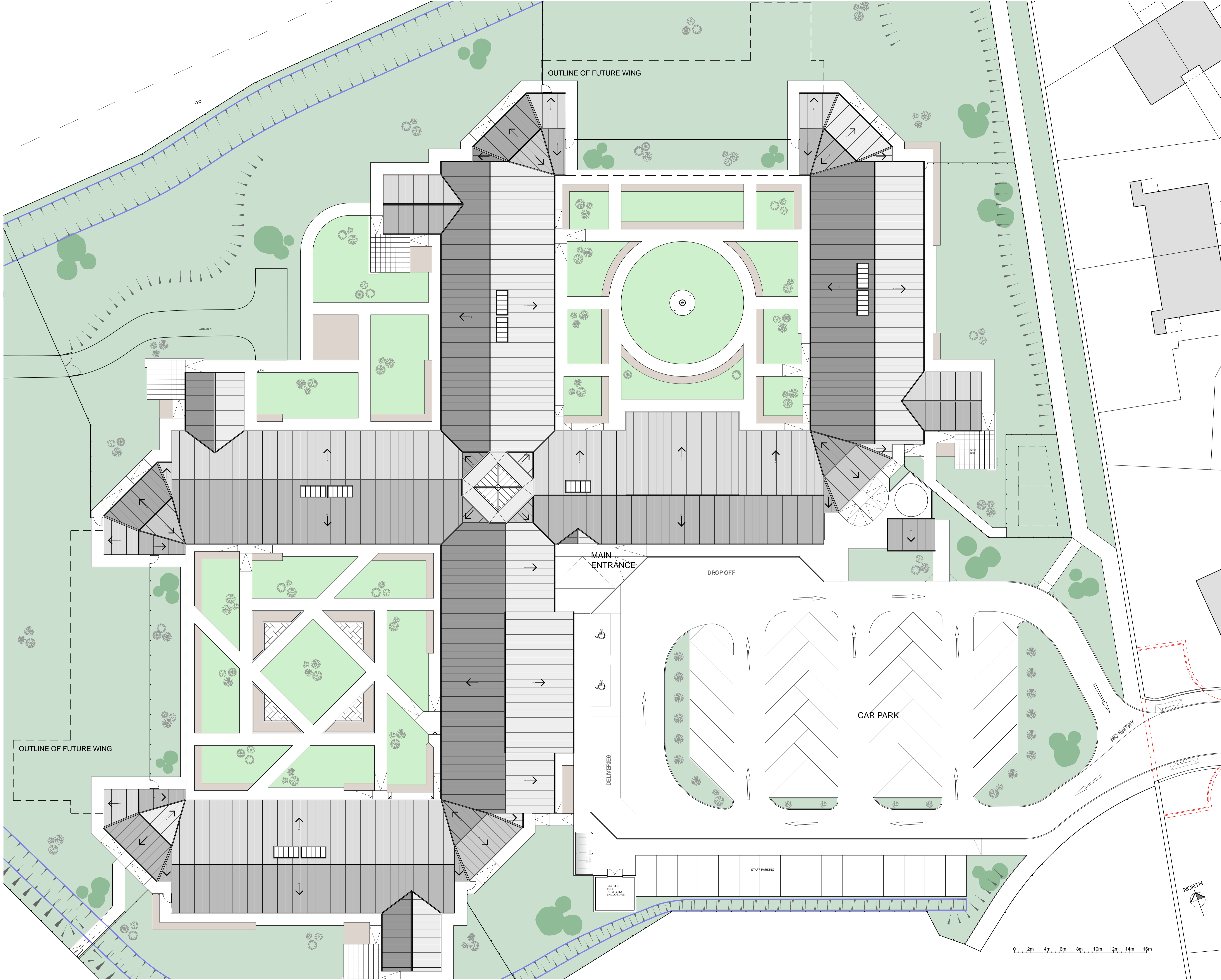


**ORKNEY  
 ISLANDS COUNCIL**

developmentandinfrastructure@orkney.gov.uk  
 Executive Director - Gavin Barr, BSc(Hons), MSc(URP), MRTPI



0 2m 4m 6m 8m 10m 12m 14m 16m



C Further adjustments to 40 bed facility. DS 17-6-20  
 B Adjustments to reduce to 40 beds. DS 4-5-20  
 A Amended in accordance with Planning requests. DS 30-04-19  
**REVISIONS**

Project  
**NEW 60-BED KIRKWALL CARE FACILITY**

Title  
**1:200 ROOF PLAN**

Project No. **401230002** Drawing No. **1.02**

Revision	A	B	C		
----------	---	---	---	--	--

Printed 17/06/2020 Issue

Date DEC 2016 Drawn DS

Scale 1:200 at A1 Checked

All dimensions to be checked on site before work and the manufacture of elements commences.

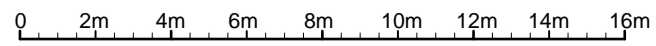
This drawing is not to be scaled.

© Information contained within this drawing is copyright of Orkney Islands Council.

DEVELOPMENT AND INFRASTRUCTURE  
 Council Offices, Kirkwall  
 Orkney, KW15 1NY  
 tel (01856) 873535  
 fax (01856) 876094  
 www.orkney.gov.uk



developmentandinfrastructure@orkney.gov.uk  
 Executive Director- Gavin Barr, BSc(Hons), MSc URP, MRTPI





Extent of Care Home Contract Site area shaded. For overall site area for Planning- see Location Plan drawing no. 1.50.

REVISIONS

B Further adjustments to 40 bed facility. DS 17-6-20	
A Adjustments to reduce to 40 beds DS 4-5-20	

Project  
**NEW 60-BED KIRKWALL CARE FACILITY**

Title  
**SITE PLAN 1:250**

Project No.	401230002	Drawing No.	1.03
Revision	A B	Issue	
Printed	17/06/2020	Drawn	DS
Date	APR 2018	Checked	
Scale	1:250 at A1		

All dimensions to be checked on site before work and the manufacture of fittings commences.

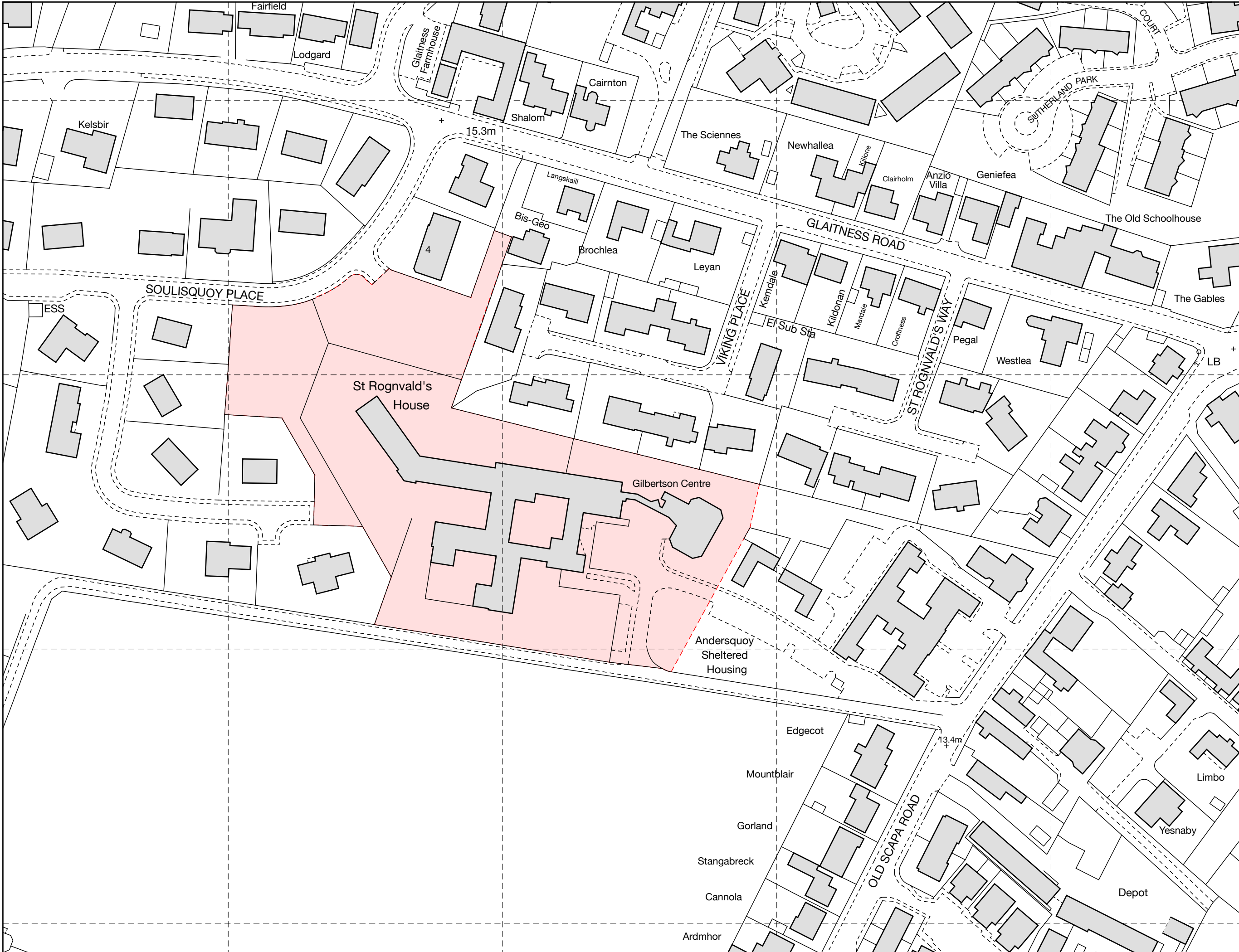
This drawing is not to be scaled.

© Information contained within this drawing is copyright of Orkney Islands Council.

DEVELOPMENT AND INFRASTRUCTURE  
 Council Offices, Kirkwall  
 Orkney, KW15 1NY  
 tel (01856) 873535  
 fax (01856) 876094  
 www.orkney.gov.uk



developmentandinfrastructure@orkney.gov.uk  
 Executive Director- Gavin Barr, BSc(Hons), MSc(URP, MRTPI)



REVISIONS

Project  
**SITE AT  
 ST ROGNVALD  
 HOUSE  
 KIRKWALL**

Title  
**EXISTING  
 SITE PLAN**

Project No.	Drawing No.
401230002	D1

Revision	Issue
Printed 31/08/2016	Date
Date AUG 2016	Drawn DS
Scale 1:1250	Checked

All dimensions to be checked on site before work and the manufacture of fitments commences.

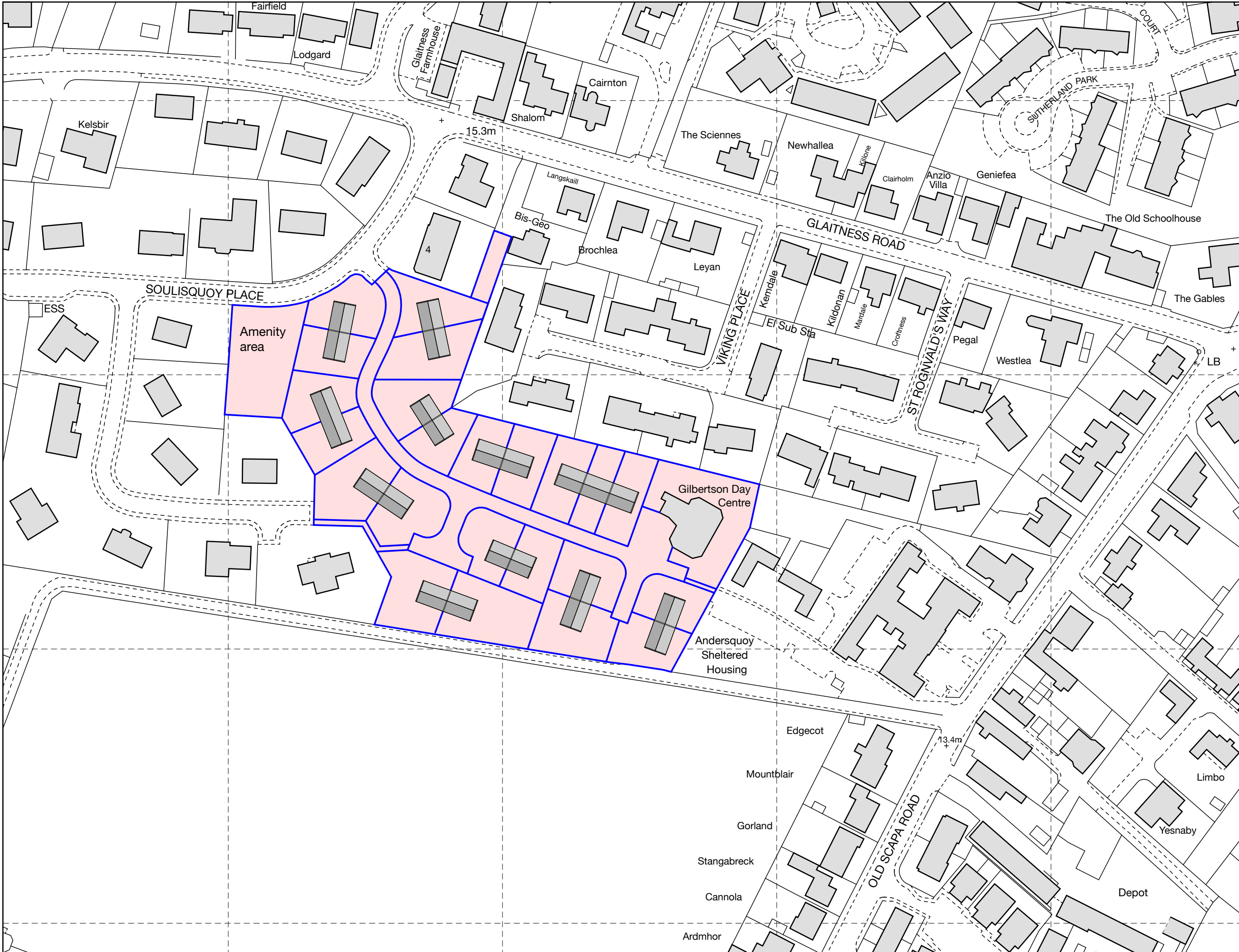
This drawing is not to be scaled.

© Information contained within this drawing is copyright of Orkney Islands Council.

DEVELOPMENT AND INFRASTRUCTURE  
 Council Offices, Kirkwall  
 Orkney, KW15 1NY  
 tel (01856) 873535  
 fax (01856) 876094  
 www.orkney.gov.uk



developmentandinfrastructure@orkney.gov.uk  
 Executive Director:  
 Gavin Barr, BSc Hons, MSc URP, MRTPI



REVISIONS

Project  
**SITE AT  
 ST ROGNVALD  
 HOUSE  
 KIRKWALL**

Title  
**INDICATIVE  
 HOUSING  
 LAYOUT  
 SITE PLAN**

Project No.	Drawing No.
401230002	D2

Revision			
Printed	31/08/2016	Issue	
Date	AUG 2016	Drawn	DS
Scale	1:1250	Checked	

All dimensions to be checked on site before work and the manufacture of fitments commences.

This drawing is not to be scaled.

© Information contained within this drawing is copyright of Orkney Islands Council.

DEVELOPMENT AND INFRASTRUCTURE  
 Council Offices, Kirkwall  
 Orkney, KW15 1NY  
 tel (01856) 873535  
 fax (01856) 876094  
 www.orkney.gov.uk



developmentandinfrastructure@orkney.gov.uk  
 Executive Director:  
 Gavin Barr, BSc Hons, MSc URP, MRTPI



**Sally Shaw (Chief Officer)**

Orkney Health and Care

01856873535 extension: 2611

[OHACfeedback@orkney.gov.uk](mailto:OHACfeedback@orkney.gov.uk)



Agenda Item: 3

## **Integration Joint Board**

Date of Meeting: 18 August 2020.

Subject: Proposed New Care Facility, Kirkwall.

### **1. Summary**

1.1. This report provides information in respect of the proposed new care facility in Kirkwall, providing the background Stage 2 Capital Project Appraisal which was agreed at a Special General Meeting of the Council on 30 June 2020, subject to consideration of the revised scope by the Integration Joint Board.

### **2. Purpose**

2.1. To consider the scope of the proposed new care facility in Kirkwall.

### **3. Recommendations**

The Integration Joint Board is invited to note:

3.1. That the Stage 2 Capital Project Appraisal to replace St Rognvald House, approved by the Council in October 2016, did not take account of changing models of care and, therefore, incorporated wide assumptions that the increasing elderly population translated directly into the need for additional care home beds.

3.2. That, following a review of the data used previously, the estimated risk to the service of not having sufficient residential care places by 2035, as a consequence of the projected demographic increase in the ageing population, can be mitigated by adopting a proposal to build a 40 bed facility that is 'future proofed' with scope to build additional bed spaces in blocks of 10, should the need arise in future years.

3.3. The estimated capital and additional revenue costs for the proposed new care facility in Kirkwall, as set out in section 8.2 of this report.

3.4. That, in terms of the Public Bodies (Joint Working) (Scotland) Act 2014, options for models of care and managing the services within revenue budget are the responsibility of the Integration Joint Board, whereas the provision of capital and buildings remains the responsibility of the Council.

3.5. That the current revenue budget for St Rognvald House is £2,407,500 for 2020/21, with the assumption that a new 40-bed facility will not have additional revenue implications. However, the current estimate for operating a 60 bed Care facility would incur an additional revenue cost of £858,580 per annum.

3.6. The paper and appendices which was presented to the Special General Meeting of the Council on 30 June 2020, attached as Appendix 1 to this report.

**It is recommended:**

3.7. That the IJB endorse the revised scope of the proposed new Kirkwall care facility, namely provision of a future-proofed 40-bed facility with a revised start date for construction in Spring 2021, with delivery in Spring/Summer 2023.

3.8. That, initially, the IJB commission 40 places in the proposed new care facility in Kirkwall.

3.9. That demand for residential care continues to be monitored thereafter.

## **4. Background**

4.1. In October 2016, the Stage 2 Capital Project Appraisal to replace St Rognvald House was approved based on analysis undertaken when the project was first proposed in 2013.

4.2. Concern has been raised around the reliability of the Care Home Bed Numbers assessment in the context of national policy changes and that analysis did not take account of changing models of care and, therefore, incorporated wide assumptions that the increasing elderly population translated directly into the need for additional care home beds.

4.3. In addition, workforce availability is an increasing concern, which may be mitigated, in part, by the availability of alternative service delivery models, such as community-based care and the use of assistive technology. Lack of revenue funding is also an unresolved issue. These concerns and considerations led to a decision by Orkney Health and Care (OHAC) and Council officers to revisit the capacity of the proposed facility, as well as consider options for alternative, multi-disciplinary care delivery.

4.4. The revision of the capacity of the proposed facility was considered at the Special General Meeting of the Council on 30 June 2020 and the revised Stage 2 Capital Project Appraisal in respect of the proposed new Kirkwall Care facility is attached as Appendix 1 to this report.

4.5. The Council resolved inter alia that, subject to approval by the Integration Joint Board, the revised Stage 2 Capital Project Appraisal in respect of the proposed new Kirkwall care facility, [attached as Appendix 2 to the Minute], be approved, namely provision of a 40-bed facility at a capital cost of £12,270,000, with a revised start date for construction in Spring 2021, with delivery in Spring/Summer 2023.

## 5. Scope of Proposed Care Facility in Kirkwall

5.1. The scope of the proposed care facility has been re-assessed based on current capacity, future need and mitigating factors. The broad analysis of these figures is that OHAC is managing people in the community for far longer, or until end of life. Although it is not possible to offer conclusive statistics to support the reasons for this, it is difficult to look beyond improving medical treatments, technology and improving care at home services. As a consequence, whilst waiting times are falling, it is hard to justify a further significant increase in residential beds, at this time.

5.2. Following a review of the data used previously, the estimated risk to the service of not having sufficient residential care places by 2035, as a consequence of the projected demographic increase in the ageing population, can be mitigated by adopting a proposal to build a 40 bed facility that is 'future proofed' with scope to build additional bed spaces in blocks of 10, should the need arise in future years.

5.3. The scope has therefore been amended to propose a 40 bed care facility that has the ability to expand to a 60 bed care facility at a future date. The Stage 2 Capital Project Appraisal, attached as Appendix 1 to this report, contains further detail on the proposed design. The proposal is that the facility will be built with the support services and communal space for up to 60 residents. This will provide the reassurance that, should the need transpire in the future, additional beds can be provided with the addition of two extra wings of 10 beds.

## 6. Contribution to quality

Please indicate which of the Council Plan 2018 to 2023 and 2020 vision/quality ambitions are supported in this report adding Yes or No to the relevant area(s):

<b>Promoting survival:</b> To support our communities.	Yes.
<b>Promoting sustainability:</b> To make sure economic, environmental and social factors are balanced.	Yes.
<b>Promoting equality:</b> To encourage services to provide equal opportunities for everyone.	Yes.
<b>Working together:</b> To overcome issues more effectively through partnership working.	Yes.
<b>Working with communities:</b> To involve community councils, community groups, voluntary groups and individuals in the process.	No.
<b>Working to provide better services:</b> To improve the planning and delivery of services.	Yes.
<b>Safe:</b> Avoiding injuries to patients from healthcare that is intended to help them.	Yes.
<b>Effective:</b> Providing services based on scientific knowledge.	No.
<b>Efficient:</b> Avoiding waste, including waste of equipment, supplies, ideas, and energy.	Yes.

## 7. Resource implications and identified source of funding

7.1. There are no immediate human resource implications arising from this report. It is anticipated that the existing staffing model in use at St Rognvald House, will be deployed at the new 40-bed facility.

7.2. The capital project costs for the proposed new Kirkwall care facility is £12.27 million, as detailed in the Stage 2 CPA, attached as Appendix 1 to this report.

7.3. It is anticipated that the new facility will employ the same staffing numbers as St Rognvald House and, as a consequence, will be revenue cost neutral apart from the additional property revenue cost of £152,000 in the short term.

7.4. The Council's Residential Care Charge for 2020/21 is £1,007 per week. This is based upon the average of costs across all three local authority care homes, on the principle of full cost recovery and that there will also be a reduction in the depreciation charge as a result of the greatly extended asset life.

## 8. Risk and Equality assessment

8.1. An Equality Impact Assessment has been undertaken and is attached as Appendix 2 to this report.

## 9. Direction Required

Please indicate if this report requires a direction to be passed to:

NHS Orkney.	No.
Orkney Islands Council.	Yes.
Both NHS Orkney and Orkney Islands Council.	No.

## 10. Escalation Required

Please indicate if this report requires escalated to:

NHS Orkney.	No.
Orkney Islands Council.	No.
Both NHS Orkney and Orkney Islands Council.	No.

## 11. Authors

11.1. John Mundell, Interim Chief Executive, Orkney Islands Council.

11.2. Lynda Bradford, Interim Head of Health and Community Care.

11.3. Su Dutton, Interim Service Manager – Health and Community Care.

## **12. Contact details**

12.1. Email: [john.mundell@orkney.gov.uk](mailto:john.mundell@orkney.gov.uk), telephone: 01856873535 extension 2101.

12.2. Email: [lynda.bradford@orkney.gov.uk](mailto:lynda.bradford@orkney.gov.uk), telephone: 01856873535 extension 2601.

12.32. Email: [susan.dutton@orkney.gov.uk](mailto:susan.dutton@orkney.gov.uk), telephone: 01856873535 extension 2682.

## **13. Supporting documents**

13.1. Appendix 1: Report submitted to Special General Meeting of the Council on 30 June 2020.

13.2. Appendix 2: Equality Impact Assessment.

# REPLACEMENT KIRKWALL CARE HOME



# Kirkwall Care Home- the story so far

- ▶ Approval to build an additional care home of 40 places was granted in 2008. Work progressed to point of design ready to go to tender for construction
- ▶ Progress halted in 2011 to consider the potential of building on the new hospital site
- ▶ In March 2013 a revised plan to extend and refurbish St Rognvald House was approved.
- ▶ In September 2015 a further plan was approved to replace St Rognvald House with a 60 bed build with the CPA approved in 2016
- ▶ In 2019/20 the size of the build was revisited with the outcome of Council approval to reduce the build scale to forty places with future proofing for the remaining twenty
- ▶ In January 2020 Hamnavoe House replaced St Peter's House. Hamnavoe House has a capacity of 40 places but the additional 10 beds are not funded.

# Rationale for forty places

- ▶ Previous plans for sixty places were based solely on demographic projections
- ▶ Other facts to take account of:
  - ▶ Changes in care delivery- Intermediate Care team, double up homecare teams, responder service second team created to enhance capacity; other changes yet to be explored include “Home First”
  - ▶ Despite the current position Orkney usually performs well with regard to delayed discharge
  - ▶ In 2019 our average waiting time for residential care was 25 days
  - ▶ Orkney had the highest percentage of adults aged 65+ living unsupported at home throughout Scotland during 2018/19
  - ▶ 90% of people in the community spend their last six months of life at home
  - ▶ During 2018/19 the number of hospital beds days used by the over 75 was one of the lowest in Scotland
  - ▶ Impact of Community Led Support and Tec Enabled Care is as yet not able to be quantified
- ▶ BUT... need to future proof. Build infrastructure and leave space for a further 20 places in view of demographic projections, particularly for people with dementia. Dementia strategy notes a close to doubling of people with dementia between 2016 and 2041



# The current position

- ▶ 40 service users and people using the 4 respite beds receive care in accommodation which is no longer fit for purpose. Only 28 rooms have en-suite facilities
- ▶ There are currently a higher than normal numbers in a delayed discharge situation: people who cannot be supported at home and need to live in a care home
- ▶ An usually high number of those await an application for Guardianship to be concluded
- ▶ Current COVID-19 guidelines are placing services under considerable strain
  - ▶ The need to isolate for the first 14 days from admission but also following a discharge back to the Care Home from Hospital is creating a log-jam which we have tried to address with two additional teams providing care to individuals isolating
  - ▶ Worth noting that St Rognvald House is a particular issue as due to not all bedrooms have en-suite rendering safe isolation unachievable.
  - ▶ Clearly we do not know what the overall impact of the COVID-19 pandemic will look like going forward

# Let's be clear about the purpose of a care home.

- ▶ Purpose depends on the lens you see it through.
- ▶ Is it a means to reduce delayed discharge?
- ▶ Is it about getting people out of hospital?
- ▶ Or do we put ourselves in the shoes of older people and their carers who have tried very hard to stay in their own homes and live as independent life as possible, but, due to significant risks which point to the need for ongoing 24/7 care (possibly temporarily possibly to give longer term security), must move to a care home which continues to support their ongoing desire for as independent life as possible?

# Residential Care Homes

- ▶ Orkney has consistently represented the lowest rate per head of population aged 65+ Care Home places between its peers. This steadily declined by 37% over the 10-year period 2007 - 2017 to a low of 22 beds per 1000 population aged 65+.
- ▶ Highest Average age on admission to Care Homes compared to peers - suggesting people are living for longer at home - More research required to state why this is but some indication is that Care at Home is enabling people to live longer at home.
- ▶ The island partnership occupancy rates for the over 65 age group has remained above 90% since 2015.

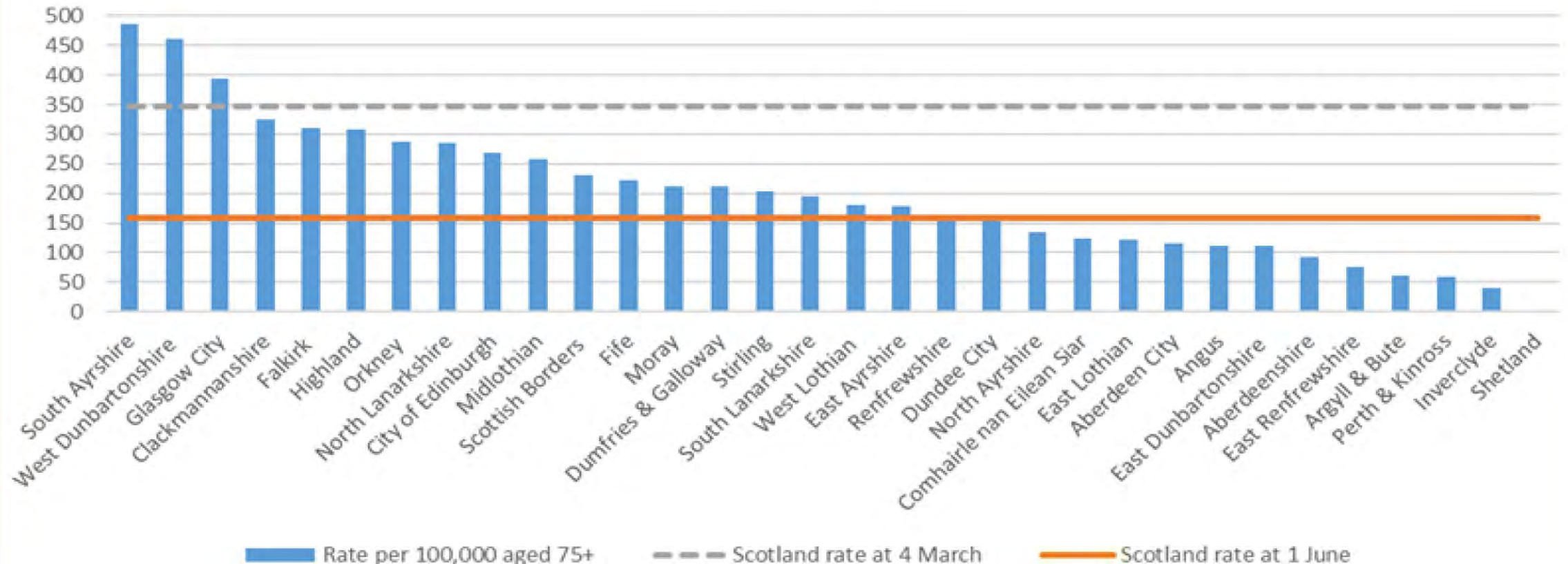
# Health & Wellbeing National Outcomes

- ▶ The Orkney Islands represented the highest percentage of Adults aged 65+ living unsupported at home throughout Scotland during 2018/19 at 93.7%. This was 2.4% higher than the Scottish proportion.
- ▶ 90% of people in the community spend their last 6 Months of Life at home
- ▶ Little change to the level of Emergency Hospital Admissions over the past five financial years.
- ▶ Significantly lower than national average Emergency Hospital Admission rate per 1000 for the over 65 populations.
- ▶ During 2018/19 the number of bed days Orkney Islands residents aged 75+ spent in hospital represented one of the lowest rates per head of population in Scotland.
- ▶ The falls rate per 1000 population declined by 48% between 2013/14 and 2018/19. In the latest year this represented the fourth lowest falls rate nationally as highlighted above.

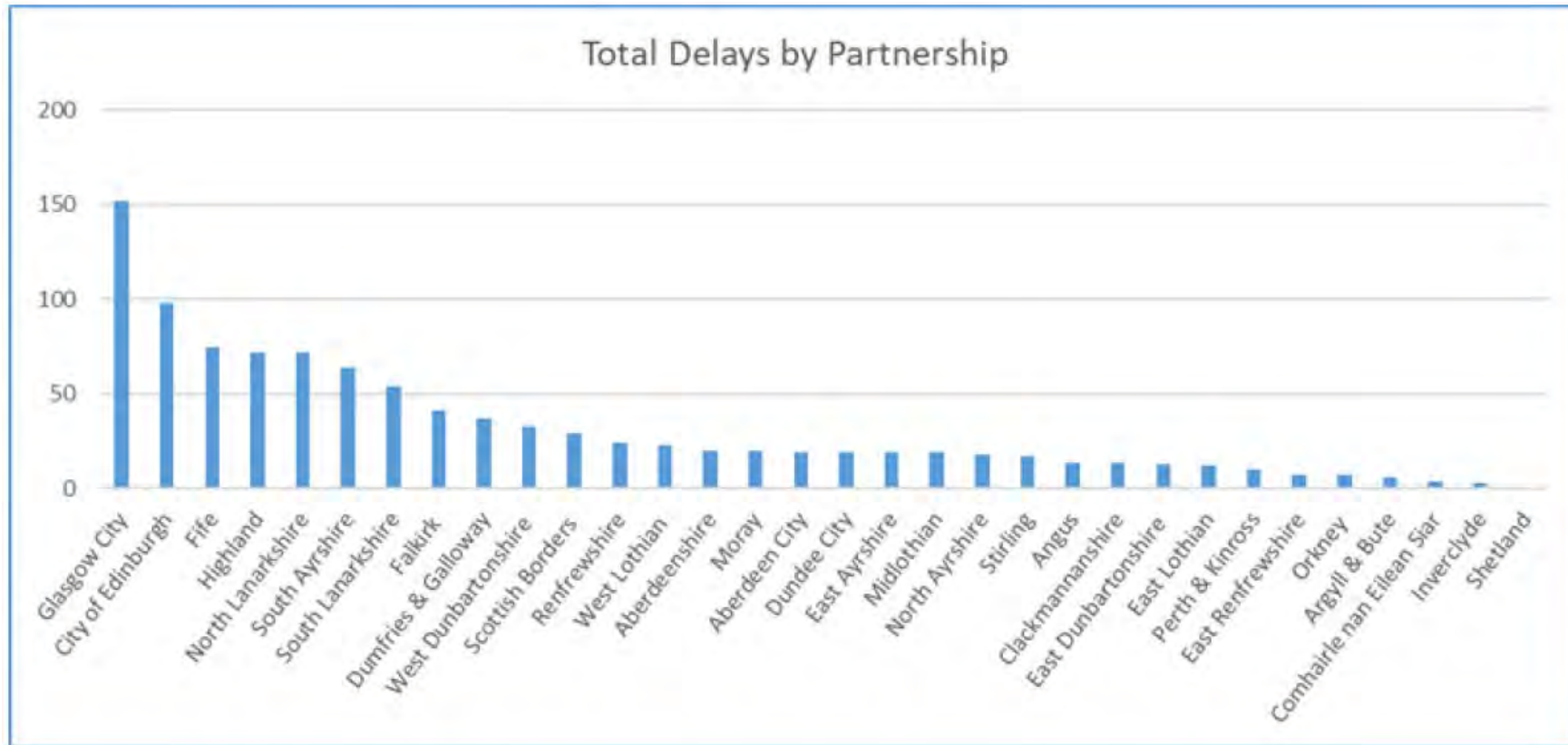
# Delayed Discharge Sitrep

Total Delays – Rates per 100,000 population aged 75+, by Partnership – 24 November 2020

### Total Delays



## Delays by Partnership – 24 November 2020



# Orkney current residential/ care at home capacity compared to Shetland

- ▶ Orkney population : 22,270
- ▶ Shetland population: 22,920
  
- ▶ Orkney residential care home beds: 106
  - ▶ SRH 44
  - ▶ Smiddybrae House 32
  - ▶ Hamnavoe House 30 ( additional 10 bed wing does not have revenue funding)
- ▶ Shetland residential care home beds: 144
  
- ▶ OIC care at home service users: 200
- ▶ SIC care at home service users: 324

# Home First

- ▶ As health and social care staff we should always support individuals to return home, wherever possible. The model we need to embed should be that going home is the first option.
- ▶ Make decisions on long-term care needs after individuals have had a period of recovery and rehabilitation
- ▶ We can use our care home beds differently to augment capacity in this respect



# Home First/ Future Proofing

- ▶ Once SRH is replaced all three care homes will have fit for purpose rooms and infrastructure which has maximum flexibility- for service users who are either physically frail or have dementia and whether permanent, temporary or to provide respite for carers
- ▶ Temporary care includes step up/ step down which enables shorter term care provision for service users who:
  - ▶ Have become more unwell but who do not require hospital care and are likely to recover with some additional care provision
  - ▶ Have had an episode of hospital care but now require further rehab/ recuperation time
- ▶ Both Smiddybrae House and Hamnavoe House have adjacent land for future supported accommodation where tenants can be cared for and a progression in care needs can be accommodated. The replacement for St Rognvald House will also have this land identified.
- ▶ The use of technology will be maximised to ensure service user safety is delivered with minimum required human resource

# Good practice to embed/ adopt to support future proofing and home first ethos

- ▶ □ Care staff who promote a reablement approach at all times and in all services
- ▶ In reach by specialist practitioners for rapid assessment and diagnosis
- ▶ □ In reach by community nursing, pharmacy and home care team to ensure effective communication, discharge management, anticipatory care planning and medicines reconciliation
- ▶ ‘Pull’ system to enable people who require continued inpatient rehabilitation or are unlikely to be able to return home within two weeks of being clinically ready for discharge to be able to receive ongoing rehab in a community setting including a care home bed if required.

## Orkney NHS Board

Summary of the development session of the **Area Clinical Forum of NHS Orkney Board**, held virtually to discuss **Planning a Replacement for St Rognvald House**, on **Tuesday 1 December 2020 at 12:15pm**.

### Present:

Steven Johnston (Chair), Angela Colborn-Veitch, Anne Mathison, Brenda Wilson, Calum Grant, Charles Siderfin, Dawn Moody, Emma West, Fiona Oag, Gillian Coghill, Gillian Morrison, Issy Grieve, Jenna Graham, Kirsti Jones, Lynda Bradford, Lyndsay Steel, Meghan McEwen, Mhari Linklater, Michael Dickson, Moraig Rollo, Rosemary Wood, Ruth Lea, Samantha Wishart, Sara Lewis, Sarah Walker, Siobhan Stevenson, Stephanie Johnston, Sylvia Tomison, Val Stonehouse, Wendy Lycett.

### Introduction

The session began with presentations from Gillian Morrison, Interim Chief Officer, Lynda Bradford, Interim Head of Health and Community Care and Dawn Moody, GP Clinical Director. They set out the background of the care provision in Orkney and St Rognvald House in particular, and laid out the rationale for the proposals. Local statistics on the care of the older population were presented and the purpose of a care home was clarified. Comparisons were drawn across Orkney and Shetland and finally the emphasis on “home first” was stressed but it must be ensured that the facility is fit for the future. It was highlighted that care in Orkney was in a relatively good position with regards to the focus of care provided at home. The following points of discussion arose from those presentations.

### Questions and Discussion

#### Admissions from Isles

It was noted that there were very few admissions from isles to the Mainland (of Orkney), although many appear move between isles if they required care.

#### Hamnavoe House

Members discussed whether it had been considered to close some beds at St Rognvald House and open the additional wing in Hamnavoe House as an interim measure to meet the standards. It was noted that some residents at St Rognvald House had chosen to live in Kirkwall, and that choice must be respected as it is important for residents to feel comfortable in their surroundings. It was highlighted that a better care environment such as Hamnavoe House may be more important than the geographical location, especially with Stromness not being far from Kirkwall. It was noted the Integration Joint Board (IJB) had only commissioned certain services, which did not include funding for the additional Hamnavoe House wing, as this was for future projected need.

## **Forces Veteran Population**

Members questioned whether there was data on the forces veteran population as there may be some opportunities to work with charities such as Erskine as a source of funding. Members highlighted this was an interesting idea, and a link was shared regarding the population of armed forces veterans residing in Great Britain.

## **Comparison with Shetland**

Caution was highlighted on comparing Orkney to Shetland due to differing geography and transport links as well as age related delayed discharge.

## **Community-based Service**

Members discussed creative ways to help with feelings of isolation and loneliness. It was suggested that those receiving home care could have the opportunity to visit the care home for meals and social events. The building could take into consideration the external surroundings and overlook playgrounds and allow children to visit so residents felt a sense of community. It was noted that plans were being developed to create community-based services. Smiddybrae was built deliberately close to the shop and school to create that community feel. It was highlighted that Kalisgarth in Westray was an example of a care facility where the community come in and interact with the residents for community events.

Having Very Sheltered Housing or other similar care facilities nearby may lend itself to a sense of community through shared areas or facilities, better continuity of care which is evidenced to be valued by people and better and more flexible use of staff across the adjacent sites.

Members also discussed using a model of mixed social housing schemes to support the frail to live in a supportive community, which would include families of all ages. It was noted that the plan included supported mixed housing nearby the care home. It was highlighted that there was an increasing need for a model that suited both people who wanted residential care and those who wanted home care. The Hope Co-Housing was highlighted as a positive housing cooperation following a similar shared-ownership model.

It was proposed that a group of enthusiasts could be set up to explore creative ideas to support older people to integrate into the community.

## **Dementia**

Members highlighted the opportunity to look at specialist care for dementia which is currently delivered off island. There are a number of people who have not been able to get care home placements and are provided with care out with Orkney, so it would be ideal to have a facility to provide safe care on island. The Dementia Strategy and the Mental Health Strategy were both highlighted as pieces of work which would be used in the plans.

It was also noted that other areas (Borders) have a dementia liaison service to provide support and advice both in terms of training and crisis work.

## **Pharmacy Involvement**

It was highlighted that pharmacy should have an involvement in the early stage of design and planning to ensure secure, safe, and cost-effective medicines management processes. The requirement for a medicine reconciliation was also highlighted, which would ensure patient safety and less waste. Members discussed that past designs had not considered how individual services would function within the building; considering this would make it efficient for staff and patients and would reduce medicine cost and waste. It was noted that pharmacy would be involved to ensure maximum efficiency.

## **Hospital at Home**

Members suggested a need for a clinical advanced nurse practitioner working across The Balfour and the care homes to provide support to care home staff. This would involve identifying those within the hospital who would require assistance with the transition out of the hospital or those who were particularly frail. It was highlighted that would be a Hospital at Home model and it was agreed that traditionally hospital-based services (and not just nursing – a multidisciplinary approach) reaching out into the community would be a positive step.

It was discussed that Smiddybrae previously had a GP bed which had been under-utilised and had become an expensive resource. It was suggested a hospital at home system may be more efficient than a community bed and may be an option to develop. It was noted this GP bed had not been sustained as Dounby was perceived by patients or families to be too far from Kirkwall and the under-utilisation led to higher costs than a hospital bed.

## **Changing Demographics**

Members asked for certain demographics to be considered. There was an increasing age of retirement which might impact on the availability of these workers to provide care for their older relatives. There was also an increase in residents wanting to stay with a partner. It was noted Smiddybrae had a few rooms specifically for couples, however these had been more difficult than imagined to utilise.

## **Building Structure and Layout**

Members questioned whether the building layout was still adaptable to incorporate any feedback. It was noted the plans were to the standards for a care home, and were regulated by the care inspectorate. There was a minimum layout requirement for each room, the width of corridors, and size of en-suites etc. It was highlighted the plans could be made available if requested. The plan was flexible for feedback to fit the model of care planned.

Members noted that the plan was to have extra space around the site for possible future expansion and for development such as those discussed already.

Members noted that learning could be taken from the Balfour build. The building is appreciated though can be difficult for some navigate and mobile phone reception is an important consideration.

With regards to Hamnavoe House, it was noted that it allowed a very different dynamic in terms of care provision during the step-down approach highlighting the importance of the design rather than just the number of beds. Having facilities to allow residents to retain or regain some independence was important – a “reablement ethos”. It is important not to lose the learning from Brinkies wing.

## **Recruitment and Staffing**

Members highlighted concerns of whether Orkney had a workforce issue in terms of delivering the proposed models as recruitment was a significant issue. It was noted that there had been a recent recruitment drive for health and social care which had attracted many applicants. It was also highlighted that the existing staff from St Rognvald House would be transferred to the new Care Facility when opened. A workforce plan was being worked on which highlighted the need for high quality attractive jobs within social care. This would also include offering apprenticeships.

## **Clinical Strategy**

It was noted that many discussions during this meeting would have been relevant to the development of our clinical strategy, which unfortunately had been paused during COVID-19. It would be ensured that these discussions would be fed into the strategy when work restarted.

## **Model of Care**

Although Orkney does perform well at allowing people to remain in their homes for longer, concern was expressed that alternative models of care which might lead to a reduction in required beds had not yet been fully explored. Other areas in the country were moving towards alternative models. It was raised that looking out to other areas and learning from successful projects such as Buurtzorg in The Netherlands would be advisable. Such scoping had been done some years ago in early planning but could be revisited.

## **Closing Remarks**

The summary of this discussion will be taken back to the IJB to ensure the views of our clinicians were passed on. In addition, this session would inform the NHS Orkney Board position on plans. The presenters each thanked attendees for their time and valuable contribution. There was general agreement that the session had been productive and thanks were reciprocated to the presenters for the opportunity to input into the plans for a new care facility in Kirkwall.



## Equality Impact Assessment

The purpose of an Equality Impact Assessment (EqIA) is to improve the work of Orkney Islands Council by making sure it promotes equality and does not discriminate. This assessment records the likely impact of any changes to a function, policy or plan by anticipating the consequences, and making sure that any negative impacts are eliminated or minimised and positive impacts are maximised.

<b>1. Identification of Function, Policy or Plan</b>	
Name of function / policy / plan to be assessed.	The proposed replacement of St. Rognvald House, Kirkwall with a new building.
Service / service area responsible.	Orkney Health and Care.
Name of person carrying out the assessment and contact details.	Sally Shaw, Ext 2601
Date of assessment.	19 May, 2020
Is the function / policy / plan new or existing? (Please indicate also if the service is to be deleted, reduced or changed significantly).	The proposed replacement of St. Rognvald House, Kirkwall, will provide modern, fit-for-purpose accommodation for 40 residents with high dependency care needs, in line with the National Care Standards.

<b>2. Initial Screening</b>	
What are the intended outcomes of the function / policy / plan?	<p>The intended outcomes are to:</p> <ul style="list-style-type: none"> <li>- provide modern, fit-for-purpose accommodation, with en-suite rooms, which provide suitable space and facilities, and in accordance with national care standards, in Kirkwall.</li> <li>- accommodate people with high dependency needs, as anticipated by demographic estimates.</li> <li>- provide accessible accommodation for residents, their families and visitors.</li> <li>- to realise energy efficiencies consistent with modern building practices.</li> </ul>

<p>Is the function / policy / plan strategically important?</p>	<p>Yes, as the proposal will deliver fit-for-purpose, modern residential care facilities for some of our most vulnerable residents.</p>
<p>State who is, or may be affected by this function / policy / plan, and how.</p>	<p>Residents of St. Rognvald House will not be affected during the construction of the new building, which is at a site quite separate from the existing premises.</p> <p>However, residents will be affected as they move to the new accommodation and become accustomed to their new home and its environment. Officers and care staff will ensure that suitable plans are in place to ensure that this process presents as little stress as possible to residents and their families.</p> <p>Staff will be affected following the move to the new premises; however, the new building is less than ½ mile from the existing place of work and, in addition, working conditions in a new, purpose-built environment will be superior to their existing conditions.</p>
<p>How have stakeholders been involved in the development of this function / policy / plan?</p>	<p>Having taken cognisance of the Orkney Community Planning Partnership Consultation &amp; Engagement Guide, and Scottish Government legislation, a programme of engagement on proposed sites for the new care home has been completed.</p> <p>The Kirkwall and St. Ola Community Council have been provided with details of the site selection process and, following the appropriate press release, a public consultation event was held, in Kirkwall.</p> <p>In addition, details of the site selection process were exhibited at School Place Main Reception and at St. Rognvald House, where opportunities for written feedback and comment were provided.</p> <p>Staff have been fully engaged throughout the process through a series of meetings with service managers, and were given the opportunity to provide written feedback during the exhibition at St. Rognvald House.</p> <p>However, the reduction in the number of beds will require further public engagement once the amended design is adopted.</p>
<p>Is there any existing data and / or research relating to equalities issues in this policy area? Please summarise. E.g. consultations, national surveys, performance data,</p>	<p>There is no relevant benchmarking to refer to; however, the results of the initial engagement exercise have supported the selection of Solisquoy as a suitable site for the new care home.</p>



complaints, service user feedback, academic / consultants' reports, benchmarking (see equalities resources on OIC information portal).	It should also be noted that the design and construction of the new care home in Kirkwall will follow behind the process for the design and construction of the new care home in Stromness and, as a consequence, lessons learned from that process will inform officers' assessment of equality issues.
Is there any existing evidence relating to socio-economic disadvantage and inequalities of outcome in this policy area? Please summarise. E.g. For people living in poverty or for people of low income. See <a href="#">The Fairer Scotland Duty Interim Guidance for Public Bodies</a> for further information.	No.
Could the function / policy have a differential impact on any of the following equality areas?	
1. Race: this includes ethnic or national groups, colour and nationality.	No.
2. Sex: a man or a woman.	Both men and women have care places within residential care in single rooms.
3. Sexual Orientation: whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.	No. It should be mentioned, however, that the majority of staff in care services are women.
4. Gender Reassignment: the process of transitioning from one gender to another.	No.
5. Pregnancy and maternity.	No.
6. Age: people of different ages.	The majority of service users are older people.
7. Religion or beliefs or none (atheists).	No.
8. Caring responsibilities.	This applies to a paid care service, not unpaid carers.
9. Care experienced.	No.
10. Marriage and Civil Partnerships.	No.

11. Disability: people with disabilities (whether registered or not).	Recipients of the service are more likely than others to have some form of disability.
12. Socio-economic disadvantage.	No.
13. Isles-proofing.	No.

### 3. Impact Assessment

Does the analysis above identify any differential impacts which need to be addressed?	The analysis identifies that this plan impacts on older people more than any other group. This plan will deliver improved settings for service delivery for this group of service users, therefore the longer term differential impact is positive.
How could you minimise or remove any potential negative impacts?	The original intention was to refurbish the existing care home at St. Rognvald House. Having considered the likely impact upon the health and wellbeing of residents, elected members decided that the design and construction of a new, replacement, care home would negate disruption caused by building works. It is acknowledged that familiarisation with a new environment will be a challenge for some residents; nonetheless, it is anticipated that this will be a short-term problem and, with support from staff, friends and families, stress and confusion will be heavily mitigated, especially in contrast to the likely impact of alteration works in their existing home setting.
Do you have enough information to make a judgement? If no, what information do you require?	Yes.

### 4. Conclusions and Planned Action

Is further work required?	Progress CPA Stage 2 report for consideration seeking revision of the project within the Capital build programme for 2022 – 2023 Capital Programme.
What action is to be taken?	Officers in OHAC and D&I services
Who will undertake it?	Following P&R and Council meeting timescales.
When will it be done?	Through project management of the proposals and through reporting on progress as part of the established performance reporting process, this

	development being an action in the OHAC Service Plan.
How will it be monitored? (e.g. through service plans).	N/A.

Signature:



Date: 19/05/20

Name: SALLY SHAW

(BLOCK CAPITALS).

Please sign and date this form, keep one copy and send a copy to HR and Performance. A Word version should also be emailed to HR and Performance at [hrsupport@orkney.gov.uk](mailto:hrsupport@orkney.gov.uk)