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Agenda Item: 15

Integration Joint Board

Date of Meeting: 25 June 2019.

Subject: Stromness Care Facility.

1. Summary

1.1. This report sets out the impact of current demand for 30 places in the 40-bed replacement for St Peter's House and the use of the additional 10 bed spaces which is the projected demand by 2035, in the interim period. The report also advises on the name chosen for the new facility.

2. Purpose

2.1. To present to the Integration Joint Board the resource and service implications of opening either 30 or 40 places when the replacement for St Peter's House opens during the winter of 2019/20.

2.2 To advise the Integration Joint Board of the name chosen for the new care facility.

3. Recommendations

The Integration Joint Board is invited to note:

3.1. That the need to open all 40 places within the new Stromness care facility, at the current time, for care home use, is not evidenced.

3.2. That Stromness Community Council undertook an exercise with local school children to select a name for the new facility. They wish the new care facility to be known as "Hamnavoe House".

It is recommended:

3.3. That, initially, the IJB commission 30 places of the new care facility in Stromness. This means that there will be a reduction of two short break places, be approved.

3.4. That the demand for residential care and short breaks continue to be monitored in the run up to the opening of the replacement care facility and thereafter.

3.5. That a report is brought to the next meeting of the Board, scheduled for 2 October 2019, setting out an alternative proposal for the remaining 10 bed spaces in the short term.

4. Background

4.1. In February 2015, the Council approved a Stage 2 Capital Project Appraisal for the replacement of St Peter's House, to build a new care facility with 40 places, able to undertake the care of service users with high dependency social care needs. The increase in places from the current 32 places to 40 was based on the population projections through to the year 2035 which predicted an increase in the over 65-year-old population of 60%. The Stage 2 Capital Project Appraisal also included an additional annual revenue estimate of £420,500 per annum. This increase in staffing was two-fold; to bring the current staff model and skill mix to a level required for individuals with high dependency needs and to accommodate the additional eight places.

5. Current position

5.1. The build project is progressing well. It is anticipated the building will be ready to hand over to the service in late summer 2019, when fitting out and service training bespoke to the new facility can be undertaken. An opening date will be dependent on when this handover occurs but is anticipated to be either side of the festive break 2019/20.

5.2. Since the build was approved in 2015, there has been further investment in community-based services. This has included the creation of double up teams in Care at Home who provide support to those individuals who require two staff members to ensure safe care in their home. There is also equipment available now that allows safe moving and handling of individuals who require it, in their homes, i.e. the use of mobile hoist. The additional Responder team has enabled many more frail people, in the short term, to remain at home without need for hospital admission, any subsequent increase in care package requirements or a move into residential care.

5.3. The Allocation of Resources Committee meets weekly to consider applications for residential care and supported accommodation. It also monitors the discharge information regarding those who need social care to facilitate hospital discharge. Current trends show that the numbers of applications for residential care remain static year on year indicating that, although the population is growing, and frailty increases as predicted, this has not yet resulted in the need for additional residential care places. Moving forward Tech Enabled Care will further support community initiatives aimed at caring for people safely within their own homes.

5.4. Of the 46 applications for residential care considered during 2018; only seven of those required to wait any time for a place. Of that seven, six were able to access a place within 30 days with one service user waiting 41 days.

5.5. There were six individuals who were placed in residential care that were recorded as being delayed in being discharged from hospital, with the causative factor not being the unavailability of a residential care place.

5.6. In the last six months, there has been care home availability each week ranging from 2 to 11 places; however at the time of drafting this report there are no available places, with three individuals newly on the waiting list. Of those two of these individuals are currently receiving respite care.

5.7. The current St Peter's House service provides for 28 permanent places and four places for short breaks. Recent analysis indicates that the short break places are only utilised for 50% of the time. It should be noted however that the full impact of the introduction of the Carers' Act is not fully predictable at this time.

5.8. Currently there are in the region of 35 staff vacancies across adult social care services; this excludes those on long term sick leave. The experience of opening Smiddybrae House and Braeburn Court is that staff are attracted to new facilities; if recruitment were to include staffing for the additional wing it is likely that other services would experience significant shortages in the short term to medium term.

6. Name of new facility

6.1. Stromness Community Council was asked to undertake an exercise with the local school children to determine a name for the new facility.

6.2. Following a public vote, held at the recent "What's Next", for Stromness event, the most popular name, chosen from a shortlist of names provided by local school children for the new Stromness care facility was, Hamnavoe House.

7. Conclusion

7.1. The information above suggests that, although there is presently a small waiting list, there is no immediate need to open the fourth wing of the care facility, instead to operate with three wings, providing 30 places to support individuals with high dependency need. This is to include capacity for 28 permanent bed spaces and 2 for short breaks.

7.2. The demand for both residential care and short breaks will continue to be monitored in the months prior to the opening and transfer of existing residents to the new care facility and thereafter.

7.3. Recognising the projected demand by 2035 is for an additional 8 permanent residential care bed spaces, alternative utilisation for the additional wing be considered during the interim period which shall be subject to ongoing monitoring and evaluation.

8. 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):

Promoting survival: To support our communities.	Yes.
Promoting sustainability: To make sure economic, environmental and social factors are balanced.	Yes.

Promoting equality: To encourage services to provide equal opportunities for everyone.	Yes.
Working together: To overcome issues more effectively through partnership working.	Yes.
Working with communities: To involve community councils, community groups, voluntary groups and individuals in the process.	Yes.
Working to provide better services: To improve the planning and delivery of services.	Yes.
Safe: Avoiding injuries to patients from healthcare that is intended to help them.	Yes.
Effective: Providing services based on scientific knowledge.	Yes.
Efficient: Avoiding waste, including waste of equipment, supplies, ideas, and energy.	Yes.

9. Resource implications and identified source of funding

9.1. At the time of drafting the Stage 2 Capital Project Appraisal an increased revenue requirement of £420,500 was identified to fully staff all 40 high dependency places.

9.2. If only three high dependency wings are to operate there will be a required revenue increase to bring staff ratios into line with that required to deliver high dependency care. An increase of 2.82 full-time equivalent Social Care Worker / Social Care Assistant is required, at an additional annual revenue cost of £105,000.

9.3. A further report will require to be submitted to Orkney Islands Council's Orkney Health and Care Committee in respect of any increased staffing requirements for the new care facility.

10. Risk and equality assessment

10.1. Currently there is little evidence to suggest there is additional risk because of not opening the fourth wing of the new care facility. An equality impact assessment is attached as Appendix 1 to this report.

11. 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.

12. 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.

13. Author

13.1. Lynda Bradford, Acting Head of Health and Community Care.

14. Contact details

14.1. Email: lynda.bradford@orkney.gov.uk, telephone: 01856873535 extension 2611.

15. Supporting documents

15.1. Appendix 1: Equality Impact Assessment.



Equality Impact Assessment

The purpose of an Equality Impact Assessment (EqIA) is to improve the work of the Integration Joint Board (Orkney Health and Care) 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.

1. Identification of Function, Policy or Plan	
Name of function / policy / plan to be assessed.	Replacement for St Peter's House – impact of opening fewer beds in short-medium term.
Service / service area responsible.	Health and Community Care.
Name of person carrying out the assessment and contact details.	Lynda Bradford.
Date of assessment.	1 May 2019.
Is the function / policy / plan new or existing? (Please indicate also if the service is to be deleted, reduced or changed significantly).	Existing plan update.

2. Initial Screening	
What are the intended outcomes of the function / policy / plan?	Upgrade of care home facility and increase in longer term projected demand, ensuring sustainable service provision to meeting long-term demand.
Is the function / policy / plan strategically important?	
State who is, or may be affected by this function / policy / plan, and how.	Residents, their families, and staff in current St Peter's House will be involved in the move to the new resource on completion of the building work and subsequent support network.
How have stakeholders been involved in the development of this function / policy / plan?	Engagement and consultation have been undertaken with all key stakeholder groups throughout the planning and development

	<p>process. It continues to be an integral element of the action plan for the transfer of services from the current build to the new site, including consultation with local community for the name for the home, planned Open Day, establishing local connections and networks to integrate service provision into the local community and discussion with partner agencies and suppliers regarding their services and connections to the new resource.</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, complaints, service user feedback, academic / consultants' reports, benchmarking (see equalities resources on OIC information portal).</p>	<ul style="list-style-type: none"> • Locality Consultations: Orkney Island and Mainland Summary, 2017, which highlighted a range of issues raised by the population of Orkney, as part of locality planning processes. • Referrals and demand for care home and short break requirement considered by ARC (Allocation of Resources Committee). Monitoring of admissions and discharges to hospital, including off islands requirement. Evaluation of social care provision and developments, monitoring demand and ensuring outcomes for individuals, carers and the service are being achieved. <p>Also, in general terms the population of Orkney is aging with projected figures showing that the highest population change by age is growth of those aged 65 and over.</p>
<p>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 The Fairer Scotland Duty Interim Guidance for Public Bodies for further information.</p>	<p>No.</p>
<p>Could the function / policy have a differential impact on any of the following equality strands?</p>	<p>(Please provide any evidence – positive impacts / benefits, negative impacts and reasons).</p>
<p>1. Race: this includes ethnic or national groups, colour and nationality.</p>	<p>No.</p>
<p>2. Sex: a man or a woman.</p>	<p>No.</p>
<p>3. Sexual Orientation: whether</p>	<p>No.</p>

a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.	
4. Gender Reassignment: the process of transitioning from one gender to another.	No.
5. Pregnancy and maternity.	No.
6. Age: people of different ages.	Yes. If only three wings are opened there is a net reduction of 2 short breaks places. This will reduce choice and availability for a short break.
7. Religion or beliefs or none (atheists).	No.
8. Caring responsibilities.	Yes, if only three wings are opened there is a net reduction of 2 short breaks places. This will reduce choice and availability for a short break and may place additional strain upon carers
9. Care experienced.	No.
10. Marriage and Civil Partnerships.	No.
11. Disability: people with disabilities (whether registered or not).	Yes, people in Care Homes often have cognitive impairments.
12. Socio-economic disadvantage.	No.
13. Isle-proofing	No, allocation is on a needs-led basis.

3. Impact Assessment

Does the analysis above identify any differential impacts which need to be addressed?	No.
How could you minimise or remove any potential negative impacts?	N/A.
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?	Yes.
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What action is to be taken?	Ongoing monitoring through Allocation of Resource Committee (ARC) of referrals and demand for care home and short break requirement. Monitoring of admissions and discharges to hospital, including off islands requirement. Evaluation of social care provision and developments, monitoring demand and ensuring outcomes for individuals, carers and the service are being achieved.
Who will undertake it?	Head of Health and Community Care and Service Manager for Community Care.
When will it be done?	Weekly through Allocation of Resource Committee and ongoing through statistical returns including annual evaluation of services.
How will it be monitored? (e.g. through service plans).	Ongoing evaluation of interim service and care home service provision. Monitoring of demand, service planning and meeting of individual and service outcomes.

Signature:



Date: 1 May 2019.

Name: Lynda Bradford.