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Agenda Item: 3

Orkney Integration Joint Board

Tuesday, 18 August 2020, 09:30.

Microsoft Teams.

Minute

Present

Voting Members:

- Davie Campbell, NHS Orkney.
- David Drever, NHS Orkney.
- Issy Grieve, NHS Orkney.
- Councillor Rachael A King, Orkney Islands Council.
- Councillor John T Richards, Orkney Islands Council.
- Councillor Stephen Sankey, Orkney Islands Council.

Non-Voting Members:

Professional Advisers:

- Dr Kirsty Cole, Registered GP, NHS Orkney.
- David McArthur, Registered Nurse, NHS Orkney.
- Pat Robinson, Chief Finance Officer.
- Dr Louise Wilson, Registered Medical Practitioner not a GP, NHS Orkney.

Stakeholder Members:

- Gail Anderson, Third Sector Representative.
- Janice Annal, Service User Representative.

Clerk

- Hazel Flett, Senior Committees Officer, Orkney Islands Council.

In Attendance

NHS Orkney:

- Marthinus Roos, Medical Director.

Orkney Health and Care:

- Lynda Bradford, Interim Head of Health and Community Care.
- Maureen Swannie, Interim Head of Children's Health Services and Service Manager, Children's Services.
- Su Dutton, Interim Service Manager (Health and Community Care).

Orkney Islands Council:

- John W Mundell, Interim Chief Executive.
- Gareth Waterson, Head of Finance.
- Ian Rushbrook, Capital Programme Manager.
- Katharine McKerrell, Solicitor.

Observing

- David Hartley, Communications Team Leader.

Chair

- Councillor Rachael A King, Orkney Islands Council.

1. Apologies

Apologies for absence had been intimated on behalf of the following:

- Sally Shaw, Chief Officer.
- Fiona MacKellar, Staff Representative, NHS Orkney.
- Frances Troup, Head of Housing, Homelessness and Schoolcare Accommodation Services, Orkney Islands Council.
- Michael Dickson, Interim Chief Executive, NHS Orkney.
- Maureen Firth, Head of Primary Care Services, Orkney Health and Care.

2. Declarations of Interest

There were no declarations of interest intimated in respect of items of business to be discussed at this meeting.

3. Proposed New Kirkwall Care Facility

There had been previously circulated a report, together with an Equality Impact Assessment, presenting information on the scope of the proposed new care facility in Kirkwall, for consideration and approval.

Lynda Bradford advised of plans in 2016 to replace St Rognvald House, increasing capacity from 44 to 60 beds. Those projections were based solely on demographic increases and did not take into account improving technology or increased care at home.

On 30 June 2020, Orkney Islands Council approved a revised Stage 2 Capital Project Appraisal for a proposed new care facility in Kirkwall, subject to the revised scope being considered by the Integration Joint Board. Although initially, it was proposed to construct 40 beds, the infrastructure allowed for a 60 bed facility to enable future proofing. Although the proposal was revenue neutral, initially there would be additional property costs, estimated at £152,000.

In terms of the Public Bodies (Joint Working)(Scotland) Act 2014, options for models of care and managing services within revenue budgets were the responsibility of integration authorities, whereas provision of capital and buildings remained the responsibility of local authorities. Accordingly, the Integration Joint Board was requested to consider and endorse the revised scope of the proposed new Kirkwall care facility. Further, it was proposed that the Board commission 40 places within the new facility, whilst demand for the care at home service would be continually monitored.

Lynda Bradford highlighted some key points from the report submitted to the Special General Meeting of the Council held on 30 June 2020, as follows:

- The good record locally regarding delayed discharge, being the second lowest in Scotland, noting that not all delayed discharge was as a result of waiting for residential care.
- Developments over the last 10 years, including the intermediate care team, a second responder team and double-up care teams which, since 2015, had enabled frail individuals to remain at home for longer.
- The recent opening of Hamnavoe House, which increased overall residential care places in Orkney by 8, although no revenue had been identified for that increase.
- Although Orkney had made good use of rudimentary telecare technology, other forms of available technology had not yet been fully developed and the advantages not yet realised.
- Experience of Community Led Support, although delayed locally as a result of COVID-19, had demonstrated elsewhere that people could remain in their own homes for longer, reducing the demand for residential care.
- Although population growth predictions continued to indicate an increasing older population, analysis undertaken by NHS Scotland's Local Intelligence Support Team (LiST) suggested that Orkney had consistently represented the lowest rate per head of population of care home places for people aged 65 and over.
- LiST analysis also suggested that, in terms of the National Health and Wellbeing Outcomes, Orkney performed well, including that 90% of people in the community spent their last six months of life at home and that there was a significantly lower than national average Emergency Hospital Admission rate per 1,000 for the over 65 population.
- The table at section 3.8 of the revised Stage 2 Capital Project Appraisal, which indicated how long people waited for a care home bed in the calendar years 2016 to 2019 inclusive.

David Drever commented that the papers had only been received at lunchtime on Friday (14 August). Although living in extraordinary times, the papers should have been shared earlier to enable NHS colleagues to gain a deeper understanding. Close co-operation and working together was required and, having spoken to colleagues, this was the general feeling. Notwithstanding those concerns, he looked forward to the conversation.

David McArthur endorsed David Drever's comments. He was fortunate to have previously worked in the third sector and in care homes and understood the requirement to replace St Rognvald House, as well as reducing the number of beds from 60 to 40. However, in the longer term, even with declining bed numbers and increased capacity within the care at home service, the balance of investment required to be struck, as Orkney could be left with a partially empty care home. More imagination and co-operation was required between the partners and the Board.

Su Dutton countered that the balance had been struck, in that the number of beds had been reduced; and she did not envisage the facility being underutilised. Lynda Bradford further advised that all rooms could be used flexibly and one area which would not reduce was where those with dementia could no longer remain safe at home.

David McArthur returned to the report considered by the Council and, in particular, paragraph 2.2, which stated that the analysis did not take account of changing models of care – he referred to not just physical care but also medication and noted that a silo approach appeared to have been taken. Although there was good reason behind replacing St Peter's House with Hamnavoe House and an element of future proofing, new developments should take cognisance of people remaining in their own homes for longer and using the Hospital at Home model.

Issy Grieve referred to existing care home bed numbers, which she quoted as 86 and, with 72 beds available between Smiddybrae and Hamnavoe House, together with the 40 additional beds proposed for Kirkwall, she queried whether this was in line with the vision for adult social care, which was to move away from residential care. She argued there was sufficient residential care capacity.

John Mundell made clear that the proposed 60 bed facility was in lieu of St Rognvald House, not in addition to that facility, given that St Rognvald House was no longer fit for purpose. Further, with the proposed reduction from 60 to 40 beds in the revised scope of the proposed new Kirkwall facility, this actually further reduced the number of beds, given that the current capacity at St Rognvald House was 44 beds. Lynda Bradford concurred with the absolute need to replace the facilities at St Rognvald House, with the Council striving to have all its infrastructure of a high quality.

Issy Grieve countered that she was still not convinced enough consideration had been given to future models of care; in that a traditional model was being replaced with a traditional mode without thinking of flexibility. David Drever had concerns that there was not sufficient information and advice to suggest that 40 was the correct number of beds for the IJB, as a strategic commissioning body, to be commissioning.

Lynda Bradford advised that work was continuing with the Care at Home team in respect of hospital discharge; the service was beginning to address innovations to keep people in the community and demographics still showed an upward trend. She did not consider it sensible to further reduce the capacity of the new Kirkwall care facility from 40 to 30 beds.

Councillor Steve Sankey referred to the concerns raised by David Drever and, in particular, process. Those on the IJB were clear that the nature of care was changing and that was clearly set out in the paper, with reference to Tech Enabled Care, Community Led Support and Self Directed Support. Nevertheless, John Mundell made the point that an ageing facility required replacement and that was one of the overarching decisions required to be made today. Issy Grieve had mentioned flexibility – he reminded members of the excellent facility at Hamnavoe House and how that facility had been utilised during COVID-19 lockdown as a modular facility which no-one had envisaged when the facility was designed and built. Accordingly, the design of the proposed new facility in Kirkwall was also modular so that a flexible approach could be taken.

Marthinus Roos suggested that designing a new care home provided opportunities to review patient pathways; one which had probably not been exploited was the potential for a step up/step down facility. Currently, once medical care was complete, the options locally were either home or delayed discharge while a residential care place was arranged. Thought could be given to how Hamnavoe House was being used now – although medically fit for discharge, some folk still required an element of rehabilitation and there was no facility for that in Orkney at the present time.

Lynda Bradford responded that, should AHP staff feel someone required a longer stay before discharge from hospital, this was legitimately recorded as rehabilitation and recorded as inpatient days and not delayed discharge. She referred to what had been achieved in Brinkies at Hamnavoe House and that would certainly be exploited to see if it could be replicated, but not necessarily in the proposed new 40 bed care facility in Kirkwall.

Dr Louise Wilson stated that the IJB should be considering social care and not commissioning 40 beds, although she recognised the need for the Council to refurbish a building. Marthinus Roos' suggestion would be difficult given the financial implication. Paragraph 11.7 of the Council report would have benefited from an additional column showing the revenue costs of a new build 40 bed facility. Also, what about market development and stimulating care home provision – the IJB was required to achieve best value from where it commissioned services.

John Mundell advised that previous reports suggested costs for the proposed new 40 bed facility would be similar to the existing St Rognvald House facility, so therefore cost neutral. Should there be a change in policy and increased care at home, this may well result in an increase for respite care and, with respect, that was an alternative use and therefore the sooner the IJB provided direction, the better, so that officers could modify the design in at least one wing.

Lynda Bradford advised that the IJB had yet to consider its Strategic Commissioning Implementation Plan and that would be the opportunity to look at addressing market forces. Inherent in planning for the design of both Smiddybrae and Hamnavoe House was that rooms were as flexible as possible, including the provision of bariatric rooms in Hamnavoe House.

Davie Campbell reiterated David Drever's concerns about the paper being circulated at the eleventh hour, suggested there was under engagement and queried whether the clinical, medical and third sectors had been involved. Although he had no issue with the capital paper, he was not sure whether he could sanction commissioning 40 beds without further information.

Lynda Bradford reminded the Board that officers were progressing a concept originally approved in 2016, and engagement with stakeholders had taken place prior to that decision. The paper related to replacing ageing infrastructure and further consultation would take place with service users in respect of the design of the facility going forward.

John Mundell reiterated the point regarding work done in 2016 following a policy decision of the Council – since that time integration legislation came into force as well as long delays in progressing the necessary work. Should the Board require more time to consider the detail and changing models of care, this would have a knock on effect to the timescales for building the new facility, which had been in discussion since 2013.

David Drever responded that this was helpful; however the Board had not had the opportunity of exploring its strategic commissioning realities. Much had changed in the last seven years and if it was possible to take some more time to consider all the issues, this would alleviate his concerns.

Janice Annal commented that she remembered this issue being discussed not seven years ago, but probably nearer 20 years ago, during which huge changes had taken place. Her initial reaction was extremely glad in seeing the specification reduced to 40 beds – anything more would feel like an institution. John Mundell was correct in stating the existing St Rognvald House was no longer fit for purpose and was in desperate need of replacement. She would not wish to see the matter delayed to consider future models of care and considered this was already catered for in the flexible design. She also welcomed the proposed ongoing monitoring of demand for residential places.

Dr Kirsty Cole emphasised the point raised by Marthinus Roos, in that Orkney had an acute hospital and a series of care homes, with nothing in between, such as a cottage hospital or a nursing home. Patients required to be cared for somewhere, be that in an acute bed at the Balfour Hospital, in a care home or care at home. An acute inpatient bed was not appropriate if medical care was not required and rehabilitation was more appropriate. She did not disagree with the demographics which suggested a continually ageing population; however, people's homes were also ageing and not of a standard to provide an appropriate level of care. AHP delivered some care at home, however it was not possible to continually modify people's homes. She queried whether the site of the proposed new Kirkwall facility had any space on the periphery for sheltered or very sheltered housing, where care at home could be provided.

Dr Kirsty Cole also supported David McArthur's point regarding including the advisory groups and she was not aware of this matter being considered at various groups within the NHS Orkney structure.

Councillor Rachael King queried whether the designs presented for the proposed new care facility were fixed, or could they be further amended. Also, had thought been given to the matters raised by Marthinus Roos and Dr Cole.

John Mundell advised that the timescale was fixed in order to get the facility built. However that facility should meet the needs of service users. Any further redesign would have cost implications.

Katherine McKerrell advised that, should the Board consider delaying a decision, the Board should be clear on what information they required in order to thereafter determine the matter.

In response to Dr Cole's point, Lynda Bradford confirmed that planning for the care facility included some extra care housing in the vicinity. Dr Cole responded that this was reassuring as the facility should not feel too institutionalised but feel like home, with the option of going to the care facility for treatment, meals etc.

Councillor John Richards agreed with many points raised, including the addition of sheltered or very sheltered housing and how long this project had been discussed. His preference was to maintain a range of services, so that people had the choice whether to stay at home or in a care facility. However, the current facilities at St Rognvald House required urgent replacement.

Pat Robinson commented that, whilst appreciating all that had been said, a step up/step down facility would have additional resource implications – the Balfour Hospital was already at minimum bed numbers, and no further resource could be taken from the hospital. She also reminded the Board of the £4.2 million savings target set by both partners. A finance workshop was being arranged and she reiterated that the services could not maintain the workforce for services currently offered.

David Drever referred again to flexibility and was reassured that different types of accommodation were being considered. However, he was not yet sure who had been consulted and he would like to hear more from stakeholders so that the Board could progress with confidence. He suggested deferring the matter until the December Board meeting, to enable meaningful engagement with stakeholders.

Lynda Bradford commented on the number of months experience at Brinkies, where no adverse comments had been made that the rooms were not acceptable for rehabilitation. She suggested there were two elements to the discussion:

- Replacing ageing infrastructure for residents currently at St Rognvald House.
- Requesting further discussion on new models of care.

Councillor Rachael King recognised the need for replacing the ageing infrastructure at St Rognvald House and was acutely aware of the concerns regarding whether the design would meet the different ways of working, such as step up/step down. She referred members to the recommendations of the report and whether these should be adopted.

Davie Campbell suggested deferring for consultation, not necessarily to the December meeting. John Mundell suggested two to three months for consultation was not unreasonable. The prospect of changes to the building design, although not major, given Lynda Bradford's comments on flexibility at Hamnavoe House, would take completion of the project into 2024 at the earliest.

Ian Rushbrook advised that a planning application would be lodged shortly based on the current plan. Any changes to the footprint would result in delays. Any change to the technical design would necessitate changes to the contract documentation, which was currently due for issue in December 2020, with tender return in January 2021 and work commencing on site in March 2021. Delaying for further consultation would push this back to summer 2021 at the earliest, should no change be made to the design. Lodging the planning application would fix the footprint, but would allow some flexibility with the internal design, but that would affect the mechanical and engineering requirements and cause delay in the tender process.

Councillor Steve Sankey referred to the point made by the legal adviser in that any decision to defer should be clear on what information was required and suggested the following:

- The need to replace the ageing facility at St Rognvald House needs to be made more prominent in the revised report – the facility is currently unsatisfactory for both residents and staff.
- Further clarification needs to be made regarding potential future numbers and need, although much data was 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 TEC/CLS/SDS, may have which suggested that the care facility design should incorporate a modular approach.
- The need for flexibility in design and use was paramount since things can change quickly in the dynamic world of social care.

Although Councillor John Richards was prepared to move the recommendations of the report as they stood, David Drever preferred delaying for a period of no more than three months, in order to scope the consultation and undertake further engagement on strategic issues.

John Mundell confirmed a motion to defer was competent, however any changes would then require to be referred back to the Council for further consideration.

The Board noted:

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, could be mitigated by adopting a proposal to build a 40 bed facility that was ‘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 the report circulated.

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 were the responsibility of the Integration Joint Board, whereas the provision of capital and buildings remained the responsibility of the Council.

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

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

The Board thereafter **agreed:**

3.7. That consideration of endorsing 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, be deferred, to be reconsidered no later than the December Board meeting.

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 TEC/CLS/SDS, 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. Conclusion of Meeting

There being no further business, the Chair declared the meeting concluded at 11:25.