

**PERTH AND KINROSS COUNCIL****Housing and Health Committee****26 August 2015****Integrated Health and Social Care Model for Dalweem Care Home, Aberfeldy****Report by Executive Director (Housing and Community Care)****PURPOSE OF REPORT**

To advise Committee on the proposal to develop an Integrated Health and Social Care facility within the current Dalweem Care Home, in Aberfeldy

**1. BACKGROUND / MAIN ISSUES**

- 1.1 In 2010, the Scottish Government introduced its 'Reshaping Older People's Care' agenda which set out a vision of meeting older people's health and care needs increasingly in a community setting and less in a reactive hospital or residential setting. The following year saw the introduction of the Older People's Change Fund which provided a focus for Council and health authorities, together with their partners in the voluntary and private sectors: to develop a strategy which moved from reaction to prevention; improved the overall efficiency of services provided; and facilitated effective engagement with communities over the future shape of local services. One of the 4 key themes subsequently pursued through the Change Fund was that of engaging with communities in order to share information, understand their needs and develop a shared Locality Health and Social Care Plan. Aberfeldy and surrounding communities have provided the test bed site for this exercise.

The approach developed in the Aberfeldy area and is now being rolled out across other parts of Perth and Kinross and has a number of distinct elements:

- Identification of and engagement with key stakeholders and stakeholder groups in the Aberfeldy area with a particular interest in the welfare of older people
- Robust engagement with the local GP practice
- Identification of a well-respected "leader" who enjoys the confidence of local people
- The use of a small, local group as a "sounding board" for ideas regarding the content of proposed public presentations

The exercise in identifying and engaging with key stakeholders was undertaken by PKAVs, the lead agency for the health and social care engagement team. Council Officers, however, also played an important role, both at this stage and in the subsequent public meetings and work groups.

From the extensive consultation and engagement in this area, 3 main themes have emerged as shared areas of concern for the community and for the Health and Social Care Partnership as follows:-

- The improvement of Homecare Services and the development of more flexible personal care
- The development of a single point of contact and of improved community transport
- The development of an integrated Health and Social Care facility within Aberfeldy

Three public consultations were subsequently held, after an extensive series of smaller events, which were attended by over 140 members of the public. At these public events, a presentation was delivered by the Depute Director of Housing and Community Care, Perth and Kinross Council and the Acting General Manager, Perth and Kinross CHP, providing information on current provision within the area, national strategic direction and future challenges. Levels of current consumption of resources (eg Homecare, residential care and Community Hospital) were provided along with information concerning the likely level of future funding of public services. In their turn, community members then identified issues and gaps in relation to current service provision. Working groups pursuing the three themes outlined above were then formed, comprising professionals and members of the public, in order to detail concerns and propose remedial action. One of these groups focussed specifically on Aberfeldy Community Hospital and Dalweem Care Home.

Dalweem Care Home is the only remaining Residential Care Home between Killin and Pitlochry. Consequently, it plays an important role in the care of older people in the Aberfeldy area. It has capacity to provide residential care for up to 35 people, but has been operating at a reduced capacity in recent years due to more older people wishing to remain in their own homes and communities longer – an essential pillar of the Scottish Government's Reshaping Older People's Care agenda. In response, and to ensure efficiency, the operating capacity of Dalweem has been reduced to that of a 16 bed unit operating from 2 of the 4 wings, leaving 2 wings unused.

The initial capacity of Aberfeldy Community Hospital when originally constructed over 100 years ago was that of 20 beds. Over the years this declined to 10 beds. Currently, there are usually only 5 beds in use at any one time. While some patients may require active nursing or clinical input, it is common to find at least one or more patients who have been 'Stepped up' from the community as a form of interim respite or who are awaiting Homecare or residential care before they can safely exit hospital.

The Aberfeldy Community Hospital is, in effect, no longer fit for purpose. Running costs currently amount to some £210k per annum and the building requires maintenance work totalling some £1.3m, were it to be brought up to modern standards.

The running costs of Dalweem Care Home are approximately £155k per annum, but the care home currently meets Care Inspectorate building standards.

## **2. PROPOSALS**

- 2.1 After extensive discussion involving community members, NHS Tayside and the voluntary sector, it is now proposed that the services currently provided in Aberfeldy Community Hospital and Dalweem Care Home are brought together in one building – Dalweem. This proposal would see the closure of the hospital building and the development of a 4 bedded hospital unit in one of the empty wings at Dalweem. A respite unit will also be created in the other empty wing in order to provide planned respite, urgently needed ‘Step up’ or care and support prior to return home after hospital admission. This would then mean that all 4 wings in Dalweem are utilised and that the running costs of both buildings are approximately halved.

The proposed, integrated model will have the added advantage that nursing staff within the hospital wing will be able to provide support to certain residents in other wings of Dalweem, thus reducing the likelihood of these residents having to move to a separate nursing home facility.

Beyond this residential function, it is hoped to develop an outreach capacity linked to community care and a touch-down base for homecare providers. In short, this proposal will see the development of the first Integrated Health and Social Care facility of its sort in Perth and Kinross.

A capital budget of £650k has already been identified by Perth and Kinross Council to upgrade the communal areas and laundry facilities in Dalweem. A further sum of some £350k has been identified by NHS Tayside for converting the empty wings within Dalweem into a hospital unit and a respite unit – a total investment by Council and Health Board of some £1m. A full Business Case will be brought before the Board later this month for final approval.

Building work on the communal areas and laundry is due to start in September 2015, while it is hoped to commence work on the hospital and respite wings in April 2016.

## **3. CHALLENGES**

- 3.1 The increasing emphasis upon early intervention which is now an integral part of the Enhanced Care Approach across Perth and Kinross is designed to stem the need for further expansion of both residential and hospital care provision.

Perhaps the biggest challenge to the long term success of this model rests more with the unprecedented financial pressure now faced by this Council and, in particular, by the Community Care section and the services which it currently delivers. With this in mind, the proposed Joint Health and Social Care facility will have an outreach and support function which is every bit as important as its residential care and hospital function.

#### 4. CONCLUSION AND RECOMMENDATIONS

The proposal within this paper has taken 18 months to develop and is the product of an extensive partnership exercise between the community of Aberfeldy, Council Officers, Community Health Partnership Managers, Managers from NHS Tayside and PKAVS. It provides tangible evidence of how such a partnership approach can lead to the integration of services on a single site with reduced costs, offering the sustainability of key Health and Social Care Services. It also offers an opportunity to develop a model of outreach from a single base which will serve to bring together a range of social care and health activities.

It is recommended that the Housing and Health Committee:

- (1) Approves the proposal to develop an Integrated Health and Social Care residential and hospital function within Dalweem Care Home, Aberfeldy
- (2) Instructs the Executive Director for Housing and Community Care to bring forward a further progress report in six months time

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#### Approved

Name	Designation	Date
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## 1. IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

<b>Strategic Implications</b>	<b>Yes / None</b>
Community Plan / Single Outcome Agreement	<b>Yes</b>
Corporate Plan	<b>Yes</b>
<b>Resource Implications</b>	
Financial	<b>Yes</b>
Workforce	<b>Yes</b>
Asset Management (land, property, IST)	<b>Yes</b>
<b>Assessments</b>	
Equality Impact Assessment	<b>Yes</b>
Strategic Environmental Assessment	<b>None</b>
Sustainability (community, economic, environmental)	<b>None</b>
Legal and Governance	<b>None</b>
Risk	<b>None</b>
<b>Consultation</b>	
Internal	<b>Yes</b>
External	<b>Yes</b>
<b>Communication</b>	
Communications Plan	<b>None as yet</b>

### 1. Strategic Implications

#### Community Plan / Single Outcome Agreement

- 1.1 This report supports the following outcomes from the Perth and Kinross Community Plan / Single Outcome Agreement in terms of the following priorities:

- (iii) Promoting a prosperous, inclusive and sustainable economy
- (iv) Supporting people to lead independent, healthy and active lives

#### Corporate Plan

- 1.2 This report supports the following outcomes from the Council's Corporate Plan Priorities:
- (iii) Promoting a prosperous, inclusive and sustainable economy
  - (iv) Supporting people to lead independent, healthy and active lives

### 2. Resource Implications

#### Financial

- 2.1 There are financial implications arising from this report and the Finance Section have been consulted.

### Workforce

- 2.2 There are workforce implications arising from this report. HR sections from both the Council and the Health Board have been consulted and will be fully involved in the Workforce Development Plan. Staff from both organisations have been consulted as have the Care Inspectorate and Health Improvement Scotland.

### Asset Management (land, property, IT)

- 2.3 There are property implications arising from this report. The Property Section of The Environment Service has been informed and is fully involved.

## **3. Assessments**

### Equality Impact Assessment

- 3.1 Under the Equality Act 2010, the Council is required to eliminate discrimination, advance equality of opportunity, and foster good relations between equality groups. Carrying out Equality Impact Assessments for plans and policies allows the Council to demonstrate that it is meeting these duties.

This section should reflect that the proposals have been considered under the Corporate Equalities Impact Assessment process (EqIA) with the following outcome:

- This report has been considered under the corporate Equalities Impact assessment process (EqIA) and assessed as **relevant** and the following positive outcomes are expected following implementation:

The proposed actions comply with legislation and best practice. This project will allow vulnerable older people to remain in their own area and maintain social and family networks.

### Strategic Environmental Assessment

- 3.2 The Environmental Assessment (Scotland) Act 2005 places a duty on the Council to identify and assess the environmental consequences of its proposals.

The content of this report has been considered under the Act, however, no action is required as the Act does not apply to the matters presented in this report.

### Sustainability

- 3.3 Under the provisions of the Local Government in Scotland Act 2003 the Council has to discharge its duties in a way which contributes to the achievement of sustainable development. In terms of the Climate Change Act,

the Council has a general duty to demonstrate its commitment to sustainability and the community, environmental and economic impacts of its actions. No steps are required to be taken in this area.

#### Legal and Governance

- 3.4 There are no direct legal implications resulting from this report.

#### Risk

- 3.5 There are risks in relation to the proposals within the paper, extending to:-
- The reputation of the Council, should the project not be completed. With anticipated formal approval from Health Board and Housing and Health Committee, this risk will be mitigated
  - Poor communication and joint working between staff – in the absence of a Workforce Plan. A Workforce Plan is already in place should today's paper be approved
  - Uncertainty and anxiety within the local community – in the absence of a Communications Plan. Regular bulletins are now planned to advise local people on the progress of the whole Health and Social Care Plan in the Aberfeldy area including the hospital/care home proposal

### **4. Consultation**

#### Internal

- 4.1 There have been consultations with the Head of Legal Services. Upon approval being granted, further discussion will take place with the Dalweem workforce, Aberfeldy Community, Estates, Unions and local elected members.

#### External

- 4.2 There has been extensive consultation with CHP and NHS Managers.

### **5. Communication**

- 5.1 There is no communication plan associated with this report at present.

### **6. BACKGROUND PAPERS**

There are no background papers relevant to this report.

### **7. APPENDICES**

No appendices.

