

PERTH AND KINROSS COUNCIL**Housing and Health Committee****2 November 2016****Integrated Health and Social Care Model for Dalweem Care Home, Aberfeldy****Report by Director (Housing and Social Work)****PURPOSE OF REPORT**

To advise Committee on progress towards the development of an Integrated Health and Social Care facility within the current Dalweem Care Home in Aberfeldy.

1. BACKGROUND / MAIN ISSUES

- 1.1 In a paper presented to the Housing and Health Committee in August 2015 (Report 15/339 refers), a proposal to bring together services currently provided in Aberfeldy Community Hospital and within Dalweem Care Home in a single building (Dalweem Care Home) was outlined. The proposal will see the development of a 4 bedded hospital unit in one of the empty wings at Dalweem. There was a proposal for a respite wing, however, respite can be provided within the existing environment.
- 1.2 Negotiations continue with our colleagues in the Care Inspectorate and Health Care Improvement Scotland on the exact designation of the hospital wing, in the knowledge that this will directly impact upon the extent to which the care and nursing staff can provide a truly integrated Health and Social Care facility. Our ambition remains that of a centre providing nursing and residential care with as well as an outreach function for other community services. Realising this ambition has involved a complex journey through the respective registration requirements of the Care Inspectorate and Health Care Improvement Scotland, but we are confident that the vast majority of functions discharged within the Aberfeldy Community Hospital can be discharged within Dalweem without compromising the wider ambition for this centre.
- 1.3 The refurbishment of two wings designed for 16 residential care placements at Dalweem is now complete. This work has been greatly facilitated by the availability of the two empty wings which will become the hospital base in due course. There will now be one wing which will not be used immediately but can be brought into service if required at a future date.
- 1.4 As part of the refurbishment programme a large sun room has been created looking out over the garden. This area can be used for several functions, it also gives ease of access for the residents to one of the garden areas. The Cuil-an-Dariach Private Trust has supplied funds to purchase some furniture for the sun lounge and Garden furniture for the area outside the sun lounge.

The amount invested to carry out the work is £650K from the capital budget. The work carried out was in the staff area, North and East wings only which comprises of the following:

- Removal of 2 stores and external wall from foyer vestibule area. Erection of new external wall with twin full height glazed external doors in line with north external wall to create larger internal activity area. Include for new flooring, ceiling, wall finishes and all services
- Removed partition between reception area and medical room to create one large workspace. Create new reception counter and provide flexible work stations for staff
- Relocation and refurbishment of medical room, seniors office and managers office
- Relocation of laundry and drying area to a more central location thus avoiding dirty laundry being transported through the dining area.
- New glazed porch to front entrance area
- Removal of small kitchen and partitions adjacent to lounge. Thereafter refurbish and form one open plan lounge/kitchen area within existing lounge space
- Relocation of hairdressing room to former kitchen dry store area
- Relocation of freezers, fridges and dry store area to former laundry space
- New floor coverings, decoration, lighting to all communal areas including new staff room, laundry, toilets, dining room, entrance foyer, corridors etc.
- Refurbishment of former staff room to provide meeting room space with smart board kitchen area to be suitable for staff, resident and community use
- Extension of bin store area
- Replacement Doors and Screens to lounges and corridor exit doors
- Fire precaution upgrades (new fire resistant roller shutters to kitchen servery, fire walls to attic spaces, new fire doors to corridors)
- Extensive re-wiring

- 1.5 Stage 2 which will accommodate a hospital admission ward in the unused south wing of Dalweem is still to commence and will be funded and design led by NHS Tayside in consultation with the Integrated health and Social care partnership. Funding was approved in August 2015.

The Tender process for the inpatient and external areas was returned in August with these being reviewed by the architect and quantity surveyor. The prices from all contractors were significantly over the original estimated cost and it was therefore necessary to review the extent of the works being carried out. The Partnership have therefore agreed at a meeting with the Community Planning Group, to proceed with the internal works but to remove the external works to ensure the cost is in line with the approved capital funding. It was the view of the Community Planning Group that the external works could be considered at a later date.

- 1.6 The Reference Group of local residents, continue to work with NHS and Council Managers on the development of this facility.
- 1.7 Contact and advice is continuing with the Care Inspectorate to ensure we are meeting all our requirements for registration. Dalweem was recently inspected and has now achieved grades of 5.

2. PROPOSALS

Two option were proposed see below

<p>Option 1 – Provide 4 Community Hospital Beds (registered with HIS), 4 Enhanced Respite (Registered with Care Inspectorate) and 16 Residential Care Home Beds (Registered with Care Inspectorate)</p>	<p>Option 2 – Register all beds with Care Inspectorate</p>
<p>Service Provision</p> <ul style="list-style-type: none"> • Residential Care • Enhanced Respite • Rehabilitation • Palliative Care • Day Case • Outpatient Clinics • Stepdown from Acute • Stepup from Community via GP 	<p>Service Provision</p> <ul style="list-style-type: none"> • Residential and Nursing Care • Enhanced Respite • Rehabilitation • Palliative Care – End of Life • Stepdown from Acute • Stepup from Community • Outreach into community following patients to and from Dalweem • Nursing Support across whole of Care home
<p>Model 1 WTE Registered Nurses each shift 1 WTE HCA Band 2 each shift Consultant Geriatrician GP</p> <p>Would require 7.54 WTE and 6.93 WTE HCA Will be based within the 4 bedded hospital wing with no input across residential and respite area due to staffing levels and Care Inspectorate Legislation.</p> <p>16 bedded residential care home supporting only the residential area.</p> <p>No staffing identified for respite wing.</p> <p>Catering would need to be provided from</p>	<p>Model 3.54 Registered Nurses 7.32 HCW Band 3 Social Care Officers Care Home Manager Social Work Team POA Liaison Consultant Geriatrician GP</p> <p>The above staff would work as a multidisciplinary team supporting triage and care for local people admitted to Dalweem Care Home (GP and Consultant, as and when able to). The Care Home Manager alongside the registered nurse would assess and provide care co-ordination for people being admitted / discharged either through the 4 bedded intermediate care</p>

<p>different facility for the 4 beds or the building of a second kitchen to meet the standards for Food Preparation in hospitals.</p>	<p>facility for step up, stepdown, convalescence, palliative care and respite. Referral pathways attached.</p> <p>The registered nurse will be based within Dalweem Care Home at core times during the day and overnight. This will allow the nurse to inreach and outreach from the Care Home following people through their journey of care pre and post admission, offering prevention and early intervention support based on ECS approach.</p> <p>Residents and individuals admitted for respite to the care home will benefit from receiving healthcare support as and when needed to maintain them in the care home.</p> <p>Catering would be provided from one kitchen to the same standard which is person centred.</p>
<p>Benefits Provides a hospital bed facility in the local area Referral and admission pathways remain the same Outpatient clinics provided from hospital admission area Day Case provided in local area for Aberfeldy patients (Kinloch Rannoch patients and surrounding areas will still need to travel)</p>	<p>Benefits Provides an integrated, flexible model of care across the facility Offers the community the support that was identified as required in the area ie nursing care, palliative care, respite People will be able to be supported in Dalweem Care Home for nursing care Residents requiring nursing support will remain in homely environment where appropriate without need of transfer to another environment Person Centred Seamless journey of care where support will follow people to and from hospital. Catering will be provided from Dalweem for all facility where personal choice is taken into consideration as is more homely environment.</p>
<p>Issues This model will not allow for development of an Integrated Flexible model of care delivery allowing best use of resource across the facility Will not be possible to provide nursing</p>	<p>Issues Day Cases – may be provided from Pitlochry Community Hospital on development of a NWP treatment centre with skilled staff. In 2014 there were on average 2 day cases per month</p>

<p>Care due to infection control and staffing Meals to 4 bedded unit Recruitment and retention of staff Financial Implications People continue to be transferred out of local area for nursing care</p>	<p>undertaken in Aberfeldy Community Hospital (QLIKVIEW). In 2015 this reduced to on average 1 per month and appears to cease completely in July 2015 Outpatient Clinics – can this be provided from GP Practice (There are 4 outpatient clinics running in Aberfeldy – Physiotherapy (198 attendances 2015/16), General Surgery (24 attendances), General Medical – Diabetes (2 attendances), and Stroke Liaison (1 attendance). IV antibiotics can be provided as long as not reason for admission and on adhoc basis</p>
---	---

Option one has been approved to take forward.

3. CONCLUSION AND RECOMMENDATIONS

3.1 The refurbishment of the residential unit is now complete and the second stage is now in progress. The recruitment of nursing staff is ongoing. Completion is estimated for early February 2017.

3.2 It is now recommended that Committee:

- (i) Note the contents of this report
- (ii) Instruct the Depute Chief Executive, Housing and Community Care, (Corporate and Community Development Services) to provide a further report to Committee in April 2017

Author

Name	Contact Details
HCCCommitteeReports@pkc.gov.uk	01738 475000

Approved

Name	Designation	Date

If you or someone you know would like a copy of this document in another language or format, (on occasion, only a summary of the document will be provided in translation), this can be arranged by contacting the Customer Service Centre on 01738 475000.

You can also send us a text message on 07824 498145.

All Council Services can offer a telephone translation facility.

1. IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

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

1. Strategic Implications

Community Plan / Single Outcome Agreement

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

- (iv) *Supporting people to lead independent, healthy and active lives*
- (v) *Creating a safe and sustainable place for future generations*

Corporate Plan

- 1.2 This paper supports the achievement of the following Council's Corporate Plan Priorities:

- (iv) *Supporting people to lead independent, healthy and active lives; and*
- (v) *Creating a safe and sustainable place for future generations.*

2. Resource Implications

Financial

- 2.1 Funding to support the refurbishment of 2 wings and control areas within Dalweem has already been identified within the Council's Capital Programme

– (£650,000). Funds to support the next stage will be provided by Tayside Health Board.

Workforce

- 2.2 The detail of the Workforce Development Plan required before the new facility opens is currently under discussion with the Head of Human Resources.

Asset Management (land, property, IT)

- 2.3 The Director (Environment) has been consulted on these proposals and the Council's Architect has been briefed on the hospital wing development by his counterpart in NHS Tayside.

3. Assessments

- 3.1 This paper has been considered under the Corporate Equalities Impact Assessment process (Equal) with the following outcome:

(i) Assessed as **relevant** and the following positive outcomes expected following implementation:

- Older people with more complex needs will have these met within a single, local facility
- Older people will not require admission to a hospital outwith the Aberfeldy area to have their basic health treatment needs met

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 proposals in this paper have been considered under the Act and

Option 3 pre-screening has identified that the PPS will have no or minimal environmental effects, it is therefore exempt and the SEA Gateway has been notified. The reason(s) for concluding that the PPS will have no or minimal environmental effects is that all alterations are internal and will have no impact on the external environment

- 3.3 Sustainability

N/A

Legal and Governance

- 3.4 See Consultation Section

Risk

- 3.5 There are reputational risks for the Council should, for any reason, the whole project not be completed as planned and within timescale.

4. Consultation

Internal

- 4.1 The Chief Officer of the Health and Social Care Integrated Joint Board, the Head of Legal Services and Governances, the Head of Property and the Corporate HR Manager have all been consulted in the preparation of this report.

5. Communication

- 5.1 N/A

6. BACKGROUND PAPERS

Integrated Health and Social Care Model for Dalweem Care Home,
Aberfeldy, Report 15/339

7. APPENDICES

None.