

# Report

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Report to:	<b>Social Work Resources Committee</b>
Date of Meeting:	<b>20 June 2018</b>
Report by:	<b>Director, Health and Social Care</b>

Subject:	<b>Investing to Modernise South Lanarkshire Council Care Facilities</b>
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## 1. Purpose of Report

1.1. The purpose of the report is to:-

- ◆ advise the members of the Committee about the planned investment to modernise care facilities in keeping with the Strategic Commissioning Plan to focus on transitional support and the “home for life” principle
- ◆ provide an update of the progress to date by South Lanarkshire Council and an overview of the next steps

## 2. Recommendation(s)

2.1. The Committee is asked to approve the following recommendation(s):-

- (1) that it notes the progress to date and approves, in principle, the care facilities model outlined in sections 4-7;
- (2) that the starting point for the implementation of Phase One of the model being within the Hamilton/Blantyre locality as outlined in sections 6.2 and 6.3 be approved;
- (3) that a report outlining the detail of proposals to rollout the model across the remaining three localities of South Lanarkshire be submitted to future Social Work Committees; and
- (4) that a report be provided to the Integration Joint Board which outlines the transformational plan for care facilities as outlined in section 6

## 3. Background

- 3.1. Demographic growth projections for South Lanarkshire indicate that the 75+ population and 85+ population will rise year on year by 2.7% and 5.2% respectively. People are living longer but not necessarily healthier lives. Recent figures identify an increase of 35% in the number of people diagnosed with dementia over a three year period. The population projections for South Lanarkshire and each of the four localities is provided graphically in Appendix 1.
- 3.2. Since 1996, whilst significant funding was invested to upgrade and refurbish the South Lanarkshire Council residential care home estate, the current model of service delivery has remained relatively static whilst factors such as demographic demand, complexity of care needs and government policy to shift the balance of care have all changed significantly in this timeframe.

- 3.3. In terms of this estate, four of the existing eight care homes are ageing in building infrastructure and design layout. The four care homes identified are Kirkton House (Blantyre), Canderavon House (Stonehouse), McWhirters House (Larkhall) and McClymont House (Lanark). The total number of registered care places is 134.
- 3.4. The remaining four residential care homes, Dewar House (Hamilton), Meldrum Gardens and McKillop Gardens (East Kilbride) and David Walker Gardens (Rutherglen) are of a sufficiently high standard to continue to meet regulatory requirements, thus providing the opportunity to continue to provide care provision within these locations. The total number of registered care places is 138.
- 3.5. Of equal importance, the Council, working in partnership with NHS Lanarkshire (NHSL), is committed to contributing to the nine National Health and Wellbeing Outcomes (Appendix 2), particularly Outcome 2 which specifically refers to supporting people to live independently at home. It is also important that we deliver against the six national measures prioritised by the Ministerial Steering Group and reported on a monthly basis to the Scottish Government in relation to:-
- ◆ unplanned admissions
  - ◆ occupied bed days for unscheduled care
  - ◆ A&E performance
  - ◆ delayed discharges
  - ◆ end of life care
  - ◆ balance of spend across Institutional and Community Services
- 3.6. The Scottish Government's Strategy "Age, Home and Community" (2012-2021) also sets out a 10-year vision to develop appropriate housing for older people, aimed at shifting the balance of care towards supporting people to remain at home independently for as long as possible, rather than in care homes or hospitals. The Local Housing Strategy 2017-2022, "Affordable Homes, Sustainable Places", sets out a specific outcome for supporting people with particular needs and their carers to live independently within the community in a suitable and sustainable home.
- 3.7. The proposed direction of travel is consistent with the Strategic Commissioning Plan and annual Integration Joint Board (IJB) Directions which emphasise a reduction on the reliance of nursing and residential care. It is proposed that this will be achieved through the development of proposals to remodel a proportion of residential care beds to focus on transitional support and the "home for life" principle.
- 3.8. Through its strategic commissioning relationship with the IJB, South Lanarkshire Council operationally delivers elements of the Strategic Commissioning Plan (SCP) 2016-19 and the annual IJB Directions. A similar relationship applies to NHSL for the Health specific elements of the SCP and Directions. Within the SCP and recently approved IJB Directions, there was a specific Direction issued to the Council to *reduce reliance on Nursing and Residential Care through the development of proposals to remodel a proportion of residential care beds to focus on transitional support and the 'home for life' principle*. The content of this report indicates the progress and options the Council has considered, prior to making a decision which meets the requirements of this Direction.

3.9. Social Work Services for Adults and Older People, Care Home Services and respite provision were functions, amongst others, which were delegated to the South Lanarkshire IJB on 1 April 2016. This delegation was required by the Public Bodies (Joint Working) Scotland Act 2014 and is set out at clause 5.2 in the South Lanarkshire Health and Social Care Integration Scheme. The ownership of the properties from which Health and Social Care Services are delivered however was retained by local authorities and health boards in line with the legislation.

#### **4. Progress to date**

- 4.1. In 2016, a pilot/test of change was undertaken within the care facilities of Canderavon House, Meldrum Gardens and McKillop Gardens through the provision of 22 intermediate/transitional beds. Evaluation of the pilot confirms that service users who would have otherwise moved to residential or nursing care have been supported to regain skills and confidence. Of the people supported through this service, 56% successfully returned home supporting the view that, through an enabling approach, more people can be supported to return to their community.
- 4.2. New models of care and developing practice have also been considered by officers across the Health and Social Care Partnership. Research has been undertaken and a number of observational visits have taken place to explore opportunities and to consider the application of these findings within South Lanarkshire.
- 4.3. Based on the test of change and the research, the Council and its partners recognise the need to transition the current model of residential care to one which is focused on intermediate care aimed at supporting the person to return home or to a setting which best meets their needs. A whole system approach is being adopted which reflects early intervention, self-management and enablement and supports people to secure their personal outcomes. This will best be achieved through the provision of timely re-ablement and rehabilitation interventions provided from a locality based multi-disciplinary Hub. The Hub will provide accommodation for multi-disciplinary staff including social care workers, allied health professionals and nursing staff. Together, the staff will provide integrated services within the model set out. It is intended to develop the care facilities within a broader strategic framework.
- 4.4. The future model of care if approved will therefore incorporate the following principles:-
- ◆ the flexible use of beds to support people through a transitional period, particularly those who are at risk of premature admission to long term care; require crisis intervention; have palliative care needs; or have been subject to acute hospital admission and require a period of recovery
  - ◆ the provision of an environment to undertake further multi-disciplinary assessment, monitoring, rehabilitation and enablement
  - ◆ the provision of a recovery and recuperation period to enable the person to return home safely
  - ◆ be centred around a Hub which will be resourced by a multi-disciplinary team, with multi-function rooms to undertake the necessary rehabilitation and re-ablement of service users in the designated transitional beds
  - ◆ connect with wider community supports, with both staff in the Hub and in the community providing in-reach and out-reach support. The availability of multi-purpose rooms will allow community staff to deliver inputs such as Podiatry, Occupational Therapy and Physiotherapy Services
  - ◆ a carers and third sector Hub to support carers and community engagement

- 4.5. This innovative model of care will support more people to return home who may otherwise have been prematurely admitted to a care home setting or resided longer than necessary in a hospital bed. The service will be responsive, flexible and available at times of crisis to ensure the person recovers and maximises their independence.
- 4.6. The model, if approved, will have a stronger connection to existing community based resources including the Home Care Re-ablement Teams, the Integrated Community Support Teams and Hospital at Home Service. The model will also support a fuller assessment period prior to any decision regarding permanent admission to a care home. This will ensure the care home option is only utilised at the most appropriate point in the person's life journey.

## **5. Communication and Engagement**

- 5.1. Given the extensive work done to date, a number of sessions were facilitated to communicate progress with all Council Elected Members. The format and scope of these sessions covered the following elements:-
  - ◆ the changing strategic context of Adult and Older People Services
  - ◆ demographic and future demand challenges, including increasing complexity of care
  - ◆ the proposed model to meet this changing demand
  - ◆ the starting point for the model
  - ◆ the proposed implementation plan and roll-out
  - ◆ discussion and opportunity for questions and to seek clarification
- 5.2. Overall, the sessions were well attended with a number of important issues discussed and highlighted by Elected Members with regards to:-
  - ◆ the impact on long term care capacity as a result of re-modelling a proportion of existing residential care beds to transitional care beds
  - ◆ how successful the model will be
  - ◆ the impact of the new model on other resources such as potential increased demand on other community resources including home care through supporting more people to remain at home
  - ◆ how the model will be financed
  - ◆ the impact on Council staff
  - ◆ the contribution of other partners to the model
- 5.3. Subsequent to this, a Question and Answer briefing, together with a one page summary briefing was prepared and circulated to all Elected Members following the initial briefing sessions.
- 5.4. Following the main briefing sessions, the Director, Health and Social Care, together with members of the Senior Management Team have also held a number of meetings with Senior Elected Members to have continued dialogue regarding the proposals.
- 5.5. From a staff and service user/carer viewpoint, initial communication has been undertaken to inform that a new model of care is being considered and to reassure that any potential service change will be managed with minimal impact to existing users.

## 6. Phasing the Investment – Care Facilities

- 6.1. It is proposed that the model will be implemented South Lanarkshire wide across the four localities. The future configuration of resources across each locality will involve de-commissioning of the older care homes which are coming to the end of their life span in terms of being fit for purpose in future years, whilst at the same time enhancing the remaining ones. This is outlined below:-

Locality	Implementation
Hamilton	Kirkton House and McWhirters House will be replaced by a new care facility. Dewar House will be maintained
Clydesdale	McClymont House and Canderavon House will be replaced by a new care facility
East Kilbride	Will see an enhanced model for the existing Meldrum House and McKillop Gardens Care Facilities
Rutherglen/Cambuslang	Will see an enhanced model for the existing David Walker Gardens

- 6.2. **Hamilton Proposal Phase One** - The Hamilton locality has been identified as the starting point for the implementation of the model. There are a number of factors supporting the proposals to start in Hamilton including ageing care homes within this locality and the identified need in relation demographic growth. The Hamilton locality has the largest population of 107,000 and the most significant growth in the 85+ population. 29.4% of the population comprises people aged 65+. Frailty amongst the Hamilton population is higher and the locality has the highest prevalence of mental health needs, including dementia. It also has the highest rates of emergency admissions and people living with multiple long term conditions.
- 6.3. A preferred site has been identified – St Joseph’s in Blantyre. The site provides the opportunity to co-locate and integrate the following services and amenities:-
- ◆ 20 transitional ensuite rooms providing care for adults and older people with multi – purpose rooms for re-ablement and rehabilitation interventions. There will be staff accommodation to enable the delivery of in reach and outreach support
  - ◆ 20 technology enabled homes which support adults with complex needs and older people to live independently. Where support is required, this would be provided by community based Health and Social Care teams
  - ◆ a Centre of Excellence which would host Telehealth/Telecare demonstration space, facilities to train and develop our own care staff, accommodation for students, a community cafe and a community I.T Hub
  - ◆ community regeneration and intergenerational space to promote social enterprises such as community gardens, sensory garden and children’s play area which is autism and disability friendly
  - ◆ employment opportunities created through community cafe and social enterprise
  - ◆ new supply of mainstream social rented housing built to Housing for Varying Needs Standards, which includes barrier free internal spaces and other accessibility features

## **7. Next Steps and Future Phases**

- 7.1. Following Phase One, this will be followed in sequential order by Clydesdale, East Kilbride, Rutherglen and Cambuslang. The model will be tailored to each locality's requirements beyond the core elements, recognising that the asset base and current service configuration in each locality will be different, thus providing their own unique opportunities. This will be further developed following consultation and engagement with key stakeholders and the progress and developments of each phase will be brought back to future Social Work Committees for approval.
- 7.2. This concept is set out diagrammatically at Appendix 3.
- 7.3. Given the significance of the capital investment and the transformational change programme, the IJB will be asked to endorse the approach being adopted by the Council and note the requirement for the delegated funding to continue to be available to operate the new care facilities. The IJB is responsible in terms of the Integration Scheme for the delivery of the integrated functions and provides operational oversight of all integrated services.
- 7.4. If approved by Social Work Committee, a report will go to the IJB providing an update on the progress being made. The transition to the new model of service delivery relies on the ongoing availability of the revenue budget allocation delegated by the IJB to the Council.
- 7.5. If approved, the existing communication strategy will be extended to include a wider group of stakeholders. This will include working with relevant stakeholders in each of the localities to tailor the specifics of the model in line with the unique characteristics of each locality.
- 7.6. With regards to the delivery of the build programme, work is already underway to develop specific project briefs and specifications for each phase of the works and it is currently anticipated that Phase One of the works will commence on site later in 2018. There is a joint Social Work/Housing and Technical Resources Programme Board already established and which will oversee the physical and financial progress made in the delivery of this programme. Updates on progress will be included as part of future capital monitoring reports.

## **8. Employee Implications**

- 8.1. Employee implications have been factored into the development of transitional care model and it is envisaged that, if approved, the new model of care will provide an opportunity for staff to develop their skills and knowledge in a wider range of activities. The Council is well placed to support staff to undertake the necessary personal development to equip them to discharge their professional roles in line with regulatory requirements and will work in partnership with Trade Union colleagues. In time, this will result in an increase in the social work establishment and, as the model develops, future staffing requirements will be brought back to the Social Work Committee.

## **9. Financial Implications**

- 9.1. For the Hamilton proposal (Phase One) costings have been completed and the net costs of running the new care facility will be £2.286m. The cost of the proposal will be funded from the existing budget provision for Kirkton and McWhirters of £2.029m with the balance of £0.257m from the existing recurring Health and Social Care Partnership Social Care Fund for care home placements.
- 9.2. As well as this existing investment there will be additionality from community health resources that will be attached to the multi-disciplinary Hub with the co-location of additional social care and health resources including the promotion of new technology and telecare. This will ensure a best value approach both financially and in terms of outcomes for service users.
- 9.3. As proposals for other phases progress, detailed costings will be brought back to committee.
- 9.4. The capital cost of the care facilities development across South Lanarkshire will be met from within the agreed capital investment programme. At the meeting of the Executive Committee on 28 February 2018, the General Services Capital Investment Programme for the financial years 2018/2019 and 2019/2020 was updated and a revised budget of £17.6m was approved for the replacement of Social Work care facilities.
- 9.5. The development of the Hamilton/Blantyre site will be met in a phased way from the current capital investment.

## **10. Other Implications**

- 10.1. The approved capital investment programme will mitigate future operational risks which would otherwise emanate from the deterioration of four of the existing residential care homes.
- 10.2. A full decommissioning plan is being put in place to maintain the stability and quality of care and support for existing service users.
- 10.3. There are no sustainable development issues associated with this report.
- 10.4. There are no other issues associated with this report.

## **11. Equality Impact Assessment and Consultation Arrangements**

- 11.1. A full equality impact assessment will be undertaken of the strategy for care facilities in the future, including the Fairer Scotland duties.
- 11.2. Ongoing consultation and engagement will be a key component of the implementation approach.

**Val de Souza**  
**Director, Health and Social Care**

7 June 2018

### **Link(s) to Council Values/Objectives/Ambitions**

- ◆ deliver better health and social care outcomes for all
- ◆ protect vulnerable children, young people and adults
- ◆ improve later life
- ◆ accountable, effective, efficient and transparent
- ◆ focused on people and their needs
- ◆ ambitious, self aware and improving

### **Previous References**

- ◆ Executive Committee 28 February 2018 - Capital Programme 2018/2019 to 2019/2020 Update
- ◆ Integration Joint Board 26 March 2018 – Directions from the South Lanarkshire Integration Joint Board to NHS Lanarkshire and South Lanarkshire Council

### **List of Background Papers**

- ◆ none

### **Contact for Further Information**

If you would like to inspect the background papers or want further information, please contact:-

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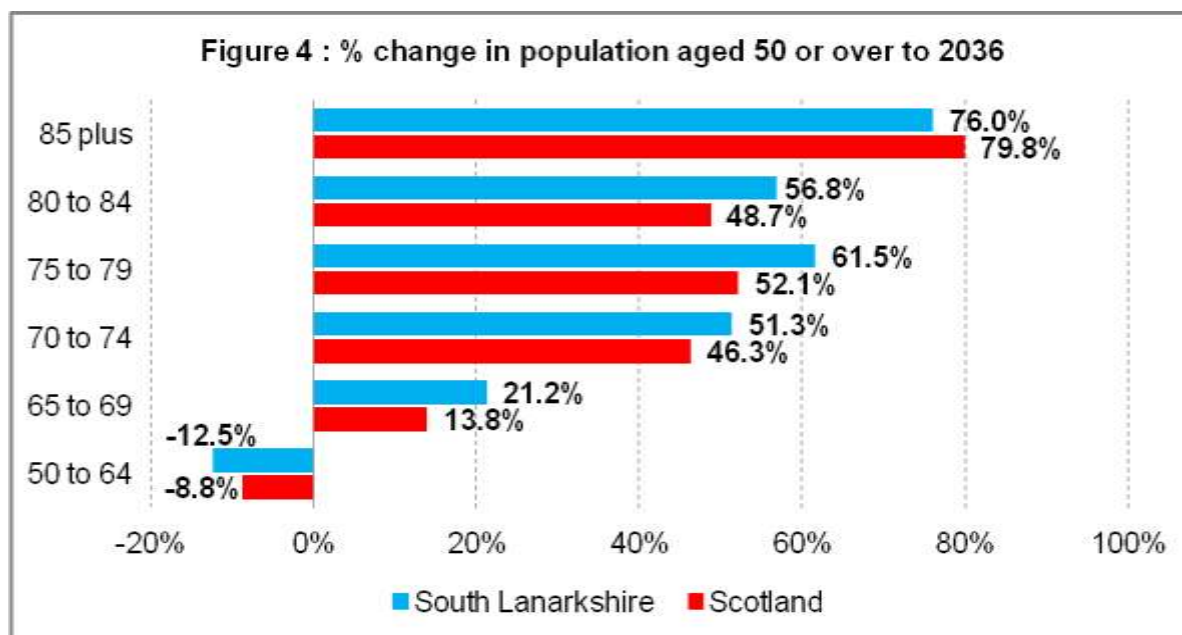
Email: [evelyn.devlin@southlanarkshire.gov.uk](mailto:evelyn.devlin@southlanarkshire.gov.uk)



## Demographic Growth projections South Lanarkshire and Localities Appendix 1

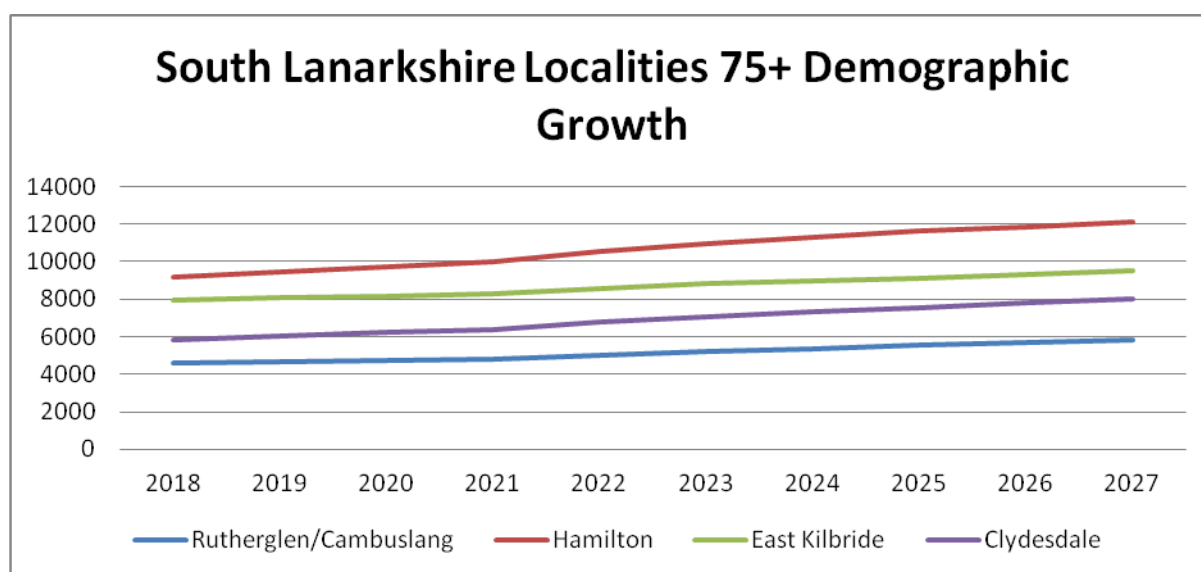
### 1) South Lanarkshire 50+ Demographic Growth Compared with Scotland

The chart below gives a breakdown of the 50+ demographic growth for South Lanarkshire compared with the national (Scotland) growth



### 2) South Lanarkshire Locality Demographic Growth 2018 – 2027

The following chart shows the 75+ demographic growth across each of the 4 localities of South Lanarkshire between 2018 and 2027



### National Health and Wellbeing Outcomes

The National Health and Wellbeing Outcomes are high-level statements of what health and social care partners are attempting to achieve through integration and ultimately through the pursuit of quality improvement across health and social care.

By working with individuals and local communities, Integration Authorities will support people to achieve the following outcomes:

- **Outcome 1:** People are able to look after and improve their own health and wellbeing and live in good health for longer
- **Outcome 2:** People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community
- **Outcome 3.** People who use health and social care services have positive experiences of those services, and have their dignity respected
- **Outcome 4.** Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services
- **Outcome 5.** Health and social care services contribute to reducing health inequalities
- **Outcome 6.** People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being
- **Outcome 7.** People using health and social care services are safe from harm
- **Outcome 8.** People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide
- **Outcome 9.** Resources are used effectively and efficiently in the provision of health and social care services

