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## **CARE VILLAGE DEVELOPMENT – TWEEDBANK**

**Report by Chief Officer Health & Social Care Integration**

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### **SCOTTISH BORDERS COUNCIL**

**25 November 2021**

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#### **1 PURPOSE AND SUMMARY**

- 1.1 The purpose of this report is to present the Outline Business Case for change and seek approval to progress the innovative Care Village development at Tweedbank, Central Borders, as the first Borders Care Village.**
- 1.2 In 2020, Senior Managers and Elected Members visited and assessed new visions for care facilities, including the Hogeweyk development in the Netherlands. SBC then commenced design works for Care Villages in Tweedbank and Hawick.
- 1.3 The Draft Revenue & Capital Investment Plan (Revenue 2021/22 - 2025/26, Capital 2021/22-2030/31) agreed at 19 March 2020 Council includes a £22.679m allocation for “new residential care provision” for Tweedbank and Hawick.
- 1.4 Consultations and work undertaken by SBC and the Health and Social Care Partnership (HSCP) concluded that:
  - We collectively recognise that the care needs of people in the Borders are changing and that we must respond appropriately to this demand across a range of services and across the region both now and into the future to ensure we provide a provision which focusses on possibility rather than disability and ensures we provide the right model of care to meet demand and the needs of our older people. The key outcome will be that the citizens of Scottish Borders can maintain and develop rich social connections and to exercise as much autonomy as possible in decisions about their lives.
  - Both locally and nationally, a different model of care is required. One which provides a more person-centred approach which focusses on keeping our unique lifestyles alive in care. The concept of the Care Village model supports unique needs, lifestyles and personal preferences for living, care and well-being for people living mainly with severe dementia and frailty. In addition, a model that can also adapt and meet specific local demand for a range of residential care that includes; respite, intermediate, nursing and specialist care. This includes catering for dementia as well as “step up/down care” but at the heart non institutionalised.

- The Care Inspectorate strongly encourage innovation and diversity in future care provision and wish to encourage care providers and commissioners to provide care on a smaller unit scale. Following the lessons learned with regards infrastructure during the Covid 19 Pandemic we expect further more stringent demands on the fabric of residential care provision, to meet infection control measures. The Care Village concept will ensure we provide a building which ensures the highest standards of infection control in line with new guidance. Additionally there is a pressing need to address and improve the current estate to meet these expected demands.
- Work has been ongoing to identify suitable sites for the two new Care Villages. A site has recently been agreed within the Hawick area which is the focus of a separate paper and Outline Business Case. A possible site has also been identified and to progress an Outline business case for the inclusion of a Care Village within the Tweedbank site.
- This Tweedbank site is central within the Borders and offers the correct range of opportunities, partnerships resources and delivery of outcomes required for such a provision. The Care Village will form part of the overall expansion of Tweedbank in line with the approved Supplementary Planning Guidance including private, social and assisted living housing, neighbourhood centre and business zones. The Care Village itself will complement the wider developments and also contain an element of community based spaces and functions at the centre of the Village to ensure that the ethos of the village being at the heart of thriving residential area is delivered. The key factors include; location, strategic fit with the capital master plan, with very close proximity to the Borders General Hospital, (BGH).
- This Tweedbank proposal also provides further opportunities to support additional developments with two third sector partners. Aberlour are a well-respected provider for children's services and wish to expand their input to support vulnerable children through a new centre which could be accommodated within the Tweedbank initiative. Cornerstone have been working for a number of years with our Learning Disability service for adults to find a site for a residential provision for adults with extreme complex needs and again Tweedbank can provide an excellent location for this resource, this will enable people previously placed outside of the Borders, to return to their home setting. These two developments will enhance the Care Village model and we will work with both providers to enhance models and opportunities.
- The outcomes of this proposal align closely with the identified population/demographic demand and allows for the required revenue migration of current intermediate care provision and high level dementia provision, through the relocation of existing provision to the new development through the closure of two sites.
- The vision and outline of the model of care, operational delivery and staffing model are developed in the outline business case and the detail of this will be further jointly finalised between all key partners. New models since the visit to Hogeweyk have been completed with other

areas of UK and Netherlands – we will work with these designs and partners to deliver a fully innovative FBC. This will ensure effective outcomes are met which is person centred and meets the changing needs and desires of our older people in this new innovative development.

- The Care Village development will also be a key part of the new community offering providing a wide array of community and recreational facilities and activities for both local and wider communities in the Borders. The inclusion of these outlets will offer a catalyst for the development of a new vibrant local community.
- Scottish Borders Council and Scottish Borders Health & Social Care Partnership propose an innovative new model of housing and integrated care, designed specifically to better support the changing needs of older people alongside high-quality care and support through proactive early intervention and preventative action aimed at those with complex needs, frailty and dementia.

## **2 RECOMMENDATIONS**

### **2.1 Recognising the benefits outlined above, Scottish Borders Council is recommended to:**

- (a) Approve the timeline to proceed with the development of a full business case and design brief of a Care Village at the Tweedbank site, within the central locality of Eildon with a full business case submitted to Council by Summer 2022.**
- (b) Approve that both Waverley Care Home (24 beds )and Garden View Intermediate Care Home (25 beds) operated by SBC are decommissioned and closed to secure revenue funding to provide for the Tweedbank Care Village**
- (c) To note that an outline business case will be brought forward in Spring 2022 for a Care Village provision within Hawick.**

### **3 BACKGROUND**

- 3.1 During 2020, SBC commenced design works for a Care Village provision in the Borders.
- 3.2 The Draft Revenue & Capital Investment Plan (Revenue 2021/22 - 2025/26, Capital 2021/22-2030/31) agreed by 19 March 2020 Council, includes an allocation of £22.679m for a care village provision.
- 3.3 The outline design proposal for the Care Village development is based on self-contained 'units', with adjacent treatment space, retail/café and recreational facilities available on site for the use of residents, families and the wider community. The Care Village will be part of the wider community and not seen as a separate institution within an area. The vision incorporates community at the heart of the village.
- 3.4 Such a development would stimulate further local; economic and commercial facilities, as well as further encouraging the introduction of more private and social housing investment. The attraction of a Care Village development is through the benefit it would offer through a providing a new sustainable market place and a vibrant centre for local socialisation.

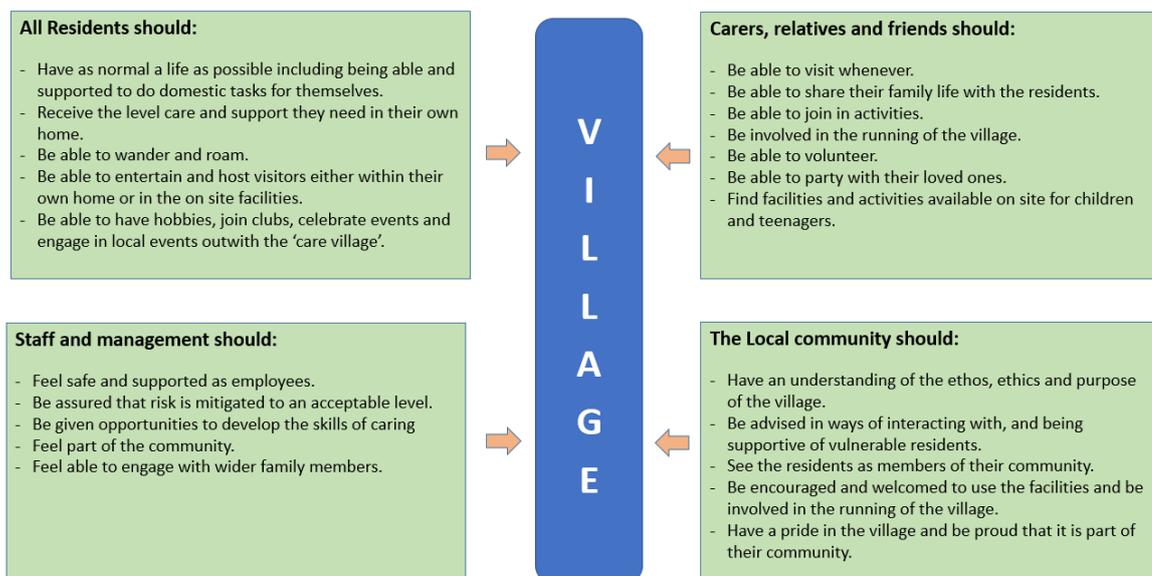
### **4 DEMAND AND POPULATION PROJECTIONS**

- 4.1 In May 2021, CMT requested further evidence in relation to care home demand and modelling of the Scottish Borders older population. A Stakeholder Care Home Modelling Group was established with a specific ask to: Provide a 10-year forward projection of 24-hour care demand for older people and describe the expected changes in 24-hour care demand broken down by residential care, nursing care and specialist care provision with worse case and best case scenarios. The outcomes of this study are detailed within the Outline Case for Change. Specific findings were:
  - Demographic modelling indicates that there would be a need for 187 additional care home beds within the Scottish Borders by 2030 (28% residential care beds and 29% nursing care beds.) if no other programmes of work were implemented to provide for care of the elderly.
  - This represents an annual increase of between 14 and 20 care home admissions per year. However, past experience is that care home demand will not increase proportionally to demographic change.
  - Between 2009 and 2019, care home bed numbers in Scottish Borders increased by just 1%, despite a 20% increase in the population aged 75 and over. This disparity is shared across Scotland with a Scotland overall change of -1% during this period.
  - Scottish Borders has the third lowest number of care home residents per head population in Scotland and has been amongst the lowest four Local Authorities for past 10 years (2009 to 2019)( per 1000 75+ population) .
  - Scottish Borders: is a low outlier in terms of care home bed provision.
  - It has one of the higher average ages for admission to care home.
  - It benchmarks low for paid home care provision.
  - Has slightly higher than average rates of people providing unpaid care.

- Has higher than average provision of age-specific housing provision for older people.
- Studies show that fewer older people enter care homes in rural areas compared to urban area and this may be related to closer family support networks. This suggests older people in the Borders manage to remain at home longer than in other places.
- The % of residents who remain in their own locality is directly related to the number of care home beds in a locality (0.91 correlation).
- The number of SBC-funded residents out with Borders remained steady at 20% over the past 5 years. However, recent data suggests that it has actually fallen from 20% to around 15% during that time.
- Scottish Borders benchmarks mid-range of Local Authorities for home care packages and was the 6<sup>th</sup> lowest Local Authority in 2018.
- According to ISD collected data within Health & Social Care Publication reports in 2017/18, Scottish Borders was the second highest provider of Self Directed Support. This achievement is in line with Scottish Government Strategy to enable more people to live independently at home.
- Data from 2019 showed that Scottish Borders ranked as the 6th highest Local Authority in the number of Extra Care Housing units. Subsequently, this will have increased due to the recent opening in Duns of Todlaw ECH and Wilkie Gardens in Galashiels expected to open in January 2022.
- Based on looking solely at demographic change only and assuming no other changes in commissioning we can expect an increase of 188 beds by 2030. However, this demand is expected to be offset through the transformation programmes identified within the HSCP Strategic Plan which focuses on pathways and early intervention and prevention, eg Locality Model, What Matters Hubs, Virtual Ward, Older People's Pathways/Discharge Planning Programme and Social Prescribing.

## **5 MODEL OF CARE**

- 5.1 A significant amount of research and debate has taken place over the last two years involving all stakeholders regarding what the future of residential care in the Borders should be. Two major seminars were held with local leaders, and professionals and further discussions and involvement has been undertaken, to influence the detail of the model. A local vision for the future of building based care has been formed. Whilst this will continue to develop and grow through further co-production, it gives a clear direction now, as to how we should proceed with this new model for a Care Village, and community development.



5.2 Several local Leaders and Senior Officers visited provision outwith the Borders and in particular the innovative Hogeweyk Care Village in the Netherlands. The Hogeweyk-type design, discussed extensively by colleagues from Health, the Council and IJB, has been the basis for the design work to date.

5.3 The vision of the Tweedbank Care Village model is to create a paradigm shift in care, with an alternative model for traditional nursing, residential and intermediate care, which is based on deinstitutionalisation and transformation, where people live in small, homely settings, with like-minded peers and are supported by family, staff and volunteers to live as normal a life as possible. The concept of the Care Village model supports unique needs, lifestyles and personal preferences for living, care and well-being for people living mainly with severe dementia and frailty. The focus is on possibility rather than disability and is supported by 24-hour care delivered by trained professionals.

5.4 The operational model provides a high quality person centred provision for 6 to 10 residents per unit, equating to total capacity for 60 residents, in a vibrant homely setting supporting unique needs, lifestyles and personal preferences for living, care and well-being for people living mainly with severe dementia and frailty. The units themselves have their own living room, kitchen and single en-suite bedrooms. This will be home for these residents, so the houses will be furnished as such, emulating in the main, the original homes of the residents. Lounge areas will have television, music, sofas, comfortable chairs and a large dining table both for day to day meals but also for entertaining. The atmosphere will be homely with no hint of being an institution. The kitchen will have normal every day appliances, familiar to the residents, who will be encouraged to use them to help prepare meals and do general house work. These everyday activities will be supported by the care staff, who will be allocated to one household. All as you would expect in someone's own home.

5.5 The Care Inspectorate strongly encourage innovation and diversity in future care provision and wish to encourage care providers and commissioners to provide residential care on a smaller unit scale.

The advantages of small-scale group living include:

- people living there are not overloaded with stimuli of noise, activity and too many other people.
- the design will support the unique need of all users, supporting lifestyles and personal preferences for living, care and well-being for people living mainly with severe dementia and frailty.
- it will be easier for people to participate in domestic activities as they would at home retaining independence and increasing possibility.
- it is easier for staff to get to know individual people and understand what matters to them.
- the small-group living model will enhance team development, knowledge and expertise that produces high-quality care, particularly for people with dementia.
- people experience less stress in smaller units .
- infection control is easier to maintain.
- staff develop a greater sense of ownership and pride in their unit.

Outside, the village will be designed with dementia needs in mind. It will have safe walkways, through parks, greenery and streets. The streets will have outlets such as activity centres for creative activities, such as cooking, hairdressing, chiropody, and physiotherapy etc, again all within a familiar street scene. There will be a local supermarket for day to day goods, foods and snacks which can also serve as a store for all of the care materials the households in the Village require.

An important feature will be the attractiveness of the Village for relatives and for other local external residents. It will have amenities all designed around the resident but also attractive for people to use and visit from outside of the "village". The experience of the village should be such that relatives, friends of the residents want to visit, and that the local population will want to interact as citizens, sharing a fantastic, vibrant local community asset.

We expect this vision and model to be further replicated in the future. It is therefore important that all parties across the Health and Care agenda are engaged with this first Care Village as it will form the prototype for those to follow. This is equally true for our partners within the independent care sector. Discussions have already commenced with these stakeholders and representative groups have been operating since the beginning of the year.

- 5.6 Operationally, the model stresses the importance of supporting residents to live as normal a life as possible, maintaining their autonomy and managing risk accordingly. There are a number of examples of this approach for residential care appearing across the UK, Europe and beyond. The major gain is the maintenance of personal autonomy, self-determination and cognitive ability. All of which leads to a longer maintenance of ability, and interaction with family and friends and society at large. It maintains people as a person within their community for longer.
- 5.7 Work to develop an outline business case for Hawick is now progressing and will come forward to Council in Spring 2022. Consultation with key partners has commenced.

## **6. CASE FOR CHANGE**

6.1 Appendix 1 ` Scottish Borders Council – Case For Change - provides a detailed Outline Business Case covering :

1. EXECUTIVE SUMMARYERROR! BOOKMARK NOT DEFINED.
2. STRATEGIC CONTEXT 3.
3. EXISTING ARRANGEMENT
4. CORPORATE MANAGEMENT STRATEGY & AIMS
5. OTHER ORGANISATIONAL STRATEGIES
6. STAKEHOLDER ENGAGEMENT
7. BUSINESS NEEDS – CURRENT AND FUTURE
8. BENEFITS
9. CRITICAL SUCCESS FACTORS FOR THE PROJECT
10. ECONOMIC CASE
11. COMMERCIAL CASE
12. THE FINANCIAL CASE
13. MANAGEMENT CASE
- 14.APPENDIX A – CARE HOME MODELLING
- 15 APPENDIX B – FORMATIVE EVALUATION DISCHARGE PROGRAMME
- 16 APPENDIX C - TWEEDBANK APPRAISAL
- 17.APPENDIX D – PROPOSED MODEL OF CARE AND REVENUE COSTING
18. APPENDIX E GOVERNANCE AND PROGRAMME MANAGEMENT ARRANGEMENTS

6.2 The purpose of this Business Case for Change is to outline the case for the investment required to deliver a 60 bedded Care Village in Tweedbank, based on the Hogeweyk, Netherlands Dementia Village Model. The vision of the Tweedbank Care Village model is to create a paradigm shift in care, with an alternative model for traditional nursing, residential and intermediate care, which is based on deinstitutionalisation and transformation, where people live in small, homely settings, with like-minded peers and are supported by family, staff and volunteers to live as normal a life as possible. The concept of the care village model supports unique needs, lifestyles and personal preferences for living, care and well-being for people living mainly with severe dementia and frailty. The focus is on possibility rather than disability and is supported by 24-hour care delivered by trained professionals. The model stresses the importance of supporting residents to live as normal a life as possible, maintaining their autonomy and managing risk accordingly. It will offer integrated services which are closer to home, will prevent unnecessary admission to hospital and support timely discharge from hospital, the Care Village will provide greater opportunities for interdisciplinary services which realise individual personal outcomes.

6.3 24 hour intermediate and dementia care will be delivered within the village, aligned with Primary and Community Services, General Practitioners, Hospitals, social care, voluntary and community supports, individuals and their families, and wider public services. Services will be 'wrapped around' the individual and their family, who are connected to and supported by their local community. Compassionate, proactive, personalised care and support will be the norm. This case for change focuses on –

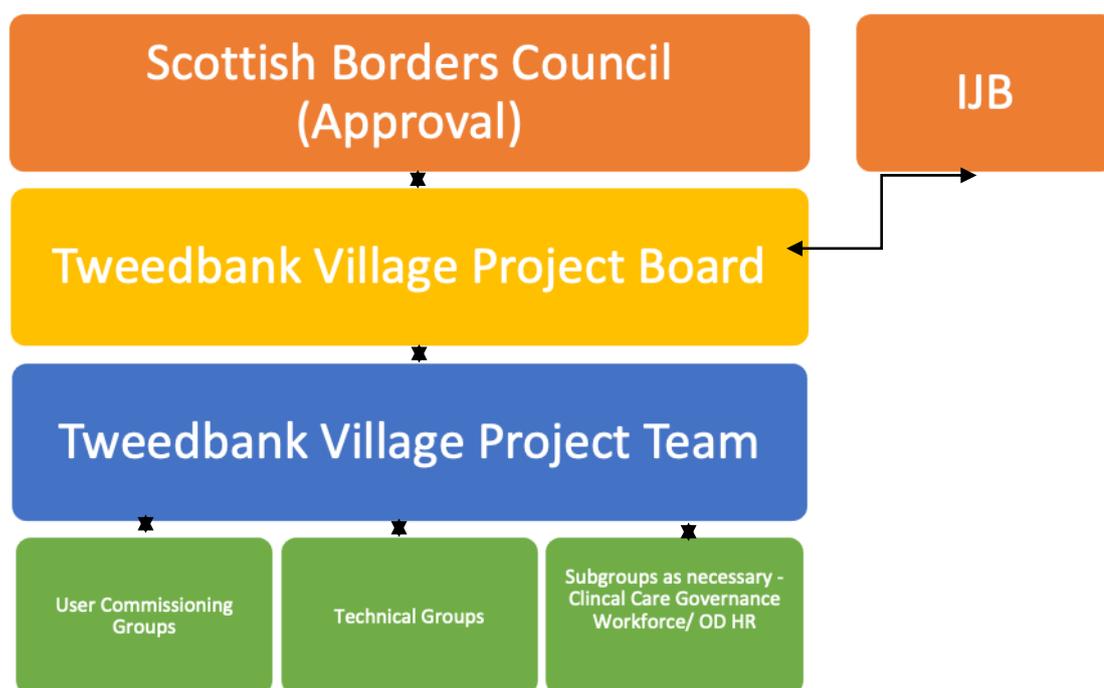
- Improving outcomes for older people both now and in the future,
- Harnessing the power of SBC Communities through their involvement, engagement, and active partnership within the model

- Further building SBC people capabilities and
- Operating within agreed financial boundaries through the re-provision of leased bed based intermediate care currently provided within Waverley Transitional Care Unit and Garden View Discharge to Assess Unit.

6.4 The Tweedbank Care Village is an innovative alternative social and health care support model for the future, which prioritises the principles of the Feely Review. Investment in this alternative health and social care model will enable people to stay in their own home, communities and where not possible in a person-centred homely environment. This will ensure that the citizens of Scottish Borders Council can maintain and develop rich social connections and to exercise as much autonomy as possible in decisions about their lives.

## 7 PROJECT GOVERNANCE AND DELIVERY

7.1 It is proposed that this work be managed as a project by “the Scottish Borders Care Village Project Board” which will be chaired by the Chief Officer for Scottish Borders Health & Social Care Partnership. The Project Board will report (via the Chief Officer) to Scottish Borders Council. The proposed governance structure is shown in the diagram below with further detail regarding the Governance arrangements including roles and responsibilities within the Outline Business Case, Appendix E.



7.2 The above will be applied to the full life of the project to ensure maximum control, quality and financial benefit.

7.3 An External Project Management and Design Team have already been appointed to assist with the early concept work and will continue through to the detailed stages. A project specific project plan and programme will be finalised to allow for the key design, procurement and construction stages to be progressed. Further updates on the delivery programme can be brought back to Council at key milestone stages.

7.4 It is noted within this report that the technical delivery of the project will be managed by Projects Section within Infrastructure & Environment. Procurement of the construction contractor will be undertaken at the appropriate point in the project timeline. This will be undertaken in conjunction with SBC Procurement policies including consideration of the use of delivery frameworks or Public Contracts Scotland arrangements.

## 8. PROJECT TIMELINE

8.1 Table 1 below details the high level timeline:

<b>Stage 2: Consideration of Outline Business Case (OBC)</b>	November 2021
<b>Stage 3: Submission of Full Business Case (FBC)</b>	Autumn 2022 to accommodate procurement, contractor appointment, planning, and advanced works to accommodate Tweedbank Expansion Road)..
<b>Stage 4: Start on site</b>	Winter 2022
<b>Stage 5: Planning and commence decommissioning Waverly and Garden View</b>	Autumn 2022
<b>Completion date</b>	Summer 2024
<b>Services Commencement</b>	Summer 2024

8.2 During the same period works will commence to look at options for the current Waverly Care Home Estate based in Galashiels. In addition, the lease will be ceased with Eildon for the Garden View Property in Tweedbank.

## 9. RECOMMENDATION

9.1 The proposed operational model is a significant departure from existing models of care. It will dramatically move our practice forward in the service provided for our most vulnerable citizens. The vision, outline design and model have been shared with Scottish Government and the Care Inspectorate and it has been responded to very positively and enthusiastically. So much so, that the Borders is now regarded as a vanguard in the development of the future models for residential care.

9.2 The following paper puts forward a detailed case for change, and recommends that the Scottish Borders Council;

- Approve the timeline to proceed with the development of a full business case and design brief of a Care Village at the Tweedbank site, within the central locality of Eildon with a full business case submitted to council by Summer 2022.
- Approve that both Waverley Care Home (24 )and Garden View Intermediate Care Home (25) operated by SBC are decommissioned and closed to secure revenue funding to provide for the Tweedbank Care Village.

- To note that an outline business case will be brought forward in Spring 2022 for a care village provision within Hawick.

## **10. IMPLICATIONS**

### **10.1 Financial**

The Draft Revenue & Capital Investment Plan (Revenue 2021/22 - 2025/26, Capital 2021/22-2030/31) agreed at 19 March 2021 Council includes a £22.679m allocation for "two new residential care homes" one for Tweedbank and another for Hawick.

It is proposed that the revenue implications of the new development are met through the closure of Waverley Care Home and Garden View Intermediate Care Setting and revenue funding transferred to the Care Village. The revenue modelling completed through the Outline Business Case is included in the 'Case for Change - Appendix D- Proposed Model of Care and Revenue Modelling'. The detailed modelling defines that all revenue costs can be met within existing budgets including staffing and facilities costs and incorporating the new models of care. Additional budget to cover the costs of demographic increases in the Borders has been included in each year of the 2021/22, 5 year revenue plan.

### **10.2 Risk and Mitigations**

The Council-owned care estate would not meet all of the health and social standards introduced by the Care Inspectorate in 2018 for new buildings. Our existing facilities would therefore not be graded highly against these new standards.

We expect further revision of the guidelines in response to the Covid-pandemic. New facilities will need to be designed to meet this new guidance and be able to address any further changes to standards expected in future years.

To inform future development work additional demand modelling work will be undertaken and this will remain under review across both internal and external residential provision.

The Care Village will be an important step in the development and ultimately achieving the Tweedbank neighbourhood vision. A full engagement exercise will be required to ensure the aspirations of the whole community can be realised.

The Scottish Government is consulting on the recommendations from the recent Feeley Report following the review of adult social care. Should the Government decide to progress with the development of a National Care Service, there may be a risk regarding on-going funding arrangements to cover the impact of the capital funding for any development within the social care estate.

Any such risk could be mitigated through the current and future deliberations with the "Integration Unit" of Scottish Government. Agreement would be sought with the office for the Minister for Mental Wellbeing and Social Care ahead of the Council entering into a capital borrowing arrangement.

- 10.3 **Integrated Impact Assessment**  
An initial EQIA has been completed and attached, this highlights the sift market testing to date and a full EQIA will be completed as part of the Full Business Case (Appendix A).
- 10.4 **Sustainable Development Goals**  
The UN Sustainable Development Goals checklist will be completed.
- 10.5 **Climate Change**  
The Climate Change checklist will be completed.
- 10.6 **Rural Proofing**  
n/a
- 10.7 **Data Protection Impact Statement**  
It is anticipated that the proposals in this report will have a minimal impact on data subjects and the Data Protection Officer has confirmed that a Data Protection Impact Assessment is not required.
- 10.8 **Changes to Scheme of Administration or Scheme of Delegation**  
n/a

## 11 CONSULTATION

- 11.1 The Executive Director (Finance & Regulatory), the Monitoring Officer/Chief Legal Officer, the Chief Officer Audit and Risk, the Service Director HR & Communications, the Clerk to the Council and Corporate Communications have been consulted and any comments received have been incorporated into the final report.

### Approved by

**Name: Chris Myers**

**Signature .....**

**Title: Chief Officer Scottish Borders HSCP / Director of Health and Social Care**

### Author(s)

Name	Designation and Contact Number
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### Background Papers:

### Previous Minute Reference:

**Note** – You can get this document on tape, in Braille, large print and various computer formats by contacting the address below. Chris Myers can also give information on other language translations as well as providing additional copies.

Contact us at Chris Myers – [chris.myers1@borders.scot.nhs.uk](mailto:chris.myers1@borders.scot.nhs.uk)