# SCOTTISH BORDERS COUNCIL

# Hawick Care Village

## Appendix 1 - Outline Business Case

## Initial Assessment

## DRAFT

**7th September 2022**

# DOCUMENT CONTROL

## Version Control

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# 1. CASE FOR CHANGE

## 1.1 Introduction

The Scottish Borders Health & Social Care Partnership propose an innovative new model of residential care, designed specifically to better support the changing needs of older people alongside providing high-quality care and support through proactive early intervention and preventative action aimed at those with complex needs, frailty and dementia.

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 dementia and frailty. The focus is on possibility rather than disability and will be supported by 24-hour care, delivered by trained professionals.

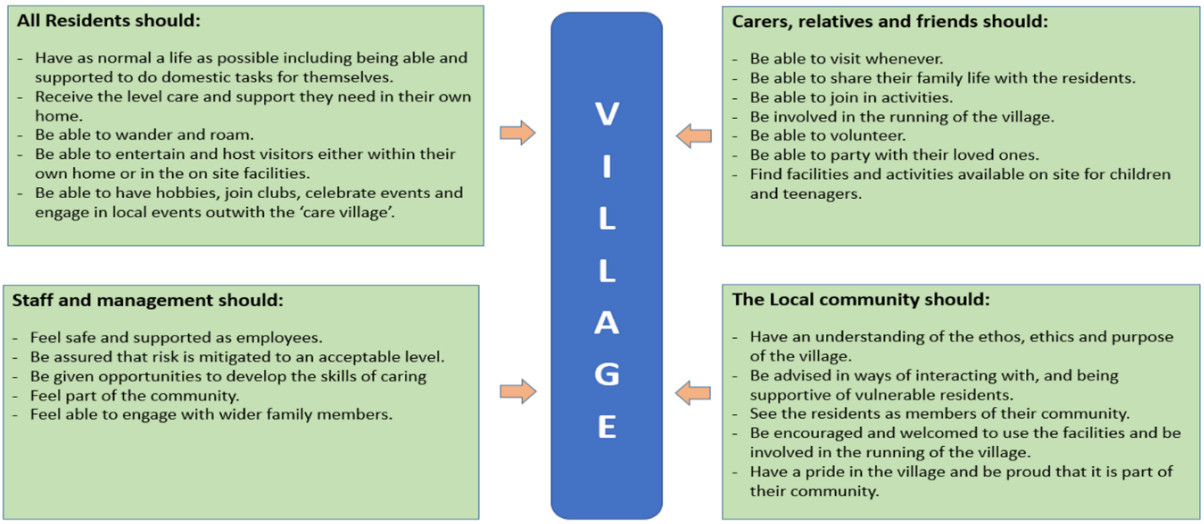
Following work already underway in enabling a Care Village setting in Tweedbank, this proposal is looking at the provision of a similar facility in Hawick. This new facility will be a re-provisioning of the existing Deanfield Care Home.

This case for change describes the proposals for delivering change and the potential options for further development and appraisal. Future work will be undertaken to demonstrate value for money; sustainability; affordability; feasibility; acceptability. The procurement strategy for the successful delivery of the project has been outlined at section 6.

## 1.2 The Strategic Case

In 2020 following a request by Elected Members and Senior Officers, investigative assessment was undertaken to identify innovative care and health thematic solutions for older people. This assessment involved researching eco systems, models and building solutions world-wide and a visit to the award winning Hogeweyk development in the Netherlands.

The vision, set out below, has been agreed and outline of the model of care, operational delivery and staffing model are under development:




The detail of this will be further jointly finalised between care and health colleagues. This will ensure effective use of a flexible bed-base, accompanied with a full range of care and intermediate care provision.

The outcomes of this proposal align closely with the identified population/demographic demand, and allows for the required revenue migration, through the transfer of existing provision from Deanfield, which will ultimately be closed, to the new development. Depending on the model of care, the supporting revenue model may require to be reviewed.

There has been extensive engagement with the communities in Hawick on the Care Village development to determine the requirement for the care facility and to seek the views of the Hawick communities regarding the type of provision they would like to see in the town.

**National and Local Policy**

**Adult Social Care: Independent Review February 2021: The Feeley Report**

The principal aim of this review was to recommend improvements to adult social care in Scotland, primarily in terms of the outcomes achieved by and with people who use services, their carers and families, and the experience of people who work in adult social care. The review takes a human-rights based approach.

The Hawick Care Village is an innovative alternative social and health care support model for the future which prioritises the principles of Feely and supports the recommendations of the Feeley Review. 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

**Scottish Borders Health & Social Care Partnership Strategic Plan: Changing Health & Social Care For You 2018- 2022**

The Partnership Strategic Plan provides the local strategic context for taking forward the care village development. Following a review in April 2021 by the Scottish Borders Strategic Planning Group, at the end of April 2021, the decision was taken to continue with the plan and with the three agreed existing objectives, and to build in lessons learned from COVID-19 and update existing priorities. The strategy and its priorities aim to deliver a vision where NHS Health and Council Social Care Services are joined-up and work in new partnerships together, with communities, residents and third sector providers to:

- improve the health of the population
- reduce the number of hospital admissions
- improve the flow of patients into, through and out of hospital
- improve the capacity within the community for people who have been in receipt of health and social care services to better manage their own conditions and support those who care for them.

The Hawick Care Village development will help to deliver these objectives and ensure services and care are:

- Accessible
- Closer to home *(and offering greater support for care at home*)
- Delivered within an integrated model
- Give greater choice and control

- Optimise efficiency and effectiveness
- Reduce health inequality

**Scottish Borders Council, "Council Plan 2022 – 2023"** describes SBC's commitment to reshaping and improving services. The Hawick Care Village will contribute to the Council Plan Outcomes in relation to:

a) Good Health and Wellbeing – People of the Scottish Borders have the opportunities and are supported to take control of their health and wellbeing, enjoying a high quality of life.

b) Empowered, Vibrant Communities – The Scottish Borders has thriving, inclusive communities where people support each other and take responsibility for their local area

c) Clean Green Future – A modern environmentally designed and built building will contribute to tackling climate change and the surrounding grounds will enhance our local environment

### 1.3 Investment Objectives

The investment objectives for this scheme have been developed to specifically fit with the key outcomes identified within the Health & Social Care Partnership Strategic Plan.

| Investment Objectives | |
|---|---|
| 1 | Deliver Services within an Integrated Care Model |
| 2 | Give users greater choice and control of local health & social care service provision |

| Investment Objectives | |
|---|---|
| 3 | Improve access to services |
| 4 | Improve care pathways, capacity, and flow management |
| 5 | Maximise flexible, responsive and preventative care - at home, with support for carers |
| 6 | Optimise efficiencies and effectiveness |
| 7 | Improve quality & effectiveness of accommodation used to support service delivery |
| 8 | Improve safety of health & social care, advice, support & accommodation |

### 1.4 Existing Property Considerations

There have been several reports highlighting challenges with the current SBC owned residential care estate and the inability to make alterations/improvements to the estate in a way that represents value for money. In addition, the requirements necessary as a result of the impacts associated with COVID-19 and the need to respond to infection control techniques cannot be easily met within existing estate and these will require to feature in the design/layout of the new estate.

There are also further specific challenges with the current provision:

- Ageing estate, which does not meet update Care Inspectorate Standards in relation to Building Better Care Homes guidance
- Expensive to upgrade (and still won't meet the new standards)
- Stand-alone care home with no integration with other services and the community
- Increased service user expectations and model of care required by service users

- Institutional type care rather than in their “own home” and increased risk of isolation from community
- Barriers to providing a flexible and adaptable approach to care as service users’ needs change after admission
- Difficulties in improving existing environments in line with Dementia Friendly Design

Consideration will be required regarding what to do with the existing Deanfield facility when it will no longer be in use as a care home.

## 2. DESIRED SCOPE AND SERVICE REQUIREMENTS

### 2.1 Scope

The scope of the care facility will be informed by the work carried out by NDTi engagement activities carried out in the Hawick Community and with residents, families and staff. A summary of the engagement carried out is as follows:

- Engagement session 27 June Hawick Town Hall –
  - Local groups, GP’s, the Borders Carers Centre, Health and Social Care representatives were invited to attend
  - People were asked what they would like to see in terms of care village/facility in Hawick and outcomes for people
  - People were also asked specifically to consider equalities and human rights and how we cater for these in the new facility – these will be fed into IIA and Business case as it develops
- This was followed by NDTi engagement activity in Hawick throughout July, asking the same questions at:
  - 2 Drop-in sessions Heart of Hawick;
  - Staff drop-in sessions in Hawick Town Hall;
  - Deanfield families and residents sessions;
  - On-line workshops with specific groups – Community Groups, Third and Independent Sector, Health and Social Work professionals, Mental Health;

- Conversations with key specific groups in Hawick – e.g. Burnfoot Cuppa and Chat group, Men's Shed, Women's Craft groups, Dementia Café, mental health and learning disability representatives, health and social care staff including the District Nursing Team.

NDTI initial findings

- It's how the service is delivered that is key – joined up services
- A range of accommodation types are required to maintain independence – linked up
- Accommodation needs to allow couple with differing needs to stay together
- Respite provision required for carers
- More community involvement and not "shut away"
- More training for staff
- More trained volunteers to enhance service provision

The NDTi findings are in line with the agreed vision for the care villages. The full NDTi report can be found at appendix 2.

## 2.2 Care Home Demand Modelling and Assumptions

In May 2021 the HSCP and SBC 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. If possible, the group were also asked to include potential for mid-range scenario. Several assumptions were applied to predicted future demand, these were

- Expected changes in population frailty or dependency levels will increase demand
- Expected changes in dementia prevalence and need for 24-hour care will increase demand

- Impact of changes in older peoples integrated preventative models of care may decrease demand for future 24-hour care

The outcomes of this study highlighted that the demographic projection and 30% increase in older people predicted the need for an additional 188 care home places by 2030, this represents between **8-11** additional care home places per year however :

- Scottish Borders benchmarks in lowest 4 Local Authorities for care home places
- There has been no change in Scottish Borders care home places 2009-2019 despite 20% increase in >75 Borders population
- The number of SBC-funded residents outwith Borders has been steady at 20% over the past 5 years
- Scottish Borders benchmarks in lowest 6 LAs for home care packages
- Suggestion that rurality and community/family support is maintaining more people at home
- 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)
- Based on demographic change only, we can expect an increase of 188 beds by 2030. This has been broken down to a 28% increase in residential care beds and 29% nursing care beds
- This in numbers can be interpreted as an increase requirement of 14-17 beds per year by 2023-2026 and 19-23 beds per year in 2027-2029

Public Health Scotland are currently finalising a whole systems modelling and needs assessment piece of work covering the Scottish Borders. This work is focussing on identifying current and future need for homecare and residential care services and can be broken down to identify need in the Hawick and Tweedbank Areas. Once finalised it will help inform the current and future number and types of residential care units required in the new Hawick care facility. This needs information will be fed into the option development and appraisal process as part of the development of the final OBC.

## 2.3 Options for Consideration

The current options set out below will be fully developed and appraised within the final Outline Business Case following this initial assessment.

To aid the identification of further options, a market sounding exercise has been undertaken to determine potential interest from external sources to work in partnership in the development of a new care village in Hawick.

Current options identified, which include those from the market sounding, are as follows:

I. Refurbishment of Deanfield – This is a challenging option, as it may prove difficult to refurbish Deanfield so that it meets the new Care Inspectorate standards in relation to building better care homes guidance. It will also be expensive to upgrade and difficult to approve in line with dementia friendly design.

II. Development of a new care village facility, in partnership with Eildon Housing Association (EHA), on part of the Stirches site currently owned by EHA – Meetings have been held with EHA to explore this option. EHA are happy to work in partnership to look at this option to build a new integrated care facility on part of their Stirches site, which would be alongside their approved plans for Extra Care Housing.

III. Partnership with a National Private Residential Care provider at a site to be determined – A national residential care provider who currently operate care home facilities in the Borders, have come forward and are offering to work in partnership to build a new care village facility in Hawick. This could include them providing a 50% contribution to the capital funding of the build. They also have land available to build on in Hawick, the exact size and location is to be determined.

IV. Partnership with a national Housing Management and Care company (market sounding) – Through the market sounding exercise a national provider of housing management, care and support are offering to work in partnership to design, build and manage a new care village facility in Hawick. They have worked with other local authorities to deliver and manage new housing and care schemes. However, they do not have a site on which to build.

Initial discussions occurred with NHS Borders to ascertain whether there was a possibility to explore a joint opportunity with NHS Borders for a residential care facility in Hawick. However as it became clear that this option would significantly delay the process, and due to the associated risks to the care village programme's delivery, this option has been discounted as it is not considered practical for the Hawick Care Village.

### 2.4 How the options will be appraised – criteria, weighting, scoring

The final non-financial appraisal of options will be undertaken using the same criteria, weighting and scoring that were agreed and used for the Tweedbank final OBC option appraisal. The criteria utilise the investment objectives set out in section 1.3 of this report, and have been developed to specifically fit with the key outcomes identified within the Health & Social Care Partnership Strategic Plan. The criteria, weighting and scoring are set out below:

| Criteria – Investment Objectives | Weighting |
|---|---|
| Deliver Services within an Integrated Care Model | 20% |
| Give users greater choice and control of local health & social care service provision | 15% |
| Improve access to services | 15% |
| Improve care pathways, capacity and flow management | 10% |
| Maximise flexible, responsive and preventative care - at home, with support for carers | 10% |
| Optimise efficiencies and effectiveness | 10% |

| | |
|---|---|
| Improve quality & effectiveness of accommodation used to support service delivery | 10% |
| Improve safety of health & social care, advice, support & accommodation | 10% |

The final options will be scored against each of the criteria using the options scoring scale set out below, which is the scale agreed and used in the Tweedbank final OBC options appraisal.

### Options scoring scale

| | |
|---|---|
| **0** | **Not at all** |
| **1** | **To some extent** |
| **2** | **Satisfactory** |
| **3** | **Good** |
| **4** | **Very good** |
| **5** | **Excellent** |

A full financial appraisal of short-listed options will be also undertaken in the final outline business case.

## 3. EXPECTED OUTCOMES ARISING FROM A NEW MODEL OF CARE

On the basis that the proposed service model is put in place, the following identifies the key benefits likely to be attributable to achievement of each investment objective: As part of the project board deliverables a full benefits realisation of existing /status quo and business scope is required.

| **Investment Objective:** Increase integration & communication between health & social care services and delivery to service users | | | |
|---|---|---|---|
| **Outcome** | **Relative Value** | **Relative Timescale** | **Type** |

| | | | |
|---|---|---|---|
| Delivery of more effective care with improved user outcomes | High | Medium & longer term | Qualitative and |
| Greater collaboration between partner organisations to improve effectiveness of preventative and | High | Medium & longer term | Qualitative |
| Improved staff engagement & communication between partner organisations | Medium | Medium & longer term | Qualitative |
| More service users able to return home following hospital care (based on draft intermediate care | High | Medium | Quantitative |
| Shared use of partner resources | Low | Medium term | Cash & resource |
| Improved working arrangements and facilities for staff resulting in greater job satisfaction and less turnover / sickness | Medium | Medium term | Qualitative & resource releasing |

| **Investment Objective:** Improve user experience of local health & social care service provision | | | |
|---|---|---|---|
| **Outcome** | **Relative Value** | **Relative Timescale** | **Type** |
| Positive experience of health and social care | High | Medium term | Qualitative |
| More people able to access care from their preferred location (i.e. at home) | High | Medium term | Quantitative |
| More people able to return home following hospital care (following rehabilitation and reablement) | High | Medium term | Quantitative & resource |
| Better transition through each care journey | High | Medium term | Qualitative |
| Positive experience of the environment in which services are provided | Medium | Medium term | Qualitative |

| **Investment Objective:** Improve access to care | | | |
|---|---|---|---|
| **Outcome** | **Relative Value** | **Relative Timescale** | **Type** |

| | | | |
|---|---|---|---|
| Maximised range of health and social care services available locally | High | Medium term | Qualitative |
| Point of access to care is less confusing | Medium | Medium term | Qualitative |
| More likely to receive the most appropriate care | High | Medium term | Qualitative |
| Ability to access care at home | High | Medium term | Quantitative |
| Better physical access to care facilities | Medium | Medium term | Qualitative |
| Flexible bed usage enables more user focused care | High | Medium term | Qualitative |

| **Investment Objective:** Improve care pathways, capacity and flow management | | | |
|---|---|---|---|
| **Outcome** | **Relative Value** | **Relative Timescale** | **Type** |
| More people treated on a scheduled rather than unscheduled basis | High | Medium & longer term | Quantitative |
| Service capacity meets service demands | High | Medium & | Quantitative |
| Flexible use of beds better meets service user needs | High | Medium term | Qualitative |
| Reduction in overall number of beds (from the baseline high of 161 in 2011) | High | Medium term | Quantitative & cash |
| Services users don't have to stay in hospital longer than necessary | High | Medium term | Quantitative |

| **Investment Objective:** Maximise flexible, responsive and preventative care - at home, with support for carers | | | |
|---|---|---|---|
| **Outcome** | **Relative Value** | **Relative Timescale** | **Type** |
| More people able to access care from their preferred location i.e. at home | High | Medium term | Quantitative |
| More people able to return home following hospital care | High | Medium term | Quantitative & resource |

| | | | |
|---|---|---|---|
| Providing care at home is more cost effective than institutional care | High | Medium term | Cash & resource releasing to |
| Carers feel better supported in their role | High | Medium term | Qualitative |
| Increase in visits and involvement from relatives and wider family, including children, to the residents and within the care village | High | Medium term | |

| **Investment Objective:** Make best use of available resources | | | |
|---|---|---|---|
| **Outcome** | **Relative Value** | **Relative Timescale** | **Type** |
| Affordable service delivery | High | Short, medium & | Quantitative |
| Service capacity meets service demands | High | Medium & longer term | Quantitative |
| Service model is more flexible to future changes in demand | Medium | Medium term | Qualitative |
| Reduction in overall number of beds (from the baseline high of 161 in 2011) | High | Medium term | Cash & resource releasing to |
| Reduced demand for more expensive care pathways (through shift from health to social care models of | High | Medium to longer term | Cash releasing to NHS & |

| **Investment Objective:** Improve quality & effectiveness of accommodation used to support service delivery | | | |
|---|---|---|---|
| **Outcome** | **Relative Value** | **Relative Timescale** | **Type** |
| Improved user perception of quality of care | Medium | Medium term | Qualitative |

| | | | |
|---|---|---|---|
| Improved condition of available accommodation | Medium | Medium term | Qualitative |
| Accommodation meets modern service needs & enables flexibility of use | High | Medium term | Qualitative |
| Improved functionality of accommodation improves service effectiveness | High | Medium term | Qualitative |

| **Investment Objective:** Improve safety of health & social care, advice, support & accommodation | | | |
|---|---|---|---|
| **Outcome** | **Relative Value** | **Relative Timescale** | **Type** |
| Reduced risk of HAI incidents | High | Medium term | Qualitative |
| Reduced risk of harm from property related incidents | High | Medium term | Qualitative |

Information Management and Information Communication Technology is a key enabler for the new village model, particularly to deliver:

- Integrated systems and care records – access to a shared clinical and care management system, joint information governance and data sharing arrangements; in and out of hours
- Connected infrastructure - mobile working solutions; shared domains
- Self-management and signposting – technology enabled care; health monitoring systems;
- Business Analytics for evaluation
- Access to STRATA referral pathways
- Access to Datix for reporting of adverse events and incidents
- Attend Anywhere for Virtual Consultation with GP and other services
- WIFI access for patients and families
- information, advice and guidance

Assessment and planning to deliver these component and operations are necessary and will be addressed further within the project planning and commissioning arrangements and a sub group has been set up to facilitate this work.

## 4. CONSTRAINTS AND DEPENDENCIES

### 4.1 Capital Funding Constraints

The project is proposed to be funded via the Council's Capital Plan. The current available capital is £22.679m for two new residential care facilities, one for Hawick and another for Tweedbank.

### 4.2 Dependencies

**Revenue Funding Constraints -** It is proposed that the revenue implications of the new development are met through the closure of Deanfield Care Home and revenue funding transferred to the Care Village. Depending on the size of the care village provision identified as required for Hawick through the needs assessment, there is potential for additional revenue to be required over and above that transferred from Deanfield.

**Staffing** - There may also be an increased workforce requirement if moving towards the provision of nursing/clinical care. As the model develops, specific workforce modelling will be required taking into consideration anticipated demands on the village and the skill mix required to support the proposed model.

To deliver the new model of care, requires key elements to be examined in more detail:

- transitioning the existing workforce to a new type of working model
- ability to recruit necessary workforce
- recognition of likely requirements within the proposed Health and Social Care Staff Bill
- Understanding dependency and the ratio of staffing to achieve personal outcomes

The Care Village concept is dependent upon the collaboration and inclusion of other partner organisations, such at the local GP practices, Allied Health Professionals, community nursing, community hospital services, local care providers, local charities and the voluntary Sector will enhance the Care Village concept.

## 5. CRITICAL SUCCSS FACTORS TO THE PROJECT

In addition to the Investment Objectives set out in the strategic case for change, a number of factors which, while not direct objectives of the investment, will be critical for the success of the project, and are relevant in judging the relative desirability of options.

The agreed Critical Success Factors are shown in the table below.

| Key CSF's | Broad Description |
|---|---|
| Strategic fit and business objectives | Fits with the strategic intention to shift the balance of care from acute to primary care and from institutional care to home care. It is also in line with Scottish Borders Council's Single Outcome Agreement |
| VFM | It enhances service delivery, improves user experience, and achieves the project investment objectives from an efficient cost base, while at the same time reducing service delivery risks |
| Achievability | The key service providers are able to adapt to the proposed service changes and deliver an enhanced service from identified resources |
| Supply-side capacity and | Service providers have the resource capacity and capability to deliver the proposed service model and facilities; and the scheme will be able to attract the necessary investment. |
| Affordability | Available capital and/or revenue funds will be sufficient to provide the facilities and ongoing resources needed to deliver the proposed |

## 6. PROCUREMENT

Since SBC are a government funded body they will have to comply with stringent procurement rules. This will include advertising the contract with the European Union via OJEU. This sets the limit for a contract of £4,733,252 (net of VAT) so anything above this has to be marketed via the OJEU process. This process can be time consuming and can be very labour intensive in terms of

reviewing the submitted returns. In some cases it can add between 3 – 6 months to the programme.

However, this process can begin early in the project to mitigate programme risks where possible. SBC has previously used Public Contracts Scotland to advertise projects above and below OJEU limits. It would be advisable to meet with the procurement team in the early stages of the project to establish the requirements.