



Report for Dunbeath & District Centre

June 2021



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1. Introduction and Methodology:

This report provides insight and analysis of the usage levels of the Dunbeath & District Centre up to the beginning of the 2020 Covid-19 pandemic. Pre-Covid the lack of space and layout of the centre was emerging as a limiting factor in the development of new activities for users. This report looks at current service delivery during the Covid crisis and provides an assessment of how demand for the centre's services might change over time. It also argues that the current building - even without the restrictions of Covid - would be unable to adequately cope with possible future growth in demand for services and provides evidence for the need for purpose-built premises.

In compiling this report the research has involved:

- Interview with the local GP
- Interview with NHS Highland
- Interview with Kyle Centre
- Desk research on the benefits of the centre and an initial assessment of the possible future growth in demand and the limits of the current centre to meet that demand

Some of the information in this report comes from documents written by the centre (specifically the Covid-19 special services report to NHS Highland and the annual accounts ending March 2020 and March 2021). The purpose of this report is to give the organisation, in particular the trustees, documented evidence to help with any future assessment of development options.

2. Background

2.1 About the centre

The Dunbeath & District Centre in Dunbeath is the only community health and wellbeing hub in Caithness and although the centre caters for all ages 42% of people who attend are aged 65 and over. The centre is a company limited by guarantee with charitable status and currently has 285 registered users supported by 28 volunteers including 7 trustees, 1 full-time and 3 part-time members of staff.

Taking a person centred approach offering a pick and mix from a selection of activities with priority being dignity and quality of life, pre-Covid the centre provided a range of activities including:

- Tutor-led arts, crafts, patchwork, quilting, yoga and Pilates
- Adult learning (providing a discreet confidential space)
- Whist and bingo sessions, board games, quizzes
- Visits from local school children
- Talks by visiting speakers and musical entertainment
- Outings to live music events, local gardens and other places of interest
- Christmas pantomime and annual party at a local restaurant

Facilities at the centre included:

- Visiting hairdresser

- Sight and hearing support visits
- Laundry services
- Book exchange scheme
- Photocopying
- Internet access

Lunches were provided 5 days a week plus a three-course meal every Thursday and which was a popular social occasion with 16-18 people attending daily. Take-away meals were also distributed to housebound local residents, enabling them to maintain independent lives at home. The centre was also popular as a venue for private parties and other events.

Table 1.1

Service	Number of users
Inhouse meals (4 days per week)	Average 18 people per day
Hairdresser	6 per week
Pilates and yoga	8 per session
Strollers – weekly, after walk, social gathering the Centre for hot soup, tea, scones etc	20 per week
Singing Group	24 per week
ICT classes	6-8 per day
Bingo/Whist	20-24 monthly *

*Important fundraiser for the centre

The challenge of Covid-19 meant that the centre had to close its doors in early March 2020 and then rapidly adapt in response to meet the needs of the community including:

- Outreach services offering soups, hot meals, newspapers, medications and other shopping delivered to the door. 156 individuals self-isolating in 127 households benefitted from this service. Delivered 6000 meals and 7500 soups.
- Quickly adapting the Good Neighbour scheme to a Check and Chat service providing regular phone calls to frail and vulnerable residents in their own homes. By the end of March 2021, 527 calls had been made to local residents.
- The provision of hand sanitisers to each household in the community.
- Supply of digital devices to the community to help reduce social isolation. From December 2020 to April 2021, with help from Caithness Voluntary Group who applied to Connecting Scotland for batches of devices, 22 devices have been distributed to members of the community with pre-arranged support packages. The plan for reopening the centre includes iPad and coffee afternoons.
- Sharing Shack was achieved through a funding application to Beatrice Offshore Windfarm. The shack offers ambient food, toiletries and sanitary products, fresh cooked food advertised on Facebook depending on the supply and donation of fresh ingredients, books, magazines, jigsaws and toys. The most unexpected positive outcome has been the low level fundraising which has been achieved for the centre - an average of £150 per month - via the donations box located in the 'shack'.

- Vaccine transport in conjunction with Dunbeath Surgery and Caithness Rural Transport – 72 people benefitted from this service between January and June. Funding is in place to provide the same service if an Autumn dose of the vaccine is prescribed.

Of the 285 people the centre provided services to:

35% male 65% female

The centre was also the anchor organisation in the East of Caithness area for the Caithness Resilience Group which formed in March 2020.

***'This community is coping better with the lockdown because of this support'.
(member of the community)***

'A huge thank you to you and all the team for the delicious meals. It has been such a great help during these difficult times'. (member of the community)

'I enjoy it very much; I'm isolated you see and I don't drive so it's all very restricting. I really look forward to my phone call'. (CIAC service user)

2.2 Geographical area and population

The geographical area served by the centre is Dunbeath and district which has a population of 650 with 50% over 50 and a higher proportion of people 70 years and over. Many have underlying health conditions. Dunbeath itself has a population of 161. According to the Highland Council 2011 Census profile, 20% of the population of Landward Caithness, the ward that covers Dunbeath and district, is 65 and over. Just under 5% of the population is reported to having bad or very bad health which is higher than the Highland and Scottish average¹.

Furthermore, Caithness is expected to have the biggest population decline in the Highland Council area over the next decade. According to latest projections, the county's population is expected to fall by 9.3 per cent with many young people leaving the area for employment and education reasons. (source, National Records of Scotland 2019).

While the number of young people in the area is set to fall the number of people aged 75 or over across Highland is projected to more than double between 2008- 2033. Research shows that use of health care services, and health care costs increases with age and therefore, greater numbers of older people in the population will place increasing demands on health services.

¹ https://www.highland.gov.uk/downloads/file/11092/profiles_for_council_wards

2.3 Restrictions of existing building

The centre, which officially opened in November 1993, was extended in 2002 to include a dining room and cold store to meet increasing demand for its services. It was awarded a grant in 2018 of £30,000 for refurbishment work which included installing new flooring, wiring and new doors, as well as a water boiler, replacement chairs and tables, floor coverings, a TV and a Caithness flagstone hearth. Signage was also put up.

The internal layout of the building which is no more than 110m² is made up of:

- A lounge/dining area (including a small extension) that seats between 16-18 people
- Kitchen and store
- Small office
- 2 disabled toilets

An architect's report, provided as part of a separate commission, highlights that the current space and facilities are limited but that the staff and volunteers have made it work to maximum effect. As well as centre users, the building was also rented out (pre-Covid) to a mother and baby group and a breakout space for Dunbeath Primary School pupils on a weekly basis.

However, the size and layout of the building has placed a cap on the expansion of services, particularly those which would generate revenue. This is critical if the centre is to be sustainable, both in terms of finance and being able to recruit staff rather than rely heavily – as it does at the moment – on volunteers.

By way of comparison, North Coast Connection at the Kyle Centre in Tongue has in excess of 100 users – less than Dunbeath – yet has 6 part-time staff and even with this scenario continues to need volunteer input. Dunbeath & District Centre has more than 200 users with just 1 full-time and 3 part-time staff. For every paid staff hour at the centre, 2.5 hours are provided by volunteers.

The proposal is for a new centre to be built on land next to the existing centre and which is conveniently co-located with the local GP surgery. The new build would include a lounge, activity room, dining room and full-equipped bathroom. The rationale behind the layout is to enable the centre to run multiple services at any one time, some of which could be charged for and which would create important revenue streams.

Like many other rural areas the access to social care at home is limited and a fully equipped bathroom could, for example, be used to provide personal hygiene services which would be paid for. A podiatry service is also something that is being considered as the podiatrist linked to the GP surgery deals with foot problems rather than routine foot care.

2.4 Increase in demand for health and wellbeing hub services

The Health and Wellbeing initiatives at the centre supports the local community to keep physically and mentally well and can reduce the need for people to access support services from public bodies including the local authority and the NHS.

The Highland Council confirms that, in areas where there is a strong community response from groups including well-being hubs, development trusts and church groups, there have been significantly fewer calls to the council's Covid helpline.

The centre’s services and activities also meet the National Performance Framework (NPF) National Outcome that ‘Our people are able to maintain their independence as they get older and are able to access appropriate support when they need it’ (National Outcome 15)² and encourages a shift to a more preventative approach.

Furthermore, demand for the services at the centre continues to increase year on year as illustrated in the table below:

Table 1.2

No of:	Year			
	2018	2019	2020	2021
Regular users	174	184	200	285
Individual visits	9861	9880	Centre closed in March 2020 due to covid – new outreach services delivered	
Paid meals in the centre	1698	1733		
Take away meals	873	826		
Home visits (GNS)	299	510		
Telephone calls (GNS)	63	70		
People attending after lunch activities	434	541		
People attending special events	243	368		
People attending outings	104	93		

Additionally, social prescribing (also known as community referral and which allows GPs, nurses and other healthcare workers to signpost patients to support outside of health services, through community organisations, local support groups and holistic hubs) is regarded as critical to Scotland’s Covid-19 recovery amid growing mental health concerns (source: A Desk Review of Social Prescribing; from origins to opportunities. Royal Society of Edinburgh in partnership with Support in Mind Scotland).

NHS Highland is committed to developing social prescribing initiatives with a Community Link Worker (CLW) service due to begin in GP practices later this year. NHS Highland recognises that the sustainability and success of a CLW service depends on the availability of sufficient local services and support to refer individuals to³.

² The Scottish Government. *National Performance Framework*. www.scotland.gov.uk/About/Performance/purposestratobjts (accessed 7 August 2014).

³ https://external.parliament.scot/angiestest/20210225_Ltr_and_attachment_IN_from_NHS_Highland.pdf

Looking to the future, it is evident that the needs of an ageing population will place increasing demands on health and social care and that the Dunbeath & District Centre is well placed to deliver the services and facilities they need to live as independent and fulfilling lives as possible.

3. Funding and finance

Dunbeath & District Centre has an Service Level Agreement (SLA) with NHS Highland for £29,308 which covers the in-house meals served in the centre with a drink. The SLA which will have been in place for 9 years 3 months when the current variation of contract concludes at the end of June 2023 is seen as key in securing the future of service delivery from the centre. However, due to financial constraints, there has been no inflationary award or financial uplift since the original SLA was signed in 2012 - an experience borne out by other wellbeing hubs – and currently covers only about 21% of the centre’s operating costs.

The centre’s most recent accounts (Year ending 31 March 2021 highlighted the need for prudent financial management. Of a total income of £66,241, £22,559 was generated via the centre’s own fund-raising efforts including donations, the sale of meals and social activities.

In addition, the Directors and staff successfully applied for £77,934 in grant funding for special projects and Covid-19 related delivery.

The financing model which Dunbeath, along with other hubs, will require in the future is likely to be a mix of grants, NHS Service Level Agreements, donations and charging for some services. The Kyle Centre in Tongue is planning to charge for hot meals and a new service providing foot care.

A full SLA review for all commissioned services is to be undertaken by NHS in 2022 in preparation for 2023 when current SLA's end.

4. Outcomes of regular attendance

Older people want opportunities to remain actively engaged with, and involved in, their communities and activity that brings different generations together. Tackling social isolation and loneliness is fundamental to a thriving older age⁴.

The connection between social isolation and loneliness and the impact on health is well established.



⁴ The Scottish Governments ‘A Fairer Scotland for Older People: framework for action’

Outcome 1 - Keeping more active and healthy:

Users of the centre report high satisfaction with the services and most attend the centre at least once a week.

'I love the place. It's the only place I go to; without it I would just sit at home and watch TV.'
Regular centre user

The Swedish National Institute of Public Health (2007) concluded that exercise is *'the best preventative medicine for old age and significantly reduces the risk of dependency in old age.'*⁵

Physical activities mean people remain mobile reducing incidences of ill health, falls and associated healthcare costs.

Outcome 2 - Maintaining independence:

The activities at the centre enable people to maintain their independence, and to halt the slide into isolation and health breakdown.

The takeaway meals which are delivered to several house-bound residents help them maintain independent lives and remain in their own homes.

'The nutritious meals provided by the centre are fantastic for people who are struggling to cook for themselves at home. It helps them maintain their independence.'
Dr Barker

The prescription delivery service during covid has made a significant difference especially to people who have been shielding or self-isolating.

'The medicine delivery service during covid has been great. Getting medications out to patients was an issue pre-covid and it would be fantastic if this service could be continued.'
Dr Barker

Outcome 3 - Keeping more socially connected:

'Thank you for this facility it is much appreciated – you can and do make friends'.

Regular centre user

67% of people aged 65 and over in the NHS Highland area experience some degree of loneliness and 8% experience intense loneliness.⁶

Loneliness is increasingly recognised as a major public health concern with a significant human and financial cost affecting wellbeing, quality of life, premature death and contributing to diseases such as dementia, heart disease and depression.

⁵ Swedish National Institute of Public Health (SNIPHO). *Healthy Ageing: A Challenge for Europe*. Stockholm: Swedish National Institute of Public Health; 2007.

⁶[https://www.nhshighland.scot.nhs.uk/Publications/Documents/DPH%20Annual%20Report%202016%20\(web%20version\).pdf](https://www.nhshighland.scot.nhs.uk/Publications/Documents/DPH%20Annual%20Report%202016%20(web%20version).pdf)

'I use it as much as I can always something on or someone I can talk to'.

Regular centre user

Loneliness also affects the demand for NHS services. Lonely people are more likely to visit their GP and to use other health services. People with long term health conditions are also more likely to feel lonely. This may be because it limits a person's ability to socialise and stay connected with others in their community.

Initiatives such as the Dunbeath & District Centre are cheaper than treating the subsequent ill health and is well placed to deliver activities to tackle loneliness and isolation as they are often closer to communities and more responsive to local needs.

'For several years after he moved out of the area, one gentleman travelled all the way from Wick on a weekly basis to attend the centre, which just goes to show how much he enjoyed it!'

Dr Barker, Dunbeath Surgery

5. Economic impact

'I am in no doubt that without D&DC our community would be in a lot poorer position...without them there would probably be a lot more users who would probably be needing and using a lot more Healthcare services'

Dr F Neal, Dunbeath Surgery

Researchers from the London School of Economics (2017) have estimated that the UK's "epidemic of loneliness" costs £6,000 per person for a decade of an older person's life in health costs and pressure on local services. For example, lonely and socially isolated individuals are more likely to have early admission to residential or nursing care.

However, the same report also said that for every £1 spent on preventing loneliness, there's the potential to save £3 to the public purse.

"Well-being Hubs are really important in outlying areas and take the pressure off statutory services."

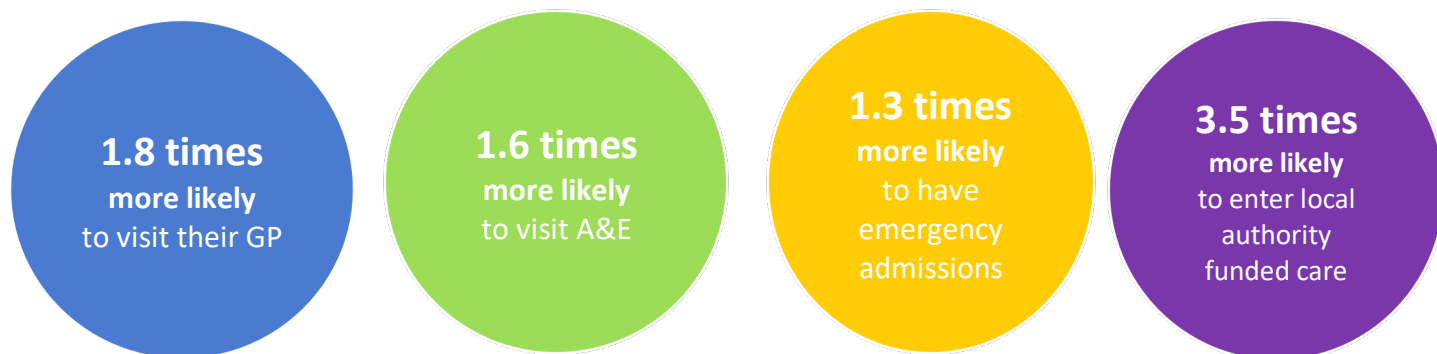
Sarah Beveridge, Manager, North Coast Connection, Kyle Centre, Tongue

Research has also shown that lonely people consult their GP more often and this has been heightened with the impact of the covid pandemic .

'With the centre being closed because of covid many of the older people that regularly attended are coming to me saying that they are feeling increasingly socially isolated'

Dr Barker

Older people who are lonely are on average are ⁷



when compared to people who are never lonely

It is evident from those interviewed as part of this report that Dunbeath & District Centres services will have a positive economic impact as a direct result of helping people achieve these outcomes of keeping more active and healthy, independent and socially included.

A significant challenge of evaluating preventative services is that it is difficult to put a cost saving on something that hasn't happened yet. However, what we have tried to show below is the average cost per regular user of the Centre compared to more costly interventions.

Cost comparison:

Average cost per GP appointment £100

Average cost per outpatient is £157

Average cost per day for an inpatient £1190

Average cost of residential care per week in Scotland - £674⁸

Average cost per regular user of Dunbeath & District Centre is approx. £331 per year

6. Recommendations and next steps

The intention is that this report forms an important part of a larger piece of work which would look more fully at the feasibility of building a new Centre. Any further study, if commissioned, should cover:

- Expansion on the need for a new centre
- Estimated capital costs (in conjunction with an architect)
- Financial projections to cover operating costs and revenue streams

⁷ Investing to tackle loneliness, Social Finance, 2015:9

⁸ <https://www.isdscotland.org/Health-Topics/Finance/Publications/2018-11-20/2018-11-20-Costs-Report.pdf>