

Business plan for Dunbeath & District Wellbeing Hub

'Jigsaw Project'

September 2021



Current centre



Sketch proposal of the new development by Oberlanders Architects LLP

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EXECUTIVE SUMMARY

Dunbeath and District Centre (DDC) was built in 1992 by a local community group to provide a daycare setting and a focal point for the local community. The premises and land are owned by the incumbent Trustees on behalf of the community and is debt-free. In the past decade, DDC has evolved into a Health and Wellbeing Hub, the only one of its kind in Caithness. The hub provides intergenerational activities both in-house and as part of an outreach service designed to meet the needs of the South-East Coast of Caithness.

As a community hub, DDC delivers flexible and community-based services, promotes community cohesion, social integration, healthy living and lifelong learning, helping to reduce users' isolation and dependency on statutory services.

DDC has Emergency Centre status with statutory services during road closures due to road traffic accidents, heavy snowfall, power outages, or a local crisis.

In more recent times, Covid 19 has escalated the status of DDC: working in collaboration with partner agencies, DDC is the anchor for resilience in the South East Coast of Caithness. An agile model of service was designed to meet the demands of our remote rural community in March 2020, and the model has proved itself to be efficient, cost-effective and relevant.

Finding ways to live with Covid 19 in the months and years ahead is challenging for all, as is how we deal with climate change. Hence the DDC Trustees decision to address the problem of out-of-date premises, which have served the community for almost 30 years by repurposing these premises and building a new hub fit for the 21st Century and all the challenges of modern life.

This business plan has been commissioned by DDC to set out the business case for the development of new-build Wellbeing Hub in Dunbeath.

- The business case builds on two earlier reports commissioned in the summer of 2021: a needs analysis report from June 2021 which looked at current service delivery during the Covid-19 crisis and provided an assessment of how demand for the centre's services might change over time; a feasibility study produced by Oberlanders architects which reviewed existing facilities and set out 3 options for development.
- The option this business plan focuses on is the development of a new Wellbeing Hub and repurposing the existing centre as accessible holiday accommodation.
- The new Centre will be built on land next to the existing centre and will be conveniently co-located with the local GP surgery.
- Dunbeath & District Centre (DDC) is a company limited by guarantee, incorporated on 30th March 1992 (SC137444) and is registered as a charity (SCO19367). The charity is governed by 6 Trustees/Directors and supported by 37 volunteers, 1 full-time and 3 part-time members of staff. Recruitment for an Operation Growth Manager is in progress.

- Pre-Covid the Centre, which takes a person-centred approach, offered a wide range of activities including lunches and evening meals, arts and crafts, exercise, visiting speakers, singing for pleasure group, hairdresser, a laundry service, bingo and whist (both important fund raisers for the Centre).
- During the Covid-19 lockdowns the Centre quickly adapted what it was able to do and provided important community-based services including soups, hot meals, newspapers, medications, shopping and essential items delivered to the door. 156 individuals self-isolating in 127 households benefitted from this service. DDC delivered 6000 meals and 7500 soups during the intense phase of Covid 19.
- The Centre re-opened its doors in mid-June and a wide range of activities is gradually being re-introduced. Limited indoor space reduces the numbers allowed to access activities due to Covid 19 compliance.
- The number of people using the centre has grown year-on-year for the past 3 years from 174 in 2018 to 285 in 2021.
- A survey of users and the local community using on and offline methods showed overwhelming support for a new Wellbeing Hub and repurposing the current centre for accessible holiday accommodation.
- The survey also showed people would welcome new services – including podiatry, physiotherapy and alternative therapies – which could be offered from a new Centre with more space.
- Other agencies have indicated that addressing poor mental health at local level improves emotional wellbeing and provides a safety net to those who need a support through anxiety or life crisis.
- The need for a new Centre is highlighted in the feasibility study by Oberlanders Architects LLP which shows that the current space and facilities are limited but that the staff and volunteers have made it work to maximum effect.
- The same study reported that 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 on volunteers.
- The geographical area served by the Centre is primarily South East Coast of Caithness. The survey results evidence the catchment has extended beyond the Ord of Caithness and Forse, Lybster to a wider area including Brora, Helmsdale, Thrumster, Wick and Thurso.
- The 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.
- The Centre also has an important role to play in areas such as social prescribing, the value of which is acknowledged by NHS Highland with a Community Link Worker (CLW) service due to begin in GP practices later this year.
- The need for repurposing the Centre for accessible holiday accommodation is highlighted by various studies including one from Respite Care in Scotland 2015 which showed that 57% of carers had not had a break, and almost half didn't know how to access a short break.

1. Background:

This business plan has been commissioned by Dunbeath & District Centre and sets out the business case for the development of new-build Wellbeing Hub in Dunbeath.

There has already been significant work carried out to assess levels of demand for a new centre and what the options for development might be. In June 2021 a needs analysis report was produced with support from the Scottish Government's Just Enterprise programme. This report looked at current service delivery during the Covid crisis and provided an assessment of how demand for the Centre's services might change over time. It also argued that the current building - even without the restrictions of Covid 19 - would be unable to adequately cope with possible future growth in demand for services and provided evidence for the need for purpose-built premises.

And in May 2021, following a site visit, a feasibility study was produced by Oberlanders Architects LLP and which included:

- a review of the existing facilities
- Setting out three options for development and which are:
 - a) a newly built Wellbeing Hub on land at Achorn Road, Dunbeath with four affordable housing units but with limited parking
 - b) a newly built Wellbeing Hub on land at Achorn Road, Dunbeath with two affordable housing units plus parking. This is the preferred option of the Dunbeath & District Centre board of Trustees/Directors, and
 - c) a new Wellbeing Hub on the same area of land with no housing

The same Architect's study also assessed how the existing Centre might be re-purposed as holiday accommodation for people with mobility impairment.

The key findings of both these studies feed into this business plan and whose main objectives are:

- to demonstrate demand for a new Centre
- to demonstrate community support for the proposed development
- to assess the financial viability of the new centre

1.1 Dunbeath and District Centre

Dunbeath and District Centre (DDC) is a company limited by guarantee, incorporated on 30th March 1992 (SC137444) and is registered as a charity (SCO19367).

DDC has a board of 6 voluntary Trustees/Directors, each with special responsibilities. In addition to the Trustees/Directors (detailed below), the Centre currently has 285 registered users supported by 37 volunteers, 1 full-time and 3 part-time members of staff.

1.1.2 Board of trustees

Margaret Sutherland (Chairperson)- Retired, prior to that worked for 15 years in the Third Sector as a Senior Manager at Inspire (PTL) Ltd Aberdeen a leading charity in the North East of Scotland.

Maureen O'Neill (Secretary) - Retired economist, now part time Church of Scotland Locum.

Sally Blanshard, Co-Vice Chair (Treasurer) - Retired internal auditor at Ministry of Defence and Central and Local Government

Amanda Mee-Shipman (responsible for Health & Safety) - Primary School Teacher in local school.

John Gunn, Co-Vice Chair (responsible for building maintenance) - Retired Planning Technician, Highland Council. Time served Joiner and currently serves as a Community Councillor

Donna Sutherland (particular responsibility Health & Wellbeing) - Support Worker specialising in special needs and mobility impairment. Runs her own craft business

1.2 The current Centre

Unique within Caithness, the Centre operates as a Wellbeing Hub dedicated to the long-term development of support and care for its community through the provision of well-planned and responsive services. Constantly talking and listening to users and other community groups to establish needs and wishes, the Centre places its core values of equality, dignity, respect and quality of life in everything it does.

Although catering for all ages, 42% of people who attend are aged 65 and over. The Centre takes a person-centred approach offering a pick and mix from a selection of activities.

Pre-Covid the centre provided a range of activities including:

- Educational – mental health improvement sessions, nutrition, computer training, cookery classes for adults and children, budget management,
- Tutor-led arts, crafts, patchwork, quilting, yoga and Pilates
- Adult learning (Centre provided a discreet confidential space)
- Whist and bingo sessions, board games, quizzes
- Visits from local school children
- Talks by visiting speakers and musical entertainment
- Talks by health professionals and other statutory services
- Outings to live music events, local gardens and other places of interest
- Christmas pantomime and annual party at a local restaurant

Pre-covid 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 evening 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.

The Centre also operates as an Emergency Centre when requested by the emergency services in relation to local road closures, power outages and extreme weather to provide shelter and practical assistance to people affected by the emergency.

As a result of strong relationships built up with other organisations, DDC acts as a 'sign post' for users to access other necessary services.

Table 1.1 Services provided and number of users

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 at the Centre for hot soup, tea, scones etc	20 per week
Singing Group	24 per week
ICT classes	6-8 per day
Bingo and Whist	20-24 monthly *

*Important fundraisers 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.
- The 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 donations 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.

The services were developed with the community's needs at their heart and managed to keep vulnerable, isolating and shielding members fed, cared for and connected.

The Centre already established as an anchor organisation creating community resilience during the pandemic, continues as an active participant in the Caithness Planning Partnership and continues to deliver much needed services.

Since reopening its doors in June the Centre has reintroduced Wednesday lunch guest and activity. In October it is re-starting Pilates and Yoga classes for ten weeks. However, due to the size and limitations of the current building, it is hiring another venue to run this class. In response to demand, the Walking Group now has three levels of ability – Strollers, Walkers and Hill Walkers.

Although numbers attending the centre are steadily increasing, the Centre is seeing a high level of anxiety and nervousness from its Users about sitting in a small space in close proximity to others. As a result of this staff anticipate an increase in demand for take-away meals over the winter months.

2. Market research and assessment of need

2.1 Limitations of current centre

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

The feasibility study by Oberlanders highlights that the current space and facilities are limited but that staff and volunteers have made it work to maximum effect. As well as registered 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 new Centre is to be sustainable, both in terms of finance and being able to recruit staff redressing the balance of staff to volunteer hours.

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

Table 1.2 Growth in number of centre users

No of:	Year		
	2018	2019	2020
Regular users	174	184	200
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	

Table 1.3 Outreach services delivered in response to Covid-19 (March 2020-March 2021)

Service	Number
Hot meals delivered	6000
Soups delivered	7500
Check and chat calls (adapted Good Neighbour scheme)	527
Supply of digital devices	22
Vaccine transport	72

Table 1.4 Services/activities and numbers assisted (April 2021-July 2021)

Outreach services continue to be an important part of the work of the Centre and will continue to form part of the offering from the new building.

MONTH (2021)	April	May	June	July	TOTAL
FOOD					
Take-away Lunches	675	533	481	384	2,073
Sit in Lunches/Coffee/Tea	0	0	0	76	76
Evening Meals	0	0	39	66	105
Take-away Soups	689	596	519	421	2225
Fruit/Fruit Salad Portions	116	37	25	50	228
Volunteers Lunches	60	50	53	67	230
Total	1540	1216	1117	1064	4937
SERVICES/GOOD NEIGHBOUR					
Prescriptions	40	38	20	25	123
Shopping	5	4	1	2	12
Papers/Magazines/Donated Magazines	57	39	17	72	185
Pay Bills	2	2	0	0	4
Post Letters	5	5	0	0	10
Hearing Aid Batteries	0	0	0	2	2
Personal help with incidentals	119	91	84	122	416
Total	228	179	122	223	752
EXTRAS - GOOD NEIGHBOUR					
Books/CDs/Jigsaws Supplied	70	40	70	80	260
Check in and chat (CIAC)	64	40	27	51	182
Tea Time Treats	45	0	26	34	105
Face masks (Packs of 10)	0	2	3	1	6

Food Boxes delivered	5	0	0	1	6
Community Food Portions	0	34	65	34	133
iPads issued to Users	0	22	0	0	22
Total	184	138	191	201	714
ACTIVITIES					
Walking Group	104	81	92	88	365
Special events	30	7	0	0	37
Monday Craft Group	0	0	0	35	35
Total	134	88	92	123	437
TOTAL MONTHLY NUMBERS ASSISTED	2086	1621	1522	1488	6717
Meals Service %	73.72	75.02	73.4	71.5	
Services %	26.28	24.98	26.6	28.5	

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 Health and Wellbeing initiatives at the centre also support 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.

'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

Furthermore, 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 were significantly fewer calls to the Council's Covid helpline.

*'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)

A survey (see section 2.2) carried out as part of developing the business case for the new wellbeing hub highlighted the key reasons why people like attending the centre:



'The food is good and its very friendly and everyone has a good blether and a laugh'.

'I like the feeling of it being my second home. The staff are great'.

'As I live alone, I value the company of the other people who attend the centre, also the staff are friendly and very helpful plus food is good. Missed company greatly last year due to Covid and lockdowns'.

'Always a friendly, welcoming atmosphere. Very inclusive, for all ages and fabulous for meeting people'.

'The Centre is my home from home'

'I like to spend time in the Centre as I save on my heating bill at home'

2.2 Community and service user support:

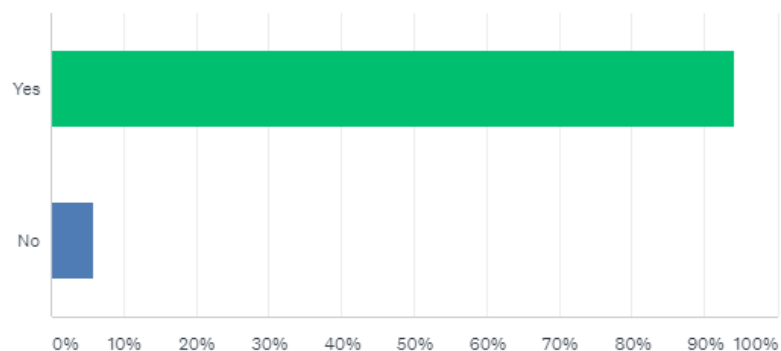
Consultation with centre users and the local community was carried out via a questionnaire during August 2021 and which used online and offline methods. Key findings include:

- 88 responses were received
- Of the total number of responses, 52% were from Dunbeath village area
- 53% of respondents were in the 65-85+ years age bracket.
- 62% of respondents were female.
- 55% of respondents use the centre at least once a week
- 4 respondents travel to the centre from as far away as Wick and Thurso

The level of support for the proposed development of a new Centre was overwhelmingly in favour:

Do you agree with the plan to build a new health and wellbeing centre in Dunbeath?

Answered: 84 Skipped: 4

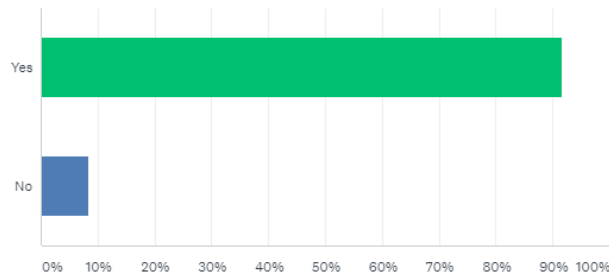


ANSWER CHOICES	RESPONSES
Yes	94.05% 79
No	5.95% 5
TOTAL	84

There was a similarly strong response for the proposal to re-purpose the existing building as an accessible holiday home:

Do you agree with the plan to repurpose the current centre into an accessible holiday home?

Answered: 84 Skipped: 4



ANSWER CHOICES	RESPONSES	
Yes	91.67%	77
No	8.33%	7
TOTAL		84

2.3 Fit with national strategies

Services provided by Dunbeath & District Centre are already a good fit with national strategies including 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)¹ and encourages a shift to a more preventative approach.

Currently in Scotland between 25% and 50% of GP appointments focus on non-medical issues, such as social isolation, financial struggles, and bereavement.

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 concerns².

Evidence shows that using a social prescribing approach can reduce demand on NHS services: a UK study found that after 3 to 4 months, 80% of patients referred to a social prescribing scheme had reduced their use of A&E, outpatient appointments and inpatient admissions.

¹ The Scottish Government. *National Performance Framework*. www.scotland.gov.uk/About/Performance/purposestratobjts (accessed 7 August 2014).

² 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 in 2021. 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.

The proposed development would provide significant health care benefits, help improve capacity which is currently under strain and continue to support key national strategies aimed at enabling older people to retain their independence for as long as possible.

2.4 Demographic changes and the likely increase in demand for health and social care services

The geographical area served by the Centre is Dunbeath and district which has a population with 50% over 50 and a higher proportion of people 70 years and over. Many have underlying health conditions. 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 average⁴.

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.

And while the number of young people is set to fall the number of people aged over 70 is projected to rise significantly over the next 20 years (Figure 1.1)⁵.

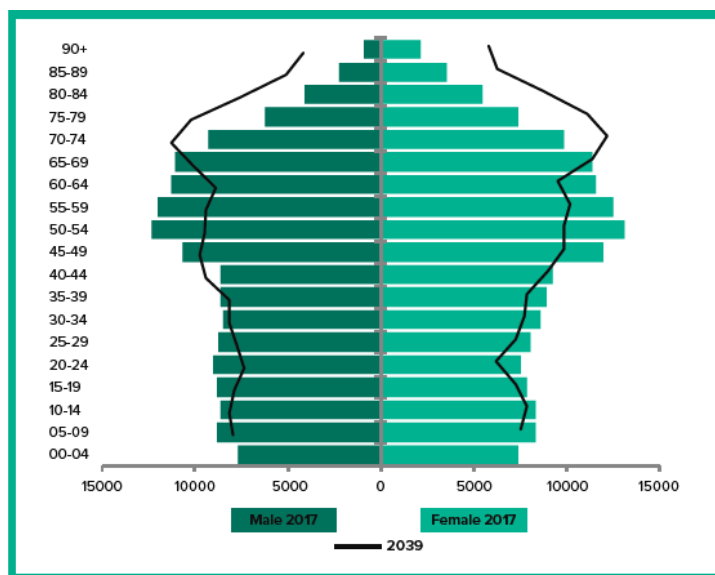
By 2035 around 30% of Caithness's population is expected to be aged over 65 and currently, together with neighbouring Sutherland, has an older age profile than the rest of the Highlands and Islands and Scotland as a whole.

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

⁴ https://www.highland.gov.uk/downloads/file/11092/profiles_for_council_wards

⁵ [https://www.nhshighland.scot.nhs.uk/Publications/Documents/DPH-Annual-Report-2017_\(web-version\).pdf](https://www.nhshighland.scot.nhs.uk/Publications/Documents/DPH-Annual-Report-2017_(web-version).pdf)

Figure 1.1



Furthermore, the number of single person households in Highland is expected to rise, particularly for people aged 90 and over. This places increased demand for care support.

Research shows that use of health care services, and health care costs increase with age and therefore, greater numbers of older people in the population will place increasing demands on health services.

2.5 Loneliness and the impact on health

Research has linked loneliness and social isolation to higher risk of health issues such as depression, heart disease, high blood pressure and dementia. By contrast, meaningful friendships and social networks can have a protective effect on health and wellbeing.⁶

Studies have suggested that loneliness increases with age, with one study suggesting that over 50% of those aged over 80 years experienced some loneliness.⁷ A 2016 survey in Highland indicated that 67% of the population over 65 years experienced some degree of loneliness. This is particularly significant for NHS Highland given it is anticipated that a greater proportion of the population over 75 years of age will live alone in the future with very large increases projected in the numbers living alone in their eighties and nineties.

The published evidence indicates that a range of measures to reduce loneliness such as the community based activities and support available at the Centre are cost effective, can reduce health service costs and represents value for money for the public purse.

⁶ Holt-Lunstad J, Smith TB, Layton JB (2010) Social Relationships and Mortality Risk: A Meta-analytic Review. PLOS Medicine 7(7): e1000316. Available from: <https://doi.org/10.1371/journal.pmed.1000316>

⁷ Age UK (2010) Loneliness and isolation evidence review, London: Age UK

2.6 Demand for accessible holiday accommodation – a new use for the old building

The GB Tourism survey (2015) revealed that ‘accessible tourism’ had contributed £3.2 billion (16%) towards the total spend on UK overnight trips that year.

According to disability equality charity SCOPE, there are 13.9 million disabled people currently living in the UK. However, when it comes to holidays, it’s still common to find that the accommodation available is simply not properly adapted for those with a disability. Almost half a million British adults with an impairment stated lack of accessibility as a reason for not going on holiday in the UK⁸.

A 2012 report (Respite Care in Scotland 2015) showed that 57% of carers had not had a break, and almost half didn’t know how to access a short break. The importance of breaks from caring and respite care has been highlighted in many studies. Generally speaking, respite care is viewed as a service which is provided to give the unpaid carer a rest from their caring responsibilities. This emphasis on the benefits to the carer has perhaps detracted from the equally important benefits that the break provides to the care recipient. Experience suggests that a successful break is more likely to be achieved when the support provided is designed to achieve good outcomes for everyone in the caring relationship.

Data from the Carers Census (2018-19) published by the Scottish Government suggests that support needs vary between adult carers and young carers. Young carers were more likely to be recorded as needing short breaks or respite (81% compared to 48% of adult carers) and counselling or emotional support (59% compared to 24% of adult carers).

Providing an accessible holiday unlocks a whole new market in an area which currently has limited provision.

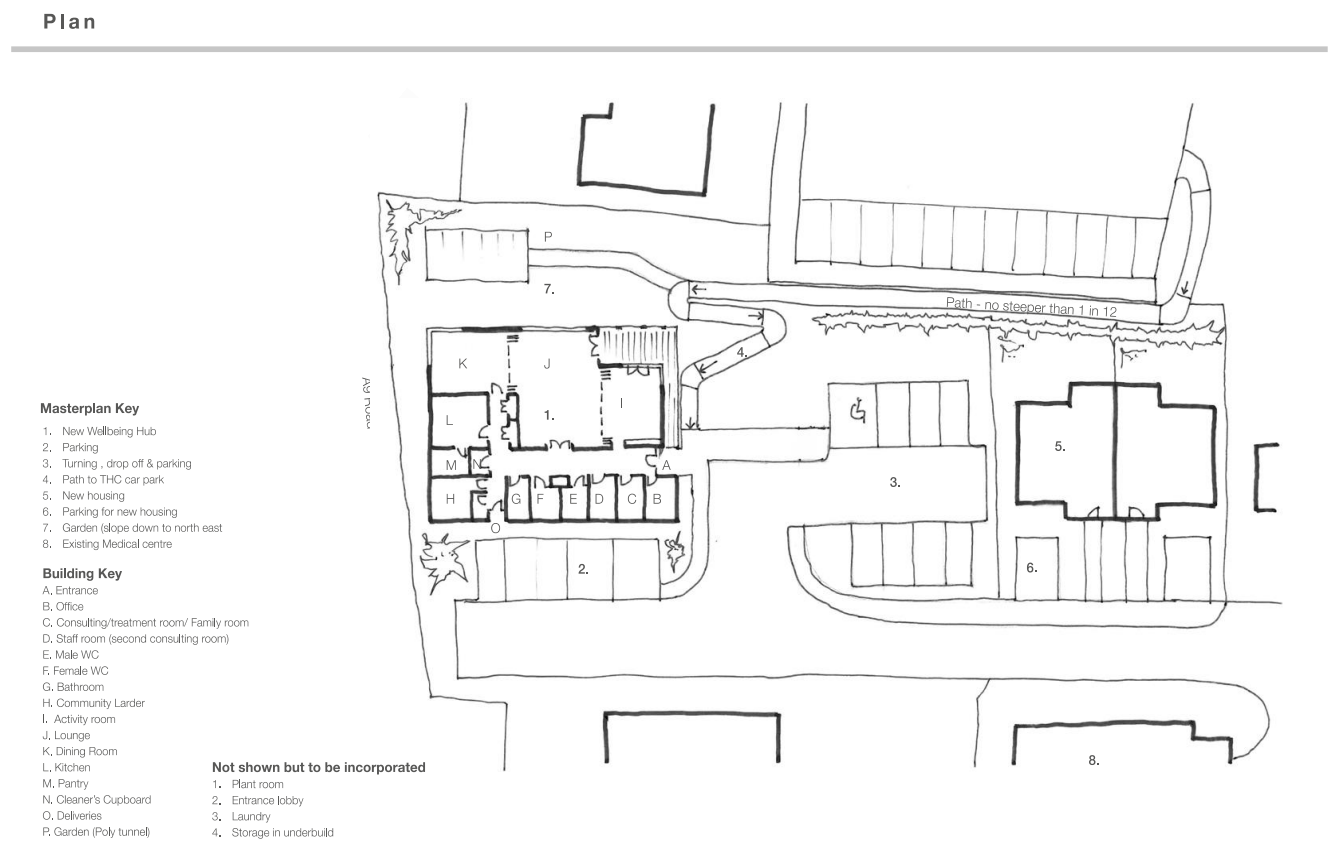
⁸ <https://www.schofields.ltd.uk/blog/5404/accessible/>

3. New Wellbeing Hub

3.1 Schedule of accommodation

The schedule of accommodation (Figure 1.2) has been drafted following an initial workshop with the Trustees/Directors, staff and volunteers. The total floor area for the centre will be circa 280-300m².

Figure 1.2



Oberlanders Architects LLP | Dunbeath & District Centre | New Wellbeing Hub, Achorn Road, Dunbeath, KW6 6EZ | Initial Ideas |

11

The new Centre will be a 'game changer' in the South-East Coast of Caithness Communities, setting the standard for many years to come.

Built on land next to the existing Centre and will be conveniently co-located with the local GP surgery. It will have views over Dunbeath, improved parking, will be easily accessible and be more energy efficient.

The centre will provide a flexible and multi- functional space which can adapt to meet different requirements and provide the staff and volunteers a suitable base to deliver an agile model of service. Consequently, it will deliver services and activities specifically tailored to local need and with the community at its heart. When people are involved in

helping to shape their care it can make a positive difference to an individual's health and wellbeing, allowing them to stay in their community for as long as possible.

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, delivered by Carer's, which would be paid for.

The new building will continue to operate as an Emergency Centre for the community when required.

3.2 New services and activities

Findings from the survey show that new services and activities would be welcomed, particularly:

- Podiatry - a need that was highlighted by the local GP surgery which deals with foot problems, not routine foot care. (31 respondents said that they would be interested/extremely interested in making use of a podiatry service at the centre)
- Physiotherapy (29 respondents said that this is something they would be interested/extremely interested in accessing)
- Alternative therapies – mindfulness, relaxation (36 respondents said that this is something they would be interested/extremely interested in making use of if available)
- Beauty therapies (18 respondents said that this is something they would be interested/extremely interested in having this service available at the centre)
- Men's shed (33 respondents said that this is something they would be interested/extremely interested in having).
- Gardening/raised beds (37 respondents said that this was something they would be interested/extremely interested in making use of)

Table 1.5 shows the levels of interest for the range of services the new centre would provide.

Table 1.5

	1 (NOT INTERESTED)	2	3	4	5	6	7 (EXTREMELY INTERESTED)	TOTAL
Opportunities for socialising	1.25% 1	6.25% 5	1.25% 1	10.00% 8	18.75% 15	28.75% 23	33.75% 27	80
Support to maintain positive mental health	7.25% 5	11.59% 8	2.90% 2	8.70% 6	14.49% 10	18.84% 13	36.23% 25	69
Alternative therapies – e.g. mindfulness/relaxation	11.59% 8	10.14% 7	10.14% 7	15.94% 11	10.14% 7	8.70% 6	33.33% 23	69
Physiotherapy	19.12% 13	13.24% 9	11.76% 8	13.24% 9	8.82% 6	8.82% 6	25.00% 17	68
Podiatry	24.24% 16	15.15% 10	9.09% 6	4.55% 3	10.61% 7	16.67% 11	19.70% 13	66
Activities to stay healthy and physically active	5.97% 4	4.48% 3	4.48% 3	7.46% 5	17.91% 12	20.90% 14	38.81% 26	67
Beauty therapies	44.62% 29	10.77% 7	10.77% 7	6.15% 4	6.15% 4	1.54% 1	20.00% 13	65
Singing/music group	46.97% 31	9.09% 6	9.09% 6	4.55% 3	3.03% 2	7.58% 5	19.70% 13	66
Speakers/musicians/demonstrations	18.57% 13	5.71% 4	12.86% 9	8.57% 6	18.57% 13	17.14% 12	18.57% 13	70
Hill walking	33.33% 22	9.09% 6	9.09% 6	10.61% 7	9.09% 6	9.09% 6	19.70% 13	66
Men's Shed/or other activities specifically for men	34.92% 22	3.17% 2	3.17% 2	6.35% 4	12.70% 8	14.29% 9	25.40% 16	63
Gardening/raised beds	20.90% 14	5.97% 4	11.94% 8	5.97% 4	17.91% 12	14.93% 10	22.39% 15	67

The majority of respondents who regularly attend the centre do so for the meals (44% for the lunchtime meal, 30% for the teatime meal) and a further 46% regularly have take-aways from centre. The centre started providing take-away meals when it closed in March 2020 in response to covid. These proved extremely popular and something planned to continue and expand on in the new centre.

4. Finance and funding

4.1 Project costs:

Project costs have been divided into construction costs (those related to the construction, fitting-out and equipping of the building) and operating or revenue costs, (those relating to the post-construction operation) and including direct project costs and overheads.

4.2 Site Acquisition:

Dunbeath and District Centre will acquire the site following a Community Asset Transfer from Highland Council. It is anticipated that because of the significant benefits of a new centre to the community and the level of community support there is for the project, the acquisition costs are expected to be £1.

Transfer costs are estimated at £8,000 to cover Highland Council and the centre's own legal costs.

4.3. Construction Costs

Construction cost of £1m has been provided by the Architect. At this stage the costs are purely estimate. A detailed cost plan would be the subject of a future, separate tender.

Value Added Tax

The scale of build projects often results in groups viewing VAT recovery as a method of helping to fund their build project. However, the complexity of the VAT rules in relation to land and buildings and the likely partial exemption position of a community organisation does result in a complicated VAT position for these groups to manage through a build project and for the subsequent 10 years after completion. The first basic rule is that you should expect the construction of all new commercial buildings and work to an existing building to be liable to the standard rate of VAT.

4.4 Operating (Revenue) Costs:

The operating costs are based on a set of realistic assumptions, taking into account the numbers using the centre pre-covid, those currently using the centre and the numbers that could be accommodated in larger building.

4.4.1 Room hire

The new centre, will be almost three times the size of the current building, will offer a flexible and multi-functional space with improved parking. The existing centre has a cap of 22 people in the building at one time, so it is not possible to accommodate functions like funeral teas, memorial services or larger gatherings. The building, which is positioned conveniently on the A9, will be ideal for meetings of local and regional groups eg Caithness Partnership, health professionals, small organisations with no meeting space etc. Offering catering alongside room hire provides another revenue stream. Therefore, it is not unreasonable to assume an increase in room hire, which pre-covid was £1500, to £2500 in the first year of the new centre and increasing to £3000 in subsequent years.

4.4.2 Food sales

An Service Level Agreement (SLA) with NHS Highland for £29,308 acts as core funding for the in-house meals served in the centre. The SLA is based on Day Care meal costs of £3.90 for lunch only and £4.40 for a meal and snacks (all day).

Currently, the centre serves two or three courses with tea, and home bakes and drinks are available throughout from arrival to departure and the current charges up until April 2021 range from between £5 and £8. The NHS Highland SLA, which will have been in place for nine years and three months when the current contract variation concludes at the end of June 2023, is seen as key in offering attractive and nutritious meals at an affordable price.

With a larger kitchen and dining area, the Centre anticipates a 20% increase in the number of pre-covid in house meals it will be able to provide. In 2019 the centre provided 1,733 meals. With a new, larger centre the expectation is this will rise to 2,080 in the first year of

opening and increase by a further 25% in the subsequent year. There is also an expectation the number of takeaways will increase by 20% to around 1000 a year.

Being able to offer catering alongside room hire provides another revenue stream. A further £2,000 is expected the first year from catering for funeral teas, functions and meeting room hire, increasing to £2500 in year 2 and £3000 in year 3.

4.4.3 Future funding sources

NHS Highland is reviewing Service Level Agreements in 2022, preparing for awards to start in 2023. However, it is hoped that Dunbeath and District Centre's SLA will be extended beyond 2023 with an increase in funding as it continues to help NHS Highland meet several of its strategic themes by delivering a locality-based approach and effective people-led health and wellbeing outcomes.

Exploratory talks have also indicated that there is a possibility of the Centre negotiating a 'top slice' of wind farm gain from two windfarm developments planned for the local area. It is anticipated that the first windfarm will come on stream in 3 to 5 years. The second wind farm is in the early stages and forecast to come on stream in 5 to 7 years.

4.5 Staff costs:

4.5.1 Current staff costs:

- Senior Centre Co-ordinator, 8 x management hours per week and 28 coordinator hours per week, funded by Beatrice Partnership until 30/9/22.
- Centre Co-ordinator, 22 hours per week, core funded through SLA until 30/6/23
- Centre Assistant, 17 hours per week, core funded through SLA until 30/6/23
- Centre Assistant, 18 hours per week, post fully funded Dunbeath & District Centre.

Total cost - £60,000 per annum including pensions.

4.5.2 Additional staff costs

- Operational Growth Manager, 38 hrs a week, appointed January 2022 for 24 months (have secured funding for this post and in the process of recruiting)

Total cost - £40,000 per annum including pensions

4.6 Profit and Loss:

	Year 1	Year 2	Year 3
Income			
General donations/local fundraising	8000	10000	10000
Windfarm funding	0	15000	15000
NHS SLA	35000	35000	35000
Food sales	20480	24100	24600
Membership fees	133	133	133
Room rental	2500	3000	3000
Rental for accessible holiday let		10000	12000
Project income	30000	30000	30000
Other funding	35000	10000	10000
Total	131,113	137,233	139,733
Expenditure			
Food provisions	18000	19000	19000
Transport & Mileage	1000	1500	1500
Consumables	800	900	900
Stationery	700	800	800
Administration & marketing	300	300	300
Heat & light	1500	1500	1500
Rates and insurance	1500	1500	1500
Repairs & renewals			500
Refuse costs	240	240	240
Internet & Telephone	700	700	700
Printing & postage	500	500	500
Sundries	100	100	100
Accountancy fees	1000	1000	1000
Book-keeping fees	2000	2000	2000
Subscriptions	400	400	400
Salaries & pensions	100000	100000	100000
Total	128,740	130,440	130,940
Surplus/(Deficit)	2,373	6,793	8,793

Assumptions

Donations/fundraising - anticipate an increase in donations from previous years due to the new centre being able to support more people

Windfarm funding - anticipate a top slice of 15% of a £100,000 a year fund in year 2 and in subsequent years

NHS SLA – hope to continue beyond 2023

Food sales - in-house food sales are expected to continue to grow year on year.

Room rental – anticipate an increase in the number of room rentals due to having a larger building with flexible and multifunctional spaces

Rental for accessible holiday let – based on £400 a week for 25 weeks of the year, increasing to 30 weeks in year 2 - expect to open in April 2024

Project income – anticipate an increase in project specific income due to the flexible and multi-functional space which can change to meet different requirements and so deliver a range of different services

Other funding - based on the projected funding required to support the Operational Growth Manager

Heat & light – anticipate the cost of heat and light being similar or slightly less than current charges due to the new centre being more energy efficient and using renewable energy sources (current circumstances pertaining)

5. Risk Analysis:

Risk	Impact on the business	Mitigation
Failure to secure funding	Project delayed	Build relationship with larger diverse funders Consider doing project in phases (eg re-purposing of the existing building to be done at a later stage with priority given to development of the Wellbeing hub
Challenges in recruiting staff	Not able to deliver full suite of services plus impact on volunteer board time/capacity	Keep the profile of the hub high
Loss of key personnel, volunteers and committee members	Service delivery, burden on remaining volunteers	Succession planning and active Board recruitment to ensure continuity Good terms and conditions for future staff and volunteers to ensure retention
Failure to secure further funding for the Operational Growth Manager and Inclusivity Co-ordinator	Service delivery, burden on volunteers and with a knock-on effect on the number of people the centre could take.	It is likely some external funding will always be required for posts like these. Keeping abreast of funding opportunities and regular dialogue with NHS Highland will be important.

6. Conclusions and next steps

The development of a new wellbeing hub and repurposing the existing centre as accessible holiday accommodation has real potential to bring a number of economic and social benefits including improved facilities, significant health benefits for current and future users of the centre, employment and additional revenue. Next steps in progressing the project include:

- submission of Community Asset Transfer request for the land
- liaison with potential major funding sources
- forming a DDC sub-committee to focus on key next steps and allocate responsibilities for each task
- modifying project costs as information becomes available
- ongoing community engagement to ensure momentum maintained

September 2021