



CÙRAM IS SLÀINTE NAN EILEAN SIAR

WESTERN ISLES HEALTH AND SOCIAL CARE PARTNERSHIP

Care Units - Consultation

Report by Chief Officer, Health and Social Care

PURPOSE OF REPORT

1. To set out proposals to consult on the future use of the Garrabost, Carloway and Crowlista Care Units.

COMPETENCE

2. There are no legal implications associated with the recommendations. Workforce related matters will be progressed subsequent to public consultation and a decision of the Integration Joint Board. Possible financial savings can be identified, depending on what option is ultimately supported by the IJB.

SUMMARY

3. At its September 2018 meeting, the Integration Joint Board considered a report detailing the regulation and charging arrangements for Care Units and contextual information relating to workforce and service pressures. The associated decisions resulted in the implementation of a temporary suspension of admissions to the Garrabost Care Unit (four beds) and consultation on the transfer of the residents and the associated staffing to other service provision. That consultation resulted in the status quo, with residents indicating that they were unwilling to move.
4. Shortly after, the Carloway Care Unit (four beds) became vacant due to the care needs of the residents exceeding the care service available within the Unit. As a result, staff members were temporarily redeployed to other service areas in line with their contracts of employment. For similar reasons, the Crowlista Care Unit (three beds) became vacant. At the time of writing, there is only a single resident across the three care units (11 beds).
5. Given the increasing challenges with both supply of care and demand for the care units, the IJB agreed in December 2018 that work be undertaken to review the level of need that can be supported in the care units and come back to the IJB with options around their future use. That work has now been undertaken and it is suggested we now move to public consultation over the future use of the care units.

RECOMMENDATIONS

6. It is recommended that the Integration Joint Board notes the position and agrees that we enter into public consultation, as described in the main report.

Ron Culley
Chief Officer
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Background

7. At the September 2018 series of meetings, the Integration Joint Board considered a report detailing the regulation and charging arrangements for Care Units and contextual information relating to workforce and service pressures. The associated decisions resulted in the implementation of a temporary suspension of admissions to the Garrabost Care Unit (four beds) and consultation on the transfer of the residents and the associated staffing to other service provision. That consultation resulted in the status quo, with residents indicating that they were unwilling to move.
8. Shortly after, the Carloway Care Unit (four beds) became vacant due to the care needs of the residents exceeding the care service available within the Unit. As a result, staff members were temporarily redeployed to other service areas in line with their contracts of employment. For similar reasons, the Crowlista Care Unit (three beds) became vacant. At the time of writing, there is only a single resident across the three care units (11 beds).
9. Given the increasing challenges with both supply of care and demand for the care units, the IJB agreed in December 2018 that work be undertaken to review the level of need that can be supported in the care units and come back to the IJB with options around their future use.
10. That work has now been undertaken. The evidence suggests that the care units have a diminishing value from a commissioning perspective, as more people with complex needs are supported for longer at home, and dependency levels in care homes suggest high-tariff care typically provided to people with incapacity or who are at end of life. There is also a correlation (though causation is difficult to demonstrate) between the drop-off in demand for care units and the reforms we introduced to our homecare service, which delivers care across an 19 hour period each day (6.30am-1.30am) and is more responsive to individual need. The role of the care units has therefore been squeezed in recent years, since they are unable to provide the high-tariff care provided in care homes and a more resilient homecare service is now absorbing the people who might historically have been supported in a care unit. We do not anticipate the drop-off in demand to be a temporary fluctuation given that there is now a meaningful trend and given what we know about our other services.
11. We have also applied an emerging methodology to compare the marginal gains associated with investing the care units resource in different service arrangements. *Programme Budgeting Marginal Analysis* has been devised by academics at Glasgow Caledonian University and is supported by the Scottish Government. This approach allowed us to assess the value of five different scenarios: status quo (maintaining the three care units in existing form); close the care units and transfer the staffing resources to residential care; close the care units and transfer the staffing to homecare; redesign the care units to provide intermediate care; and redesign the care units to provide respite care to unpaid carers. Each of these options was assessed against a range of criteria, including demand management (impact on delayed discharges and waiting times); safety (service user and staff); working environment; and economic impact.





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12. Although some of the impacts were difficult to measure, the conclusion of the work was that translation of the staffing resource into homecare and the development of respite care would see the largest marginal gains. It should be noted, of course, that these are theoretical constructs, and the practical realisation of these models would be subject to additional variables (for example, staff members have entitlements and choices under redeployment). Nonetheless, it was a useful exercise and points the way to a more efficient utilisation of resource.

Proposal

13. Given the evidence that we have now amassed, it is proposed that we move to public consultation about the future use of the care units. That consultation should highlight existing issues about demand for the care units, alongside a description of existing budget pressures. It is inconceivable that the IJB can afford to undertake service redesign in the current financial climate, without proposing that some of the savings are put against our sizeable budget gap.
14. To that end, we should consult on the following four options:-
- Status Quo (highlighting existing challenges and reasons for change)
 - The redevelopment of one of the three care units into a respite care facility, with the residual resource being taken as a saving as a result of two remaining care units closing.
 - As per the option above, but with the residual resource split between homecare and savings. This would be proposed as the preferred option.
 - Alternative proposals put forward by respondents to the consultation.
15. The consultation would also ask about whether there is a specific rationale for supporting one care unit's retention over another (e.g. community resilience) and whether the community or another public body would have an interest in vacated premises. It is proposed that we would host three public meetings in Garrabost, Carloway and Crowlista, ahead of returning to the IJB with a firm proposal in March.

Finance

16. The total running costs of the three care units is £435k, which is inclusive of staff and operating costs.
17. If we were to redesign one of the units to become a provider of respite care, it would cost in the region of £190k per annum (with a unit cost of £910 per bed per week, if split across 4 beds; £1,200 per bed per week if split across 3 beds). By way of comparison, the unit cost of Bethesda's respite unit is £762 per bed per week (split across 9 beds).
18. If we pursue our preferred option, we would be seeking to deliver against the following financial assumptions:
- £190k per annum respite care costs
 - £100k per annum transfer to homecare
 - £145k recurring saving against IJB budget gap





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Conclusion

19. If we pursue our preferred option, we will be transferring an inefficient resource into service which will add value, while setting some money aside to go against the savings target. The additional homecare hours would help reduce the waiting list and the respite facility would allow us to increase overall capacity in line with our duties under the Carers Act.

