



# CÙRAM IS SLÀINTE NAN EILEAN SIAR

WESTERN ISLES HEALTH AND SOCIAL CARE PARTNERSHIP

## Care Units Redesign

Report by Chief Officer, Health and Social Care

### PURPOSE OF REPORT

1. To set out proposals 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 through the relevant Comhairle committees. Financial savings have been identified, and will be put towards the efficiency savings required within the 2019/20 budget.

### SUMMARY

3. At its February 2018 meeting, the Integration Joint Board considered a report detailing the future arrangements for the three Lewis Care Units (attached). This resulted in a public consultation, with the IJB's preferred option being to retain one unit as a respite facility, use some of the liberated resource for homecare and put some towards our savings plan. It was agreed that in order to support decision making, we would hold a public consultation on the future use of the care units and, separately, pursue a conversation with the Care Inspectorate about changing the registration to respite care.
4. In respect of the former, three public meetings have been held to discuss the future of the care units, along with a public consultation. The public meetings have been well-attended and the majority view found in favour of the status quo (retention of the care units). An EQIA is attached at Annex 1. In addition, the Care Inspectorate has now clarified that the care units cannot be used to provide respite care without substantial and impractical remedial works. This feedback is attached at Annex 2.
5. The IJB is therefore invited to consider how best to manage four competing demands: the need to respond to community preference; the regulatory requirements attaching to the care units; the commissioning needs of the health and social care partnership; and the need to find efficiencies as part of our financial plan.

### RECOMMENDATIONS

6. It is recommended that the Integration Joint Board:
  - a) Agrees that the revenue resource attached to the Garrabost Care Unit (£190k) will form part of the operating budget of the proposed new care campus at Goathill (as included in financial and service model planning to date);
  - b) Agrees to divest itself of the Garrabost Care Unit and for the Comhairle to dispose of the unit in accordance with the Disposal of Assets Procedure, noting that we will continue to discuss with the Point community how best care services are resourced and delivered;
  - c) Agrees that we enter into a process of co-design with the community in Carloway in respect of the development of health and care capacity on the Westside, optimising use of assets and associated revenue budgets, noting the need for the IJB to make savings;





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- d) Agrees that we enter into a process of co-design with the community in Uig in respect of the development of health and care capacity, optimising use of all assets and associated revenue budgets, noting the need for the IJB to make savings.
- e) Notes that all staff previously attached to the Care Units will be appropriately redeployed by the Comhairle, taking into account their preferences in line with Comhairle policy.
- f) Agrees to issue the direction described under paragraph 29

**Ron Culley**  
**Chief Officer**  
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### BACKGROUND

7. In September 2018, 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 (two out of four beds were unoccupied) 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 did not wish 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.
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 report back on options around their future use. The evidence gathered suggested 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 increase. 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 care needs of 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.
10. We 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.
11. 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





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these were 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.

12. At its meeting in February 2019, the IJB agreed to consult on the future use of the care units. The following four options were put forward for discussion:-

- a) Status Quo (highlighting existing challenges and reasons for change)
- b) 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.
- c) As per the option above, but with the residual resource split between homecare and savings.
- d) Alternative proposals put forward by respondents to the consultation.

13. It was agreed that option c) was the preferred option of the IJB.

### COMMUNITY OPINION

14. The consultation on the care units ran from 21st February 2019 until 26th April 2019. Three public meetings were also held:

- Monday 4th March, 7.30-9.30pm, Point
- Monday 18th March, 7.00-9.00pm, Uig
- Tuesday 19th March, 7.30-9.30pm, Carloway

15. The public meetings were well-attended. The Chief Officer presented the case for change alongside the Head of Partnership Services. Participants were offered the opportunity to decide on how they wished to air their views and opted for an open group meeting. Notes were taken at all meetings. The main sentiments expressed at the public meetings were as follows:

- Support for the retention of the care units, in one form of another;
- A willingness from attendees to explore alternative uses for the care units given the profile of demand;
- An anxiety that the closure of the care units would further erode community services and contribute to the loss of population;
- A scepticism about a reduction in demand given wider levels of need in the community;
- An indication that more imaginative solutions were available, and a request for the IJB to work with communities.

16. In respect of the wider consultation, a total of 68 written responses to the consultation were received. Of those:

- 28 respondents argued in favour of the status quo (41%) (Option A)
- 8 respondents argued in favour redeveloping a care unit into a respite care facility (13%) (Option B)





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- 24 respondents argued in favour of redeveloping a care unit into a respite care facility and investing further in homecare (35%) (Option C)
- 8 respondents preferred another option not specified in the consultation document (13%) (Option D)
- Of those who outlined alternative suggestions, some favoured a mixed model of care and respite care; some suggested the units be used as intermediate care beds to support reablement and discharge from hospital; and some suggested development into nursing care
- If a care unit were not required by the IJB, some respondents suggested they should be used as social housing; others suggested early years' childcare.
- Respondents, not surprisingly, favoured the retention of the care unit in their own neighbourhood. The arguments in favour of each units were typically articulated as follows:
  - Carloway has advantages as a hub, with GP practice and day care within the vicinity;
  - Garrabost has advantages in serving a larger population, with effective links to Stornoway;
  - Crowlista plays a crucial role as a lifeline service for people in a very remote community and makes a contribution to the local economy.
- The majority of respondents highlighted the importance of being able to support older people in their natural communities.

### REGULATION

17. Subsequent to the consultation concluding, the Care Inspectorate has indicated that the care units would need to be registered as care homes if they are to offer respite care; unfortunately, the units do not meet the standards required by the Care Inspectorate. The full terms of this exchange are set out in Annex 2.
18. From a regulatory point of view, this effectively rules out the use of the care units as respite facilities, without substantial capital redevelopment to make all rooms en suite and increase the size of rooms.

### COMMISSIONING

19. Recognising that there is no practical way of registering the Care Units as care homes, their future use is restricted to a housing support model (the status quo). However, while this might coalesce with community opinion, it asks the same questions about their value from a commissioning point of view in being able to meet the needs of people in the community – the service provides a similar level of care to homecare and somewhat less than care homes.
20. This is, in no way, a criticism of those colleagues who have provided a highly valued services within the care units over time, and the community consultation highlighted how much affection there is for these services; but from a commissioning perspective, the professional view is that the service model has a diminishing utility and increasingly falls short of the national health and care standards.





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21. Indeed, some of the deficits of the model are implicit within the Care Inspectorate's analysis: most people moving into a housing with support model will expect not to have shared bathroom and kitchen facilities.

### PROPOSAL

22. Having worked through this process with our professional advisers, regulators and community representatives, it is important that we now take forward a proposal which recognises the IJB's financial position, the express view of communities about the retention of community capacity (especially for those communities which are more remote from the urban centre of Stornoway), and the view of our professional advisers about providing high quality physical environments to support people's health and social care needs.
23. In some respects, the Garrabost Unit should be looked at on a stand-alone basis, given its proximity to Stornoway and given that the building itself is not currently habitable (works will be required following an oil leak). Moreover, the resource aligned to the Garrabost Unit has for some time been part of the IJB's wider proposal to fund the service at the new care campus at Goathill. There is no reason to move away from that position and it now seems that the health and social care partnership should divest itself of the Garrabost Unit and allow the Comhairle to dispose of it in accordance with policy. As part of that, we will want to continue our conversation with the community, to consider whether any compensating action needs to be taken, for example, to expand homecare services in the area.
24. By contrast, the communities of Carloway and Uig are more geographically remote and a stronger view was expressed about the importance of maintaining community assets. To that end, it may be premature for the partnership to divest itself of these units, since they should form part of a conversation with the community about the fabric of care within these localities. At the same time, this report makes clear that the units have very limited possibilities for use as they are currently structured.
25. Nonetheless, it is important that we open up conversations with communities, to explore their assets and consider how best need could be met within those communities. For example, in Carloway, the day centre is heavily under-used, and more could certainly be made of that asset, including the possibility of respite care delivered through the day.
26. Should we proceed down this path, it will be important to abide by principles of co-design and co-production, to ensure that the community actively shapes the services delivered within the locality. As part of this, it will be important that the IJB doesn't merely shunt costs onto the community sector and therefore an element of revenue investment will be required.

### FINANCE

27. The total running costs of the three care units is £435k, which is inclusive of staff and operating costs.
28. If the revenue resource attaching to the Garrabost Care Unit is aligned with the Goathill budget, the operating budget is reduced by circa £190k. It is proposed that





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a further £145k is identified as a recurring saving against the IJB's budget gap, and that we hold back £100k, to consider any potential investment requirements as part of our proposed co-production model.

### CONCLUSION

29. There is no doubt that there is strong community opinion about the importance of retaining the Lewis Care Units. However, regulatory, financial and commissioning requirements pull in a different direction. The IJB must therefore navigate this towards a satisfactory outcome. Rather than working against community opinion, it is recommended that we opt to advance a coproduction model, working with communities to develop new models of care and support, while at the same time recognising the need to make savings.

Direction – 2019/June/1		
1	Date direction issued by Integration Joint Board	20 <sup>th</sup> June 2019
2	Date from which direction takes effect	20 <sup>th</sup> June 2019
3	Direction to:	Comhairle nan Eilean Siar
4	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	Yes; the 2019/20 directions issued in respect of the budget provisions for health and social care.
5	Functions covered by direction	Housing with support (older people)
6	Full text of direction	Comhairle nan Eilean Siar will cease to deliver a housing with support service from the Garrabost Care Unit and will continue to operate a moratorium in relation to the Uig and Carloway Care Units until such times as the IJB has concluded its community engagement work
7	Budget allocated by Integration Joint Board to carry out direction	The revenue budget associated with the service will form part of the operational budget for the new service to be operated at the proposed care campus at Goathill
8	Performance monitoring arrangements	IJB Budget monitoring processes
9	Date direction will be reviewed	At the conclusion of the community engagement process

