CÙRAM IS SLÀINTE NAN EILEAN SIAR

WESTERN ISLES HEALTH AND SOCIAL CARE PARTNERSHIP

Chief Officer Report

Report by Chief Officer, Health and Social Care

PURPOSE OF REPORT

1. To update the Joint Board on progress against strategic objectives.

COMPETENCE

2. The matters arising in the report have no immediate financial, legal or HR implications.

SUMMARY

3. The IJB is pursuing a broad and ambitious change agenda across all of its delegated service areas. In particular, we are seeking to address growing demand for services by undertaking two major and connected pieces of work: to redesign mental health services, with a focus on supporting more people in community settings; and to redesign the residential estate in Lewis, creating additional bed capacity.

4. In respect of the former, the Joint Board has received several papers across 2018 on Mental Health redesign, which is being taken forward within a challenging operational environment. Our ambition is to create an enhanced community mental health team working to the principles of the recovery model and to do this we plan to liberate resources from the closure of two mental health wards: Clisham and APU. Clisham was originally established as an assessment ward for people with dementia but has not effectively functioned in this capacity for several years – it had become a *de facto* long stay dementia ward, with additional utility as an overflow from the medical wards. By contrast, APU has continued to function in line with its original purpose as an acute psychiatric ward, supporting people who are mentally ill. These wards absorb a significant proportion of the mental health staffing resource relative to the amount of people who can be supported at any one time. The redesign process has been challenging because the closure of Clisham requires sufficient community care capacity to be in place to facilitate the discharge of existing patients, while the closure of APU requires a new clinical pathway to be in place with a host mainland Health Board absorbing acute presentations incapable of being supported on a medium-longer term basis within the Western Isles Hospital; this needs to be augmented with more effective multi-disciplinary reablement capacity locally. Despite these challenges, the last patient in Clisham was discharged in October and we are in the process of redeploying staff into new roles across community psychiatric nursing and the wider NHS establishment. The APU work represents a longer-term reform. More detail on this matter can be found at agenda item 8.7.

5. In respect of the redesign of the residential estate, we aspire to deliver three major capital reforms. First, to create a new multi-functional care campus at Goathill in Stornoway, which would offer residential care, extra-care housing, respite and intermediate care to older people; this would boost community care bed capacity from the existing 74 to 102 beds. Second, to demolish the Ardseileach Day Care Centre and in its place build additional extra-care housing for adults with a disability and shift day care into the Grianan centre. Third, to create additional extra-care housing capacity in rural Lewis, thereby serving the needs of the population on the western seaboard of Lewis. This is a complex redesign process, which will be dependent on under strain capital budgets stretching across three discrete but connected projects, and effective alignment with the Strategic Housing Investment Plan, to draw down on additional

Scottish Government capital made available for housing development. There are also revenue challenges associated with this transformation which are laid out at item 8.4.

6. While these twin objectives – the expansion of community mental health and residential care capacity (including intermediate and respite care) - are central to our overall vision of supporting people to remain independent at home for as long as possible, the reality is that our new system will not be operational until 2021 and until such times we will have to absorb significant pressures.

7. These pressures are likely to become more challenging still if we cannot sustain the three Lewis care units, which are subject to regulatory restrictions (we have to operate them as supported tenancies rather than care homes), challenging shift patterns (the sleepover function sits uneasily with the working time directive), and commissioning deficits (as home care begins to deal with complex care needs at home).

8. We have played out a number of scenarios around the impact these changes could have on our local system but at its most challenging we could see a reduction in 23 long-stay beds (12 Clisham beds and 11 Care Unit beds) by the time the new capacity comes on-stream in 2021. Once we allow for the fact the existing reablement beds at Dun Berisay (4 in total), will also transfer into the new campus at Goathill, there will be limited net growth in bed capacity. That is why we must find a solution to develop capacity in rural Lewis, which will allow us to accommodate the increasing demand for care and support resulting from demographic change.

Service Design

9. Our response to this challenge obviously has to reach beyond considerations of core bed capacity to an examination of service design and workforce change. Partly, this is about instituting change by pursuing our established strategies – the implementation of the dementia strategy is a case in point. However, we also need to be reviewing service delivery arrangements in a fundamental way. To offer a case in point, the IJB Lead Nurse recently hosted a session with our community and specialist nursing leaders to consider how we respond to fast changing profile of need (both in respect of complexity of care and presence of comorbidities). We are interested in developing a model of service which is focused on supporting patients to self-manage, where the community nurses themselves not only offer clinical intervention but function as key facilitators of holistic care and support, liaising with the full range of community health and care professionals supporting individual patients. Specialist nurses would in turn deliver support to community teams to deliver care that maintains independence and supports self-management. This also aligns to wider primary care reforms, where we anticipate closer working relationships between practice teams, led by the GP as an expert generalist, and NHS employed community healthcare staff. We plan to host a series of development sessions with practices in the new year to begin to sketch out how these new relationships will form.

Supporting Disabled People

10. Of course, demographic change and the growth in demand is not restricted to the older population and people with long-term conditions – we are also witnessing significant pressure building around the care and support needs of adults with disabilities. Over the last six months, we have had to work through a number of challenges within adult care and support and while we will be taking an opportunity to review operational arrangements, it is evident that the existing satellite units in Stornoway do not fit well with the core and cluster model of care and support –

hence we want to further enhance capacity at Ardseileach to ensure that our level of resilience improves.

11. In order to properly frame these issues, we have set out to develop a new strategy around supporting people with learning disabilities and autism. This is necessary not just because we have no formal statement of intent in respect of the care and support of these population groups but because we have not effectively engaged with the hard questions about the level of support we can provide on-island as against the provision of care and support in more specialist residential centres on the mainland. That work is now underway, with two well-attended workshops held in November in Stornoway and Liniclate. We want to take the learning from these sessions and use it to form an outline strategic plan.

Corporate Alignment

12. All of these reforms are intended to fit with the wider corporate objectives of the Comhairle and NHS Western Isles. Both organisations are committed to the development of hubs, whereby we cluster services together for the benefit of service users and, indirectly, as a driver of economic growth – an important consideration in rural areas in particular.

13. More than this, both the Health Board and the Comhairle are committed to the development of community capacity as an important component of transformation. To offer a case in point, the Health Board has successfully drawn down on European monies to fund community link workers to help tackle social isolation, while the Comhairle has undertaken a significant programme of consultation under the banner of community conversations – these are intended to draw on and maximise the natural capacities that exist in our communities to develop resilience and community assets. The IJB has likewise had a long-standing interest in this agenda, and this is further profiled at 8.8 on the agenda.

Risk

14. However well we might position these service reforms, we face two major connected risks which could impact on our ability to realise our objectives. The first is that we are unable to generate a workforce capable of fulfilling our service aspirations – that is not a future challenge; we are living through it just now. In response, we continue to explore policy options (for example, developing a key housing policy), develop new career pathways (e.g. apprenticeships in care), use marketing and social media to access new labour markets (for example, our participation in the Scottish Rural Medicine Collaborative has allowed us to benefit from a new website at https://gpjobs.scot/) and explore new patterns of working. But none of these options are offering quick solutions to our problems.

15. Indeed, the second risk is that we become so consumed by managing crisis that we are unable to find the time, energy or headspace to deliver the reforms. The last three months in particular have felt this way and we have done well to advance our strategic agenda, however incrementally, across that period.

RECOMMENDATIONS

16. It is recommended that the IJB discusses the contents of the report.

Ron Culley,
Chief Officer
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