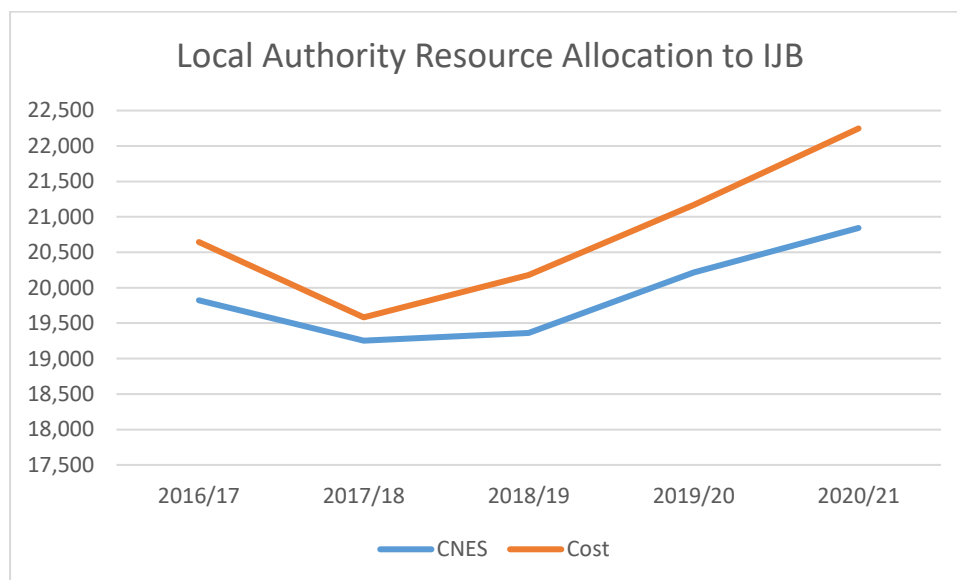


The Delivery of Social Care in the Western Isles

The Scottish Parliament's Health and Sport Committee has asked for evidence to be submitted in relation to the future development of social care services. It poses a number of questions in support of its deliberations.

This submission has been formulated by the Chief Officer of the Western Isles Health and Social Care Partnership. Prior to making specific comment on the questions agreed by the Committee, a number of general observations are offered.

First, there is no question that ten years of public sector austerity has impacted on our overall ability to resource social care packages and meet need. Although the Scottish Government has mitigated this to some degree, for example, by top-slicing NHS budgets to divert resources to social care, it has been insufficient to keep pace with the cost of delivery and the presentation of need. It is worth noting that Comhairle nan Eilean Siar (the Western Isles Council) has experienced the greatest proportionate reduction in funding of any Scottish Local Authority over the last decade. Equally, while NHS Western Isles has had annual uplifts in funding, this has typically been less than inflation in real terms. As a consequence, the Integration Joint Board (IJB) has a structural deficit in its finances which we are seeking to address through service redesign and efficiencies. However, there is a point at which we need to recognise that with rising unit costs and diminishing resources in real terms, we will be able to commission less care.



The second main observation is around our workforce. The Western Isles has a population of around 27,000 but for some time has experienced depopulation (losing young people of working age in particular to the mainland economy) and inward migration to the urban environment of Stornoway and surrounds (making it increasingly difficult to sustain services in remote and rural parts of the island chain). The effect of this has been to put enormous pressure on the delivery of care and drive additional costs into our local system (for example, by patching up services with agency cover from the mainland). At the time of writing, we have vacancy rates of 12% in homecare, 12% in residential care and 16% in adult care and support. We are proactively seeking solutions through apprenticeship schemes, diversifying our workforce (which remains largely female, aged 45-60), and by marketing more aggressively (including connecting with the recent Scottish Government campaign) but it remains a major systemic challenge which has so far been invulnerable to our intervention. It now

looks like UK immigration reform has removed yet another potential lever to impact on our position, meaning the future supply of labour in the care sector in the Hebrides is under unprecedented pressure.

All of that said, we are extremely proud of the work undertaken by our care workers, across the public third and private sector.

1. How should the public be involved in planning their own and their community's social care services?

The development of greater choice and control, at a community and individual level, is a principle supported by our Health and Social Care Partnership.

At the community level, we have participated in the national Community Led Support programme, which has helped to ensure our service and assessment processes become more asset focused, and align with informal community capacity, where it exists. This model requires a new way of working with communities, looking for natural innovative opportunities to re-think how we support people through the use of statutory, third sector and natural community resource. We are seeking to embed this philosophy and operating model, though it will take some time to embed, to move away from a tradition consultative approach which is increasingly seen as tick box.

At the individual level, we are committed to the principles of Self-Directed Support, not just to satisfy our legal obligations, but as a philosophy of empowerment. We can find however, that the full potential of this approach is limited by a lack of market diversity. Just as people living on the western seaboard of Lewis will experience a lack of choice in conventional markets, so too are choices limited in terms of having multiple options to meet care needs. That said, we are increasingly interested in using new approaches (such as supporting micro-enterprises) to meet need in highly tailored and localised ways.

2. How should integration authorities commission and procure social care to ensure it is person-centred?

Our commissioning agenda is firmly focused on the diversification of the care experience. One of the central challenges in the Western Isles is that over a number of decades a system developed that relied heavily on long-term care (for understandable reasons, given that we have the highest proportion of older people in Scotland living on their own at home). However, the effect of this is that people can enter residential care earlier than in comparable partnerships on the mainland, and those waiting on care can be pulled into hospital, delayed and debilitated as a result of the delay. To break this log-jam, we are seeking to diversify and in recent years have invested heavily in reablement, respite and extra care housing. Shorter-term care and support focused on the maintenance of need at home is a better strategy for us, albeit one that will only be delivered over the medium term.

In terms of procurement, almost all of our services are delivered in-house, by the local authority. Independent and third sector providers face many of the same challenges around workforce, and, lacking the size and resilience of the local authority, are often unable to create viable services. That said, the third sector providers that are local to the Western Isles are valuable partners providing high quality care. Austerity has hit the third sector hard and many are increasingly unable to meet core costs.

We have benefited from major capital development from the local authority in recent years, having overseen the development of a new residential facility in Harris and a core and cluster campus for

adults with disabilities in Stornoway. Major new capital developments are also in train for Barra and Stornoway, both of which are breaking new ground in terms of integrated services. These capital projects are grounded on effective partnership arrangements across the public sector and will deliver functional integration beyond health and social care.

In respect of adults with disabilities, we have a broad strategy to repatriate a number of service users from mainland facilities. We have a track record of success in this area, though we have also experienced service failures (driven by vacancies and sickness absence) which have resulted in people not being successfully repatriated. We are working with the Scottish Government on this matter as the support of disabled people with high levels of need can be subject to additional complexities within an island context.

3. Looking ahead, what are the essential elements in an ideal model of social care (e.g. workforce, technology, housing etc.)?

In support of independent living, we have focused on the expansion of housing with extra care – providing people with a highly personalised support package and living environment but with the security of 24/7 care. This arrangement also provides the opportunity to deliver on the more diverse and short term care support mentioned above: reablement, intermediate care, respite care and assessment units. This requires a solid partnership environment, which we have achieved with our local RSL in particular (HHP).

Technology is of course a crucial component of the future care environment and although we have good coverage in relation to the fundamentals like community alarms, we haven't been sufficiently invested in remote home monitoring. We would want to see this mainstreamed in the medium term.

4. What needs to happen to ensure the equitable provision of social care across the country?

The policy landscape has changed across the last two decades, and mostly for the better, including a strong focus on community care, supported by developments like Free Personal Care. More recently, commitments to the living wage and the professionalisation of care have been important steps to secure a future workforce with career development options.

However, these progressive policies can have unintended impacts. Free Personal Care has in effect created a situation where the state monopolises the funding of care, which wouldn't be problematic if care were funded at the levels needed. As it is, we see increasing levels of unmet need in community settings as rationing tools like eligibility criteria are applied.

For the islands in particular, it is important for the committee to recognise the systemic challenges of delivering care in a situation where the workforce cannot be mobilized from neighbouring partnership areas. The new protections provided to the islands in legislation may go some of the way to ensure our primary concerns are addressed (and in fairness, Scottish Government colleagues have been responsive to our needs, most notably the Scottish Government's Chief Social Work Adviser). However, it is clear that we do not find ourselves in a position of sustainability because of the demographic and financial trends alluded to above. Specific and far reaching action is required by all parties at local, national and UK levels, to ensure that the care sector has a sustainable future on the islands.