



CÙRAM IS SLÀINTE NAN EILEAN SIAR

WESTERN ISLES HEALTH AND SOCIAL CARE PARTNERSHIP

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Public Consultation Lewis Care Units

This document provides information about our public consultation
on the future use of the Lewis Care Units

1. Introduction

- 1.1 The Western Isles Integration Joint Board (IJB) is currently reviewing the use of the three Care Units in Lewis. The Integration Joint Board is responsible for planning and funding a range of health and social care services in the Western Isles. Over the last few months, we have been engaging with staff, stakeholders and community representatives to discuss changes that could be introduced.
- 1.2 We are now at the stage of formally considering different options. Our aspiration is to provide high quality care, which is safe and effective and delivered by a well-supported professional team. We also want our services to be sustainable so that we can meet our financial obligations and continue to attract and retain the best quality staff.
- 1.3 This paper sets out a range of options, and our task is to determine which of those is most likely to bring this vision into being.

2. Existing Provision

- 2.1 Currently, community care needs in the Isle of Lewis are supported by a range of services, including homecare, residential care, reablement, respite care for unpaid carers, and the care units:
 - Care Units in three locations: Point, Uig and Carloway
 - Homecare services across all areas
 - Two residential care homes (Dun Eisdean and Dun Berisay)
 - Two nursing homes (Bethesda and Blar Buidhe)
 - Nine respite care beds (Bethesda)
 - Four reablement beds (Dun Berisay)
- 2.2 The homecare service operates from 6.30am to 1.30am and provides a service to over 300 people on any given day. Homecare continues to be the foundation of community care provision, as part of our strategy to support people safely and independently at home.
- 2.3 The four care homes provide support to residents with complex care needs. The bed numbers are as follows:-
 - Dun Eisdean (38 beds)
 - Dun Berisay (33 beds)
 - Blar Buidhe (40 beds)
 - Bethesda (21 beds)
- 2.4 In addition, we commission nine respite care beds from Bethesda. Respite care offers unpaid or family carers a break from their caring role. This will typically involve the cared-for person spending a period of time – anything from a few days to two weeks - in the Bethesda Care Home, which releases the carer from their role. We also have emergency respite care to support carers at short notice.

- 2.5 The Short Term Assessment and Reablement Team (START) deliver our reablement service. This is a service which helps people regain previous levels of independence, usually after having spent some time in hospital. Our team provides therapy and personal care to rehabilitate. We currently have access to four reablement flats at Dun Berisay, but because of recruitment problems we have been unable to fully staff these. As such, the START team is currently focused on supporting people in their own homes.
- 2.6 The Care Units can support up to 11 people across three sites. The Care Units offer shared accommodation, with a single shared bathroom in each unit. The residents are tenants, who are supported with on-site care. In recent years, the residents have not typically been from the communities in which the Care Units are based. The number of beds varies across each site, as follows:
- Garrabost (four beds)
 - Crowlista (three beds)
 - Carloway (four beds)

3. Use of Care Units

- 3.1 At its September 2018 meeting, the Integration Joint Board considered a report detailing a drop-off in demand for the care units, which resulted in the implementation of a temporary suspension of admissions to the Garrabost Unit (four beds). 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. 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).
- 3.2 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. The evidence suggests that the care units have a diminishing value in meeting people's needs, as more people with complex needs are supported for longer at home, and dependency levels in care homes suggest complex 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 complex care provided in care homes and an expanded 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.

4. Options Appraisal

- 4.1 We have assessed the value of five different options: 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 resource to homecare; redesign the care units to provide additional reablement 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 for services (including impact on delayed discharges from hospital and waiting times for community care); safety (service user and staff); working environment; and economic impact. 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 gains.

- 4.2 Having undertaken that work, we now want to hear from the public on which of the following four options the IJB should implement:-
- a) Status Quo. This would involve maintaining the Care Units as they are. However, our analysis suggests this would not be a good use of our resources, since most of the units are now empty and there is limited demand for them.
 - b) The redevelopment of one of the three care units into a respite care facility, with the remaining resource being taken as a saving as a result of two remaining care units closing. Respite care would help to support more carers to get a break from their caring role.
 - c) The redevelopment of one of the three care units into a respite care facility, with the remaining resource being split between a saving and investment in homecare. Respite care would help to support more carers to get a break from their caring role and additional homecare staff would help reduce waiting times. This is the IJB's preferred option.
 - d) An alternative proposal not listed above.
- 4.3 We are also in discussion with the Care Inspectorate, which regulates care services, to ensure that we can register the services as described above. Any issues emerging from these discussions will be reported to the IJB in March.

5. Finance

- 5.1 The total running costs of the three care units is £435k, which is inclusive of staff and operating costs. These costs would remain under option a) above.
- 5.2 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. Under option b), this would release about £245k as a saving.
- 5.3 Under option c), we would propose to put £100k of staffing resource to homecare, with the remaining resource (£145k) being taken as a saving.
- 5.4 The reason the IJB is considering savings as part of this redesign is that the cost of delivering health and social care increases every year but the resources made available to the IJB do not match those increases. At the time of writing, the IJB is looking for savings of around £2million in order to balance its £60million budget for 2019/20.

6. Staffing

- 6.1 It is important to point out that if we decide to close two of the care units, the staff members who have worked there will be given opportunities to work in another service, such as homecare or a care home. There will be a separate staff consultation as part of our review.