

Report

Report to:	South Lanarkshire Integration Joint Board
Date of Meeting:	26 March 2024
Report by:	Director, Health and Social Care

Subject:	Proposed Re-provisioning of Care from Dewar House and McClymont House Residential Care Homes
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1. Purpose of Report

1.1. The purpose of the report is to:-

- ♦ provide details on the process and outcome of the consultation undertaken in relation to re-provisioning of residential care currently being provided from Dewar House and McClymont House residential care homes as part of work to address the IJB's recurring funding shortfall for adult and older people's social care;
- ♦ detail considered responses to main themes raised and alternative suggestions proposed through the consultation process; and
- ♦ present the recommendations on the future of Dewar House and McClymont House residential care homes.

2. Recommendation(s)

2.1. The IJB is asked to approve the following recommendation(s):-

- (1) consider and give due regard to the consultation undertaken in relation to re-provisioning of residential care currently being provided from Dewar House and McClymont House residential care homes as part of work to address the IJB's recurring funding shortfall for adult and older people's social care;
- (2) consider the responses to the main themes raised and alternative suggestions proposed through the consultation process;
- (3) consider and give due regard to the Equality and Impact Assessment (including Fairer Scotland Duty Assessment) relating to the proposals in this report, and as referred to at Section 9 of this report;
- (4) approve the re-provisioning of residential care away from the two homes; and
- (5) in the event of (4) being agreed, issue direction to SLC to make arrangements to discontinue ongoing provision of residential care from these two facilities over a 7 month period (i.e. beyond the minimum 13 weeks required to notify the Care Inspectorate of intention to deregister) with no new admissions to be accepted.

3. Background

3.1. Sound governance and financial sustainability are fundamental to the delivery of the South Lanarkshire IJB Strategic Commissioning Plan (SCP) 2022-25, including the following transformational priorities highlighted by communities and stakeholders:

- Delivering upon our statutory responsibilities on their behalf
- Protecting the most vulnerable and at-risk in our communities

3.2. The Scottish Government's *Medium-Term Financial Strategy* published in May 2023 included the statement that tough and decisive action must be taken to ensure the sustainability of public finances and that future budgets can be balanced. In the *Pre-Budget Scrutiny 2024-25: The Sustainability of Scotland's Finances, November 2023* report, the Parliament's Finance and Public Administration Committee attached importance to affordability being a key factor in decision-making.

3.3. In its October 2023 overview report on *Local Government in Scotland*, Audit Scotland highlighted that increasing cost pressures jeopardise the sustainability of local services, stating that:

The scale of the challenge that lies ahead is greater than anything local government leaders (elected members and senior officers) will have ever experienced. Councils must work on three planning horizons: continue to deliver services here and now, identify and make improvements in the short term and plan for the longer-term radical change. This is an incredibly hard thing to do with an exhausted workforce but with councils' future funding position forecast to reduce in real terms, radical change is necessary so that councils can continue to serve their communities, respond to needs, meet demand and improve outcomes for people in the future.

3.4. Audit Scotland's report *Integration Joint Boards Financial Analysis 2021/2022* stated that IJBs have reached the point where 'significant transformation will be needed to ensure the (1) long-term capacity, (2) financial sustainability and (3) quality of services individuals receive'. Audit Scotland has highlighted that there remains a significant overall and recurrent budget gap across all IJBs; and that failure to make the necessary changes to how public services are delivered will likely mean further budget pressures in the future.

3.5. The South Lanarkshire IJB has a responsibility to set a balanced budget. As members have acknowledged, the IJB operates in a complex, challenging and changing environment. Sound governance and financial sustainability are integral to the achievement of the nine health and wellbeing outcomes and the implementation of the ambitions set out in the South Lanarkshire IJB SCP. The South Lanarkshire IJB is recognised as having a strong track-record of sound financial management and robust financial governance. However, the size of the funding gap is such that there will be unavoidable implications for what and how services and support are provided in the near future.

3.6. The South Lanarkshire IJB External Auditors, Audit Scotland, also stated the following in their 2022/2023 Annual Audit Report of the IJB:

- *With pressures on public sector funding and rising cost pressures, SLIJB face difficult decisions around the model and level of services it can provide in a financially sustainable and safe way.*
- *Management recognise that the scale of the challenge to make the IJB financially sustainable cannot be underestimated.*

- *In both delivery of the 2023/24 financial position as well as longer term financial sustainability the IJB face difficult decisions around the level and range of services the IJB can provide.*
- *All members have a responsibility for working constructively and demonstrating strong cohesive leadership to fulfil the IJB's duties and meet these challenges on behalf of local people.*

3.7. Through the extensive consultation process undertaken to shape the SCP, communities and stakeholders confirmed the following transformational priorities:

- Delivering upon our statutory responsibilities on their behalf.
- Protecting the most vulnerable and at-risk in our communities.
- Enabling and maintaining independent living in people's own homes wherever appropriate.

This is reflected in the SCP priorities, notably:

- Sustaining statutory social care and core health care functions.
- Promoting self-care and self-management including technology enabled care.
- Promoting suitable and sustainable housing.

3.8. The IJB has invested in and actively developed a range of services to be able to better support people with social care needs - and an increasing range of health needs - in their own homes and within their communities. This includes:

- £7.281m to implement the Home First Approach.
- £4.110m in multi-disciplinary teams including additional home-based palliative care services.
- £2.572m to support carers.
- £1.2m for Hospital at Home (hosted by the North Lanarkshire IJB).

3.9. As is highlighted in Appendix 3 and as members will be familiar with from regular performance monitoring reports, there is strong evidence of the increased numbers of people able to stay in their own home as a result of investments that the IJB has made and work that staff have progressed in developing transformed and more responsive services in the community. Also noted in Appendix 3 is reference to reports undertaken on behalf of, and involving, older people that reiterate the position that they would much prefer to stay at home – independently and for as long as possible.

3.10. Setting and delivering financial balance is fundamental to delivering upon the priorities within the SCP in a sustainable manner. As detailed within the Integration Joint Board Financial Plan 2024/2025 report that is separately presented to the March 2024 meeting of the IJB, South Lanarkshire IJB is faced with and needs to address a recurrent funding gap for adult and older people's social care services of now £19.543 million in order to meet its statutory obligation to set a balanced budget for 2024/25. The current and projected financial challenges inevitably mean that service levels cannot be maintained, and difficult decisions will need to be taken.

- 3.11. The recurrent funding gap of £19.543m includes recurring costs of £12.564m which were funded in 2023/2024 using non-recurring funding solutions. This was in line with the IJB Financial Plan 2023/2024 and the Budget Recovery Plan 2023/2024. The non-recurring funding solutions will not be available in 2024/2025 however the costs will recur again in 2024/2025.
- 3.12. In order to secure recurring financial sustainability, at its March 2023 meeting the IJB approved the adoption of the Sustainability and Value Programme approach to identify a range of potential savings options for consideration by the IJB. The agreed screening scale (attached at Appendix 4) has been designed to ensure that potential savings options are appraised, prioritised and then presented to the IJB for consideration in a manner consistent with statutory obligations and professional requirements. The screening scale reflects the advice of the HSCP's Medical Director, Nurse Director, Allied Health Professions Director and the South Lanarkshire Council (SLC) Chief Social Work Officer and illustrates the commitment to protect the most at risk and vulnerable people in South Lanarkshire.
- 3.13. At its September 2023 meeting the IJB was presented with a number of areas for consideration of transformational change and potential service redesign for further exploration with options to be then brought forward for further consideration. One such area was re-provisioning residential care - as it has been assessed as providing a potential opportunity to reduce expenditure (and thus contribute to addressing the overall budget shortfall) with potentially more limited implications for the care of individuals and communities in comparison to other options that were being developed or areas of service delivery; and in order to protect levels of resourcing for areas of critical risk (i.e. in respect of public protection and statutory duties).
- 3.14. SLC currently operates five residential care homes, four of which are delivered within SLC-owned buildings and the fifth in a property leased from an external provider. The five residential care homes have 170 beds.
- 3.15. Dewar House residential care home in Hamilton is registered for 16 beds. Dewar House is not owned by SLC but operated under lease, with the lease having now expired. The owner of the building has indicated that if the lease is continued then the lease and property costs in 2024/25 and beyond will increase. McClymont House residential care home in Lanark is registered for 27 beds, of which 9 beds have been decommissioned. The decision by SLC to decommission one of the wings with 9 beds reflects the decrease in demand for residential care services, the ongoing recruitment challenges and the pro-active action to minimise unnecessary operating costs.
- 3.16. It is recognised that the care provided currently – and over many years - by staff working within both Dewar House and McClymont House residential care homes is of a very high standard and appreciated by all involved. However, the need for this type of care has changed significantly over recent years locally (not least because of the developments referred to in 3.8 to 3.10) and nationally. The Care Inspectorate *Care Home Report: 1 April 2020 – 31 December 2022* stated that across Scotland the number of registered care home services has declined over the past five years, with 6% fewer in 2022 compared to 2018. That report also highlighted that over this five-year period, Scottish Government has developed and implemented policies designed to support people to be cared for in their own homes for longer.

- 3.17. At its October 2023 meeting, the IJB took the decision to consult on the option of re-provisioning residential care services, and specifically the commissioning of residential care service places from Dewar House and McClymont House care homes, as a recurrent contribution of £1.499m towards the overall financial gap for 2024/2025 (the latter being subject to a separate and inter-related report to the March 2024 meeting of the IJB). Savings can be made from not incurring costs of running the homes (£3.1m) offset in part by having an allowance for alternative care options for the current residents.
- 3.18. As part of this, the IJB also agreed to stop admissions to Dewar House and McClymont House effective from 19 October 2023 pending the outcome of the consultation. This was done as it was recognised that it would not be in the best interests of a person assessed as requiring residential care to admit them to a care home where they would imminently be asked to participate in a consultation about the future of the home, due to the uncertainty and potential disruption for that person. This decision was not an indication of intent to close either residential care home.
- 3.19. At that meeting it was confirmed that the consultation process would follow the national *Planning with People* and relevant COSLA guidance; and would involve direct engagement with residents, relatives, staff and wider stakeholders in the respective geographical areas.
- 3.20. Alongside gauging the views and concerns of the public, the consultation process would also seek suggestions for realistic alternatives for the £1.499m recurrent contribution that ceasing to commission residential care within Dewar House and McClymont House Care Homes would contribute to the overall budget shortfall for adult and older people's social care in South Lanarkshire.
- 3.21. In taking those decisions – and without pre-judging the outcome of the above consultation process or making any assumptions about subsequent recommendations to the IJB - members recognised that:
- Local authorities have a duty of care for all residents in care homes in Scotland, including those whose care package is not funded by the local authority. In the event of a care home closure the local authority has responsibility for the well-being of all residents.
 - In any care home closure it is recognised that, as a matter of good practice, where there are individual residents who have particularly complex care needs – including people with dementia and those in receipt of palliative care – early advice and co-operation with appropriate health care professionals is important to enable the local authority to discharge its duty of care.
 - SLC has a statutory duty to regularly review the care needs of these residents, and that this would continue during the consultation period. The purpose of these reviews is to ensure residents' needs are assessed to identify any changes, and then to ensure those needs are met.
 - SLC has considerable experience in safely transferring residents between care homes; and in discharging the council's responsibilities in accordance with the national *Good Practice Guidance on the Closure of a Care Home*.

4. Consultation

Overview of Process

- 4.1. At its October 2023 meeting, the IJB was presented with a proposed process for consulting with the residents of Dewar House and McClymont House, their relatives/next of kin, the staff working there (involving the trade unions), and more broadly the people of Clydesdale and Hamilton localities. It was also noted that given the key role that colleagues in third sector/community groups play in supporting people at home to avoid loneliness and isolation, they would also be consulted.
- 4.2. At that meeting it was confirmed that the national *Planning with People* guidance, would be followed; and in this way, the *National Standards for Community Engagement* would be adhered to.
- 4.3. In order to obtain further assurance of the integrity of the process and any subsequent decision by the IJB, officers took advice from Healthcare Improvement Scotland – Community Engagement and SLC Community Engagement Section. Based on the advice received, it was confirmed that an independent consultation advisory panel that includes community representation would be convened as best practice. The membership of the independent consultation advisory panel would not include any voting members of the IJB; elected members of SLC; or anyone belonging to or representing a group who is an interested party to the consultation. The panel would be chaired by a community representative and provide advice to the officers undertaking the consultation with reference to national guidance; and scrutinise each stage of the process, affirming its impartiality and ensuring that those being consulted had their views heard and given due consideration. The Equalities Impact Assessment (EQIA) would also be informed by the work of the independent consultation advisory panel as part of the overall process. More detail about the independent consultation advisory panel, its composition and remit can be found at:

https://www.slhscp.org.uk/downloads/download/94/independent_advisory_panel
- 4.4. The consultation process ran from November 2023 to February 2024. Alongside gauging the views and concerns of the public, the consultation process sought to seek suggestions for realistic alternatives for the £1.499m recurrent contribution that ceasing to commission residential care within Dewar House and McClymont House care homes would contribute to the overall budget shortfall for adult and older people's social care in South Lanarkshire of £19.543m.
- 4.5. The process was completed to timetable with each of the component parts undertaken as planned. A full report on the consultation process has been prepared (Appendix 1).
- 4.6. A request made during the consultation process was for the consultation report to be made available to those who participated prior to the agenda pack of reports for the March 2024 being circulated to IJB members. That suggestion was accepted and formally added into the timetable with the agreement of the Independent Advisory Panel. The consultation report was made publicly available on-line on 15 March 2024 (see 9.16).

https://www.southlanarkshire.gov.uk/view/news/article/2134/Findings_of_care_home_consultation_published

- 4.7. Publication of the consultation report followed the completion of the rigorous oversight and review undertaken by the Independent Advisory Panel. The Independent Advisory Panel concluded that the consultation on the future of Dewar House and McClymont House was open, transparent and had been conducted in accordance with national guidance (see 9.18).
- 4.8. The appended report captures the main themes/areas of concern expressed through the consultation process and proposed alternatives for addressing the budget shortfall.
- 4.9. As would be expected from a consultation of this nature, the report reflects strong public and staff opinion in favour of keeping the care homes open, with robust views and opinions of participants recorded.
- 4.10. The main themes/areas of concern expressed through the consultation process were as follows:
- Impact on Residents
 - Impact on Families of Residents
 - Impact on Staff
 - Impact on Local Communities
 - Quality of Care in Dewar House and McClymont House
 - Views on Alternative Provision
 - Views on Justification for Closure

Each of these will now be considered in turn.

4.11. Impact on Residents

- 4.11.1 It is understood that many residents, their families and members of the community will be anxious about what potential closure would mean for those currently cared for within both residential care homes.
- 4.11.2 Local authorities have a duty of care for all residents in care homes in Scotland; and in the event of a care home closure the local authority has responsibility for the well-being of all residents.
- 4.11.3 It is recognised and acknowledged that wherever possible it is better to minimise the number of times an individual has to move between different care settings. SLC has a statutory duty to regularly review the care needs of residents within its care homes and then to ensure those needs are met. As such, transfers of individual residents do happen routinely when their assessed care needs require it, and HSCP staff have a track-record of supporting such moves smoothly and safely with families and carers.
- 4.11.4 There are different types of care home, providing different types of care subject to their registration with the Care Inspectorate. Residential homes help people with personal care and support them to engage in physical activity, whereas nursing homes have qualified nurses on-site around the clock to provide clinical care as needed.
- 4.11.5 Both Dewar House and McClymont House are residential care homes. As a result of this, when a resident's needs changes and they are assessed as requiring nursing care, this necessarily requires a move to a nursing home. Currently, a number of the residents in Dewar House have been assessed as requiring nursing care and accordingly, they require to move to a more appropriate setting with steps being taken to facilitate a transfer to a provider who is registered to provide the type of care required.

4.11.6 Similarly, while there is never an optimal time to close a care home, there is national *Good Practice Guidance on the Closure of a Care Home* that sets out the responsibilities of local authorities in such instances. This includes recognition that, as a matter of good practice, where there are individual residents who have particularly complex care needs – including people with dementia and those in receipt of palliative care – early advice and co-operation with appropriate health care professionals is important to enable the local authority to discharge its duty of care. It should be noted that for some residents the alternative care arrangements may be more appropriate given their increasingly complex care needs going forward if they are placed in an external ‘dual-registered’ care home (as there would be no further need to move them again if their assessed needs increase to require nursing care).

4.11.7 HSCP staff have considerable experience in safely transferring residents when care homes have closed (both in-house and external); and in discharging the council’s responsibilities in accordance with the national *Good Practice Guidance on the Closure of a Care Home* when doing so. In all circumstances, alternative places were secured for all the residents affected; and with close consultation between social work staff, the residents and their respective families, and with the receiving care homes. Good communication with the receiving care home ensures that there can be transfer of information related to the individual’s needs, thereby minimising disruption and distress.

4.11.8 In relation to timescales, SLC would be required to provide the Care Inspectorate with a minimum of 13 weeks notice of an intended change in registration if a decision was taken to close the care homes.

4.11.9 Given the above, if a decision was taken to close the care homes, it would not be expected for there to be any adverse impact on the health and social care outcomes for each of the 21 long-term residents directly affected. However, it is recognised that the anticipation of having to move to another care home due to closure could be distressing to and the process of closure may be disruptive for some residents.

4.12. Impact on Families of Residents

4.12.1 It is understood that many residents, their families and the members of the community will be anxious about what potential closure would mean for families of those currently cared for within both residential care homes.

4.12.2 As per 4.11.3. above, transfers of individual residents do happen routinely when their assessed care needs require it, and HSCP staff have a track-record of supporting such moves smoothly and safely with families and carers.

4.12.3 Whenever a care home is to close, all reasonable steps are taken to seek to minimise the impact on families. Typically, this involves a named social worker assessing the needs of the individual and thereafter working with relatives to identify suitable alternative placements based on the assessed needs and respective family preferences in respect of the type of home, availability and the geographical location. Until such assessments have been undertaken, it is not possible to determine what would constitute the best move for the individual.

4.12.4 There are 11 ‘dual registered’ care homes in the Hamilton area (687 beds in total, with the monthly care home return of March 2024 indicating 38 vacancies). There are 8 care homes in the Clydesdale area, providing a combination of nursing and residential care beds (382 beds in total, with the monthly care home return of March 2024 indicating 42 vacancies).

4.12.5 As per 4.11.7. above, HSCP staff have considerable experience in safely transferring residents when care homes have closed (both in-house and external); and in discharging the council's responsibilities in accordance with the national *Good Practice Guidance on the Closure of a Care Home* when doing so. In all circumstances, alternative places were secured for all the residents affected; and with close consultation between social work staff, the residents and their respective families, and with the receiving care homes.

4.12.6 Many of the families of the 21 long-term residents that would be directly affected by closure of the residential care homes raised concerns throughout the consultation process about the impact of increased travel if residents move to care homes in other areas.

4.12.7 As above, HSCP staff have a track-record of supporting resident moves to alternative care homes smoothly and safely with families and carers. However, it is recognised that the anticipation of having to move a family member to another care home due to closure could be distressing to and stressful for some members of the families of those residents directly affected.

4.13. Impact on Staff

4.13.1 It is understood that many residents, their families and the members of the community will be anxious about what potential closure would mean for the dedicated HSCP staff who currently work within both residential care homes.

4.13.2 It is recognised that the care provided currently – and over many years - by staff working within both residential care homes is of a very high standard and appreciated by all involved. It is to the credit of all those staff that such value is placed on their work by residents, families and the local community.

4.13.3 While the need for residential care has changed significantly over recent years there are many areas of social care within the HSCP where capable and committed staff such as these are required and would continue to be valued.

4.13.4 SLC operate a no-redundancy policy and would work with all the staff to identify suitable alternative employment opportunities in the event that a decision was taken to close the homes. The impact of displaced employees and any associated costs would be managed in line with natural turnover and redeployment to other social care posts and in line with the SLC Collective Agreement to redeploy employees. As well as offering alternative posts in social care – including additional/new training where required - other opportunities would also exist across and in other SLC Resources.

4.13.4 Throughout the process to-date, trades unions have been involved in local discussions and will continue to be so in individual discussions with staff members if requested and/or where required.

4.14. Impact on Local Communities

4.14.1 As is highlighted in Appendix 3, there is strong evidence of the increased numbers of people able to stay in their own home as a result of investments the IJB has made in developing new and additional services in the community. For example, Lanarkshire's Technology Enabled Care (TEC) team now provides an integrated approach to sustaining people to live more independently at home and within their community. It supports and facilitates hospital or integrated care discharges and

may also be urgently requested as part of adult support and protection planning or end of life care. Demand for assistive technology has continued to increase during 2023/2024 with 24% of hospital discharge requests supported through the Home First pathway and telecare installations taking place within 24 hours of the request being approved. The installation of digital alarms also continues to make good progress with 2,717 digital alarms installed during this period, contributing to the overall total of 5,872 alarms installed to date.

4.14.2 Given the greater level of services and supports within the community that enable an increased number of people to live at home for longer, when a member of the community cannot continue to be supported to continue to live at home, their care needs are now generally more complex and with the requirement being for nursing care (rather than the residential care provided by both of these care homes).

4.14.3 As described previously, a range of additional services and supports have already been introduced into local communities that are offering alternatives to a traditional residential care model and supporting more people to be able to be cared for in their own homes for longer than was previously the case. As well as providing additional employment opportunities for people in the local community, this has also extended the range of services that local people within the localities within which these residential care homes are located can access.

4.14.4 It is however recognised that there will still be the requirement for people to move into 24/7 care when their needs dictate this. There are alternative options for residential care across South Lanarkshire and in both locality areas within which these two residential care homes are located.

4.14.5 As per 4.13.3 there are many areas of social care within both of the localities within which Dewar House and McClymont House are located where capable and committed staff such as those who currently work within both care homes are required and would continue to be valued.

4.15. Quality of Care in Dewar House and McClymont House

4.15.1 As has been highlighted throughout this process and this report, the high quality of care provided by the staff in both Dewar House and McClymont House is recognised and very much appreciated by all involved. This is supported by the high grades typically received from the Care Inspectorate when both care homes have been routinely inspected.

4.15.2 As detailed in 3.13, the future of both residential care homes has been consulted upon as they have been identified as providing a potential opportunity to reduce expenditure (and thus contribute to addressing the overall budget shortfall for adult and older people's social care) with potentially more limited implications for the care of individuals and communities in comparison to other options that were being developed or areas of service delivery; and in order to protect levels of resourcing for areas of critical risk (i.e. in respect of public protection and statutory duties). This reflected the IJB's commitment to ensuring the safety of the most vulnerable and at risk people in our communities as expressed within its Sustainability and Value approach.

4.15.3 Recurring funding of £1.499m could be released by re-provisioning the care currently provided from Dewar House and McClymont House. This would be alongside other challenging action that is having to be taken and a range of additional difficult options that are separately being presented to the March 2024 meeting of the IJB to secure a balanced budget and address the recurrent funding shortfall of £19.543m for adult and older people's social care in South Lanarkshire.

4.15.4 As per 3.9. and 3.16. above, given the greater level of services and supports within the community that enable an increased number of people to live at home for longer, when a member of the community cannot continue to be supported to continue to live at home, their care needs are now generally more complex and with the requirement being for nursing care (rather than the residential care provided by both of these care homes).

4.15.5 The layout and room sizes of McClymont House places limitations on who can be admitted there. For example, there are no overhead tracking hoists in place and insufficient room for moving and handling equipment. Therefore, the care home cannot accommodate people who need a higher level of support with mobility.

4.16. Views on Alternative Provision

4.16.1 The monthly care home return of March 2024 indicated that across the independent sector in South Lanarkshire there were 2,082 care home beds with 97 available vacancies.

4.16.2 All care homes in Scotland are subject to the same national standards of care as set out and regulated by the Care Inspectorate and are subject to external inspection.

4.16.3 In the event that the care in any registered care service – SLC or independently provided service – is identified as being below standard by the Care Inspectorate, there are well established processes to ensure the necessary action is taken to allow the care to be provided to the appropriate standard.

4.17. Views on Justification for Closure

4.17.1 As detailed above, the future of both residential care homes has been consulted upon as they have been identified as providing a potential opportunity to reduce expenditure (and thus contribute to addressing the overall budget shortfall for adult and older people's social care) with potentially more limited implications for the care of individuals and communities in comparison to other options that were being developed or areas of service delivery; and in order to protect levels of resourcing for areas of critical risk (i.e. in respect of public protection and statutory duties). This then reflects the IJB's commitment to ensuring the safety of the most vulnerable and at risk people in our communities as expressed within its Sustainability and Value approach.

4.17.2 As detailed above, recurring funding of £1.499m could be released by re-provisioning the care currently provided from Dewar House and McClymont House. This would be alongside other challenging action that is having to be taken and a range of additional difficult options that are separately being presented to the March 2024 meeting of the IJB to secure a balanced budget and address a recurrent funding shortfall of £19.543m for adult and older people's social care in South Lanarkshire.

- 4.17.3 The operational decision taken not to reopen the closed wing in McClymont House was taken principally because of ongoing staff recruitment challenges - despite numerous attempts, it has not been possible to recruit sufficient numbers of staff.
- 4.17.4 As per 3.9. and 3.16. above, given the greater level of services and supports within the community that enable an increased number of people to live at home for longer, when a member of the community cannot continue to be supported to continue to live at home, their care needs are now generally more complex and with the requirement being for nursing care (rather than the residential care provided by both of these care homes).
- 4.18. The proposed alternatives suggested through the consultation for the £1.499m recurrent contribution that re-provisioning the care currently provided from Dewar House and McClymont House Care Homes would contribute to the overall budget shortfall for adult and older people's social care in South Lanarkshire of £19.543m have been thematically categorised as:
- Make savings from other parts of the system.
 - Increase the income.
 - Increase the viability of these care homes.
 - Gradual closure.

Each of these will now be considered in turn, with the full range of suggested alternatives proposed through the consultation provided in Appendix 5.

4.19. Make savings from other parts of the system

- 4.19.1 Upon consideration none of the suggestions here provided a viable alternative for contributing £1.499m towards addressing the recurring budget shortfall for adult and older people's social care, noting that:
- SLC and South Lanarkshire Leisure and Culture are exploring a range of property options to close premises to address separate and respective funding deficits.
 - Management action is already being taken to in relation to procurement to separately contribute to addressing the overall funding deficits.
 - Savings options separately developed to contribute to the overall IJB funding deficit already include a proposed reduction in managerial and associated support staff.
 - As Audit Scotland have highlighted, use of non-recurrent monies such as reserves do not provide a recurring solution for recurring financial deficits. If available however, non-recurrent monies could be used to extend the implementation period for closure (see 4.25.).

4.20. Increase the income

- 4.20.1 Upon consideration none of the suggestions here provided a viable alternative for contributing £1.499m towards addressing the recurring budget shortfall for adult and older people's social care, noting that:
- While the buildings meet the standards required for the types of residents that they can admit (noting 4.15.5.), substantial and costly modifications would be required to meet updated specifications as set out by the Care Inspectorate within *Care Homes for Adults – The Design Guide* (noting that these may not also be practically feasible.) This in itself would not increase income, given levels of demand and levels of self-funders (see 4.21. and 4.22. below).

- The closure of the former McClymont day centre building has already contributed a necessary budget saving as part of the approved budget recovery actions that were required in 2023/24, and so re-opening would increase costs to the IJB and increase the budget shortfall. It should also be noted that the provision of day services was moved out of this building due to inability to recruit sufficient staff.
- SLC has a process whereby requests for the community asset transfer of publicly owned land or buildings can be assessed. The future of the building and site of Dewar House would be a matter for its owners. In order to address the budget deficit, no funding would be available from the IJB for the costs of services nor staff to deliver social care services.

- 4.21. The IJB – through SLC – effectively subsidises residents of in-house residential care homes. A financial assessment is undertaken to confirm the contribution each resident will make to their care costs. Contributions therefore vary. The income brought in basically reduces the level of subsidy that each resident in effect receives. There is inevitably a degree of fluctuation in the number of self-funders that are resident within in-house residential care homes from year-to-year. Importantly though, there is not a direct relationship between the number of (staffed) beds and the proportion of residents that are self-funders (i.e. those residents with assets [including property] that have been assessed as being over the higher capital limit, who pay the total of their care home fees).
- 4.22. Responsibility for setting social care charges was retained by local authorities when the Public Bodies (Joint Working) (Scotland) Act 2014 was enacted. As part of the SLC Budget Strategy for 2024/2025 it has been agreed to reduce the subsidy of the in-house residential care home service as of 1 April 2024. The level of income projected is based on a projected number of 42 self-funders regardless of what the decision of the IJB ultimately is – i.e. have projected and so assumed 42 self-funders in terms of the additional income that an increase in charging would generate to reduce the SLC (and indeed also the IJB) budget gap whether there are five or three in-house residential care homes; and on the basis that 42 self-funders can be accommodated within three or five in-house residential care homes in the event that either of those are the outcomes of this process. This is projected to generate an additional £1.580m of income from self-funders, with SLC using half of this to address its recurrent funding deficit; and SLC then allocating the other half to the IJB. Under legislation SLC (nor NHS Lanarkshire) is not able to specify how the IJB should utilise monies allocated to it. This additional charging related allocation has already been factored into the IJB's Financial Plan 2024/25 as a contribution to the IJB's funding shortfall for adult and older people's social care (and so avoiding the equivalent amount of reductions to services) separate from the £1.499m contribution that is still required and associated with the potential closure of both care homes.
- 4.23. In respect of the closed wing in McClymont House (4.17.3) if the HSCP were able to secure the staff required to re-open those residential care beds (which is unlikely based on experience to date) and if the assessed demand was such that those beds could be filled (which trends indicate is unlikely), it is highly unlikely that all of those beds would be filled exclusively by self-funders. As such, the most likely outcome of re-opening residential care beds (in the event that we were able to secure the staff) is that the overall costs to the IJB – and the overall subsidy to residents as a whole – would increase.

4.24. Increase the viability of these care homes

4.24.1 Upon consideration none of the suggestions here provided a viable alternative for contributing £1.499m towards addressing the recurring budget shortfall for adult and older people's social care, noting that:

- SLC does not employ nurses and there is not the capacity to operate a "dual registration" care home.
- As per the IJB Financial Plan 2024/25, NHS Lanarkshire is also requiring to take action and make decisions to address substantial budget deficits. Given that there are no charges to service users for step-down or intermediate care, this would increase the costs to the IJB and so increase the budget deficit. Neither of these buildings would be able to provide equivalent specification of accommodation as is available at Blantyre Life.
- Sufficient alternative provision is already available for respite. Doing this would increase the costs to the IJB and so increase the budget deficit.

4.25. Gradual closure

4.25.1 While not providing a viable alternative for contributing £1.499m towards addressing the recurring budget shortfall for adult and older people's social care, it was recognised that this could be an option – and could assist with responding to some of concerns expressed earlier (4.11.9. and 4.12.7) – but that the length of an extended implementation period for closure would be dependent on the availability of non-recurrent monies to bridge the funding deficit during 2024/25 until the recurrent savings could then be realised. This would have implications for the overall IJB Financial Plan 2024/25.

Proposals

4.26. Having considered the alternative suggestions above alongside the main themes/areas of concern expressed through the consultation, as well as the outcomes of the EQIA (inclusive of the Fairer Scotland Duty Assessment), the recommendation is to re-provision residential care away from the two homes - i.e. to close both Dewar House and McClymont House Care residential care homes - so as to contribute a needed £1.499m recurring contribution to the IJB's budget shortfall for adult and older people's social care of £19.543m.

4.27. However, further consideration has been given to:

- Scope to mitigate potential distress and stress that may be experienced by the 21 long-term residents (4.11.9.) and members of their families (4.12.6 and 4.12.7.) due to the anticipation of having to move due to closure.
- The proposed alternative suggestions through the consultation in relation to the use of non-recurrent reserves (4.19.1.) and for gradual closure (4.25.).

4.28. Given 4.27. it is further recommended that subject to identification and re-allocation of sufficient available non-recurrent funding by the IJB Chief Financial Officer that the closure period for both homes be extended beyond the minimum required 13 weeks to instead 7 months. This extended closure period should provide added reassurance for the 21 long-term residents and their families that this process would not be unduly rushed; that necessary care would be both given to finding an appropriate placement for each resident; and to then supporting those residents and their families through a move in a manner that minimises any potential distress and

stress. The value of such a mitigating measure (recognising the added short-term financial cost) has been reinforced by the EQIA that has been completed.

5. Employee Implications

- 5.1. A reduction in the recurring budget is anticipated to affect 70.75 whole time equivalent SLC posts. The impact of displaced employees and any associated costs will be managed in line with natural turnover and redeployment to other Social Care or alternative suitable posts in other SLC resources and in line with the SLC Switch 2 Agreement to redeploy employees. All staff who are potentially affected and trade unions have been involved in the consultation and will be kept informed of any decisions.

6. Financial Implications

- 6.1. As per 3.10, setting and delivering financial balance is fundamental to delivering upon the priorities within the SCP in a sustainable manner. As detailed within the IJB Financial Plan 2024/2025 report that is separately presented to the March 2024 meeting of the IJB, South Lanarkshire IJB is faced with and needs to address a recurrent funding gap for adult and older people's social care services of £19.543 million in order to meet its statutory obligation to set a balanced budget for 2024/25.
- 6.2. Recurring funding of £1.499m could be released by re-provisioning the care currently provided from Dewar House and McClymont House. This would be alongside other challenging action that is having to be taken and a range of additional difficult options that are separately being presented to the March 2024 meeting of the IJB to secure a balanced budget and address a significant recurrent funding shortfall for adult and older people's social care in South Lanarkshire. Given the proposal at 4.25. only part year savings can be released in 2024/25 and accordingly, this will need to be offset by non-recurring bridging funding. The proposal to extend the closure period for both homes beyond the minimum required 13 weeks to instead 7 months would require non-recurring bridging funding of £0.875m in 2024/2025. This non-recurring bridging funding is accounted for in the IJB Financial Plan 2024/2025 which is being presented to the IJB as a separate item for consideration and approval at its March 2024 meeting.
- 6.3. At its March 2023 meeting, the IJB endorsed the development and implementation of the Sustainability and Value Option Appraisal Screening Scale (Appendix 4) designed to ensure that options to address the budget gap for adult and older people's social care (as well as health care) are appraised, prioritised and then presented for consideration in a manner consistent with statutory obligations and professional requirements. The aim of the Sustainability and Values Options Appraisal approach is to protect those activities that belong within the "red" zones by firstly securing the optimum value of budget and expenditure reductions within the benchmarking and efficiencies "green" zone and also the service redesign or reduction with no/limited impact on outcomes "yellow" zone; and then considering budget and expenditure reductions within the service redesign or reduction with impact on outcomes "amber" zone.
- 6.4. Re-provisioning residential care was originally assessed as a "green" proposition when initially presented to the IJB at its September 2023 meeting. While this is still strictly correct – not least as all those currently long-term residents in McClymont House and Dewar House will continue to receive care in line with their assessed needs – having reflected upon the EQIA and given that the consultation having identified that anticipation of having to move due to closure may be potentially distressing to and stressful for some residents and some members of the families of

residents directly affected, the option is now categorised as “yellow”. It should be noted that there are a number of “amber” options within the additional difficult proposals that are separately being presented to the March 2024 meeting of the IJB to secure a balanced budget and address a significant recurrent funding shortfall for adult and older people’s social care in South Lanarkshire.

- 6.5. The IJB Financial Plan 2024/25 (which is separately presented to the March 2024 IJB meeting) recognises that if the recurrent £1.499m is not realised from this proposal, then alternative area(s) of further saving would be required in order to ensure the IJB is able to set a balanced budget.
- 6.6. At the February 2024 IJB budget workshop, the IJB Standards Officer explained that, as part of the duty to set a balanced budget, IJB members do have the ability to put forward alternative options to the IJB for consideration if they find any part of the savings options presented to be unacceptable. Alternative options need to have been assessed and confirmed as competent and deliverable, as well as fully costed, in order to be properly considered. Individual IJB members should therefore discuss proposed alternative options in advance of the IJB meeting with the Chief Officer and the IJB Chief Finance Officer to allow these to be checked for competency and deliverability as well as being fully costed. This would allow a given IJB member to present their alternative as a competent and deliverable amendment to the paper at the IJB meeting. Copies of any such amendments should be provided to the Clerk to allow for distribution to the IJB members. A briefing note explaining the alternative options process was circulated to IJB Members on 4 March 2024.

7. Climate Change, Sustainability and Environmental Implications

- 7.1. There are no direct implications for climate change, sustainability or the environment in terms of the information contained in this report.
- 7.2. In addition to generating revenue savings for the IJB, the associated asset release would also avoid future capital expenditure by the SLC partner on property investment.
- 7.3. In respect of McClymont House, opportunities for the building and/or the site to be disposed of and/or used for other purposes and to reduce the council’s carbon footprint would be progressed by SLC Housing and Technical Resources.
- 7.4. As members will recall from the October 2023 meeting of the IJB, exploratory discussions have identified the potential for the site of McClymont House and the former McClymont Day Centre building to be considered for redevelopment, with the potential for the site to be moved to the SLC Housing Revenue Account (HRA). Recognising the need to maintain appropriate levels of specialist housing provision within the Lanark area and subject to approval of the recommendations by the IJB (as well as then a subsequent decision by SLC for the site to be moved to the HRA), officers from SLC Housing and Technical Resources and the HSCP would work together to develop proposals for the development of this site that deliver a progressive housing approach (as per the SLC Strategic Housing Investment Plan 2024 to 2029 presented to the IJB at its December 2023 meeting).
- 7.5. It should be noted that there are budget implications for the SLC partner in terms of managing properties once vacant (e.g. demolition). Subject to approval of the proposed recommendations, the detailed appraisal of these opportunities would be taken forward by SLC Property Services.

8. Other Implications

8.1. The proposals within this report contribute to the mitigation of the following risks within the IJB Risk Register:

- Financial Sustainability (Very high).
- Performance Delivery (Very high).
- Failure to meet public protection and legislative requirements (High).

8.2. There are no other implications associated with this report.

9. Equality Impact Assessment and Consultation Arrangements

9.1. A full EQIA has been completed and was subject to review by the Independent Advisory Panel. That EQIA included completion of a Fairer Scotland Duty Assessment and has been shared with the IJB.

9.2. The EQIA identified the importance of providing reassurance to the 21 long-term residents and their families that this process would not be unduly rushed; that necessary care would be both given to finding an appropriate placement for each resident; and to then supporting those residents and their families through a move in a manner that minimises any potential distress and stress. Recognising the added short-term financial cost, this has informed the recommendation set out in 4.28. above, i.e. that that subject to identification and re-allocation of sufficient available non-recurrent funding by the IJB Chief Financial Officer that the closure period for both residential care homes be extended beyond the minimum required 13 weeks to instead 7 months.

9.3. As per 3.20, the consultation process has been designed and undertaken with reference to the national *Planning with People* and relevant COSLA guidance; and as approved at the October 2023 meeting of the IJB.

9.4. The consultation report attached at Appendix 1 details the consultation undertaken.

9.5. As is highlighted in the report at Appendix 1, the consultation process was subject to oversight and review by an Independent Advisory Panel. The Independent Advisory Panel also reviewed the EQIA that was completed (9.1.).

9.6. The consultation process involved 6 public meetings – 3 in Hamilton and 3 in Lanark; meetings with relevant community groups; meetings with staff; and individual meetings for every resident and/or their respective relatives of both care homes who wished one. A dedicated email address was also set-up to which written contributions were welcomed and captured.

9.7. Correspondence from members of the families of residents and other interested individuals was acknowledged, logged and responded to through appropriate channels dependent on the nature of the questions posed. This was important in terms of making sure that all enquiries were treated fairly and consistently regardless of who they were from.

- 9.8. The public meetings were advertised through media releases that were subsequently reported upon by local newspapers and their respective social media platforms; on the SLC social media platform; on a dedicated HSCP web page; and individual letters to residents/relatives.
- 9.9. Over the course of the consultation process, there were 10 public notices on the HSCP webpage, each of which was viewed between 2,000 and 5,000 times. These notices highlighted where to access information on the consultation and associated material (e.g. details of public meetings).
- 9.10. The summary written notes of all points raised in the public meetings were posted on the dedicated web page, alongside the production and ongoing updating of a Frequently Asked Questions (FAQ) briefing (example attached at Appendix 2). At the third public meeting held in each of Hamilton and Lanark, the main emerging themes that had been identified at that point in the process were shared alongside factual clarifications where appropriate and requested.
- 9.11. It is acknowledged that concerns were expressed through the consultation in respect of the process, including the extent of communication; and that regardless of the consultation being undertaken, a decision had already been made.
- 9.12. Recognising difficulties experienced and frustration expressed at the start of the process (particularly in relation to the first public meeting) action was taken to reinforce communication arrangements. For example, a technical (firewall) issue was found to have impeded outgoing e-mails advertising the public meetings at the start of the process. While this had been only one part of the communications which were used to advertise what were well-attended public events, once identified action was taken to both resolve the specific matter and mitigate against such future issues. Notably, in addition to re-sending the email and letter by hard copy, all families were contacted by telephone to confirm that they had received the hard copy.
- 9.13. During the process it was also recognised that some of the questions stimulated through the consultation might relate to specific operational detail or individual circumstances, much of which would not/or may not be appropriate to publish in a public forum. Alongside ensuring that any such matter would be dealt with through the appropriate channels, it was also reaffirmed that given that unit managers have the closest relationship with residents and their families they would remain available to discuss any concerns directly if required and as appropriate.
- 9.14. Throughout the process and across communications (see Appendix 2) the position was consistently stated that no decision had been made; and that the final decision would be made at the March 2024 IJB meeting once members had had the opportunity to properly consider the report on the consultation as one part of their overall deliberations on the formal paper presented on the future of both residential care homes. It was also consistently stated through the process that the consultation report would be approved by the Independent Advisory Panel (9.1.).
- 9.15. As per 4.6, a request made during the consultation process was for the consultation report to be made available to those who participated prior to the agenda pack of reports for the March 2024 being circulated to IJB members. That suggestion was accepted and formally added into the timetable with the agreement of the independent advisory panel. The consultation report was made publicly available on

the HSCP website on 15 March 2024, with residents, their families and staff informed of its availability on that date.

9.16. As described within the consultation report, a self-evaluation was undertaken of the process as per the recommended approach within the Healthcare Improvement Scotland Community Engagement quality framework guidance. This involved a number of quality statements being reflected upon and a rating then being ascribed. The consensus assessment of the self-evaluation was that the neutral and negative ratings did not apply to any of the quality statements. Reflective of a commitment to continuous quality improvement, consideration was also given to those aspects of the process which could have been strengthened so as to identify learning for any future consultation activity.

9.17. In validating and confirming the consultation report, the Independent Advisory Panel stated:

The consultation on the future of Dewar House and McClymont House residential care homes has been carried out in accordance with Planning with People guidance and took cognisance of the seven National Standards for Community Engagement. It was conducted in line with the plans shared with the members of the Independent Advisory Panel, and has taken account of their additional comments following the first public consultations. To the best of our knowledge, it represents the views expressed by those consulted, including those who would be most affected by any decision the IJB takes in relation to the future of the two care homes.

10. Directions

Subject to the IJB agreeing to recommendations at Section 2, a direction would be issued to SLC to make arrangements to discontinue ongoing provision of residential care from both of these facilities over a 7 month period (i.e. beyond the minimum 13 weeks required to notify the Care Inspectorate of intention to deregister) with no new admissions to be accepted.

Professor Soumen Sengupta
Director, Health and Social Care

18 March 2024

Link(s) to National Health and Wellbeing Outcomes

People are able to look after and improve their own health and wellbeing and live in good health for longer	<input type="checkbox"/>
People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonable practicable, independently and at home or in a homely setting in their community	<input checked="" type="checkbox"/>
People who use Health and Social Care Services have positive experiences of those services, and have their dignity respected	<input checked="" type="checkbox"/>
Health and Social Care Services are centred on helping to maintain or improve the quality of life of people who use those services	<input checked="" type="checkbox"/>
Health and Social Care Services contribute to reducing health inequalities	<input type="checkbox"/>

People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing	<input type="checkbox"/>
People who use Health and Social Care Services are safe from harm	<input checked="" type="checkbox"/>
People who work in Health and Social Care Services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide	<input checked="" type="checkbox"/>
Resources are used effectively and efficiently in the provision of Health and Social Care Services	<input checked="" type="checkbox"/>

Previous References

SL IJB Budget Recovery Plan 2023/2024 Update - 18 October 2023

List of Background Papers

None

Contact for Further Information

If you would like to inspect the background papers or want further information, please contact:-

Craig Cunningham

Head of Commissioning and Performance

Email: craig.cunningham@lanarkshire.scot.nhs.uk



Consultation report on the future of Dewar House and McClymont House Residential Care Homes

Helen Alexander & Laura Dover

Released on 15th March, 2024

Executive Summary

This consultation was approved by the South Lanarkshire Integration Joint Board (IJB), to inform decisions on the future of two of South Lanarkshire Council's residential care homes (Dewar House and McClymont House). Their proposed closure was in response to the challenging financial position for all IJBs across Scotland.

The consultation plans were developed using the Scottish Government's Planning with People guidance, and feedback was obtained in meetings with the general public, individual residents and their families, groups of staff, and local community organisations. A dedicated email account was also created to capture written submissions.

Consultation responses showed that people were concerned about the impact on the current residents, their families, the staff of both care homes and local communities. They challenged the arguments put forward to justify closure, questioned the IJB's financial management, and suggested a range of alternatives to closure. The overwhelming conclusion from those who took part in the consultation was that Dewar House and McClymont House should not be closed.

An Independent Advisory Panel (IAP) was convened by the South Lanarkshire Health and Social Care Forum i.e. community volunteers and third sector organisations who empower people to have a voice in the planning and development of local services. The IAP advised on the consultation process and, based on their scrutiny of this report, concluded that:

The consultation on the future of Dewar House and McClymont House residential care homes has been carried out in accordance with Planning with People guidance and took cognisance of the seven National Standards for Community Engagement. It was conducted in line with the plans shared with the members of the Independent Advisory Panel, and has taken account of their additional comments following the first public consultations. To the best of our knowledge, it represents the views expressed by those consulted, including those who would be most affected by any decision the IJB takes in relation to the future of the two care homes.

1.0 Introduction

At its meeting on 18th October, 2023, the South Lanarkshire Integration Joint Board (IJB) approved a Budget Recovery Plan 2023/2024. This included approval to undertake a consultation on the future of two of South Lanarkshire Council's residential care homes (Dewar House and McClymont House). The IJB was not asked to take a decision about any residential care home closure. The IJB cannot consult on a decision that has already been taken.

The context for this consultation was the increasingly challenging financial position of Integration Joint Boards and other public sector organisations, as recognised in a series of Scotland-wide reports.

'All IJBs are facing unprecedented financial sustainability and workforce challenges as they seek to balance the impact of Covid-19, the remobilisation of services and rising demand. This is exacerbated by the uncertainty of future funding.'

- [Accounts Commission \(2023\) Integration Joint Boards: Financial analysis 2021/22](#)

'Frank discussions are needed with local communities about the future of council services. Difficult decisions will need to be made. While councils received more money in total in 2022/23 than in the previous year, councils had less money to spend in real terms.'

- [Accounts Commission \(2024\) Local government in Scotland: Financial bulletin 2022/23](#)

2.0 Independent Advisory Panel

As advised by Healthcare Improvement Scotland – Community Engagement (HIS-CE), an Independent Advisory Panel (IAP) was established to provide oversight of all consultation activity and ensure robust scrutiny of the process.

The panel's remit was to oversee the development and implementation of consultation plans, in line with *Planning with People*¹ guidance, thus ensuring a fully inclusive process. It provided advice to the officers carrying out the consultation. The Terms of Reference outlined its aim as:

To oversee the development and implementation of consultation plans and processes in relation to South Lanarkshire IJB's Sustainability and Value Programme and to provide independent assurance to the IJB that consultation is being carried out in line with national guidance. Should any member(s) indicate that they cannot give this assurance, they are required to submit a statement so that the IJB can take their views into account.

¹ Scottish Government (2023) *Planning with People*. <https://www.gov.scot/publications/planning-people-community-engagement-participation-guidance/documents/>

The panel's first task was to determine whether or not it had the right membership or if any representative was missing. To ensure it could provide impartial advice, it was led by the chair of South Lanarkshire's Health & Social Care Forum (SLHSCF). This is an independent group of community volunteers and third sector organisations who work to empower patients, service users, carers and the general public to have a voice in the planning and development of local health and social care services. SLHSCF convened the panel with Voluntary Action South Lanarkshire (VASLan) and agreed that no voting IJB members, elected members, or people who would be consulted with could be members of the Panel. Further details on the Independent Advisory Panel and its remit can be found at: https://www.southlanarkshire.gov.uk/slhscp/downloads/download/95/independent_advisory_panel

The IAP first met on 15th November, 2023 during which they received background information on the need for the Sustainability and Value Programme, including the proposed residential care home closures, and the draft consultation plans. They provided comment on the plans which were adjusted accordingly. They met again in December to finalise their Terms of Reference and receive verbal feedback on the first two public consultation events. At their next meeting officers provided feedback on the main themes from all the consultation events to date and the Panel commented on an early draft of the Equalities Impact Assessment (EQIA). The Panel considered a draft of this report following their meeting on the 23rd February, 2024, and their comments have been addressed in this version.

3.0 Consultation Process

Following *Planning with People* guidance, separate plans were developed to consult with the main groups likely to be affected by the proposed closure of Dewar House and McClymont House. Details of the consultation process, including Frequently Asked Questions and the approved plans can be found at: https://www.slhscp.org.uk/info/19/public_consultation.

A list of the main contacts for each resident in both care homes was obtained from the managers, and an initial letter was sent on 19th October, 2023 to inform relatives that the IJB had approved a consultation on the proposed closure. A Frequently Asked Questions (FAQ) document was posted to the South Lanarkshire HSCP (SLHSCP) website in November, and a letter sent to inform relatives of this. The consultation plan was then posted to the website. On the same day a press release went out with details of the public consultation events. A letter for relatives was also sent on 22nd November, but, unknown to officers at the time, was not received by the majority of them. (This was later found to be related to an issue with South Lanarkshire Council's firewall. The letter was re-issued.) The consultation plans were also shared with local elected members from Clydesdale and Hamilton in advance of the first public meeting.

There were five social media posts on both Facebook and X (formerly Twitter) about the November and January consultation events. The impact of these posts is gauged via 'impressions'. Impressions are defined as 'the number of times the post was shown on

screen'. Each Facebook post gained between 2,056 and 4,764 impressions averaging 3,099. Each X post gained between 2,614 and 6,089 impressions averaging 3,508.

Table 1 – How the consultation was carried out

Participants	Consultation dates	Engagement method	No. attendees
Residents and relatives	4.12.23 to 2.2.24	Individual/family meetings in care homes	4 residents* 29 relatives**
Staff	13 & 14.12.23, 2.2.24	Focus groups, with trade union representation	29
General Public	Lanark: 27 & 28.11.23, 23.1.24	Public meetings***	67 + 18 + 67
	Hamilton: 4 & 6.12.23, 29.1.24	Public meetings***	15 + 5 + 17
Community Groups	24.1.24	Public meeting	6
Open to everyone	27.11.23 to 2.2.24	Written submissions to a dedicated email in-box	22 submissions

* An independent advocacy worker also spoke to three of these residents to elicit their views

** 1 to 3 members of 12 McClymont House residents' families and 6 Dewar House residents' families

*** There were elected members/MSPs present at all six public events

Given the frailty of the residents, most families opted not to involve them in meetings. A public consultation section of the SLHSCP website went live in December, 2023 with updated FAQs. All the public meeting notes were posted to this part of the website, following each event. The email in-box (slhscpconsultations@southlanarkshire.gov.uk) remained open until the feedback deadline on 2nd February, 2024. The key dates for producing this report are shown in Table 2.

Table 2 – Timeline for producing the consultation report

27 th November, 2023 to 2 nd February, 2024	Feedback gathered from residents/families, staff, the public and community groups
2 nd February, 2024	End of consultation feedback capture End of email feedback
16 th February, 2024	Analysis of consultation feedback completed
21 st February, 2024	Self-evaluation of consultation process
23 rd February, 2024	Draft consultation report sent to Independent Advisory Panel Draft consultation report sent to IJB Chair/Vice-Chair/SMT for information
29 th February, 2024	Deadline for Independent Advisory Panel comments on consultation report
6 th March, 2024	Consultation report sent with IJB pre-meeting papers
12 th March, 2024	IJB pre-meeting

15 th March, 2024	Consultation report sent to consultation participants
19 th March, 2024	IJB papers published on website
26 th March, 2024	IJB meeting to set 2024/25 budget and decide the future of Dewar House and McClymont House

4.0 Key Themes from the Consultation

There was considerable commonality across the different modes of engagement, so the results are presented under the key themes that emerged from them all. An initial review of feedback in late December 2023 created a degree of familiarity with the content, which was the basis for generating the list of key themes. These were extracted from the notes of all the meetings and email submissions by the report authors. They were then refined using all the notes once the submission deadline had passed. The content of each note was arranged under the key themes in an Excel spreadsheet, then the entries under each theme were reviewed to generate sub-themes around which the results were structured. Both authors reviewed each other's coding and sub-themes and adjustments were made as necessary.

4.1 Impact on Residents

4.1.1 How people should be treated

There was a strong sense that the residents of Dewar House and McClymont House deserved to be treated with dignity and respect. Some mentioned this directly, whilst others noted the residents were the most vulnerable people in society or that in many other cultures elders were more highly respected. They felt the residents were being treated like 'parcels', 'pieces of a jigsaw', 'furniture' or an inconvenience. One compared this treatment of elderly residents to the outrage there would be if children were involved, and another suggested their vulnerability made them an easy target. It was pointed out that our growing elderly population will need this kind of care at some point, amidst a range of options for care.

<i>"There should be respect and dignity at the end of mum's life."</i>	<i>"Our elderly are not budget-saving tools; they're valuable human beings."</i>	<i>A resident expressed some anger at people in her position being "looked down on" and "treated like ..." [made a dismissive gesture with her hand]</i>
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4.1.2 Residents deserve to have their wishes respected

A number of families felt the injustice of older people having contributed all their lives or worked all their days, paid their taxes, yet were being unsettled because of financial constraints that weren't their responsibility.

"She's worked all her days ... paid her taxes and will be left with nothing."

Four residents (one through an independent advocate) clearly expressed their preference to remain where they were living.

<i>"I want to stay here"</i>	<i>"Not happy about the closure ... [I'm] settled here"</i>	<i>"I feel confident here"</i>	<i>"This is the place for me"</i>
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4.1.3 Residents are in their own homes

A recurring theme across the different engagement methods was that residents and their families considered Dewar House or McClymont House to be their home, often their last or forever home. They had made the decision to move into the care home and were now being evicted from the only home that many of them remembered and in which they felt safe.

Many people referred to being told that people in South Lanarkshire wanted to maintain their independence at home and responded that these residents no longer had their own homes, having had to sell their family homes to pay for their care. They noted that all their capital/life savings had been paid to the council, so they had contributed to the upkeep and fabric of their (care) home.

<i>"Everyone wants to stay in their own home, but it's not possible for all."</i>	<i>"If at some point I can't stay in my own home I would want to be cared for somewhere safe where I live"</i>	<i>"She won't see her friends and family, they can't all travel as often, it would be new staff as well."</i>
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Moving into a care home was sometimes needed for people's safety, when those with dementia couldn't be looked after in their own home or were not able to look after themselves. A few people noted that some residents had already been through this before and for one it had taken two years to settle in after a move. A fear was expressed that South Lanarkshire Council would shut their other care homes too.

4.1.4 How a move would affect residents' health & wellbeing

Many participants mentioned how a move of placement would detrimentally affect the current residents. Some believed that the residents' life would be shortened or that they would not survive the transition.

Although the potential closure had not been shared with all residents, families said the health of some who knew about it had already been affected. It was felt that knowing about the possibility of closure would distress some and if moving them became necessary, distress would be caused to all. Participants said that it would be difficult to move people who have dementia because they needed to have people and things around them that they recognised. Many participants detailed how a lack of continuity of care would increase the confusion, distress and worry caused by a move, while familiar surroundings could help reduce confusion and anxiety.

<i>"We think the [health issues] are due to the"</i>	<i>"The thought of having to endure this is ... already"</i>	<i>Staff "know how to manage residents who"</i>
------------------------------------------------------	--------------------------------------------------------------	-------------------------------------------------

*stress and anxiety of
closure.”*

*affecting her mental
health.”*

*have dementia and settle
them.”*

Participants felt there likely would be a reduction in the number of visits that residents received following a move, if this took them further away from family, friends and their local community, increasing their isolation and loneliness. The rurality of Clydesdale and its poor public transport links would make travelling to other care homes difficult, particularly in winter. Thus residents being moved may not see people from one week to the next.

Some participants didn't believe what they were told by officers about South Lanarkshire Council social work staff being able to move people safely between care homes and added that moving elderly people from their homes wasn't something to be proud of. Many said that any move would be detrimental to residents' health, with transfer trauma leading to an increased risk of falls or accidents and mental health issues, especially for those with dementia or Alzheimer's. This was in contrast to the improvements in health and wellbeing which family members described as taking place when their relative moved into the care home. One family member was sure their parent would have died if they hadn't moved to the care home because they weren't eating and couldn't get upstairs on their own.

*“He was a danger to himself ... since he's been there, life has been much better
for him.”*

4.1.5 Importance of relationships and social contact

The current residents had family and social networks that could be disrupted by a move. Many family members come and see residents easily at the moment and family was really important or reassuring to residents. Many had friends who visited regularly, either because they were brought up in the local area, or had established links since moving there. It was concerning that local friends of a similar age may not be able to travel to a new care home, and important bonds between residents would be broken, something that had helped one resident settle in.

Ties to the local area were also felt to be under threat, particularly for those who had lived there all their lives or knew the area well. Living in an area residents were familiar with meant they could be part of their own community and staff could stimulate their memory with 'local banter'. The relationships that had been established with staff had taken time to build and some residents didn't have time left in their lives to start again. The ability to recognise staff was important for residents, who often didn't know their names, and staff were able to keep medication to a minimum because they knew the residents so well. Some residents had become used to carers who treated them like they would their own mother and staff said residents felt like part of their family, while noting that some of them didn't have anyone else.

4.2 Impact on Families of Residents

4.2.1 Emotional distress caused

During meetings, family members of residents were often highly emotional and the distress and anxiety that they were experiencing as a result of the potential closure of their relative's

home was palpable. Some felt that SLHSCP had lacked empathy towards them and didn't understand the impact on them when considering the closure of Dewar House and McClymont House.

4.2.2 Effect on health and wellbeing

The most prevalent concern expressed by family members was that closure of Dewar House and McClymont House would result in a substantial negative impact on the physical and mental health of residents. These fears of harm to the wellbeing of residents was described by many family members as having a significant impact on their own wellbeing.

"It's difficult to stay strong, I'm worried it could affect our physical and mental wellbeing to the point that we can't cope enough to be here for family."

"I feel guilty about having her in a care home but it got dangerous with her falls, her home was feeling like a prison, and McClymont House has made it easier to live with that."

Family members shared in detail the significant health issues the residents experienced, which for many included dementia, and described residents as frail and vulnerable. It was common for family members to describe their relative's 'journey' prior to their move to Dewar House or McClymont House as highly stressful and upsetting. There were a variety of reasons for this including worry about the escalation in their relative's care needs; fears for their relative's safety; taking on more caring responsibilities; Care at Home provision being inadequate for their relative's needs; bad experiences with other care homes; and guilt relating to what was often a difficult decision to place their relative in residential care.

4.2.3 Contrast between existing and potential future care provision

Families had peace of mind knowing that their relative was safe and cared for in Dewar House or McClymont House. Family members of both care home residents described them as welcoming and family-oriented places with staff who care for them as well as the residents, therefore providing a positive environment to visit and bring younger family members to. They were concerned that they did not know where residents would move to in the event of closure, feared that the closure would be rushed, felt that they and the resident did not have choice or control over the process and might be forced to accept any alternative provision that became available. Family members expressed concern that there was insufficient alternative care available locally, and that if there was local availability in the independent sector, it was less accessible and the care would not be of the same standard as is provided in Dewar House and McClymont House.

"I'm finding this very difficult to discuss. Dewar House is Mum's home. None of us live locally and I can't put a price on knowledge that Mum is in good hands. The staff know her so well."

4.2.4 Maximising quality time with residents

Some families talked about residents being in the last years of their lives. They emphasised the importance of maximising the time spent with residents, making memories with them and preserving their wellbeing as much as possible during this time. Accordingly, being able to visit regularly, take them on outings where possible, and avoid unsettling them by a move

were vital for family members. The location of Dewar House was seen as an advantage for family members, being centrally located within Hamilton and having good public transport links. Many of the families of McClymont House residents live in Lanark or the surrounding area and frequently referenced the ease of visiting their relative without driving as the care home is central within Lanark and accessible by walking or public transport. This proximity allowed family members, including extended family, to visit multiple times a week and to get there quickly in an emergency. By contrast, they described poor transport links from Lanark to other parts of South Lanarkshire, particularly for non-drivers.

“It’s not safe or fair to expect families to use the precious moments we should be spending with Mum on travelling further to see her.”

In particular, family members referenced the time it would take to travel to the remaining South Lanarkshire Council-run care homes in East Kilbride and Rutherglen, and the difficulties of making this journey in bad weather or by public transport. This gave rise to concerns that if residents of McClymont House had to leave the Lanark or Clydesdale area for care, residents would have less contact with their loved ones and experience loneliness and isolation and associated negative health outcomes, as well as the wider family losing time with the resident.

“Quality of time with Mum will suffer if she is placed outwith Lanark. It has been heaven to be able to enjoy time with Mum and take her on days out, adding travel time will set us back.”

4.2.5 Additional costs of possible alternatives

Family members worried about the cost of increased travel both by car and on public transport, particularly in the current context of an increased cost of living, and the increased pressure this could place on them in terms of balancing visits with work and other family responsibilities. These concerns were particularly acute for family members who lived outwith Lanark in the wider Clydesdale area where public transport links were poorer than to Lanark itself.

“Travelling distances to other homes outwith the Clydesdale areas are excessive and will take hours travelling to visit. I will struggle to afford this on a regular basis and, as with this whole concept of closing McClymont, it is my mother who will suffer.”

4.3 Impact on Staff

4.3.1 Views on potential closure

On the whole, staff who participated in the consultation were not in favour of the closure of Dewar House and McClymont House. They demonstrated a high degree of commitment to their roles and workplaces and an exceptional level of care and concern for the care home residents. Staff often spoke about valuing their team and manager and feeling valued in return.

It was evident that the potential closure of Dewar House and McClymont House was a source of anxiety for staff. For many, this was due to the uncertainty as to where they would

be redeployed to in the event of closure and the lack of control they felt over the process. Staff said that this uncertainty had already resulted in some members of their team leaving for new posts and as a result they were experiencing challenges at work due to relying on more agency staff. Some members of staff had been in the same post for significant periods of time, felt settled in their workplace and had expected to be there until retirement.

"I feel appreciated and part of the team. I have a relationship with residents and relatives too and I feel valued by them, it doesn't matter if you are cleaning or providing care as everyone is valued."

"We chose to work here for a reason, that choice is being taken away from us. The worry about what will happen is affecting health and home life and there are no answers about what next year is going to bring."

4.3.2 Redeployment

Some staff had already experienced redeployment due to previous closures of South Lanarkshire Council care homes and they tended to reflect on this as a negative experience. They also felt that, given care home closures in recent years, there was a possibility that further closures would result in them being redeployed again. Some were worried that older members of staff would have a particularly difficult time with starting a new post.

"I was very upset when I was redeployed, I had to wait a long time while others were going to new posts. I don't want to go through that again, it made me feel like a nobody."

"When we were first redeployed we felt resented by existing staff as some of them lost out on posts. Being redeployed again will cause upset."

"The process is taking a toll already and I couldn't face going through this again if I moved to another care home which closed, I've known others who went through redeployment more than once."

4.3.3 Travel to alternative posts

A major concern raised by both Dewar and McClymont staff was that they would struggle with the increased travel that might be involved if they were redeployed to one of the other Council care homes in East Kilbride or Rutherglen, in terms of increased cost, safety and the impact on their work-life balance. Most staff said that they live near to the care home they currently work in. However, many said that they didn't drive and would have to make a long journey on public transport involving multiple changes of bus or train in some cases. This was particularly acute for staff at McClymont House, where staff referred to a lack of other Council services locally for them to be redeployed to and poor public transport links to the rest of South Lanarkshire, especially from the towns and villages surrounding Lanark. Staff at both homes felt there were safety risks of travelling long distances late at night, both in terms of relying on public transport or driving when tired, as well as longer days and reduced rest time affecting their health and wellbeing. They also had concerns that public transport might not run at times which suited their shift pattern, and questioned whether the manager for their new post would be understanding if they were late for their shift as a result of travel issues. Staff also had concerns about the negative impact of the increased travel in taking away from time with their own families and caring responsibilities.

"I don't want to leave Dewar House, I live locally and have my own caring responsibilities too so it's good to not have far to travel, the shift pattern suits me. I don't think I want to work in the other care homes."

"I'm already getting up at 5 to be ready for my shift starting at 7, I would be getting up even earlier if I was having to travel further."

"There's no public transport on Sundays or in the evenings here, how would we be able to get to and from shifts on time?"

In Dewar House, staff have a 12-hour shift pattern as opposed to the 8-hour shift pattern in other care homes, and the staff who participated in the consultation were overwhelmingly in favour of this, stating that it benefits their residents due to the continuity it provides throughout the day and allows for smoother handovers between shifts. Staff also said that this shift pattern benefits their work-life balance and they had organised their personal lives and family routines around it. They were concerned that there would be limited redeployment opportunities for them with the same shift pattern and their concerns about increased travel were amplified by the possibility that their commute would not only be longer but more frequent as a result, and that the travelling would leave them with insufficient time to rest between late and early shifts.

4.3.4 Availability and suitability of alternative posts

Staff voiced concerns that there would not be enough suitable alternative posts within South Lanarkshire Council for them in the context of savings being made across a number of services, and the reduced number of South Lanarkshire Council-owned care homes following previous closures. Staff had mixed views about whether they would be willing to be redeployed to Council posts outwith Social Work. Trade unions as well as members of the public noted that if this could result in the loss of skilled and experienced staff to Social Work, and to the Lanark area in the case of McClymont House. It was felt that the investment in training and upskilling of staff over the years would be wasted if they were redeployed to posts which didn't suit them. Staff also worried that they may only be offered one post and that a post which the Council deemed suitable for them in terms of grade would not suit their preferences or circumstances. Some said that they hoped there would be support for them in meetings with Personnel if they were to be redeployed and that the process would involve discussion and understanding of their personal situation.

4.3.5 Concern for residents

Staff described feeling that their colleagues and the other residents were part of their extended family, and these sentiments were also shared by residents and their families. Some staff mentioned that the potential closure had impacted their relationship with some families and they found this difficult. Staff expressed sadness at losing the relationships they had developed with residents and had concerns that residents were vulnerable people who would be harmed by having to move.

"The thought of moving residents out of Dewar House is heart-breaking. Staff will really feel it."

"The work can be hard and the residents' level of need is very high but I would still rather be here than anywhere else."

4.4 Impact on Local Communities

4.4.1 Loss of assets / services

The most frequently cited impact on local communities in Clydesdale was the loss of a Lanark asset. Some participants made general comments about how poorly served they felt Clydesdale was, while others said they were being deprived of services again. Lost assets referred to included Lockhart Hospital, Law Hospital, private care homes, Police Office, elderly day care and reduced day care for disabled people.

There was a concern that neither Dewar House nor McClymont House would be available for those needing them in future, particularly the growing older population. There was a lack of alternative council facilities near McClymont House and it was suggested that mismanagement of public money had contributed to the potential closure of Dewar House.

4.4.2 Lack of equity

Issues of fairness and discrimination were raised by people from Clydesdale, who felt they were not being given an equal share of services with other areas, despite paying the same council tax as others in South Lanarkshire. Some drew a clear association with the rurality of their area, suggesting there was a bias towards more densely populated centres further north, whilst others specifically referred to the inequitable distribution of council care homes that would result should the closure proposal be approved.

“Feel forgotten by the council, with an impression of being more concerned about the urban areas further north.”

It was also noted that people from Clydesdale were often expected to travel long distances to access services, whereas people from elsewhere were unwilling to come to their area. One said that investment in step-down facilities had been concentrated in the Hamilton locality and there had been no money for care at home, which increased the impetus to retain the facilities they currently had.

4.4.3 Economic / environmental impact

A number of Clydesdale participants were worried about the loss of local job opportunities in the care sector as well as losing the existing skilled workers from the area. This extended into the town of Lanark which would suffer from reduced footfall in shops, the hospitality industry and local amenities. Local churches would be impacted if current McClymont House residents were no longer in the parish and their families went out of the area at weekends to visit those who had moved away.

“The impact on the environment and economy will be enormously increased.”

Lanark would lose a sustainable local solution that currently minimised the carbon footprint, and families travelling further by car would increase emissions. People moving to one of the council's other residential care homes would require four bus journeys from Lanark compared to being able to walk at the moment.

4.4.4 Hamilton and Clydesdale geographies

While the location of Dewar House was viewed as a strength, being in a central location with good train and bus links, people from Clydesdale felt their rurality was not fully

understood by the people making decisions. Lanark was a hub for the surrounding villages, with people coming from a wide area to access facilities. Public transport in Clydesdale was not good and became worse or stopped in bad weather.

4.4.5 Community use of care homes

Both Dewar House and McClymont House had visits from local schools and nurseries, and this intergenerational work encouraged strong community connections. Children would lose the opportunity to socialise with elderly residents and hear their stories and life experiences.

“Visits to the care home contribute to the wellbeing of both elderly residents and children.”

In McClymont House the residents were included in Lanimer Day celebrations and some said its use by people who all lived locally and had known each other for a long time made it feel like an extended family. Dewar House had been used during the pandemic to provide food parcels to their local communities and temporarily accommodate hospital patients.

4.4.6 Strength of local feeling

In addition to noting that a local petition against the closure of McClymont House had gathered thousands of signatures, the response to the IJB proposal for these two care homes was described as an ‘uproar’ and demonstrative of ‘very angry’ local communities. A petition had also been started opposing the closure of Dewar House.

4.5 Quality of Care in Dewar House and McClymont House

4.5.1 Benefits from high quality care

Some family members were certain that their relative would not be alive if they’d not been admitted to a care home, and one described the contrast between her mum not wanting to live before and the new life she now had. Other relatives described the peace of mind and not having to worry about how residents were being looked after or their safety.

“We don’t have to worry about her being looked after here.”

4.5.2 Best possible care

The regard in which both Dewar House and McClymont House were held by residents, relatives and the public was clear in the many comments relating to the high standard of care provided. The care homes were described as ‘fabulous’, ‘exceptional’, a ‘jewel in the crown’ and where ‘magic happens’. Participants felt they should be showcased, not closed, and pointed out they would want to be in such a care home themselves if they needed one.

“I cannot imagine a better place for elderly, vulnerable people.”

Reference was made to the care homes being the best in Scotland or Lanarkshire, and both were considered much better than private provision.

“In Dewar House she can wander safely, listen to music, other residents pop in and out.”

“McClymont House is in the top 5% of care homes in Scotland.”

Good Care Inspectorate ratings for both Dewar House and McClymont House were mentioned frequently as something to be proud of. These grades being better than other local care homes reinforced the view that any move would be to inferior provision.

4.5.3 Treated with dignity

The concept of dignity was felt to be extremely important for residents, sometimes manifesting in relation to pride in their appearance which was respected by the staff delivering care. Rooms were personalised and felt like residents' homes and those who were physically limited or bed-bound were moved and treated with dignity.

Staff played a key role in this, and were hugely praised for all their efforts in aspects such as reassuring residents in distress, managing anxiety, monitoring or tailoring diets, and caring for those at the end of their lives. Not only did staff say they felt the residents were like part of their own families, but residents and relatives felt the same way. The relationships that had been developed were considered very important to residents' wellbeing, and extended to talking about shared knowledge of the local area and people living there. The staff were 'superb', 'compassionate', 'terrific' and went 'above and beyond their duties on a daily basis'.

Staff themselves highlighted that they 'don't cut corners' and were proud of the care they provided. Overnight staff noted that not all residents slept through the night so they had to know them well to meet their needs. All staff were highly trained, not only the care workers, and brought different qualities and skills to their roles. Dewar House staff specifically mentioned how their 12-hour shift pattern provided continuity for most of the time residents were up and about.

“This is the older person's home and they are surrounded by people every day who genuinely care.”

4.5.4 Lovely / homely environment

Efforts to make the environment of both care homes as homely as possible and suitable for the residents who lived there were widely applauded. Although the age of Dewar House and McClymont House were recognised, the intimacy resulting from their relatively small capacity was considered a big advantage.

Dewar House was said to be in need of some refurbishment, but the floor plan was considered ideal for people with advanced dementia and it had good sized rooms all on one level. McClymont House was described by some as bit dated, but residents commented that it felt like a lovely hotel, whilst family members said it was like coming to visit a resident's own house. There were lots of activities and entertainment provided and easy access to events in the local community.

“Dewar House is smaller, intimate, feels like a family place.”

4.6 Views on Alternative Provision

4.6.1 Quality and suitability of alternative care

As discussed in the previous section, the care at Dewar House and McClymont House was highly praised by residents, their families and members of the public. They often contrasted this with the quality of care they believed would be on offer in independent sector care homes; some participants stated that the Council-owned care homes received better grades from the Care Inspectorate than the independent homes in their local area. Some family members described negative experiences of these care homes.

“[Mum's previous care home] was horrible – too clinical, had a mix of people with different conditions, it smelled bad and bedroom doors were kept open. I knew Mum would hate it and ask to be taken out of it.”

Many participants were of the view that staff in the independent sector would not have such good terms and conditions as Council staff, would not be as well-trained and would not have the same time to devote to residents due to lower staffing levels. They also said staff turnover in the independent sector was higher than in the Council, which would mean less continuity for residents, who benefitted from having consistent faces and staff knowing them and their needs. One benefit related to staff continuity was maintaining minimum doses of medication through frequent review/adjustment, whereas maximum doses could keep residents compliant. Some participants objected to independent sector care on principle.

“Private sector staff aren't rewarded adequately or treated well. It's inherently wrong that SLC is pushing for more private care to help balance its budget. I'm angry that the taxes we pay are going to be used to pay for private care and fund their profits.”

Views on the physical environment of some independent care homes were expressed, with some participants describing them as significantly larger, colder, noisier and more impersonal. Similar concerns were raised about the quality of care and environment in nursing homes and some family members were concerned that many do not employ enough nurses to provide the level of care required. Family members were clear that they would not be willing to accept a reduction in the quality of care given to residents.

“I don't want to be made to feel ashamed about the care we've chosen for our mother.”

“We went to look at other homes and I came out crying from both, I couldn't put Mum in there.”

Care at Home provision was also discussed frequently by participants. Many said that while older people might prefer to be cared for in their own homes, this was not always a safe or viable option for them and in particular would not be possible for the current residents of Dewar House or McClymont House, most of whom have already sold their own home to fund their care. Families often related difficult experiences with Care at Home prior to their relative being admitted to a care home, and described issues with the timing of visits and increased pressure on them to take on additional caring responsibilities.

“We understand that home care and hospital at home are available but Mum had home care and it didn’t work for her, she refused them and wasn’t being looked after. She wouldn’t be alive if she wasn’t in McClymont.”

4.6.2 Availability of alternative provision

Participants raised concerns about the precariousness of the residential care market. They were concerned that the remaining South Lanarkshire Council-owned care homes may also be closed in the future, leaving the independent sector as the sole provider of residential care. Similarly, participants were worried about the volatility of the independent sector and suggested private care homes could close if they were no longer profitable, leading to residents and staff potentially being displaced again.

Participants from the Lanark area were particularly concerned that there is insufficient residential care provision locally to accommodate the residents from McClymont House, again referencing recent closures of other homes which they were worried would further limit options for their residents. They felt it was inequitable to close the only Council-owned care home in a rural locality and stated that the remaining care homes in the area already have significant waiting lists. This contributed to their concerns that residents would have to move out of the area for residential care, as discussed previously.

“The examples of a growing reliance on private sector provision in other regions has shown how precarious the sector currently is, especially in rural areas. It is not the case that the market will cater for the needs of rural areas and provision will become increasingly focused on large, more centralised private units away from those areas.”

4.7 Views on Justifications for Closure

4.7.1 Financial Management

Some participants thought that the deficit in the South Lanarkshire Health and Social Care budget must have come about as a result of poor financial management or planning on the part of the IJB. Other participants acknowledged the national and inflationary context surrounding the deficit but did not believe that savings should be made through closing Dewar House and McClymont House, suggesting that the IJB should look at other options and that older people should not suffer as a result of the financial position. Some participants said too much money was being spent on senior management and not enough on frontline staff. It was felt by many participants that the projected saving from the closure of Dewar House and McClymont House of around £1.5million was too small to be worth pursuing given the potential impact on residents, families, staff and communities.

“SLC would lose more by closing Dewar House than it would save.”

“...the amount of saving that could be reached from any closure here would be a pittance compared with the disruption, pain and anguish to the families affected – as well as a loss of vital social care services in the Clydesdale area.”

4.7.2 Savings from closing McClymont and Dewar

Participants frequently expressed that they did not understand how the closure of Dewar House and McClymont House would achieve any financial saving. They observed that the cost of residents' care would still have to be met in alternative settings and questioned how this would cost less if residents moved to care homes in the independent sector with higher fees. It was also suggested that the cost of installing equipment in individual homes for people's care could cost more than admitting them to a residential home. Families of residents wanted to know who would cover the increase in care home fees once their relative's own funds ran out, and how a saving would be made if the increase was covered by the Council.

Participants from the Lanark area did not agree with the financial information provided regarding the costs of reopening the closed wing of McClymont House and believed it would be more cost-effective to reopen it, suggesting that it could bring in funds or be used to alleviate delayed discharges. With regard to Dewar House, participants raised questions about the terms of the lease and wanted to know why it was becoming more expensive. Some participants also stated that if £1.5million could be saved, the full amount would not be realised this year and therefore they did not believe that imminent closure was justified.

"The cost of the displaced resources should be included in the financial information as the people in McClymont and Dewar are just being displaced and there would still be a cost to their care, it's not a balanced picture without including this."

4.7.3 Need for residential care

It was common for participants to express the view that residential care provision was still needed, and, as discussed in the previous section, many felt that it was important that it continue to be provided by the public sector. In particular, many family members of residents and staff said that residential care rather than nursing care was suitable for many people, and that if residents did need nursing care then their assessment would indicate that. Residential care was regarded by some as a necessary intermediate stage between Care at Home and nursing care, and the benefits of care homes in reducing isolation while still enabling residents to have a level of independence were mentioned. Staff also discussed the homely environment provided in Dewar House and McClymont House which could be comforting for residents and their family for residents at the end of their life.

"People deteriorate in hospital. A care home is homely and can help build their confidence."

"Home care is not the be all and end all. Of course everyone wants to stay at home but there will come a point when they can't. There's a need for residential care as a stage in between care at home and nursing care."

The possibility of dual-registered homes was frequently discussed and participants wanted to know why it was not possible within an integrated system to bring nursing staff into residential homes to allow people's care to increase with their needs and avoid them having to move. While participants were aware that services were available to support people in their own homes, some had struggled to access support for their relatives or had found that it was not suitable for their needs. Overwhelmingly, participants did not agree that demand for residential care was reducing and said they were aware of people looking for places in

both Dewar House and McClymont House on a regular basis. They also made reference to long waiting lists for other care homes and a likelihood that demand would rise in the future due to the growing older population. Some participants said they were concerned by the overall trend of withdrawal from residential care by the IJB and that the long-term implications for the future of older people's care were worrying.

"We're told there is no demand for residential care but we get constant demand for places here from public and social work, there are people looking for respite as well but we don't offer that."

"It beggars belief that Scottish local authorities won't be providing residential care... if Mum was to move into another SLC owned care home there would be no guarantee that it wouldn't also close."

"All of our futures are in their hands and SLC and the IJB need to understand the long term issues."

4.7.4 Fitness for purpose of residential care homes

While some participants said that the Dewar House and McClymont House buildings were ageing and required modernisation or maintenance in some areas, generally family members felt that the physical environment in both homes was of a good standard and suitable for the people who live there. Some families said that their relative had all the mobility equipment required to meet their needs and that they didn't consider smaller room sizes or communal bathing facilities as a problem. The cost of recent maintenance work on McClymont House was also mentioned and participants felt that it did not make sense to close the building given this investment.

4.8 Alternative Suggestions to Avoid Closure

A number of people were unhappy about being asked to suggest alternatives to closing Dewar House or McClymont House, finding this 'insulting' or 'disrespectful'. They said it was our job to give people options.

"It's really poor that we're being asked for suggestions."

4.8.1 Savings from other parts of the system

Many suggestions related to finding savings from other parts of the budget, including closing one of the three care homes in the northern part of South Lanarkshire. Efficiencies could be realised by reducing the number of care homes and moving residents to Clydesdale instead of closing McClymont House. Others pointed to the number of council buildings that were not fully occupied, partly because so many staff were working from home. Some could be closed or their heating/lighting bills reduced.

"Fairness should ensure it does not leave one community with no council care home whilst another has two."

There were calls to make savings by reducing the number of managers or senior staff, or using reserves to cover the funding gap. Income from other providers sharing costs and services should be explored, and goods could be purchased more cheaply than limited procurement options allowed.

4.8.2 Increased income to keep Dewar House and McClymont house open

Options to keep the two care homes open included minor upgrades to the buildings such as making the rooms bigger with en-suite bathrooms, or, like independent care homes, creating smaller rooms, but more of them. Many felt the fees charged for the care homes should be increased, either because the low rate did not cover the costs, or families did not have a problem paying more to stop closure. Some offered only a slight increase to the charge, and one questioned whether or not the small number of residents who would pay fees could meet the running costs. It was also suggested that the Winter Fuel Payment that each resident received should be paid directly to the care homes.

"I understand the rate is set by COSLA. It's a very low rate for the care."

In relation to McClymont House, there was currently an empty wing with nine beds, which participants said there was a demand for. The heating and lighting was still being paid and people thought opening it would generate income, with only three extra staff needed.

"Meet the growing demand for spaces for the elderly."

"It's wasting money at the moment to heat and light it."

Many people felt the existing day services rooms in McClymont House should be reopened, either to provide a safe space for older people or because its accessible facilities were ideal for disabled people. Other community organisations could be offered use of the space too, or people would pay to hire it as a community hall. Providing lunch, breakfast and after-school clubs or a foodbank were also suggested.

Some participants suggested community organisations were able to access grants that the council could not, and were able to fundraise to support service provision. A small number were interested in exploring a community buy-out, or local communities volunteering to help run both care homes. Others expressed caution that volunteers could not always be relied on as many were getting older.

In light of the high quality of care currently provided, people felt these care homes could be used to train others in best practice, again generating revenue. One participant asked if research and development was an avenue worth pursuing e.g. to explore new medicines or models of care, with associated research funding.

4.8.3 Increased viability of Dewar House and McClymont House

Some of the alternative suggestions related to a change of use for these care homes. Dual registration, where nurses would be brought in so that they could be run as both residential and nursing homes was popular, since it was the model being adopted by independent care homes. Exploring nursing options could include employing private nurses and the new Care Home Assistant Practitioners (CHAPs), who were qualified for some clinical duties.

"[CHAPs] complete a lot of duties usually reserved for those with a nursing degree."

Beds in the two care homes could also be used as a step-down facility so that people could be discharged more quickly from hospital, when they were not yet fit to go home. Delayed discharges were known to be expensive for the NHS, and if the acute service savings could be transferred with the patients, hospital beds could be freed for those needing them more. The beds could also be used for respite to avoid admissions to hospital.

4.8.4 Gradual closure

If these care homes had to close, many felt it would be unfair to move the current residents, so they should be allowed to remain for as long as they had left to live. Closure could be gradual over a longer period of time so no-one had to be 'thrown out'.

"People should be allowed to stay here until they die."

5.0 Evaluation of the Consultation Process

Three separate sources were used to evaluate the care home consultation; views expressed during the consultation process, responses to a self-evaluation survey, and views of the Independent Advisory Panel.

5.1 Views Expressed by Participants

Participants in the consultation expressed views on the process itself and the associated decision-making of the Integration Joint Board. The overriding message from participants was that they believed the decision to close Dewar House and McClymont House had already effectively been made, and the consultation was a ‘tick box’ or ‘paper’ exercise to allow the closure to go ahead. Many said they did not believe that their contribution to the consultation or its outcome would have any impact on the IJB’s decision. Some participants said that this lack of trust related to the meeting of the IJB on the 19th September, at which they felt officers were in favour of closure and expected it to be approved. Many family members of residents were upset at being given one week’s notice of potential closure being discussed at an IJB meeting, which they felt was insufficient. They perceived it as an attempt to limit the opportunities for families and the wider public to raise objections and thereby progress the closures of the two homes ‘by stealth’.

“I feel that the consultation is a formality, there would need to be genuine consideration of other options to save the £1.5m for McClymont and Dewar not to close... It doesn’t feel like there are genuine other options being considered, they would need to find more savings if not all of the options were going to be pursued.”

“This could all have been avoided but it’s been badly managed, all smoke and mirrors and dishonesty, it’s created mistrust of SLC and NHS and the consultation process. It’s just a box ticking exercise in case there’s a legal challenge.”

“If there was no community reaction McClymont would have closed. IJB wanted to do it without consultation but now has to pay lip service to it, consultation feels like a token effort and appears as though closure is a done deal.”

Participants also expressed general distrust of the IJB, South Lanarkshire Council and NHS Lanarkshire, and they did not believe all of the information provided by officers regarding Dewar House and McClymont House and the IJB’s finances. Some family members of residents did not believe that South Lanarkshire HSCP would be sufficiently competent to move residents to other care provision without difficulty. These sentiments were echoed by some participants from the Lanark area who mentioned issues with the running of their local health centre which they felt demonstrated mismanagement of services. Staff from Dewar House and McClymont House shared this distrust of the process and doubted that their participation in the consultation would have an impact on the IJB’s decision. They described being told in September 2023 that the closure would go ahead, and that this position was revised to the effect that there would be a consultation on the closure, leaving them confused as to whether the final decision had been made.

Some participants also related this distrust in the consultation and the IJB to the sense that the process lacked transparency and that communication with them had been poor. The

short notice they received of the consultation and the public meetings was viewed by some as intentional in order to prevent people from attending and having their views heard. In addition, some family members were not convinced that the explanation provided for this (a firewall issue which prevented emails from leaving the SLC IT system) was genuine. As a result of these communication issues, some family members said that they found out about the potential closure and the consultation for the first time through the press or on social media and they felt that this should have been communicated to them directly.

The venue used for the public meetings in Lanark on the 27th and 28th November was felt by participants to be an unsuitable environment for them to make their views heard: it lacked privacy and there were problems with the audio-visual equipment and background noise which made it difficult for them to hear. It was also suggested that more efforts should have been made to publicise the meetings. Family members of residents who had been in contact with the council to make complaints or ask for information often said that the timescales for responding to these were excessive. Staff also felt that communication with them since the start of the process had been unsatisfactory and that they wanted more information about the process and the possible outcomes for them.

“All enquiries are being treated as FOI so responses are delayed. There was a poor start to the process and it has poisoned relationships.”

“Communication with staff hasn’t been great... I understand there’s lots of changes happening but we are Council staff and supposed to be treated with dignity and respect. It feels like that’s out the window.”

Families of residents frequently said that they felt the IJB, South Lanarkshire Council and NHS Lanarkshire had displayed a lack of empathy and care towards them and the residents throughout the process. They often said that they felt the IJB and South Lanarkshire Council were only concerned about finances and that the wellbeing of the residents did not matter to the organisations involved.

“The Council have lost the human aspect; they’re just looking at money. Mum is a human being.”

Both families and staff members suggested that the voting members of the IJB and senior managers should visit Dewar House and McClymont House as it was perceived that they did not understand or appreciate the care that is provided to residents. Some participants felt that officers at public meetings had been patronising towards them and wanted to know why the Chief Officer had not attended any of the public meetings to speak to them personally and hear their views.

“There’s a feeling of distrust and that this is all a charade, the decision has already been made by a faceless person.”

“The people who are making these decisions just don’t care. The district nurses who come in here are horrified, they say it’s the last place that should be closing.”

5.2 Self-Evaluation of the Consultation Process

The IJB was advised by Healthcare Improvement Scotland – Community Engagement to access its tools during the consultation, including its self-evaluation questions. A slightly adapted version of this was created, consisting of 13 statements, and the officers most involved in the consultation completed it (those leading and attending the public meetings, undertaking the individual resident/relative meetings and staff focus groups, and processing the written email submissions). They each brought their own responses to a meeting on 21st February, 2024, discussed the reasoning behind their ratings/free text answers, and agreed a final consensus version of the survey tool. The rating scale consisted of five points, but the consensus view was that the neutral (don't know) and two negative ones (disagree, somewhat disagree) did not apply to any statement.

'Agree' was the highest rating that could be given in the self-evaluation and the group felt most content with 'adherence to statutory requirements', 'the range of methods used', and having 'sought out good practice on community engagement to guide the consultation'.

Comments in support of these highest ratings included the efforts made by everyone involved to plan and undertake a good consultation, the wealth of documentary evidence related to the process followed, and feedback from some of the participants.

In other aspects such as giving people 'adequate information to participate fully', people being 'kept informed of progress during the consultation' and the process being 'informed by the draft Equality Impact Assessment', the group felt things had gone well, but there was some room for improvement and learning for future consultations.

In terms of things that could be improved, the group set this in the context of the overall quality of the consultation process. Aspects identified included adhering to stricter timelines for sharing information, consulting with residents/families and staff before holding any public meetings, improving reach to local organisations, and one of the venues being noisy (although there was limited availability due to it taking place close to the Christmas period). The group also felt it would have been helpful to convene a co-ordinating group to oversee the consultation, as this could have ensured a shared understanding of the plans and progress over time and shaped what would be disseminated, when, and to whom. More dedicated resources and delegated authority to one senior leader would have made the consultation process more efficient. It was also clear during the consultation process that members of the public were confused about who was responsible for aspects of the proposed closure and the budgets between SLHSCP, the Council and the NHS.

5.3 Views of the Independent Advisory Panel

In addition to advising on the consultation process, the Independent Advisory Panel members received the final report and provided comment on it. Their suggestions for change were considered and addressed. Once they had fully considered the draft report, all members of the Panel agreed the following statement:

The consultation on the future of Dewar House and McClymont House residential care homes has been carried out in accordance with Planning with People guidance and took cognisance of the seven National Standards for Community Engagement. It was conducted in line with the plans shared with the members of the Independent Advisory Panel, and has taken account of their additional comments following the first public consultations. To the best of our knowledge, it represents the views expressed by those consulted, including those who would be most affected by any decision the IJB takes in relation to the future of the two care homes.

6.0 Conclusions

This consultation was approved by the South Lanarkshire Integration Joint Board (IJB) to inform decisions on the future of two of South Lanarkshire Council's residential care homes (Dewar House and McClymont House). Independent oversight of the process has confirmed that it was conducted properly, and in line with national guidance.

The overwhelming conclusion from those who took part in the consultation was that Dewar House and McClymont House should not be closed. People were concerned about the impact on the current residents, their families, the staff of both care homes and local communities. They challenged the arguments put forward to justify closure, questioned the IJB's financial management, and suggested a range of alternatives to closure.

7.0 Acknowledgements

The South Lanarkshire Integration Joint Board is very grateful to all the people who took time to contribute their views to this consultation, in some cases accessing a variety of methods. It is recognised that the process challenged everyone involved, and put particular strain on residents, families and staff.

Particular thanks go to members of the Independent Advisory Panel who checked the consultation process at various points, and who have approved this report as a true reflection of what was said. Their job was not an easy one, and it took courage for many simply to participate.

Finally, the consultation was only possible with the knowledge, skills and commitment of a number of staff within SLHSCP. There are too many to name individually, but their input was hugely appreciated.

FAQs (Last updated January 2024 prior to close of consultation period) Appendix 2

1. *What reassurance can you provide to people about the wellbeing of McClymont and Dewar House residents?*

We understand that residents, their families and the wider communities will be very worried about the future of these Care Homes and recognise that the consultation process may be an anxious time. South Lanarkshire Council has a duty of care to the residents of its care homes and will continue to review and meet their needs and prioritise their wellbeing throughout the consultation process and beyond it, regardless of the outcome. We also act in full accordance with the obligations set out by the Care Inspectorate, an independent body which scrutinises the quality of care across Scotland to ensure it meets a high standard. We will adhere to the standards expected of us in all circumstances.

2. *Why is the Sustainability and Value programme needed?*

This is directly linked to the broader financial position, which is well-publicised and not confined to South Lanarkshire. Factors include national financial pressures, often fuelled by significant inflation increases across all areas of spending. Our current position aligns with the wider national context explained in Audit Scotland's Integration Joint Boards Financial Analysis 2021/22. The national auditor states that IJBs have reached a point where significant transformation will be needed to ensure the long-term financial sustainability and quality of services individuals receive.

3. *Aren't there any other options the IJB could consider to make savings?*

The funds which could be released from Dewar House and McClymont House totals approximately £1.5 million, but in order to achieve a balanced budget the IJB will have to make recurring savings of approximately £21 million for 2024/25 and a further £9 million for 2025/26. Accordingly, the IJB has given approval for officers to fully explore a range of savings options which will be subject to similar scrutiny and consultation with the public within its Sustainability and Value proposals. The IJB used a screening tool to assess the impact of a number of options for service change. While none of the options are decisions we would want to make, some of the proposals seen by the IJB were assessed as high risk in that they would cause the Council to fail to meet its legal responsibilities to public protection. Therefore, application of the screening tool does not allow officers to recommend such proposals. The IJB is committed to ensuring the safety of the most vulnerable and at risk people in our communities.

4. *Other than the financial position, what are the reasons for considering the future of McClymont and Dewar House within the Sustainability and Value programme?*

The IJB has received consistent feedback through its extensive community engagement that enabling and maintaining independent living in people's own homes as far as possible is a key priority for people in South Lanarkshire. In response, the IJB has commissioned a range of social care and community health care services which have enabled people to stay at home much longer than was previously the case. When their needs are such that we can no longer safely support the person at home, their increasing level of frailty means that they are best cared for in a nursing home environment. Accordingly, the number of people assessed as requiring residential care with no requirement for nursing care is falling. Meanwhile, the need for nursing home beds has increased slightly over the same time period. The reduction in demand for residential care is a trend which is also replicated across Scotland.

The layout and size of McClymont House places limitations on who can be admitted there. For example, there are no overhead tracking hoists in place and insufficient room for moving and handling equipment. Therefore, the Home cannot accommodate people who need a higher level of support with mobility. Although the quality of care at present continues to be of a very high standard, this will impact our ability to deliver the quality and variability of care required now and for the future.

Dewar House is not owned by South Lanarkshire Council but operated under lease, with the lease having now expired. If continued, the lease and property costs for 2023/2024 and beyond will increase. There is no IJB revenue budget available to fund an increase in lease costs and SLC would likely have to incur potential repairs and maintenance costs to ensure health and safety requirements continue to be met. Given the extent of the budget shortfall as outlined above, consideration of the future of McClymont and Dewar is amongst a range of proposals to achieve savings and the IJB will bring forward additional proposals in the near future with the aim of ensuring financial sustainability.

5. *Why has the closed wing in McClymont House not reopened and what would be the cost of re-opening it?*

The operational decision not to reopen the closed wing in McClymont House was taken principally because of ongoing staff recruitment challenges. Despite numerous attempts, we have been unable to recruit sufficient numbers of staff. This is a position reflective of the well-publicised recruitment challenges nationally.

If we were able to secure the staff required to re-open these residential care beds (which, based on experience to date, is unlikely) and if the assessed demand was such that those beds could be filled (which trends also indicate is unlikely), it is not possible to predict the exact number of residents who would be self-funding, and therefore an accurate cost cannot be provided. What we do know is that based on experience to date, it is unlikely that all of those beds would be occupied exclusively by self-funding residents. Therefore, the most likely outcome of re-opening the closed wing is that the overall costs to the IJB would increase.

6. *Could capacity in McClymont House or Dewar House be used for another purpose, for example to prevent delayed discharge from hospital?*

Repurposing beds within McClymont House or Dewar House to facilitate hospital discharge would not allow the IJB to make the required savings as described above. Furthermore, Care Homes can only be used to facilitate hospital discharge where the patient is happy with this arrangement.

However, in most cases patients want to be discharged to their own homes with a Care at Home package in place. Other uses for the vacant wing in McClymont House were considered, such as short-term intermediate care, but the layout and size of the Home is not suitable for the mobility needs involved due to the limitations outlined above. The IJB has been progressing its Discharge Without Delay programme to address delayed discharge with a focus on areas which have been shown to have made a marked difference such as Home First and Hospital at Home, which has recently been extended into the Clydesdale area. We are also working closely with colleagues in NHS Lanarkshire hospitals to reduce the time patients spend in hospital which will further reduce delayed discharge.

7. *Are McClymont House and Dewar House going to be closed?*

No decision has been made to close any of the South Lanarkshire Council-owned residential care homes. At the special meeting on the 18th October 2023, the IJB gave approval for officers to consult with residents, families and other interested groups about the future provision of residential care from these care homes. IJB members have been assured that a detailed consultation process, separate from previous exercises, will consider viewpoints and suggested alternatives, including the future provision of care at these two residential care homes.

8. *Why are no new residents being admitted to McClymont House and Dewar House?*

Admissions to McClymont House and Dewar House have been paused following the IJB meeting on 18th October. This has been done pending the outcome of the consultation process and is not an indication of intent to close either Care Home. It would not be in the best interests of a person assessed as requiring residential care to admit them to a Care Home where they would imminently be asked to participate in a consultation about the future of the home, due to the uncertainty and potential disruption for that person.

9. *How will the consultation process be carried out?*

South Lanarkshire IJB has a strong track record of engaging with its communities and is committed to applying best practice to ensure people's voices are heard. The consultation process will cover the full Sustainability and Value programme of which the McClymont and Dewar House consultation is part. The consultation process will adhere to the Scottish Government and COSLA's 'Planning With People' guidance and will involve residents; their carers and families; staff and their trade unions; and third sector and community groups. Individual parties will be contacted directly with further details and officers will ensure that the process meets the needs of those being consulted with. The process will run from November 2023 with the aim of concluding by the end of February 2024 to ensure sufficient time to engage meaningfully.

10. *Can you reassure people that the consultation process will be fair and transparent?*

The national 'Planning With People' guidance, which will be followed at every stage of the process, is designed to ensure that best practice and open dialogue are maintained throughout the consultation process. In order to obtain further assurance of the integrity of the process and any subsequent decision by the IJB, the consultation process will also be overseen by an independent advisory panel which will be chaired by a community representative.

11. *Tell me more about the independent advisory panel*

The membership of the advisory panel will not include any voting members of the IJB; elected members of South Lanarkshire Council; or anyone belonging to or representing a group who is an interested party to the consultation. The panel will provide advice to the officers undertaking the consultation with reference to national guidance and will scrutinise each stage of the process, affirming its impartiality and ensuring that those being consulted have their views heard and given due consideration.

More detail about the independent advisory panel, its composition and remit can be found here:

https://www.slhscp.org.uk/downloads/download/94/independent_advisory_panel

12. How will the partnership open and maintain a dialogue with residents, relatives and staff during this process?

This FAQ is, in itself, part of our commitment to transparency. We will provide key updates as appropriate. We recognise some of the questions you may have will relate to specific operational detail or individual circumstances, much of which would not/or may not be appropriate to publish in a public forum. These will be dealt with through the correct channels and we would assure all interested members of the public and stakeholders that individual parties will be contacted directly, and details of suitable venues, times, and dates will be arranged, ensuring the needs of those being consulted are met. Unit managers have the closest relationship with residents and families and they will remain available to discuss any concerns. This has been made clear in all correspondence. We will continue to directly engage with residents, families and staff throughout the process.

1. Data relating to the increasing numbers of people who are able to remain at home during last six months of life.

a) Percentage of people who spend the last 6 months of life in a community setting

The percentage of people who spend their last six months in a community setting has steadily increased and it is clear more people want to stay in their own home for as long as possible. As the range of services in the community setting increases, it is expected that the numbers of people who spend the last six months in the community will similarly increase (Figure 1).

The table below (Figure 1) confirms the HSCP is increasing the proportion of South Lanarkshire residents who spend the last six months of life in the community. The percentage of people who spend the last six months of life in a large hospital has fallen since 2013/14 to 8.1% during 2020/21, ahead of the target of 10.0%. Fewer people spend their last six months in either hospitals or hospice/palliative care units. It should be noted that the data provided for 2021/22 (highlighted in red) is provisional.

	2013/2014	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019	2019/20	2020/21	2021/22 ^p
Community	84.8%	85.2%	85.3%	87.2%	87.6%	88.5%	88.2%	90.8%	89.5%
Community Target	84.2%	84.4%	84.9%	87.0%	86.6%	88.4%	87.1%	88.5%	88.5%
Large Hospital	11.8%	12.1%	12.1%	10.7%	10.2%	9.9%	10.3%	8.1%	9.4%
Large Hospital Target	12.4%	12.9%	12.4%	11.1%	10.7%	10.0%	10.0%	10.0%	9.3%

Figure 1: Last 6 months of life by setting

b) Percentage of people living independently at home

Figure 2 shows the percentage of people over 75 who are not thought to be in any other setting, or receiving any Home Care, has increased since 2013/14. Despite the increase in the 75+ age group, the percentage of people living independently at home has increased from 81.6% in 2013/14 up to 84.9% in 2021/22.

	2013/2014	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019	2019/2020 ^P	2020/21	2021/22
Home (unsupported)	81.6%	82.1%	82.2%	82.5%	83.5%	83.0%	83.6%	84.7%	84.9%
Home (unsupport) Target	81.0%	81.8%	81.7%	82.0%	82.0%	82.0%	82.0%	83.0%	83.5%
Home Supported	9.6%	9.0%	9.0%	9.0%	9.0%	9.2%	8.8%	8.7%	8.10%
Home Support Target	9.6%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.1%	9.1%

Figure 2 Balance of Care

Balance of care improvement figures, shown above, were based on the over 75 population which generally comprise those with the more complex needs.

Use of Hospital Beds

The chart below (Figures 3) demonstrates that as well as increased numbers of people living independently at home, so too there has been an overall reduction in the use of hospital beds.

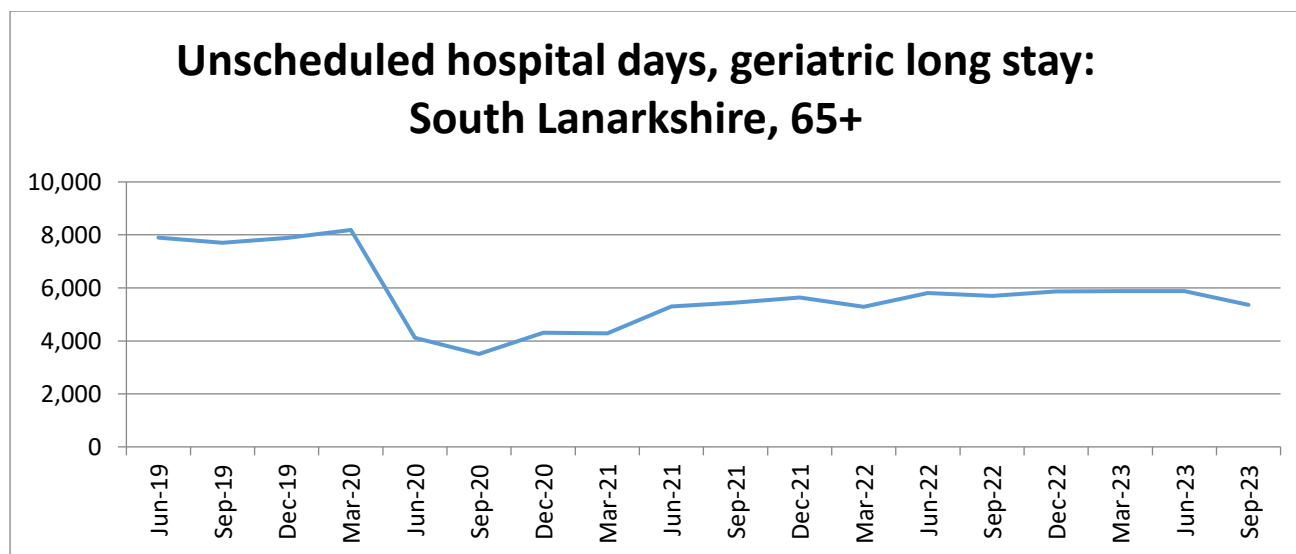


Figure 3

c) Strategic Commissioning Plan Consultation Processes

Strategic Commissioning Plans were created for three year cycles in each of 2016 – 19, 2019 – 2022 and 2022 – 2025. Consistently across the consultation processes for each of these plans, local communities have voiced support for increasing the range of services to support people to live independently thereby reducing the reliance on hospital and residential care.

d) Independent Studies Relating to Older People's Views on Institutional Care

Whenever people are in their own homes and living independently, the overwhelming view of studies undertaken is that people would want to stay in their own home for as long as possible. This is evidenced in the undernoted reports.

Aclan, R., George, S., Block, H. et al. Middle aged and older adult's perspectives of their own home environment: a review of qualitative studies and meta-synthesis. BMC Geriatr 23, 707 (2023).

<https://doi.org/10.1186/s12877-023-04279-1>

[Link](#)

Stones D, Gullifer J. 'At home it's just so much easier to be yourself': older adults' perceptions of ageing in place. Ageing and Society. 2016;36(3):449-481.

doi:10.1017/S0144686X14001214

[Link](#)

Croucher K, 'Housing Choices and Aspirations of Older People – Research from the New Horizons Programme', Communities and Local Government, 2008

[Link](#)

With Respect to Old Age – Royal Commission on Long Term Care for the Elderly, 1999

Hatcher D, Chang E, Schmied V, Garrido S. Exploring the Perspectives of Older People on the Concept of Home. J Aging Res. 2019 Jun 18;2019:2679680. doi: 10.1155/2019/2679680. PMID: 31316834; PMCID: PMC6604296.

[Link](#)

Systematic review of literature since 2008 (English language, international qualitative, 46 papers with a total of 5183 participants) on the concept of home. Most participants over 65. Concluded that older people have a greater sense of independence and autonomy if they remain in their own home and recommended exploring alternative housing options for older people to residential care.

Qualitative study with 23 participants over the age of 85 living independently in rural Australia. Participants said that their home allowed them to maintain autonomy and self-identity and perceived residential care as likely to erode their sense of control and identity.

Report commissioned by Communities and Local Government based on findings from eight focus groups involving people aged 48-64 and 65+ from different parts of England. Most participants expressed a preference for staying in their current home.

Commission report which explored the landscape of care provision for older people and made recommendations about future funding arrangements. Gathered a large volume of evidence from public hearings, representative organisations, older people, carers, research seminars and written submissions from members of the public. Amongst its conclusions was an acknowledgement of the value of allowing people to stay in their own homes for as long as they are able to.

Qualitative study with 21 older adults in Sydney, Australia who live in their own homes which explored their perspectives on the concept of home. Participants described their homes as critical to maintaining independence, comfort, freedom and links with their community. However, challenges for people with dementia for living at home, and the potential for some aspects of home being maintained to allow people to successfully adjust to relocation, were acknowledged.

It is recognised that it will always be necessary to provide some degree of care to people as they become more frail – whether this be in their own home or in a residential/nursing care setting. In keeping with this, when people are in receipt of care, then so too do their views change in relation to studies that have been undertaken.

O'Neill M, Ryan A, Tracey A, Laird L.
“You're at their mercy”: Older peoples' experiences of moving from home to a care home: A grounded theory study.
Int J Older People Nurs. 2020;
15:e12305.
<https://doi.org/10.1111/opn.12305>
[Link](#)

Qualitative study with 23 participants with an average age of 82 who were due to permanently move into residential care in the UK. Findings include the loss of autonomy experienced by participants during the transition to a care home and emphasise the need to empower older people to plan for their long-term care needs.

Janine L. Wiles, Annette Leibing, Nancy Guberman, Jeanne Reeve, Ruth E. S. Allen, The Meaning of “Aging in Place” to Older People, The Gerontologist, Volume 52, Issue 3, June 2012, Pages 357-366,
<https://doi.org/10.1093/geront/gnr098>
[Link](#)

Qualitative study with 121 participants (older adults between 56-92 years) in two case study communities in New Zealand (one urban and one rural). Explored participants' views on the concept of ‘ageing in place’. Concluded that older people wanted to have choices about their living arrangements and access to services. While factors associated with their house was important, participants also discussed the importance of their wider community and the sense of attachment or connection it brings.

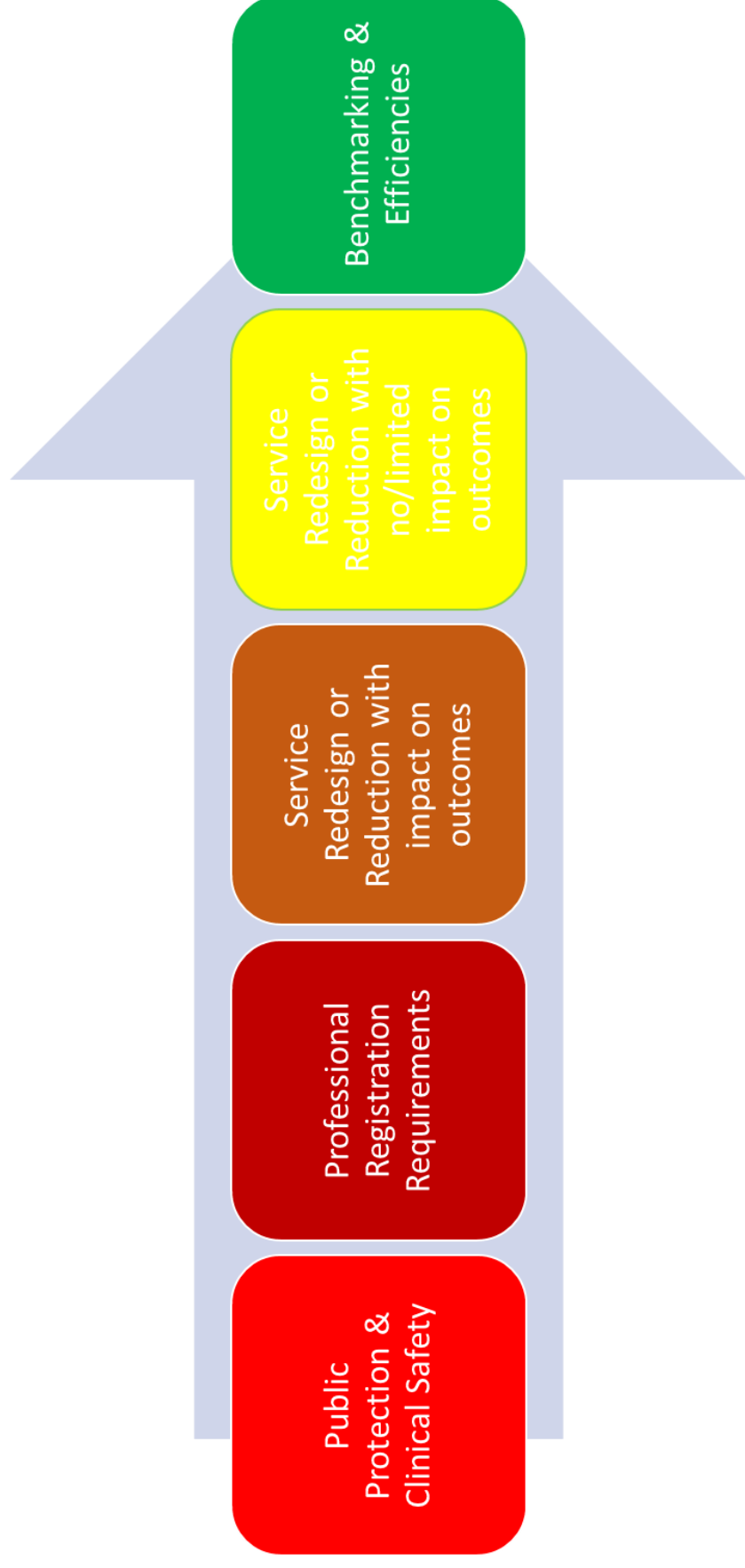
Means, R. (2007), Safe as Houses? Ageing in Place and Vulnerable Older People in the UK. Social Policy & Administration, 41: 65-85.
<https://doi.org/10.1111/j.1467-9515.2007.00539.x>
[Link](#)

Paper examines three UK studies on vulnerable older people's experiences of ‘ageing in place’ and recommends improving the housing circumstances of older people; investing in a wider range of specialist support and developing residential options that provide a homely environment. In its discussion, the paper acknowledges that older people's relationship to their home evolves with their circumstances and argues for a more nuanced approach than the assumption they will want to stay in their current home as they age.

When people are in care homes, studies have found that their views change in relation to whether they believe that to be an appropriate setting.

CALLAGHAN L, TOWERS A-M.
Feeling in control: comparing older people's experiences in different care settings. Ageing and Society.
2014;34(8):1427-1451.
doi:10.1017/S0144686X13000184
[Link](#)

Quantitative study with a sample of 618 people over 65 which found that residents of care homes and extra-care housing reported feeling more control of their daily life than people living at home in receipt of home care.



- Make savings from other parts of the system

Proposed Alternatives	Response
Close one of the three care homes in the northern part of South Lanarkshire instead.	There were building-related reasons for choosing Dewar House and McClymont House. The layout and room size of McClymont House places limitations on who can be admitted there. Dewar House is not owned by SLC but operated under lease, with the lease having now expired. The owner of the building has indicated that if the lease is continued then the lease and property costs in 2024/25 and beyond will increase.
Close other SLC buildings that are not fully occupied.	SLC and SLLC are already exploring a range of property options to close premises to address separate and respective funding deficits.
Reduce heating/lighting in all buildings to reduce costs.	SLC already exploring all property options to address separate and respective funding deficits.
Reduce the number of managers/senior staff.	Savings options separately developed to contribute to the overall IJB funding deficit already include a proposed reduction in managerial and associated support staff.
Use reserves to cover the funding gap.	Use of non-recurrent monies such as reserves do not provide a recurring solution for the recurring financial deficit. If available, non-recurrent monies could be used to extend the implementation period for closure. The use of any available reserves has been incorporated into and detailed within the overall IJB Financial Plan 2024/25.
Share costs with other providers who could come in to use the care home buildings.	This would not realise the required level of savings to contribute an equivalent sum to address the recurring budget deficit; and may also have registration implications.

Proposed Alternatives	Response
Purchase goods more cheaply than current procurement process allows.	Procurement options already and separately being pursued to address overall funding deficits.

- Increase the income

Proposed Alternatives	Response
Make minor modifications to the buildings to meet current standards.	The buildings meet the standards required for the types of residents that they can admit, noting that the layout and room size of McClymont House places limitations on who can be admitted there.. Substantial and costly modifications would be required to meet updated specifications as set out by the Care Inspectorate within <i>Care Homes for Adults – The Design Guide</i> , noting that these may not also be practically feasible. This in itself would not increase income, given levels of demand and levels of self-funders.
Create smaller rooms, but more of them (like the independent sector).	The layout and room size of McClymont House already places limitations on who can be admitted there. Substantial and costly modifications would be required to materially enhance capacity which may not be practically feasible. This in itself would not increase income, given levels of demand and levels of self-funders. Also, the Care Inspectorate <i>Care Homes for Adults – The Design Guide</i> states that bedrooms should be designed to allow people to have as much independence as possible.
Increase the fees.	As part of the SLC Budget Strategy for 2024/2025 it has been agreed to reduce the subsidy of the in-house residential care home service as of 1 April 2024, noting that the majority of residents are not self-funding. This is projected to generate an additional £1.580m of income from self-funders, with SLC using half of this to address its recurrent funding deficit; and SLC then allocating the other half to the IJB. This additional charging related allocation has already been factored

Proposed Alternatives	Response
	into the IJB's Financial Plan 2024/25 as a contribution to the IJB's funding shortfall for adult and older people's social care (and so avoiding the equivalent amount of reductions to services) separate from the £1.499m contribution that is still required and associated with the potential closure of both care homes.
Direct Winter Fuel Payments to the care homes.	No mechanism for doing this.
Re-open the closed wing in McClymont House.	The operational decision taken not to reopen the closed wing in McClymont House was taken principally because of ongoing staff recruitment challenges - despite numerous attempts, it has not been possible to recruit sufficient numbers of staff. If the HSCP were able to secure the staff required to re-open those residential care beds (which is unlikely based on experience to date) and if the assessed demand was such that those beds could be filled (which trends indicate is unlikely), it is highly unlikely that all of those beds would be filled exclusively by self-funders. As such, the most likely outcome of re-opening residential care beds (in the event that staff were able to be secured) is that the overall costs to the IJB – and the overall subsidy to residents as a whole – would increase.
Re-open day services in McClymont House.	The closure of the day centre building has already contributed to the recurrent budget recovery actions that were required in 2023/24, and so re-opening would increase costs and so increase the budget shortfall. It should also be noted that the provision of day services was moved out of this building due to inability to recruit sufficient staff.
Charge the local community to hire the day services area in McClymont House.	This would not realise the required level of savings to contribute an equivalent sum to address the recurring budget deficit.

Proposed Alternatives	Response
Charge community to use the day services area in McClymont House for lunch / breakfast / after school clubs, foodbank, laundry other uses.	This would not realise the required level of savings to contribute an equivalent sum to address the recurring budget deficit.
Explore community buy-out or fundraising.	SLC has a process whereby requests for the community asset transfer of publicly owned land or buildings can be assessed. The future of the building and site of Dewar House would be a matter for its owners. In order to address the budget deficit, no funding would be available from the IJB for the costs of services nor staff to deliver social care services.
Charge for training people in best practice in these care homes.	This would not realise the required level of savings to contribute an equivalent sum to address the recurring budget deficit.
Generate research income for research & development in these care homes.	This would not realise the required level of savings to contribute an equivalent sum to address the recurring budget deficit.

- Increase the viability of these care homes

Proposed Alternatives	Response
Change to dual registration.	SLC does not employ nurses and there is not the capacity to operate a "dual registration" care home.
Explore employing Care Home Assistant Practitioners (CHAPs) for clinical duties.	CHAPs require a level of clinical supervision from trained nurses and, as above, SLC does not employ nurses.
Use these care homes as step-down facilities to avoid delayed discharges – transfer the acute service savings with the patients.	As per the IJB Financial Plan 2024/25, NHS Lanarkshire is also requiring to take action and make decisions to address a substantial budget deficits. Given that there are no charges to service users for step-down or intermediate care, this would increase the costs to the IJB and so increase the budget deficit. Neither of these care homes would be able to provide equivalent specification of

Proposed Alternatives	Response
	accommodation as is available for intermediate care within Blantyre Life.
Use these care homes for respite to avoid hospital admissions.	Sufficient alternative provision is already available for respite. Doing this would increase the costs to the IJB and so increase the budget deficit.
Privatise these care homes.	It would be for SLC to decide what it wished to do with site or building of McClymont House; and similarly, the owners of Dewar House.
Move the visitation service to McClymont House.	This would not realise the required level of savings to contribute an equivalent sum to address the recurring budget deficit.

- Gradual closure

Proposed Alternative	Response
Stop admissions to these care homes but recognise the process to close the home may take longer than the typical three to six-month period. There is likely to be a time whereby the home is no longer operationally viable and would have an end date of no later than 31 March 2025.	This could be an option but would mean a reduced level of saving for a period (so the difference would need to be identified on a non-recurrent basis) and so have implications for the overall IJB Financial Plan 2024/25.