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<th>OPTION</th>
<th>MODEL OF CARE</th>
<th>CAPITAL FUNDING</th>
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<tr>
<td>Renovate existing buildings</td>
<td>Due to the existing footprint and internal layout, the renovation of existing properties is in some cases unviable from a technical perspective or at best will lead to compromise in seeking to meet the best practice standards necessary to meet current and future requirements. Existing properties are insufficient in floor area to accommodate increase in residential spaces and significant phasing and disruption management would be necessary. This option is unlikely to offer best value either in short or long term. The feasibility of incorporating best practice design into the existing site areas is limited due to the optimum number of units and the corresponding Gross Internal Floor Areas (GIFAs) required. Development of existing buildings could reduce the number of units. No new scope for increasing the suitability for all adults with 24/7 needs as an alternative to exceptional care packages or offer more opportunities for personalised care.</td>
<td>No funding currently in the programme, significant investment would need to be considered by partner organisations. Based on existing remedial works to refresh internal finishes in facilities, major renovations of this scale will require significant investment and best value would need to be determined based on an analysis of site layout and the cost of adapting the existing internal and external layouts. The capacity to transform the existing buildings and sites to generate additional capacity and future proof provision is limited. There will be no opportunity to consider creating services for all adults should the remodelling of the facilities be similar to existing layout and function.</td>
<td>Reducing revenue costs could only be considered if there was significant capital investment, given the existing fabric and construction of the buildings. No scope to generate efficiencies through increasing the existing services. Increase in bed spaces or additional extra care housing will require a review of staffing capacity and the associate revenue budget.</td>
<td>Residential charging would continue as per national guidance with the associated challenges in the projection of income.</td>
<td>The continuation of the traditional care home model will be welcomed by those unsure of alternative approaches to providing 24/7 care. Traditional care homes limit best practice in relation to personalised care and to support adults with long term conditions and creating a homely environment to reduce triggers for those living with dementia. There are no decent options available thus works would need to be phased and this would extend the programme and create major disruption for existing service users and increase the delay and number of those awaiting a service in the community or hospitals. Improved environments for personal and security space will be limited by the adaptability and capacity of the existing facilities and sites.</td>
<td>Dependent on the capacity of the workforces would require a review of the staffing structure to recognise the scale and complexity of the services operating 24/7. It is anticipated that there would be additional resilience through uniting the staff teams. The potential to enhance the care at home resource through the relocation on one site has not been analysed.</td>
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<tr>
<td>Build a single new care home - in house delivery</td>
<td>The provision of a new care home will enable the design brief to include current best practice guidance on personalised space and communal living. This type of replacement mirrors the approach taken with previous care home replacements. Consideration of the nursing and allied health professions required to support a reprovisioned service would require to be considered.</td>
<td>No funding currently in the capital programme. Recent in-house expenditure provides an indicative cost of approximately £250k per bed without accounting for potential economies of scale. This would result in a multi-million pound investment</td>
<td>A new build will enable efficiencies in relation to utilities and the potential to consider staffing efficiencies to potentially resource additional beds to meet the demand and/or provide additional capacity in the care at home service.</td>
<td>Residential charging would continue as per national guidance with the associated inherent risks in the projection of income.</td>
<td>On the assumption that a new build of this scale will require to be delivered on a new site, there are no decent issues and continuity of existing placements would be possible pending the opening of the new facility. A new facility incorporating best practice guidance into the design would improve the potential for personalisation within the limitations of a residential care setting.</td>
<td>The co-location of the existing workforces would require a review of the staffing structure to recognise the scale and complexity of the services operating 24/7. It is anticipated that there would be additional resilience through uniting the staff teams. The potential to enhance the care at home resource through the relocation on one site has not been analysed.</td>
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<tr>
<td>Build a single new care home - external delivery partner (Private/ Independent)</td>
<td>The provision of a new care home will enable the outcome specifications to include best practice guidance for residential care - specifically personalised space and communal living arrangements. This type of replacement mirrors the approach taken with previous care home replacements with the exception of the service delivery partner undertaking responsibility for the care provision and associated standards. However should the provider fail in their responsibilities as the placing authority the IJB would require to have business continuity measures in place. The possibility of an Arms Length External Organisation operating care facilities is not a model featuring in examination of alternative options in place elsewhere.</td>
<td>No revenue budget to honour a capital and/or services contract unless disinvestment and TUPE of existing services is applied and of value to release the necessary resources. Market testing is required to seek an indication of interest from external providers and potential costs for capital and/or services.</td>
<td>No funding currently in the revenue budget to honour a capital and/or services contract unless disinvestment and TUPE of existing services is applied and of a value to release the necessary resources. Market testing is required to seek an indication of interest from external providers and potential costs for capital and/or services.</td>
<td>Residential charging would continue as per national guidance with the potential for an increased charge being attributed to residents to cover the revenue required to commission the service. The Comhairle would be liable for a greater proportion of the charge as residents income/capital reduced.</td>
<td>On the assumption that a new build of this scale will require to be delivered on a new site, there are no decent issues and continuity of existing placements would be possible pending the opening of the new facility. A new facility incorporating best practice guidance into the design would improve the potential for personalisation within the limitations of a residential care setting.</td>
<td>This option would present unprecedented change for the existing workforce and require significant analysis with stakeholders. Given the implications the Comhairle as the employer would require to support such an approach ahead of the model of care being pursued further.</td>
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The extra care housing model with 24/7 care will deliver the environment and services to meet the outcomes of the existing residents and others for which residential care is inappropriate. The carers of service users will be empowered to continue to take an active role in the daily living of the individuals receiving the care with the comfort that the service can flex to meet the care needs as and when appropriate through to end of life. Experience of encouraging such a model in other communities requires significant communication and engagement to address misconceptions and assumptions based on previous experience of sheltered housing.

This model would require the redeployment of the existing residential care workforce to care at home to support the extra care housing and potentially service users within the wider community. This is a significant change and although initial observations are that a similar mix of posts will be required a detailed analysis of all care and domestic duties is required to determine the degree of change required and the workforce redesign implications in partnership with all stakeholders.

All extra care housing - in house delivery

This model affords the best opportunity to address the principles of the Self Directed Support legislation. Extra care housing provides the environment required to meet the outcomes of adults requiring 24/7 care previously supported within residential care. The professionals responsible for the delivery of services to residents in residential care favour this housing model in terms of the opportunities it affords to provide the appropriate balance of care and support from moderate through to complex needs within a homely and personalised setting. Disinvestment in residential care within a market place such as Lewis, has not been evidenced elsewhere given other authorities access to capacity in nursing or residential care. The model would blend well with the aspirations for mental health re-design through the creation of a flexible community resource and also the development of intermediate care services. Re-provision of respite services could also be accommodated.

There is the opportunity to work with housing partners to access housing funding to contribute to the capital cost of housing units. An approximate figure of £140k per one bedroom flat has been considered an early indication of potential capital costs.

It is anticipated that the existing revenue budgets could be utilised to address the major revenue costs associated with staffing to resource the extra care housing units and potentially support care at home in the community through the redeployment of the existing workforce on the basis of agreement on such proposals. The model adopted to commission the capital build of such as service would impact on the revenue resources required to maintain or rent such facilities. A policy decision would be required in relation to exceptional care packages to determine the impact on current and future revenue budgets for individuals exceeding the current threshold for mainstream care packages.

The charging of the services would be on the basis of the national non-residential care charging guidance as adopted through the local policy. The approach taken to the commissioning of the construction of the extra care housing units will require to be considered in relation to appropriate rental charges and utility charges. The impact of welfare reform especially in relation to housing benefit will also feature in calculations of risk to income generation. The rental element of a charge would need to be set at a commercial rate to enable housing benefit to be accessed by those eligible. Processes for managing failure to pay would require early intervention procedures to avoid matters escalating and eliminate eviction considerations.

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Market testing would be required to determine the capacity of the market to consider investment in this scale and the nature of interest from a capital and/or services contract perspective. The procurement could also be split to extract different external providers for capital/or services.

No funding currently in the revenue budget to honour a capital and/or services contract unless disinvestment and TUPE of existing services is applied and of a value to release the necessary resources. Market testing is required to seek an indication of interest from external providers and potential costs for capital and/or services. The implications of realising the revenue required through a negotiation with the service provider through TUPE impacts on the risks of this being a viable and affordable option.

The charging of the services would be on the basis of the national non-residential care charging guidance as adopted through the local policy. The approach taken to the commissioning of the construction of the extra care housing units will require to be considered in relation to appropriate rental charges and utility charges. The impact of welfare reform especially in relation to housing benefit will also feature in calculations of risk to income generation. Processes for managing failure to pay would require early intervention procedures to avoid matters escalating and eliminate eviction considerations.

This model would require the redeployment of the existing residential care workforce to care at home to support the extra care housing and potentially service users within the wider community. This is a significant change and although initial observations are that a similar mix of posts will be required a detailed analysis of all care and domestic duties is required to determine the degree of change required and the workforce redesign implications in partnership with all stakeholders.

All extra care housing - external delivery

This model affords the best opportunity to address the principles of the Self Directed Support legislation. Extra care housing provides the environment required to meet the outcomes of adults requiring 24/7 care previously supported within residential care. The professionals responsible for the delivery of services to residents in residential care favour this housing model in terms of the opportunities it affords to provide the appropriate balance of care and support from moderate through to complex needs within a homely and personalised setting. A whole scale disinvestment in residential care has not been evidenced elsewhere given other authorities access to capacity in nursing or residential care. The model would blend well with the aspirations for mental health re-design through the creation of a flexible community resource and also the development of intermediate care services. Re-provision of respite services could also be accommodated.

The potential capital costs.

An approximate figure of £140k per one bedroom flat has been evidenced elsewhere given other authorities access to capacity in nursing or residential care. The model would blend well with the aspirations for mental health re-design through the creation of a flexible community resource and also the development of intermediate care services. Re-provision of respite services could also be accommodated. The extra care housing model with 24/7 care will deliver the environment and services to meet the outcomes of the existing residents and others for which residential care is inappropriate. The carers of service users will be empowered to continue to take an active role in the daily living of the individuals receiving the care with the comfort that the service can flex to meet the care needs as and when appropriate through to end of life. Experience of encouraging such a model in other communities requires significant communication and engagement to address misconceptions and assumptions based on previous experience of sheltered housing.

This option would present unprecedented change for the existing workforce and require significant analysis with stakeholders. TUPE and redundancies are significant issues and risks to be addressed. Given the implications the Comhairle as the employer would require to support such an approach ahead of the model of care being pursued further.
Hybrid - extra care in house, residential/nursing care internal

This core and cluster model replicates the approach taken to the replacement of Ardseileach Care Home. This model could also incorporate best practice design for the 24/7 care investment and the mental health redesign aspirations. The provision of an alternative service to exceptional care packages in people’s own homes would also be possible. The model would offer choice in relation to 24/7 care in relation to service and charging. Examination of the core being a nursing home or care home requires further consideration to accurately define and then resource the nursing requirements. Growth to resource this could be considered through the transfer of acute based workforce to community. The model could also incorporate respite and intermediate care in homely settings. To enable the model of care to be best managed preference is for a one site option. Given the limitations of the existing sites and the guidance to avoid decant indicate a new site would be the most appropriate approach. The mixed proportion of care between residential/nursing and extra care housing offers options to reduce risks compare the other models.

Hybrid - extra care in house, residential/nursing care external

This care and cluster model replicates the approach taken to the replacement of Ardseileach Care Home. This model could also incorporate best practice design for the 24/7 care investment, intermediate care and the mental health redesign aspirations. The provision of an alternative service to exceptional care packages in people’s own homes would also be possible. The model would offer choice in relation to 24/7 care in relation to service and charging. Examination of the core being a nursing home or care home requires further consideration to accurately define and then resource the nursing requirements. Growth to resource this could be considered through the transfer of acute based workforce to community. The model could be split at two sites as the residential/nursing care would be independently.
Hybrid - extra care, residential/nursing care all external

This model could incorporate best practice design for the 24/7 care investment, intermediate care and the mental health redesign aspirations. The provision of an alternative service to exceptional care packages in people’s own homes would also be possible. The model would offer choice in relation to 24/7 care in relation to service and charging. Examination of the core being a nursing home or care home requires further consideration however externally commissioned residential based services currently are predominantly nursing beds.

Market testing would be required to determine the capacity of the market to consider investment of this scale and the nature of interest from a capital and/or services contract perspective. The procurement could also be split to attract different external providers such as HHP and specialist housing providers along with nursing home service providers.

The scale of services to be commissioned will require significant revenue and the opportunity to release such investment from the system even if TUPE was in place will be extremely challenging.

Residential and non-residential charging policy would be applied to residents depending on the service they utilise. The inherent risks in the projection of income through residential charging would apply as currently but the number of self funders may reduce given the opportunity to reside in extra care housing with the same level of care. The approach taken to the commissioning of the construction of the extra care housing units will require to be considered in relation to appropriate rental charges and utility charges. The impact of welfare reform especially in relation to housing benefit will also feature in calculations of risk to income generation.

This model provides choice for existing and future service users requiring 24/7 care in relation to service provision, the degree of personalisation they wish apply to their care and the charging regime best suited to their financial situation. Perception is relation to value for money may prove challenging given the care levels in both services will be able to address individual's needs but charging regimes will be fundamentally different. The external service providers would be responsible for meeting service user outcomes based on the contractual arrangements and regulatory conditions.

This option would present unprecedented change for the existing workforce and require significant analysis with stakeholders. Given the implications the Comhairle as the employer would require to support such an approach ahead of the model of care being pursued as this option appears unviable due to the scale of the implications.