

Argyll and Bute Council: Integrated Impact Assessment

About the proposal

Title of Proposal.

Fair Access and Threshold of Care proposal

Intended outcome of the proposal.

The proposal aims to:

1. Ensure available staff and financial resources are used equitably and fairly across Argyll & Bute
2. Ensure older adults are cared for in the most appropriate environment where their care can be sustained with minimum impact to unpaid carers. The original proposal was to set a threshold of care at home provision to 25 hours per week in all but exceptional circumstances (e.g. end of life care). Therefore, where care needs exceed this limit they will require to be met in another way, for example through a residential care placement. However further to consultation we will recommend 28 hours as the threshold to the IJB.
3. Delivery of 2025/26 Financial Recovery plan which will support a financial saving

Impact will be operational and will reduce care at home hours and spend and may increase residential care home placements if this is appropriate.

How does your proposal align with strategy?

The current relevant strategic priorities are to:

- support people to live fulfilling lives in their own homes for as long as possible
- support unpaid carers to reduce the impact of their caring role on their own health and wellbeing
- reduce the number of avoidable emergency admissions and minimise the time that people are delayed in hospital
- Efficiently and effectively manage all resources to deliver best value

Our ability to deliver against these strategic priorities in a changing financial environment is constrained. In instituting a robust policy environment that supports our decision making to ensure that resource can be accessed fairly and prioritised according to need is a significant challenge.

Options are provided to the Integration Joint Board, however even within this policy environment there will be risk which will require close monitoring and it is

recommended this is remitted to the social work governance group and subsequently the clinical and care governance committee.

Operationally

3. Delivery of 2025/26 Financial Recovery plan

Description of proposal.

The original proposal is to place a threshold of care, expressed in hours per week at 25. This has subsequently been reviewed after consultation with a recommendation of 28 to the IJB. This was part of a Financial Recovery Plan presented to the IJB in May 2025 and as such notes a positive impact to the distribution of social care across need and reduce requirement for agency spend to meet need. This is not a cashable saving but will avoid spend.

This will potentially provide a saving once fully implemented alongside the release of care hours as we anticipate some care will not change based on the wider circumstances of individuals.

The saving is the difference between the current cost associated with delivering care to approximately 111 (60 identified at the draft proposal however the data point has been established as the personal care return to Scottish Government for future monitoring) people above this threshold and the cost of a residential care placement.

The full value of the saving is difficult to determine accurately as the net cost of a care home placement is dependent upon individual financial assessments and varying contributions from the client. Charges for care at home services are minimal. It is also possible that some packages may be reduced from above to below the limit on review which will change the nature of the saving.

If approved, no new care packages will be approved above 28 hours per week, which is enough for a standard double up care package, 7 days per week.

The saving and release of care hours will only be delivered if a number of existing clients above the limit are reviewed and their care arrangements changed. This would be done sensitively and would take some time, however, the requirement to deliver the saving in full means that it is not possible to rely on attrition and not address current highly resourced care packages. Transitional arrangements will be put in place whereby the Head of Service or Chief Officer can approve a continuation of an existing package above the threshold for 3 months at a time

This change to some extent is contrary to the strategic aim to support people in their own homes and communities. However it is required to address the shortage of care staff and financial resource. All individuals that fall within the scope of this change will still be able to access an entirely appropriate and safe care service that meets their individual requirements.

End of life care will be an exception to the threshold of care if required noting this is often supported by a multidisciplinary team.

Lead and Appropriate Officers

Lead officer.

James Gow/ Nicola Gillespie

Lead officer job title.

Chief Financial Officer/ Interim Head of Adult Services

Lead officer service.

Argyll and Bute HSCP

Appropriate officer.

Elaine McMillan

Appropriate officer Job title.

Operations Manager - Resources

Who will deliver proposal.

Social Work teams, health teams working with care at home and care providers with relevant leadership support in conjunction with service users/carers

Signed off by.

Charlotte Craig

Date. 9/10/2025

Evidence

Data – What data have you used to inform the IIA.

Financial Data– Carefirst Finance/Social Work Finance Team/NHS Finance Team/

Service User– SW/Health Assessment & Care Management Teams, Eclipse

Population Data - NRS, Performance & Improvement Team

The final report was informed by internal financial and care review data, online and in person consultation as well as key stakeholder meetings with professionals and providers.

As noted we have updated the initial reporting data which informed the proposal provided to the IJB in April and subsequently the public meeting of the IJB in May 2025.

The data point is the personal care data return for Scottish Government and will be the baseline for further reporting.

Other information – This may include reference to reports by other people / organisations relevant to the impacts you identified.

There will be some system wide implications, for example it will make some discharge from hospital more challenging to manage where someone may rely upon a higher level of care to enable someone to return home. Additionally the length in stay of hospital admissions may increase as a result. However a process of escalation will be in place.

There will also be occasions where a care home place may not be readily available in some areas, there is however some excess capacity in the system at present.

There may also be an impact on some current care at home providers and some increased risk to their sustainability in the short term. One provider has already raised an issue with financial sustainability in Argyll and Bute however this was not expanded further in the consultation.

We have scoped activity across other Local Authority areas reviewing frameworks and governance documents and reviewing approaches.

Consultation – What consultation / engagement have you carried out to inform the IIA?

The change has been under consideration for some time and discussed in a variety of forums including:

HSCP Strategic Leadership Team
Council Executive Leadership Team
Care @ Home Steering Group

Care @ Home Finance Group
Integration Joint Board/IJB Finance and Policy Committee

There has been appropriate professional leadership representation at all of these groups and this has further been expanded in the consultation process.

It is clear that the change will reduce availability of choice for some care at home service users to some extent however the extended recommendation will go some way to mitigating some of this risk. At present this is approximately 111 service users which is current at September (note in draft in may this was 60).

Consultation was undertaken between 24 August and 31 August with staff and 31 July-31 August publicly. This report will be available publicly from 10 September.

Gaps in evidence.

Impact of this proposal on Care at Home providers is not fully scoped as the numbers are small in respect of the overall population need, there will be further identified need and lower care support packages may increase as practice changes. We anticipate that the current recommendation will have less impact than the original proposal operationally.

Knock on affect.

Yes

Knock on affect details.

It will make delayed discharges more difficult to manage in some circumstances and have other potential impacts on our whole system however we will mitigate this through our whole system process work.

There is a risk that by imposing a threshold of care, there may be an increased in demand for care packages below the 28 hour threshold.

It may place additional pressures on un-paid carers where efforts are made to avoid care home placements that place reliance on family / friends.

It may impact on financial sustainability, and reduce the available care at home workforce. The consultation notes potential for impact on unpaid carers especially where families choose to support their loved ones at home where residential care is assessed.

Monitoring – How will you monitor the impacts of your proposal.

6 monthly or appropriate Care Reviews for all service users involved as part of assessment and care management process. we note closing the loop on action against functional assessment reviews.

A process is being developed for managing and monitoring reviews, initially focussed on high resource cases.

The saving will be monitored as part of the financial recovery process throughout the year.

Impact on service users

Service users	Impact
Mainland rural population	Negative
Island population	Negative
Low income	Negative
Low wealth	Negative
Material deprivation	Negative
Area deprivation	Negative
Socio-economic	Negative
Communities of place	Negative
Communities of interest	Negative

Impacts details.

The proposal may reduce choice for a number of older adults however the revised recommendation from 25 to 28 hours should have less impact on both service users and carers. An updated review notes 111 older adults receiving care at home provision above the 25 hour threshold and would therefore be impacted by the change and require supported review to establish their sustainable care. It is not known what number of unpaid carers e.g. spouse/family/friend, this would directly affect however we have taken into account the general impact and this is documented within the feedback of our consultation and would be subject to ongoing review with care managers. All older adults will still have access to appropriate care they need however, this may be delivered in a different environment such as residential care if appropriate. We are made aware through consultation that people can be assessed as requiring 24 hour care however families honour their loved ones wishes to support them at home.

It will in the longer term improve fair access to care at home services in comparison with a do nothing option as available resources are more equitably allocated, this will be increasingly important as demographic change (more older adults and less working age people) progresses. There does require to be a shift in the modelling of care for remote mainland and island communities as this service will remain difficult to deliver without on island workforce or a creative commissioning model.

Older people with financial assets will be adversely impacted due to the different levels of contributions to services depending upon their nature, this is national level policy relating to Social Care provision and is not within the control of the HSCP.

The majority of islands within Argyll and Bute do not have any care home provision, as such the impact remains negative. Bute, Islay and Tiree each have internal care home within their community however the care homes have a small number of registered

beds (Bute - 9, Islay - 16 , Tiree - 10). Where no residential provision exists or is available locally, service users who require a package of care above the proposed ceiling would have to consider a residential care placement out with their local area. Bute made a specific representation due to the pause in development of Thomson Court which would have increased its residential on island care provision.

Occupancy levels across internal and external care home provision in Argyll and Bute is generally high. As at the 21/08/25, occupancy levels based on the number of beds currently in use in care homes in Argyll and Bute was on average 90%. This differs across localities, with Helensburgh & Lomond having the highest average occupancy rate of 93.65% and Oban. MAKI having the lowest average occupancy rate of 82%. With an increasingly ageing population, it's likely that the number of vacancies within care homes will continue to reduce, making it more challenging for any future service users reaching the proposed ceiling to source a placement close to home. Additionally, this may result in families/friends being unable to visit their loved ones as frequently due to the increase in distance. The revised threshold recommended to the IJB will minimise the negative impact to individuals however the impact remains negative in respect of the limited availability of social care and residential care near home.

Impact on service deliverers

Service deliverers	Impact
Mainland rural population	Negative
Island population	Negative
Low income	Negative
Low wealth	Negative
Material deprivation	Negative
Area deprivation	Negative
Socio-economic	Negative
Communities of place	Negative
Communities of interest	Negative

Impacts details.

This proposal may have an impact on the financial sustainability of care at home providers and their workforce in Argyll and Bute due to the reduction in number of care hours, however this may be mitigated by ongoing demand. We are aware that demand is not met in some geographical areas and may present a commissioning opportunity in the longer term.

There may be a small risk to the reduction in employment for care at home services in the short term, however this was not evidenced during the consultation (this will impact

both externally commissioned services and Argyll and Bute Council employees delivering care at home services). This may result in redundancies or redeployment, where services are unable to maintain the contracted hours of staff members affected. However this risk will be mitigated through reduction in agency usage where possible. It may be possible to redeploy staff internally to residential care or signpost external staff to alternative vacancies within social care in their local area.

Carers are currently paid at the Scottish Living Wage, therefore generally considered to be of Low Income/Low Wealth. This is also a disproportionately female workforce.

Don't knows.

Due regard

Existing service users on packages above the threshold will be reviewed on an individual basis in line with existing plans to review care packages. We will seek independent support for them to do so. This will be done as sensitively as possible and will take account of availability of alternative care arrangements within communities if appropriate. This will enable individuals impacted and their families to plan in advance and consider options which place a lower level of reliance on HSCP provided services.

Due regard has been noted and the HSCP is sensitive to the sustainability of service providers however, it is not possible to reduce spend in this area without adverse impacts on employment.

Consumer duty

Does your proposal affect individuals, businesses or both?

Both

On the basis of your assessment, what are the likely impacts of your proposal?

Consumer	Impact
Choice	Negative
Fairness	Positive
Redress	Positive
Safety	Positive
Information	Positive
Access	Positive
Representation	Positive

Positive impacts you have identified.

Fairness - Implementation of this proposal will provide fairness and equity in services across Argyll and Bute however we have also detailed the negative aspects of the proposal in the wider environment.

Access - This proposal will in the longer term improve access to care at home services in comparison with a do nothing option as available resources are more equitably allocated, this will be increasingly important as demographic change (more older adults and less working age people) progresses.

Negative impacts you have identified.

Fairness - whilst this proposal will provide fairness and equity across Argyll and Bute, this may disadvantage service users within Argyll and Bute to service users in other local authorities who currently use a different threshold e.g. in some local authorities the threshold of care is set at a higher level. We are cognisant that the cost of care in a rural environment is higher and often impact greater, hence the route of consultation as opposed to operational change

Safety - This proposal may place additional pressures on un-paid carers where efforts are made to avoid care home placements that place reliance on family / friends. This is documented through the consultation response.

A consultation was undertaken with staff, stakeholders and communities. This is available to review at the following link: <https://nhsh.uk.engagementhq.com/argyll-and-bute-hscp-threshold-of-care-policy-consultation>
This will be presented for review to the IJB to support with decision making.

Choice - The proposal may reduce choice for a number of older adults (there are approximately 111 service users above the proposed threshold of care who would be impacted). This proposal will also reduce choice for any future service users who are assessed as requiring care at home services above this threshold. All service users will still have access to appropriate care.

Access - Service users may be unable to continue receiving care within their own homes

What alternatives have you considered which can improve outcome for customers and/or reduce harm?

Transitional arrangements will be put in place whereby the Head of Service or Chief Officer can approve a continuation of an existing package above the threshold.

The Council's Chief Officer will, in any case, be able to continue to approve care at home packages above the ceiling of care where necessary

Exceptions will be in place for end-of-life care

Risk management will be ongoing in line with care management with additional operational and IJB oversight.

How have you reduced harm to consumers through the development of your proposal?

Existing service users on packages above the threshold will be reviewed on an individual basis in line with existing plans to review care packages. This will be done as sensitively as possible and will take account of availability of alternative care arrangements within communities. This will enable individuals impacted and their families to plan in advance and consider options which place a lower level of reliance on HSCP provided services.

Transitional arrangements will be put in place whereby the Head of Service or Chief Officer can approve a continuation of an existing package above the threshold for 3 months at a time

The Council's Chief Officer will, in any case, be able to continue to approve care at home packages above the ceiling of care where necessary

Exceptions will be in place for end-of-life care

Following the consultation our recommendation to the IJB will be to adjust the original threshold from 25 to 28 hours and review on an annual basis in the wider care

environment to reduce overall risk.

If you have not been able to reduce harm to your consumers, why not?

Children rights and wellbeing

No Impact Justification

We have screened this proposal for relevance and concluded that a Children's Rights and Wellbeing Impact Assessment is not required because this proposal will not impact, neither directly nor indirectly, children under the age of 18.

We received no direct response in relation to the impact on children however we remain alert to where someone identifies an impact on young people or young carers.

Island Community

How many islands does your proposal affect?

All

Which islands are affected by your proposal?

All populated islands within Argyll and Bute will be affected by the proposal to implement the threshold of care for care at home services, this is reflective of the inequity of provision of care on island at present and requirement for care modelling.

Of those care packages identified over the proposed threshold, some service users impacted may reside on islands.

Does your proposal impact on Island communities?

Island community	Impact
Demography	Negative
Economy	Don't Know
Society	Negative

Describe any positive impacts you have identified.

The consultation response noted a strong response in respect of island provision for care both home and residential. This information while not directly related to the proposal ensures that we can place our proposal in the wider care environment and take into account the impacts of off island care which are documented in the consultation response.

Describe any negative impacts you have identified.

Demographics - The number of Older People (aged 65+) living within island communities in Argyll and Bute is approximately 30% (Population Dashboard, NRS 2021 figures). This is a higher proportion of older people in comparison to the total percentage across the whole of Argyll and Bute which is approximately 26% (Population Dashboard, NRS 2021 figures). As this proposal is focused on Care at Home for Older people it is possible that island communities may be slightly more disadvantaged due to a higher proportion of the population being 65.

Economy - Any reduction to employment as a result of the implementation of this proposal may have a negative impact of the economy within island communities.

If you do not know what the impacts will be, you should reflect this in your monitoring arrangements for the proposal.

Describe how your proposal affects the islands communities you have identified differently from other communities including other islands communities and mainland areas.

Only a small number of islands within Argyll and Bute currently have care home facilities (Bute, Islay & Tiree).

Where no care at home or care home provision exists or is available at that time, service users who require care above the proposed threshold of care may have to consider residential care options out with their local area and/or off island. Whilst this will be consistent with the policy for the whole of Argyll and Bute, this may make visiting service users more difficult for families/NOK/friends in island communities due to the additional logistics, geography and cost associated.

How will you ensure your proposal delivers equivalent levels of service to the islands communities you have identified compared to other areas, including mainland areas? (In your answer you should include descriptions of: • alternatives you have considered to improve or mitigate the impacts identified, • how you have reduced negative impacts on islands communities, and • how your mitigations will vary between communities, if relevant.) .

Existing service users on packages above the threshold will be reviewed on an individual basis in line with existing plans to review care packages. This will be done as sensitively as possible and will take account of availability of alternative care arrangements within communities. This will enable individuals impacted and their families to plan in advance and consider options which place a lower level of reliance on HSCP provided services. Transitional arrangements will be put in place whereby the Head of Service or Chief Officer can approve a continuation of an existing package above the threshold for 3 months at a time. The Chief Officer will, in any case, be able to continue to approve care at home packages above the threshold of care where necessary. Exceptions will be in place for end-of-life care. The consultation has provided evidence in respect of the overall impact on individuals and families of off island care.

If you have not been able to mitigate impacts, why not?

We are aware that sometimes the right care may not be close to home. This is difficult and has been articulated well by communities during the consultation. We are mindful of where families opt to take their loved one homes despite an assessment of 24 hour care and we will work to look at a wider solution of supporting this decision within out threshold. This requires to be a longer term criteria and policy discussion as we develop our community practice.

Equality impact

Equality impact on service users

Service users	Impact
Disability	Negative
Race	No Impact
Marriage and civil partnership	No Impact
Religion or belief	No Impact
Sex	Negative
Pregnancy and maternity	No Impact
Age	Negative
Sexual orientation	No Impact
Gender reassignment	No Impact

Impact on service users.

Disability-

All service users that are in receipt of care at home services are considered Priority 1 or Priority 2 based on the priority of need framework, with complex health and social care needs. As a result these service users require support with personal care requirements due to age, fragility or disability (mental or physical).

Age-

All service users in receipt of Older Peoples Care at Home services are over the age of 65.

Sex-

Of those service users that will be impacted by this proposal and are currently in receipt of care above the proposed ceiling of care, 68% are female (Eclipse, April 2025). Of the general population data over the age of 65, females represent 54% and males represent 46% (Population Dashboard, 2021).

Don't knows identified.

There is a slight skew towards women however this will not be impacted in respect of any review process.

Equality impact on service deliverers

Service deliverers	Impact
Disability	No Impact
Race	No Impact
Marriage and civil partnership	No Impact
Religion or belief	No Impact
Sex	Negative
Pregnancy and maternity	No Impact
Age	Negative
Sexual orientation	No Impact
Gender reassignment	No_Impact

Impact on service deliverers.

This is a disproportionately female workforce of working age that will be impacted.

There may be a small risk to the reduction in employment for care at home services in the short term (this may impact both externally commissioned services and for Argyll and Bute Council employees delivering care at home services if identified but this would require operational review). This may result in reduction in staffing establishments, where services are unable to maintain the contracted hours of staff members affected. This risk will be mitigated through reduction in agency usage where possible. Additionally, it may be possible to redeploy staff internally to residential care or signpost external staff to alternative vacancies within social care in their local area.

Don't knows identified.

Further consultation is required with Care at Home providers to assess whether there may be an adverse impact on Pregnancy/Maternity characteristic of the workforce impacted due to the workforce being primarily female.

No indication was provided during consultation on this impact.

Due regard.

Due regard has been noted and the HSCP is sensitive to the sustainability of service providers, however it is not possible to progress the proposal without reference to finance.