Item No: 9

Meeting Date: **Wednesday 15th March 2017**

Glasgow City
Integration Joint Board

Report By: **Alex MacKenzie, Chief Officer, Operations**

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INTEGRATION TRANSFORMATION PROPOSAL
- OLDER PEOPLE MENTAL HEALTH

Purpose of Report:	To provide detail on the next phase of older people's mental health inpatient retraction in South Glasgow and associated community reinvestment that are integral to the HSCP financial plan for 2017/18.

Recommendations:	The Integration Joint Board is asked to: a) note the content of the report; b) agree to the reconfiguration of older peoples mental health in-patient provision in south Glasgow; c) agree to the reinvestment in dementia diagnosis, post diagnostic support and care home liaison: and, d) direct NHS Greater Glasgow and Clyde to implement the reconfigured inpatient bed provision and investment in community resources as outlined in this report.

Relevance to Integration Joint Board Strategic Plan:

The proposals contribute to the IJB vision of shifting the balance of care and early intervention, prevention and harm reduction (page 26); to the longer term outcome for older people of optimising mental health and wellbeing (page 39); and, to the longer and medium term outcomes for people with mental health issues, a rebalanced system of care with more people living at home as independently as possible (page 40).

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	Contributes to: Outcome 2: People, including those with disabilities or long term conditions, are able to live, as far as reasonably practicable, independently and at home or in a homely community setting.

Personnel:	None

Carers:	Patients may be admitted to beds that are in parts of the city that are away from where their carers/relatives reside. By implementing the Hospital Based Complex Clinical Care guidance, patients in the older people's mental health ward, and their carers, have been informed that they will be subject to regular review and that they may well be moved to alternative and more appropriate service locations as their condition changes

Provider Organisations:	Contractual negotiations with BUPA to be concluded in respect of the Rodgerpark site in the South.

Equalities:	EQiA refreshed.

Financial:	The in-patient reconfiguration proposed releases £900k on a recurring basis with a reinvestment in community of some £300k resulting in a FYE net release of £600k. The proposal that the release is phased equally over the 2 financial years 2017/18 and 2018/19 will allow for the appropriate engagement with patients and families and at the same time the conclusion of the contractual discussions with the provider.

Legal:	None

Economic Impact:	Investment in community services will have a positive economic impact across the city.

Sustainability:	None

Sustainable Procurement and Article 19:	None

Risk Implications:	a. The acuity of some patients and the complex nature of the presenting conditions may increase due to the fact that there are fewer beds. b. Restrictions resulting from use of off-site beds may present a challenge as there are some patients who will not be suitable for these units where intramuscular injections are required or restraint needed at times of acute distressed behaviours.

Implications for Glasgow City Council:	Implications as outlined above for the HSCP.

Implications for NHS Greater Glasgow & Clyde:	Implications as outlined above for the HSCP.

Direction Required to Council, Health Board or Both	Direction to:	
	1. No Direction Required	
	2. Glasgow City Council	
	3. NHS Greater Glasgow & Clyde	✓
	4. Glasgow City Council and NHS Greater Glasgow & Clyde	

1. Purpose of Report

1.1 To provide detail on the next phase of older people's mental health inpatient retraction in South Glasgow and associated community reinvestment that are integral to the HSCP financial plan for 2017/18.

2. Background and Strategic Framework

2.1. The "Framework" document for Mental Health services across Glasgow City HSCP (and pan Greater Glasgow and Clyde) and subsequent Clinical Service Review guidance set out an aspiration for services to deliver an "easy in, easy out" model of care. This meant that patients would:

a) access the care they need with a minimum of delay or inconvenience as services seek to minimise unmet need, and
b) receive "all the care they need, but no more" as services seek to minimise overtreatment.

2.2 The "care needed" means timely access to the full range of accepted care standards interventions recommended in Scotland. Using a "stepped" or "matched" care model, services will endeavour to tailor the intensity of care provided to the needs that patients have. To this end, five levels of care were identified: public health interventions, "open access" services that did not require referral, "brief interventions", longer-term multidisciplinary care and intensive support.

2.3 An "unscheduled care" element is also needed to respond to crises and emergency needs, for all conditions and settings. The basis for service provision is that it is in the best interest of both service users and services for care to be provided at the lowest level consistent with need.

2.4 Inpatient staffing levels and base costs are largely insensitive to the numbers of beds on an individual ward, the only way to make savings is to close a ward entirely. As inpatient costs represent the majority of mental health expenditure, choosing not to reduce bed numbers would require disproportionately high cuts in community services which could make those services risk laden and unsustainable. The alternative, to make substantial reductions in bed numbers, but

reinvest some portion of that saving in social and health care community service provision, is viable over a longer period albeit not without challenge.

2.5 Strategic service and financial planning in recent years has seen a significant reduction in inpatient mental health provision across the whole health board area with the total number of beds reducing from 1,651 in December 2007 to 1,178 in December 2016. As a consequence of this retraction a significant contribution has been made to financial efficiencies and at the same time the development of a comprehensive network of community health and social care supports.

2.6 In relation to older peoples mental health services we have now established a model of community mental health teams, services to promote early diagnosis of dementia and the delivery of post diagnostic support plus liaison teams that provide support to care homes providing care for older peoples with dementia. Currently Glasgow has the highest levels of dementia diagnosis in Scotland and the most well developed post diagnostic support models.

2.7 A benchmarking exercise undertaken at the end of December 2015 demonstrated that at a headline level NHSGGC has bed capacity and occupancy levels that are higher that UK averages. What is not fully understood however is what rebalancing of investment there has been into community resources in areas of the UK where their bed numbers and usage are lower than GGC. To enable this, further work will be undertaken to address how to reduce admissions, reduce length of stay and reduce Older People Mental Health acute beds to national benchmark levels.

3. Hospital Based Complex Clinical Care

3.1 Scottish Government issued guidance on Hospital Based Complex Clinical Care (HBCCC) in May 2015. The guidance is more than a clarification of the NHS Continuing Healthcare policy that has been in place, rather, it is a fundamental reform of how we support people who have on-going clinical needs. This guidance sought to abide by a number of core principles:

3.2 As far as possible, hospitals should not be places where people live, even for people with on-going clinical needs. They are places to go for people who need specialist short-term or episodic care. Hospitals are highly complex institutions which should focus on improving the health of people with acute conditions before discharging them back into the community.

3.3 The NHS in Scotland has a duty to provide healthcare. In a hospital setting, in order to fulfil that duty, the NHS will provide food and accommodation. However, when someone is living in the community, it is not the role of the NHS to pay for accommodation and living costs; other arrangements and support mechanisms are in place for that. Financial support for living costs should be considered on the basis of ability to pay, rather than through a clinical needs assessment.

3.4 The reform of continuing care should contribute to the realisation of the Scottish Government's 20:20 vision for health and social care, recognising the shift from the NHS as a passive recipient of illness towards an organisation that will build healthcare support around the individual, in the community, through the work of health and social care partnerships.

4. Reconfiguration to Inpatient Beds and Community Reinvestment

4.1 Given that the HSCP is seeking to care for more people with on-going clinical needs in the community, there is a need to ensure that services are commissioned to provide appropriate clinical and social care in community settings. Without this, social work and primary care will feel the burden of greater demand and we are therefore likely to see a missed opportunity for reform. The HSCP will look to disinvest in long-stay beds in a proportionate, measured and safe way, and use that resource, both money and staff, supporting people in the community where personal outcomes are almost always better.

4.2 By implementing the Hospital Based Complex Clinical Care guidance, patients in the older people's mental health ward, and their carers, have been informed that they will be subject to regular review and that they may well be moved to alternative and more appropriate service locations as their condition changes. As a result a significant number of patients have moved to social care alternatives and we now have a volume of vacant beds within our older people's mental health estate.

4.3 **In North Glasgow** we are planning for the amalgamation on 2 older people's wards as we manage our in-patient reconfiguration that will establish Stobhill as our single site in the north east of the City, and this has been the subject of a previous report to the IJB.

4.4 **In South Glasgow** there is under occupancy in our beds, and we are proposing the closure of a 28 bedded unit at this time. The NHS complex clinical care beds are located in 2 care homes under contract with BUPA, at Darnley Court (28 beds) and at Rodgerpark in Rutherglen. On the Rodgerpark site we have 2 units (a 28 and a 20 bedded facility). There are already sufficient vacancies across the site to accommodate all the residents within the 20 bedded facility and as a result close the other unit. This would involve a number of patient transfers within this site.

Contractual arrangements with the provider for this capacity include a 5 year notice period for the Rodger Park facility. However, engagement with the provider has already confirmed that we wish to reduce our presence and potentially withdraw from the Rodgerpark site and BUPA are willing to negotiate the terms of the contract. As a result we have a headline agreement to transfer this contractual commitment to other partnership requirements potentially on the Darnley site including NHS Complex Clinical Care beds, AWI (adults with incapacity) beds, nursing home capacity or to facilitate the transfer of frail elderly continuing care provision from the acute division as a result of implementing the HBCCC guidance. As a result of such a transfer the partnership would reduce its spend on institutional care by £900k on a recurring basis.

4.5 Discussions with clinicians and managers in South Glasgow have identified the need for reinvestment in community services, in line with the strategic framework identified in sections 2 and 3 above, and as bridging to support further in-patient retraction as we aspire to deliver national benchmark levels as outlined at 2.7 in this report. In particular, there is agreement for further investment in support to care homes around dementia care and psychology, and, care home liaison services. The later investment designed to minimise the number of acute

admissions from care homes. It is proposed that £300k of the £900k resource released as a result of the contractual negotiations, is reinvested in these areas.

5. Financial Framework

5.1 The in-patient reconfiguration proposed releases £900k on a recurring basis with a reinvestment in community of some £300k resulting in a Full Year Equivalent net release of £600k. However, is proposed that the release is phased equally over the 2 financial years 2017/18 and 2018/19 to allow for the appropriate engagement with patients and families and at the same time the conclusion of the contractual discussions with the provider.

6. Recommendations

6.1 The Integration Joint Board is asked to:

a) note the content of the report;

b) agree to the reconfiguration of older peoples mental health in-patient provision in south Glasgow;

c) agree to the reinvestment in dementia diagnosis, post diagnostic support and care home liaison: and,

d) direct NHSGGC to implement the reconfigured inpatient bed provision and investment in community resources as outlined in this report.

DIRECTION FROM THE GLASGOW CITY INTEGRATION JOINT BOARD

1	Reference number	150317-9-a
2	Date direction issued by Integration Joint Board	15th March 2017
3	Date from which direction takes effect	15th March 2017
4	Direction to:	NHS Greater Glasgow and Clyde only
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	No
6	Functions covered by direction	Older People Mental Health
7	Full text of direction	NHS Greater Glasgow and Clyde is directed to implement the reconfigured inpatient bed provision and investment in community resources as outlined in this report.
8	Budget allocated by Integration Joint Board to carry out direction	As directed by the Chief Officer: Finance and Resources.
9	Performance monitoring arrangements	In line with the agreed Performance Management Framework of the Glasgow City Integration Joint Board and the Glasgow City Health and Social Care Partnership
10	Date direction will be reviewed	March 2018