



# Item No: 9

Meeting Date: Wednesday 7<sup>th</sup> November 2018

## Glasgow City Integration Joint Board

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**CHANGES TO FRAIL ELDERLY CONTINUING CARE: IMPLEMENTATION OF THE SCOTTISH GOVERNMENT GUIDANCE ON HOSPITAL BASED COMPLEX CARE**

<b>Purpose of Report:</b>	The purpose of this report is to update the Integration Joint Board on the work which has been led by HSCP's across Greater Glasgow and Clyde to implement the Scottish Government Guidance on Hospital Based Complex Care.
<b>Background/Engagement:</b>	This paper provides a summary of the changes being made across NHSGGC in response to the 2015 Scottish Government guidance on HBCCC. The paper details the context for the changes, the work led by HSCPs to implement the agreed changes across 4 separate areas and sets out the proposed financial framework developed by the Steering Group and finance leads.
<b>Recommendations:</b>	The Integration Joint Board is asked to:  a) approve the proposed implementation plan for Glasgow City including the proposed financial framework; and b) note the proposed implementation plan for the remaining Greater Glasgow and Clyde area.

**Relevance to Integration Joint Board Strategic Plan:**

This programme of work will deliver services aligned to the current IJB strategic and operational requirements.

## Implications for Health and Social Care Partnership:

<b>Reference to National Health &amp; Wellbeing Outcome:</b>	<p><b>Outcome 2:</b> People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community</p> <p><b>Outcome 4.</b> Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services</p> <p><b>Outcome 9.</b> Resources are used effectively and efficiently in the provision of health and social care services</p>
<b>Personnel:</b>	Employees currently located at Mearns Kirk will require to be redeployed elsewhere in the Acute Sector.
<b>Carers:</b>	None
<b>Provider Organisations:</b>	Discussions with provider organisations have been ongoing throughout this process.
<b>Equalities:</b>	None
<b>Financial:</b>	There is a commitment to ensure that this programme of work does not result in financial pressure for one part of the system and a recognition that a further piece of work is required to ensure that new models are affordable within the financial envelope. The current financial framework to support this work is included within the paper.
<b>Legal:</b>	None
<b>Economic Impact:</b>	None
<b>Sustainability:</b>	None
<b>Sustainable Procurement and Article 19:</b>	None
<b>Risk Implications:</b>	The risks are as outlined in section 6.
<b>Implications for Glasgow City Council:</b>	None
<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	HSCP's across Greater Glasgow and Clyde will work in partnership with NHS Greater Glasgow and Clyde to implement the proposals within this paper.

<b>Direction Required to Council, Health Board or Both</b>	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. Introduction

- 1.1 In May 2015 the Scottish Government issued guidance 'Hospital Based Complex Clinical Care' (HBCCC) replacing previous guidance on NHS Continuing Care (NHSCC). That Scottish Government guidance (CEL6) stipulated that NHCCC should be provided where there is a need for ongoing and regular specialist specialist clinical supervision of the patient. All costs for such care were to be met by the NHS, not the patient or local authority. In response to the new guidance NHSGGC established a Steering Group to make recommendations for the application of this guidance across NHSGGC in relation to Frail Elderly Care. The Steering Group had representation from all HSCPs and from the Acute Division and reported into the Whole Systems Planning Group.
- 1.2 At this time a planning process was established and the following key tasks were planned to be undertaken:-
- Assessing the number of HBCCC beds which will be required on our Acute hospital sites
  - Transitioning our contracted former NHSCC beds to HSCPs
  - Developing new models of extended nursing home care and new approaches to clinical support to underpin that approach
  - Working with HSCPs to continue to reduce delayed discharges so that we can ensure acute hospital beds are occupied only by patients who require acute care, including HBCCC; and
  - Developing a new financial framework for the resources which funded NHSCC to enable a shift in the balance of care.
- 1.3 The Steering Group recognised that moving to the new arrangements would be complex with the need to deal appropriately with individual patients, reshape contracted services and develop new models of clinical care in hospitals, in care homes and in the community.
- 1.4 Regular progress updates were provided to the NHSGGC Whole Systems Planning Group. A final report was presented to the Whole Systems Planning Group in November 2017 summarising the recommendations and outstanding work for implementation, and recognising the delivery of £1.864m of savings already by the plan through the closure of Drumchapel, BUPA Rogerpark and a reduction in beds at RAH.
- 1.5 This report provides a summary of the changes being made across NHSGGC in response to the 2015 Scottish Government guidance on HBCCC. The paper details the context for the changes, the work led by HSCPs to implement the agreed changes across 4 separate areas and sets out the proposed financial framework developed by the Steering Group and finance leads.

## 2. Background

2.1 The Scottish Government 'Hospital Based Complex Clinical Care' guidance is set in the context of integrating health and social care and builds on the following core principles:

- As far as possible hospitals should not be places where people live, even for people with ongoing clinical needs
- When someone is living in the community it is not the role of the NHS to pay for accommodation and living costs (except specific short term, time limited episodes of care, e.g. NHS respite, intermediate care)
- This reform of NHS Continuing Care contributes to the realisation of the 20:20 vision with the NHS building healthcare support around the individual, in the community, through the work of Health and Social Care Partnerships
- More people with ongoing clinical needs should be cared for in the community, with services commissioned to provide this through proportionate and measured disinvestment in long stay beds

2.2 The guidance aims to achieve the following objectives:

- To promote a consistent and transparent basis for the provision of Hospital Based Complex Clinical Care (HBCCC) with entitlement based on the main eligibility question "*Can this individual's care needs be properly met in any setting other than a hospital?*"
- To maintain clinical decision making as part of a multi-disciplinary process and ensure that patients, their families and their carers have access to relevant and understandable information

2.3 The principles within this guidance are consistent with current HSCP Transformational Programmes and in line with the direction of travel outlined within the 'Moving Forward Together' Programme approved at the recent NHSGGC Board meeting.

## 3. The Context of NHS Continuing Care (NHSCC)

3.1 Historically NHS Continuing Care was provided and used quite differently within each Sector of NHSGGC; some patients placed in NHSCC had a short length of stay whilst others stayed for many years.

3.2 There was a mixed model for the provision of NHSCC across NHSGGC which included beds within acute hospitals (RAH and IRH), community hospitals (Drumchapel and Mearnskirk), one Hospice (St Margaret's), and commissioned Care Homes (Rogerpark, Fourhills and Greenfield Park):

<b>Baseline NHS Continuing Care Provision in NHSGGC as at June 2015</b>				
<b>Facility</b>	<b>Sector</b>	<b>Provider</b>	<b>Additional Provider Notes</b>	<b>No. of NHSCC Beds at June 2015</b>
RAH	Clyde	NHSGGC Acute Div.	Ward 36	28
IRH	Clyde	NHSGGC Acute Div.	Larkfield Ward 1A	18 (plus 6 Pall Care)
Drumchapel	South	NHSGGC Acute Div.	Tiree Ward	28
Mearnskirk	South	NHSGGC Acute Div.	PFI contract with Walker Healthcare	72
St Margarets	South	St Margarets Hospice		30
Rogerpark	South	Advina (previously BUPA)	NHS commissioned beds	24
Fourhills	North	Barchester	NHS commissioned beds	60
Greenfield Park	North	HC-One	NHS commissioned beds	50

- 3.3 Although classified as NHSCC the bed capacity identified above has traditionally been used to accommodate a range of patient groups. As well as patients assessed as requiring NHS Continuing Care the beds have been used for patients with palliative care needs, patients awaiting discharge to community provision after an acute episode of care (delayed discharge) and, in the case of the beds at RAH and IRH, acute inpatient care for patients with complex healthcare needs and Delirium.
- 3.4 Based on audit it is estimated that just 40% of the NHSCC bed complement in Clyde is used by NHSCC patients at any one time and, for RAH in particular, this flexible use of the beds has been key to the success of the acute patient flow on the acute sites. In addition to continuing care the beds have been used for patients with palliative care needs, patients awaiting discharge to community provision after an acute episode of care (delayed discharge) and Acute inpatient care for patients with complex healthcare needs and delirium.
- 3.5 Use of these beds for patients classed as 'delayed discharge' (taken from SMR data) showed 646 delayed discharge patients using NHSCC beds across NHSGGC in 2013/4 and 438 in 2014/5.
- 3.6 It is important to note that as HSCPs' discharge performance improved the numbers of delayed discharge patients accommodated in NHSCC facilities reduced and as a result there were significant levels of under occupancy in some, but not all, facilities. It is also important to note that all HSCPs have committed to improving or maintaining good performance in the reduction of delayed discharges. HSCPs are working closely with the Acute Division to improve unscheduled care performance across the Board area with an aim to deliver the national target for reducing unscheduled care bed days by up to 10% by the end of 2018.
- 3.7 It is against this context of a complex approach to the use of NHSCC capacity that work has been undertaken to describe models of care that can in the future support greater numbers of people in the community and ensure that only those patients whose needs cannot be met anywhere other than a hospital receive Hospital Based Complex Clinical Care.

#### 4. Implementing the New Guidance

- 4.1 The HBCCC Steering Group established to implement the guidance for Frail Older People recognised this complex nature of NHSCC provision across the Health Board area but also recognised there was opportunity for significant numbers of people previously placed in NHSCC to be supported within a community setting. The Steering Group concluded that local/sector based proposals should be developed taking account of local circumstances.
- 4.2 As a result 4 subgroups were established to develop proposals for North East Glasgow, South Glasgow, South Clyde and West Glasgow/West Dunbartonshire. As agreed within the 2016 NHS Board Paper each sub-group was tasked with developing proposals that would consider:
- Any new models of care in the community required to support patients in community settings who were previously accommodated in NHSCC
  - The number of beds requiring to be retained within the acute division to support individuals previously in NHSCC who are not able to be discharged from the acute division into the community
  - The range of contractual arrangements in place with NHSCC provider organisations and the impact of this for implementation plans
  - Appropriate levels of community capacity in residential and/or peoples own homes, to support timely hospital discharge and avoid rising delayed discharge
- 4.3 The sector proposals were agreed with the Whole Systems Planning Group in November 2017; details are as follows:

##### a) West Glasgow and West Dunbartonshire

Facility	June 2015	Future Model Proposals: July 2018	
	No. of NHSCC Beds	No. of Beds to be retained in Acute	Notes
St Margarets Hospice	30	30	Beds retained for use by patients from all areas of NHSGGC
Drumchapel	28	0	All beds closed in 2016; funding resource delivered for CRES

After a significant period of time where consensus could not be reached on the future use of the beds within the Mary Aikenhead Centre (MAC) a short life working group was established, jointly chaired by the Chief Executive of St Margaret of Scotland Hospice and the Chief Officer Glasgow HSCP. The working group concluded:

- The MAC should continue to provide care for patients who require complex clinical care and support beyond that which can be provided within residential or nursing care or in their own homes and who otherwise would have to remain in hospital
- Patients could access the MAC from across the Health Board area

A detailed service level agreement has now been developed and includes the following points:

- The beds are designated NHS beds
- The decision about suitability of patients for transfer to the MAC facility rests with the appropriate hospital physician. Referrals are made to the South Sector DME consultant
- The waiting list will be held/managed by QEUH bed management service and no patient will be allocated a bed in the unit other than by the QEUH bed management service

**b) North East (Glasgow, East Dunbartonshire and North Lanarkshire)**

Facility	June 2015	Future Model Proposal: July 2018		
	No. of NHSCC Beds	No. of Beds to be retained in Acute	HSCP Beds	Notes
Greenfield Park Care Home	50	0	30 for use by Glasgow, East Dun and North Lan	50 beds funded as a block contract. Contract negotiations with the provider have recently agreed a withdrawal from 20 beds by the end of November 2018 and the remaining 30 beds to be retained to support the new model of community based Complex/Palliative Care
Fourhills Care Home	60	0	30 for use by Glasgow, East Dun and North Lan	60 beds funded as a block contract, proposal to use 30 for AWI.

Commissioning arrangements for all the capacity at Fourhills and Greenfield Park (110 beds) has been transferred from the Acute Division to Glasgow HSCP.

Fourhills Care Home

At present there are 60 beds in Fourhills funded by the NHS under a block contract. Current contract negotiations with the provider aim to retain 60 beds at Fourhills which would be available for use by Glasgow, East Dunbartonshire and North Lanarkshire HSCPs. 30 beds would continue to be used for people with complex /palliative care needs who do not require NHS hospital based complex clinical care, with the remainder transitioning over time to become AWI beds as a replacement for current capacity at Quayside and Darnley Court care homes. All of these changes will be subject to dialogue and negotiation with the current providers of these services and this is planned for the second half of 2018.

Greenfield Park Care Home

Similar to the position at Fourhills there are currently 50 beds funded through the NHS under a block contract. Contract negotiations with the provider have agreed 30 beds at Greenfield Park for people with complex/palliative care needs who do not require NHS hospital based complex clinical care. These beds will be available for use by Glasgow, East Dunbartonshire and North Lanarkshire HSCPs. Agreement has been reached with the provider to withdraw from the remaining balance of 20 beds by the end of November 2018 with rapid progress currently being made to

conclude reviews for patients in the unit which will close. To date all of the residents in the unit have been assessed as requiring long term nursing home care and the resource will follow them for that purpose.

**c) South (Glasgow, East Renfrewshire and South Lanarkshire)**

Facility	June 2015	Future Model Proposal: July 2018		
	No. of NHSCC Beds	No. of Beds to be retained in Acute	HSCP Beds	Notes
Rogerpark Care Home (Limetree ward)	24	0	0	24 beds funded as a block contract. Contract negotiations with the provider have agreed a withdrawal from all 24 beds by the end of August 2018.
Mearns Kirk Hospital	60	0	0	60 beds within a PFI contract; clinical staffing within the unit is provided by NHSGGC. The contract will cease at the end of March 2019 at which point all beds will be closed.
Bonnyton House	0	0	12 for use by East Ren	By the end of March 2019 there will be 6 beds providing intensive rehabilitation to prevent admission and support hospital discharge and 6 beds for end of life palliative care. Initially providing for Mearns Kirk patients.
Bonnyholm Care Home	0	0	30 for use by Glasgow and other Partnerships	Current proposals would see Glasgow block purchase 20 beds initially provided for Mearns Kirk patients by end March 2019, with 10 available for spot purchase as required.

Commissioning arrangements for Rogerpark and Bonnyholm care homes sits with Glasgow HSCP. Bonnyton House care home is run by East Renfrewshire HSCP

Rogerpark Care Home

The 24 beds funded through the NHS under a block contract in an area of Rogerpark called the Limetree Ward closed at the end of August following detailed contract negotiations with the provider. A programme of activity was put in place to ensure all residents were appropriately assessed and their future placement agreed. This process has fully involved the provider and South Lanarkshire HSCP which has already concluded the review and relocation of its residents of the Limetree Ward. The remaining 6 residents are all from Glasgow City and are currently being reviewed by HSCP South Locality staff and will have alternative support arrangements in place prior to the 31 August closure date.

## Mearnskirk Hospital

Formerly a hospital for children with tuberculosis, Mearnskirk Hospital opened in 1930. It was later turned into a general hospital in 1958 and was eventually closed and redeveloped in the 1990s when Mearnskirk House was opened.

Since it's redevelopment it has been used to provide up to 72 beds for older people requiring NHS continuing care. Patients have usually been from East Renfrewshire, Glasgow or South Lanarkshire. It is a PFI funded building owned and managed by Walker Healthcare. All care services are provided by the NHS and specialist support is provided by Sodexo.

In light of the Hospital based clinical care guidance, and after discussion over a number of years where the Health Board and Walker Healthcare were unable to reach agreement about future arrangements, Walker Healthcare were notified of the Health Board's intention not to renew the contract in November 2017.

From the very start of this piece of work the South Sector acute team has worked in partnership with representatives from Glasgow City, East Renfrewshire and South Lanarkshire HSCPs. Patient discharge planning began on the 15<sup>th</sup> January 2018 when each patient was informed of the planned closure of Mearnskirk Hospital in March 2019. Each subsequent patient admitted to the unit has been informed on admission/transfer of the planned closure. At present we are still admitting to Mearnskirk Hospital but will stop admissions in September/October as the beds are reduced.

It has been agreed between the acute team and HSCPs to stagger discharges from Mearnskirk over the final few months of the unit being open in order not to overload the HSCP social work teams (and the nursing home system).

The patient numbers in Mearnskirk Hospital change from week to week, but as of 28/09/2018, there were 38 patients in Mearnskirk Hospital of which three require hospital based care, the rest (35) are suitable for nursing/residential level care. The 38 patients are split by HSCP as follows:

- 26 are Glasgow City HSCP patients (inc. 2 who need to remain in hospital)
- 7 are East Renfrewshire HSCP patients (inc. 1 who needs to remain in hospital)
- 4 are South Lanarkshire HSCP patients
- 1 is a North Lanarkshire HSCP patient

From the autumn onwards, a proportion of the patients will be discharged each month in a planned fashion. The local acute team in Mearnskirk Hospital will work with HSCP colleagues to determine which patients are to be discharged in each month, in advance, in order to allow time for the relevant assessments to be completed.

Each patient in Mearnskirk Hospital is being regularly reviewed by their MDT in order to assess their needs and a live patient list is kept up to date by the acute team. Staff in Mearnskirk Hospital have already met with patients' families/next of kin and informed them of the processes taking place. Acute and HSCP teams will

engage individually with each patient/next of kin in relation to their specific discharge plans.

In summary, preparatory work has been completed to allow patient discharges from Mearns Kirk Hospital to begin in a staged process from the autumn onwards. This element of the work is progressing as planned, on time and with no major issues expected at this point.

This planned and phased retraction from all beds at Mearns Kirk will be concluded by March 2019 in line with the phased opening of the community based supports described below. However an element of double running will be required in the initial stages with beds open within Mearns Kirk at the same time as community support is established by the HSCPs.

## **5. Alternative Models of Care**

### **5.1 East Renfrewshire HSCP**

With resource released from the NHSCC financial framework East Renfrewshire HSCP is planning to extend the range of community based supports within East Renfrewshire.

Six beds at Bonnyton House, a residential care home managed by the HSCP, will be used as an intensive rehabilitation resource to prevent admission and to ensure a safe return home for people discharged from hospital supported by the skills of the residential staff and the rehabilitation teams in the community.

An additional six beds at Bonnyton will be used for people who need end of life care who are unable to be supported to die at home. In the interim these beds will be used to provide care for the remaining East Renfrewshire Mearns Kirk patients unless they have other preferences.

The HSCP is also planning to develop a fast track discharge for people with palliative care needs and is in discussion with local hospices to develop a service specification.

The HSCP is planning to have an Advanced Nurse Practitioner based at Bonnyton who can also provide advice and support to other local care homes.

Proposals have been taken and approved through the East Renfrewshire Integration Joint Board and the HSCP is currently in discussion with the Care Inspectorate to ensure Bonnyton is appropriately registered and staffed to deliver the service before the end of March 2019.

### **5.2 Glasgow City HSCP**

Glasgow City HSCP will block purchase 20 beds in Bonnyholm Care Home – a new build shortly to open in Crookston to develop enhanced nursing home and end of life care for South Glasgow. If further beds are required for Mearns Kirk patients they will be spot purchased as required. 10 beds are available for spot purchase by Glasgow or other HSCPs.

The future model planned is similar to that developed for former continuing care patients in the North East of Glasgow, where there is additional support from GPs, social work and a visiting hospital consultant.

### 5.3 South Lanarkshire HSCP

South Lanarkshire HSCP is planning to accommodate Mearnskirk patients in local nursing and residential provision and have developed their own plans to ensure there is greater capacity in community services.

#### d) **South Clyde (Renfrewshire and Inverclyde)**

Facility	June 2015	Future Model Proposals: July 2018	
	No. of NHSCC Beds	No. of Beds to be retained in Acute	Notes
RAH Ward 36	28	12	Only 20 beds currently open; the balance of resource (28 reduced to 20 beds) has been released for CRES
IRH Larkfield Ward 1A	18 (plus 6 Pall Care)	6 (plus 6 Pall Care)	

As noted in section 2 there have been longstanding differences in the use of NHSCC within the Clyde area compared with the Greater Glasgow area. As such NHSCC beds within the Acute Division have been used for a broader range of patients and the Clyde Sector team are of the view that they provide an essential contribution to the overall patient flow in acute.

The South Clyde subgroup (representation from clinical, managerial and planning from Renfrewshire and Inverclyde HSCPs and Clyde Acute Division) concluded that 24 beds should be retained at RAH/IRH to support patients with complex care needs (beyond that which can be provided within residential or nursing care or in their own homes and who otherwise would have to remain in hospital). This would be 12 beds at RAH, 6 at IRH and the remaining 6 beds at IRH for historical palliative care use.

It is noted that this is a different model from that in the rest of GGC where HSCPs are providing or commissioning palliative care beds for those people who do not necessarily require hospital based complex clinical care.

Resource to be released via the financial framework would enable Renfrewshire and Inverclyde HSCPs to develop a greater volume and range of community supports to support people with complex care needs discharged from hospital.

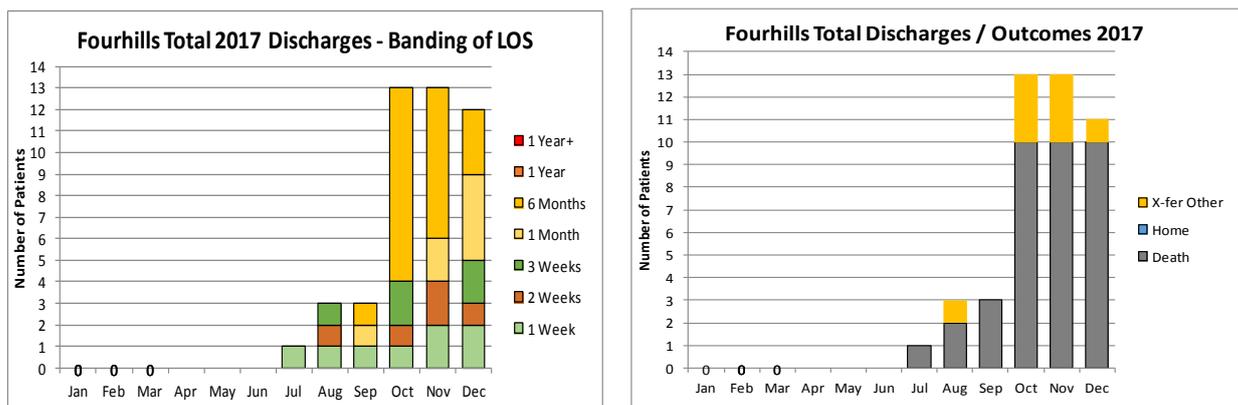
## 6. **Implementation – Risks and Issues**

### 6.1 North East Glasgow

In North East Glasgow a new model of care was agreed for people with complex and palliative care needs who do not require hospital based complex clinical care. This model would see patients discharged from an acute hospital into the beds at Greenfield Park or Fourhills supported with additional services than would normally

be provided for a standard care home bed or intermediate care placement (eg greater support from GPs and a visiting hospital consultant). Patients would stay within these beds for a funded period of care and assessment for up to 6 weeks to determine their long term placement needs.

In practice the HSCP has not been able to implement the model entirely as planned at Fourhills, principally due to the number of presenting patients who are at the end of life stage (see chart 2 below) and a rapid growth in the number of AWI patients. Analysis of the model within Fourhills shows the number of patients being discharged into a community placement is significantly lower than was expected, and lengths of stay in Fourhills are longer than expected. In addition Glasgow HSCP has been unable to introduce charges for most people who remain beyond 6 weeks in Fourhills, generally due to the sensitivities around introducing charging at end of life stage and or AWI status. As such people within these beds currently are continuing to receive fully funded care.



Although lengths of stay are longer than was predicted, under HSCP management of the contract the occupancy in both Fourhills and Greenpark has increased significantly – consistently close to 100% from an inherited historical position of between 60 and 70 %.

## 6.2 AWI

The intention is to close the existing 24 AWI beds at Quayside care home with 30 AWI beds at Fourhills care home, which will be converted from existing complex care capacity. These changes will not take effect until early in the new financial year 2019/20, following conclusion of the winter pressures period. Once implemented AWI beds capacity in the system will increase from 54 to 60.

The Mental Welfare Commission recently challenged the legality of the AWI model in Glasgow, however a tribunal judged in favour of the Health Board. There remains a risk of any appeal to the tribunal's judgement. Local and national POA campaigns are being planned in an attempt to mitigate this risk.

## 6.3 Clyde Bed Model

Whilst the Clyde sector group previously reached agreement on the numbers of acute beds to be retained within the RAH and IRH, it has become clear that this model does not release sufficient resource for HSCPs in Clyde to meet current and future need in community settings. There is therefore a financial pressure resulting from this bed model. It is clearly unacceptable for a whole system programme of work to result in pressure for one part of that system. It is also important to ensure

an element of consistency in the bed model across NHS Greater Glasgow and Clyde. A further piece of work is now required to re-open the Clyde sector discussion to ensure both this consistency and that that new models are affordable within the financial envelope.

#### 6.4 Mearnskirk Hospital

Although there is currently no real indication of this it is possible that as the closure date gets closer there may be further concern raised by families, staff-side or politicians. We will continue to ensure we have regular and frequent dialogue with stakeholder to mitigate this risk. Walker health care plan to reopen Mearnskirk as a care home in the Spring of 2019.

### **7. The Financial Framework**

- 7.1 A financial framework has been developed on a pan-GGC basis to ensure that each partnership has funding to invest to meet not only the needs of people moving from former NHS continuing care, but also to invest in community services which will provide support to the growing number of older people who have complex and palliative care needs in their homes or care homes rather than in hospital. The Steering Group elected to distribute funding on an NRAC basis. This was supported by Chief Officers on the basis that if we treated each sector in isolation some HSCPs would have little or no funding to invest given the closure of Drumchapel did not release any funding to transfer to Partnerships and the decision was taken to retain complex hospital based care at St. Margaret's.
- 7.2 The table below confirms a net financial baseline of £10.753m available in 2017/18 for the NHS Continuing Care financial framework and reflects the latest budget position, reflecting savings taken in prior years for the 28 beds at Drumchapel Hospital, the 24 beds at Rogerpark Care Home and the reduction of 8 beds at Ward 36, RAH.

Location	Sector	No of Beds	Budget 2017/18 (£000)	Income from Other HB's 2017/18 (£000)	Net Budget 2017/18 (£000)
Mearnskirk	Acute - South Sector	60	2,175	404	1,771
Mearnskirk	Corporate - Facilities		1,590		1,590
Ward 36 (RAH)	Acute - South Clyde Sector	20	942		942
Larkfield Ward 1A (IRH)	Acute - South Clyde Sector	24	1,008		1,008
St. Margaret of Scotland	West Dunbartonshire HSCP	30	1,588		1,588
Greenfield Park	Glasgow HSCP	50	1,622		1,622
Greenfield Park	Glasgow HSCP - GP cover & drugs		89		89
Fourhills	Glasgow HSCP	60	1,963		1,963
Fourhills	Glasgow HSCP - GP cover & drugs		179		179
<b>Total Financial Baseline</b>		<b>244</b>	<b>11,156</b>	<b>404</b>	<b>10,753</b>
<b>Budget Held Pending Review of Clyde Bed Model</b>					
Larkfield Ward 1A - 12 beds					793
Ward 36 - 12 beds					774
St Margaret of Scotland					1,588
<b>Net Financial Baseline Available for Distribution in Phase 1</b>					<b>7,598</b>

7.3 The outcome of the work by the HBCCC Steering Group requires funding to be allocated directly to some service areas to support delivery of the new model. These are:-

- Income from other Health Boards totals £0.404m (not included in the table above). The financial model above assumes these Health Boards will retain these funds moving forward to either commission their own provision or to access services directly from the new model developed within each of the Partnership areas for which they will be directly charged through the current SLA arrangements
- Retention of St Margaret's as HBCCC beds. This facility is located in West Dunbartonshire but is used by patients from all of the partnerships. The financial model above assumes St Margaret's will be fully funded at £1,588m
- The retention of 24 beds within IRH (6 complex care and 6 palliative care beds) and RAH (12 beds) to aid patient flow in the Acute Sector requires further discussion before the financial framework can be finalised. At this stage this element has been ring fenced and will not be distributed amongst HSCPs until these discussions can be concluded.

7.4 This results in £7.598m available for distribution to support the development of community services in support of the new model and will be challenging for HSCPs to deliver within the financial envelope available given demographic pressures. The table below highlights the initial distribution of funds to HSCP's, with a potential further release as a Phase 2 once work is concluded by the Acute Sector.

ALLOCATED ON NRAC : TOTAL		2017/18 Budget (£000)
Health and Social Care Partnership	NRAC %	
Glasgow City	53.96%	4,100
East Dunbartonshire	8.30%	631
East Renfrewshire	7.01%	533
Renfrewshire	15.23%	1,157
Inverclyde	7.38%	561
West Dunbartonshire	8.12%	617
<b>100%</b>		<b>7,598</b>

## 7.5 Distribution of Funds

The redistribution of funds from the NHSCC financial framework to HSCPs can only be undertaken as services are de-commissioned across the sector. The table below provides an illustration of when funds can be released as beds are reduced at Greenfield Park, Fourhills, the closure of Meamskirk is delivered and the release from IRH and RAH under current proposals provided by Acute.

Health and Social Care Partnership	Current Budget (excluding St Margarets and Ward 1A and Ward 36 - Acute)	Greenfield Park (Nov 2018)	Fourhills (June 19)	Meamskirk (March 19)	Larkfield Ward 1A	Ward 36	Budget per Approved Allocation		
Glasgow City	3,853	-	105	-	164	517	4,100		
East Dunbartonshire		19	30	513	39	30	631		
East Renfrewshire		16	25	433	33	26	533		
Renfrewshire		35	54	941	71	56	1,157		
Inverclyde		17	26	456	34	27	561		
West Dunbartonshire		19	29	502	38	30	617		
Acute	3,745			-	3,362	-	215	168	0
<b>7,598</b>		<b>.</b>					<b>7,598</b>		

## 8. Recommendations

### 8.1 The Integration Joint Board is asked to:

- a) approve the proposed implementation plan for Glasgow City including the proposed financial framework; and
- b) note the proposed implementation plan for the remaining Greater Glasgow and Clyde area.

## DIRECTION FROM THE GLASGOW CITY INTEGRATION JOINT BOARD

1	Reference number	071118-9-a
2	Date direction issued by Integration Joint Board	7 November 2018
3	Date from which direction takes effect	7 November 2018
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	Continuing care and AWI bed provision within Glasgow City.
7	Full text of direction	Work in partnership with Glasgow City HSCP to deliver the proposed changes to the provision of continuing care and AWI as outlined in the paper.
8	Budget allocated by Integration Joint Board to carry out direction	£4.1m has been identified for Glasgow City within the financial framework.
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	23 October 2019