NHS Board 25 March 2020 Lanarkshire NHS Board Kirklands Fallside Road Bothwell G71 8BB



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## SUBJECT: MENTAL HEALTH HOSPITAL BASED COMPLEX CLINICAL CARE

1.	PURPOSE			
This	paper is coming to the Board	l:		
	For approval	For endorsement	To note	
2.	ROUTE TO THE BO	ARD		
This	paper was:			
	Prepared	Reviewed		

by the North HSCP Strategic Leadership Team. A similar paper was presented to the North and South Lanarkshire Integration Joint Boards.

### 3. SUMMARY OF KEY ISSUES

## 3.1 BACKGROUND

The Pan Lanarkshire Bed Modelling Plan was signed off by the NHS Board in 2017, covering a period of three years. The last update on progress came to PPRC in February 2019. A number of changes have been delivered as part of the plan including a reduction in beds in Carrickstone, the move of the Care of the Elderly Ward from Parksprings to the Strathclyde Ward in Airbles Road and the closure of the Douglas Ward in Udston. The last remaining action of the three-year plan is the review of Mental Health HBCCC beds.

NHS Lanarkshire's Mental Health services are hosted within the North Lanarkshire Integration Joint Board, in line with the respective integration schemes of the two Lanarkshire partnerships.

The service has two contracts for the provision of Hospital Based Complex Clinical Care (HBCCC) beds, which were originally established in the early 1990's. These contracts have been in place for over 25 years and were originally devised to assist in the transition from centralised facilities in Hartwood Hospital and other older outlying facilities such as Cleland Hospital to more modern community placements throughout Lanarkshire. The contracts relate to:

- Cumbernauld Care Home which is operated by the Four Seasons Group at an annual cost of £1,685,000 per annum originally for 60 beds, now reconfigured to 52 beds.
- Hatton Lea Care Home in Bellshill which is operated by HC-One at an annual cost of £2,952,150 per annum originally for 90 beds, now reconfigured to 75 beds.

The total cost of both contracts is f,4,637,150. Both contracts have a 12 month notice period.

The requirements for inpatient services for this patient group have reduced as the definition of HBCCC has changed (commencing 1<sup>st</sup> June 2015) and alternative clinical models have developed. Occupancy levels within both facilities are now low. As at 2<sup>nd</sup> March:

- Cumbernauld Care Home: 14 out of 52 available beds occupied (27%).
- Hatton Lea Care Home: 40 out of 75 available beds occupied (53%).

In addition to the contracted HBCCC dementia beds NHSL has 30 functional illness beds based in Cleland hospital. Primary Care and Acute through Care of the Elderly (COTE) have the opportunity to use and classify any off site bed in COTE hospitals as HBCCC. They do not cohort beds and each case is managed on an individual basis.

### 3.2 DEVELOPING PROPOSALS

Based on falling demand, a review has commenced to ensure a future cost-effective and flexible model of contracted HBCCC bed provision that will better meet the expectations of patients and staff, whilst providing more control over the quality and safety of care provided.

A business case is being developed that proposes to consolidate the service onto the site at Hatton Lea, providing a pan-Lanarkshire service within the existing terms and conditions of the contract with HC-One. It should be noted that HC-One have requested a review of the current contract, requesting a 10% uplift to support the living wage amongst other cost pressures.

A Project Brief and associated Communication Plan are set out in Appendix 1 of this report. As part of this process, a number of parallel workstreams are underway:

- Dialogue has been opened with the Central Legal Office around any potential requirements for TUPE, including staff consultation requirements. Outputs from this will be reported through the Area Partnership Forum for ongoing assurance
- A group is undertaking a review of the methodology previously used for ward transfers, most recently for Douglas Ward at Udston, to ensure patient safety is maximised
- A communication group has been established to coordinate the communication with service users, carers, families and contractors
- The proposals are being overseen by the Mental Health and Learning Disability Clinical Governance Committee, with onward reporting to the North Lanarkshire Support, Care and Clinical Governance Committee. Updates on the proposals will be fed through to HQAIC as part of this process.

Consolidation and centralisation onto a single site supports new opportunities for multi-disciplinary team-based working and a range of services provided that benefit the patients/residents.

The wider benefits anticipated from this development are as follows:

- Care on one central site with good transport links will be easier to access for families and carers as well as to assess and follow up by all disciplines of NHS Lanarkshire staff and partners in both North and South Lanarkshire.
- Opportunity exists to reinvest a proportion of the savings achieved in the service through employment, skills and training to provide best evidence care, treatment and rehabilitation.
- By consolidating some functions under a single site, the organisation eliminates the possibility of different standards and practices being applied in different areas. This is a major benefit to the patient's wellbeing.

- Enhanced medical/nursing/AHP input within Hatton Lea would enable an improved care
  pathway, including robust multi-disciplinary assessment prior to admission and review
  focussed resident's individual needs; improved care planning leading to improved
  throughput; and improved patient and carer outcomes.
- Meeting each patient's changing care needs through robust multi-disciplinary assessment will ensure more positive patient /carer outcomes whilst identifying changing care requirements that would precede residents moving to future clinically appropriate care settings.
- Achievement of NHS Lanarkshire's strategic objective of achieving best outcomes and value for money, ensuring that all resources are deployed to best effect, achieving transformational change in desired outcomes and value for money.

Before progressing proposals further, agreement is sought to commence an engagement exercise with service users, their next of kin, staff and care home providers, before finalising a business plan for formal approval.

#### 3.3 CONCLUSIONS

Following the national change in definition of HBCCC, demand for Mental Health Continuing Care has continued to decrease, resulting in reducing occupancy levels in the contracted beds in Cumbernauld Care Home and Hatton Lea.

A business case is being developed to look to consolidate the service onto one site for both North and South Lanarkshire residents. Before proposals progress further, officers request agreement to commence an engagement exercise with those affected patients in HBCCC beds in Cumbernauld Care Home, their next of kin, staff and care home providers.

#### 4. STRATEGIC CONTEXT

This paper links to the following:

Corporate objectives	AOP	Sovernment policy	
Government directive	Statutory requirement	AHF/local policy	
Urgent operational issue	Other		

### 5. CONTRIBUTION TO QUALITY

This paper aligns to the following elements of safety and quality improvement:

# Three Quality Ambitions:

Safe	Effective	Person Centred	

### Six Quality Outcomes:

Everyone has the best start in life and is able to live longer healthier lives; (Effective)	
People are able to live well at home or in the community; (Person Centred)	
Everyone has a positive experience of healthcare; (Person Centred)	
Staff feel supported and engaged; (Effective)	
Healthcare is safe for every person, every time; (Safe)	
Best use is made of available resources. (Effective)	

# 6. MEASURES FOR IMPROVEMENT

There are a number of existing performance measures collected including bed occupancy and rate of admission and discharge.

### 7. FINANCIAL IMPLICATIONS

The total cost of the existing contracts totals £4,637,150 per annum. This includes £1,685,000 per annum originally for 52 beds in Cumbernauld Care Home.

Transition costs and consequently the potential savings available for reinvestment will be dependent on the outcome of engagement with Four Seasons and HC-One which may include potential renegotiation of the existing contract include funding the ongoing care of current patients not meeting complex care criteria.

### 8. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS

The current contracts in place are long-standing, but changes in HBCCC guidance has led to a continued decrease in demand, resulting in an inefficient service model which has further constraints around consistency and outcomes. The aim of developing a new service model is to create a more realistic capacity for current demand, which will in turn support further investment in service supports.

The health care needs of patients in Cumbernauld Care Home will be reviewed in order to identify those requiring complex clinical care. The next of kin of all Cumbernauld Care Home HBCCC patients will be invited to attend an individual meeting to discuss the outcome of the review and agree ongoing care arrangements.

NHS Lanarkshire responsibilities in relation to Four Seasons staff and their existing employment contract which could be protected under the Transfer of Undertakings (Protection of Employment) Regulations are currently being clarified.

#### 9. FIT WITH BEST VALUE CRITERIA

This paper aligns to the following best value criteria:

Vision and leadership	Effective partnerships	Governance and	
		accountability	
Use of resources	Performance	Equality	
	management		
Sustainability			
Management			

### 10. EQUALITY AND DIVERSITY IMPACT ASSESSMENT

A full Equality Impact Assessment will be undertaken as part of the business case development.

### 11. CONSULTATION AND ENGAGEMENT

The North IJB requests agreement to commence an engagement exercise with those affected patients in HBCCC beds in Cumbernauld Care Home, their next of kin, staff and care home providers.

#### 12. ACTIONS FOR THE BOARD

The Board are asked to:

Approve	Endorse	Ident	ify fur	ther	actions	
Note	Accept the risk identified	Ask	for	a	further	
		repor	t			

Endorse that an engagement exercise is commenced with those currently supported within the service and their families and carers, to inform future service plans and request sight of the completed business case before approval at the IJB.

# 13. FURTHER INFORMATION

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