

NHS Board  
27 March 2024

Lanarkshire NHS Board  
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**SUBJECT: Mental Health Hospital Based Complex Clinical Care  
(HBCCC)**

**1. PURPOSE**

This paper is coming to the NHS Board

For Approval	<input checked="" type="checkbox"/>	For Assurance	<input type="checkbox"/>	For Noting	<input type="checkbox"/>
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**2. ROUTE TO THE NHS BOARD**

This paper has been:

Prepared	<input checked="" type="checkbox"/>	Reviewed	<input checked="" type="checkbox"/>	Endorsed	<input type="checkbox"/>
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by the Chief Officer of North Lanarkshire Health and Social Care Partnership and has been reviewed by the North Lanarkshire Integrated Joint Board.

**3. SUMMARY OF KEY ISSUES**

3.1 Background

3.1.1 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.

3.1.2 Mental Health HBCCC beds are largely used for patients with dementia exhibiting aggressive or challenging behaviours. Previously, patients would largely remain in HBCCC beds for life, but following a definition change in 2015, when a patient's presentation changes they are now expected to be moved to a more suitable and homely environment, such as a mainstream Care Home. There is now a simple eligibility question of 'can your care needs be properly met in any other setting than a hospital?', and if so, the aim is to support the patient to be moved to a less intensive setting, which is very positive for improving the quality of life of the individual.

3.1.3 Pre-pandemic, NHS Lanarkshire developed a Bed Modelling Plan which was signed off by the NHS Board in 2017, which included a specific action around reviewing the model of). This resulted in the aim of the consolidation of contracted HBCCC provision onto one site, at Hatton Lea care home in Bellshill.

3.1.4 In November 2022, approval was granted by both Lanarkshire IJBs to terminate the contract at Cumbernauld Care Home, taking effect in July 2024.

3.1.5 On 25<sup>th</sup> January 2024, HC One notified NHS Lanarkshire of its intention to terminate the contract for HBCCC beds at Hatton Lea. Extensive discussions have been taking place with the provider since this date.

3.1.6 At present, there are 39 patients supported at Hatton Lea, with an annual contract cost of £3,270,493.

## 3.2 Next Steps

3.2.1 Following notice of the termination of the contract with Hatton Lea, a review of the HBCC model across Lanarkshire has commenced in order to ensure that there is limited impact to patient care and wellbeing.

3.2.2 As part of their engagement planning, HC One contacted all families impacted on the 19<sup>th</sup> March, and issued a follow up letter on the same day.

3.2.3 There is a planned face to face sessions for families on 26<sup>th</sup> March with representation from HC One, NHS Lanarkshire and the Social Work departments from North and South partnerships.

3.2.4 All HBCCC patients at Hatton Lea will be reviewed individually by Health and Social Work staff to agree suitable next steps.

3.2.5 Any patients identified at the review stage as being able to be stepped down to mainstream care (in line with the 2015 HBCCC guidance) will be fully supported on that journey.

3.2.6 Work is already underway to repatriate this service back into the NHS Lanarkshire estate.

3.2.7 An appropriate Equalities Impact Assessment will be undertaken in association with the Engagement Planning Group.

3.2.8 Following the notice of the contract termination, the aim is to ensure the new model is able to maintain the wider benefits anticipated from the original review of HBCCC services:

- 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 the current NHS Lanarkshire Mental Health estate 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.

### 3.3 CONCLUSIONS

3.3.1 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. The number of HBCCC patients has halved since the changes in 2015.

3.3.2 The termination of contract between HC One and NHS Lanarkshire has resulted in the need for a further review of the HBCCC model to ensure patient care is continuously delivered and patient needs are being met as per the HBCCC guidelines.

3.3.3 A multi-agency group is in place to coordinate individual patient reviews, engagement with families and the development of a new in-house model for HBCCC services.

3.3.4 The board is asked to acknowledge the termination of the contract between HC One and NHS Lanarkshire and note the next steps being proposed within the paper.

## 4. STRATEGIC CONTEXT

This paper links to the following:

Corporate objectives	<input type="checkbox"/>	ADP	<input type="checkbox"/>	Government policy	<input checked="" type="checkbox"/>
Government directive	<input type="checkbox"/>	Statutory requirement	<input checked="" type="checkbox"/>	AHF/local policy	<input type="checkbox"/>
Urgent operational issue	<input checked="" type="checkbox"/>	Other	<input type="checkbox"/>		

## 5. CONTRIBUTION TO QUALITY

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

### *Three Quality Ambitions:*

Safe	<input checked="" type="checkbox"/>	Effective	<input checked="" type="checkbox"/>	Person Centred	<input checked="" type="checkbox"/>
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### *Six Quality Outcomes:*

Everyone has the best start in life and is able to live longer healthier lives; (Effective)	<input type="checkbox"/>
People are able to live well at home or in the community; (Person Centred)	<input type="checkbox"/>
Everyone has a positive experience of healthcare; (Person Centred)	<input checked="" type="checkbox"/>
Staff feel supported and engaged; (Effective)	<input checked="" type="checkbox"/>

Healthcare is safe for every person, every time; (Safe)	<input checked="" type="checkbox"/>
Best use is made of available resources. (Effective)	<input checked="" type="checkbox"/>

**6. MEASURES FOR IMPROVEMENT**

- 6.1 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.
- 6.2 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.
- 6.3 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.
- 6.4 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.
- 6.5 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.

**7. FINANCIAL IMPLICATIONS**

- 7.1 At present, there are 39 patients supported at Hatton Lea, with an annual contract cost of £3,270,493.
- 7.2 A proportion of the savings achieved will be used to establish an alternative delivery approach for the impacted patients.

**8. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS**

Risks are being managed through normal transition planning (Multi Agency Group) along with HC One and Social Work colleagues.

**9. FIT WITH BEST VALUE CRITERIA**

This paper aligns to the following best value criteria:

Vision and leadership	<input type="checkbox"/>	Effective partnerships	<input checked="" type="checkbox"/>	Governance and accountability	<input checked="" type="checkbox"/>
Use of resources	<input checked="" type="checkbox"/>	Performance management	<input type="checkbox"/>	Equality	<input checked="" type="checkbox"/>
Sustainability	<input type="checkbox"/>				

**10. EQUALITY AND DIVERSITY / FAIRER SCOTLAND DUTY IMPACT ASSESSMENT**

Has an E&D /FSD Impact Assessment has been completed?

Yes   
No

An appropriate Equalities Impact Assessment will be undertaken in association with the Engagement Planning Group.

## 11. CONSULTATION AND ENGAGEMENT

11.1 HC One contacted all families impacted on the 19th March, and issued a follow up letter on the same day.

11.2 There is a planned face to face sessions for families on 26th March with representation from HC One, NHS Lanarkshire and the Social Work departments from North and South partnerships.

11.3 An Engagement and Planning Group has been set up.

11.4 Information was circulated to partners and elected members, including paper tabled at North Lanarkshire IJB on 27<sup>th</sup> March 2024 and will be circulated to South Lanarkshire IJB.

## 12. ACTIONS FOR THE NHS BOARD

The NHS Board are asked to:

Approve	<input checked="" type="checkbox"/>	Gain Assurance	<input type="checkbox"/>	Note	<input type="checkbox"/>
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## 13. FURTHER INFORMATION

For further information about any aspect of this paper, please contact;

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