



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	28 November 2018
Agenda Item	10
Title	Changes to Frail Elderly NHS Continuing Care and the Development of Bonnyton House
Summary	
<p>This report provides the Integration Joint Board with an update on the changes to frail elderly NHS continuing care and the development of Bonnyton House to meet the needs of East Renfrewshire patients in Mearnskirk House to enable its change of use from March 2019.</p>	
Presented by	Julie Murray, Chief Officer
Action Required	
<p>Integration Joint Board members are asked to:</p> <ul style="list-style-type: none"> ▪ Note and discuss the proposed development of Bonnyton House to meet the needs of current Mearnskirk patients and to provide a wider resource for East Renfrewshire residents ▪ Issue directions to NHS GGC to continue with the de-commissioning of Mearnskirk House as a provider of NHS continuing care and to redistribute the associated funding for IJB investment by finalising the financial framework as set out in the 2 October 2018 paper to the Finance and Planning Committee ▪ Issue directions to East Renfrewshire Council to develop Bonnyton House as set out in this paper 	
Implications checklist – check box if applicable and include detail in report	
<input checked="" type="checkbox"/> Finance/Efficiency	<input type="checkbox"/> Policy
<input type="checkbox"/> Risk	<input checked="" type="checkbox"/> Staffing
<input type="checkbox"/> Legal	<input checked="" type="checkbox"/> Property/Capital
<input type="checkbox"/> Equalities	<input type="checkbox"/> Directions

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

28 November 2018

Report by Chief Officer

**CHANGES TO FRAIL ELDERLY NHS CONTINUING CARE
AND THE DEVELOPMENT OF BONNYTON HOUSE**

PURPOSE OF REPORT

1. The purpose of this report is to update IJB members on the changes to frail elderly NHS continuing care and the development of Bonnyton House to meet the needs of East Renfrewshire patients in Mearns Kirk House to enable its change of use from March 2019.

RECOMMENDATION

2. Integration Joint Board members are asked to:
- Note and discuss the proposed development of Bonnyton House to meet the needs of current Mearns Kirk patients and to provide a wider resource for East Renfrewshire residents
 - Issue directions to NHS GGC to continue with the de-commissioning of Mearns Kirk House as a provider of NHS continuing care and to redistribute the associated funding for IJB investment by finalising the financial framework as set out in the 2 October 2018 paper to the Finance and Planning Committee
 - Issue directions to East Renfrewshire Council to develop Bonnyton House as set out in this paper

BACKGROUND

3. At its meeting in November 2017, the Integration Joint Board agreed that the HSCP should take forward the development of Bonnyton House that would see it continuing to deliver 22 residential places, further developing a six bed intensive rehabilitation resource to prevent unnecessary hospital admission and to support hospital discharge and creating a new six bed unit to deliver end of life care. It also agreed that a further paper be presented when more detail was available on the funding package agreed for the closure of Mearns Kirk House.

4. The Health Board's Finance and Planning Committee considered a paper at its meeting on 2 October 2018 that described the whole system changes proposed across NHSGGC in response to Scottish Government guidance on Hospital Based Complex Care. The paper proposed a financial framework which released funds to IJBs on the basis of NRAC.

REPORT

Mearnskirk House

5. 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 need
- 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 Partnership
- 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

6. 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

7. 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.

8. Frail Elderly NHS continuing care for East Renfrewshire residents has historically been provided in Mearnskirk House. Officers of East Renfrewshire HSCP have been working with colleagues from the Acute Sector, Glasgow City HSCP and South Lanarkshire HSCP to develop plans for alternative provision.

9. 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.

10. Since its 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 facilities management support is provided by Sodexo.

11. In light of the hospital based clinical care guidance Walker Health Care was notified of the Health Board's intention not to renew the contract in November 2017.

12. From the commencement of this 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 in January 2018 when each patient was informed of the planned closure of Mearnskirk House in March 2019. Each subsequent patient admitted to the unit has been informed on admission/transfer of the planned closure.

13. The patient numbers in Mearnskirk House change from week to week, but as of 8 November 2018, there are 30 patients in Mearnskirk House; 8 of whom are East Renfrewshire residents.

14. Each patient in Mearnskirk House is being regularly reviewed by their multi-disciplinary team, which includes social work and nursing input from East Renfrewshire HSCP in order to assess their needs and a live patient list is kept up to date by the acute team. Staff in Mearnskirk House have already met with patients' families/next of kin and informed them of the processes taking place. Acute and HSCP teams are engaging individually with each patient/next of kin in relation to their specific discharge plans.

15. In summary, preparatory work has been completed to allow patient discharges from Mearnskirk House 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.

16. This planned and phased retraction from all beds at Mearnskirk House will be concluded by March 2019 in line with the phased opening of the community based supports described below.

17. However an element of double running will be required in the initial stages with beds open within Mearnskirk at the same time as community support is established by the HSCPs. The HSCP will meet any associated cost in the first instance and if any funding is released from the supporting financial framework in the current year this will offset.

18. Of the eight East Renfrewshire patients, three are planning a move to Bonnyton House, two to other care homes through choice, one is being supported to move back home, one is being cared for palliatively and a move is not recommended and the remaining patient will transfer to an NHS Acute bed as they require ongoing NHS complex care support.

Bonnyton House

Residential Care Beds

20. Bonnyton House currently has 20 residents in its care home beds, with two vacancies for the 22 beds allocated for residential care.

21. We have worked with the staff team and our trade union partners to review the staffing structure and the rota system currently used at Bonnyton House. As a result of this detailed work, a revised shift pattern has been designed that will result in an annual saving of £115k, with the new rota system being operational from July 2018.

Rehabilitation and Recuperation

22. The Care Inspectorate approved a change in registration for a six bedded rehabilitation and respite unit in July 2018. A programme of refurbishment of the six bedded rehabilitation and respite unit was completed by East Renfrewshire Council in October. The pathway for admissions has been developed and the following criteria have been agreed for referral to Bonnyton Rehabilitation Unit from an Acute Receiving Unit:

- Aged ≥60
- Comprehensive Geriatric Assessment has been carried out
- Medically does not require acute care
- Patient is unable to be safely supported in their own home with maximum supports
- Patient is agreeable to admission
- Patient is expected to be able to return to their own home from the rehabilitation unit within a 21 day period
- Patient requires:-
 - 24 hour care and observation
 - Intensive rehabilitation within a supported environment
 - multi-disciplinary intervention due to change in condition/function

23. Bonnyton House staff will implement the agreed rehabilitation care plan for each patient under the direction of HSCP physiotherapy and OT staff. An HSCP Advanced Nurse Practitioner will support the clinical oversight of patients in Bonnyton as well as providing support to the wider care home estate, including supporting the roll out of Anticipatory Care Plans for all residents. As Bonnyton House operates a 24/7 service the funding proposal includes provision for ANP and therapy staffing on a 7 day a week basis.

24. The unit can also be used to offer flexible respite care, providing valuable support to carers enabling them to continue supporting those they care for in their own home.

End of Life Care

25. There have been three joint meetings with both hospices (The Prince and Princess of Wales and Accord). The meetings have focused both on hospice at home and end of life in care homes. From this the hospices have linked with our wider care home estate through the provider's forum to start to consider how support can be offered through training and information and advice to help support with end of life care within the care home setting and ensure hospital admissions can be avoided.

26. The potential model being discussed for Bonnyton House is for those at end of life who have been stabilised within the hospital or hospice setting but who cannot return home. Work is in progress to look at the current data sets available to both the HSCP and the hospices and the intelligence they may provide about potential numbers and care needs, and explore the potential to replicate the fast track scheme that Glasgow HSCP deliver in partnership with Marie Curie, using our local hospice partners. This model will be developed further once the refurbishment of Bonnyton is complete.

27. The upgrading of residential rooms at Bonnyton House as part of the ERC capital bid will allow us to re-designate rooms and thereby develop a dedicated 6 bedded area for end of life care.

28. In the interim it proposed that a test of change be undertaken to support Winter Pressures. This would see 3 beds being used for patients identified by ANP staff as requiring additional 24/7 support to recuperate from an illness or escalation of a long term condition.

FINANCE AND EFFICIENCY

29. The cost of the new service is estimated at £1.741 million. The table below sets out the cost, how it is funded and the surplus / (deficit) based on 35% self-funded residents. The weekly charge for a residential bed is based on £718 per week as previously agreed by the IJB and is subject to ERC Cabinet approval.

	£'000
Cost of service	1,741
Income from residential care beds	(383)
Net cost of Bonnyton House per annum	1,358
Funded by:	
Existing Budgets	760
Complex Care Beds Redesign Resource Release (part)	474
Total Funding	1,234
Surplus / (Deficit)	(124)

30. Whilst the table above shows a deficit of £124k there is further complex care beds funding to allocate of £59k as per the agreed financial framework, with possible further funding upon review of the Clyde bed model.

31. The model of service differs from the original paper, with an increase in whole time equivalent of 2.2 posts and a move to 7 day working. The cost of residential beds, inclusive of fee income is £30k, whilst the cost of the rehabilitation / palliative beds is £57k.

32. As the model is embedded, the costs will be refined and the intention is to contain costs within the total resource available. Any costs during the transitional period will be reflected within revenue monitoring and the budget phasing reserve will meet any additional costs.

33. The funding release from the complex care beds redesign is supported by a financial framework agreed with NHSGGC and the coterminous HSCPs. The Framework can be summarised:

	£'000
Total budget for in scope beds	10,753
Less: Phase 2 beds (timing tbc):	
RAH Ward 36	793
IRH Larkfield Ward 1	774
Less: St Margaret of Scotland – SLA will remain in place	1,588
In Scope Budget for redesign	7,598

34. The financial framework is based on a fair share approach, based on NRAC, so East Renfrewshire HSCP allocation is 7.01% equating to £533k. This is analysed in the table below.

Distribution of Funds – Complex Care Financial Framework

35. The redistribution of funds from the NHSCC financial framework to HSCPs can only be undertaken as services are decommissioned 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 Mearnskirk is delivered and the release from IRH and RAH under current proposals provided by Acute.

Health and Social Care	Current Budget (excluding St Margaret's and Ward 1A and Ward 36 – Acute)	Greenfield Park (Nov 18)	Fourhills (June 19)	Mearnskirk (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			3362	215	168	0
	7,598	-	-	-	-	-	7,598

36. The funding applied on the table at paragraph 29 shows we intend to utilise £474k of the available £533k above, this is prudent approach recognising the resource that will be released imminently (Greenfield Park, Fourhills and Mearnskirk). We will apply the remaining £59k when it is realised.

37. In addition to the revenue funding detailed above the IJB should note that ERC are considering a capital spend application as part of its budget setting process, to include roof renewal and refurbishment. There may be some revenue impacts from lost income or possibly decant costs and these will be considered as part of the capital proposal.

CONSULTATION AND PARTNERSHIP WORKING

38. Regular meetings have taken place between HSCP managers and trade union representatives. Bonnyton House staff have been involved in redesign proposals further work is planned with HSCP rehabilitation and nursing services. Staff from Mearnskirk House will be redeployed into vacancies elsewhere in the acute sector.

IMPLICATIONS OF THE PROPOSALS

Risk

39. Whilst there is a degree of risk in agreeing the new model prior to the actual resource release, this is supported by an agreed model so is mitigated. As we have only included funding that is to be imminently released this is a prudent approach.

40. The change in model may impact on the funding mix of beds, however the refurbishment and capital works will improve the environment. This will be regularly reviewed as part of the routine budget monitoring and it should be recognised that the funding mix is always subject to flux.

Policy

41. Links to developing strategic direction of the HSCP to reduce unscheduled care and support people at home.

Staffing

42. Staffing implications are set out in the options above.

Legal

43. There are no legal implications.

Property/capital

44. A Capital bid has been made to the Council for roof replacement and further refurbishment of rooms.

Equalities

45. There are no equalities implications.

Directions

46. The IJB is asked to issue directions to NHS GGC to continue with the de-commissioning of Mearnskirk House as a provider of NHS continuing care and to redistribute the associated funding for IJB investment by finalising the financial framework as set out in the 2 October 2018 paper to the Finance and Planning Committee.

47. The IJB is to issue directions to East Renfrewshire Council to develop Bonnyton House as set out in this paper

CONCLUSIONS

48. With resource released from the NHSCC financial framework, East Renfrewshire HSCP has an opportunity to invest in Bonnyton House and extend the range of community based supports within East Renfrewshire.

49. Six beds at Bonnyton House 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.

50. An additional six beds at Bonnyton House 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 Mearnskirk patients unless they have other preference.

51. 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.

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

RECOMMENDATIONS

53. Integration Joint Board members are asked to:

- Note and discuss the proposed development of Bonnyton House to meet the needs of current Mearnskirk patients and to provide a wider resource for East Renfrewshire residents
- Issue directions to NHS GGC to continue with the de-commissioning of Mearnskirk House as a provider of NHS continuing care and to redistribute the associated funding for IJB investment by finalising the financial framework as set out in the 2 October 2018 paper to the Finance and Planning Committee
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November 2018

BACKGROUND PAPERS

IJB 29.03.2017 – Item 10. Budget 2017/18

<http://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=19794&p=0>

IJB 15.02.2017 – Item 8. Bonnyton House Update

<http://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=19512&p=0>

IJB 17.08.2016 – Item 7. Bonnyton House Update

<http://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=17351&p=0>

IJB 01.06.2016 – Item 11. Bonnyton House Update

<http://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=16983&p=0>

COUNCIL 14.12.2016 – Item 13. Sale of Bonnyton House

<http://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=19035&p=0>