Scottish Borders Health & Social Care Integration Joint Board

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REDESIGN OF DEMENTIA SERVICES

Purpose of Report:	To seek approval for the proposal to redesign dementia services, by investing in community services with a consequent reduction in the need for inpatient beds from 26 to 12, and as a result enhancing the care of dementia patients in the community.

Recommendations:	The Health & Social Care Integration Joint Board is asked to: a) Approve the reduction of the number of dementia inpatient beds from 26 to 12; b) Approve reinvestment in appropriate community resources; c) Agree to establish an IJB reserve of £338,000 of recurrent funding. This reserve will be earmarked for the purchase of additional dementia care home beds, as required. Should the beds not be required the balance of the reserve would be used by the IJB to contribute to the delivery of efficiencies within the health arm of the IJB budget; d) Agree to review the impact of the new model by no later than March 2021, including the effectiveness of the Care Home and Community Assessment team, the need for NHS Inpatient beds and the ongoing requirement for the earmarked reserve.

Personnel:	If staff teams are to be reduced, the normal NHS Borders redeployment process will apply.

Carers:	Further advice and support for Carers will be available through the Care Home and Community Assessment Team.

Equalities:	An Equality Impact Assessment will be carried out as part of the project.

Financial:	Within the paper, financial consequences and impacts are considered.

Legal:	N/A

Risk Implications:	See attached risk assessment within Cauldshiels mandate (**Appendix 6**).

1 PURPOSE AND SUMMARY

1.1 The Health and Social Care Partnership working with Scottish Borders Council (SBC) and NHS Borders are exploring how together we can respond to the growing demographic of people with dementia. In addition to evaluating current practice within the Borders and commissioning support to provide more accurate predictors for the demographics, officers and members of the Integration Joint Board (IJB) have been examining other models both within the UK and abroad.

1.2 Two major development sessions have been held focussing on the future provision for Health and Social Care within which provision for the elderly is a priority. Details of this work have been discussed at SBC's Corporate Management Team, NHS Borders' Board Executive Team, Strategic Planning Group and the Executive Management Team.

1.3 Previous reviews conducted by external consultants including Anna Evans, Anne Hendry and John Bolton, have identified a need for a step change in the scale and scope of service provision for older people with dementia in the Borders.

1.4 A further report 'Transforming Specialist Dementia Hospital Care' by Alzheimer's Scotland recommended that acute hospital beds for dementia patients should be transferred to more appropriate residential provision within the community.

1.5 In response the Partnership is now developing an overarching Dementia Care Strategy to govern future provision of services. In the meantime, there are a range of early responses which are being advanced in line with the early development work already undertaken and the evolving strategy. These developments aim to progress a shift in the balance of care for medicine of the elderly. The Council invested £500k in securing 7 specialist dementia care nursing beds within Queens House.

1.6 The first opportunity is the transfer of patients currently being cared for in the acute wards of Cauldshiels and Melburn Lodge at the BGH. Provision at Cauldshiels is viewed as being unfit for purpose for dementia care. The unit is currently operating significantly under capacity, with less than 50% of the beds across the two units currently being occupied. Consequently, an opportunity has arisen to transform this service by closing the Cauldshiels ward and relocating patients to the homelier setting of Melbourne Lodge. The closure of Cauldshiels ward and the resetting of the model of care within Melburn Lodge will enable a significant improvement in quality of dementia care facilities, save significant annual revenue resources and avoid the need for substantial investment in the fabric of the Cauldshiels facility.

1.7 The paper outlines in detail how this will be achieved and the necessary investment required to transfer from NHS Borders to SBC, for them to commission

the appropriate provision.

2 MAIN REPORT

2.1 **Current Provision -** The current provision of Dementia inpatient care in Scottish Borders is provided across two wards on the BGH site; Cauldshiels (a 14 bed assessment ward) and Melburn Lodge (a 12 bed ward). In addition, Lindean provides a specialist inpatient facility for older adults with acute mental health problems.

2.2 Following investment from SBC, the service is experiencing reduced demand for inpatient beds. We currently have six patients on Cauldshiels (including four delayed discharges) and seven patients on Melburn (including one delayed discharge). Across the 26 beds in the two units, there are currently 13 patients, of which five are delayed discharges and could more appropriately be cared for in an alternative setting.

2.3 A Day of Care Audit (DOCA) (attached **Appendix 3**) was undertaken across all inpatient settings within the Borders, BGH and Community Hospitals in July 2018, and Melburn, Cauldshiels and Lindean in November 2018. The DOCA completed for older adults with an organic and/or functional mental illness, which includes Melburn, Cauldshiels and Lindean, reinforced the national estimation that there is a need for a significant reduction in the number of specialist inpatient beds for this patient group. Locally of the 28 patients included in the audit only seven required a specialist inpatient bed. 21 patients could be cared for in a range of alternative settings such as nursing or residential home or with a package of care at home.

2.4 The DOCA completed in July 2018 for the BGH and Community hospitals identified no patients requiring specialist inpatient dementia care, it also identified that in the Community Hospitals the majority of patients could be managed out of hospital in an alternative care setting or at home with enhanced support.

2.5 The Mental Welfare Commission's (MWC 2014) review of dementia continuing care units identified serious concerns with quality of care, environments, access to multidisciplinary professionals and adherence to legal requirements for providing care.

2.6 Cauldshiels ward has been highlighted in successive Mental Welfare Commission reports as providing an unsuitable physical environment for dementia care. Rectifying this in the long term would require a substantial rebuilding programme and significant capital investment (**Appendix 4** MWC reports and **Appendix 5** Architects report). The estimated cost of doing this work ranges from over £1m to an architect assessed cost of £400k for essential non structural work. This capital cost will be avoided if the ward is no longer required.

2.7 Specialist dementia wards are frequently located in environments that do not support person-centred care and can increase the distress of the person with dementia and their family. There is a lack of access to the multi-disciplinary professionals required to support the complex care required in dementia. There is difficulty with transition, resulting in the largest proportion of patients in the specialist dementia wards being those who do not have a clinical need to be in hospital. This makes it difficult to provide appropriate care for the current wide range of differing needs. It also means that resources are not being targeted effectively.

2.8 There is a lack of integration between these specialist hospital environments and the wider health and social care systems. This results in specialist dementia hospital units sitting in isolation, without the same focus on discharge to more appropriate care environments that are the case with acute hospitals. This often results in the window of opportunity being missed for safe transition to a more appropriate community setting to enhance quality of life.

2.9 Staff within specialist care are committed to providing good quality care, but are hindered by the current obstacles.

2.10 **Proposed Redesign -** The Scottish government "Transforming Specialist Hospital Dementia Care" report (**Appendix 1**) sets out a model of modern specialist hospital units based on quality of care for people with dementia who have intensive and complex clinical care needs and require high level expert care. It also provides an approach to build community capacity to support the safe transition of those who do not have a clinical need to remain in specialist hospitals and can be cared for in more homely settings in the community.

2.11 Specialist dementia hospital care is required for people with dementia who have an acute psychological presentation as a result of dementia or co-morbid mental health illness. The clinical needs of this group can only be met in a hospital environment. Whilst a psychological presentation may necessitate being admitted to hospital, the person will also have additional physical, emotional and social care needs. This requires a highly skilled multi-disciplinary workforce that can deliver therapeutic interventions, care and treatment; with the appropriate level of multi-disciplinary professional input to support those providing day-to-day care.

2.12 Most people with dementia can be cared for in the community throughout the illness. This requires a multi-disciplinary coordinated and planned approach to support those providing day-to-day care. There will be a small number of people with dementia who have acute clinical care needs that require specialist hospital care for a period of time. It is estimated that up to one percent of people with dementia will require management in a specialist dementia hospital environment at any one time. This will result from severe psychological symptoms of dementia or the combined influence of a co-morbid mental health condition.

2.13 The Scottish Government report recommends a 50% reduction in specialist dementia inpatient beds for all Health Boards. Melburn lodge already provides an appropriate environment to support the above recommendations for an inpatient "centre of excellence" for dementia care and will therefore require little alteration. Melburn provides 12 inpatient beds approximately meeting the estimated requirement for an overall 50% reduction in specialist dementia inpatient beds. Due to the physical environment on Cauldshiels ward not being fit for purpose, closing this ward would allow a suitable reduction in line with the national recommendation.

2.14 Day of care audits for Borders General Hospital, the Community Hospitals and specialist dementia in patient wards confirm that the local demand for beds supports the reduction in inpatient beds by 50%.

2.15 In line with recommendations made in the Scottish Government report, the Health and Social Care Partnership should reduce the number of dementia inpatient beds from 26 to 12 and reinvest in appropriate community resources (**Appendix 6** Cauldshiels Mandate). The proposal is to phase the reduction in inpatient beds in Cauldshiels whilst developing the community services to facilitate this shift in the balance of care. The current assessment function undertaken in Cauldshiels will

be incorporated into Melburn.

2.16 Preliminary bed modelling has been undertaken, this indicates that the number of inpatient dementia beds can safely be reduced through the existing changes and the development of the Care Home and Community Assessment Team without the need to purchase additional specialist dementia beds in the community. The report is contained in **Appendix 7**.

3 NEXT STEPS

3.1 The Health and Social Care Partnership are in the process of developing a local Dementia Strategy and our Mental Health Services are in the midst of a transformation programme. It is clear that reducing inpatient beds and reinvesting in community resources is consistent with the National and local drive to shift the balance of care from hospital to the community and the Scottish government report "Transforming Specialist Hospital Dementia Care". It will also compliment local ambitions to develop increased suitable housing and support models for people diagnosed with dementia.

3.2 A local Dementia Strategy is likely to include the redesign of services and the development of an appropriate commissioning strategy. It is clear that reducing inpatient beds and reinvesting in community resources is consistent with the national drive to shift the balance of care from hospital to the community and the Scottish Government report. It will also compliment local ambitions to develop increased suitable housing and support models for people diagnosed with dementia.

3.3 A project team has been established to take forward this proposal which will be part of the Mental Health Transformation Programme, but will also work alongside the NHS Borders Financial Turnaround Programme.

3.4 This proposal includes the introduction of a Care Home and Community Assessment Team. Modelling suggests that this team could reduce the number of admissions from care and nursing homes by 50%. If this modelling is correct, the additional 5 specialist Dementia Nursing Beds might not be required. It is therefore proposed that the £338k identified for the specialist beds be ear marked as an IJB reserve until the actual impact of the Care Home and Community Assessment Team is realised or not. This reserve would therefore be utilised if the pressure for admissions to acute services remain at a level which would jeopardise the ability to cater for people with high level dementia needs.

3.5 The Cauldshiels steering group will monitor progress across both wards in Cauldshiels and Melburn Lodge. A review will be produced for the IJB to determine the impact of the ward closure.

3.6 Investment in additional social work capacity (£45,000) has also been identified as a key requirement to ensure continued flow through the inpatient bed capacity and maintenance of the reduced level of specialist inpatient beds. This will be funded from the disinvestment from Cauldshiels.

4 IMPLICATIONS

4.1 Financial

The proposed recurring reinvestment, funded by the reduction in Cauldshiels beds will enable: -

(a) Development of a Care Home and Community Assessment Team to support patients in the community.

(b) Investment in a dedicated Social Worker to ensure flow through hospital into the community.

(c) The proposed £338,000 initially identified for the commissioning of five specialist dementia beds in the community to be ear marked as an IJB reserve and only to be invested in nursing beds should this be required.

4.2 The table below summarises the saving anticipated from the closure of Cauldshiels, and proposed reinvestment in new dementia services. This will require the redirection of resources by the IJB from acute services funded by NHS Borders to community settings funded by SBC. In the process a net saving of £474,202 will be realised, please see **Appendix 8** for further breakdown:

Cauldshiels Savings	**Recurring £ (Excl MHOAT)**
Total Budget for Cauldshiels Ward	1,102,455
Total Funding	**1,102,455**
Total estimated investment (excl beds)	
Staffing (inclusive of Care Home and Community Assessment Team and 1 FTE Social Work post)	266,253
Travel	24,000
Cost of new provision (excl beds)	290,253
Interim Saving (excl beds)	**812,202**
Ear Marked Investment for 5 Specialist Beds	**338,000**
Forecast Savings (incl beds)	**474,202**

4.3 In order to reduce the number of specialist inpatient beds there needs to be reinvestment to develop further community capacity in health and social care services (estimating this at £1,300 per week per patient, a reduction of 14 beds on Cauldshiels ward would equate to a reinvestment of £946,400 pa). With this in mind our Health and Social Care Partnership has already agreed to: -

- Develop a Care Home and Community Assessment Team to provide specialist support to Community Hospitals and the Care Home sector to

reduce the need for hospital admission. This should be operational by September 2019. This will support more robust community resources to provide outreach to care homes and Community Hospitals which would be flexible and responsive to individual needs.

- Commission 5 specialist Dementia Nursing Beds to accommodate existing inpatients suitable for discharge from inpatient care or to prevent such an admission.
- Place a concerted focus on timely discharge, we have experienced a reduced demand for suitable admissions to Cauldshiels ward.

4.4 As a result, we have chosen to staff the ward to meet demand reducing the number of beds from 14 to 10. Currently we have six patients on Cauldshiels ward of which four are delayed discharges. As the demand has reduced further we are now considering reducing beds to six from the end of September 2019. Melburn ward has also seen a reduction in demand and currently has seven patients with one delayed discharge (on a ward with 12 beds).