

**Scottish Borders Health & Social Care
Integration Joint Board**



Scottish Borders
Health and Social Care
PARTNERSHIP

Meeting Date: 2 March 2022

Report By:	<i>Simon Burt, General Manager MH&LD</i>
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MILLAR HOUSE BUSINESS CASE	
Purpose of Report:	<p>The purpose of the Business Case is to set out the rationale for evidenced benefits of and investment requirements / potential efficiencies relating to the proposed move of current core and cluster patients from accommodation in Galashiels to the bungalows at Millar House (Melrose) as part of the Mental Health Transformation programme. The risks of proceeding and of maintaining a status quo will be covered in this paper on Phase One.</p> <p>Aligned with Phase Two, the Business Case will describe the introduction of a Grade 5 supported accommodation facility as defined as “Intensive community rehabilitation providing earlier discharge from Grade 6 or alternative to admission. It is envisaged the staff team will consist of Health (inclusive of sessional medic), Social Care & Third Sector staff with 24 hour cover which will be based in Millar House.</p>
Recommendations:	<p>The Health & Social Care Integration Joint Board is asked to:</p> <ul style="list-style-type: none"> • Agree this Business Case and the draft IJB Directions set out below: <p>The IJB are being asked to Direct NHS Borders and Scottish Borders Council to Commission the Community Rehabilitation Service set out in the Millar House Business Case submitted on 2nd March 2022 (subject to Eildon HA Board approval to lease the Millar House site and accommodation to the commissioned service provider Carr Gom).</p>
Personnel:	There will be a reduction in Health Board staffing due to the reduction in beds from 12 – 10. Partnership and staff have been communicated with. The relevant HR processes will be followed.
Carers:	This project will have a positive impact on carers as it will allow the repatriation of patients to the Borders and reduce the length of stay in hospital. An Equalities Impact Assessment has been completed.
Equalities:	An Equalities Impact Assessment has been completed.
Financial:	The new proposed model requires additional investment from both

Number	Risk	Level	Mitigation
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	<p>NHS Borders and SBC totalling circa £0.256m. However with the targeted efficiencies of circa £0.543m there is a potential net efficiency of circa £0.287m pa. Of the targeted efficiencies, we have a high level of confidence that 3 of the 4 efficiencies will be achieved with a 4th rated as likely (amber) in approximately 12 months' time (£0.195m). Additional savings may be forthcoming if: the bed base reduces in East Brig from 10 – 8 following review allowing for a further reduction in inpatient staffing; and the void costs can be absorbed within the rental income (circa £0.050m pa).</p> <p>There will be a small non-recurring upfront capital cost of circa £0.008m.</p>
Legal:	Relevant legal contractual compliances will be adhered to
Risk Implications:	.
Direction required:	The IJB are being asked to Direct NHS Borders and Scottish Borders Council to Commission the Community Rehabilitation Service set out in the Millar House Business Case submitted on 2nd March 2022 (subject to Eildon HA Board and the Scottish Housing Regulator approval to lease the Millar House site and accommodation to the commissioned service provider Carr Gomm).

Risk 1	By remaining in Galashiels, we will have patients in accommodation that has been deemed not fit for purpose; increased likelihood of poor mental health outcomes for patients; potential for negative publicity; and will miss the opportunity to secure the improved accommodation when there are no available alternatives.	Possible Major High (12)	Currently no available alternatives
Risk 2	Clinical risk, seeking to house complex patients	Unlikely Moderate Medium (6)	Robust clinical and risk assessment processes commensurate to clinical picture e.g. for level 6 patients; ensure staff have up-to-date training to carry out assessments and regular reviews based on clinical guidance; building work thoroughly assessed and monitored to minimise physical risk factors
Risk 3	Community tolerance	Possible Major High (12)	Community engagement/allies/peer support/ lessons from Carr Gomm and Eildon elsewhere. Previous use was for social care housing
Risk 4	Eildon say no to the Business Case proposal	Unlikely Major Medium (8)	Currently no available alternatives
Risk 5	Reduction to access community services	Possible Minor Medium (6)	Build into recovery model
Risk 6	Contact with family and friends	Possible Minor Medium (6)	Preparation, information, practical support, and build into recovery model
Risk 7	Current position is a snap shot based on current provision however unable to forecast future demand	Possible Major High (12)	If proposal progresses and is established there will be close monitoring of activity. To mitigate void costs and ensure capacity we will retain access for general adult patients to use cluster accommodation which will also mitigate void costs Historical OOA ECR placements indicate 2 per year
Risk 8	Reduction in In-patient beds	Possible Major High	Reduction of Inpatient beds may have implications across wider in-patient footprint and a robust review of speciality and criteria should progress with governance and review

			of age range and where best patients should be cared for. DOCA indicates average of 9/12 of beds occupied.
Risk 9	Potential difficulties in recruitment to staff grade 5 accommodation	Possible major high	There may be a risk that we cannot recruit to posts within grade 5 accommodation and would need to consider alternative positions to support project