

Millar House, Melrose

NHS Borders Community Rehabilitation Team
(CRT) supported accommodation in core cluster – Phase
One and
Introduce a Grade 5 supported accommodation as defined
as “Intensive community rehabilitation providing earlier
discharge from Grade 6 or alternative to admission” –
Phase Two

**Business
Case**

Version: 2.0
Date: 19th February 2022
Author: Philip Grieve (Service Manager)
Community Rehabilitation Team,
Mental Health Transformational
Programme
Owner:

Contents

1.	Purpose	3
2.	Rationale for Change	3
3.	Benefits	4-6
4.	Risks	6-8
5.	Available Options	8-10
6.	Proposed Option	10-12
7.	Cost and Funding Schedule	12-16
8.	Executive Summary	17-19
9.	Document Control	20
10.	Appendices	21-22
	1. Millar House SBAR.....	21
	2. Tower Hamlet Full Report	21
	3. Patient Questionnaires	21
	4. Risk Matrix.....	21
	5. DOCA+ Results.....	21
	6. East Brig Bed Occupancy Data.....	21
	7. Step Down Flow Chart	21
	8. Referral Data	21
	9. Wayfinder model of care thresholds.....	21
	10. Wayfinder partnership summary	21
	11. Health Inequalities Impact Assessment (HIIA).....	21
	12. Cost and Funding schedule workings	21
	13. Out of Area Placement Data	22

Purpose

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.

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.

The Business Case has been through the relevant Health and Social Care Partnership Governance Groups for support and approval.

Rationale for Change

NHS Borders Mental Health Community Rehabilitation Team (CRT) currently has supported accommodation within Galashiels and properties predominately in and around Galashiels, based on a Core and Cluster model. CRT supports adults and older adults with severe and enduring mental illness, mainly schizophrenia and its associated care needs and risks.

The accommodation is supported by a commissioned service provided by Carr Gomm who provides 24 hour support to our service users.

A recent inspection by Scottish Borders Council of the Galashiels accommodation has determined that it is no longer fit for purpose. The service is required to source an alternative and in particular establish a Grade 5 supported accommodation facility that can provide Intensive community rehabilitation.

The over-arching aim is to provide high quality supported accommodation for patients with severe mental illness. Identifying suitable options for establishing a new model of service provision was informed by the following principles:

- Person-centred care;
- Recovery principles;
- High quality multi-disciplinary team care planning.

Additionally, having a suitable environment and being part of a community are essential components to developing the skills people need to live more independently.

Eildon Housing Association currently own Millar House. Millar House is a former sheltered housing development comprising a Grade C listed villa with four flatlets and shared communal facilities, and nine self-contained one-bedroom cottages. Although the development is of a high standard, the design and size of the development created both service delivery and financial challenges. Following completion of an options appraisal, Eildon's Board agreed in December 2019 to decommission the service and support tenants and staff to transfer to other care services managed by Eildon. The sheltered service ended in January 2022. Eildon would like to secure a long term joint working agreement with NHS Borders/Scottish Borders Council over a 10 year period, with the property being leased directly with the care provider, Carr Gomm. Historical investment in Millar House (which is a listed Victorian house) requires that its future use remains as supported accommodation for vulnerable adults with social care support needs..

Strategic Drivers

This project delivers against the National Health and Social Care Outcomes as stated below. The quantitative outcomes listed in this section will be evaluated by seeking the feedback of those with lived experience in each of these areas before (as a baseline) and after implementation of the direction.

National Health and Wellbeing Outcomes

This project meets 8 of the 9 Health and Wellbeing Outcomes (Outcome 6 is not applicable to this project):

1. People are able to look after and improve their own health and wellbeing and live in good health for longer.
2. People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
3. People who use health and social care services have positive experiences of those services, and have their dignity respected.
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
5. Health and social care services contribute to reducing health inequalities.
6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.
7. People who use health and social care services are safe from harm.

8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
9. Resources are used effectively and efficiently in the provision of health and social care services.

Millar House Project Outcomes:

- Improve the quality to patient care and wellbeing
- Significantly improve the current living conditions for those within supported accommodation
- Further enhance re-ablement to a marginalised population of patients
- Reduce the length of stay and in turn reduce costs for patients placed out of area and allow timely repatriation
- Reduce the reliance on the inpatient care and treatment
- Reduce the costs to Health and Social Care budgets

Benefits

Summary of the benefits in delivering phase one; relocation from Galashiels and phase two the introduction of Grade 5 supported Accommodation at Millar House, Melrose:	
Safer	<ul style="list-style-type: none"> • Millar house is situated in a quieter and more pleasant location and supports implementation of the Wayfinder model (Grade 5 supports independent living - see appendix 10, page 21)
Effective	<ul style="list-style-type: none"> • Currently the Galashiels accommodation is no longer fit for purpose (see SBAR in appendix 1, page 21) being of poor quality and not conducive to a homely or therapeutic setting. • The ability to respond to the outcomes from the Day of Care Audit which found that a number of individuals accommodated within the current in-patient model in Galashiels were in a less-than-appropriate care setting. • Similarly, there are currently individuals who currently cannot be cared for in the Scottish Borders due to a lack of appropriate provision and as a result are placed in expensive specialist hospital settings. • Evidenced benefits delivered elsewhere: Financial analysis of Tower Hamlets supported accommodation which has a similar model to our proposed model: <ul style="list-style-type: none"> ▪ Improved outcomes for individuals ▪ Avoided costs and freed up hospital demand

	<ul style="list-style-type: none"> ▪ Lower comparative costs (refer to link in appendix 2, page 21 for full report)
Efficient	<p>Millar House and surrounding bungalows will home patients in Grade 4 and 5 accommodations as part of the Mental Health Transformation programme.</p> <ul style="list-style-type: none"> • Key benefits that are expected to be derived: More cost effective with better outcomes for individuals accommodated • Employment of a re-ablement approach • Greater ability for individuals to build resilience and independence • A reduction in the requirement for Inpatient ward beds • Phase 2 will support an improved timely return of out of area placements. <p><i>Reference Tower Hamlet – Financial analysis of Tower Hamlets supported accommodation which has a similar model to our proposed model.</i></p> <ul style="list-style-type: none"> • The potential ability to reduce the more expensive requirement to provide care and support to individuals in a Grade 7 setting (generally out of area specialist hospital placement) or Grade 6 setting (in-patient setting within the Scottish Borders e.g. East Brig).
Equitable	<ul style="list-style-type: none"> • Consultation with those currently accessing support in Galashiels to seek their views on moving to alternative accommodation. This was achieved by commissioning Borders Independent Advocacy Service (BIAS) to assist in the completion of questionnaires. (ref to questionnaire in appendix 3, page 21) • The proposal is a service development that will increase both overall capacity and enable care to be provided across a range of individuals with wider mental health needs i.e. Millar House will accommodate more patients in area and with differing needs.
Timely	<ul style="list-style-type: none"> • Millar House and its associated bungalow provision within its grounds fits the required Wayfinder level of support model and will be available within the necessary timeframe. • Increasing the footprint of the accommodation available within the Scottish Borders and the ability to offer shorter waiting times and timelier access to the service will ensure more appropriate and responsive care provision. • Future proofing (see appendix 8, page 21) and in particular, increasing community capacity in order to meet current and future levels of demand.

Patient - centred	<ul style="list-style-type: none"> • A more suitable and therapeutic environment. • Supportive of a more recovery-focused approach, promoting re-ablement. Designated Occupational Therapist and Nursing care would be included in the staffing complement improving options for individualised care planning and key worker involvement. • Positive feedback from patients regarding the proposed move from the current model to Millar House(refer to appendix 3, page 21)
-------------------	---

Also refer to Health Inequalities Impact Assessment (HIIA) document in the appendix 11 (Page 21).

Risks

Tabled below:

Number	Risk	Level	Mitigation
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

Refer to NHS Borders Risk level Matrix in appendix 3, page 21 for Levels.

NHS Borders Risk Levels (move to appendix)

Available Options

The existing supported accommodation service has been in place since 2014 and provides accommodation for up to 16 individuals who are supported by the mental health rehabilitation service. The accommodation is split between 5 'core' properties and 11 'cluster' properties all within the town of Galashiels. Care Provision is provided by Carr Gomm. There are however, a number of key issues with the current situation:

1. The 'core' accommodation in Galashiels; this accommodation has been poorly maintained by the current landlord and is sub optimal for individuals to live in
2. Some of the 'cluster' properties are also in a state of poor repair
3. It is proposed to extend the current contract with Carr Gomm for a further 3 years to support the move from the Galashiels accommodation to Millar House with the introduction of grade 5 supported accommodation.
4. An options appraisal for the transformation of mental health services delivered a preferred option of reducing in-patient Rehabilitation Unit beds whilst creating additional, more intensive supported accommodation elsewhere. This will require a change to the current supported accommodation service model which would see individuals with more complex needs cared for in a community setting rather than in a NHS hospital.

A **DOCA+**(day of care audit) exercise was carried out in October 2019 looking at patients in mental health service beds in Lindean, East Brig and Huntlyburn House. The purpose was to assess which patients at that date would be able to receive care in a non-hospital setting, and what services would be required to achieve this.

The findings suggested that five of the eleven patients in East Brig at the time the DOCA+ exercise took place were suitable for an alternative place of care(see below table).One such alternative place of care was to introduce grade 5 level supported accommodation which NHS Borders currently cannot provide. This proposed provision would allow flexibility within the whole system and allow some of the Out of Area placements to be repatriated back to the Borders as step down care.

Refer to appendix 5, page 21 for full report.

Tuesday 22nd October (Lindean, East Brig and Huntlyburn) Data				
Alternative Place of Care	Lindean	East Brig	Huntlyburn	Grand Total
A. Discharge home	1	1		2
B. Discharge home with social support (mental health social support)	1			1
C. Discharge home with adaptations/equipment		1		1
E. Discharge home with increased package of care with daily support from crisis or CRT	1	1	1	3
F. Discharge home with short-term enhanced - Other please specify.....			2	2
L. Discharge to Nursing Home		1	1	2
M. Discharge to Specialist Nursing Home – please specify type (dementia, neurological etc)	1		1	2
P. Requires Level 5 assisted living accommodation		1		1
TOTAL	4	5	5	14

Bed occupancy data for East Brig has been gathered for the past 3 years and shows an average of 9 beds are occupied. This supports the new model proposal and the introduction of grade 5 supported accommodation.

(refer to appendix 6, page 21 for data and step down flow chart)

Out of Area Placements

NHS Borders currently has 2 Out of Area Patients who form part of the cohort who potentially can be accommodated within the new proposal. The Community Rehab Team (CRT) is looking to repatriate both patients back to the Borders, one within the next 3 months to East Brig for initial assessment then step down to Grade 5 and one within the next 12 months.

Assumptions

- The new proposed model will reduce the length of stay of patients who are placed out of area with the ability to deliver potential efficiency savings – Refer to Tower Hamlets The financial case for integrated mental health services and supported housing pathways appendix 2, page 21.
- One community placement to repatriate back to the Borders to grade 4 accommodation and support.

Options explored:

Options for Phase One		
Galashiels Accommodation (Galashiels) Status Quo	Millar House Bungalows(Melrose) Preferred Option	Botany Mill (Galashiels) Not suitable
<ul style="list-style-type: none"> The building is no longer fit for purpose <p>Both internal and external building defects have been identified.</p>	<ul style="list-style-type: none"> Proposed alternative (have been looking for a solution over the past 2 years) 	<ul style="list-style-type: none"> Early work took place in designing the property to house both core and cluster accommodation on the one site. This led to further thinking of expanding the project to include a number of hospital beds (east Brig ward) and social enterprise initiatives within the same site.
<ul style="list-style-type: none"> This property has been poorly maintained by the current landlord and sub optimal for individuals to live in. 	<ul style="list-style-type: none"> Full NHS Borders approval and SBAR approval through OPG and Joint NHS/SBC committee. (see appendix 1, page 21) 	

Proposed Option

The proposed option is to re-house the core patients within the 9 bungalows based at Millar House in Melrose.

Based on the site visit from the core group, feedback from a carer's representative and from service users via the questionnaires, it was determined that we had found a suitable site for relocation from the Galashiels accommodation. This will be considered as Phase 1. (refer to patient questionnaires in appendix 3, page 21)

Phase 2 of the plan is to introduce Grade 5 supported accommodation as defined as

“Intensive community rehabilitation providing earlier discharge from Grade 6 or alternative to admission. Team consisting of Health (inclusive of sessional medic), Social Care & Third Sector staff 24 hour staffing.” The plan would see the main house with the 4 flatlets enhanced to Grade 5 supported accommodation. This will reduce the bed compliment within East Brig at Galavale by 2 beds initially with a review in 1 years’ time to potentially further reduce the bed compliment by a further 2. A workforce review has taken place and we will be reducing staffing resources to allow re-investment in staffing supporting the Grade 5 accommodation (following HR processes). This would include recruitment to a Band 6 registered nurse post and Band 6 Occupational Therapist post with on-going support from the Community Rehabilitation Team. A further workforce review will take place after the first year when we will be considering a further reduction in beds to 8.

A table top exercise took place with representation from CRT, nursing staff and Carr Gomm (care provider), at which they completed an extensive review of each patient currently in core and cluster plus Inpatient and Out of Area / community placements to determine the most appropriate level of support and suitable accommodation.

The following assumptions were made:

- Potential 8 patients identified to move into Millar House bungalows
- Potential 4 patients identified to move into Millar House – grade 5
- Potential 8/11 (cluster) patients to continue with visiting support total 75 hours per week (less than current model)
- 1 community and 1 out of area placements to bring back to the borders within the next 6 months (1 x bungalow grade 4 & 1x grade 5) with 1 further out of area placement to return in approximately 12 months’ time (to grade 5 accommodation following step down from East Brigs)
- 2 patients step down from East Brig to grade 4 & 5 accommodation

The below table details the current and proposed model:

Current Model				
Core	Cluster	East Brig Inpatient Ward		TOTAL
5 flats co-located at Galashiels (private landlord) Plus Carr Gomm (service provider) base/office	11 private flats (Various locations in Galashiels – private landlords)	12 beds Based in Galashiels – Tweed Road		28
Wayfinder model 4	Wayfinder model 3	Wayfinder model 6		
Proposed Model				

Core	Community Support	East Brig Inpatient Ward	Millar House – grade 5 accommodation	TOTAL
9 Individual Bungalows based at Millar House, Melrose * Assumption 5 from Galashiels plus 4 from private landlord/other	8 private flats (Various locations in Galashiels and differing support hours)	10 beds	4 flatlets Level of support – x1 staff waking night Plus Carr Gomm base/office	31
Wayfinder model 4	Wayfinder model 3	Wayfinder model 6	Wayfinder model 5	

Assumptions:

- Introducing grade 5 supported accommodation.
- Implementation will be a stepped person-centre approach.
- With the introduction of Grade 5 supported accommodation. Additional level of care support will be required and include 10.5 hours of waking night.

When reviewing the current model, there is a requirement for more core supported accommodation to fulfil the unmet need. Refer to appendix 8, page 21.

Refer to Wayfinder Models in appendix 9 and 10, page 21.

Expenditure and Funding Requirement

In order to determine the overall affordability of the proposed model, detailed financial analysis has been undertaken of the 'before' and 'after' scenarios. This will ensure that not only is the potential to improve the daily living environment of individuals and capacity for them to be re-abled is evaluated, but the financial impact of the transformation can be also. A financial summary of the existing model of provision is detailed below:

Existing Provision	
Cost Base:	£
Expenditure	
5 Core Grade 4 @ Douglas Bridge House Flatlets	247,378
11 Cluster Grade 3 @ Various PSH	
Carr Gomm Accommodation @ Douglas Bridge	
Sleepover Cost	36,310
Total Expenditure	283,688

Funded by:		
77% NHS Borders Baseline Funding		218,440
23% SBC Baseline Funding		65,248
Total Funded by		283,688

The current model of provision provides accommodation and care to 16 individuals in Grade 3 and 4 accommodations, 5 within a flatlet facility in Galashiels and 11 in wider community based residential settings. The cost of this provision is £0.284m and is commissioned via a contract between Scottish Borders Council and Carr Gomm. This cost is funded 77% by NHS Borders (£0.218m) and 23% by Scottish Borders Council (£0.065m).

The proposed model of provision offers the opportunity for service development and the ability to accommodate not only more individuals within the model, but to introduce Grade 5 accommodation within the Scottish Borders for the first time.

In order to achieve this however, additional investment is required. The projected cost per annum of the new model is detailed below:

Proposed Provision		
Cost Base:		£
Direct Costs:		
Lease of Millar House		86,400
Tenancy Lease Agreement between Eildon and Clients		-
9 Core Grade 4 @ Millar House	328,582	
8 Cluster / Community Visiting @ Various PSH		
Additional Waking Night Grade 5		
4 Grade 5 @ Millar House		
Sleepover Cost		36,310
Cluster Hours Additional Hours		82,830
Cluster Visit Travel		15,000
Void Tenancy Assumption 2/13		50,551
Additional NHS Borders Staffing		97,296
Total Direct Costs		696,969
Direct Costs Funded:		
77% NHS Borders Baseline Funding		415,725
23% SBC Baseline Funding		124,178
Housing Benefit / Tenancy Income to Eildon		86,400
Factor Voids Cost into Rent of Tenants		50,551
SLW Living Wage increase - assume SG will fund		20,115
Total Direct Costs Funded		696,969

As can be seen from the above, there is a significant additional investment required by the new model although offsetting this requirement is the potential for equally significant efficiency savings and in non-financial terms, improved outcomes for individuals.

The new model of care will now be able to accommodate 21 individuals across both Grade 3 and 4 accommodation, together with the introduction of Grade 5.

The new model of care is projected to cost £0.697m per annum. Maintaining the same cost-sharing arrangement between partners that currently exists will therefore require NHS Borders to increase its contribution to £0.416m (an increase of £0.197m) and an increased Scottish Borders Council contribution of £0.124m (an increase of £0.059m).

Targeted Efficiencies

Whilst delivery of the proposed new model requires additional recurring investment, as a direct consequence of its establishment, there are a significant number of potential efficiency opportunities that will directly offset this marginal cost. If delivered, these will enable not only the proposed model to be affordable overall, but additional cost savings to be made.

Potential Targeted Efficiencies			Risk
NHSB	ECR funded Out of Area Placement (1) (Ayre Clinic)	(195,000)	Green
NHSB	ECR funded Out of Area Placement (2) (Ayre Clinic)	(195,000)	Amber
NHSB	Enablement of Reduction in Beds Model at East Brig (2)	(105,033)	Green
SBC	Commissioned Specialist Nursing Home Placement	(47,948)	Green
Total Potential Targeted Efficiencies		(542,981)	

Following the additional investment requirements outlined above and the establishment of the new model of care provision, the ability to not only provide more care in more appropriate settings to more individuals but to enable the opportunity for delivery of targeted efficiency savings also, is created.

The potential for efficiency benefits exists across 3 main areas:

- The repatriation of two individuals currently accommodated in Grade 7 specialist hospital accommodation
 - Currently there are two individuals accommodated within Ayre Clinic. Individual 1 would have a planned discharge to the Scottish Borders in March 2022, followed by a short-stay within East Brig hospital before transfer to Grade 5 accommodation within Millar House – Delivery Risk: **Green**
 - The situation with Individual 2 is more complex, but a planned discharge to the Scottish Borders before March 2023, followed by a short-stay within East Brig hospital before transfer to Grade 5 accommodation within Millar House – Delivery Risk: **Amber**
- A reduction in the bed capacity within Grade 6 East Brig hospital in line with the DOCA+ findings

- Planned reduction from 12 in-patient beds to 10, enabling a smaller clinical staffing model to be implemented – Delivery Risk - **Green**
3. The ability to end a specialist nursing home social care contract for one individual
- Individual accommodated within Whim Hall receiving specialist nursing care could be accommodated within Millar House as soon as facility becomes available – Delivery Risk: **Green**

It is projected that if delivered in full, in total there is the ability to reduce expenditure across each of the above 3 areas by £0.543m. When compared to the additional investment requirement of £0.256m, this opportunity is attractive enabling significant cost-avoidance, cashable saving or the ability to redirect resource in a targeted way elsewhere within care pathways.

Additional Contribution Required NHSB	197,286
Additional Contribution Required SBC	58,929
Additional Contribution Required Total	256,215

Potential Targeted Efficiencies NHSB	(495,033)
Potential Targeted Efficiencies SBC	(47,948)
Potential Targeted Efficiencies Total	(542,981)

In summary therefore, should each component element of the proposal be delivered in full, NHS Borders (across both delegated and non-delegated functions) could achieve a net efficiency benefit of £0.298m. Scottish Borders Council will require net additional investment to be made of £0.011m in order to increase the capacity of the care model and achieve the ability to accommodate individuals in Grade 5 accommodation settings.

Net Costs / (Benefit) NHSB	(297,747)
Net Costs SBC / (Benefit) SBC	10,981
Net Costs SBC / (Benefit) Total	(286,766)

Other Relevant Financial Factors

The NHS Borders Commissioning budget, from where the 2 individuals currently placed in specialist hospital settings are currently funded from, is not, unlike other Mental Health budgets, delegated to the Health and Social Care Partnership. Within this budget however, one individual is funded and therefore progression of the proposal would enable a direct cashable efficiency saving within the Commissioning budget. The placement of the other individual however is currently a cost pressure within the budget and whilst repatriation of this individual would result in direct cost avoidance, it is unlikely that budget could be retracted and the efficiency saving cashable.

There is also likely to be a small up-front capital investment requirement in order to equip the units with the required alarms network. This could take the form of capital grant to Eildon Housing, the landlord of the property and is estimated to cost £0.008m.

Projected Capital Requirement (Non-Recurring)	8,000
--	--------------

As the existing Carr Gomm contract has an historical funding split as detailed earlier in this paper, there is a pressing need for the Health and Social Care Partnership to agree a means and process for funding the health and social care aspects of service provision.

Executive Summary

The Business case has been compiled from the project steering group meetings.

Governance / Reporting: a monthly Highlight report is completed which feeds into the Mental Health Transformation Programme.

The Community Rehabilitation Team care for patients within the Scottish Borders who are described as having a severe and enduring mental health disorder, including psychosis, schizophrenia and Bipolar Disorder. The service commissions Carr Gomm a third sector care service to provide on-going support and care within supported accommodation situated within Galashiels. They also provide care support to those in their own tenancy predominantly within the Galashiels area and are described as a core and cluster model of support.

A recent review of the Galashiels accommodation has deemed the environment no longer fit for purpose and alternative accommodation is required to be sourced. Working closely with Eildon Housing and Carr Gomm, Millar House in Melrose was identified as an improved option and is which this business case is based upon. Indeed this is the only viable alternative accommodation option that has been identified.

The service has taken the opportunity to review the overall care provision and developed an improved model of care by introducing a grade 5 level of accommodation as part of the overall core and cluster model. This is closely based upon the Wayfinder rehabilitation model delivered in Edinburgh and the Tower Hamlet model both referenced within this business case. This improved model will provide us with a graded and integrated health and social care rehabilitation pathway. Grade 5 level accommodation supports individuals requiring enhanced support but do not require the level of support from an inpatient perspective. At present there is no alternative options other than to admit to our local inpatient facility or to expensive specialist out of area hospital beds.

Through modelling we have determined that we can progress to reduce the footfall of our inpatient bed compliment by 2 initially within the first year of the project and following review, it may be possible to further reduce this by another 2 beds in year 2 thus reducing the overall bed compliment from 12 beds to 8. This is in keeping with the national work conducted by Health Improvement Scotland – Reducing Reliance on Adult Mental Health Inpatient Care Pathfinder Programme, in which this project is involved.

On average we require to source 2 specialist out of area placements per year incurring significant cost to the health and social care partnership. With the introduction of the grade 5 accommodation we anticipate that we will be able to reduce the length of stay of these patients within these specialist areas, reducing overall cost. This is supported by the Tower Hamlet model (refer to link in appendix 2, page 21 “Avoided costs through avoided hospital stays”, “Avoided costs through reduced readmission rates” and “Cost efficiencies compared to NHS hospital wards”).

Finance

The current model of care requires increased investment of approximately £0.256m split between NHS Borders (77%) and SBC (23%).

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).

There will be a small non-recurring upfront capital cost of circa £0.008m.

Summary

This business case therefore provides the Health and Social Care Partnership with the opportunity to deliver an enhanced model of integrated community rehabilitation for this client group at an overall reduced cost delivering the projects overall aims which are to:

- Improve the quality to patient care and wellbeing
- Significantly improve the current living conditions for those within supported accommodation
- Further enhance re-ablement to a marginalised population of patients
- Reduce the length of stay and in turn reduce costs for patients placed out of area and allow timely repatriation
- Reduce the reliance on the inpatient care and treatment
- Reduce the costs to Health and Social Care budgets.

Who has been involved / engaged in developing the project to date?
Suzy Asquith Community Rehab Team (CRT), <i>Team manager</i> Julie Waddell <i>Planning and commissioning SBC</i> Dr Joanna Bredski <i>Consultant Psychiatrist NHS</i> Amanda Miller <i>Eildon Manager</i> Karen Law <i>SBC contracts</i> RhonaMcGilp Carr Gomm <i>Manager (support provider in core and cluster)</i> Philip Grieve <i>Service Manager Mental Health</i>

Bias – Advocacy service – supported patient with lived experience feedback (neutral)
 Carer representative
 Simon Burt *Joint Manager JLDS + General Manager Mental Health Services*
 Paul McMenemy *DD of Finance - Business Partner (IJB Services)*
 Gina Allen Project Manager
 Gillian Lewis *Carr Gomm Operations Manager*
 Lisa Clark *Clinical Nurse Manager*
 Gillian Myatt *Senior Charge Nurse (East/West Brig)*
 Local Communications Team
 John Yallop – SBC Finance
 Martyn Housecroft – SBC finance
 Amanda Miller – Eildon HA

Recommendations

- Approval to proceed to implement phase one to move patients to Millar House Bungalows and phase two to introduce Grade 5 supported accommodation at Millar House. (Please refer to proposed model on page 9)
- Support a phased person-centred implementation approach.

The Health and Social Care Partnership to agree a means and process for funding the health and social care aspects of service provision.








➤






Document version control

Version	Date	Summary of Changes	Name	Changes Marked
V1.1	September 2021	First Draft		
V1.2	November 2021	Comments from Julie Waddell		
V1.3	December 2021	Changes after steering group meeting		
V1.4	January 2022	Add financial section		
V1.5	January 2022	Steering group review		
V1.6	January 2022	Revise financial schedule – to include living wage uplift		
V1.7	February 2022	Additional comments		
V1.8	February 2022	Amend financial layout. Added capital in finance section		
V1.9	February	Add paragraph to		

	2022	Rationale for Change		
V2.0	February 2022	Amend Financial layout and investment allocation		
V3.0	February 2022	Proof reading		
V3.1	Feb 2022	Further amendment re future health and social care funding methodology		
V3.2	Feb 2022	Insert National H&SC outcomes		
V3.3	Feb 2022	Inserted updated financials agreed by NHS/SBC		

Appendices

1. Millar House SBAR	 Millar House Melrose SBAR.docx
2. Tower Hamlet Full Report	https://www.housinglin.org.uk/assets/Resources/Housing/OtherOrganisation/ReportedHousing.pdf
3. Patient Questionnaires	 Questionnaires.pdf
4. Risk Matrix	 Risk Level Matrix.docx
5. DOCA+ Results	 2019_October MH Rehab Audit Summary.docx
6. East Brig Bed Occupancy Data	 2021-10-21 East Brig Occupancy.xlsx
7. Step down flow chart	 Mental Health CRT Flow Chart.docx
8. Referral data from Carr Gomm	 Referral Data Core & Cluster 2021.docx

<p>9. Wayfinder PSP Model - Overview of Thresholds</p>	 Wayfinder thresholds.pdf
<p>10. Overview of Wayfinder Graded Support Model and standardised assessments</p>	 Wayfinder Partnership Summary
<p>11. Health Inequalities Impact Assessment (HIIA)</p>	 HIIA Millar House V2.docx
<p>12. Cost and Funding schedule workings</p>	 Cost and Funding schedule workings v2
<p>13. Out of Area Placement Data</p>	 MH Placement Activity (2014 onwarc