

16th August 2016

Transition to Hospital Based Complex Care: Update

1. Background and Purpose

1.1. In May 2015, following an independent review, Scottish Government announced that the provision of Continuing Care by the NHS would end and be replaced by the concept of Hospital Based Complex Care (HBCC), establishing a simple test for eligibility.

'Can the individual's care needs be properly met in any setting other than a hospital?'

The full guidance is at:-

<http://www.gov.scot/Topics/Health/Support-Social-Care/Independent-Living/hospitaldischarge/HBCCC>

1.2. The Board has established a planning process with Health and Social Care Partnerships to plan the services to replace Continuing Care.

2. Proposed Service Changes

2.1. The Board provided Continuing Care beds for frail older people as follows:-

Location	Beds
Fourhills care home	60
Greenfield Park care home	60
St Margaret's	60
Mearnskirk PFI	72
RAH	28
IRH	24

2.2. These Continuing Care beds will be replaced by HBCC provided on our acute hospital sites and extended Community and Care Home services provided by Health and Social Care Partnerships.

2.3. Work underway to develop and implement the new arrangements includes:-

- Assessing the situation of all current patients: We need to decide on which of the following categories a patient fits:-

- Patients who were admitted to former Continuing Care beds after June 2015 who require HBCC and should therefore remain funded by the NHS;
 - Patients admitted to HBCC beds after June 2015 who do not require ongoing NHS care and should be discharged to Social Care, given the proposed transfer of beds this may well be in the same home.
 - Patients in Continuing Care prior to June 2015 who still meet the criteria in the 2008 Circular are deemed the residual responsibility of the NHS but may not require HBCC per the new guidance. We need to decide on an individual basis where these patients will be cared for and be flexible about these as they may be deemed to be in beds transitioning to they would remain fully NHS funded.
- Assessing the number of HBCC beds which will be required on our Acute hospital sites;
 - Transitioning our contracted former Continuing Care beds to the Health and Social Care Partnerships;
 - Developing new models of extended nursing home care and new approaches to clinical support to underpin that approach.
 - Working with Health and Social Care Partnerships to continue to reduce delayed discharges so that we can ensure acute hospital beds are occupied only by patients who require acute care, including HBCC.
 - Developing a new financial framework for the resources which funded NHS Continuing Care;

2.4. We have transition arrangements being put in place which ensure that we can continue to use our former Continuing Care beds while we develop and implement new forms of care.

3. Conclusion

Moving to the new arrangements is complex with the need to deal appropriately with individual patients; reshape contracted services and develop new models of clinical care, in hospitals, in care homes and in the community. This paper has focussed on frail older people, similar work is underway for learning disability, older peoples and adult mental health beds, led by the Health and Social Care Partnerships who are responsible for those beds. Work is also underway to plan the future of the small number of complex physical disability Continuing Care beds provided in NHS facilities.