

NHS Greater Glasgow & Clyde

NHS Board Meeting

Chief Officer, Glasgow City HSCP



Paper No: 19/19

Adult and Older People Mental Health Delayed Discharges

Recommendation

The Board is asked to note the current position in respect of adult and older people mental health delayed discharges, and the actions being taken to improve performance and outcomes for patients.

Purpose of Paper

To update the Board on adult and older people mental health delayed discharges, and the actions underway to improve performance and outcomes for patients.

Key Issues to be considered

Proposed actions to improve hospital discharge arrangements and patient outcomes.

Any Patient Safety /Patient Experience Issues

N/A

Any Financial Implications from this Paper

N/A

Any Staffing Implications from this Paper

N/A

Any Equality Implications from this Paper

N/A

Any Health Inequalities Implications from this Paper

N/A

Has a Risk Assessment been carried out for this issue? If yes, please detail the outcome

No

Highlight the Corporate Plan priorities to which your paper relates

Delayed discharges

Author – David Williams, Chief Officer, Glasgow City HSCP

Tel No – 0141 287 8853

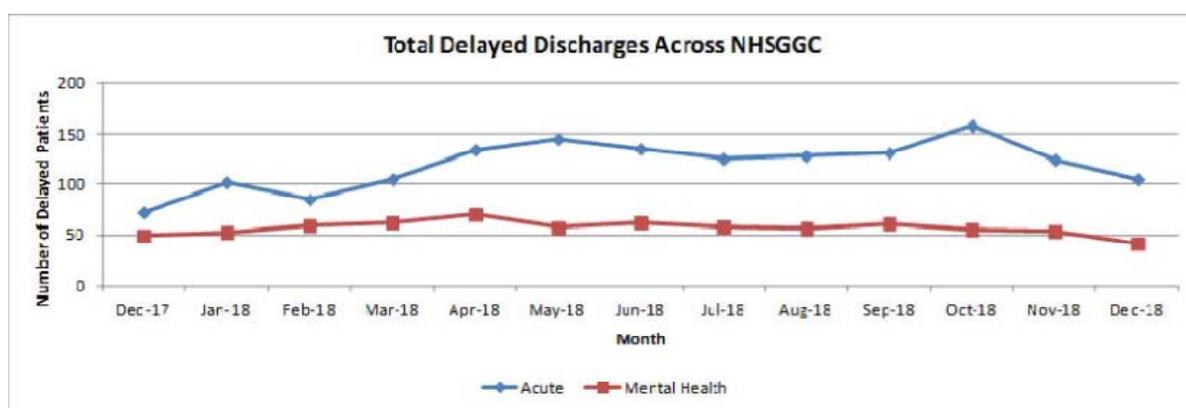
Date – 07 February 2019

1. Introduction

This report will outline the current position in relation to delayed discharges in mental health wards across the Board area. It will specifically focus on the adult mental health delays; older people mental health delays and learning disability delays. The report will outline the work ongoing in relation to tackling delays and bed days lost across the mental health system.

2. Mental Health Delays

The total mental health delays across the Board area in December 2018 was 41. This continued to show a decrease from April 2018, when the reported delays across the mental health system were 70. During 2018 there continued to be a reduction in bed days lost across the mental health inpatient system with the reported figures of bed days lost reducing from 1,907 in March 2018 to 1,442 in December 2018.

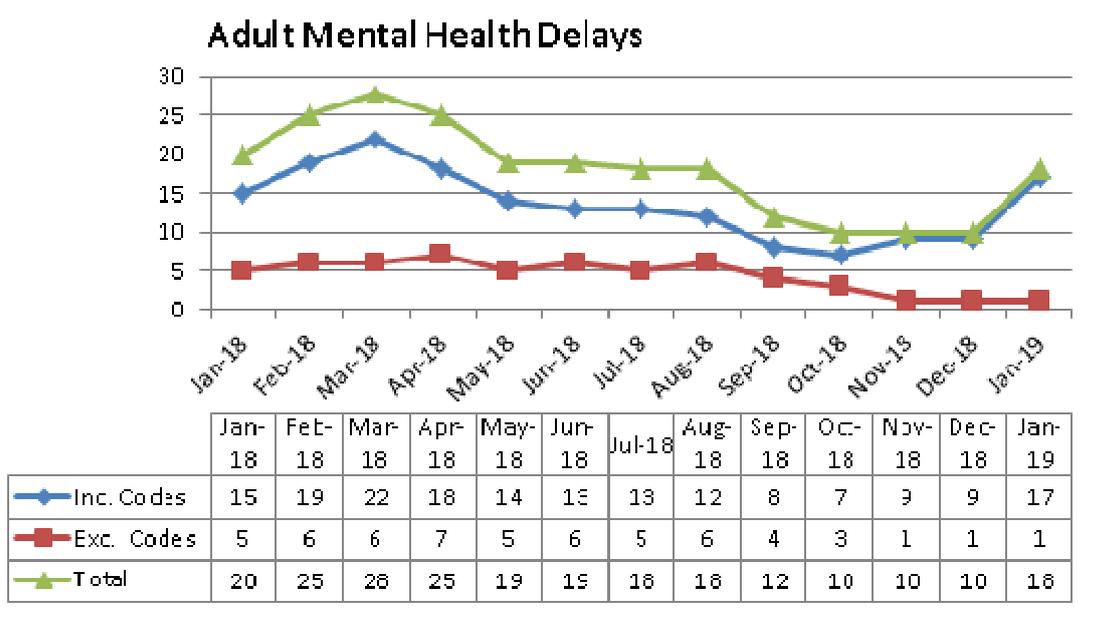


(Source: Delayed Discharge Census Report)

	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18
Total Number of bed days occupied by delayed patients	4,549	4,320	4,332	5,119	5,354	5,795	5,637	5,742	5,769	5,684	5,899	5,161	5,222
Acute Actual	2,963	2,760	2,752	3,212	3,521	3,906	3,896	3,910	4,093	3,965	4,149	3,673	3,780
Mental Health Actual	1,586	1,560	1,580	1,907	1,833	1,889	1,741	1,832	1,676	1,719	1,750	1,488	1,442

3. Adult Mental Health Delays

Within adult mental health wards across NHS GG&C as of 31st January 2019 there were 18 patients whose discharge from mental health inpatients beds had been delayed - a decrease of 7 since the last report in April 2018. Adult mental health delays have remained constant since the end March 2016 where the number of delays were 17. An improvement plan has been developed (see below) to address the needs of patients in both adult mental health services and complex cases delayed in mental healths hospital settings. This includes more robust data on patients' needs to improve commissioning solutions and monitor performance.



(Source: Delayed Discharge Census Report)

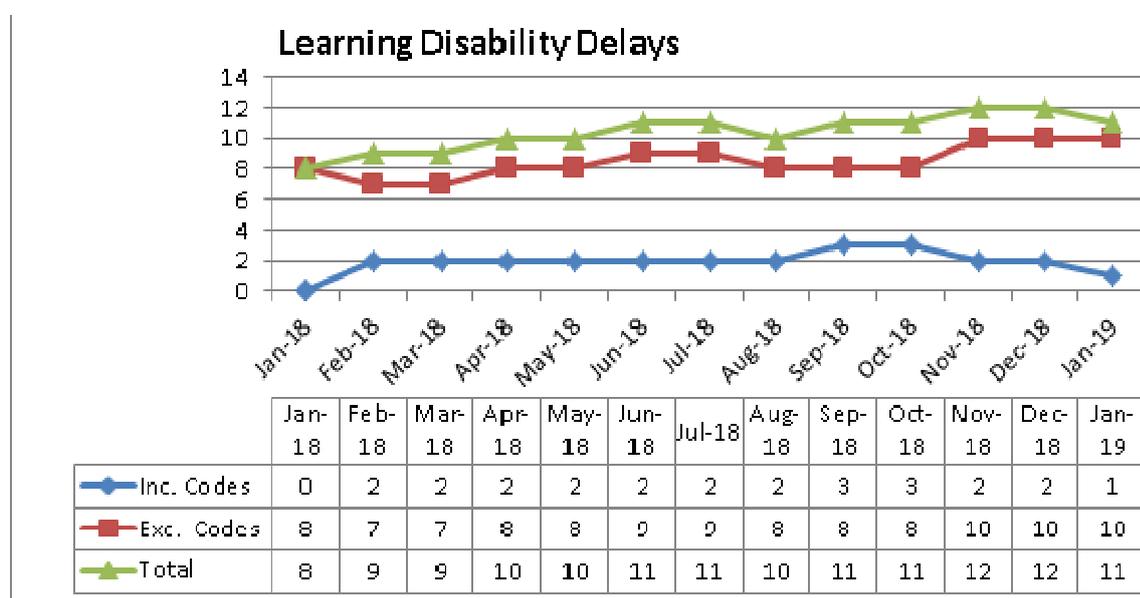
3.1 Adult Delays Improvement Plan

Improving performance and patient outcomes is a key priority for HSCPs. Over the last year Glasgow City HSCP has had a specific focus on adult complex delays (see Appendix 1) including mental health delays. Glasgow City HSCP’s improvement plan ensures robust management around this cohort of patients. In addition, the GG&C mental health 5 year strategy has developed a framework to support individuals to remain within the community and support early discharge from hospital. Glasgow City’s action plan to begin to address delays for this group of patients includes:

- The development of a regular multi-disciplinary team case conference approach to manage each individual patient to secure the most appropriate onward care placement, and ensure a smooth and safe discharge. This is a joint piece of work with the HSCP and colleagues in acute. These case conferences takes place every 2 weeks and reviews the care planning arrangements to support discharge.
- The introduction of a new framework tender for adult social care services which will see the development of a range of alternative and enhanced adult social care provision across the City.
- The development of a new social care resource to monitor and review the adult complex delays across the mental health system which will include:
 - improving the interface with acute services and the community;
 - supporting the development of co-ordinated social care responses to inpatient delays
 - improving access to a range of commissioned supports for adults leaving hospital including supports with enhanced use of assistive technology and improving the interface with acute services and the community;
 - the development of performance metrics to ensure accurate
- Progress on this improvement plan will be routinely reported to Glasgow City IJB.

4. Learning Disabilities

Glasgow City learning disability delays at the end of January 2019 were 11 which is a slight increase of 1 since the last report in April 2018. Glasgow City learning disability delays have remained constant since March 2016 where the number of delays were 11. Specialist learning disability in-patient services are managed by East Renfrewshire HSCP on behalf of all HSCPs. The total number of delays as of February 2019 are 17 including 2 delays from North and South Lanarkshire. 15 of the delays are across three partnerships – Glasgow 11; Renfrewshire 3; East Dunbartonshire 1. The service comprises of a single longer stay unit – Nertherton House, which has eight beds, and two assessment and treatment units - Claythorn Ward on the Gartnavel Royal site and Blythswood House in Renfrew which have 27 beds combined. A redesign of learning disability services has been agreed by HSCP Chief Officers and the NHS Board Corporate Management Team which is led by East Renfrewshire HSCP and informed by a report from the National Development Team for Inclusion.



(Source: Delayed Discharge Census Report)

Within the specialist service there are a number of patients who are currently experiencing extended delays. Similar to mental health these patients have significant complex care needs (see Appendix 1) and can present immense challenges to care providers as a result of their complex behaviours. There are limited examples of robust specialist care home provision of the type required to support adults with the most complex needs across Scotland. There are nevertheless some examples of successful residential and supported living services which are able to support adults with complex learning disabilities and challenging behaviours.

Three individual Partnerships have a small numbers of delays with Glasgow City HSCP having the largest number. The HSCP is working closely with East Renfrewshire HSCP to identify, develop and commission supported living models that will enable these patients being cared for safely and with an improved chance of reduced future hospital admissions.

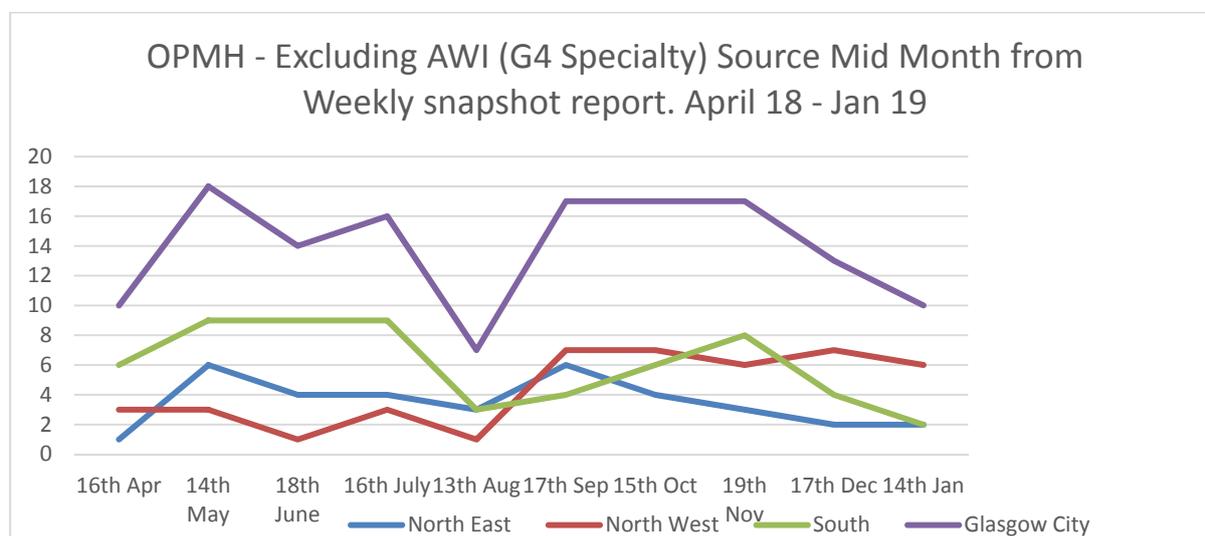
As a result of the complex profile of these patients, Glasgow City IJB have agreed the tender for a specialist learning disability residential unit for the City which will see the transfer of delayed patients from the learning disability long stay wards a small number of patients currently delayed within the assessment and treatment wards to this new facility. In addition a range of commissioned services will be developed in line with the City's new framework tender for adult social care services, to support patients who can move to an adult social care resource within the community.

As a result of the service redesign led by East Renfrewshire HSCP, and the Glasgow City HSCP commissioning programme, a transformed service model will deliver improved outcomes for service users and a significant reduction in patients whose discharge is currently delayed.

5. Older People

Graph 3 shows the delays performance up to January 2019 for those aged over 65, in older people mental health wards. These figures show that OPMH numbers have oscillated during the year and are now lower than earlier in 2018. As of January 2019 10 people were delayed in older people's mental health wards. In March 2016 the reported delays in older people's mental health wards were 24.

Glasgow City HSCP continues to robustly manage performance for all OPMH delays with regular review and scrutiny on a case by case basis, as part of its weekly Operations Meeting. The OPMH component of the Five Year Mental Health Strategy will also bring a strategic focus to how the in-patient resource can be utilised more efficiently, which will include an improvement plan in relation to delayed discharges.



6. Recommendation

The Board is asked to note the current position in respect of adult and older people mental health delayed discharges, and the actions being taken to improve performance and outcomes for patients.

Case Study 1:

Mr. A has complex learning disabilities and Autism. He has been classified as a delayed discharge patient for over 4 years and has been subject to a direction regarding discharge from the Mental Health Tribunal Service. He lacks decision making capacity. His parent is his Welfare Guardian and is actively involved in his life and Care Planning arrangements.

Mr. A requires a robust living environment with Autism specific design features including flush lighting, passive heat sources, anti-fracture glass, tough furniture, secure and alarmed entry and egress points, and full visual sightlines to facilitate constant observation.

Mr. A requires support with all aspects of personal care, daily living skill support and the management and administration of medications as required. This includes full support to allow him to engage in his community including interpersonal risk management plans and proactive interventions to maintain his safety including the use of restraint. Mr. A will require full support to manage his personal space and interactions and constant staff presence to ensure his safety.

Mr. A can present with very challenging needs that require physical intervention in the form of restraint. From 2009 until his last community placement in 2011. He experienced ten changes of accommodation due to destructive and physically challenging behaviours towards support staff, service users and others, resulting in placement breakdown. His final community placement broke down in March 2011 when a very experienced care provider was unable to safely manage his physically aggressive behaviours or keep staff and others safe. Mr. A has been in a hospital setting since this time and had been delayed discharge over 4 years.

Significant efforts have been made over the last 4 years to source a suitable service with Providers from the 2015 Framework Agreement for Selected Purchased Social Care Supports within Glasgow, and services out with Glasgow that can meet the specific needs of Mr. A and is amenable to the Welfare Guardian. This has not been successful.

One well-known Provider organisation have offered a suitable property in the West of Scotland that was previously developed for a young person leaving secure care.

The bespoke building design and Autism specification is suitable to meet Mr. A's needs – the property offers a robust and safe environment. The accommodation is suitable for two individuals, and has been developed specifically to meet the sensory and environmental needs of individuals with profound Autism and sensory processing difficulties. Staff are appropriately trained to meet his needs and are experienced practitioners. The service will be delivered under the Care Inspectorate registration for organisation registered within the relevant local authority outside Glasgow City.

The cost of the service is £322k per annum recurring. This gives a notional (3 Year) contract value of £966k. The hourly rate for care for this service is set at the host authority agreed rate of £17.66.

Case Study 2:

Mr. B has a profound Learning Disability, with very challenging behaviour. He has visual impairment with spatial difficulties which results in him falling on uneven and unfamiliar surfaces. He has been in a Tier 4 Assessment and Treatment bed since 2011 and is classified as a delayed discharge.

Mr B lacks decision making capacity. He is currently under a Compulsory Treatment Order and there is a plan for Glasgow City Council to make a guardianship application. Mr B requires a robust living environment as he was previously in a placement with 24 hour care and despite significant intervention the placement broke down when staff were unable to manage his behaviour. An experienced and fully trained staff group are an essential feature of any proposed new service.

Mr B requires support with all aspects of personal care, daily living skill support and the management and administration of medications as required. This includes full support to allow Mr B to engage in his community including interpersonal risk management plans and proactive interventions to maintain his safety including the use of restraint. Mr B will require full support to manage his personal space and interactions and constant staff presence to ensure his safety.

Mr B can present with very challenging behaviour that requires physical intervention in the form of restraint. Since the age of 18 Mr B has exhibited behaviours that have resulted in him being considered a significant risk to others as well as himself. Management of his behaviour has required interventions from up to 4/5 staff at a time and although these behaviors have reduced there are real concerns that Mr B will struggle with the move to a new service and there may be a resumption of these behaviours, at least initially.

Significant efforts have been made over the last 4 years to source a suitable service with Providers from the Framework Agreement for Selected Purchased Social Care Supports within Glasgow, and services out with Glasgow that can meet the specific needs of Mr B.

One well-known Provider organisation have offered a suitable property in the West of Scotland.

The bespoke building design is suitable to meet Mr B's needs – the property offers a robust and safe environment. The accommodation is suitable for two individuals. Staff are appropriately trained to meet their needs and are experienced practitioners.

The cost of the service is £200k per annum recurring. This gives a notional (3 Year) contract value of £600k. The hourly rate for care for this service is set at the host authority agreed rate of £17.66.

Case Study 3:

This individual is not a hospital delayed individual but is presented in order to demonstrate the competing demands on Health and Social Care Partnerships and the work undertaken in order to prevent the need for hospital admission and subsequent delays.

Mr. C is a 21 year old man with a severe Learning Disability, Autism, and Epilepsy. He currently resides within a Children's Residential Unit in the West of Scotland. Mr. C transitioned from a previous unit to his current residence in September 2013 and is only able to remain there because of a temporary Care Inspectorate variation to the Providers (age) registration. Mr. C is supported well within the unit but due to registration requirements as a Children's Service he needs to move on to a more suitable adult provision. There has been a timeframe set by both the unit and the Care Inspectorate of end of February 2019.

There is very limited involvement of his wider family in his life.

Mr. C lacks decision making capacity – the local authority where he resides holds Welfare Guardianship Powers. These powers will transfer to Glasgow following repatriation.

Mr. C requires a high level of support and supervision and a calm, low arousal environment in which staff have experience in Autism, epilepsy and challenging behaviour. It is important that he is supported in an autistic specific care model and that all assessments, support and communication strategies are person centred to his individual needs. Mr. C requires 2-1 support at all times when in the community due to the risk he presents to self and others. Due to his behaviour presentations he will require a waking night staff member to meet his care needs throughout the night.

A range of service options have been explored for Mr. C including specialist residential care and robust supported living vacancies within a shared setting. The Residential service deemed Mr. C's interpersonal risks to others too high to manage safely in their environment. Similarly the shared supported living service assessed the Interpersonal risks and behaviour dynamic unmanageable in a shared living environment.

A Housing Association in Glasgow have offered a *single person bungalow* within their property portfolio in the city. The property will require some Autism specific adaptations including reinforcement of walls, soundproofing, close fitting lighting, anti-fracture screening on all glass surfaces, and security locks on doors and windows.

A 2019 Framework Agreement for Selected Purchased Social Care Supports provider has been identified as the service provider with appropriately skilled and competent staff to deliver the model of social care supports Mr. C requires. The organisation have a good reputation for being able to support adults with complex needs.

The cost for this service will be c£221K recurring. This gives a notional (3 year) contract value of c£663K.