

**Title/Subject:** NHS Forth Valley: Service Cases for Change  
**Meeting:** Integration Joint Board  
**Date:** 7<sup>th</sup> October 2016  
**Submitted By:** General Manager - Community Services  
**Action:** For Decision

## **1. Introduction**

- 1.1 NHS Forth Valley has developed two proposals for service change, the first involves the planned and incremental reduction in inpatient beds at Lochview Inpatient Unit with repositioning of the workforce to meet the needs of the more complex clients within the remaining Lochview beds. The second involves the development of a local service for female patients with complex mental health needs, enabling the return of patients currently treated in facilities outwith NHS Forth Valley.
- 1.2 While both proposals will deliver better and more appropriate services to patients, they will also deliver cost reductions, contributing to savings plans. Both these proposals are part of NHS Forth Valley Financial Plan.
- 1.3 Both service changes relate to Forth Valley wide services and require to be considered by both Health and Social Care Partnerships in Forth Valley.
- 1.4 For Lochview, the proposed bed closures will result from the planned discharge of patients to community placements. These include patients from Falkirk whose care will be supported by a commissioned package of care.

## **2. Recommendations**

- 2.1 The Integration Joint Board is asked to:
  - Approve the cases for change in relation to the proposed bed reductions and day service/outreach development.
  - Note that cases for change relate to both Health and Social Care Partnerships in Forth Valley.
  - Note the implication for other elements of the IJB budget arising from the planned discharge of patients from Lochview.

### **3. Background**

#### **3.1 Lochview Inpatient Unit: Case for Change**

- 3.1.1 Lochview is an admission and treatment unit for people with a learning disability. The unit has 26 beds, significantly more than national benchmarking would suggest is required for the Forth Valley population. The national learning disability strategy is clear that the NHS should not be providing long term care for patients and clinicians locally are keen to develop more proactive and robust specialist alternatives to inpatient stay such as day hospital services and outreach provision to support people to remain in their own homes or in community placements.
- 3.1.2 There are a number of patients in Lochview who have been delayed in their discharge and whose discharge is being actively planned in collaboration with the respective local authorities including Falkirk Social Work Services. This process will enable NHS Forth Valley to increase capacity for Learning Disability day cases increasing the capacity of Lochview overall.

#### **3.2 Trystview Low Secure Female Unit**

- 3.2.1 Currently, there are no local facilities for the treatment of female patients who have complex mental health needs and require low secure service provision.
- 3.2.2 Low secure provision is not available in NHS facilities elsewhere in Scotland and patients who need this service require to be treated in out of area private hospital facilities.

### **4. Case For Change**

#### **4.1 Lochview Inpatient Unit**

- 4.1.1 This proposal aims to reduce the numbers of inpatient assessment and treatment beds at Lochview to be closer to the national benchmark for inpatient beds which is around 12-14 beds. This proposal would be implemented incrementally over two years with the first phase a reduction of 6 beds by the end of this financial year.
- 4.1.2 This change, when complete, will achieve cost reductions in Lochview of approximately £500k over 2 years. It is proposed that 50% of this cost reduction will support the financial plan and 50% will be used to ensure that the baseline establishment of staff within the remaining 3 Houses at Lochview is increased to ensure safe provision of care for the more complex patients who remain in Lochview and to develop a day service and outreach services, based from Lochview. This will

provide more robust clinical support to care providers and Community Services to maintain people at home or in their supported placement.

- 4.1.3 The national and local context for this change is that people with learning disabilities have the right to the same opportunities as anyone else to live satisfying and valued lives, and to be treated with dignity and respect. They should have a home within their community, be able to develop and maintain relationships, and get the support they need to live healthy, safe and rewarding lives. NHS Forth Valley has been working with the three local authorities in Forth Valley to develop new models of care and commissioning strategies for people with learning disability and this proposal links with the Falkirk Council Learning Disability Review.
- 4.1.4 Plans are well advanced with local authorities for the ongoing care of a number of patients who have been subject to a period of discharge planning providing a positive outcome for patients and addressing the Mental Welfare Commission report “No Through Road” (2016). This highlighted that, at the time of their visit to Lochview, there were 32% of patients delayed in their discharge (patients reported as code 100).
- 4.1.5 Workforce plans to address the impact of this development are well developed. Workforce changes will be managed by a combination of vacancy management, forthcoming staff retirements and the increasing of basic staff establishments within Houses 1, 2 and 3. Staff side colleagues have been involved in the planning and Lochview staff are supportive and enthusiastic about the opportunity to enhance learning disability services.

## **4.2 Trystview Low Secure Unit**

- 4.2.1 Currently there is no female low secure inpatient unit within NHS Forth Valley mental health services, other than within the small mixed sex Intensive Psychiatric Care Unit in Forth Valley Royal Hospital which is suitable for time limited, acute admissions, but cannot provide medium to long term rehabilitation or the specialist psychological, therapeutic interventions required by this patient group.
- 4.2.2 This female patient group has complex needs. They often have borderline personality disorder traits, with associated emotional instability, impulsivity, repeated self harm and challenging behaviour. As a group they are vulnerable to exploitation. To manage them appropriately they require a highly trained staff unit with staff trained in psychological therapies, supported by psychology and psychiatry colleagues to manage behavioural dynamics and deliver therapeutic interventions.
- 4.2.3 NHS Forth Valley has experienced a change in the population of Trystview ward, which is currently the open slow stream rehabilitation facility. This has enabled one of the units in Trystview (6 beds) to be

made available for the development of a low secure unit. Additional workforce will be required to staff the unit, the cost of this will be offset by a reduction in the cost of purchasing out of area placements.

- 4.2.4 Development of this specialist local unit would allow the return of 3 patients currently being treated outwith Forth Valley and reduce the future use of out of area placements. This would allow treatment nearer to home and would facilitate better community testing and reintegration within the local community, as part of successful discharge planning.
- 4.2.5 To enable this facility to be developed as a discrete unit, NHS Forth Valley is making available around £160k of capital funds to create a 6 bed unit to the standards required for low secure mental health provision.
- 4.2.6 This will be one of only two units being planned in Scotland and other Health Boards are likely to be interested in using the unit as part of a future phase of development of this service.
- 4.2.7 This development will deliver better outcomes for patients and will make a net financial contribution to the financial plan estimated at £250k when patients are returned from out of area.
- 4.2.8 Planning for enhancing the workforce for the new unit is well developed. Timescales for implementation are dependent on completion of the capital works but are likely to be early in 2017.

## **5. Conclusions**

- 5.1 These cases for change will deliver positive improvements to services for patients, will facilitate changes in models of care that will have whole partnership benefits and will support the financial plan.

### **Resource Implications**

Proposed savings are Forth Valley wide and are included in the Health Board Financial Plan for 2016/17. Minimal savings will be achieved in year due to the timing of the planned changes and the risk associated with this and the net impact on the IJB budget associated with reprovisioning care for the patients being discharged is detailed in the IJB financial report. Savings will be allocated to each Partnership in accordance with the agreed budget model. Inpatient services currently sit within the 'set aside' element of the IJB budget. As the Lochview Service is redesigned, a revision in the direction will be required to be considered in due course to vire resources from the set aside budget to the operational budget.

### **Lochview Inpatient Unit:-**

Each client who is delayed in their discharge in Lochview will have a full multi-disciplinary assessment carried out detailing appropriate needs including accommodation and care package which will then be taken to Learning Disability Resource Panels for approval. There are 3 Falkirk clients whose discharge is being planned with expectation of discharge by end of March 2017.

### **Trystview Low Secure Unit:-**

The capital required for the Trystview proposal will be made available by NHS Forth Valley therefore there will be no impact on IJB budgets.

### **Impact on IJB Outcomes and Priorities**

Both proposals are consistent with the strategic direction of the partnership, supporting more people to be cared for at home or in a more homely setting and providing more appropriate care and support to a vulnerable client group.

### **Legal & Risk Implications**

#### **Lochview:- Risk to Patient/Client**

There is a risk of detriment to the health and well being of patients who are deemed clinically ready for discharge staying within hospital.

#### **Lochview:- Risk to Organisation**

There would be sub optimal use of resources if this proposal did not proceed.

#### **Trystview:- Risk to Patient/Client**

There would be no potential to treat patients closer to home.

#### **Trystview:- Risk to Organisation**

If we do not proceed we will continue to incur significant cost per annum on out of area low secure female patients in private units.

### **Consultation**

Medical and nursing staff have been consulting with patients and their families regarding the Lochview change. A robust multidisciplinary team process is in place in Lochview to plan the discharge of patients in which patients and families are fully involved. The multi-disciplinary team fully support this change and agree that it is in the best interests of the individuals involved.

## **Equalities Assessment**

NHS Forth Valley Standard Equality Impact Assessments have been completed and is attached.

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Approved for Submission by: Kathy O'Neill General Manager NHS Forth Valley

**Date:** 12/09/2016

**List of Background Papers:** The papers that may be referred to within the report or previous papers on the same or related subjects.

# NHS Forth Valley Standard Impact Assessment Document (SIA)

Please complete electronically and answer all questions unless instructed otherwise.

## Section A

**Q1: Name of EQIA being completed i.e. name of policy, function etc.**

**Reducing In –patient Learning Disability Beds and Enhancing Community Services 2016**

**Q1 a; Function** ☐ **Guidance** ☐ **Policy** ☐ **Project** ☐ **Protocol** ☐ **Service X** **Other, please detail** ☐

**Q2: What is the scope of this SIA**

NHSFV ☒ Service Specific ☒ Discipline Specific ☐ Other (Please Detail) ☐  
Wide

**Q3: Is this a new development? (see Q1)**

**NO**

**Q4: If no to Q3 what is it replacing?**

This service change proposal is being undertaken to ensure that patients who are delayed in their discharge from Lochview are provided with the opportunity to live in a homely setting, while ensuring that there is a robust community service available to support them in their new environment. In-reach and out-reach support will also be provided to assist with developing individual skills with activities of daily living and supporting the transition from hospital to their new home environment.

**Q5: Team responsible for carrying out the Standard Impact Assessment? (please list)**

Marlyn Gardner, Interim Service Manager  
Lynn Waddell, Equality and Diversity Manager  
Kathy O'Neil, General Manager

**Q6: Main person completing EQIA's contact details**

Name:

Marlyn Gardner

Telephone Number:

01324 614657

Department:

Community Services Directorate,  
NHS Forth Valley

Email:

marilyn.gardiner@nhs.net

**Q7: Describe the main aims, objective and intended outcomes**

There is universal agreement amongst users of services, their carers and staff across all partner agencies to establish a wider and a more responsive range of community based services ensuring people with a learning disability can lead more independent lives. This set against the context of the need to deliver 6% cash releasing efficiency savings. It is therefore proposed to incrementally reduce the number of available in-patient NHS learning disability beds which will deliver recurring cash savings that in part will assist in:

- Meeting the changing local need by providing more appropriate and sustainable community services;
- Strengthening community based services by shifting the balance of resources from hospital to community;
- Delivering the national policy agenda, in particular, ensuring that no individual should live out their life

within hospital accommodation, irrespective of their age or disability;

- Ensuring consistent with the rest of the country in terms of provision of in-patient care in noting that NHS Forth Valley has higher numbers of inpatient learning disability beds compared with other Boards. This in part was due to the closure legacy of the Royal Scottish National Hospital (RSNH). At the time of building Loch View, there was no benchmark as to the required number of beds.

Following the closure of RSNH in 2003, Loch View NHS Forth Valley's Inpatient Learning Disability Assessment and Treatment Unit was opened. This is a 26 bedded facility comprising of 4 separate houses (3 discrete 6 bedded houses with a further 8 bedded house). This planned design of 4 discrete houses with the interlinking of houses 2 and 3 offers enhanced opportunities for future redesign options and flexibility in terms of addressing clinical risk, vulnerability and compatibility of patients.

Due to the unavailability of appropriate community services, a significant number of the present patient population of Loch View are delayed in their discharge. This includes 8 individuals who had been long term patients of RSNH.

It is proposed to undertake an incremental 2 phase approach to the decommissioning of in-patient beds. This would involve utilising 50% of the revenue resource released to savings with the other 50% retained for reinvestment to enhance community support. This would first commence with the closure of House 4, namely decommissioning 6 inpatient beds by the end of March 2017. The focus would be on moving on those individuals who have been agreed, recorded and coded as being delayed in their discharge.

The existing facilities and resources will therefore be redesigned to develop a proactive day assessment and treatment service model which will provide an alternative to in-patient beds. Such provision would also potentially facilitate timely discharge those individuals delayed in their discharge.

The second phase will explore the decommissioning of further delayed discharge beds thus ensuring NHS Forth Valley has in place more robust and effective community based services and NHS Forth Valley is consistent with the rest of country in terms of the numbers of in-patient beds.

## **Outcomes**

People with learning disabilities have the right to the same opportunities as anyone else to live satisfying and valued lives, and to be treated with dignity and respect. They should have a home within their community, be able to develop and maintain relationships, and get the support they need to live healthy, safe and rewarding lives.

Admissions to hospital should only be necessary for specialised assessment, investigations and treatment. Community health specialists and social care services should provide holistic person centred care in partnership with community care providers at home or in a homely setting. Unnecessary delays in discharge from hospital for people with a learning disability can potentially result in:

- Institutionalisation and de-skilling of practical daily living skills;
- Exacerbation of challenging behaviours due to the restrictive nature of the hospital environment;
- A sense of disconnection from family, friends and usual social networks leading to boredom, loss of confidence, hopelessness, and depression;
- Increased susceptibility to healthcare associated infection and delirium;
- Additional stress for family carers who have to spend time and money on regular, frequent visits to a hospital that may be some distance from home.

Alternatively providing the optimum hospital beds and robust community services will enhance the individual needs of people with a learning disability by:

- Reducing length of stay in hospital following completion of in-patient assessment and treatment;
- Optimising recovery and promoting rehabilitation and independence within a homely environment;
- Building self resilience and confidence in dealing with crisis;
- Maintaining social networks by avoiding unnecessary lengthy hospital stay;
- Ensuring adequate support is available at the point of discharge providing continuity of care and reducing



re-admission;

- Delivering targeted services that meet the needs of the growing population of people with longer term and often complex needs by ensuring that resources are used effectively and efficiently

**Q8:**

**(i) Who is intended to benefit from the function/service development/other (Q1) – is it staff, service users or both?**

Staff ☐ Service Users ☒ Other ☐ Please identify \_\_\_\_\_

**(ii) Have they been involved in the development of the function/service development/other?**

Yes ☒ No ☐

**(iii) If yes, who was involved and how were they involved? If no, is there a reason for this action?**

Comments: Active involvement of patients, carers and their families is sought during the discharge planning process. Speech and Language Therapy and Advocacy support will be offered to individuals if required. Nursing staff are discussing the planned changes with patients and families as they visit the wards. Continuous involvement with patients, carers and their families will be a priority as this change progresses. Active involvement and evaluation will be a core part of this transition process to inform current and future direction.

**(iv) Please include any evidence or relevant information that has influenced the decisions contained in this SIA; (this could include demographic profiles; audits; research; published evidence; health needs assessment; work based on national guidance or legislative requirements etc)**

**Comments:**

**Local profile**

There are currently 12 patients delayed in their discharge from Lochview Hospital. This service change will have 2 phases, the initial phase focussing on the de-commissioning of the 6 beds in House 4 after which a review of the initial phase will take place before moving on to phase 2. Speech and Language Therapy and Advocacy will provide support as required to explain this service change to the patients.

**National Strategic Direction**

The strive for better outcomes for people with learning disabilities, the demographic challenges, workforce issues and the increasing cost of institutional care have led to question the sustainability of the present delivery of care.

Subsequently the Scottish Government has set its strategic direction in terms of shifting the balance of care and resources from institutional to community settings which will be delivered by the integration of health and social care. There is an expectation that it will bring about improvements in health and wellbeing, better person centred outcomes and services will be redesigned to be delivered closer to home.

The Scottish Government's *20:20 Vision* clearly states that by 2020 everyone is able to live longer healthier lives at home, or in a homely setting. There will be a healthcare system where there is integrated health and social care, a focus on prevention, anticipation and supported self management. When hospital treatment is required, and cannot be provided in a community setting, day case treatment will be the norm. There will be a focus on ensuring that people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission.

The national strategy for learning disability, *The Keys to Life* seeks to address the health inequalities facing people with learning disabilities. The strategy also looks at the commissioning of public services to deliver better outcomes for individuals. It has a strong focus on independent living and approaches in relation to accessing housing, education and employment.

## Policy Context

The Government's *DL (2015) 11* guidance on *Hospital Based Complex Clinical Care* and recent changes to the Delayed Discharge Targets emphasise the need to ensure that hospitals should be for people who need specialist short-term or episodic care and, where appropriate, those with long-term care needs should be looked after at home or in the community.

The Mental Welfare Commission Report "*No Through Road*" (2016) highlights NHS Forth Valley Learning Disability In-patients Service had 32% of patients delayed in their discharge. At the time of the Commission's review visit there were 24 in-patients, 8 of whom were recorded delayed in their discharge. It recognised however that this figure was an under reporting of the actual number of patients who are delayed in their discharge.

## NHS Forth Valley Integrated Strategy

The local vision reflects the national strategic direction in terms of supporting people to stay well at home by providing services in the community which minimise the need for admission to hospital. When admission to hospital is necessary, there is a need to reduce the length of time a patient spends in hospital, by enabling earlier discharge including discharge to assess, and by providing greater access to services which will support patients to return home.

More of NHS Forth Valley services will be community based instead of hospital based and there will be a focus ensure to improved access to specialist advice and care in community settings. In order to support patients at home NHS Forth Valley will deliver locality based care with health and social care professionals working as a multidisciplinary team.

### Q9: When looking at the impact on the equality groups, you must consider the following points in accordance with General Duty of the Equality Act 2010 see below:

In summary, those subject to the Equality Duty must have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation;
- advance equality of opportunity between different groups; and
- foster good relations between different groups

Has your assessment been able to demonstrate the following: Positive Impact, Negative / Adverse Impact or Neutral Impact?

What impact has your review had on the following 'protected characteristics':	Positive	Adverse/ Negative	Neutral	Comments Provide any evidence that supports your conclusion/answer for evaluating the impact as being positive, negative or neutral ( <b>do not leave this area blank</b> )
Age	X			All adult population. The service model has the potential to help younger & older adults to access age appropriate and specialist activities or services both for their home and social circumstances
Disability (incl. physical/ sensory problems, learning difficulties, communication needs; cognitive impairment)	X			To implement the service model locally there needs to be a change giving the choice and control back to the individuals and their families, enabling them to have choice in where they live and an opportunity to remain local staying closer to their families and

				community. This means working alongside providers in order to enable services to provide support that meets individual needs either in their own home or for a short time in other local provision until they are able to return home. The community infrastructure supports this approach, plans to develop an outreach service will enhance the current community service.
<b>Gender Reassignment</b>			X	No discrimination or impact identified. Peoples gender identity would be supported on a 1:1 basis with staff trained and informed on patients needs. This therefore ensures that dignity and respect of patient would be maintained at all times. NHS Forth Valley has Transgender Etiquette within the organisation, if additional support is required this will be supported by the NHS FV Equality Manager in the first instance.
<b>Marriage and Civil partnership</b>			X	No discrimination noted. Patients marital status would be considered as part of the care assessment and care planning.
<b>Pregnancy and Maternity</b>			X	No discrimination noted
<b>Race/Ethnicity</b>	X			No discrimination noted. Race/ethnicity is part of individual care planning, staff are trained to work with a diverse community. The service model has the potential to contribute to reducing inequalities and tackling the problems of exclusion by BME people with learning disabilities on the grounds of race. It may potentially create more opportunities for them to overcome the barriers they or carers may face accessing services which meets their needs and identify support which can maintain the patient's independence.
<b>Religion/Faith</b>	X			Positive impact. Patients would be able to continue to practice their faith and their own home environment or with local community members.
<b>Sex/Gender (male/female)</b>			X	No discrimination noted, included in care assessment and care planning.
<b>Sexual orientation</b>			X	No discrimination or impact identified. Peoples sexual orientation would be supported on a 1:1 basis with staff trained and informed on patients needs. This therefore ensures that dignity and respect of patient would be maintained at all times. Respect for individuals

				personal identity should result in a supporting environment for people with learning disabilities where they feel safe discussing their sexuality.
<b>Staff (This could include details of staff training completed or required in relation to service delivery)</b>	X			<p>The process of change to the full modernised service envisaged will require the building of opportunities and service capacity, redesign of the workforce and close attention to the involvement and impact on service users and carers as the changes move forward.</p> <p>Proposed staffing for the modernised service is based upon a profiling of service users, living and family situations, information provided by each local authority area and anticipated future demand. Significant numbers of service users already live in supported accommodation and residential care. It is felt that an individualised approach to supporting many of these patients delayed in their discharge from Lochview could ensure a safe, well planned discharge by developing person centred care plans, working with provider agencies and housing to create a suitable long term home environment which gives an enhanced quality of life to these individuals and a sense of satisfaction to all staff involved in the process.</p>
<b>Cross cutting issues: Included are some areas for consideration. Please <b>delete</b> or <b>add</b> fields as appropriate. Further areas to consider in Appendix B</b>				
Carers	X			<p>Proposal recognises the needs of supporting carers and the impact that caring can have on carers themselves regarding travel etc.</p> <p>The assessments completed on patients would take into account caring needs of patients being transferred back to the community as well as those who support patients who may require more acute care within hospital</p>
Homeless			X	Needs met on 1:1 basis. Assessment of appropriate housing accommodation is an integral part of the discharge planning process.
Involved in Criminal Justice System			X	Needs met on 1:1 basis and used to inform services provided



If you have any queries please contact [lynn.waddell@nhs.net](mailto:lynn.waddell@nhs.net)  
Or call Lynn on 01324 614653

**B: Standard/Detailed Impact Assessment Action Plan**

**Name of document being EQIA'd:**

**Reducing In –patient Learning Disability Beds and Enhancing Community Services 2016**

<b>Date</b>	<b>Issue</b>	<b>Action Required</b>	<b>Lead (Name, title, and contact details)</b>	<b>Timescale</b>	<b>Resource Implications</b>	<b>Comments</b>
06/07/2016	Staff to be informed of plan	Staff Advised of Plan	Marlyn Gardner, Interim Service Manager	Ongoing process	Ongoing drop-in sessions for staff and briefings at staff meetings	Staff feel this is the right thing for patients and are looking forward to the opportunities this change will bring to their practice.
07/07/2016	Information provided to patients, families, carers of change	Service User, Families and Carers advised	Caroline Gill, Senior Nurse, Lochview	Ongoing process	Time for senior staff to advise patients, families and carers of planned change. Support can be provided for this by Speech and Language Therapy and Advocacy	Patients, families and carers involved in process. Commenced with patients in House 4.
01/04/2017	Change in staff profile	Lochview staff to support In Reach and Out Reach Service	Allison Ramsay, Lead Nurse, Learning Disabilities	By April 2017	Utilise staff from House 4 to support this enhanced provision.	Opportunities staff are eager to embrace.
01/07/2017	Review EQIA for accuracy or change on biannual basis for life span of development implementation	Revisit EQIA	Marlyn Gardner Interim Service Manager	After de-commissioning of beds in House 4.	Time for review	Part of ongoing planning.
01/07/2017	Recording of patients protected characteristics. In particular race, religion & belief	Ensure this information is used to inform current or future service provision including gaps in accessing services/care support from some	Clinical Team	Ongoing	Recording and use of information	Patients etc can 'satte' prefer not to answer' if asked about protected characteristic.

		community groups				

Further  
Notes:

Signed:

Date:

01/07/2017