

NORTH LANARKSHIRE COUNCIL

REPORT

TO: Social Work Committee Housing Committee	Subject: The Management of Hospital Discharge Programmes in North Lanarkshire
FROM: Jim Dickie Director of Social Work Gavin Whitefield Director of Housing	
DATE OF COMMITTEE: 11th March 1997	
REF: DM/JD	

1. PURPOSE OF REPORT

- 1.1 This report advises members of the background, principles and management arrangements concerning planned hospital discharge programmes in North Lanarkshire.

2. COMMUNITY CARE RESPONSIBILITIES

- 2.1 Community care is the provision of services and support designed to meet the assessed needs of people who are affected by problems of illness or disability, so that they may live in their own homes or in homely settings in the community.
- 2.2 The NHS and Community Care Act (1991) was implemented on 1st April 1993. One of the main policy objectives behind it was to change the balance of care from that in institutions to that in the community. Reducing levels of long stay NHS hospital care and creating community based alternatives were important elements in meeting this objective.
- 2.3 The new legislation brought new responsibilities for local authorities, principally:
- a lead agency role in the planning and delivery of community care services
 - public funding of all new nursing home and residential care, previously funded by DSS
 - the functions of assessment - the process of identifying an individual's needs - and care management - the arrangement of services designed to meet those needs.

3. REDUCING LEVELS OF LONG STAY NHS HOSPITAL CARE

3.1 Over the past 20 years it has become increasingly unacceptable to expect people with disabilities or illness to live in hospitals, often from infancy or childhood in the case of people with learning disabilities. Dissatisfaction with institutional care arose for a number of reasons:

- ◆ poor quality of life in long stay hospitals
- ◆ lack of opportunity for social and personal development
- ◆ poor and sometimes hazardous buildings
- ◆ occurrence of abuse in institutions
- ◆ widespread recognition that many people resident in hospital could have a much better quality of life if supported in the community.

3.2 Consequently, long before community care legislation, changes in the care and treatment of people with learning disabilities and mental health problems in particular had resulted in major long stay hospital bed reductions. In a local context, the number of beds for adults with mental illness at Hartwood Hospital reduced from 1,658 in 1985 to 508 in 1993 - a reduction of 70%.

3.3 These changes took place with no transfer of resources from Health to Social Work. Community care legislation created the opportunity to greatly enhance the quality of life for many long stay hospital patients, and to do so on a planned basis with proper transfer of resources to fund their care in community settings.

4. HOSPITAL DISCHARGE PROGRAMMES IN NORTH LANARKSHIRE

4.1 There are several hospital discharge programmes currently being implemented in North Lanarkshire. They are:

- ◆ the discharge of approximately 25 people with mental health problems from Hartwood and Woodilee Hospitals.
- ◆ the discharge of up to 80 people with learning disabilities from Birkwood, Kirklands, Lennox Castle and Royal Scottish National Hospitals.

4.2 In addition there are planned reductions (59 beds) in the levels of long stay hospital care for frail older people jointly agreed by the Council and Lanarkshire Health Board. These will not result in any individuals being discharged, but beds will close when they are no longer required.

4.3 No reductions will take place without the following conditions being in put in place:

- ◆ no individual will be discharged without an assessment of their needs
- ◆ individuals will be offered a better quality of life than that available to them in hospital
- ◆ community services must be in place before hospital beds are closed
- ◆ resources released from hospitals must be invested in replacement health and social care services

- ♦ a sufficient level of good quality long stay NHS hospital care must be maintained to meet the needs of those who require this form of care.

4.4 The planned reductions will be accompanied by resource transfer from Lanarkshire and Greater Glasgow Health Boards to Social Work. Between 1997-2000 it is expected that over £4 million will be transferred to fund the direct care costs of people leaving hospital and the creation of community based services that help to prevent future hospital admission. Health Board General Managers remain accountable for this expenditure.

5. PLANNING THE DISCHARGE PROGRAMMES IN NORTH LANARKSHIRE

5.1 Every individual for whom discharge from hospital is considered appropriate will be the subject of a comprehensive assessment involving the person concerned, his or her family, Health, Social Work and Housing staff and the selected care provider.

5.2 The aim will be to provide models of accommodation and care on an individualised basis, with people being supported to sustain their own tenancy wherever possible. Care arrangements will be entirely separate from accommodation and will require to be sufficiently flexible to allow an increase or decrease in support as needs change. In many cases, even where people are living in independent tenancies, the design of care packages will be such that support will be available for up to 24 hours a day.

5.3 The cost of procuring suitable accommodation to deliver the planned discharge programmes as well as establishing housing that will help to prevent hospital admission in the future is approximately £3.5 million. Investment of this scale will necessitate contributions from all key planning partners, including Lanarkshire and Greater Glasgow Health Boards, North Lanarkshire Council and Scottish Homes as well as a significant level of private investment. The respective agencies are in the process of drawing up a viable capital plan.

5.4 The main source of revenue funding is agreed levels of resource transfer from Health Boards to Social Work. Resource transfer relates to long stay NHS bed closures and follows where a transfer of responsibility takes place between Health and Social Work. Supporting people in the community with complex needs is not a cheap option, and the cost of funding care arrangements for people who move out of hospital is frequently more expensive than the care they received in hospital.

5.5 North Lanarkshire Social Work have lead agency responsibility for co-ordinating the Hartwood Hospital discharge programme and South Lanarkshire hold the same responsibility for the Kirklands and Birkwood discharge programmes. Implementation plans are devised and delivered on a local authority wide basis.

5.6 The management arrangements put in place recognise that all joint planning partners have important and distinctive roles and responsibilities in relation to the hospital discharge programmes. These are set out below:

Table1: Key Agency Roles and Responsibilities in Hospital Discharge Programmes

North Lanarkshire Council Social Work Department Housing Department	<ul style="list-style-type: none"> ◆ lead agency responsibility for community care ◆ co-ordination of needs assessment ◆ arranging care and support ◆ commissioning and contracting ◆ revenue funding care packages ◆ assessing housing needs of people in hospital ◆ enabling provision to meet those needs ◆ provision of special needs housing ◆ direct allocation of individual tenancies ◆ adaptations to properties ◆ community alarms
Health Boards	<ul style="list-style-type: none"> ◆ ensuring the health needs of people leaving hospital are met ◆ resource transfer for revenue funding ◆ capital contributions
Scottish Homes	<ul style="list-style-type: none"> ◆ registration & monitoring of housing associations ◆ administration of: <ul style="list-style-type: none"> - <i>Housing Association Grant</i> - <i>Special Needs Capital Grant</i> - <i>Special Needs Allowance Package</i> - <i>Funding of adaptations to housing association houses</i>
NHS Trusts/ GP's	<ul style="list-style-type: none"> ◆ providing and managing health care of people leaving hospital

6. THE IMPLEMENTATION PLAN FOR NORTH LANARKSHIRE

6.1 Jointly co-ordinated commissioning plans have been developed to implement hospital discharge programmes. There has already been a significant amount of residential accommodation commissioned within the authority for people in both care groups. This will continue to be used both for people leaving hospital and those already living in the community. Future commissioning will seek to create a wider range of accommodation and support, with a focus on arrangements which promote individual living.

- 6.2 To date planning for hospital discharge has concentrated on the care of people currently resident in Lanarkshire hospitals. The tables below relate solely to this group of people, though this will be developed as more is known about the needs and wishes of people living in hospitals outwith the authority. The balance of the discharge programme targets will be made up by purchasing from a range of existing residential care and nursing home accommodation.

Table 2: Mental Health Hospital Discharge Commissioning Plan

Year	No. Units	Type	Location
1997/98	6	Supported individual tenancies	Coatbridge/Airdrie
1998/99	8 (+1 staff)	Core and individual supported tenancies	Motherwell

Table 3: Learning Disability Hospital Discharge Commissioning Plan

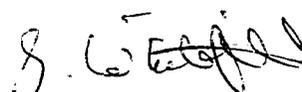
Year	No. Units	Type	Location
1997/98	8	Supported individual tenancies	To be identified
1998/99	6 (+ 1 staff)	Core Tenancies	Airdrie
	6 (+ 1 staff)	Core tenancies	Coatbridge
	12	Supported individual tenancies	Coatbridge/Airdrie
1999/2000	6 (+ 1 staff)	Core tenancies	Bellshill
	6	Supported individual tenancies	Bellshill

7. RECOMMENDATIONS

Committee is asked to note the contents of the above report and endorse the approach described in managing the hospital discharge programmes in North Lanarkshire.



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19th February 1997



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