

**NORTH LANARKSHIRE COUNCIL  
REPORT**

TO: Social Work Committee	Subject:  <b>Implementation of Joint Strategies - Progress Report</b>
FROM: Jim Dickie Director of Social Work	
DATE OF COMMITTEE: 5 October 1999	
REPORT AUTHOR: Duncan Mackay	
REF: DM/AG	

**1 PURPOSE OF REPORT**

- 1.1 The purpose of this report is to advise Committee of progress made to date towards the implementation of joint community care strategies with Lanarkshire Health Board and to seek approval for proposals for future implementation of these strategies.

**2 BACKGROUND**

- 2.1 Introduction of the NHS & Community Care Act (1990) created new responsibilities for local authorities and resulted in major changes in the relationship between local authorities and health boards. In particular this has seen significant reduction in long stay (known as continuing care) NHS hospital provision with replacement social care services being arranged or provided directly by the Social Work Department.
- 2.2 The funding for these replacement services comes from resource transfer ie. monies transferred from health to social work. Resource transfer has to fund the direct care costs of people leaving continuing hospital care and, over time, the costs of developing new community based services for people who may otherwise have entered institutional care. Agreement on the deployment of resource transfer must be reached with Lanarkshire Health Board, whose General Manager remains financially accountable for its use.
- 2.3 Resource transfer paid by Lanarkshire Health Board is divided according to a population split between North Lanarkshire Council (55%) and South Lanarkshire Council (45%).

**3 SERVICE FOR FRAIL OLDER PEOPLE**

- 3.1 The first Joint Community Care Plan produced by Strathclyde Regional Council and Lanarkshire Health Board covered the period 1995- 1998. Prior to that resource transfer totalling £1.5 million was made by the board in payment for the closure of 134 continuing care hospital beds. North Lanarkshire's inherited share of this was £825,000.

- 3.2 The 1995-1998 plan set out a further reduction of 223 beds across Lanarkshire (from 637 to 414). This has almost been fully implemented, with the exception of a remaining 19 beds. There is no active discharge of frail older people, rather beds are closed as they become vacant in agreed locations. Of the 204 beds to close since 1995, 164 are jointly agreed to be the subject of resource transfer. North Lanarkshire's share of this is £1.3 million, £650,000 of which has been previously secured from the Board, reported to Committee and built into budgets. The balance of monies due from the Board are in respect of 87 of these beds, following closures at Cleland, Roadmeetings, Stonehouse and Hairmyres Hospitals, amounting to £650,000. Approval is sought to agree the use of this resource transfer with Lanarkshire Health Board and reflect the outcomes in the Department's budgets. It is necessary to agree this with the Board not only because of the joint nature of strategies but because the Board General Manager remains financially accountable for the use of resource transfer monies.
- 3.3 It is necessary that the use of these monies reflect the Government's objectives for "Modernising Community Care: An Action Plan" which requires local authorities to demonstrate a shift in the balance of care away from institutional forms of provision towards services that prevent admission to care. Whilst it is intended that a proportion of Health Board monies will be used to fund additional nursing home places, it is proposed that the majority will be used on the development of domiciliary and day services. The possibility of allocating some sums to develop joint local initiatives with Local Healthcare Co-operatives is being explored.
- 3.4 In the lifetime of North Lanarkshire Council the Department has used the progressive transfer of funds from the Department of Social Security to purchase an 332 additional nursing home beds. These monies were also designed to fund the development of flexible home care services as an alternative to residential and nursing home care. To date the Department has made less progress than it would have wished in shifting the balance of care away from institutional provision.
- 3.5 Resource transfer from Lanarkshire Health Board has also been the source of funding for a further 97 nursing home beds, resulting in an overall increase in purchasing from 434 to 863 beds. In addition the intensive home care scheme for 30 people has been funded through Health Board monies. In order to meet the requirements set out in "Modernising Community Care" the Department must agree use of outstanding resource transfer with the Health Board to help the Council achieve Scottish Executive targets for supporting more people in their own homes and fewer in institutional care.
- 3.6 Of the 204 beds closed since 1995, 40 have not been the subject of resource transfer. These are 30 beds at Udston Hospital which have been redesignated as rehabilitation beds and 10 beds at St Andrews Hospice for people with terminal illness. The Department has secured a commitment from Lanarkshire Health Board that no further changes in hospital bed designation will be made without joint agreement. Both agencies are currently considering the future function and location of assessment and rehabilitation hospital beds.

#### **4 SERVICES FOR PEOPLE WITH DEMENTIA AND MENTAL ILLNESS IN OLD AGE**

- 4.1 In contrast to the detailed planning described above for frail older people, there has not yet been any jointly agreed programme of continuing care bed reductions for people with dementia and mental illness in old age. It is the case, though, that the pre-local Government reorganisation transfer of £1.5 from Lanarkshire Health Board to Strathclyde Regional Council (referred to in paragraph 3.1) included a reconciliation of bed closures from both geriatric and psychogeriatric settings.
- 4.2 The 1995 Joint Community Care Plan identified 471 NHS hospital beds of this nature. Recent information from Lanarkshire Health Board indicates that 41 beds have subsequently closed or changed function since that time. A joint working group is currently assessing what might be an appropriate balance of care across a range of settings as part of the Mental Health Framework discussions. The outcome of this work will be reported to a future Committee.

#### **5 SERVICES TO PEOPLE WITH LEARNING DISABILITIES**

- 5.1 The 1995 Joint Community Care Plan identified 440 NHS hospital beds for people with learning disabilities in two locations, namely Birkwood Hospital in Lesmahagow and Kirklands Hospital in Bothwell. Of these numbers, 111 were purchased by other Health Boards.
- 5.2 Prior to this there had been a transfer of some people to community settings, funded on a project specific basis by Lanarkshire Health Board. North Lanarkshire's inherited share of this was £420,000.
- 5.3 The 1995 Joint Community Care Plan identified a jointly planned reduction of 122 continuing care beds, referred to as Phase I of the hospital discharge programme. North Lanarkshire inherited a responsibility to arrange discharge for 67 people (55% of the total). It remains to discharge 18 people from this total by the end of the current financial year. Up to 31st March 1999 total resource transfer received from Lanarkshire Health Board in respect of learning disability amounted to £2.1 million. Unlike the strategy for frail older people, resource transfer has been built into the budget to fund the direct care costs of people who have been actively discharged from hospital into fully supported community based services.
- 5.4 The scale and phasing of Phase 2 of the programme is currently the subject of discussion amongst agencies but will proceed on a similar financial framework to that of Phase I. Whilst the details have yet to be established, it is widely recognised that it is not appropriate for most people with learning disabilities to be cared for in hospital. As a provisional planning assumption it is projected that North Lanarkshire will require to arrange around 79 further community based care packages. Resource transfer from future discharges in both phases of the programme would be built into budgets to fund direct care costs of replacement services.

- 5.5 Additionally the Social Work Department is also responsible for arranging social care services for approximately 23 people currently funded by Lanarkshire Health Board in other hospitals, mainly the Royal Scottish National Hospital (RSNH) in Larbert and Lennox Castle Hospital in Lennoxtown, 8 of whom have already been discharged. Furthermore the Council has responsibility for a small share of Greater Glasgow Health Board hospital discharge programme and expects to make care arrangements for approximately 10 people.

## **6 SERVICES TO PEOPLE WITH MENTAL ILLNESS**

- 6.1 The 1995 Joint Community Care Plan identified 434 hospital beds of various designations for people with mental illness, 31 of which were purchased by other Health Boards. The plan sets out a proposed reduction programme of 87 beds.
- 6.2 Prior to this there had been a transfer of some people to community settings, funded on a project specific basis by Lanarkshire Health Board. North Lanarkshire's inherited share of this was £503,000.
- 6.3 Recent information provided by Lanarkshire Health Board indicates that there has been a reduction of 71 hospital beds towards the planned target of 87 beds. North Lanarkshire's share of this programme was 49, of whom 3 remain to be discharged. It is expected that the Council's share of the programme will be completed by October 1999. Up to 31st March 1999 total resource transfer received from Lanarkshire Health Board in respect of mental illness amounted to £1.4 million. As with the learning disabilities programme this has been built into budgets to fund the direct care costs of people who have been actively discharged from hospital into fully supported community based services.
- 6.4 There are currently no jointly agreed plans to further reduce the level of continuing care hospital provision for people with mental illness. As with the programme for people with dementia and mental illness in old age discussions about the appropriate balance of care in all settings are being taken forward as part of the Mental Health Framework agenda.
- 6.5 One of the future strategic planning issues facing Lanarkshire Health Board will be how to modernise in-patient services for people with mental illness and to identify the best locations to deliver such services. In particular this will require the Board to address the appropriateness of continuing to deliver those services that remain from the current Hartwoodhill site.

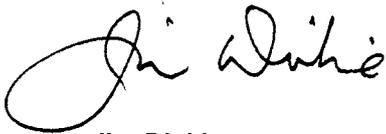
## 7 CONCLUSION

- 7.1 This report provides a detailed analysis of progress towards implementing jointly agreed strategies for frail older people, people with dementia and mental illness in old age, people with learning disabilities and people with mental illness. It illustrates the amount and use of resources transferred from Lanarkshire Health Board to the Social Work Department to enable effective implementation. It summarises the scale of inter-agency planning that has been necessary to achieve the outcomes set out.

## 8 RECOMMENDATIONS

Committee is asked to:

- (i) Approve proposals to further implement joint community care strategies in conjunction with the General Manager of Lanarkshire Health Board as outlined in this report;
- (ii) Note progress to date towards full implementation of all other care group strategies.



**Jim Dickie**  
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15th September 1999

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