

Healthier Communities Select Committee			
Title	Proposal on public consultation to close a specialist NHS Continuing Healthcare Care Home		
Contributor	David Norman, South London and Maudsley NHS Foundation Trust	Item	4
Class	Part 1 (open)	14 January 2015	

1.0 Introduction

- 1.1 The South London & Maudsley NHS Foundation Trust wishes to bring a proposal for the reduction of specialist care inpatient beds to the Lewisham Healthier Communities Select Committee (LHCSC). The proposed service change is to close the last remaining Specialist Care Unit in Lewisham and transfer activity to available SLaM provision in neighbouring boroughs. The unit in question is Inglemere Specialist Care unit located in Forest Hill.
- 1.2 If the LHCSC considers this proposal to represent a significant variation then SLaM will carry out a public consultation on service commencing on the 20th January 2015 with an expectation that the outcome of the consultation will be agreed at the SLaM Board meeting on the 28th April. For the purpose of this paper it is assumed that this change will be viewed as a significant variation and therefore a 12 week full public consultation will take place. All previous SLaM specialist care closures have merited public consultation.
- 1.3 This paper therefore outlines the reasons for the proposed public consultation to be considered by Lewisham Healthier Communities Select Committee. It also provides background information on the current services, mental health needs of older adults in the borough and information on how the change in service can be managed.
- 1.4 The reasons for this proposed change in NHS service provision are that the numbers of places available in the borough continue to be more than is needed. The demand for places in these specialist units has consistently declined over the last 5 years. The decline in demand is due to changes in the provision of service by SLaM, national policy changes and improved developments in community mental health treatment.
- 1.5 In the past twelve months new admission rates have been consistently low due to insufficient demand for these NHS specialist placements. There have been 2 new admissions to the unit in the last year and there are currently 7 empty beds. In terms of health need, an assessment of need conducted on patients in Inglemere Specialist Care Unit suggest that approximately only 2 out of 9 patients require this current level of specialist mental health care. 7 patients were assessed as being suitable for another category of healthcare.
- 1.6 Another factor in proposing a closure the specialist units is that the current service levels in the borough are disproportionately focused at those with higher level mental health needs. Recent evidence based needs assessments indicate there are many more people in Lewisham having low to moderate mental health needs and that sufficient services are not easily available for older people with low to moderate mental health conditions.

- 1.7 From the proposed closure of 16 beds, NHS funding could be released which would be used to support mainstream health and social care services for older people with mental health difficulties in Lewisham. It would allow the development of earlier intervention services for a larger majority of older people with low to moderate mental health conditions. In addition releasing funding would permit investment to support residential and nursing homes to manage people with dementia to a higher standard.
- 1.8 Following completion of the public consultation on the proposed closure of Inglemere Specialist Care Unit, all remaining patients who will require ongoing treatment by SLaM will be reassessed and transferred to alternative SLaM provision. Patients and their relatives will be fully involved if patients are assessed as requiring (and being suitable) for alternative placements. Based on this information, each patient's needs will be taken into account before planned moves are made. The proposed changes will only affect a very small number of patients.
- 1.9 At this point, it is anticipated that there will be minimal redundancies to staff as SLaM will be able to transfer staff affected if the proposal is agreed to alternative services.
- 1.10 It is acknowledged that this is not an easy proposal to consider closing a specialist care unit, as these decisions involve vulnerable, elderly patients. However SLaM and Lewisham Clinical Commissioning Group (CCG) are experienced in delivering this type of service change smoothly. From a provider perspective it is becoming increasingly difficult to continue to run specialist care homes which are unable to be adequately filled with suitable patients.
- 1.11 Lewisham CCG agrees with SLaM that there is no longer the demand for a unit in the borough and that the needs of patients' who require specialist care placements can be met within SLaM provision in other boroughs with a new emphasis on shorter stays and care plans that will enable patients' to be transferred to other facilities within the borough.
- 1.12 Upon considering the details in this paper SLaM and Lewisham CCG would request Healthier Communities Select Committees consideration of the proposals. SLaM and Lewisham CCG would welcome the Committee's views in ensuring oversight scrutiny of these public consultation proposals before the public consultation begins so that they are vigorous enough to ensure the process is proportionate, sufficient and fair.

2.0 Specialist Mental Health Services for Older People in Lewisham

- 2.1 The Mental Health of Older Adults service in the South London & Maudsley NHS Foundation Trust (SLaM) provides specialist mental health services for people aged 65 and over who suffer from a serious mental health condition. In the main, almost three quarters of the people the service looks after will suffer from an acute organic mental health problem such as dementia and the remainder will have a complex and/or acute functional mental health problem, such as depression, schizophrenia or bi-polar disorder. Some service users will suffer from both conditions, for example a common mental illness such as depression as well as dementia. All service users in the SLaM NHS Specialist Care Units will display challenging complex behaviour that requires a period of skilled mental health intervention to stabilize their condition.

- 2.2 SLaM mental health older adults services in Lewisham Borough currently provides the following services in Lewisham. Acute inpatient care for 18 patients in a ward located in the Ladywell Unit at University Hospital Lewisham.
- 2.3 Two Community Mental Health Teams operate in the community to support a maximum of 400 older adults with mental health difficulties in the community.
- 2.4 Since early 2014, Lewisham CCG has commissioned SLaM to provide a 7 day crisis or Home Treatment Team for older people, with a remit to provide intensive community based support to older people in crisis situations with a view to averting unnecessary admission to an acute psychiatric bed. This team will also provide intensive discharge support for patients who no longer require an inpatient stay.
- 2.5 In addition, there is a Mental Health Liaison Service which works within University Hospital Lewisham to assess older adults who may have mental health difficulties.
- 2.6 These services work closely with primary care services, Social Care & Health Services as part of a whole system approach to support the needs of Older Adults with Mental health difficulties. The main focus of all these services is to support older people to live at home and as independently as possible. This is in line with national policy such as 'delivering care closer to home'.
- 2.7 In addition, SLaM provides the Lewisham Memory Service which aims to provide a specialist dementia assessment service for the population of Lewisham. NHS Lewisham has also commissioned a support service for people with dementia provided by Lewisham Mind care.
- 2.8 SLaM also provide the Specialist Mental Health Intervention Team set up in early 2014 with a remit to work with patient's and care providers in residential and day settings. The aim of the team is to undertake assessment and treatment and work with organizations to supporting a reduction of behaviour that challenges, thus reducing the need for unnecessary patient moves providing a better quality of life for patients' living with a diagnosis of dementia. This team has increased the level of support to Care Homes in the borough and is one of the reasons why the activity into Inglemere has reduced, as it has supporting people with difficult behaviours in residential and care home settings. The team is currently supporting approximately 70 service users.
- 2.9 The remaining element of the specialist mental health services provided by SLaM in Lewisham is the inpatient specialist care service. The SLaM Specialist Care Service is a very small, highly specialized part of mental health of older adults' provision in the borough. The service is only available for NHS patients.
- 2.10 Reviews of the current mental health services provided by SLaM have concluded the Community Mental Health Teams, Home Treatment Team and Specialist Mental Health Intervention Team are extremely busy and responding to demand has been challenging. The same statement cannot be applied to the specialist continuing care services provided by SLaM. In fact referrals to this service have been reducing over time.

3.0 SLaM Specialist Continuing Care Services for older people with mental health needs in Lewisham

- 3.1 Patients admitted to the Inglemere Specialist Care Unit are usually well known to mental health services, as they will have been under the care of the specialist services for some time. Admission to this unit will only take place if there are no alternative care options left, mainly due to the patient exhibiting challenging behaviour. The unit does not admit patients under home for life principles, instead the expectation is that once the patient's mental health condition, either a challenging dementia or ongoing psychiatric condition is stabilized and the behaviour is normalized that the patient can be discharged to more suitable long term placement.
- 3.2 There are currently three Specialist Care Units operated by SLaM across the whole SLaM catchment area. The sister units to Inglemere are Ann Moss Specialist Care Unit in Rotherhithe and Greenvale Specialist Care Unit in Streatham. These services have higher rates of occupancy than Inglemere. Ann Moss has an occupancy level of 90% and Greenvale is 75%. One possible reason for this difference is that currently neither Lambeth nor Southwark CCGs commission Care Home Intervention Teams, although these are currently being developed in both boroughs.
- 3.3 The quality of care in the SLaM Specialist Care Units is regarded as high. The homes comply fully with Care Standards and have been registered as Independent Hospitals under the Care Standards Act. They therefore have the capacity to take and detain patients under the Mental Health Act.
- 3.4 Consequently, residents who have stabilised or recovered from serious mental illnesses may find challenging behaviour from other residents quite frightening or disturbing to witness if they remain indefinitely in the SLaM Specialist Care Unit. It is for this reason, a move to a more appropriate unit is essential.
- 3.5 The key success of the SLaM Specialist Care Units is the specialist mental health knowledge that facilitates being able to safely move on mentally ill patients into a standard care home with nursing for older people with mental health or physical health needs.
- 3.6 The benefits to patients who are stabilised moving from the SLaM Specialist Care Units to a standard nursing home are as follows. Standard Care Homes are better able to cater for a wider range of a patient's physical and/or mental health. This may possibly be due to a patient requiring more general nursing component due to their primary need being frailty rather than a serious mental health condition.
- 3.7 SLaM Specialist Care Units are not registered to provide primary physical healthcare interventions.
- 3.8 It is not uncommon for a person's primary need to change over time from a primary mental health condition to a physical health condition. Hence a different type of service will be required for the individual person over time.

4.0 NHS Continuing Healthcare for older people with mental health needs

- 4.1 Access to the SLaM Specialist Care Units is commissioned to meet the needs of clients who meet fully funded NHS Continuing Healthcare eligibility criteria for mental health conditions (also known locally as 'Category One' Continuing Healthcare). This is an important distinction to note as it differentiates patients with the highest level of NHS healthcare need.
- 4.2 Eligibility for fully funded NHS Continuing Healthcare is national, very specific and would not apply to the majority of older adults unless they meet clearly defined eligibility criteria. To establish eligibility, in line with the Department of Health's National Framework for Continuing Healthcare, the healthcare needs of each patient have to be individually assessed by a multi-disciplinary team (MDT) of social workers, nurses and doctors. This is evidenced in a 60 page national assessment form for each patient. The recommendation of the MDT is then ratified by the Lewisham Continuing Healthcare Panel. This process has to occur before a person enters any form of NHS Continuing Healthcare care home to ensure that each person receives the right level of care based on their individual assessed need.
- 4.3 Following placement, a patient will have a review after 3 months and then an annual Continuing Healthcare review to assess if any alterations are needed to their level of care.
- 4.4 Older adults who meet the eligibility criteria for fully funded NHS Continuing Healthcare mental health placements are placed in private/ standard nursing homes which have been registered as providing mental health care for older adults. However, the older adults placed in the SLaM Specialist Care Units are assessed as requiring a higher level of mental health care. This specialist mental health nursing component is above and beyond the level of mental health care that could be provided in a standard care home with nursing.
- 4.5 Other types of fully funded NHS Continuing Healthcare placements are for those patients assessed as meeting 'elderly frail' criteria. Older adults however, will require placements either in care homes, (which are funded following a means test by Social Services) or in care homes with nursing where a contribution from the NHS is made towards registered nursing care (i.e. NHS Funded Nursing Care or funded Nursing Care).

5.0 Changes to National Policies and the resulting local impact

- 5.1 The previous clinical model operated by SLaM was the "Domus" model of care which was developed in the early nineties to provide NHS specialist continuing care services for older people with severe mental health problems. The philosophy of the service was to provide a home for life funded by the NHS, and located in small residential units (the smallest was 12 beds and the largest 16 beds). This service grew out of the major closure programme of the large mental health institutions and the need for long term residents to be placed in a safe environment after years of institutionalized living. In the early 1990s it was seen as an innovative service model, which was underpinned by home for life principles. However, this principle was discarded after 1996 because of changes in National Continuing Care policy and an understanding that there were no clinical benefits to supporting long term institutionalization for patients whose mental

health needs were changing and who required more personalized care that could be provided in different residential settings.

- 5.2 Historically, Lewisham had 56 NHS Continuing Healthcare beds due to a high demand for the units in the early 1990s. This was reduced to 44 beds with the closure of Church down in 2007, and further reduced to 32 beds with the closure of Dillwyn in November 2010 and then to 16 beds with the closure of Granville Park in 2013. The reason for this decreasing demand is because of changes to national policy, which has influenced local demand (see 5.3 below).
- 5.3 In 1996, a significant national policy change occurred to the original model of care and then again in 2006 with the revision of NHS Continuing Healthcare Guidance. This essentially removed the home for life policy for new entrants to Continuing Care Homes. A subsequent revision of NHS National Continuing Healthcare guidance in September 2009 again changed the policy context, and clarified the eligibility criteria for patients entering this level of NHS nursing care.
- 5.4 Other significant national policy drivers that have influenced changes to how care is delivered to older adults are as follows. In 2005, 'Everybody's Business' (2005) aimed to ensure older adults with mental health conditions had access to appropriate physical healthcare needs and to mainstream services based on their need. 'Delivering care closer to home' (2008), placed the focus on health and social care agencies deliver care to older adults in a community setting, ideally at home. 'Personalization' (2008) which requires service users and carers' are given more choice to self-select from a range of service providers for their care needs. Historically, this decision was made by health and social care services on the patient's behalf. Finally a more recent policy driver is the 'National Dementia Strategy' (2009) which highlights a need for earlier intervention services in the community for older people with dementia.
- 5.5 Other policy drivers have been the creation of the London Procurement Project (LPP) in 2009. This project standardized NHS Care Home contracts across London and introduced quality standards across NHS funded Continuing Healthcare Homes. Consequently this has resulted in care homes allocating beds specifically for patients with Category 1 Continuing Healthcare needs for mental health of older adults. This has facilitated more choice and availability of Care Homes for the Older Adults client group that have mental health conditions. In Lewisham, in addition to SLAM services, there are four other NHS Continuing Healthcare Care Home Providers which are specifically registered to cater for the Category 1 Mental Health Older Adult clients. These four providers have a combined capacity to provide 64 additional beds within Lewisham for NHS fully funded Continuing Healthcare for older adults with mental health problems. This may also explain why demand for the SLAM Care Homes has continued to decrease.
- 5.6 Following all the policy changes, the demand has altered. The reasons are summarized as follows.
- Impact of a variety of national policy changes. The revised model of NHS Continuing Healthcare is now more responsive to patients changing needs to ensure they are placed in a suitable environment that clinically meets all their individual healthcare requirements.
 - The old psychiatric institutions have been replaced by a new model of care, and the number of patients has dried up, this has made the Domus model redundant.

- Since 2000 more mental health intervention has been completed in the community. South London & Maudsley NHS Trust has worked with the NHS Lewisham NHS provider services and the London Borough of Lewisham Social Care services to develop enhanced community service to support people with complex mental health problems in the community for longer.
- More recently, other NHS Care Home providers have entered the local market place due to the London Procurement Project. This has increased availability of Category One NHS Continuing Healthcare Care Homes for older adults with mental health conditions.

5.7 As a result of these changes, the need for the SLaM service has changed. The net impact of these changes has seen a general reduction in the need for the type of provision that the SLaM specialist care units has provided. Consequently, since 2000 the Domus specialist care homes service has never been fully utilised, with a proportion of beds left empty. This pattern has continued despite reducing beds. This is the main reason for the public consultation to close the Inglemere Specialist care home.

6.0A Case for Change : Reasons for the closure proposal

6.1 The main reasons for the proposed closure of Inglemere Specialist Care Unit is due to;

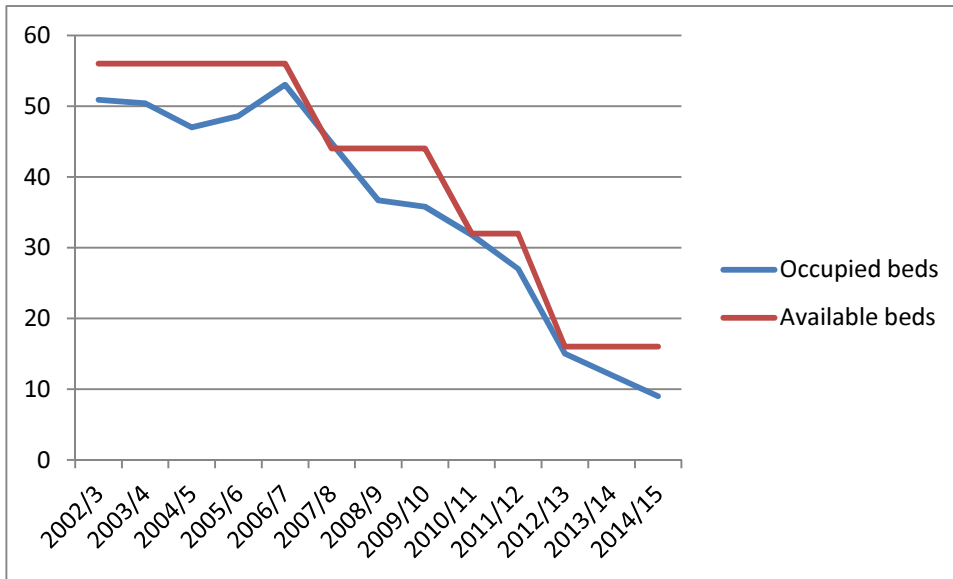
- Decreasing demand for specialist care units.
- An increase of other Continuing Healthcare Care home providers into the local market, which has increased availability of Category 1 NHS Continuing Healthcare beds for Older Adults with Mental Health difficulties via the London Procurement Programme (an increase of approximately 64 additional beds).
- Responding to a range of changes in national policies relating to delivering care to Older Adults.
- Responding to evidenced demographic need in the Borough for more community provision at low to moderate levels for those older adults with mental health difficulties.
- Improved provision at early stages of illness through Specialist Care Home intervention Team.

Each one of these points will be addressed in detail for clarity.

6.2 Decreasing demand for specialist continuing care units. There is no longer an inflow of patients from the closure of the old psychiatric units. Many patients placed from the old institutions in the SLaM Specialist Care units have since died, due to old age. For patients who have not lived in institutional care, advancements in clinical interventions such as medication, therapy and outreach have enabled them live in the community with the support of the SLaM community mental health team. This shift to older adults remaining in the community rather than a residential setting has occurred in Lewisham. These are the main factors which have seen a reduction in demand for patients to be placed in the SLaM specialist care units.

6.3 Since 2002/3 to the present there has been a decline in occupancy in the SLaM mental health of older adults specialist care units funded by Lewisham CCG. Only 9 places are now occupied.

6.4 The decline in usage of these beds over the last 12 years is illustrated in the graph below:



6.5 In the past twelve months Inglemere has operated under capacity and there have been empty beds with only 2 new admissions to the Unit.

6.6 In January 2015, SLaM is required to reassess existing patients who have been in the unit over 12 months against National NHS Continuing Healthcare Guidance. It is anticipated that only a small proportion of the remaining 9 patients in Inglemere will continue to require SLaM treatment and support and therefore the unit will cease to be viable clinically or economically.

6.7 This evidence strongly suggests that there is insufficient demand for this service, particularly when combined with low admissions rates, a high number of empty beds due to low demand, plus a high proportion of existing residents who did not meet the NHS Continuing Healthcare eligibility criteria (at the point in time they were assessed). It is envisaged that due to natural mortality rates over the winter months, there is the possibility that by spring/summer 2015 the units may be approaching unsafe vacancy levels.

6.8 These are the primary reasons that there is no longer the need for Lewisham CCG to continue to commission 16 beds. Therefore SLaM is considering the option of closing this unit and transferring activity to the remaining units in Rotherhithe and Streatham. This will only directly affect a maximum of 9 patients who are currently in the Inglemere Specialist Care Unit.

6.9 Part of the public consultation will ensure existing residents of the continuing care homes and their relatives are fully informed about options available to them. Nevertheless it is important to note that once the public consultation process is completed all the existing patients will need to be re-assessed to determine their level of need. No decisions will be made about moving residents unless there is clear clinical evidence that this would be beneficial to them. Every effort will be made to avoid undue distress to service users and fully involve relatives. SLaM and NHS are experienced at delivering this type of service change sensitively and smoothly.

- 6.10 There has been a range of additional national policies which has changed the landscape for providing care for mental health older adults. The focus over the past 20 years has moved from reliance on delivering interventions in an institutional setting to delivering care closer to home, in order to enable people to be more independent and offer them choice and control over which services to choose.
- 6.11 SLaM, Lewisham CCG and Social Services have responded locally by ensuring that older adults with mental health conditions can safely remain at home. This has been achieved primarily by positive joint working between Social Services and SLaM Community Mental Health Teams, Home Treatment Team and Care Home Intervention Team.
- 6.12 Evidence based demographic needs assessments for Lewisham indicate that there is a greater need for services for people with low to moderate mental health conditions such as dementia.
- 6.13 The currently Lewisham CCG service investment in mental health services is disproportionately invested for those with severe mental health conditions. The evidence appears to suggest that re-configuration of NHS investment should be shifted to earlier intervention services.
- 6.14 The population profile for Lewisham consists of a total of 24,656 older adults over 65 years old. The borough has a relatively younger population compared to the UK average and outer London Boroughs. The age proportion in Lewisham is listed in the table below.
- 6.15 Recent evidence needs assessments conducted by Healthcare for London have helped to give a better profile of older adults mental health needs in Lewisham. Unfortunately, this data focuses on dementia, not the whole range of mental health conditions found in older adults. Nevertheless, it does indicate that local NHS services need to be re-configured in order to address the mental health care needs that would not be defined as having a serious mental illness.
- 6.16 Lewisham is estimated to have a total of 1,781 people with Dementia in 2007.
- 55% (952) are estimated to have mild dementia.
 - 32% (559) are estimated to have moderate dementia.
 - 13% (222) are estimated to have severe dementia.
 - 1.2% (48) are estimated to have early onset dementia (early onset are those aged 30+ to 64)
- Source: Derived from 'Dementia UK' prevalence rates and 2007 GLA populations.
- 6.17 The table below illustrates projected figures for Lewisham from 2005 to 2021 which show that the older adult population with dementia is predicted to remain stable. Lewisham, unlike the national profile, will see a small decrease in the number of people with dementia up to 2021.

PCT	Estimated number of people with dementia, 2005	Forecast number of people with dementia, 2021	Percentage change 2005 to 2021
Lewisham	1,661	1,657	0%
London total	57,716	65,937	14%

Figure 4: Forecast numbers of people with dementia in 2021 compared with 2005, for Lewisham PCT⁵

Figure 4: Forecast numbers of people with dementia in 2021 compared with 2005, for Lewisham PCT

- 6.18 This suggests that the current and future service provision and investment in Lewisham for the dementia client group should be targeted at those with low and moderate dementia. This means that shifting of existing NHS mental health investment away from residential provisions to earlier intervention community provisions may be required to benefit those in need of such services.
- 6.19 NHS Lewisham hosted a dementia planning event in July 2009 which focused on the need to develop strategies to meet the challenges of the National Dementia Strategy. This event comprised of members of the public, voluntary agencies and the statutory services.
- 6.20 The conclusion from this event and the feedback was that although there are good quality NHS services for older people in Lewisham there needs to be further modernisation of services to ensure that the wider needs of older people with mental health needs in Lewisham are met. It was also apparent that such modernisation cannot rely on new investment and will need to be funded from existing resources.
- 6.21 Demand for placements in the continuing care units has continued to decline since 2000. This is due to national policy changes. In addition, there are no longer any admissions from the old mental health institutions following their closure in the 1990s.
- 6.22 Evidence on decreasing beds in the units since 2002 was presented. This was supported by a joint piece of work between SLaM and NHS commissioners which assessed current residents against national eligibility criteria and found that only 52% (23) of patients have a healthcare need requiring them to be placed in the SLaM specialist units. Low admission rates combined with high empty placements and natural mortality rates could tip the balance and result in the specialist care units operating at unsafe levels.
- 6.23 Locally, the NHS Continuing Healthcare Home market providing the same category of residential care has expanded due to the London procurement Project. This has a twofold impact of increasing opportunities for the specialist unit to move suitable clients to local care homes once they have stabilised. Additionally, it increases local competition and choice for service users to choose continuing care homes from a variety of providers.
- 6.24 Finally, demographic needs assessments for the borough suggest that investment for mental health services is required to be invested in earlier intervention services. This would require shifting resources/investment from residential mental health services to community services.

7.0 Proposal

- 7.1 Based on reasons listed above it is requested that Lewisham Healthier Select Committees agrees a public consultation proposal by South London and Maudsley NHS Foundation Trust to close Inglemere Specialist Care unit specialist continuing care home. If implemented, this would result in access to specialist care placements for Lewisham residents moving to facilities in neighbouring London boroughs (Southwark and Lambeth). If this proposal is agreed, this will have a direct impact on 9 patients in the Inglemere Specialist Care Unit who will need to be found alternative placement if the proposal is accepted.
- 7.2 Part of the consultation process would involve detailed discussion with the service users' relatives. The proposed changes would only affect a very small numbers of patients.
- 7.3 Relatives and advocates will be fully involved in these NHS Continuing Healthcare assessments and consulted at every stage of the process. In all aspects of this assessment, where there is a potential change of service for individuals, SLaM will follow NHS best practice guidance on the transfer of frail older patients from long-stay settings. Those residents who lack capacity and/or do not have relatives to support them will be supported by independent mental capacity advocates.
- 7.4 If the decision is made to close Inglemere Specialist Care Unit, any resident qualifying under home for life principals who is assessed and agreed for alternative placement in a non-NHS home will not be charged for their care. This is because these individuals will continue to qualify under arrangements for home for life principles, because of the length of time they have been living there. In these instances, future care costs will be fully met by the NHS.
- 7.5 SLaM has significant experience in clinically managing this level of service change for individuals, having managed similar processes from 2000 onwards.
- 7.6 Transfer of residents will be managed by a specific team of professionals who will assess the needs of residents and take into account factors such as their specific health and social needs and will include discussion with family members where appropriate. They will be supported by the Specialist Care Home Intervention Team who currently works closely with local care providers.

8.0 Financial Issues

- 8.1 The change in the level of continuing care places funded by Lewisham CCG will release approximately £1.3 million into the commissioning budgets. This will provide an opportunity for Lewisham CCG to fund alternative placement for the patients affected by the proposal and to re-invest the remainder in new services in line with their commissioning intentions.

9.0 Consultation Timetable

- 9.1 As the SLaM service is a small specialist one, it is suggested that it would be more appropriate to target the public consultation to a narrower stakeholder group. The reason this has been suggested, is that if the proposed closure was presented to a very broad range of people in the borough who are not familiar with specialist

continuing care units, this may create confusion as the units are not standard care homes suitable for the general population of older adults.

9.2 The broad timetable for the public consultation will be as follows
(Please see diagram titled 9.8 proposals to close a specialist home).

Process	Date
Notify Care Home staff, service users, relatives of proposal for public consultation prior to public publishing of reports by Healthier Communities Select Committee (HCSC)	January 2015
Healthier Communities Select Committee (HCSC) paper for meeting publically published	January 2015
Healthier Communities Select Committee (HCSC) meeting to bring proposal for consideration	January 2015
Feedback from (HCSC) – to incorporate into public consultation before it starts	January 2015
Public Consultation Begins (90 days)	20 th January 2015
Formal 1 to 1 meetings with service users, relatives and advocates.	February – March 2015
Adult Joint Strategic Commissioning Group	February/March 2015
Lewisham Clinical Commissioning Group Executive	February 2015
Formal meetings with Staff and Trade Unions – SLaM to conduct	February – March 2015
Ward Councillors consultation	February/March 2015
SLaM Board Consultation	February 2015
End of Public consultation	10 th April 2015
Preliminary data analysis of public consultation results	Early April 2015
Feedback to SLaM Board	28 th April 2015
Confirm to Healthier Communities Select Committee outcome of formal Consultation	April 2015

10.0 Implications of the Proposal

10.1 If the proposal is agreed and implemented there will be obvious implications for staff. However it is envisaged that minimal redundancies will occur for clinical healthcare staff as there are a number of vacancies within other parts of SLaM.

10.2 There are approximately 24 whole time equivalent staff working in the specialist continuing care unit and if a decision to close this service is made then these posts

will be at risk. However, SLaM anticipates that the majority of staff will be offered suitable alternative employment. The breakdown of grades is provided below:

grade	Whole Time Equivalent (WTE)
7 (acting)	1
6	1
5	6
4	1
3	0
2 HCA	9.82
2 support staff	3.23

10.3 As part of the consultation, staff and their unions will have the opportunity to discuss the proposals. Subject to the outcome of the consultation there will also be a separate staff consultation process to address the employment issues for those affected by the change.

10.4 It is anticipated that there will be continued employment opportunities for the staff affected by this proposal.

10.5 If the decision is made to close the service, the facility will be deemed by SLaM to be surplus to requirement and offered to partner organisations for use. If it is subsequently not required for public sector use it will be placed on the market for sale under current rules on disposal of public assets.

11.0 Conclusion

11.1 SLaM is consulting on a proposal to close the Inglemere Specialist Care Unit and to transfer the activity to alternative provision in Lambeth and Southwark. This proposal is supported by Lewisham CCG.

11.2 The justification for this proposal is the reduced usage of this service which has been a result of changes in service delivery to older people with mental health needs, changes in the eligibility criteria for these placements created by the national continuing care criteria, and commissioning of other care homes by NHS Lewisham and Adult and Social Care Services. The impact of these changes has resulted in underutilization of the SLaM service which has led to resources not being deployed to their best effect. The proposed changes will only affect a very small number of patients. SLaM and Lewisham CCG are very experienced in delivering this type of service change.

12.0 Impact Assessment

Attached.

Appendix 1

Circulation and consultation

Consultative Bodies

Healthier Communities Select Committee
Adult Strategic Partnership Board
Ward Councilors
Health Watch

Statutory Sector Organizations

Lewisham Adult and Social Care Services
NHS Lewisham
University Hospital, Lewisham

Internal Stakeholders

Relatives of current residents

Trades Unions

GMB
Unison
RCN

Voluntary Sector Groups

Alzheimer's Society
Lewisham Age Concern
Mind Care
Lewisham Carers'
Lewisham Pensioners Forum