# Report

## Hospital Based Complex Clinical Care (HBCCC) – Balfour Pavilion, Astley Ainslie Hospital

## Edinburgh Integration Joint Board

15 July 2016

## 1. Executive Summary

1.1 The purpose of this report is to provide Edinburgh Integration Joint Board (IJB) with information regarding the Hospital Based Complex Clinical Care (HBCCC) service and the NHS Respite Care Service which is currently based in the Balfour Pavilion, Astley Ainslie Hospital (AAH) to inform decisions about the future of the services in this location.

## 2. Recommendations

2. Edinburgh IJB is invited to:

2.1 Note the provision of HBCCC and NHS respite care services in Balfour Pavilion, AAH (as described in section 3) and to recommend that the in-patient services in Balfour Pavilion close by December 2016 due to concerns regarding the accommodation in relation to incomplete fire precaution compliance.

2.2 Note the potential options for the ongoing care provision for current users of the HBCCC and respite care services in Balfour Pavilion (see section 4).

2.3 Note that beds will not be closed until arrangements are in place for current users' ongoing care needs including the preservation of the respite care service.

2.4 Support the recommendation that Option 1 is partially implemented as soon as possible as an interim arrangement until the other options are explored further to determine whether they are achievable both financially and operationally.

*Option 1 is: Close beds in Balfour Pavilion as they become vacant until both wards are empty.*

Closing beds as they become vacant would allow one of two wards to close as soon as possible while the other options are explored.

2.5 Note that by partially implementing Option 1 (as per paragraph 2.4) there will be a reduction in the number respite care beds from 10 beds to 6 beds. The current programme of respite care can still be maintained within this bed reduction.

## 3. Background

<u>HBCCC Service</u>

3.1 The HBCCC Service is currently provided in 4 sites within the City of Edinburgh (excluding the Royal Edinburgh Hospital which is not included in this paper):

| Ward(s) | Bed number | Specialty | Comment |
|---|---|---|---|
| **Astley Ainslie – Balfour Pavilion** | | | |
| Fraser / McCallum | 40 | 30 HBCCC – frail elderly<br><br>10 Respite care | The service has been in this temporary accommodation since August 2015 following a flood in the Royal Victoria Hospital. At present there are 28 beds in use. |
| **Ellen's Glen House** | | | |
| Hawthorn | 28 – 30 | All HBCCC – frail elderly | |
| Thistle | 30 | All HBCCC – enduring mental health | |
| **Ferryfield House** | | | |
| Rowan | 30 | All HBCCC – frail elderly | |
| Willow | 30 | All HBCCC – dementia and associated challenging and distressed behaviour | |
| **Findlay House** | | | |
| Fillieside | 30 | 25 HBCCC – frail elderly<br><br>5 Respite care | |
| Prospectbank | 30 | 28 HBCCC - dementia and associated challenging and distressed behaviour<br><br>2 – Respite care | |

3.2 Balfour Pavilion (AAH) and Findlay House offer regular, planned respite care to those whose needs are too great to be met in any other setting. Respite care is provided in care homes on an ad hoc basis.

3.3 Admissions to the HBCCC wards come from acute hospitals, the Royal Edinburgh Hospital, the 2 Edinburgh hospices, the community (rarely), and care homes (rarely).

3.4 In line with DL (2015) 11: Hospital Based Complex Clinical Care, the admission criteria state that these individuals are too clinically complex to be cared for in any other setting. They are reviewed 3 monthly to ensure this level of care is still appropriate. If they no longer require this level of care then arrangements are put in place to move them to another setting where their care needs can be met. There are no rehabilitation facilities in the HBCCC wards but physiotherapy and occupational therapy can be accessed if required.

Balfour Pavilion, Astley Ainslie Hospital

3.5 During 2014 patients were transferred from AAH (May 2014) and Corstorphine Hospital (August 2014) to the Royal Victoria Hospital (RVH). These moves took place due to concerns about the accommodation occupied by the HBCCC service in AAH and Corstorphine Hospital and the accommodation in RVH was significantly better. The Scottish Health Council was consulted during the planning for these moves and appropriate processes were put in place to support the patients, their relatives and the staff during this time.

3.6 The main reason for vacating Balfour Pavilion in 2014 was due to the accommodation and concerns with regards to compliance for fire precautions and infection control. Some infection control improvements were made in winter 2014/15 as it was anticipated that some beds may be required for additional winter capacity. Some fire precaution requirements were met prior to the service moving out in 2014. This was in relation to the fire alarm system, fire doors and compartmentation in the ward but the main outstanding issue is the lack of compartmentation in the roof space.

3.7 A strategic decision was made in early 2015 to close wards in RVH which were being used for delayed discharges (as Gylemuir was open by this time) and also to reduce the number of HBCCC beds in RVH to 44 beds. By the time these beds closed the remaining 44 beds were located in RVH wards 3 & 4 and these were the only wards which remained open in RVH by the end of July 2015.

3.8 On Sunday 23rd August 2015 a burst water main on the RVH site necessitated an emergency move of patients to Balfour Pavilion, AAH as this was the only inpatient accommodation available and which could be commissioned at short notice to accommodate the patients. At this time 40 beds became operational in Balfour Pavilion (Fraser ward – 22 beds, McCallum ward – 18 beds) as alternative arrangements could be put in place for the remaining 4 patients.

3.9 When the wards in Balfour Pavilion re-opened in August 2015 a decision was made to reduce the number of beds in each room from 6 beds to 4 beds to allow for improved infection control practices by increasing the bed space sizes for each patient.

3.10 The remaining risk associated with the deficit in the fire precaution requirements (which mainly relates to the lack of compartmentation in the roof space) was mitigated by additional staff training, updating the fire plans, and ensuring adequate staffing levels so there is enough staff to evacuate patients from the building should it be required.

3.11 In October 2015, the NHS Lothian Corporate Management Team agreed that the patients should remain in Balfour Pavilion until permanent arrangements could be put in place for their ongoing care. This would allow the RVH site to be decommissioned.

3.12 Since October 2015, the waiting list for HBCCC beds in Balfour Pavilion has essentially been closed although a few patients have been admitted on a case-by-case basis depending on individual situations and bed pressures in other parts of NHS Lothian. Patients assessed as meeting the HBCCC criteria are still admitted to the other 3 HBCCC units: Ferryfield, Findlay and Ellen's Glen. There are currently 13 patients waiting for an HBCCC bed in Edinburgh (11 in acute hospitals, 1 patient at home and 1 patient in a hospice).

Balfour Pavilion: HBCCC patients

3.13 At present there are 17 HBCCC patients in Balfour Pavilion. The current criteria for HBCCC (DL (2015)11) was applicable from 1st June 2015 but not officially applied in Lothian until January 2016 although some patients were assessed using this criteria from June 2015. Some patients have been in Balfour Pavilion since before this date and were admitted under the previous criteria either MEL (1996) 22 or CEL 6 (2008).

3.14 Patients admitted to an NHS bed under MEL (1996) 22 are not subject to a review to determine whether they still meet the criteria so it is essentially a 'bed for life'. At present there is 1 patient in Balfour Pavilion who was admitted under this criteria.

3.15 CEL 6 (2008) was implemented in NHS Lothian from 1st October 2010 and under this criteria patients are reviewed at least 6 monthly to determine whether they still meet the criteria for this type of NHS care. If they do not arrangements are made for them to move to a care setting which can meet their care needs. At present there are 12 patients in Balfour Pavilion who were admitted under this criteria.

3.16 The remaining 4 patients were admitted under DL (2015) 11 so are subject to a 3 monthly review to decide whether they still require this level of care. If they do not arrangements are made to move them to another care setting where their care needs can be met.

3.17 The current 17 HBCCC patients by year of admission:

| HBCCC - year of admission | Number |
|---|---|
| 2009 | 1 |
| 2010 | 1 |
| 2011 | 2 |
| 2012 | 0 |
| 2013 | 4 |
| 2014 | 3 |
| 2015 | 2 |
| 2016 | 4 |
| Total | 17 |

3.18 Due to the previous service relocations as outlined above a number of the current 17 HBCCC patients have had multiple moves in a relatively short space of time and this is summarised as:

| | |
|---|---|
| Number of HBCCC patients moved from AAH to RVH in May 2014 and then to Balfour Pavilion in August 2015 | 3 |
| Number of HBCCC patients moved from Corstorphine to RVH in Aug 2014 and then to Balfour Pavilion in August 2015 | 6 |
| Number of patients admitted to RVH for HBCCC and moved to Balfour Pavilion in August 2015 | 4 |
| Number of patients admitted directly to Balfour Pavilion for HBCCC | 4 |
| Total | 17 |

This shows that 9 patients were moved from AAH or Corstorphine to RVH in 2014 and then had a further move in 2015 to Balfour Pavilion. 4 patients were directly admitted to RVH for HBCCC and moved to Balfour Pavilion in 2015 and the remaining 4 patients were admitted directly to Balfour Pavilion for HBCCC.

Balfour Pavilion: Delayed discharge patients

3.19 Patients who no longer meet the criteria for HBCCC (as per paragraphs 3.14 – 3.16) are recorded as delayed discharge but using code 100. This code is used when patients can undergo a change in care setting, such as patients whose care needs can be met in a non-hospital setting, but they are not classified as a delayed discharge for national monitoring purposes.

3.20 Currently there is 1 patient in Balfour Pavilion whose care needs could be met at home and is currently waiting for a package of care to be put in place.

In addition, there are 9 delayed discharges in the other frail HBCCC wards at present (Findlay House - 2, Ferryfield – 3, Ellen's Glen – 4).

Balfour Pavilion: NHS Respite service

3.21 The NHS respite service is provided for individuals whose care needs are such that they cannot be met in a care home setting. Respite care provides a break from caring for the family who are providing high levels of care to an individual at home. The patients referred to the service are assessed using the HBCCC criteria (for some this will be the previous criteria as per 3.14 – 3.16). Although the current users of the service have not been formally reviewed, it is the view of the clinical team that they would all be eligible if the new HBCCC criteria were applied.

3.22 Individual respite programmes are put in place for the service users and vary from 4 weeks at home / 2 weeks respite care to ad hoc requests for respite care. Carer stress is one factor which is taken into account when deciding on the best programme for an individual.

3.23 A number of the carers for patients who use the respite service have high levels of carer stress but are able to carry on with their caring responsibilities in the community due to the provision of regular respite care. They also report that the consistent location and staff are important issues for them as they get to know the staff and this gives them a great deal of reassurance that their relative is safe and being cared for by staff who knows them. This enables them to get a true break from caring without the added stress of wondering if their relative is being well looked after.

3.24 Emergency respite care can be provided in care homes but this is on an ad hoc basis. The current arrangements mean that respite in care homes cannot provide either planned respite care programmes for individuals or the consistent location / staff which the carers find beneficial. In addition care homes may not be able to meet the care needs of some individuals. At present there are occasions when an individual is admitted to Balfour Pavilion for respite care due to the breakdown of caring arrangements, such as the main carer being admitted to hospital, even though their care needs could be met in a care home but a care home place cannot be found.

3.25 Currently there are 28 users of the respite care service in Balfour Pavilion. 26 users of the service users are from City of Edinburgh and 2 are from East Lothian (Musselburgh).

3.26 Some users of the respite care service have been using the service for a number of years as shown in the table below:

| Start year of respite care | Number |
|---|---|
| 2005 | 1 |
| 2006 | 0 |
| 2007 | 1 |
| 2008 | 1 |
| 2009 | 4 |
| 2010 | 2 |
| 2011 | 1 |
| 2012 | 2 |
| 2013 | 4 |
| 2014 | 5 |
| 2015 | 2 |
| 2016 | 5 |
| Total | 28 |

3.27 There are currently 10 beds designated for the respite care service in Balfour Pavilion. However, a review of the respite care needs of current service users has determined that this could be reduced to 6 beds whilst still allowing for the regular and consistent provision of respite care. There may be occasions when users who need 'as required' respite care will need to have their respite care provided in the respite care beds in Findlay House but this will be managed on a case-by-case basis and will be in consultation with the user and their carers.

## 4. Main report

4.1 There is a workstream looking at the capacity and demand for older people in Edinburgh and this will determine the required number of beds for HBCCC, care home and respite care in the future.

Due to concerns about the accommodation in Balfour Pavilion particularly in relation to incomplete fire precaution compliance it is recommended that it should close by December 2016. If this recommendation is agreed then decisions need to be made regarding the ongoing care provision for the current service users.

The decision to close Balfour Pavilion before the capacity and demand work is complete is based on the outstanding safety issues with regard to the building, particularly in relation to the fire precaution requirements. Notwithstanding this there is a requirement for the service to move off the AAH site as it is scheduled for closure in 2020.

Options

4.2 If it is agreed that Balfour Pavilion should close the options which can be considered for the ongoing care provision for the current HBCCC and respite service users are:

*Option1 - Close beds in Balfour Pavilion as they become vacant until both wards are empty.*

*Option 2 – Relocate HBCCC patients and the respite service to other existing HBCCC units*

*Option 3 – Relocate the HBCCC patients and respite service to Gylemuir House*

*Option 4 - Relocate the HBCCC patients and respite service to care homes either on an individual or block purchase basis*

Further detail on each option is provided below.

4.2.1 *Option1 - Close beds in Balfour Pavilion as they become vacant until both wards are empty*

At present 28 beds (17 HBCCC, 10 respite care and 1 delayed discharge) are being used in Balfour Pavilion. It is likely that this number will continue to reduce in the coming months (already reduced from 40 beds in August 2015) as the current HBCCC patients die and there are no new admissions. It is also expected that the patient waiting for a package of care will be discharged home in the future when a package of care is allocated. As noted above the number of respite care beds can be reduced from 10 beds to 6 beds.

One ward in Balfour Pavilion can accommodate 22 beds so once the patient numbers have reduced to this level and the gender mix is appropriate then the service will be accommodated in one ward. Thereafter the service would remain open until a) the respite service has been reprovided and b) there are no remaining HBCCC patients although it is not possible to predict the timescale for this to happen.

If the service is reduced to one ward then adequate staffing levels would need to be maintained to ensure there are sufficient staff available to evacuate patients should this be required in the event of a fire.

The advantage of this option is that the HBCCC patients, especially those who have had multiple moves over the last couple of years, will not require a further move.

A disadvantage of this option is the unpredictability of the time required to achieve this and one ward may need to remain with few patients for a long period of time which is not the most efficient use of staff and other resources.

It is anticipated that this option could also be taken forward as an interim arrangement while the other options below are explored. This means the service will reduce to one ward (22 beds) when patient numbers and gender mix allows. These 22 beds will include 6 respite care beds to ensure the current respite care service can be provided as per paragraph 3.27.

4.2.2 <u>Option 2</u> – *Relocate HBCCC patients and the respite service to other existing HBCCC units*

Following the relocation of the wards from RVH to Balfour Pavilion in August 2015 all patients and their families were given the offer of a move to another HBCCC unit. A few patients and their families accepted this offer at the time and arrangements were made to move them to another unit. It is the view of the clinical team that none of the remaining patients or their families are likely to voluntarily request a move to one of these units. However, this could be explored further as a potential option.

A disadvantage of this option is that the waiting list for HBCCC would increase as beds which become available are given priority for the Balfour Pavilion HBCCC patients which means that patients would remain in an acute hospital bed longer while awaiting an HBCCC bed. At present there are 13 patients waiting for an HBCCC bed in Edinburgh

In addition HBCCC beds would need to be allocated as respite care beds unless alternative arrangements can be made for the respite service. This would again have an adverse impact on the availability of HBCCC beds for patients waiting in acute hospitals.

It is known from the clinical team and from the previous service relocations that the patients and their families prefer moves which allow the staff who know the patients to continue to be cared for by staff who know them.

Moving frail older people is recognised to increase morbidity and mortality but this can be minimised by ensuring they continued to be cared for by staff who they recognise. This option would make this difficult to achieve as patients would be moved on an ad hoc basis as beds become available in the other units and staff may not necessarily move to the same units as the patients.

4.2.3 <u>Option 3</u> – *Relocate the HBCCC patients and respite service to Gylemuir House*

The lease for Gylemuir is for an interim facility so this would mean moving patients to a facility that is not a long term solution so further moves in the future could be required. The current lease has been extended for a further 2 years until June 2018.

This option would involve either the reallocation of some of the current 60 interim care home beds in Gylemuir for HBCCC and respite use or another part of the facility would require refurbishment to make it suitable for use for these services.

At present Gylemuir is approved by the Care Inspectorate as an interim facility so discussions would be required as to whether approval would be given for providing HBCCC and respite care in the current Gylemuir accommodation or if a completely separate part of the facility would be

required. If it was the latter then there would be refurbishment costs incurred.

An advantage of this option is that patients and staff could be relocated together which would achieve the continuity of care that is appreciated by HBCCC and respite patients and their families.

A model of combined NHS and social care delivery in one facility is already in existence in East Lothian (Crookston Care Home). In this facility part of it is purely used by NHS services for Step Up / Down and Delayed Discharges and the remainder is a care home managed by East Lothian Council and registered with the Care Inspectorate.

4.2.4 *Option 4 - Relocate the HBCCC patients and respite service to care homes either on an individual or block purchase basis*

This would need to be funded by the NHS and a workforce model would be required (nursing and medical staff in particular) to make sure patients receiving HBCCC in a care home are not disadvantaged compared to patients receiving HBCCC in NHS facilities. This is the model that has been adopted by NHS Greater Glasgow and Clyde.

This option has the potential to provide a permanent solution for the HBCCC patients if medical and nursing models can be developed.

If this option was achievable as a 'block purchase' then it would have the potential advantage of all the HBCCC patients and staff being moved together which would assist with the continuity of care concern. This would not be as readily achievable if beds were purchased on an ad hoc basis.

The Care Inspectorate would need to be involved in future discussions about this as an option to ensure they are supportive of people receiving HBCCC, respite care and care home care in the same location.

4.3 Even though respite care has been included in all of the above options the provision of respite care should be included in the capacity & demand workstream which is underway. A different solution to that which is agreed for HBCCC may be appropriate.

4.4 As noted above (paragraph 4.2.1) it is likely that Option 1 can be progressed as an interim arrangement while the other options are explored further.

4.5 An options appraisal will be carried out once all the costs are available and there is agreement on which options are suitable for pursuing further.

## 5. Key risks

5.1 No formal risk assessment has been carried out but the following issues are currently identified:

5.1.1 The outstanding risk associated with the current accommodation in Balfour Pavilion particularly in relation to fire precautions. The mitigation for this risk is outlined in paragraph 3.10.

5.1.2 Moving frail older people is recognised to increase morbidity and mortality and this needs to be taken into consideration during the options appraisal process.

5.1.3 There is a risk of increased waiting times for people waiting in acute hospitals for a bed in an HBCCC ward while decisions are made regarding the existing patients currently in Balfour Pavilion and the outcome of the capacity and demand workstream in relation to the future HBCCC, care home and respite care capacity requirements.

## 6. Financial implications

6.1 The costs for each of the options have still to be calculated and this will be done as each option is explored further.

6.2 If the interim arrangement for Option 1 is implemented (i.e. to close one ward as soon as this can be achieved) there will be costs released in relation to the closure of a ward: hotel / facilities / estates costs (approx £250k for full year) and supplies costs (approx £60k for full year). However, the nursing and medical resource for this ward will be reallocated to other HBCCC wards to improve existing staff levels. It should be noted that depending on the outcome of the capacity and demand workstream the savings from hotel / facilities / estates and supplies costs may need reinvested. The budgets for the hotel / facilities / estates costs are not part of Edinburgh IJB as these are managed separately as single system arrangements in NHS Lothian.

## 7. Involving people

7.1 At this stage there has been no discussion with staff, the users of the service or their carers but this would be required depending on what option(s) are taken forward.

7.2 It should be noted that patients, relatives and staff are asking questions about the future of the service as they recognise that beds are currently vacant in the wards and very few new patients are being admitted.

7.3 During the planning for the service relocations in 2014 the NHS Lothian Public Involvement Manager was involved and provided helpful liaison with the Scottish Health Council. The Scottish Health Council evaluated the communication

processes with families in 2014 and they will be kept informed during this current process.

7.4 Written communications will be provided to patients, families and staff as planning progresses and meetings will be held as and when appropriate as plans progress. It is expected that the first communication will be with regards to reducing from two wards to one ward (as per Option 1) when this is taken forward.

7.5 It is important to recognise that as well as patients moving from AAH or Corstorphine in 2014 a number of staff moved with the services and of these a proportion have had a further change of ward last year due to the closure of wards in RVH and then were relocated to AAH following the flood. These changes have been managed under the NHS Lothian Organisational Change Policy and any future changes would also require to be managed under this policy.

7.6 An Integrated Impact Assessment (IIA) will be required as the short listed options are progressed. This will allow assessment of any potential impacts on service users.

## 8. Impact on plans of other parties

8.1 The key impact of this plan will be on the capacity and demand workstream and whether the loss of these HBCCC and respite beds is appropriate in the longer term.

## Background reading/references


Edinburgh's Joint commissioning Plan for Older People 2012 -22 – Live Well in Later Life:
http://www.edinburgh.gov.uk/transformedinburgh/downloads/file/22/live_well_in_later_life_edinburghs_joint_commissioning_plan_for_older_people_2012-2022


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## Links to actions in the strategic plan

| | |
|---|---|
| **Action 19** | New models to better meet the needs of frail elderly people at home and in care homes |
| **Action 21** | Shifting the balance of care |
| **Action 22** | Developing whole system capacity plans to provide the right mix of services |
| **Action 43** | Plans to achieve financial balance |
| **Action 44** | Decisions regarding investment and disinvestment |

## Links to priorities in strategic plan

| | |
|---|---|
| **Priority 1 – Tackling Inequalities** | Ensuring people have equity of access to the supports they require |
| **Priority 2 – Prevention and Early Intervention** | People will be supported through appropriate response, to remain at home or in a homely setting |
| **Priority 3 – Person Centred Care** | Care and interventions will be wrapped around the individuals, with the most appropriate response from the statutory, third or independent sectors being arranged. |
| **Priority 4- Right Care, Right Time, Right Place** | People will be supported at home for as long as possible, and will only remain in hospital for as long as is required, with timely discharge being arranged, with the most appropriate services and supports available across the whole system |
| **Priority 5 – Making best use of the capacity across the system** | As Priority 4, and will ensure informed consideration around using capacity and financial resources in a more cohesive way |
| **Priority 6 – Managing our resources effectively** | As priority 5 |