Item 5.7

Report

Progress Report on Managing Delayed Discharges and Community Infrastructure to Support and Sustain Bed Reductions following the Opening of Phase 1 of the Royal Edinburgh Hospital in January 2017

Edinburgh Integration Joint Board

September 2016

Executive Summary

1.1 The purpose of this report is to update the Edinburgh Integration Joint Board (IJB) on the actions being taken to ensure that on opening in January 2017, Phase 1 of the Royal Edinburgh Hospital (REH) reprovision is able to manage admissions and discharges in equilibrium with the reduced bed capacity and for this to be sustained.

1.2 Without delays to discharge, the planned capacity of the REH will be in line with the accepted business case for Phase 1 which sees a reduction of 10 older people's mental health beds and 7 adult mental health beds.

Recommendations

2.1 The Edinburgh Health and Social Care Partnership (EHSCP) and Royal Edinburgh and Associated Services (REAS) will ensure priority is given to enhance the required community infrastructure that is required to support preventing people from being admitted to hospital and to prevent any delays.

2.2 To note the actions being taken by the EHSCP and REAS partners to achieve sustainable pathways of care for adults and older people with mental health problems; and to make any additional recommendations for action following discussion.

2.3 To note and support the work of the REH Phase 1 Delivery Group chaired by Alex McMahon, Nurse Director and Executive Lead for REAS.

2.4 To make use of the IJB mental health development session in October to further explore the key priorities and to receive an update at November 2016 and January 2017 IJB meetings on progress towards Phase 1 opening.

Background

3.1 The Edinburgh IJB has the delegated responsibility for mental health and substance misuse services and for older people's mental health services. EHSCP is at the point of taking operational management responsibility for the NHS community mental health and substance misuse services from REAS with the inpatient and some specialist services remaining operationally with REAS for the time being.

3.2 As part of the delivery plan for redesigning mental health and substance misuse services (Appendix 1) key actions are required to ensure that the reprovision of the REH is sustainable. Phase 1 of the reprovision is to be completed in December 2016 and the first patients transfer to the new purpose built unit with single en suite bedrooms, accessible courtyards and therapy space in ground floor accommodation on 31 January 2017. Each ward has 15 - 16 bedrooms with current staffing levels being retained to ensure safe, therapeutic care and treatment.

3.3 The business case for Phase 1, comparing bed modelling across the UK, was agreed based on 10 fewer older people's mental health admission beds (from 70 to 60) and 7 fewer adult acute mental health beds (from 112 to 105). The reductions in adult acute beds follow more significant reductions in 2008 when they reduced from 125 to 100 including a further 20 beds being incorporated for East and Midlothian patients providing a net reduction of 33% of beds. This reduction immediately followed the introduction of 24 hour intensive home treatment teams and a newly formulated mental health assessment service which have provided safe, alternative to admission, managed admissions and supported discharges. The reductions are shown in table 1:

Table 1: Reduction in bed numbers pre and post Phase 1

Bed type	Present	Post Phase 1
Adult Mental Health*	112	105
Older People's Mental Health	70	60
Total	182	165

*The adult mental health beds are also accessible for patients from East Lothian and Midlothian

3.4 For adult mental health services this reduction in hospital beds in Edinburgh has largely been accommodated but occupancy is very high between 105% and 95% with occasional out of area admissions. Occupancy of over 100% is made possible by admitting patients to beds that have been used for an overnight pass which may be part of a patient's recovery care plan; through

the opening of additional beds in dormitory bedrooms or by admitting patients to other mental health hospitals outwith Edinburgh or Lothian.

3.5 Delays in the adult acute admission service are generally associated with waits for social work assessment, access to appropriate community support including accommodation and in awaiting access to an inpatient rehabilitation service or a low secure service which is presently provided by the private sector outwith Lothian and sometimes outwith Scotland.

3.6 For older people's mental health services delays are largely associated with lack of access to a care home bed that can support behaviour that challenges as a result of dementia, access to hospital based complex clinical care (HBCCC) beds, awaiting social work assessment or awaiting guardianship outcomes. Occupancy is at 100% and has resulted in patient risks being managed at home, in care homes or in acute hospitals.

3.7 At the end of July 2016 there were 45 patients within the Royal Edinburgh Hospital whose discharge was delayed (excluding the Learning Disability inpatient service and CAMHS), equivalent to approximately 13% of available beds.

3.8 Occupied bed days for these 45 patients equated to 2,771 days with an average length of stay of 62 days. The nature of delays for these patients is shown below in table 2:

Table 2: Causes of delay for patients at the Royal Edinburgh Hospital at end July 2016

Bed type	Reason for Delay	No. of Patients
Adult Mental Health	Complex	3
	Care Home	1
	Social work Allocation/Assessment	3
	Package of Care	3
	Specialist facility for under 65's	8
	TOTAL ADULT BEDS:	**18**
Older People's Mental Health	Complex	4
	Care Home	9
	Social work Allocation/Assessment	11

	Package of Care	2
	Very Sheltered Housing	1
	TOTAL OLDER PEOPLE'S BEDS:	**27**

3.9 Without discharges being delayed, the admission bed complements would be appropriate as per the accepted business case.

Main report

4.1 This report provides detail on the necessary actions to help achieve a successful move to Phase 1. The implementation and development of locality working for older people's, adult mental health and substance misuse services by the EHSCP are key to sustaining patient pathways and ensuring hospital admissions are purposeful, successful and minimised.

Adult Mental Health (AMH) Services

4.2 Within the 100 acute admission beds for Edinburgh, the discharge of patients is often delayed due to waiting for access to a psychiatric rehabilitation bed (12 -15 on average) or access to some form of support in the community (grade 5 – 6). As part of the overall Wayfinder public social partnership (PSP) programme, it has been agreed that 15 adult acute beds will become a ward for intensive rehabilitation, recognising the needs of patients currently in the intensive psychiatric care unit (IPCU) and forensic services, acute admission beds, and those whose recovery is limited by the current rehabilitation ward environments and are presently supported in private facilities outwith Lothian.

4.3 This development should not be seen simply as moving delayed patients from acute to rehabilitation. It should be seen as part of the Wayfinder programme of graded support.

4.4 A further milestone action at this time is to provide a further 10 community places to support hospital discharge in December 2016 and this is being actively pursued.

4.5 The IJB development session in October 2016 and the update report to the November 2016 IJB meeting will go into more detail of the Wayfinder programme and the impact of locality management arrangements in sustaining actions to support people in the community. This will include a financial model demonstrating how inpatient service funding might be released to fund community infrastructure.

Older People's Mental Health (OPMH) Services

4.6 Within the current 70 admission beds for older people's mental health it is not unusual for 25 – 30 patients to have their discharge delayed. These are largely associated with lack of access to a care home bed that can support behaviour that challenges as a result of dementia, access to hospital based complex clinical care (HBCCC) beds, awaiting social work assessment or awaiting guardianship outcomes.

4.7 The provision of 15 beds for older people with behaviours that challenge in the new CEC Royston care home which opens in November 2016 is a key opportunity for REH patients to access suitable care home places. This action in itself will provide a significant boost to discharges that will enable bed reductions to begin in time for the opening of Phase 1.

4.8 Another important action for OPMH services is the introduction of what is presently termed a Rapid Response Service (RRS) which is currently being recruited to. The RRS primarily aims to reduce the number of admissions to REH OPMH admission beds in Edinburgh, reduce length of stay by facilitating early discharge, and to manage and reduce risk for patients who need admission, but for whom there is no current bed.

4.9 The RRS is being initially funded via the Primary Care Mental Health Funding and REAS redesign. The longer term financial modelling should see the release of resources from Jordan ward at REH if the OPMH model of care with care home places, HBCCC, RRS etc. is successful. This will be described at the November 2016 IJB meeting.

4.10 Other actions to contribute to sustainability include a review of funding from the closure of an HBCCC ward at REH, which was provided to support 10 patients in EHSCP HBCCC beds at Findlay House and Ferryfield and 6 places for people with complex needs at the St Raphael's private care home which made available several beds in 2015 for patients with complex needs in a newly refurbished unit.

4.11 The beds in the HBCCC units are no longer available due to staffing problems and the St Raphael's beds have not allowed for subsequent discharges. It is proposed that this resource is reviewed by the Edinburgh Older People Redesign Executive/OPMH Pathway Group to ensure more effective use of these 16 funded places that are unavailable for REH inpatient discharges.

4.12 A recent review of the admission criteria to Gylemuir House has enabled available capacity to support discharges from REH which is welcome.

Summary of Actions

4.13 10 community places established under the Wayfinder programme by end of December 2016.

Action: Linda Irvine and Graeme Mollon

4.14 15 care home places for older people with complex needs at Royston care home provided in November 2016.

Action: Katie McWilliam

4.15 Implementation of the OPMH Rapid Response Service in December 2016.

Action: Maria Wilson, Donna McLean and Dr Chris Hallewell

4.16 Review of REH funding for places at EHSCP HBCCC and St Raphael's units by end of December 2016.

Action: Katie McWilliam

4.17 Financial Modelling of AMH and OPMH resources including future use of REH beds presented to November 2016 meeting of IJB.

Action: Moira Pringle

4.18 Prepare and lead the IJB development session in October 2016 and subsequently provide update reports to IJB in November 2016 and January 2017.

Action: Tim Montgomery and Colin Beck

4.19 To oversee the actions required, a delivery group chaired by Alex McMahon the NHS Lothian Nurse Director and Executive Lead for REAS has been established to deliver the following:

- a robust implementation plan showing actions to deliver zero delays;
- a robust financial plan to support delivery;
- a communication plan to support delivery.

Action: Alex McMahon

Key risks

5.1 The above actions are proposed to ensure that a significant reduction in the number of patients delayed in hospital when Phase 1 opens in late January 2017 and those patients do not have to be transferred or discharged in an unplanned manner.

5.2 The actions are intended to establish a basis for sustainability and equilibrium in the pathways of care. Not reducing the number of people delayed and not having the appropriate primary and community infrastructure in place for January 2017 may impact on the ability to open Phase 1 safely as the immediate risk is an ability or lack of it to accommodate patients safely in an appropriate environment.

Financial implications

6.1 Elements of the proposed service changes (for example the move from the existing 182 to 165 beds in phase 1) have been costed to ensure affordability. In parallel to this an overall financial framework for mental health services is being developed which will demonstrate how resources will shift as more community based services replace hospital based care. This exercise will also identify any double running costs as community services are established.

6.2 The output of this work will be reported to the IJB at regular intervals.

Involving people

7.1 The Edinburgh Older People's Redesign Executive and the OPMH Pathway sub group together with the Edinburgh Mental Health and Wellbeing Partnership for adults are inclusive governance groups, which undertake engagement and communication of all aspects of the older people's and mental health and substance misuse pathways and services.

Impact on plans of other parties

8.1 There are no expected adverse impacts on the plans for partners. The intended impact is to support the flow of people through services and the development of integrated working across the OPMH and AMH pathways.

Report author

Tim Montgomery

Director of Operations, Royal Edinburgh and Associated Services

Contact: Tim Montgomery, Services Director, REAS

E-mail: tim.montgomery@nhslothian.scot.nhs.uk

Tel: 0131 537 6402

Links to priorities in the strategic plan

Making the best use of our shared resources (e.g. people, buildings, technology, information and procurement approaches) to deliver high quality, integrated and personalised services, that improve the health and wellbeing of citizens whilst managing the financial challenge.

Delivering the **right care in the right place at the right time** for each individual, so that people:

- are assessed, treated and supported at home and within the community wherever possible and are admitted to hospital only when clinically necessary.

Practicing **person centred care by** placing ‘good conversations’ at the centre of our engagement with citizens so that they are actively involved in decisions about how their health and social care needs should be addressed.