



- 2.4 To support the Strategy, Planning and Quality Manager for Mental Health and Substance Misuse to urgently develop a Business Case which outlines the proposed developments, the timeline and the costs. This case will be submitted to the IJB Strategic Planning Group for scrutiny prior to submission to the IJB for approval.
- 2.5 To receive a further update at the IJB meeting in January 2017.

## Background

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- 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. Future change in management arrangements would be agreed through due governance.
- 3.2 As part of the delivery plan for redesigning mental health and substance misuse services 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 Royal Edinburgh Building during March and April 2017. Each unit within the new Royal Edinburgh Building will have single en suite bedrooms, accessible courtyards and therapy space. Each unit in the building will have 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 planned bed reductions are:

Bed type	Present	Post Phase 1
Adult Mental Health*	112	105
Older People’s Mental Health	70	60
<b>Total</b>	<b>182</b>	<b>165</b>

*\*The adult mental health beds are also accessible for patients from East*

### *Lothian and Midlothian*

- 3.4 This reduction in hospital beds in Edinburgh has largely been accommodated with the exception of seasonal peaks in the winter and summer but since September 2016 occupancy has remained very high between 105% and 115% with additional beds being opened in dormitory rooms and out of area admissions. This increase in demand has been seen across many parts of Scotland including Glasgow, Fife, Lothian and Tayside with patients being accommodated across the estate and REH also accommodating patients from elsewhere at times.
- 3.5 Delays in the adult acute admission service are associated largely with the lack of supported accommodation and people awaiting access to an inpatient rehabilitation service. A smaller number of people are awaiting a low secure service which is presently provided by the private sector outwith Lothian and sometimes outwith Scotland.
- 3.6 A Business Case is being completed to identify appropriate community placements, the timeline for availability of this accommodation and the associated costs. Work has been ongoing throughout 2016 to engage local care and housing providers. The IJB has actively engaged with the Good Lives Consortium who wish to contribute towards offering community based solutions for people who have been in hospital for a long time. The IJB may need to consider the need for a Direction regarding contingencies to accommodate patients who may remain at the REH following the opening of Phase 1. Section 4 identifies the actions required to achieve the reduction in beds and the contingencies being drawn up should that not occur.
- 3.7 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 completion of social work assessment or awaiting guardianship outcomes. 15 beds in the new Royston Care Home have designated for people who experience stress and distress and will be suitable for transfer of people from older peoples mental health beds. In addition a new Rapid Response Service which will work to prevent admissions and facilitate earlier discharge is being developed.

## **Main report**

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- 4.1 The necessary actions to achieve a successful move to Phase 1 are outlined below. Alongside this, 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. Fifteen 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. Some of these people are presently supported in private facilities out with Lothian.
- 4.3 A further 10 community places are required to support hospital discharge in December 2016. This requires urgent provision of a Business Case which outlines the resource available and the costs involved for approval by the IJB Strategic Planning Group prior to approval by the IJB. The slight delay to the opening of the Phase 1 building provides opportunity for options to be pursued. Additional community capacity will be required to maintain flow through the hospital pathway. As a result of increased provision for those who require a period of inpatient rehabilitation who will require accommodation with support at Grade 5 and 4 when they leave hospital. Plans to introduce grade 6 inpatient and grade 5 community provision as part of the implementation of the matched care model for women with multiple and complex needs are also being progressed.

## **Older People's Mental Health (OPMH) Services**

- 4.4 The provision of 15 beds for older people with behaviours that cause stress and distress 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 people whose discharges are delayed and will enable bed reductions to begin in time for the opening of Phase 1. The opening of the 15 beds for this purpose is delayed due to recruitment issues and a review of staffing levels and skill mix.
- 4.5 Another important action for OPMH services is the introduction of the 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.
- 4.6 Non recurring funding has been identified to support the RRS. 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 remains on course for starting in December

2016. This service will be fully integrated with locality teams and work in conjunction with third sector provision.

- 4.7 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.
- 4.8 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. The use of resource is being reviewed and the needs of those whose placements are presently funded at St Raphael's taken into account.

## Key risks

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- 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 March/April 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 of the pathways of care. Not reducing the number of people delayed and not having the appropriate primary and community infrastructure in place for March/April 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.
- 5.3 In response, actions applied are listed in Appendix 1 and summarised below.
- Review of St Raphael placements
  - Identification of 15 patients to move to Royston care home
  - Confirm staffing arrangements for Royston
  - Commencement of the Rapid Response service
  - Business case for accommodation with support - Grade 4/5

## Financial implications

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- 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 initial financial framework for mental health services has been 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

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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

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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.

### **Rob McCulloch-Graham**

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## Report authors

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## Links to priorities in strategic plan

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### **Priority 3 - Person centred care**

Practising **person centred care** by placing 'good conversation' 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.

**Priority 4 - Providing the right care in the right place at the right time**

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 only admitted to hospital when clinically necessary

**Priority 6 - Managing our Resources effectively**

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.

## Appendix 1

### Royal Edinburgh Hospital Phase 1 Implementation Plan

<b>Plan owner</b>	Alex McMahon	Monitored weekly regarding progress. Next group meeting planned for 01/12/16
<b>Date</b>	8th November	
<b>Version</b>	1	
<b>Prepared for meeting on</b>	10th November	

<b>Action</b>	<b>Owner 1</b>	<b>Owner 2</b>	<b>Current RAG Status</b>	<b>Notes</b>
<b>St Raphaels</b>				
Clinical review of needs of six current patients. If social work reassessment required refer to Colin Beck.	Jane McLellan & Donna McLean	Tim Montgomery		To be reviewed 11/11/16
Review and sharing of current contract with St Raphaels	Graeme Mollon	Colin Beck		To be reviewed 11/11/16
Transfer £293k for patients from NHSL to CEC	Bob Martin	Moira Pringle		To be reviewed 11/11/16
Decision re continued use of facility	Colin Beck	Alex McMahon		To be reviewed 11/11/16
<b>Royston Care Home</b>				
Review of admission criteria	McLellan & Donna McLean	Colin Beck		To be reviewed 11/11/16
Review of staffing model	Jane McLellan & Donna McLean	Colin Beck		To be reviewed 11/11/16
GP cover	Marna Green	Rob McCulloch-Graham		To be reviewed 11/11/16
<b>Rapid Response Team</b>				
Arrangements for consultant input to be confirmed	Chris Hallewell	Tim Montgomery		To be reviewed 11/11/16
Share criteria for RRT "admission"	Chris Hallewell & Colin Beck	Tim Montgomery		To be reviewed 11/11/16
Funding for OT input	Moira Pringle	Rob McCulloch-Graham		To be reviewed 11/11/16
<b>Behaviour Support Service</b>				
Funding for continuation of service	Belinda Hacking	Moira Pringle		To be reviewed 11/11/16
Link between RRT and BSS	Jane McLellan & Donna McLean	Belinda Hacking		To be reviewed 11/11/16
<b>Adult and rehabilitation</b>				
Prepare business case	Colin Beck	Moira Pringle		To be reviewed 11/11/16
Contingency as services will not be in place for phase 1	Tim Montgomery	Alex McMahon		To be reviewed 11/11/16
Review of current staffing level assumptions	Elizabeth Gallagher	Tim Montgomery		To be reviewed 11/11/16