

Report

Mental Health and Wellbeing in Edinburgh Edinburgh Integration Joint Board

20 January 2017

Executive Summary

1. The Edinburgh Mental Health and Wellbeing Partnership (EMHWP) is a group of service users, carers, service providers and professional representatives dedicated to transforming Edinburgh's mental health care system. Through co-production, asset based approaches, locality based working and the opening of a new hospital EMHWP will work to improve outcomes for people with mental health problems. EMHWP reports to the Strategic Planning Group of Edinburgh Integration Joint Board (EIJB) to implement the objectives in the Strategic Plan.
2. The opening of the new Royal Edinburgh Building (REB) is the first phase of the re-provisioning of the Royal Edinburgh Hospital (REH). The new wards for adults aged over 65 and under 65 will open in March 2017 resulting in a reduction of ten beds for adults over 65 and seven beds for adults under 65. REB will provide improved services for people in the future.
3. This report will outline the plans to support the move to the new hospital through provision of supports that prevent admission, reduce length of stay and facilitate discharge. Thus lodging REB as part of a whole system approach to promote recovery. The main focus of this report is on the reduction of 17 beds. Following the acceptance of this report the Strategic Planning Group will receive a series of Business Cases proposing future development of community based care for adults under 65.
4. At the meeting of NHS Lothian's Strategic Planning Committee on 8 December 2016, assurance was sought that the actions noted in this report will deliver within the required timescale. At that time the assessment of NHS Lothian (NHSL) was that the adult mental health (under 65) strand currently has a risk rating of Red.
5. An earlier version of this report was considered by the Strategic Planning Group on 10 January 2017.

Recommendations

6. That the Integration Joint Board:
 - notes the decisions made by the Strategic Planning Group on 10 January 2017 as set out in section 24 of this report;
 - delegates authority to the Chief Officer and Chief Finance Officer to progress a one year agreement with the Cyrenians based on an indicative cost of £140k to provide four grade 4 places utilising funding from the Social Care Fund and
 - notes the intention to issue a Public Information Notice to develop interest and shape the market for a longer term plan to provide accommodation and support.

Background

7. NHSL took the keys for phase 1 of the new Royal Edinburgh Building (REB) on 5 December 2016. The Robert Ferguson Unit will open on the 30 January 2017, and the current intention is that mental health facilities for adults over and under 65 will open during March and April. The Intensive Psychiatric Care Unit (IPCU) will open in late April.
8. The REB will have 17 fewer beds than those currently available at Royal Edinburgh Hospital (REH) and this paper is focused on the urgent actions that now need to be taken by the Edinburgh Health and Social Care Partnership to support an effective transition to the new facility.
9. Development of the community infrastructure to facilitate the reprovisioning of REH is overseen by the REH Phase 1 Overview Group, which has representation from Royal Edinburgh and Associated Services and the EHSCP. The necessary bed reduction requires an increase in the number of people supported at home. A whole system approach will address the need for early intervention and prevention, crisis management, care and treatment, aftercare and recovery. Community supports include: a place to live; support with daily living; and meaningful activity and inclusion.
10. Edinburgh IJB (EIJB) has issued directions which underline the expectation of EIJB that services delivered by NHSL and not covered by specific directions should be delivered to a high quality within current budgets, compliant to national and local targets and to meet the strategic aims laid out in the EIJB Strategic Plan.

11. Phase 1 of the REH re-provisioning replaces acute inpatient facilities, the IPCU and the Robert Ferguson Unit for adults with acquired brain injury. The impact of the bed reductions is considered in the context of the over and under 65 age groups separately.

Adults over 65

12. Table 1 outlines the baseline bed numbers, the current occupancy and the future beds numbers for adults over 65. The hospital based complex continuing care beds will remain in place, pending the outcome of the overall review of capacity. This shows a reduction of 10 beds over the baseline level although only a reduction of two on the current occupancy.

Table 1: REH and REB bed configuration

	Base	Current occupancy	Future
Mental health	70	62	60
HBCCC	25	25	25
Total	95	87	85

13. In addition to the bed reductions, the service needs to deal with ongoing delays, as detailed in Table 2.

Table 2: current delays in hospital for adults over 65

Waiting on a specialist care home	12
Guardianship	4
Awaiting outcome of assessment	6
Referred from HBCCC	5
Total	27

14. A range of actions are in place and being closely monitored on an ongoing basis. These include:
- Royston Care Home** - as noted above, those waiting for a specialist care home constitute the largest number of delays. The new Royston Care Home will open in January 2017, with plans to transfer people from REH from March 2017. The unit will have 60 beds, and 15 of these beds will be reserved for people from the Royal Edinburgh Hospital who experience high levels of stress or distress. People who will move into the Royston beds are being identified, and this is reviewed on a weekly basis.
 - Rapid Response Team** - the aim of the Rapid Response Team (RRT) is to deliver rapid mental health assessment and treatment for older people. RRT will provide clinical services at the time when it is most needed with the aim of supporting people at home and reducing hospital admissions. The team began operating on 4 December. Initial interventions are proving very effective in promoting an immediate joined up crisis response for people at home and in a care home. Prevention of admission, use of

respite care and support for carers are key interventions. There is a proposal to add a social worker post to the staff mix in this team. The impact of the work of RRT will be closely monitored by the Phase 1 Overview Group and reviewed if necessary.

15. Actions required are summarised below with a RAG assessment of risk status:

Action	Progress	Lead	Timescales	Status
Royston Care Home				
All staff have received training from the Behavioural Support Service to manage care in the context of stress and distress;	Programme delivered and BSS will provide ongoing support through individual case management	Belinda Hacking	Initial training completed	
Embed a recovery model to move people on to a less intense model of care elsewhere in the care home;	Model incorporated in day to day practice	Aileen Kenny	Completed	
Clear criteria for admission to Royston and similar specialist units in care homes;	In place	Marion Randall	Completed	
Enhanced staffing model for Royston, specifically a nurse practitioner to support the existing social care workers. This additional resource will cost £60k and funding has been identified from within existing resources. In the longer term a wider deployment may be considered for this role.	Recruitment process underway	Maria McIlgorm	February 2017	
Rapid Response Service				
Monitor impact on delays.	Monthly reports will be available from January for review by the REH Phase 1 Overview Group to address impact, gaps and contingency.	Chris Halliwell	Reporting from 4 December	
Develop closer links with social care and the third sector to deliver home support.	Final configuration of RRT agreed by end December to ensure the inclusion of social care and third sector.	Chris Halliwell		

16. As can be seen in Table 1, the new facility has two less beds than current provision. The combined impact of the measures outlined above (i.e. the opening of Royston and the implementation of the RRT service) will create additional capacity in the system. Reassurance can be taken from the combined impact of the relatively small bed reduction and the arrangements in place. The overall assessment is therefore green.

Adults under 65

17. There are currently 140 acute and rehabilitation beds in the REH. Whilst REB will have 20 fewer acute beds, 15 new intensive rehabilitation beds will be established. Therefore, along with a reduction of two IPCU beds, this gives a net reduction of seven beds, as shown in Table 3 below. The introduction of dedicated beds for intensive rehabilitation is a response to the number of people waiting in acute beds for this service. The current 48 rehabilitation beds will remain in REH until alternative community provision is in place, reflecting the assumptions in the REH reprovisioning Phase 1 business case.
18. As well as this reduction of seven beds it should be noted that current occupancy levels regularly exceed 100%, per table 3 below.

Table 3: Current and future beds numbers for adults under 65

	Base	Current occupancy	Future	Change in bed numbers
Acute	80	88	60	(20)
Intensive rehabilitation	0	0	15	15
Intensive Psychiatric Care Unit	12	12	10	(2)
Total	92	100	85	(7)
Rehabilitation	48	48	48	0
Grand total	140	148	133	(7)

19. As of January 2017, of the 140 people occupying beds, 21 were delayed in hospital. As can be seen from table 4 below, 12 of these people are waiting for accommodation with support.

Table 4: acute bed delays for adults under 65

Reason for delay	Number delayed
Awaiting assessment	3
Awaiting Grade 4	5
Awaiting Housing	3
Awaiting house adaption	1
Total	12

20. People who tend to be delayed in hospital are those awaiting allocation of a tenancy, accommodation with support or allocation of a hospital rehabilitation bed. The Wayfinder model offers a graded specification that matches the needs of the individual with the appropriate level of support.

21. To address the combined impact of delays and bed reductions, a new model of care including early intervention, home support, crisis management, admission prevention and the provision of accommodation with support in the community needs to be delivered. Specific actions include:
- **Capacity** – a procurement process has been agreed to progress an offer of grade 4 accommodation received from the Edinburgh Cyrenians. Estimated costs for the refurbishment are £50k and the Cyrenians have agreed to apply for funding from an independent trust fund. The cost of service provision is in the region of £140k per annum. Given the urgency, the Integration Joint Board is asked to delegate authority to the Chief Officer and Chief Finance Officer to approve a one year agreement with the Cyrenians, pending the wider review of service provision. Funding would be provided from the Social Care Fund.
 - Edinburgh Health and Social Care Partnership is working with the government sponsored **Good Lives Group**. The aim of this work is to assist 800 people currently living in hospitals across Scotland to move to a community setting. They have chosen Edinburgh as one of the test sites and an application has been made to the Scottish Government to fund a project manager. The Good Lives Group is also committed to identifying the reasons that contribute to long term admissions and to address the cause of admission in the first instance.
 - **Strategy** - for a planned and phased development of a range of accommodation with support for adults under 65. To address this, it is recommended that a Public Information Notice (PIN), giving potential providers notice of upcoming procurement and inviting notes of interest, is issued. The aim of this notice is to establish what interest exists in the market and help inform a market shaping strategy. This will be valuable information to support the future procurement of these services and does not make any commitment at this stage.
 - **Tenancies** – since November 2016 people in REH with “gold award” housing status have been identified and allocated key workers who will provide supported discharge. Six people in acute wards were awarded Gold Status, meaning they are prioritised for re-housing in a mainstream tenancy and will be provided with all necessary support to maintain the tenancy. Of these six, three have now been re-housed.
 - **Flow** – a target has been set for a minimum of one person per month to leave hospital to move into supported accommodation in Grade 4 provision. This equates to 4 acute beds vacated by March 2017. EIJB currently funds 211 supported placements for people at Grade 3 and 4. Social care providers and care managers have attended recent meetings to agree the need to move residents on to more independent living, thus creating flow in the system.

- The Strategic Planning Group have emphasised the urgent need to close hospital beds as people are discharged from hospital. Acute beds will remain vacant until the level of capacity in the REB is reached.
- **PSP** - Mental Health and Wellbeing Public Social Partnership (PSP) - £2.1m will be reinvested in locally based services, which will prevent admission to hospital and reduce the length of admission. Using an asset based approach, services will focus on building capacity, diverting people from primary care and preventing the move to secondary care.
- **Crisis response** - connected crisis management will address the impact of the Intensive Home Treatment Team (IHTT), the Mental Health Assessment Service (MHAS), the Street Triage Service and the Edinburgh Crisis Centre. These teams will work with locality teams to deliver a joined up/next day/out of hours response.
- **Locality mental health and substance misuse teams** will continue to deliver high quality services that are available when they are needed, providing an integrated response for people at home.

22. Each of these actions are summarised below along with a RAG indication of risk status:

Action	Progress	Lead	Timescales	Status
Accommodation with support				
Establish four additional places (Cyrenians)	Procurement process agreed, negotiations underway with potential provider	Colin Beck	Target operational date of June 2017	
Continue to identify additional opportunities	A number of options are being explored in advance of the PIN (see below)	Colin Beck	Ongoing	
Develop initial assessment for wider strategy, outlining capacity requirements	Capacity requirements and potential responses have been explored through the Wayfinder project	Colin Beck	To be presented to the SPG Feb 2017	
Issue of a Public Information Notice	Linked to initial assessment above and will be worked up in parallel	Colin Beck	Procurement portal opened by February 2017	
Engagement with Good Lives Group to prevent long term hospital stays and address the need for admission	Funding application submitted to Healthcare Improvement Scotland for project manager	Colin Beck	Input will be incorporated in SPG paper referenced above	
Other hospital based responses				
15 people moving to the new intensive rehabilitation unit	Selection underway	Tim Montgomery		
Individuals with gold	Workers identified and	Debbie	6 Gold Award	

Action	Progress	Lead	Timescales	Status
status supported on a weekly to make housing bids	processes in place. Weekly monitoring through delayed discharge meeting	Herbertson	tenants discharged from hospital by March 2017 (of this total 3 have already been rehoused)	
Number of current/pending vacancies to be collated alongside new referrals from wards	Vacancies identified, matches made and moves arranged.	Colin Beck	4 places created by April 2017 through flow in current provision	
Bed management arrangements to ensure vacated beds are not reallocated	Policy to be formally agreed with REAS management team	Colin Beck	Arrangement formally agreed in January for immediate action	
Community based response				
Mental Health and Wellbeing PSP delivering new models of care and support	Detailed timetable agreed and monitored by PSP core group on ongoing basis.	Linda Irvine	New pilot services in place by Oct 2017	
Integrated response for out of hours services to be developed which links to locality working arrangements	Locality teams in process of being established will begin discussions with crisis management services in January	Colin Beck	New arrangement to be in place by March 2017	
Integrated locality teams in place, preventing admission and reducing delays	Structure now agreed and appointments made with recruitment underway to vacant posts.	Colin Beck	Team will be in place by March 2017.	

23. These plans will deliver a combination of additional capacity and facilitated discharge, freeing up to 14 acute and rehabilitation beds. Thus it is possible to give a degree of assurance that robust plans are in place to deal with the reduction of seven beds to allow the move to REB. It is recognised however that this will not fully address the current level of over-occupancy in the short term. This will be managed through the continuing use of existing community support services to facilitate discharge, the procurement of the Cyrenians resource and the exploration of additional supported accommodation through the PIN. For these reasons the management team are recommending the Integration Joint Board accept an overall amber status.
24. As noted in section 4 of this report, the NHS Lothian at its meeting of 8 December, expressed concern that they needed assurance that the actions noted in this report were being taken forward quickly. Consequently, the assessment of NHSL at that point with regards to the adult over 65 work

stream was to give this a risk rating of Red. NHSL had expressed concerns that these risks would place them in a position where they would be unable to deliver the EIJB direction:

...services delivered by NHSL and not covered by specific directions should be delivered by NHSL and not covered by specific directions should be delivered to a high quality within current budgets, compliant to national and local targets and to meet the strategic aims laid out in the EIJB strategic plan.

The above actions were discussed at the recent Strategic Planning Group of the EIJB (10 January 2017). As a result, a shared view of the risk was that it should be amended to Amber.

Contingency

25. It is fully recognised that the actions outlined above will require concerted management effort to meet the challenging timescales. Reflecting this, it will be prudent to consider contingency arrangements. NHS Lothian has advised that the most likely form that this would take is the provision of additional inpatient capacity at REH. The pressures on REH over the last 12 months, as a result of increased demand and levels of delay, have meant that ward areas have been accommodating more patients than they ideally would do. In practical terms, this means that wards adapted to accommodate, for example, 24 patients, can have 26 or 27 occupants. This will not be possible in the new REB which provides only single room accommodation.
26. The initial indications from NHSL are that, although it is recognised as suboptimal, the contingency arrangements would be to open one additional ward in REH at a cost of c£1.2m to the EIJB. The Integration Joint Board is asked to accept the recommendation that alternative contingency arrangements are explored with NHSL.

Consideration by the Strategic Planning Group

27. The Strategic Planning Group considered an earlier version of this report on 10 January 2017 and agreed to:
 - note the “green” assessment of the plans in place to address the reduction in beds for people aged over 65;
 - note the current “amber” assessment of the plans in place to address the reduction in beds for people aged under 65;
 - note that the Strategic Planning Committee of NHS Lothian had assessed the plans for people under 65 as “red”. However, following discussion at the meeting there was a joint agreed assessment of “amber”;
 - recommend to the EIJB that they delegate authority to the Chief Officer and Chief Finance Officer to progress a one year agreement with the Cyrenians to provide four Grade 4 places at an estimated cost of £140k, pending the wider review of service provision;

- accept a strategic assessment in respect of the medium term (5 years) requirements to support the reprovisioning of the REH at the Strategic Planning Group meeting on 10 February 2017 and receive further business cases and updates as services develop and
- note the intention to issue a Public Information Notice to develop interest and shape the market for a longer term plan to provide accommodation and support

Key risks

28. The bed reductions, impact of delays and timescales for creation of community capacity mean that this programme faces significant levels of risk. The main issues can be summarised as:
- that the opening of the new Royston Care Home is further delayed. Issues with gas supply, IT infrastructure and fire safety have already delayed the opening and an action plan to deliver by 16 January is in place and monitored regularly;
 - RRT is not sufficiently successful in avoiding admission and enabling prompt discharge. Arrangements will be kept under constant review and adjustments made to the model as required;
 - that discussions with the Edinburgh Cyrenians are not successful in securing an additional 4 places in the required timescales;
 - sufficient housing provision is not available for those with gold awards;
 - arrangements that are in place to improve flow in current provision of 211 community places prove inadequate;
 - failure to retain vacated beds as vacant, or reduce over occupancy and
 - directions issued by the Edinburgh IJB may not be delivered.

Financial implications

29. 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. The new arrangements assume the same level of staffing for fewer beds and this will require to be revisited in the context of any contingency arrangements.
30. The cost of four Grade 4 places is estimated at £140k per annum. This will be further scrutinised as discussions progress with the Edinburgh Cyrenians and it is recommended that this is an appropriate charge against the Social Care Fund.
31. 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.

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

Involving people

33. The Edinburgh Older People's Redesign Executive and the Older Peoples Mental Health 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

34. 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 care pathways.

Background reading/references

N/A

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Links to actions in the strategic plan

The recommendations in this report support the delivery of the following actions within the Strategic Plan:

- Action 33 Improving access to services
- Action 35 Delivery of personalised services to support recovery

[Links to priorities in the strategic plan](#)

The recommendations in this report will contribute to meeting the following priorities:

- Person centred care
- Right care, right place, right time
- Making best use of capacity across the system
- Managing our resources effectively