



Report

Royal Edinburgh Hospital Update

Edinburgh Integration Joint Board

24 March 2017

Executive Summary

1. The purpose of this report is to provide an update on the move from the Royal Edinburgh Hospital to the new Royal Edinburgh Building with details noted for approval and assurance as to the continued provision of mental health services for service users both over 65 and under 65. In particular this report will give an update on the plans to support the move to the new hospital through the provision of supports that prevent admissions, reduce length of stay and facilitate discharge.

Recommendations

That the Integration Joint Board:

2. notes the general progress made to address the reduction in beds necessary for people over 65 which has a current RAG status of Green;
3. notes the general progress made to address the reduction in beds necessary for people under 65 which has a current RAG status of Amber;
4. notes the detail and progress surrounding the various work streams that are being developed to reduce further the necessary bed capacity for those under 65; and
5. agree to accept further reports which will be necessary to implement future plans to reduce the number of hospital beds and to support people at home and in the community.

Background

6. The opening of the new Royal Edinburgh Building (REB) is the first phase of the re-provisioning of the Royal Edinburgh Hospital (REH). NHS Lothian took the keys for Phase 1 of the REB on 5 December 2016. The Robert Fergusson Unit moved into their new building in January 2017. There has been significant need for “ligature” work to the new REB and the current projection is that mental health facilities for adults over and under 65 will open at the end of May 2017. It was previously reported to the IJB that those facilities would open in March or April.

7. The REB will have 17 fewer beds overall than those currently available at Royal Edinburgh Hospital; ten less for adults over 65 and a reduction of seven beds for adults under 65. In relation to bed provision for under 65's there needs to be an absolute reduction in the requirement of seven beds, but ideally we would wish to be in the position where the bed requirement was reduced by 12 for the under 65 age group.
8. At the IJB of 20 January 2017 an update was provided on the actions being taken to ensure that mental health services and support for adults would be maintained and not adversely affected by the move from the Royal Edinburgh Hospital to the REB. The IJB also asked that regular updates be routinely presented to the Joint Board as appropriate.
9. Various actions and initiatives were detailed in the report that was presented to the IJB on 20 January 2017, and the previous report has been appended as background reading.

Main report

10. The NHS Lothian Governance Committee at a meeting on 14 March 2017 considered a report regarding the actions being undertaken to successfully manage the bed reductions for people over and under 65. The assessment was made at that point that the work strands in place to address bed reductions for over 65s had a RAG status of Green, and that those for under 65's had a status of Amber. Previously NHS Lothian Strategic Planning Group had considered those statuses to be Green for over 65's and Red for under 65's.
11. The current detail as to the bed reductions for both age groups are as follows:
Adults over 65
12. Currently the number of occupied beds at the REH for people over 65 is sitting at 60. This is the required level to facilitate the move to the REB. It should also be noted that this has been achieved prior to people within this age group moving to the Royston Care Home, and therefore there is a high degree of confidence in the associated Green RAG status continuing.
Adults under 65
13. To meet the minimum bed reduction of seven beds for adults under 65, a target had been set for a minimum of one person per month to leave hospital into supported accommodation in Grade 4 provision. This equates to four acute beds being vacated by March 2017. As of 16 March the number of bed closures was three. In order to help to ensure that the target reduction of seven bed spaces is met, twice weekly meetings of officers are taking place to monitor progress and unblock any blockages.
14. As detailed in section 7 of this report, although we have a minimum bed reduction requirement of seven, the ideal position regarding this would be to have a reduction of 12 acute services beds. In order to achieve this target there are several initiatives being progressed which are detailed below.

15. **Third sector provision of Grade 4 accommodation** - It was agreed at the previous IJB to delegate authority to the Chief Officer and Chief Finance Officer to progress a one year agreement with a third sector provider to provide four grade 4 places utilising £140k of funding from the Social Care Fund that would be used to fund care and support at the accommodation. In relation to this action, a procurement process has been agreed to progress an offer of grade 4 accommodation. The estimated costs of refurbishment of an identified 5 bed roomed property is circa £50k and the third sector organisation have agreed to fund the refurbishment. An implementation group has been established to lead on the various work packages involved, including a House of Multiple Occupancy application, Care Inspectorate registration, service specification and the identification of people who would move from hospital to the house. Identification of the people who will move will happen in April and this will allow them to participate in developing the model of care and the fabric of the building. There is a target date of summer 2017 for this accommodation to be ready for occupation, but this is after the REB opens.
16. **External provision supported accommodation** - It was noted at the previous IJB that it was the intention to issue a Public Information notice (PIN) with regards to inviting notes of interest in the provision of a range of accommodation with support for adults under 65. This PIN is expected to be issued by 24 March.
17. **Establishing mainstream tenancies** – Since November 2016 patients within the REH who would be deemed suitable to live in mainstream social housing tenancies with support, have been allocated key workers who will provide support both in terms of securing appropriate offers of accommodation, but also assessing and providing support needs when discharged from hospital. As of 15 March there are currently five people on the list for mainstream housing, of which three have been made offers of housing.

Key risks

18. The bed reductions, impact of delays, and timescales for the creation of community capacity mean that this programme faces a level of risk, but that this risk level has been lowered since the last report to the IJB. The main risks can be summarised in the paragraphs below.
19. Previously reported delays in respect of the opening of the Royston Care Home (gas supply, IT infrastructure, fire safety) have now been resolved. The outstanding issue associated with Royston is the need for full registration of mental health services for the over 65's to be made with the Care Inspectorate. Work to ensure registration is ongoing.
20. There is a reliance upon the continued effectiveness and success of the Rapid Response Team which is tasked with delivering mental health assessment and treatment for older people. Arrangements will be kept under constant review and adjustments made to the model if necessary.
21. If discussions surrounding the third sector provided accommodation are not successful in securing an additional four places in the required timescales. The overview group is working to a target of summer 2017 and this will rely on the completion of the refurbishment.

22. Sufficient housing provision is not available for those with gold awards. However the twice weekly monitoring of the bidding process is working well and suitable housing is being procured timeously.
23. Arrangements that are in place to improve flow in current provision of 211 community places prove inadequate. There is current consideration to explore the possibility of awarding increased housing points for those waiting to move out of Grade 4.
24. Failure to retain vacated beds as vacant, or reduce over occupancy.

Financial implications

25. The cost of four grade 4 places is estimated at £140k per annum. This will be further scrutinised as discussions progress with the third sector provider and it is recommended that this is an appropriate charge against the Social Care Fund.
26. 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. The output of this work will be reported to the IJB at regular intervals.

Involving people

27. 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

28. 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

[Report to EIJB 20 January concerning move to Royal Edinburgh Building](#)

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Links to priorities in strategic plan

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