

Report

Actions to support the opening of the new Royal Edinburgh Building.

Edinburgh Integration Joint Board
16 June 2017

Executive Summary

1. The purpose of this paper is to update the Edinburgh Integration Joint Board (EIJB) on the actions to support the transition of the Royal Edinburgh Hospital (REH) inpatient services for people over 65, and for acute inpatient services for adults under 65, as they move into the new Royal Edinburgh Building (REB).

Recommendations

The EIJB is asked to;

2. note the progress made to facilitate the move for adults over 65 to the new REB which has been assessed as having a RAG status of “green”. Royston Care Home is now registered and patients within the Royal Edinburgh Hospital Older Peoples services have now been identified to move to there. Progress around the transfer of patients is being monitored through the weekly delayed discharge meeting;
3. note the progress made to reduce the number of people delayed in acute adult services and the growing risk of over occupancy of adult acute due to a risk in acute admissions and a delay in commissioning community capacity . The current status of this work has a RAG assessment of “red”;
4. note that additional community capacity of between 12 and 15 places is required at Grade 4 or 5 (see Appendix 1 for definition of terms) to enable the move to the new REH which has seven less acute beds on 31 August 2017 and to maintain a bed occupancy within the new bed compliment of 90%. Maintaining the 90% occupancy is dependent on assuring a zero delayed discharge rate which is a risk without sustained additional community capacity.
5. note that work is in progress to secure additional community capacity at Crighton place for four Grade 4 community beds as set out in a previous report to the EIJB on 24 March. The occupancy date for this accommodations is planned for 31 August 2017;

6. delegate authority to the Strategic Planning Group to approve the business case for the proposed development at Niddrie Mains to enable the partnership commission an additional nine Grade 5 places;
7. note that the commissioning of the Niddrie Mains accommodation is being progressed in parallel to the business case process. Funding has been identified in the EIJB's financial plan, however there is a risk that the places will not be available for occupation in time for the move to REB. It is likely that the accommodation will not be ready until end of September 2017, which will require a contingency plan to maintain a ward at the REH to accommodate Edinburgh patients whilst the additional community is being procured; and
8. note that a Public Information Notice was issued on Wednesday 7 June 2017 to identify market interest and shape the market for a longer term plan to provide additional supported accommodation. This will be the subject of further business case(s) which will be presented to the Strategic Planning Group in the first instance.

Background

9. There will be 17 fewer beds overall in the Royal Edinburgh Building. There will be 10 beds removed from services for people over 65 and seven beds removed from acute adult services.

Main report

Adults over 65

10. Services for older people will move into REB in June 2017. The older people's Rapid Response Team (RRT), the Behavioral Support Service and the impact of locality working, provide an effective approach to support people at home and in care homes. This has had a positive impact on reducing the number of admissions to hospital and facilitating timely discharge from hospital. An outcome reporting template is being agreed to measure the impact of the RRT.
11. The longest waits for discharge for older people in the REH, have been for those waiting for a specialist dementia unit. The provision of an extensive staff training programme, the secondment of a Registered Mental Nurse from REH, and the establishment of the required staffing model has resulted in the Care Inspectorate agreeing on 30 May 2017 to the register the 15 beds in the Lauriston Unit within the new Royston Care Home. The transfer of patients from the REH to Royston Care Home is being monitored by the Edinburgh Health and Social Care Partnership (EHSCP) delayed discharge weekly meetings. The actions outlined above will effectively support the move of services for older people to REB and therefore this work-stream is considered to have a RAG status of "green".

Adults under 65

12. The acute services for people under 65 are due to move to the new REB in August 2017 when remedial anti ligature work is completed.
13. Following a recent increase in admissions, the downward trend in occupied adult acute beds has reversed. As a result, the adult acute bed base is currently in over occupancy. This pressure has resulted in a proposal to accelerate the provision of an additional nine community places (Grade 5). Grade 5 places provide intensive rehabilitation, for a period of 6 to 12 months, within a community environment. Care and support is provided by third sector partners who promote person centered choices and meaningful days. Ongoing clinical care is provided onsite by hospital medical, nursing, allied health professionals and MHO and social work services.
14. This additional capacity would be based on the Grade 5 model currently provided at Firrhill and could be provided on a phased basis. These places would be located in a block of council flats at Niddrie Mains Terrace, Edinburgh. The property is generally in good repair and provides good sized living accommodation for nine people and the associated staff. Window repairs, replacing two baths with a shower, small upgrades and general decoration would be required. City of Edinburgh Council surveyors are establishing the cost of this work. Procurement partners are exploring with EHSCP the options to secure the Niddrie Mains arrangement as soon as possible. Current advice is that the procurement arrangement will not be risk free in terms of compliance.
15. This level of provision would be within the projected overall need for Grade 5 as we move towards the reprovisioning of rehabilitation services at REH. EHSCP in consultation with NHSL will scope the hospital and community capacity required for phase 2 of the REH reprovisioning.

Table 1 – Details of community capacity for 13 people

Location	Number of Places	Expected occupancy Date	RAG Status	Annual revenue costs
Crighton Place	4 Grade4 places	Available 30 August 2017	In progress	£0.1m
Niddrie Mains	9 Grade5 places	Available 30 September 2017	In progress for end Sept but unlikely to be available earlier	£0.6m
Total investment required				£0.7m

Mitigating Action:

Detail	Number of Places	Timescales	Costs
To manage delays in commissioning community capacity –Maintain a ward at REH until community capacity available	10 - 15 beds	Aug -Oct 17	Currently being costed.

Key risks

16. Overall the position for adults under 65 has been assessed as “red”. Therefore there are a range of risks associated with this workstream. Including that:
17. temporary hospital beds need to be provided to bridge the time between the move to REB and the additional community places being available. Officers from EHSCP are working with colleagues in NHSL to develop and agree appropriate contingency plans to ensure patient safety;
18. the number of admissions continues to rise, resulting in further over occupancy, and increasing the number of people delayed;

19. there is a mismatch between the available additional capacity in Niddrie Mains and the number of people assessed as requiring care in this setting;
20. staffing a hospital or community based option is not possible due to staffing/recruitment challenges;
21. procurement of the new service is does not meet legal requirements and the risks involved prevent progress.

Financial implications

22. Based on the Firrhill model the full revenue costs for care and support at Niddrie Mains Terrace service operating at full occupancy will be in the region of £0.6m per annum. The cost of rent, fuel and maintenance would be met through benefits and housing benefit.
23. The costs relating to capital investment in the building will be dependent on the procurement option pursued.

Involving people

24. The Edinburgh Mental Health and Wellbeing Partnership and the Wayfinder Public social Partnership have all been involved in the Wayfinder Graded Support plan and the need to develop increased accommodation with support which allows people to leave hospital.

Impact on plans of other parties

25. The delivery of Phase one of the reprovisioning of REH is dependent on the right community supports being available to support “flow”.

Background reading/references

Appendix 1 – Overview of Thresholds of Support Guide

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A WHOLE SYSTEM APPROACH TO SUPPORT

TRANSITIONS: Support from a range of people

CONSISTENCY: To ensure respect, relationships and trust

CULTURE: Need for respect and acknowledgement of people's roles.

PSP event identified below parameters	Grade 1	Grade 2 Visiting (regular)	Grade 3 Visiting (daily)	Grade 4 Core hours	Grade 5 24 hour staffing	Grade 6 24 hour staffing
<p>Graded support A range of support and accommodation.</p> <p>Having a secure base.</p> <p>Support is timely and flexible.</p>	<p>Minimal support through naturally occurring community opportunities</p> <p>Measured by REIS</p>	<p>Regular visiting input from Health, Social Care & Third Sector staff</p> <p>Regular visiting</p> <p>Measured by REIS</p>	<p>Daily visiting input from Health, Social Care & Third Sector Staff.</p> <p>Daily visiting</p> <p>Measured by REIS</p>	<p>Core hours staffing with visiting input consisting of Health, Social Care & Third Sector staff.</p> <p>Measured by REIS</p>	<p>Alternative to admission to support people in crisis Crisis response/ Relapse beds Team consisting of Health (inclusive of sessional medic), Social Care & Third Sector staff 24 hour staffing Measured by REIS</p>	<p>High intensity rehabilitation unit</p> <p>24 hour care from nursing and junior medical staff working with the multi-professional team. Measured by REIS</p>
<p>Person Centred Choice Identifying people's needs not problems</p> <p>Enabling positive risk taking</p>	<p>Symptoms are fully managed and there is no need for support</p>	<p>Person will be managing symptoms however some level of routine monitoring is required to support, engagement in managing mental health. Vulnerable aspect of risk managed.</p> <p>Measured by Camberwell Assessment of Needs and Sainsbury Risk Assessment</p>	<p>Person will be managing symptoms in order to build functional skills.</p> <p>Vulnerable aspect of risk managed.</p> <p>Measured by Camberwell Assessment of Needs and Sainsbury Risk Assessment</p>	<p>Person will be experiencing symptoms which are causing disruption to functional skills. Vulnerable aspect of risk managed.</p> <p>Measured by Camberwell Assessment of Needs and Sainsbury Risk Assessment.</p>	<p>Person will be experiencing a high level of symptoms which are causing significant disruption to functional skills Needs 24 hour staffing, nursing and OT</p> <p>Measured by Camberwell Assessment of Needs and Sainsbury Risk Assessment</p>	<p>Person is medically unwell and experiencing significant symptoms which have significant impact on functional skills Needs 24 hour medical care</p> <p>Measured by Camberwell Assessment of Needs and Sainsbury Risk Assessment.</p>
<p>Meaningful Days Meaningful Occupations Addressing daily living skills Occupation which supports social inclusion</p>	<p>Further role development in the community.</p>	<p>Build on stable community living skills, routines and meaningful activities through role development.</p> <p>Measured by MOHOST</p>	<p>Maintain community living skills, routines and meaningful activities.</p> <p>Measured by MOHOST</p>	<p>Establish community living skills, routines and meaningful activities.</p> <p>Measured by MOHOST</p>	<p>Initiate community living skills, routines and meaningful activities.</p> <p>Measured by MOHOST</p>	<p>Initiate community living skills, routines and meaningful activities.</p> <p>Measured by MOHOST</p>