

# Report

## Royal Edinburgh Campus and St Stephen's Court Edinburgh Integration Joint Board

18 May 2018



### Executive Summary

---

1. This paper describes the current position with regard to the development of the business case for the Royal Edinburgh Campus, and the related commissioning of capacity at St Stephen's Court. Both items have been discussed by the Mental Health Reference Group.

### Recommendations

---

2. The Integration Joint Board is asked to:
  - i. note the progress made in developing the case for the Royal Edinburgh Campus
  - ii. agree that NHS Lothian can progress to the next stage of development of the case
  - iii. mandate the IJB chair to write to the chair of NHS Lothian's Finance and Resources Committee noting the IJB's approval, with an expectation that outstanding issues are resolved and returned to the IJB before final design and financial agreement
  - iv. approve the commissioning of 16 places in the St Stephen's Court development.

### Background

---

3. The Edinburgh IJB has delegated responsibility for the planning and commissioning of the majority of specialist mental health services provided to the adult population of Edinburgh. The IJB also has responsibility for the planning and commissioning of physical rehabilitation services for the adult population of the city. The Edinburgh Health and Social Care Partnership provides most of these services, with some provided on a hosted basis for the 4 Lothian IJBs.

4. NHS Lothian has for some time been developing the Royal Edinburgh Hospital campus (REC) to replace older buildings on the site that no longer meet modern standards of care. This development will also see the services provided on the Astley Ainslie Hospital site re-provided in purpose-built modern accommodation on the REC site.
5. The first tranche of new buildings was provided with phase 1 of the programme in 2017, which saw acute mental health services, older people's mental health services, and specialist neuropsychiatric rehabilitation services in the Robert Ferguson Unit move in spring and summer of the year.
6. The Outline Strategic Commissioning Plans for Mental Health, for Learning Disabilities and for Physical Disabilities are the primary vehicles for progressing these developments.

## Main report

---

7. Facilities for inpatient care in the Royal Edinburgh Hospital have long been recognised as not ideal for modern care.
8. Long stays within the walls of an institution are not consistent with best treatment or indeed with basic citizens' rights. The move of long-stay patients with learning disabilities from institutional/hospital care to greater independence in the community is testament to the success of this programme, which now needs to extend to more hospital-based patients.
9. The outline commissioning plans set out the next steps in this work for Edinburgh. These note not only the desire to minimise institutionalisation and maximise community provision, but also the strategic direction to reduce the number of citizens who have their care provided in other parts of Scotland and indeed the UK, in a mix of statutory, independent, and private provision. In several cases, this is due to the lack of appropriate physical environment and capacity in Edinburgh and nearby.
10. This external provision is funded from "UNPACS" (Unplanned Activity) budgets held by NHS Lothian and local authority resources. Such placements range in cost from £180k to £380k per annum, but also detach citizens from their home communities.
11. Other elements included phase 2 of the REC programme are the Ritson Clinic (for alcohol and drug detoxification) and site infrastructure costs.
12. Phase 3 will focus on the integrated rehabilitation services currently provided on the Astley Ainslie Hospital site. It is expected that a bed model and outline business case for this will be brought to the IJBs towards the end of the calendar

year, which will dovetail with the finalisation of the Strategic Commissioning Plan for Physical Disabilities.

13. The bed model for phase 2 has been developed between the Health and Social Care Partnership planning teams and the Royal Edinburgh Hospital clinical and management teams. This has brought the process to a point of agreeing an “ideal” bed number, as shown in table 1, below.

Table 1 – showing “ideal” bed numbers in REC Phase 2

<b>Service</b>	<b>“Ideal” bed number</b>
Learning disabilities	15
Mental Health Rehabilitation (including women with complex needs)	18
Forensic Low Secure	15

14. The business case includes a total of 8 additional beds for mental health, which would provide “flexibility”. This needs to be fully explored in terms of the attendant costs. As it stands, the presumption is that these beds would be provided without additional costs to IJBs, but this has to be fully tested.
15. NHS Lothian has undertaken not to progress with this case unless it has full approval from the 4 Edinburgh and Lothian IJBs, and the approval or otherwise will be taken to NHS Lothian’s Finance and Resources Committee on 23 May. It is therefore recommended that this approval be given and that the chair of the IJB write to the chair of NHS Lothian’s Finance and Resources Committee noting the additional work required on the bed numbers; that in Edinburgh this will be part of the work associated with developing the strategic commissioning plans, and that final approval, including costs, will need to be sought from the IJB before progressing to the next stage of business case development. A similar approach will need to be taken with the Astley Ainslie Hospital bed model.
16. Associated with the development of improved acute inpatient services is the need to improve community assets and placements. Edinburgh has approximately 214 places and as part of the development of phase 1, the IJB had given approval for a financial contingency allocation, which would be used to fund a development at St Stephen’s Court, in the West of the city. This will provide 16 additional community placements at a recurring cost of £902k, which would be funded from the £1.19m contingency set aside for this purpose.

## Key risks

---

17. There are financial risks associated with the costs of the new facilities and in ensuring that there are appropriate community placements to support these.

## Financial implications

---

18. The net impact of the St Stephen's Court development is £902k, funded from the contingency set aside for phase 1 of the Royal Edinburgh Campus.

## Implications for Directions

---

19. A Direction should be issued by the IJB regarding both the further development of the REC business case and the St Stephen's Court development. These will be brought to the next IJB.

## Equalities implications

---

20. An Integrated Impact Assessment will be undertaken in further iterations of the REC business case.

## Sustainability implications

---

21. These are built into the development of the REC business case.

## Involving people

---

22. The Reference Boards for Mental Health, Learning Disabilities, and Physical Disabilities are designed to provide significant opportunities for broader engagement with communities.

## Impact on plans of other parties

---

23. These proposals impact on the capital plan for NHS Lothian and on the strategic plans for all 4 Edinburgh and Lothian IJBs.

## Background reading/references

---

24. Outline Strategic Commissioning Plans for Mental Health and Learning Disabilities – report to January 2018 IJB meeting.

25. Outline Strategic Commissioning Plan for Physical Disabilities – report to February 2018 IJB meeting.

## Report author

---

**Judith Proctor**

**Chief Officer, Edinburgh Health and Social Care Partnership**

Contact: Colin Briggs, Interim Chief Strategy and Performance Officer

E-mail: [colin.briggs@nhslothian.scot.nhs.uk](mailto:colin.briggs@nhslothian.scot.nhs.uk)