Public Document Pack

Edinburgh Integration Joint Board

Notice of Meeting and Agenda

Edinburgh Integration Joint Board

10.00 am, Tuesday, 17th August, 2021

Virtual Meeting - via Microsoft Teams

This is a public meeting and members of the public are welcome to watch the live webcast on the Council's website.

The law allows the Integration Joint Board to consider some issues in private. Any items under "Private Business" will not be published, although the decisions will be recorded in the minute.

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1. Welcome and Apologies

1.1 Including the order of business and any additional items of business notified to the Chair in advance.

2. Declaration of Interests

2.1 Members should declare any financial and non-financial interests they have in the items of business for consideration, identifying the relevant agenda item and the nature of their interest.

3. Deputations

3.1 If any.

4. Minutes

4.1	Minute of the Edinburgh Integration Joint Board of 22 June 2021 submitted for approval as a correct record	7 - 14

5. Forward Planning

5.1	Rolling Actions Log	15 - 18

6. Items of Strategy

6.1	Bed Based Care - Phase 1 Strategy – Report by the Chief Officer, Edinburgh Integration Joint Board	19 - 28
6.2	Royal Edinburgh Hospital - Initial Agreement for the Intellectual Disability and National Intellectual Disability Adolescent Inpatient Unit and the Initial Agreement for an Integrated Mental Health Rehabilitation and Low Secure Centre – Report by the Service Director - Strategic Planning, Edinburgh Health and Social Care Partnership	29 - 150
6.3	2030 Climate Strategy – Presentation by Andrea Mackie, Policy	

and Insight, CEC

7. Items of Performance

7.1	Financial Update – Report by the Chief Finance Officer, Edinburgh Integration Joint Board	151 - 162

8. Items of Governance

8.1	Financial Regulations - Referral from the Performance and Delivery Committee	163 - 186
8.2	Appointments to the Edinburgh Integration Joint Board and Committees – Report by the Chief Officer, Edinburgh Integration Joint Board	187 - 190
8.3	Annual Review of Standing Orders – Report by the Chief Officer, Edinburgh Integration Joint Board	191 - 194

9. Committee Updates

9.1	Committee Update Report – Report by Chief Officer, Edinburgh Integration Joint Board – submitted for noting	195 - 198
9.2	Draft minute of the Audit and Assurance Committee of 11 June 2021 – submitted for noting	199 - 206
9.3	Draft minute of the Clinical and Care Governance Committee of 28 June 2021 – submitted for noting	207 - 212
9.4	Draft minute of the Performance and Delivery Committee of 9 June 2021 – submitted for noting	213 - 218
9.5	Draft minute of the Futures Committee of 10 June 2021 – submitted for noting	219 - 222

10. Resolution to Consider in Private

10.1 The following items of business are likely to be considered in

private as they fall under the provisions set out under Standing Order 5.9 of the Edinburgh Integration Joint Board.

11. Private Reports

11.1 Mobile Workforce Solution for Homecare and Reablement – Report by the Chief Officer, Edinburgh Integration Joint Board — 223 - 444

Board Members

Voting

Councillor Ricky Henderson (Chair), Angus McCann (Vice-Chair), Councillor Robert Aldridge, Siddharthan Chandran, Councillor Phil Doggart, Councillor George Gordon, Martin Hill, Councillor Melanie Main, Peter Murray and Richard Williams.

Non-Voting

Bridie Ashrowan, Colin Beck, Carl Bickler, Heather Cameron, Christine Farquhar, Helen FitzGerald, Ruth Hendery, Kirsten Hey, Jackie Irvine, Grant Macrae, Jacqui Macrae, Ian McKay, Allister McKillop, Moira Pringle and Judith Proctor.

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If you have any queries regarding this and, in particular, if you believe that use and/or storage of any particular information would cause, or be likely to cause, substantial damage or distress to any individual, please contact Committee Services (committee.services@edinburgh.gov.uk).

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Edinburgh Integration Joint Board

Minute

Edinburgh Integration Joint Board

10.00am, Tuesday 22 June 2021

Held remotely by video conference

Present:

Board Members:

Angus McCann (Chair), Councillor Ricky Henderson (Vice-Chair), Councillor Robert Aldridge, Bridie Ashrowan, Carl Bickler, Heather Cameron, Andrew Coull, Councillor Phil Doggart, Christine Farquhar000, Councillor George Gordon, Ruth Hendery, Kirsten Hey, Martin Hill, Nancy Mackenzie, Ian Mackay, Grant Macrae, Jacqui Macrae, Councillor Melanie Main, Allister McKillop, Moira Pringle, Judith Proctor, Peter Murray and Richard Williams.

Officers: Matthew Brass, Jessica Brown, Sarah Bryson, Ann Duff, Nikki Conway, Tom Cowan, Tony Duncan, Rachel Gentleman, Lauren Howie, Linda Irvine-Fitzpatrick, Angela Ritchie and Hazel Stewart.

Apologies: Helen FitzGerald

1. Appointments to the Edinburgh Integration Joint Board and Committees

The Board was presented with a report informing members of changes in membership.

Decision

1) To note that the City of Edinburgh Council has appointed Councillor Ricky Henderson as the Chair of the IJB from 27 June 2021, when the current terms of office end.
2) To note that NHS Lothian has appointed Angus McCann to become the Vice-Chair of the IJB from 27 June 2021.

3) To note that Angus McCann will take up the position of Chair of the Strategic Planning Group and Councillor Ricky Henderson will take up the position of Vice-Chair from 27 June 2021.
4) To appoint Angus McCann as the Chair of the Futures Committee, replacing Peter Murray.
5) To appoint Allister McKillop to take up the non-voting member vacancy on the Clinical and Care Governance Committee.
6) To appoint Grant Macrae to take up the non-voting member vacancy on the Audit and Assurance Committee.
7) To appoint Judith Stonebridge as a non-voting member of the Strategic Planning Group
8) To note that NHS Lothian would confirm who would take up the non-voting member vacancy of the IJB in due course.
9) To re-appoint the following non-voting members to the Board fort a further three-year term
    - Carl Bickler
    - Christine Farquhar
    - Helen FitzGerald
    - Kirsten Hey.

(Reference – Report by the Chief Officer, Edinburgh Integration Joint Board, submitted)

2. Bed Based Care – Phase 1 Strategy

2.1 – Deputation – Edinburgh Trade Union Council

The Board agreed to hear a deputation from the Edinburgh Trade Union Council. The Deputation made the following key points:

- Concerns were expressed on the future of care home workers who had worked tirelessly throughout the pandemic.
- Concerns were expressed over the impact on the wider goals of social care both within Edinburgh and nationwide ambitions by moving residents into privately ran homes.
- Assurances were sought that the care homes residents would be placed in were suitable for care needs. The deputation suggested that new build care homes would be the most appropriate alternative.
- The Deputation supported the first two points of the Proposal submitted.

2.2 – Deputation – UNISON, Unite and GMB.

The Board agreed to hear a deputation from UNISON, Unite and GMB. The deputation made the following key points:

- Concerns were expressed over the treatment of staff in the decision-making. The deputation felt that no consideration had been given over

what ‘redeployment’ would mean and look like for staff no longer able to work in the care homes closing.

- Some staff had already just been relocated from closed care homes (eg. Cherry Oak) and hadn’t yet started at their new home yet already got a letter through to state that it would be closing.
- Concerns were expressed over the stakeholder engagement that had seemed absent up to this point and questioned the consultation period that was scheduled to last until August which was not long enough to gather all information required.

2.3 – Report by the Chief Officer, Edinburgh Integration Joint Board.

The Board were presented with an overview of the bed-based care strategy (phase 1) for approval. The report recommended the decommissioning of care homes throughout Edinburgh that were noted to no longer be suitable nor have the appropriate facilities for providing the care needs of residents. With the EIJB’s role as a Joint Board, the Board were recommended to set direction to both the City of Edinburgh Council and NHS Lothian to decommission the various care homes.

Decision

1) To approve the phase 1 approach as set out in the bed-based care strategy (Appendix 2).
2) To set direction to NHS Lothian in order to:
    a. Decommission intermediate care currently provided at the remaining wards at Liberton Hospital and to re-provide these within a reconfigured number of beds within the remaining Hospital Based Complex Clinical Care (HBCCC) estate.
    b. Decommission HBCCC beds provided at Findlay House and Ellen’s Glen House and re-provide these within the former residential care home facility in Drumbrae.
    c. Commission Intermediate Care beds within the bed base remaining at Ellen’s Glen House and Findlay House.
    d. Decommission the HBCCC beds provided at Ferryfield House, withdraw from the lease at intended break point and decommission service in October 2022.
3) Set direction to City of Edinburgh Council of the EIJB’s intention to:
    a. Decommission residential care currently provided at Clovenstone, Ford’s Road, Jewel House and Ferrylee care homes.
    b. Decommission the residential care model provided at Drumbrae Care Home and single intent to re-provide HBCCC within that facility.

4) To note that the Bed Based Review proposals are designed to meet the strategic intention of the IJB to deliver the right care, in the right place, at the right time, and that the EIJB supports this.

5) To note that the four care homes proposed for decommissioning no longer meet Care Inspectorate standards and that the consequences of a reduction in care homes beds in the city needs to be connected to a commensurate reinvestment in alternative care provision

6) To agree to delay making a final decision, with the exception of preparation towards the time critical elements of recommendations 2.a. (Liberton Hospital) , 2.d. (Ferryfield House lease withdrawal) and 3.b. (Drumbrae change to HBCCC), until the following actions have been completed / progressed and for further consideration to a future Board meeting, with the target date of 17 August and a special Board meeting to be arranged to consider this if required after this date:

   a. A final Integrated Impact Assessment.
   b. Engagement with trade unions regarding the impact on Council Health and Social Care staff.
   c. Consultation with key stakeholders including City of Edinburgh Council about decommissioning four care homes.
   d. A plan detailing what investment will be required to ensure that people are supported to live independently in their own homes for as long as possible, including home care, community infrastructure and Primary Care services.
   e. An update on workforce planning for each type of care and location and the measures to be taken to support the recruitment, retention and development of key staff.

(Reference – Report by the Chief Officer, Edinburgh Integration Joint Board, submitted)

3. Minutes

Decision

To approve the minute of the Edinburgh Integration Joint Board of 27 April 2021 as a correct record.

4. Rolling Actions Log

The Rolling Actions Log for March 2021 was presented.

Decision

1) To agree to close Action 2 – 2021/22 Financial Plan Update.

2) To note the remaining outstanding actions.

(Reference – Rolling Actions Log, submitted).

5. Edinburgh Integration Joint Board Risk Register – Referral from the Audit and Assurance Committee

The Board were presented with the EIJB's Risk Register that had already been considered and subsequently referred from the Audit and Assurance Committee.

The Register updated members on the activity to manage, mitigate and escalate EIJB risks, which included a new governance process for scrutinising risks.

Highlighted in the referral from Audit and Assurance, members evaluated the appropriateness of the target risk of Risk 1.3, which was currently set as high and could pose a threat to the delivery of Delegated Services and the wider Strategic Plan.

Decision

1) To note the further development of the risk register with the adoption of a new process to ensure regular Executive Management Team (EMT) involved in assessing and managing risk.
2) To consider the updated risk profile cards for medium and high-level risks noting that these have been reviewed by the EMT in May 2021.
3) To determine if mitigating controls identified against these current risks are adequate.
4) To consider the need for further risks to be added to the register,
5) To note that a review of the Committee structure would be scheduled
6) To share previous versions of the Risk Register with the newly appointed IJB members.

(Reference – Report by the Chief Finance Officer, Edinburgh Integration Joint Board, submitted)

6. Communications and Engagement Strategy

The Board were presented with a Communications and Engagement Strategy that had been developed in response to the EIJB's and Edinburgh Health and Social Care Partnership's (EHSCP) ambition to engage and communicate with the widest range of audiences to increase visibility and awareness.

The Strategy had been presented previously to the Strategic Planning Group and undergone scrutiny before it's presentation to the Board. Moving forward, the monitoring and development of the strategy was noted to lie with the EIJB's Public Facing Working Group.

Decision

1) To note the content of the C&E Strategy.
2) To note that monitoring and development of the C&E Strategy will be supported by the EIJB Public Facing Working Group.

3) To note that the C&E Strategy will be formally refreshed every 3 years, in line with the Strategic Commissioning Planning Cycle.

(Reference – Report by the Head of Strategic Planning, EHSCP, submitted).

7. Financial Update

The Board were presented with the out-turn position for 2020/21 and the progress with balancing the 2021/22 financial plan.

The report highlighted an overall surplus of £1.0m for 2020/21, and efforts are ongoing to update the 2021/22 Plan after the recent receipt of significant Covid-19 funding from the Scottish Government.

Members noted the current ongoing efforts from the Chief Officer and Chief Finance Officer with Scottish Government officials to explore the extent to which the IJB's earmarked reserves can be applied to support the range of financial pressures.

Decision

1) To note that, subject to audit, a surplus of £1.0m is reported for the financial year 2020/21.
2) To agree that the additional funding of £2.5m agreed by the Council is applied to reduce the 2021/22 budget deficit.

(Reference – Report by the Chief Finance Officer, Edinburgh Integration Joint Board, submitted)

8. Annual Review of Directions

The outcome of the annual review of directions for 2021 was presented to the Board. Members noted the previous consideration by the Performance and Delivery Committee that had contributed to the content of the paper presented to the Board.

Moving forward, members noted the intention to review and revise the Directions Policy in the Autumn of 2021, with the last review coming in 2019.

Decision

1) Notes that P&D Committee has reviewed the directions covering the period April 2020 – March2021.
2) Notes that P&D Committee considered initial proposals for retaining, varying or closing directions at Appendix 1.
3) Approves the varied directions provided at Appendix 2, which were considered by P&D Committee as part of the review.

(Reference – Report by the Head of Strategic Planning, EHSCP, submitted)

9. Evaluation of Winter Planning 2020/2021

An update on the performance throughout winter 2020/21 was presented to the Board. The report included an overview of the winter planning actions and services as well as an evaluation of their impact and effectiveness.

Decision

1) To note the evaluation of winter 2020/21 contained within this paper.
2) To note that a number of the successful winter incentives have been funded recurringly.
3) To note that planning is underway with regards to our key priorities for Winter 2021/22.

(Reference – Report by the Chief Officer, Edinburgh Integration Joint Board, submitted)

10. Edinburgh Integration Joint Board Governance Handbook

The Board were asked to endorse the EIJB Governance Handbook, which intended to act as a practical reference guide for the EIJB covering a range of governance themes designed in short sections, that can be used for continual board development.

Decision

1) To endorse the EIJB Governance handbook included at Appendix 1 as developed by EIJB members supported by the Good Governance Institute.
2) To agree to the Handbook being reviewed in 18 months asset out at 4 below.

(Reference – Report by the Chief Officer, Edinburgh Integration Joint Board, submitted)

11. Committee Updates

A report was presented which provided an update on the work of the IJB committees which had met since the last Board meeting. In addition to the summary report, draft minutes of the Strategic Planning Group and Performance and Delivery Committee were submitted for noting.

Decision

To note the update and the draft minutes of the IJB Committees.

(Reference – Report by the Chief Officer, Edinburgh Integration Joint Board, submitted.)

11. EIJB Consultation Response – Fairer Duty Guidance

The consultation response to the Fairer Scotland Duty Guidance was submitted to the Board for noting.

Decision

To note the EIJB consultation response which has been approved and submitted by the Chief Officer in line with the agreed consultation protocol.

(Reference – Report by the Chief Officer, Edinburgh Integration Joint Board, submitted)

12. Valedictory Remarks

The Chair gave thanks to both Andrew Coull and Nancy McKenzie who were both resigning from the Board and wished them well in the future.

The Chair also thanked the Board for the work and progress made throughout his time as Chair and noted that Councillor Ricky Henderson would take up the post from the next EIJB meeting, with Angus McCann moving to the Vice-Chair position.

Edinburgh Integration Joint Board

Rolling Actions Log

August 2021

No	Agenda item	Subject	Date	Action	Action Owner	Expected completion date	Comments
1	Adult Sensory Support	Provide an update on the Adult Sensory Support contractual arrangements	10-12-19	To agree that an update would be submitted in spring 2021.	Chief Officer	October 2021	Final tenders for the new contractual arrangements have been received and appraised. Officers are undertaking a review of next steps in the context of Covid. Deaf services contracts have been running since October 2020. However, Sight Loss contracts were extended with RNIB to end March 2021, and new providers will on

No	Agenda item	Subject	Date	Action	Action Owner	Expected completion date	Comments
							be commencing in April 2021. It is recommended that the update be delayed to cover both areas after a period of at least 6 months.
2	Edinburgh Integration Joint Board Risk Register – Referral from the Audit and Assurance Committee		22.06.21	1) To schedule a review of the Committee structure.			**Recommend for Closure** The review of the committee structure is scheduled for EIJB on 26 October 2021
			22.06.21	2) To share previous versions of the Risk Register with the newly appointed IJB members.			**Recommend for Closure** Previous versions of the Risk Register were shared with the newly appointed IJB members on 29 June 2021.

No	Agenda item	Subject	Date	Action	Action Owner	Expected completion date	Comments
3	Financial Update		22.06.21	To circulate a briefing on Mental Health Services that went to Performance and Delivery members to all EIJB members.			**Recommend for Closure** The briefing on Mental Health Services and Finance was circulated to all IJB members on 21 April 2021.

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Edinburgh Integration Joint Board

REPORT

Bed Based Care – Phase 1 Strategy

Edinburgh Integration Joint Board

17 August 2021

Executive Summary	The purpose of this report is to provide the Edinburgh Integration Joint Board with an update on the progress of the bed based care (phase 1) activities

Recommendations	It is recommended that the **Edinburgh Integration Joint Board:** 1. Notes the progress made since the last meeting on 22nd June in response to the amendment in relation to item 7.1 Bed Based Care - Phase 1 Strategy Which includes updates on: 2. The actions requested by the EIJB as set out in the amendment; 3. Data and modelling; 4. Potential public consultation requirements;

Directions

Direction to City of Edinburgh Council, NHS Lothian or both organisations		
	No direction required	✓
	Issue a direction to City of Edinburgh Council	
	Issue a direction to NHS Lothian	
	Issue a direction to City of Edinburgh Council and NHS Lothian	

Report Circulation

1. This report has not been circulated to any other groups or committees

Main Report

1. At its meeting on the 22nd June, the EIJB noted the recommendations set out in the bed based care – phase 1 strategy. The EIJB also noted that the bed based care proposals are designed to meet the strategic intention of the IJB to deliver the right care, in the right place, at the right time which the IJB supports.

2. The IJB noted that the four care homes proposed for decommissioning care within no longer meet Care Inspectorate standards and that the consequences of a reduction in care home beds in the city needs to be connected to a commensurate reinvestment in wider care provision.

3. The EIJB agreed to delay making a final decision, with the exception of the preparation towards the time critical elements of recommendations 2.a. Liberton Hospital, 2.d. Ferryfield House lease withdrawal and 3.b. the change in use of Drumbrae Care Home to provide Hospital Based Complex Clinical Care (HBCCC), until the following actions have been completed or progressed and reported for consideration to a future board meeting. An initial target date of 17 August was agreed and a special Board meeting to be arranged to consider this, if required, after this date. The required actions agreed are:

    a. Completion of a final Integrated Impact Assessment (IIA);
    b. Engagement with Trade Unions regarding the impact on Council Health and Social Care staff;
    c. Consultation with key stakeholders including the City of Edinburgh Council about the decommissioning of four care homes;
    d. A plan detailing what investment will be required to ensure people are supported to live independently in their own homes for as long as possible, including home care, community infrastructure and primary care services; and
    e. An update on workforce planning for each type of care and location and the measures to be taken to support the recruitment, retention and development of key staff.

Implications for Edinburgh Integration Joint Board

Integrated Impact Assessments (IIAs)

4. The Integrated Impact Assessment is a process which enables partners to systematically consider and understand how a proposal may impact on people, the environment and the economy and includes consideration of human rights.

5. The Integrated Impact Assessment (IIA) assesses the impact of proposals in relation to the following legislation:
    a. The Equality Act 2010;
    b. The Children and Young People's (Scotland) Act 2014;
    c. The Human Rights Act 1998;

i. Including Scotland's National Action Plan for Human Rights (SNAP);

d. The Fairer Scotland Duty;
e. The Environmental Impact Assessment (Scotland) Act 2005; and
f. The Climate Change (Scotland) Act 2009.

6. The Bed Based care - phase 1 proposals focus on three bed types within Health and Social care and although an interim IIA had been completed, a wider encompassing IIA is required (as requested by the EIJB at the meeting on 22nd June) with a broad range of stakeholders to ensure due process is followed.

7. Consideration of carers is also already included in the IIA process. Although carers are not identified as a protected characteristic group under the Equality Act, carers **are** identified as a specific group for consideration within the EHSCP IIA process and form part of discussions around:
    a. Gender – more carers are likely to be women;
    b. Disability – impacts on people with disabilities can also impact on their carers;
    c. Those vulnerable to poverty - unpaid carers are more likely to experience financial challenges; and
    d. Human rights, participation, inclusion, stress and resilience – caring responsibilities can limit participation and carers are more likely to face increased isolation and loneliness and have a lower quality of life.

8. Due to the range of services that the proposals impact and the wide interest in these bed types (especially the care home proposals), the EHSCP Executive Management Team (EMT) and the bed based care project team suggested an independent Chair was sourced to undertake these sessions.

9. An independent chair has been identified who has experience of chairing multi-agency, cross sector meetings, with the ability to manage debate to ensure equity and transparency for these sessions and will ensure there is no unintended bias.

10. The project team and executive management team agreed to split the IIA into two sessions, one will focus on the wider bed based care – phase 1 proposals and one will focus specifically on the proposals in relation to the change in function of Drumbrae care home. It was agreed to separate Drumbrae as it was felt there would be specific issues relating to Drumbrae and the proposed change in function that requires a more targeted consideration.

11. The IIA sessions will take place on the following dates:
    a. Bed based care – phase 1 proposals (Intermediate care/HBCCC and care homes): Wednesday 18th August between 12:30 – 16:00;
    b. Drumbrae proposals: Thursday 19th August between 09:00 – 11:30;

12. Due to the high profile of these proposals, the stakeholder group for each session is quite large encompassing stakeholders from all services including people with lived experience either directly or indirectly.

13. The stakeholder group for both sessions can be found in Appendix 1.

14. A full report will be prepared following both IIAs and will be presented to the EIJB in September.

Engagement with Trade Unions regarding the impact on Council Health and Social Care staff

15. Regular weekly meetings have been established between all Trade Unions related to Council employees, the project team and CEC HR.

16. Similarly, ongoing discussions are underway through our Partnership at work processes with Trade Unions related to NHS employees and the project team.

17. These meetings provide the opportunity to discuss the proposals and progress with Trade Union colleagues and provide a forum to escalate any concerns.

18. As the proposals relating to EHSCP managed care homes are only proposals at this point, no formal consultation activity has been initiated. This will be planned following a decision by the EIJB later in the year.

19. Regular meetings with Trade Union colleagues will continue in this format up to the point a formal decision is reached, if the proposals are approved, consultation and engagement will continue through the initiation of formal staff consultation and workforce organisational change.

Consultation with key stakeholders including the City of Edinburgh Council on the decommissioning of four care homes

20. A short life working group has been established with relevant stakeholders from both the City of Edinburgh Council and NHS Lothian on the property aspects of the proposals.

21. The group held the initial meeting w/c 2nd August and will continue to meet regularly thereafter.

22. The key focus of the group is to discuss and agree all issues relating to buildings, specifically the requirements for the change in function of Drumbrae, the decommissioning of the four older care homes (subject to approval) and the withdrawal from the lease at Ferryfield House.

23. Although the ownership of the buildings will stay as they are, the group will agree any contractual agreements that need to be in place to support a change in function and clear roles and responsibilities for the day to day operation and management of the buildings.

24. The group will also focus on the decommissioning of the four older care homes (subject to approval) and the requirements associated with this.

A plan detailing the investment required to ensure people are supported to live independently in their own homes for as long as possible, including home care, community infrastructure and primary care services

25. Through a number of different redesign activities underway across the EHSCP, there are many contributing factors to enable people to be supported to live independently in their own home.

26. Within the bed based care – phase 1 strategy, an uplift was applied in the financial modelling to allow for future investment in Homecare / Care at Home provision should it be required.

27. Business as usual activities in addition to Transformation projects, the Primary Care Improvement Plan and the development of the new strategic plan will all support a shift in the balance of care from hospital to community settings and will increase community capacity to meet future demand. For example, as part of our Homebased Care and Support project, we are proposing the procurement of a scheduling tool that will optimise our Homecare and Reablement service, increasing capacity through efficient scheduling and route optimisation.

28. It is an extremely complex landscape and activities and initiatives cannot be seen in isolation. There are a number of interdependencies that will support our redesigned bed base, but it will require a range of initiatives to work together in a system wide delivery model to be successful.

29. The project team have discussed this in detail with the Executive Management Team to understand how best to display the range of initiatives underway and the rebalance of investment required to increase community capacity and ensure care is provided in the right place at the right time.

30. The project team are working with the Communications team to identify how best to present this information in a way that shows the range of activities that will contribute to a caring, healthier and safer Edinburgh, enabling people to access the right care, in the right place at the right time.

31. The final product will form part of the documentation submitted to the EIJB in September for consideration.

Modelling and Data

32. Following the IJB meeting on 22nd June the project team has reviewed a wider data set over an extended timeframe for all bed types considered in the phase 1 proposals. The Lothian Information Services Team (LIST) have been supporting the project to validate the projections used in the bed based care – phase 1 strategy. Data sets for intermediate care and HBCCC are being analysed incorporating a longer timeframe prior to the pandemic period. Similar data sets for care homes have been sourced and are in the process of being analysed.

33. A full report on the modelling projections and extended data timeframes will be presented to the IJB for consideration at the September meeting.

An update on workforce planning for each type of care and location and the measures to be taken to support the recruitment, retention and development of key staff

34. The project team is undertaking a desktop exercise reviewing the existing staff establishment for each service (both CEC and NHS) and comparing that to the actual staff in post at this time including the number of agency staff employed.

35. The existing and actual staffing numbers will be compared with the new staffing establishments for each service, including the phased implementation of the proposals to understand the staff required throughout implementation and into business as usual (if approved).

36. This information will be used to develop a workforce plan for each service area. Formal staff consultation cannot begin until a decision has been reached. Once (if) a decision is reached, staff will be provided with a range of options for their onward employment depending on the service they work within. At this point, we will be able to fully develop the workforce plans for each service which will be informed by individual preferences;

37. There is a no redundancy policy within NHS Lothian and a no compulsory redundancy policy within the City of Edinburgh Council. We fully support this, and we wish to retain the skilled workforce therefore, working closely with CEC HR colleagues it is not likely that Voluntary Early Retirement Arrangements (VERA) will be offered to staff unless there is a specific request received from individual staff which will be considered on a case by case basis.

38. We are also looking to recruit to our new model of care within our 60 bed care homes which will see the introduction of registered nurses to complement the existing staffing establishment. The aim is to recruit to the model in one care home and scale the model up if proved successful. These roles will provide further opportunities to our Health and Social care staff and will widen the options available to staff in the service areas that are impacted by the redesign proposals;

39. The increase in intermediate care capacity will also create additional jobs and will offer additional opportunities to staff affected by the redesign proposals;

Consultation

40. Within the City of Edinburgh Council, all non-essential consultation and engagement activities were suspended during the height of the pandemic. The suspension on consultation and engagement activities was lifted on the 1st July 2021. The project team have been in discussion with the City of Edinburgh Council's Policy and Insight team to understand if there is a requirement to publicly consult on the bed based care – phase 1 strategy. An extract from the CEC Consultation Policy is highlighted below:

"What is Consultation

Consultation is a time-limited exercise when we provide specific opportunities for all those who wish to express their opinions on a proposed area of our work (such as identifying

issues, developing or changing policies, testing proposals or evaluating provision) to do so in ways which will inform and enhance that work.' .1

Ultimately for the purposes of the City of Edinburgh Council; it means where citizens can influence an outcome through being involved in meaningful processes. The outcome/decisions based on consultation will not always meet the needs of all involved but the process must be able to stand up to scrutiny.

1 *Adopted for the Scottish Government Consultation Good Practice Guidance*

41. Further discussions have taken place with the Executive Management Team and the project team on the process required for this as we would be undertaking consultation as an Integration Joint Board and not as individual organisations such as the CEC or NHS Lothian.

42. It was agreed to seek independent legal advice on the process specifically relating to the IJB undertaking public engagement and consultation on its plans.

43. As a separate public body, the IJB is not required to work within either NHS Lothian or City of Edinburgh Council frameworks even though the consequence of the eventual IJB decision, may have an impact on services run by both partners.

44. Once advice has been provided, we will update the IJB on the required process and the impact this will have on timescales.

Report Author

Judith Proctor

Chief Officer, Edinburgh Integration Joint Board

Contact for further information:
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Email: Hazel.stewart@edinburgh.gov.uk

Background Reports

1. https://democracy.edinburgh.gov.uk/ieListDocuments.aspx?CId=160&MId=5571&Ver=4 – item 7.1

Appendices

Appendix 1 IIA Stakeholders

Appendix 1

Bed Based Care – phase 1 strategy: IIA stakeholders

	Name	Company	Role
1.	Liz Taylor	N/A	Chair
2.	Elisa Giannulli	EHSCP	Project Manager and Scribe
3.	Jane Brown	EHSCP	Senior Care Home Manager
4.	Sarah Cruikshank	EHSCP	Depute Care home manager
5.	TBC	TBC	Relative representative care home 1
6.	TBC	TBC	Relative representative care home 2
7.	TBC	TBC	Relative representative care home 3
8.	TBC	TBC	Relative representative care home 4
9.	TBC	EHSCP	Staff representative
10.	TBC	TBC	Carer representative
11.	David White	NHS Lothian	Primary Care representative
12.	Helen Fitzgerald	Trade Union	NHS TU/Partnership representative
13.	Tom Connolly	Trade Union	CEC TU/Partnership representative
14.	David Harrold	Unison	CEC TU/Partnership representative
15.	Sean Baillie	GMB	CEC TU/Partnership representative
16.	Brian Robertson	Unite	CEC TU/Partnership representative
17.	Siobhan Murtagh	CEC	HR representative
18.	Denise Keogh	NHS Lothian	HR representative
19.	Sara MacDonald	CEC	Finance representative
20.	Graeme Maguire	NHS Lothian	Finance representative
21.	Billie Flynn	EHSCP	Deputy Chief Nurse
22.	Jacqui Macrae	EHSCP	Chief Nurse and project SRO
23.	Sheena Muir	EHSCP	Hospital and Hosted Services Manager
24.	Dr Andrew Coull	NHS Lothian	Consultant Geriatrician
25.	Emma Barnes	EHSCP	Occupational therapist
26.	Jane Shiels	EHSCP	Physiotherapist
27.	Anna Duff	EHSCP	Social Worker/RRT
28.	TBC	TBC	Patient / family representative (HBCCC)
29.	TBC	TBC	Patient / family representative (Intermediate care)
30.	Jenny Mackenzie	EHSCP	Discharge Manager
31.	Deborah Mackle	EHSCP	Locality Manager and lead for Homecare and Reablement
32.	Angela Lindsay	EHSCP	Locality Manager and lead for Home First
33.	Shirley Middleton	EHSCP	Discharge Manager – Care homes
34.	Yvonne McWhirr	CEC	Quality Assurance Officer

Bed Based Care – Drumbrae: IIA stakeholders

	Name	Company	Role
1.	Liz Taylor	N/A	Chair
2.	Elisa Giannulli	EHSCP	Project Manager and Scribe
3.	Jane Brown	EHSCP	Senior Care Home Manager
4.	Jackie Reid	EHSCP	Care home manager
5.	TBC	TBC	Relative representative
6.	TBC	TBC	Relative representative
7.	TBC	TBC	Carer representative
8.	TBC	EHSCP	Staff representative
9.	TBC	TBC	Local community representative
10.	David White	NHS Lothian	Primary Care representative
11.	Helen Fitzgerald	Trade Union	NHS TU/Partnership representative
12.	Tom Connolly	Trade Union	CEC TU/Partnership representative
13.	David Harrold	Unison	CEC TU/Partnership representative
14.	Sean Baillie	GMB	CEC TU/Partnership representative
15.	Brian Robertson	Unite	CEC TU/Partnership representative
16.	Siobhan Murtagh	CEC	HR representative
17.	Denise Keogh	NHS Lothian	HR representative
18.	Sara MacDonald	CEC	Finance representative
19.	Graeme Maguire	NHS Lothian	Finance representative
20.	Billie Flynn	EHSCP	Deputy Chief Nurse
21.	Jacqui Macrae	EHSCP	Chief Nurse and project SRO
22.	Sheena Muir	EHSCP	Hospital and Hosted Services Manager
23.	Dr Andrew Coull	NHS Lothian	Consultant Geriatrician
24.	Emma Barnes	EHSCP	Occupational therapist
25.	Jane Shiels	EHSCP	Physiotherapist
26.	Anna Duff	EHSCP	Social Worker/RRT
27.	Mike Massaro-Mallinson	EHSCP	Locality Manager North West
28.	Yvonne McWhirr	CEC	Quality Assurance Officer

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Edinburgh Integration Joint Board

REPORT

Royal Edinburgh Hospital – Initial Agreement for the Intellectual Disability and National Intellectual Disability Adolescent Inpatient Unit and the Initial Agreement for an Integrated Mental Health Rehabilitation and Low Secure Centre

Edinburgh Integrated Joint Board (EIJB)

17 August 2021

Executive Summary	1. The purpose of this report is to seek EIJB support for the Initial Agreement (IA) (prior to submission to the Scottish Government) for: • The National Intellectual Disability Adolescent Inpatient Unit (NIDAIPU) • An Integrated Mental Health Rehabilitation and Low Secure Centre 2. The EIJB approved the initial mental health (MH) and learning disabilities (LD) bed number proposals for Edinburgh within the Royal Edinburgh Hospital (REH) modernisation project in May 2018. 3. An interim report was submitted to and supported by the Strategic Planning Group (SPG) in March 2020 which included the reduction in LD beds from 15 to 10. MH bed numbers remained unchanged. 4. Edinburgh Health and Social Care Partnership (EHSCP) officers continue to support the REH Programme Board in the furtherment of the business case.

Recommendations	It is recommended that the EIJB: 1. Note the reduction in LD bed numbers from 15 to 10. 2. Approve the IAs at appendices 1 and 2. 3. Acknowledge the continued involvement of EHSCP officers in the development of the business case

Directions

Direction to City of Edinburgh Council, NHS Lothian or both organisations		
	No direction required	
	Issue a direction to City of Edinburgh Council	
	Issue a direction to NHS Lothian	
	Issue a direction to City of Edinburgh Council and NHS Lothian	✓

Report Circulation

1. Initial report on REH bed numbers for LD and MH approved by EIJB in May 2018.
2. Interim report agreed by SPG in March 2020.
3. REH Programme Board has circulated draft versions of the IAs over recent weeks.

Main Report

4. NHS Lothian provides assessment and treatment inpatient provision for adults with LD and adults with complex MH needs at the REH campus in Morningside. The overall campus site has been the focus of a programme of modernisation, with Phase 1 completed in 2016. The intent remains to develop further phases of modernisation, aimed at LD and MH in Phase 2. Elements of the services in scope for Phase 2 are delegated to the EIJB and therefore commissioned by us.

5. The strategic intent for the development of an **NIDAIPU** on the REH site is at **Appendix One**. It would include 17 beds for Lothian's and Borders LD patients, of which 10 would be commissioned by the EIJB. This reflects a reduction of 5 beds from the original figure of 15. This reduction for Edinburgh was supported by the SPG in March 2020.

6. The strategic intent for the development of an **Integrated Mental Health Rehabilitation and Low Secure Centre** on the REH site is at **Appendix Two**. This includes a total of 60 beds, broken down as 24 low secure and 36 rehabilitation beds. Of these, 45 beds will be commissioned by Edinburgh (15 low secure and 30 rehabilitation).

7. In total, the number of beds required for Edinburgh has not changed from those previously agreed by the EIJB, but it should be noted that 12 of the 30 rehabilitation beds were originally included in the phase 1 development. Pressures on the site subsequently led to these beds being moved out of the RE Building and reprovided elsewhere on the site.

8. EHSCP officers are members of the REH Programme Board. The IAs have been developed within the REH Programme Board and on a pan-Lothian basis. Once agreed by the four Lothian IJBs they will then move through the NHS Lothian governance processes for onward submission to the Scottish Government. Approval of the IAs by the Scottish Government will lead to the development of outline business cases.

Implications for Edinburgh Integration Joint Board

Financial

9. The financial model, which underpins both IAs has been developed on a pan Lothian basis. As such, it focuses on the **overall** affordability of community and inpatient developments necessary to provide person centred care for people in Lothian. All four Lothian IJBs have indicated they will commission a reduction in NIDAIPU and MH rehabilitation inpatient beds from current levels. The financial model takes this into account, but also includes the cost of commissioning additional community capacity for LD and MH clients in order for the planned bed reductions to be sustainable.

10. Taking all existing budgets and projected costs into account, the financial model demonstrates that the plans set out in the two IAs are affordable. However, it should be noted that, if the model was to be disaggregated by individual IJBs, this would pose a challenge for Edinburgh. This is because we currently commission for both intellectual disabilities and MH, in excess of the Edinburgh 'fair share' of beds. Also, further work will be required to take account of any phasing requirements.

11. As set out above, the number of beds Edinburgh commissions for LD will decrease from the current level of 33 to 10. Detailed plans are in place to facilitate the discharge of people to appropriate community services. This requires a significant level of intricate planning to ensure people are supported to thrive in their new circumstances. Accordingly, significant double running costs are anticipated (estimated to be in the region of £1.1m) and it is recommended that these are funded from the reserves the IJB is holding for the Community Living Change Fund. This fund was established by the Scottish Government in early 2020 to support the transfer from long term hospital-based care, making it entirely appropriate for these purposes. Total funding received was £1.9m, so if this proposal is agreed, £0.8m will remain and it is also recommended that this is prioritised by the SPG in line with EIJB strategic direction. The transition plan for LD beds is outlined at **Appendix 3**.

Legal / risk implications

12. The reduced bed base is predicated on robust community developments: this requires whole system planning with clear client pathways to ensure that community supports are robust and sustainable.

13. There are risks in terms of delivering on our legislative duties and requirements under the Mental Health (Care and Treatment) Act, and Adults with Incapacity Act by not being able to provide appropriate care and treatment which meets the principles of least restriction and reciprocity.

14. As the individuals leaving hospital are all complex, recruiting, training and retaining a workforce will present a challenge.

Equality and integrated impact assessment

15. Consideration is being given to equalities throughout the development of the IAs.

16. Integrated Impact Assessments (IIA) with input from a wide stakeholder group including people with lived experience, carers and 3rd sector and statutory sectors, will be carried out for each client group as the outline business cases are developed through the REH Programme Board.

Environment and sustainability impacts

17. Sustainability is being considered and will be covered within the IIA.

Quality of care

19. Moving from institutional care in a hospital to a community setting provides opportunities for people to contribute and be part of their communities. An improved environment is a key component to increase the rehabilitation and recovery potential of individuals.

Consultation

20. Further workshops with key stakeholders are planned which will continue to inform the development of an outline business case should the strategic intent in the IAs be supported.

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Background Reports

1. EIJB Strategic Plan 2019-2022
2. The Independent Review of Learning Disability and Autism in the Mental Health. https://www.irmha.scot
3. Coming Home Report; https://www.gov.scot/publications/coming-home-complex-care-needs-out-area-placements-report-2018/

Appendices

Appendix 1	IA for the NIDAIPU
Appendix 2	IA for an Integrated Mental Health Rehabilitation and Low Secure Centre
Appendix 3	REH LD bed transition plan.

Intellectual Disability and National Intellectual Disability Adolescent Inpatient Unit (NIDAIPU)

NHS Lothian

Initial Agreement

Project Owner: Nickola Jones

Project Sponsor: Alex McMahon

Date: 14/05/2021

Version: 1.13

Version History

Version	Date	Author(s)	Comments
1.0	13/05/2021	Nickola Jones	Initial draft, pulling together progress to date
1.1	25/05/2021	Nickola Jones	Updating IA Title, developing case
1.2	27/05/2021	Nickola Jones	Updating Case based on service discussions and options appraisal
1.3	28/05/2021	Nickola Jones	Review and update of case
1.4	04/06/2021	Scott Taylor	Review and update of case
1.5	10/06/2021	Nickola Jones	Review and update of case
1.6	14/06/2021	Nickola Jones	Review and update of case
1.7	15/06/2021	Nickola Jones and Steve Shon	Review and update of case
1.8	16/06/2021	Nickola Jones	Review and update of case
1.9	16/06/2021	Laura Smith/Hamish Hamilton	Updates to Economic Case & Financial Case
1.10	20/07/2021	Laura Smith	Review and update of Financial Case
1.11	22/07/2021	Nickola Jones	Review and update of case
1.12	26/07/2021	Nickola Jones	Review and update of case
1.13	27/07/2021	Nickola Jones	Review and update of case

Contents

1. Executive Summary

1.1 Purpose

Intellectual Disability services are currently delivered on the Royal Edinburgh Hospital (REH) site from outdated, clinically challenging accommodation. As described in the Initial Agreement (IA) for an initial 2 bedded facility for the NIDAIPU, currently there is no inpatient intellectual disability facility in Scotland for young people over the age of 12 with mental health needs.

This IA makes the case for the development of an intellectual disability campus on the Royal Edinburgh Hospital Site. The campus would deliver high quality care for those requiring inpatient treatment as well as being a hub for training, learning and development in the area of managing patients with an intellectual disability with complex behavioural and mental health needs both within and out with hospital.

The campus will include 17 beds for the Lothian's and Borders Intellectual Disability patients and 4 beds for the national IDAIPU, as specified by National Services Scotland (NSS) and the Scottish Government.

1.2 Background and Strategic Context

This IA follows on from the implementation of Phase 1 of the Royal Edinburgh Hospital campus re-development. It seeks to build on knowledge gained from the first phase and to provide high quality facilities for those with an intellectual disability receiving inpatient care for their mental health. This case also incorporates 4 beds to implement the Scottish Government's ambition to provide inpatient care in Scotland for adolescents with mental health needs and an intellectual disability.

The case aligns with all current Scottish Government and local strategies and has been included in the four Lothian IJB Strategic Plans for 2019-2022.

Inpatient care for those with an intellectual disability is a delegated function in Lothian, which means that the four Lothian IJBs are responsible for setting the direction for the future. Therefore, the Royal Edinburgh Project Board has worked closely with colleagues from across the four Lothian IJBs to create a joined up plan for Adults with intellectual disability.

The IJBs have agreed on a reduced bed number for adults with intellectual disability from a current funded capacity of 37 to 17 beds. This includes 2 beds for NHS Borders. The breakdown across the IJBs is as follows:

IJB	New Bed No:
Edinburgh	10
West	2
East	2
Midlothian	1
Lothian	**15**
NHS Borders	2
TOTAL	**17**

1.3 Need for Change

The current accommodation in Lothian for patients with intellectual disability requiring inpatient admission is not fit for purpose. The ward environment does not meet care standards such as providing en-suite facilities, and sharing bathrooms presents particular problems with regards to dignity for this patient group. The ward environment makes it challenging for staff to safely manage patients, which has an impact on both patient's recovery and staff morale and wellbeing. There is a lack of therapeutic space for patients, making it difficult for them to practice the life skills required to go home, and to receive 1:1 therapies in a private environment. The need for change is further described throughout this case, supported by direct feedback from patients receiving treatment within the wards in June 2021.

The impact of not having access to dedicated assessment and treatment inpatient facilities for adolescents with intellectual disability and mental health needs in Scotland are:

- Children and young people remained in distress and under-treated at home or in unsuitable units, sometimes with high use of sedative medication and restraint
- Due to delays in admission and not admitting, families were highly stressed, managing severe self-injury, aggression and destructive behaviours in their children. Families managing changes in medication and other treatments in crisis stages at home.
- Dislocation from family and local services due to distance when admitted to specialist units in England (however it was noted that better clinical outcomes were achieved).
- Additional costs, nursing costs and ward environmental adaptations to safeguard and manage young people in adult and paediatric ward settings.

1.4 Investment Objectives

The investment objectives for this case are to:

- Shift the balance of care by reducing inpatient beds and developing pathways to support people with long term needs relating to their intellectual disability in residential settings
- Provide adequate space for the delivery of therapeutic activities and spending time with family
- Establish a high quality, safe and robust inpatient services which meet care standards such as providing en-suite bathrooms
- Establish an inpatient environment which provides adequate space for care which enables staff to deliver care in the least restrictive way possible
- Have a facility which meets the current standards for energy efficiency and sustainability
- Embed a realistic and sustainable workforce model using the whole multidisciplinary team (MDT)

1.5 The Preferred Option(s)

The preferred solution was identified as Option 4: New Build for Both Services on REH Site. This was identified as the preferred option because it ranked the highest it both the Non-Financial and the Economic Assessment. Option 4 delivers a greater number of the benefits that have been set out as the criteria for achievement from this project.

It is recommended that NHS Lothian proceeds with this option to Outline Business stage where the implementation of the solution shall be further developed and tested for value for money.

1.6 Readiness to proceed

A benefits register and initial high level risk register for the project are included in Appendix 2: Benefits Register and Appendix **3:** Risk Register. Detail of the proposed timeframe for development of the business case is included in the Commercial Case and any interdependencies with other projects are included in the Strategic Case.

NHS Lothian is ready to proceed with this proposal and is committed to ensure the necessary resources are in place to manage it. Section 6.2 outlines the governance support and reporting structure for the proposal and section 6.3 details the project management arrangements.

1.7 Conclusion

This case clearly describes the need for improved accommodation for those with intellectual disability and mental health needs in NHS Lothian, it also describes the case for providing a bespoke 4 bedded facility for adolescents with these needs across Scotland, as requested by the Scottish Government and supported nationally.

The case presents first hand feedback from those receiving care in the current facilities in NHS Lothian which provides a clear indication of the failings of the current environment. The Scottish Government and IJBs have a strategic direction to care for people in an inpatient setting only when that is the only possible solution. Therefore, when someone does require a hospital admission, it will be because they have a high level of need. The best quality environment is required to ensure those admitted receive the highest quality care, in an appropriate environment and supported by staff who feel valued and well equipped.

Co-locating the national unit with the local unit will create a centre of excellence for supporting people with intellectual disability both in hospital and in the community. It will become more attractive for staff to work in the units because there will be a variety of learning and training opportunities. The environment would be bespoke and fit for purpose and provide dignity to those requiring a hospital admission.

This case is supported by the 4 Lothian IJBs, NHS Borders and Borders IJB and is driven by a genuine desire to provide care for vulnerable patients in the best possible environment to give people the greatest chance of getting better and being able to go home. It is aligned with the ambition to shift the balance of care from hospital to community settings and exhibits NHS Lothian's commitment to this agenda.

2. The Strategic Case

2.1 Existing Arrangements

Intellectual Disability Wards

What is a Learning Disability?

The term learning disability is commonly used in the UK and is synonymous with intellectual disabilities, which is used currently internationally (These are not the same as learning difficulties which is a term that, in the UK, refers to a separate group of specific reading and writing disorders).

Following the recent revisions of international mental health diagnostic classification systems (ICD-11 and DSM-5), the terms Disorders of Intellectual Development or Intellectual Development Disorder are likely to be more widely used in the years ahead. Therefore, this case will use the term 'intellectual disability' or 'ID' throughout.

In Scotland, within the Keys to Life strategy (Scottish Government, 2013), people with learning (intellectual) disabilities are described as having a significant, lifelong, condition that started before adulthood, which affected their development and which means they need help to:

- understand information;
- learn skills; and
- cope independently.

How many people have an intellectual disability?

About 16,000 school children and young people in Scotland have an intellectual disability. About 26,000 adults in Scotland have an intellectual disability and need support. Around 3,900 (15%) of these adults live in Lothian (Scottish Learning Disabilities Observatory 2021). For any of these needs the level of support will vary. A person with learning disabilities may need:

- occasional or short-term support;
- limited support, for example, only during periods of change or crisis;
- regular long-term support, perhaps every day; or
- constant and highly intensive support if they have complex or other needs which are related.

What does the existing inpatient service do?

The NHS Lothian Intellectual Disability Inpatient Service is designed to accommodate adults (18 years or over) across NHS Lothian with an intellectual disability, presenting with a range of mental health, forensic or behavioural support needs. The principle function of the service is to provide a period of systemic assessment of intense, severe, enduring or unpredictable high-risk behaviours, and

subsequently provide treatment and behavioural support plans to enable patients to live safely within their local community.

There are distinct pathways of assessment and treatment depending upon patient needs. These could be behaviours that challenge, those determined as forensic, or those with mental ill-health concerns which cannot be met within adult mental health services. It is also expected that the service should anticipate the needs of those with dementia.

People with an intellectual disability, with and without co-morbidities, can experience a range of physical disorders, which can add complexity to their presentation. They may require continuous observation, physical intervention and pharmaceutical interventions. Medical and psychiatric expertise is required for accurate diagnoses and effective treatment.

People with ID have higher incidence of preventable disease, divergent disease profile and lower life expectancy than the general population. Generally this can be attributed to lifestyle factors, ability to identify early signs and manage symptoms of disease, along with chronic conditions that are associated with genetic and congenital disorders. It is also well recognised that people with ID experience a diverse and systemic range of health inequalities, and diagnostic overshadowing with symptoms of preventable disease attributed to their ID.

The intellectual disability service is specialist by nature, operating on a pan-Lothian basis for a specific cohort of patients, addressing specialist needs of the most acute individuals. It is the only NHS Lothian inpatient service of its type.

Model of Care

NHS Lothian provides the inpatient element of care for people with an intellectual disability, and has strong links and interdependencies across primary and community care colleagues and intermediate care teams.

GPs, community service providers and intermediate care teams work with individuals in the community to support them at home wherever possible, and if an inpatient stay is required, that they are supported to be discharged home as soon as they can be.

Primary reasons for admission are a) deterioration in mental health state, b) medication review c) increased risk associated with forensic or distressed behaviour. Those receiving care can be described as belonging to three categories:

- Mental Health – presenting needs will be related to new emerging or chronic symptoms associated with schizo-affective disorders or depressive and anxiety disorders. Along with the secondary symptoms of self neglect and poor physical health and psycho-social status.
- Forensic – presenting needs will be related to high risk behaviours which would attract the attention of the criminal justice system such as violence, sexual assault or arson
- Distress behaviours – often associated with autism or other neurodiverse disorders with associate communication concerns and behaviours that challenge

In general, unless the individual has the ability to consent to a voluntary period as an inpatient, all patients must meet the psychiatric criteria to require a period of detention under the Mental Health (Care

and Treatment) (Scotland) Act 2003. All patients who are detained have an allocated Mental Health Officer (MHO), and all patients have access to NHS Lothian funded Advocacy.

The model of care relies on close partnership working with the centrally funded Intermediate Tier of services: Mental Health Intensive Support Team (MHIST) and the Forensic Assessment and Support Team (FAST), along with the locality-based Integrated Community Learning Disability Teams to ensure appropriate patient progression and flow, supportive of their needs as they change.

The key functions that the intermediate teams provide are:

1) to work with community partners to step up care for a time limited period with additional intensive and assertive interventions to maintain people within their community, and mitigate against admission
2) when an admission to an adult mental health bed is required provide the additional ID expertise and support to enable positive outcome and experiences
3) support discharge planning and to work with community partners to step up for a time limited period with additional intensive and assertive interventions to maintain people within their community

Currently, the model of access to the service is as follows;

- Patients are admitted following community crises by Community Learning Disability Teams (CLDTs) or out of hours by GPs
- They are seen by MIHST, FAST, SBPST if time allows
- Patient flow involves appropriate, timely admission by the current clinical team to the appropriate inpatient area according to clinical need for assessment (forensic, mental illness, challenging behaviour)
- Following assessment and treatment the person should then progress to discharge home in a timely manner

The current model is one of “admit to assess”, described above.

Current Ward Establishment

There are currently 38 patients receiving care within the Intellectual Disability service which include patients within the core Royal Edinburgh Hospital site facilities including the William Fraser Centre (WFC) and Islay Centre. Off-site services include Primrose Lodge, Camus Tigh, and Glenlomond. The geographical locations are shown on the map below:

Current capacity is as follows:

Ward	Location	Current Funded Capacity	Current Use
Islay	REH Site	10	11
William Fraser	REH Site	12	13
Carnethy	REH Site	0	2
Primrose Lodge	Midlothian	3	1
Camus Tigh	West Lothian	6	6
Glenlomond	Edinburgh City	5	5

Glenlomond, Camus Tigh, Primrose Lodge and WFC are all congregate living spaces – each patient has their own bedroom, but living areas and bathrooms are shared. All services have varying levels of security and all are locked using keys.

The Service also has patients currently placed in the REH, St John's Hospital, Midlothian Community Hospital in addition to Regional and National Hospitals. There are currently 7 people receiving care out of area.

Length of Stay

Lengths of stay in the Intellectual disability service are often measured in years, rather than days or months, with low turnover of patients in units, small numbers of admissions and discharges annually through a small number of beds. These long lengths of stay mean that the inpatient units are “home” for patients for several years. The lengths of stay range from 6 months to 10 years.

Currently the service is operating at 130% occupancy and experiencing 30% delayed discharges.

Services for Young People Aged 12-18 with Intellectual Disability and Inpatient Mental Health Needs

Currently there is no NIDAIPU in Scotland for young people over the age of 12. If a young person requires admission to hospital they have to travel to England for treatment or are cared for in an adapted setting which is designed for adults.

Following the completion of the 5 Year Survey of Need for Mental Health Inpatient Care for Children and Young People in Scotland with a Learning Disability and/or Autism, published by Scottish Government (2017), a Short Life Working Group (SLWG) was established to review access to mental health inpatient care for young people in Scotland with learning disability. The group aimed to address three distinct areas:

- To benchmark bed numbers and specification with NHS England
- To identify current expenditure in Scotland and revenue for proposed facility
- To develop a high level service specification for a Learning Disability Child and Adolescent Mental Health Inpatient Service.

The SLWG concluded that a specialist inpatient unit was required for Scotland. The Directors of Planning asked NSD to undertake an options appraisal exercise to assess and identify the most effective, sustainable and person-centred model of delivery for specialist inpatient mental health care for children and young people with learning disability. The appraisal concluded that a 4 bedded facility was required. Boards were asked to express an interest to host the new facility.

Following a successful bidding process, NHS Lothian is the preferred host for the service. This unit would be located on the Royal Edinburgh Hospital campus alongside new facilities for adult learning disability services.

2.2 Drivers for Change

The following section expands on the need for change as identified in the Strategic Assessment (included in Appendix 1) and describes the anticipated impact if nothing is done to address these needs and why action should be taken now through this proposal.

Intellectual Disability Wards

The following paragraphs are supported by pictures included in Appendix 6.

Inappropriate Physical Environment

The Austin Smith Lord report describes that the buildings in which LD services are currently situated are not fit for purpose. The following paragraphs describe what that means in practice, both for patients receiving care and staff delivering it.

The buildings have shower rooms and toilets located on corridors, which means that if a patient requires support when using these facilities, the door has to be left wide open to enable staff to enter and support that patient, and other staff are required to make sure that no one else currently receiving care within the unit can see them. Due to the nature of this patient group there can be low impulse control and difficulty in communicating which may lead to patients leaving the bathroom in a state of undress, and because the shower opens into a public corridor, there is no privacy for that patient to walk to their room without clothes on. This situation represents a complete lack of dignity for those receiving care and a highly challenging situation for staff to manage, which also means higher levels of staffing. It also represents a lack of freedom for patients to be in a state of undress if they want to be in the privacy of the place in which they are receiving care. The location of the shower rooms and toilets also do not comply with Healthcare Acquired Infection (HAI) standards, which is even more pressing given current requirements to prevent the spread of COVID-19. One patient who did have access to their own shower room (due to their being fewer patients in the ward) said 'I like the shower room and not having to share'. Other patients said:

- 'I can't always use the bathroom when I want to'
- 'I'd like to have my own toilet and shower'
- 'I'd like to have my own bathroom and shower, not having to wait to go to the toilet or shower. It's bad if you have an appointment and you can't get in the shower – it makes you late'
- 'It's not fair that we have to share showers and toilets and you can't always get it when you want it'

The rooms in a large proportion of the LD estate are not wheelchair accessible and there is insufficient room to use hoists and stand aids if patients have physical disability requirements. Additionally, there are risks associated with ligature points due to standard doors being in place. In a new unit there would be doors with sensors which would alert staff if any weight was put on the door.

Supported by the Learning Disability Managed Clinical Network the current services based at REH Campus have been pursuing accreditation with the RCPsych standards[1]. There are fundamental limitations with achieving accreditation related to environmental, deficits and facilities available to patients, families and staff within the current services. only with systemic redesign and direct repurposing of environments will enable successful accreditation.

[1] RCPsych Standard - https://www.rcpsych.ac.uk/docs/default-source/improving-care/ccqi/quality-networks/learning-disability-wards-qnld/qnld-fourth-edition-standards.pdf?sfvrsn=5fce5d7f_2

Patients within intellectual disability wards can also be hyper aware of any flaws associated with their living environment. There have been numerous incidents where there have been small holes in walls which patients have become very interested in and possibly want to try to fix or find out what is behind the wall, they therefore exhibit compulsive behaviours which lead to them picking at the wall and creating further damage to the environment. There are also instances where walls are punched and kicked. With a more robust unit, these issues would not arise as often as the walls would be robust enough to withstand damage.

The Islay Centre presents a challenge for staffing because it has three different front doors to enter different parts of the unit. In order to ensure safe staffing levels at night there has to be 3 staff nurses to cover each area of the unit as well as two nursing assistants to support each. This means there are 9 staff on each night for 11 patients. A smarter building design would reduce the need for additional staff.

Additionally, there are considerable safety implications of the current ward environment. Due to a lack of flexibility in the clinical space, there are instances where patients who have low inhibition and may remove clothing may also be sharing communal spaces with someone who has been admitted due to forensic reasons such as sexual inappropriateness. This means that there is limited access to shared spaces for some patients and these risks need to be managed by having high staffing numbers who can ensure each patient is safe. Additionally, there are a limited number of exits from the wards meaning that patients have to pass the doors of other patients' bedrooms to leave the building. Again, due to the nature of this patient group, there are instances where one patient is unable to leave the building due to another patient requiring support from staff outside of their bedroom door and whereby it could be dangerous for that other patient to pass by. In other instances, it can be challenging for patients to re-enter the ward because the doors into the ward open straight onto the corridor with the doors of the other patients' bedrooms. Again, if there is an event happening for another patient in front of that door, other patients are unable to enter.

Lack of Therapeutic/General Space

Not only is the current accommodation physically challenging for staff to deliver care from, there is a lack of space available to deliver therapeutic activities which will support patients to be able to go home.

There are significant restrictions with regards to therapeutic space available in the wards. Patients are admitted to the LD wards due to significant challenging behaviours which require an intensive period of assessment and therapeutic intervention to enable them to go home and live as independent a life as is possible. It is therefore vitally important that they have access to their usual type of environment in an inpatient setting to practice key skills.

There is currently no therapeutic kitchen where patients can practice skills to support them to go home or for patients to use who are able to prepare their own food. There is no space to do art therapy activities and other OT activities. There is also no indoor space for any physical activity, which can be an important element of a patient's normal day which is currently denied to them in the current inpatient unit. Access to space for physical activity would have a positive impact on the mental and physical health of inpatients with an intellectual disability. Currently, the outdoor space available is situated next to a school playground, so there is a lack of privacy and can be distracting. Patients said:

- 'A kitchen I could use myself would be good for making snacks and meals'
- 'I'd like to be able to make some of my own food. I'd like to have more things to do'

- ‘I think a kitchen for patients to use would be good – to keep up your skills and learning new ones making snacks and drinks and meals. I’d like more opportunities to keep active and fit and looking after myself’
- ‘I’d like to have a kitchen that I could use to learn how to cook and make meals’

It is extremely challenging to do 1:1 interventions with patients as it is usually inappropriate to conduct therapeutic interventions within a patient bedroom, and the other spaces are communal and therefore not private. Often this means that OT and Psychological interventions do not happen. Additionally, being able to associate certain spaces with certain activities is often important when supporting people with learning disabilities due to the nature of their condition. There is a requirement for certain sensory elements to be associated with a certain room, for example their being a bed and dark curtains in the place you go to sleep. This room being used for a purpose other than sleeping can be damaging to patients’ understanding of what activity happens where, which can lead to further distress. Additionally, another challenge is access to washing machines. Generally, patients are supported to do their own washing if they are able to as this is an activity they will be doing when they go home, however, some people with an intellectual disability have specific preferences relating to their clothes, and some like to wash clothes every night to be ready to wear again the next morning. There is currently no access to washing machines on the wards. These factors in combination make the lack of therapeutic space detrimental to patient care and increases their length of stay due to an inability to practice skills required for going home.

Feedback from some of the patient’s currently receiving inpatient care support this description:

- ‘I have used the sitting room for therapy sessions- it’s OK. I’d like a better place to meet with visitors’
- ‘A big open space for therapy and some more private spaces for meetings with visitors, doctors or lawyers’
- ‘There should be an art room and activity room, it would be more peaceful and quieter. I would be able to do my therapy better without people shouting and that’
- ‘I mostly use my own sitting room for working with therapists and my support workers and social workers. It would be bad if I didn’t have it. It might be good to have a therapy room where you could do groups and that with other people not just on your ward’

There is no private space outwith bedrooms for patients to meet with family members and friends. This means that there can be disengagement with the community in which patient’s will be discharged to. This further impedes timely discharge. Patients commented:

- ‘Can’t watch TV in the sitting room because other patients talk over it so I have to watch in my own room so it can be quite lonely here’
- ‘The sitting room is good when people I don’t get on with are not around, but mostly I just use my own space’

Patients and staff see the value of being based on the REH site as there are opportunities to practice skills across the site. For example, patients can do garden related activities at the Cyrenians garden and they can practice selecting and purchasing items at the Royal Voluntary Service shop, both of which are safe and understanding environments.

Further to this, the current rooms are not large enough to enable NHS staff to work alongside third sector or private provider staff to train them on how to care for individuals. This is a critical part of the process for discharging people from hospital to home as often people within this patient group have very specific needs and preferences, and it takes time to build knowledge and trust with a new staff team before a patient is able to be discharged from hospital and for the teams to be confident that the community placement will be successful.

Lack of Storage

There is a lack of storage space in the wards, both for patient belongings and for equipment such as hoists and stand aids. People with an intellectual disability sometimes require there to be very few and specific things in their room and there is currently very little storage space for people's personal belongings to be able to rotate items such as books to ensure they are not all out at once. One patient stated 'There's not much space for anything here, just your own room'.

Staff Morale and Development

The current environment is damaging to staff morale and wellbeing. Staff often feel that they are managing the environment rather than supporting patients. The requirement for additional staff due to space challenges means that there is less to do for staff on shift and it can feel like they are just trying to keep someone safe rather than delivering treatment and support. It is disheartening for staff to be so restricted in the care they can provide and they do not feel they are providing the best care possible for their patients. This results in low staff morale which can lead to increased rates of sickness absence and higher staff turnover.

Additionally, there is no space for staff to de-brief together about their approach to patient care. There is a high level of distress for this inpatient group which can often be communicated through self injury or injury to others. This means that it is essential that staff have space to speak to one another about what has happened and how they might approach patient care differently going forwards. For example, a Speech and Language Therapist or Occupational Therapist may be able to work with nursing staff to analyse a situation and formulate an understanding of what may have caused a certain behaviour in order to prevent it from happening again. Without space for this Multidisciplinary Team (MDT) discussion, often these discussions do not happen and therefore the number of instances of violence in the unit is higher than it could be.

The needs for change are summarised as follows:

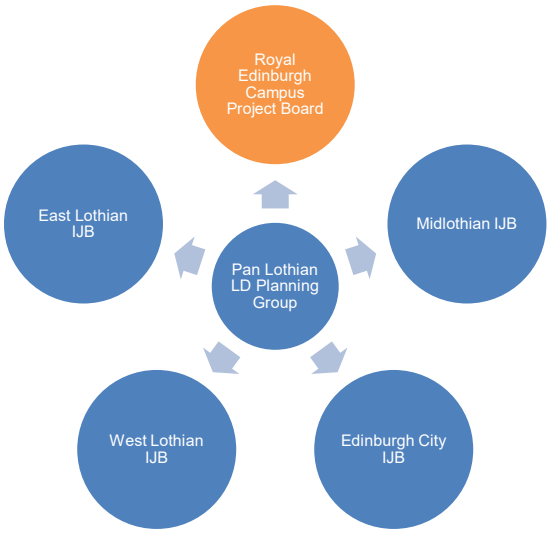
- The Austin Smith Lord report describes that the buildings in which LD services are currently situated are not fit for purpose. Of particular importance for LD patients is robustness and space, a lack of which can lead to a higher level of restrictions for patients and a lack of dignity. Despite multiple upgrades to current accommodation, they continue to fall short of the needs of service users

- The shift in resource stated in this proposal will mean that those with longer term needs will be cared for in the community, however, those who will require hospital based care will therefore have more challenging needs and will require a robust, high quality, safe inpatient environment, which is also safe for staff to deliver care from

- NHS Lothian's Property and Asset Management Strategy states that the Backlog maintenance for the REH is £16 million. This is made up of fire precautions and infrastructure including plant
- There is likely to be increased demand for the service alongside population growth. This service development, alongside the development of sufficient community services, will support a high quality inpatient service for this population
- Current LD accommodation is located across multiple sites meaning service delivery is more fragmented and high numbers of staff are required
- People want a safe place to live that is a 'home' rather than a hospital. There is currently not enough funding to provide alternative care in a community setting. Reducing the inpatient beds will release funding to enable people with LD currently living in hospital to move back to a community setting

A Joint Vision for the Future

Strategic Planning for LD is delegated to the four Lothian IJBs and over the last 5 years, colleagues from across the four IJBs have worked closely with the inpatient intellectual disability service to establish a joint plan for the future of LD inpatient services. This joint planning was conducted formally through the 'Pan Lothian LD Planning Group' which had a revolving chair across the Lothian IJBs and reported through members to their respective IJBs as well as to the Royal Edinburgh Campus Project Board.



The group has based the future proposals on the outcomes of extensive feedback from people from across Lothian with learning disabilities using inpatient and community services. This is summarised in the Edinburgh IJB Strategic Plan 2018-2021 –

"People with a learning disability continue to seek access to independent lives and to be accepted in their communities. We have taken positive steps towards achieving this, but we need to reshape how we provide support at different levels of engagement... We need to stop people 'living' in hospital and commission housing that can support people in the community. We intend to reshape how people interact with all our partners to better enable them to gain the independence they are entitled to and reinforce the commitment to on-going engagement"

The group has proposed a smaller inpatient intellectual disability service, commissioned by each of the IJBs, supported by robust community alternatives for those with an intellectual disability who have long term and complex needs. The group has worked extensively to assess the needs of those patients currently in hospital who have been there for a long time and have commissioned bespoke services to meet their needs. This proposal has been supported by all of the Lothian IJBs and the NHS Lothian Board.

The majority of current inpatients are residents of Edinburgh and West Lothian. Both Health and Social Care partnerships (H&SCPs) have plans in place to provide a suitable Community response for those people who do not require to be in an inpatient beds and would not meet the criteria for admission if the legislation is to change. Timescales for discharge are as shown below:

Integration Authority	Current IP	Planned Discharges		Future IP or OOA	Planned beds
		2021	2022		
East Lothian	2	0	1	1	2
Edinburgh	33	20	2	11	10
Midlothian	1	0	0	1	1
West Lothian	10	1	9	0	2
Totals	**46**	**21**	**12**	**13**	**15**

Table 1: Planned LD Discharges

In addition, H&SCPS are putting in place a number of developments to strengthen Community support for this population. All H&SCPs have invested in Positive Behaviour Support training and it is anticipated the continuing focus on developing this across social work, community learning disability teams and commissioned services will impact upon planning to support adults to sustain community placements. Specifically, within each area the following developments are underway:

Edinburgh

- Edinburgh City are working to reduce reliance on the Voluntary Sector to provide community based packages of care and instead recruit staff with additional training in place to help minimise situations whereby packages of care break down with the default position being a hospital admission as a result.
- They have commissioned bespoke community packages of care and accomodation to facilitate discharges for patients currently in hospital to enable the reduction in bed numbers

East Lothian

- Within East Lothian, a new short break provision at Hardgate Court has been developed to support those with more complex needs. This includes an adjoining flat/safe space which can be

used in crisis/emergency situations where 24 hours care can be provided utilising internal day services staff in an outreach role.

- In addition, East Lothian are currently developing an Autism Hub in Musselburgh which will provide care at home and housing support for individuals with Autism. The aim of the hub is to offer a community based accommodation whilst developing a hub of support, information and advice to other providers, professionals and unpaid carers.
- East Lothian are also in the process of developing an enhanced LD service bringing together the ELCLDT and SW staff in to one team to provide specialist health and social care support to adults with Learning Disabilities.

West Lothian

- West Lothian HSCP is taking forward a number of actions to strengthen community based support. This includes ongoing review and development of community resources such as the development of 16 tenancies to support individuals with complex care needs. The care delivered within the resource will be commissioned on the basis that POCs can flex as required dependent upon individual need.
- This is complemented by the development of additional core & cluster sites across the authority. The specialist disability framework for commissioned services has been refreshed to bring greater focus on developing Packages of Care that are response to changing need other than defined hours of service delivery.

Midlothian

- There has and continues to be low usage of hospital beds by Midlothian HSCP. Development of Teviot Court complex care service has supported this position. The release of funding will allow Midlothian to further strengthen the community provision to minimise the use of hospital beds.

NHS Borders currently have no adult LD beds and have advised commissioning intent for two in the new facility.

The overall total beds to be commissioned by the 5 IJBs and delivered by NHS Lothian is 17 as outlined in Table 1 below:

IJB	New Bed No
Edinburgh	10
West	2
East	2
Midlothian	1
Lothian	**15**
NHS Borders	2
TOTAL	**17**

Core to the plan is the centralising inpatient LD services on the Royal Edinburgh Campus. This impacts on 3 buildings currently owned by NHS Lothian as follows:

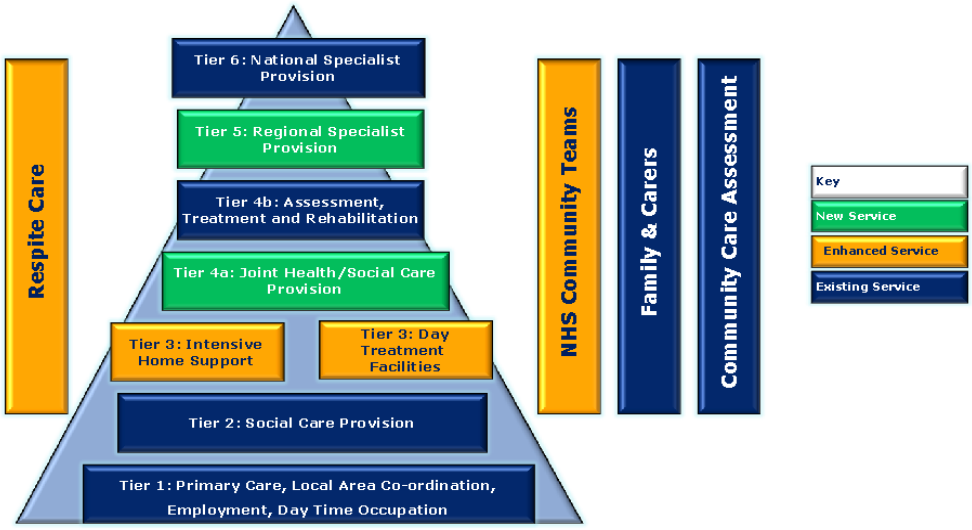
- Primrose Lodge – will be taken over by Midlothian for conversion to a 4 bedded complex physical health facility
- Glenlomond – located directly on the outskirts of the main Royal Edinburgh Campus, potential for future use is being considered by current REAS services
- Camus Tigh – located in Broxburn there maybe opportunities to support with the overall plan for Complex Care provision by West Lothian H&SCP

Future Model of Care

The current model of care and bed base does not align with the strategic direction of IJB's and does not provide fit for purpose inpatient accommodation for people with learning disabilities when they need it. The reduced bed base means that only those with the highest level of need will be admitted to hospital, which creates a further need for the environment to be as safe and supportive as possible, and for staff to feel valued and equipped to deliver care. A new facility would provide the clinical space required to deliver the highest quality of care possible, including multidisciplinary therapeutic interventions and activities to support daily living.

The dependencies between GPs and other teams referring into the service, intermediate care teams supporting individuals at home and community teams caring for people at home or in residential settings have been the focus of the work with the five IJB areas; to ensure that the reduction in bed numbers in the inpatient facility is supported by enhanced community provision. This enhanced provision is described in Chart 1 below and is made up of intensive home support, which involves tenancy based high volume packages of care as well as day treatment facilities.

Chart 1: LD Service Tiers



The ambition of the new units will be to enable flexibility for patients to progress from different levels/ models/ types/ spaces of care to facilitate their treatment and progression towards discharge. It aims to use flexibility of staffing across LD disciplines to support key activities and enable continued care from community partners involved with patients who come for admission, involving them in interventions throughout the duration of inpatient admissions.

Establishing a high quality facility which uses the model of assess to admit will mean that only those with identified, specific needs level of need will be admitted. This will be a benefit to patients, staff, family members and many other stakeholders because inpatient care will only be delivered to those who's needs can only be met within an inpatient setting.

To support this model the community LD teams, intermediate care teams and inpatient teams will work together to undertake initial assessments and formulation to identify and agree achievable outcomes with an admission. Intermediate care teams would be co-located with LD.

Alignment with National and Local Strategy

The Keys to Life is the Scottish Government's ten year learning disability strategy for 2013 – 2022. It takes a human rights approach to addressing inequalities experienced by many people with learning disabilities. The national 2018-2020 Implementation Framework presents four strategic objectives - A Healthy Life, Choice and Control, Independence and Active Citizenship - to support local partnerships frame priority areas for action. This proposal is aligned with the strategic ambition to: 'Support services that promote independent living, meet needs and work together to enable a life of choices, opportunities and participation. Health and social care support services are designed to meet - and do meet - the individual needs and outcomes of disabled people.' (The Keys for Life Implementation Framework 2019-2021). The Keys to Life states: '*The need for people with learning disabilities to live independently, having the same choice, control and protection as all other citizens of Scotland in terms of the age-appropriate support they receive, is more relevant than ever'.* This proposal supports the realisation of this strategy by shifting the balance of care away from hospital based services and towards community services. It does this by reducing bed numbers and transferring resources but also by proposing that a new facility is built to meet the specific needs of people with an intellectual disability when they are admitted to hospital. This will mean that people who are admitted receive the best possible care that enables them to be discharged home or to a homely setting as quickly as possible. This proposal has been developed in partnership with health and social care providers and is supported by extensive community plans.

The Scottish Government policy position set out within the Keys to Life[2] and more recently within the Coming Home Report[3] and the Independent Review of Adult Social Care[4] is clear that people with IOD should access care and treatment within their local community and any admission to hospital requires to be outcome focussed and within as local a hospital to the persons community as possible.

[2] https://keystolife.info/

[3] https://www.gov.scot/publications/coming-home-complex-care-needs-out-area-placements-report-2018/

[4] https://www.gov.scot/groups/independent-review-of-adult-social-care/

In the Scottish Government's 'Learning/intellectual disability and autism: transformation plan' published in March 2021, there is a commitment to digital inclusion for those with an intellectual disability[5]. The designs which will be developed following approval of this case will incorporate digital elements from the beginning of the design process, ensuring maximum use of technology within the facilities to ensure that when people are in hospital, they are able to communicate well with friends and family.

In addition to these national strategies, there is a pending legislative change which will mean that people with an intellectual disability will only be able to be legally detained in hospital if there is a mental health requirement for their admission. While the service currently focuses on those with mental health needs, there are instances where patients are admitted due to a break down in their packages of care. The shift in resource from hospital to community described in this case will enable NHS and social care services to support people within their own homes more responsively, which should result in more support early and decreased likelihood of a breakdown of support.

The Scottish Government and COSLA's 'Coming Home' Report states that 'The Scottish Government wants to support Health and Social Care Partnerships (HSCPs) to find alternatives to out-of-area placements, and to eradicate delayed discharge for people with learning disabilities'. This case would support the achievement of this goal by improving pathways across NHS Lothian for people with an intellectual disability. Improving the inpatient element of care will mean that there is more appropriate therapeutic and living space for those admitted to hospital, which will mean that they are able to practice and maintain their skills for going home rather than becoming de-skilled while in hospital. This will help to decrease delayed discharges.

The Lothian Hospitals Plan describes the Royal Edinburgh Hospital as one of the four key strategic planning priorities for NHS Lothian alongside the 4 Lothian IJB's and Borders IJB. The 4 Lothian IJB's strategic plans state the intention to support the re-design of the REH campus alongside the development of broader care pathways for people with an intellectual disability. This broader piece of work is focused on ensuring people have access to treatment outwith an acute hospital environment when possible, which requires reducing numbers of acute beds and increasing investment in community service. The reduction in bed numbers described in this IA aids the realisation of these local aims.

Austin Smith Lord, an architectural practice with extensive masterplanning experience, was commissioned to undertake a study of the REH campus prior to the publishing of the IA in 2011. Their study concluded that most of the existing buildings were not fit for purpose and the majority could not efficiently be converted into single bedroom ward accommodation.

A key part of NHS Lothian's service delivery is ensuring best use of estate in supporting operational and corporate delivery. To achieve this, the Board has in place a Property and Asset Management Strategy (PAMS). NHS Lothian's current strategy reflects its commitment to improving the healthcare environment whilst reducing the number of hospital and other sites it currently manages, to reduce property expenditure. The Royal Edinburgh Hospital site is a major part of this strategy and its retention has been predicated on the aim to maximise its development potential. This decision has been reviewed through various updates to the site masterplan (most recently in 2019) and it continues to be viable.

The Scottish Government's commitment to deliver a greener, zero carbon Scotland will be pursued through a focus on sustainability in this new development. In this way NHS Lothian will continue to maximise the sustainability of its estate.

[5] https://www.gov.scot/publications/learning-intellectual-disability-autism-towards-transformation/pages/11/

Services for Young People Aged 12-18 with Intellectual Disability and Inpatient Mental Health Needs

Evidence for the 5 Year Survey identified that between 2010 and 2014, at least 45 children and young people with intellectual disability required specialist inpatient mental health treatment which was not available in Scotland and were admitted elsewhere as shown below:

- Adult Learning Disability Wards (including secure units) – 30%
- Adult Mental Health Units (including intensive care and secure units) – 28%
- Child and Adolescent Mental Health Units – 16%
- Paediatric Wards – 5%
- Not admitted – 8%
- Specialist Units in England: 13%. Reasons for cross border transfer not being used included distance, lack of bed availability, clinician awareness of option to transfer, cross-border Mental Health Act issues and family refusal.

Of the 45 young people who were admitted from across NHS Boards, 70% of these patients were male; 36 were aged 14-17 years and nine were 13 years or under.

The impact of not having access to dedicated assessment and treatment inpatient facilities in Scotland are:

- Children and young people remained in distress and under-treated at home or in unsuitable units, sometimes with high use of sedative medication and restraint
- Due to delays in admission and not admitting, families were highly stressed, managing severe self-injury, aggression and destructive behaviours in their children. Families managing changes in medication and other treatments in crisis stages at home.
- Dislocation from family and local services due to distance when admitted to specialist units in England (however it was noted that better clinical outcomes were achieved).
- Additional costs, nursing costs and ward environmental adaptations to safeguard and manage young people in adult and paediatric ward settings.

One specialist NIDAIPU for Scotland would provide rapid, planned, safe and effective specialist holistic assessment and treatment closer to home, whilst also acting as a focus to support and build up community learning disability support across Scotland.

The Scottish Government has tasked NHS Lothian with providing a 4 bedded national unit for young people aged 12-18 who have an intellectual disability and a significant mental health need. This has been supported by the national Chief Executives group and revenue funding on a national basis has been agreed through National Services Division (NSD). As a first step, NHS Lothian is providing a 2 bed facility by refurbishing one of its existing buildings and this case is for the next phase which is to provide a 4 bedded bespoke facility for this patient group. The 2 bed unit is an interim solution and will not provide the bespoke environment with sufficient therapeutic space and links to wider ID services in the way that the 4 bedded unit will.

The NIDAIPU 4 bedded unit is being included in the wider IA for Adult Intellectual disability wards in NHS Lothian because there are economies of scale by both commissioning the building services together and

also recruiting and retaining staff. There may also be opportunities for enhanced gym and outdoor space for the 4 bedded unit since it will be co-located with the adult unit. There would be careful consideration on how any shared space would be used given the vulnerability of the young people being cared for within the unit.

The table below summarises the need for change, the impact it is having on present service delivery and why this needs to be actioned now:

Table 1: Summary of the Need for Change

What is the cause of the need for change?	What effect is it having, or likely to have, on the organisation?	Why action now?
Local and national strategies aim to ensure people have access to treatment out with an acute hospital environment when possible, which requires reducing numbers of acute beds and increasing investment in community service	The organisation is currently not meeting the strategic goals of the four Lothian IJBs. Therefore the proposal set out within this IA is to reduce the number of beds within the adult learning disabilities service and transfer investment into community services.	The intention to commission new facilities for people with learning disabilities on the REH campus is stated in the plans of the 4 Lothian IJBs. There is pan-Lothian agreement on this proposal. Reduction in acute hospital beds is required to transfer resource to community alternatives.
There is currently a lack of space for therapeutic activities, including therapeutic interventions, space to practice skills for discharge and space to spend time with family	Poorer outcomes for patients who are admitted to hospital because there is a lack of space to deliver therapeutic activities which would provide them with skills required to be discharged. Patients may also struggle to maintain good links with family and friends as there is no space in the inpatient unit to meet with them.	Patients continue to receive care in environments which do not enhance their treatment and recovery. They may lose some ability to maintain key relationships which may be important to their recovery.
Existing buildings are not fit for purpose and the majority cannot efficiently be converted into single bedroom/bathroom ward accommodation	The organisation is failing to meet requirements such as having single, en-suite rooms. Backlog maintenance for the REH is £16 million. This is made up of fire precautions and infrastructure including plant. Part of the reason this figure is so high is because the buildings in current use are older.	The redevelopment is required now to provide a safe, financially sustainable and high quality environment to those requiring inpatient care for a long term mental health illness
The existing buildings are not safe for staff to deliver care from due to their size and configuration	The organisation is at risk of placing higher levels of restrictions on patients with an intellectual disability and of buildings being unsafe for staff to deliver care from	Staff are under continued pressure to deliver care in a challenging environment. This makes the work highly stressful, which can lead to higher rates of sickness absence and staff turnover
Existing buildings have poor energy efficiency	Current facilities incur high facilities costs and have poor energy efficiency	Spending on energy is higher than it could be because it is not efficient or sustainable

	which is not aligned with the national aim to decrease carbon footprint	
There are significant workforce challenges, particularly within nursing	High vacancy rate across mental health services	The proposed bed reduction in Adult LD will enable the recruitment of staff for the new 4 bedded NIDAIPU facility. The LD campus will help to attract and retain staff
There is no NIDAIPU in Scotland	Young people over the age of 12 are inappropriately admitted to the wrong hospital settings. Historically they often travelled to England for treatment, however due to reduced capacity in England they stopped accepting referrals from Scotland therefore we no longer have access to these beds.	A SLWG have concluded that a specialist inpatient unit is required for Scotland and this should be located on the Royal Edinburgh Hospital Campus

2.3 Investment Objectives

The assessment of the existing situation and the drivers for change have been used to identify what has to be achieved to deliver the changes required. These are defined as the investment objectives and are summarised in the table below:

Table 2: Investment Objectives

Effect of the need for change on the organisation	What has to be achieved to deliver the necessary change? (Investment Objectives)
Poorer outcomes for patients who are admitted to hospital because there is a lack of space to deliver therapeutic activities which would provide patients with skills required to be discharged. Patients may also struggle to maintain good links with family and friends as there is no space in the inpatient unit to meet with them.	Provide adequate space for the delivery of therapeutic activities and spending time with family
The organisation is failing to meet requirements such as having single, en-suite rooms.	Establish a high quality, safe and robust inpatient services which meet care standards such as providing en-suite bathrooms
Backlog maintenance for the REH is £16 million. This is made up of fire precautions and infrastructure including plant. Part of the reason this figure is so high is because the buildings in current use are older.	
The organisation is at risk of placing higher levels of restrictions on patients with an intellectual disability and of buildings being unsafe for staff to deliver care from	Establish an inpatient environment which provides adequate space for care which enables staff to deliver care in the least restrictive way possible

Current facilities incur high facilities costs and have poor energy efficiency which is not aligned with the national aim to decrease carbon footprint	Have a facility which meets the current standards for energy efficiency and sustainability
High vacancy rate across mental health services	Realistic and sustainable workforce model using the whole multidisciplinary team (MDT)
Young people and their families sometimes have to travel to England for treatment. This is both challenging for the young people and their families in terms of practicalities of visiting and support as well as being less clinically effective as the young person is further from home and therefore their day to day meaningful activities	Development of a dedicated inpatient unit in Scotland.
Young people are being cared for in inappropriate settings such as adult wards. This means that both the staff caring for them and the environment in which they are being cared for are not fit for purpose.	Development of an initial specialist inpatient unit of 4 beds on the Royal Edinburgh Hospital campus, negating the need to use adapted adult LD environments for this service user group.
Adult intellectual disability beds are being used to care for young people, reducing the capacity within the adult LD service which may lead to a delay in admission for an adult requiring hospital care.	
Young people with learning disabilities are being admitted to inappropriate environments which do not have the facilities to meet their educational needs.	Development of an appropriate educational space within the 4 bedded specialist unit, supported by the right educational support.
Young people are being admitted to facilities which are far from their parents and that have no facilities for parents to stay overnight.	Development of dedicated space for young people and their families, including provision for overnight stays for parents.
There is no dedicated centre for excellence for care of young people with learning disabilities in Scotland. This means that there are inconsistent pathways for this group when an inpatient admission is required.	Develop a centre for excellence on both community and inpatient care for young people with learning disabilities. This means that referral for admission to the national unit is only made when there is no other community based option. It will also be a consistent centre for advice and outreach to support community teams.

2.4 Benefits

A Strategic Assessment (SA) was completed identifying the need for change, benefits of addressing these needs and their link to the Scottish Government (SG) five Strategic Investment Priorities below:

- Safe; Person-Centred; Effective Quality of Care; Health of Population; Efficient: Value and Sustainability

The above investment objectives and the Strategic Assessment (see Appendix 1) have informed the development of a Benefits Register (see Appendix 2). As per the draft Scottish Capital Investment Manual guidance on `Benefits Realisation`, this initial register is intended to record all the main benefits of the proposal. A full Benefits Realisation Plan will be developed at OBC stage.

A summary of the key benefits to be gained from the proposal are described below:

1. Make the environment in which patients receive care more dignified and respectful of human rights by providing privacy en-suite bathrooms
2. Improve the environment in which patient receive care to reduce the need for restraint and requirement for 1:1 observations which should reduce reportable incidents
3. The improved care environment will make it safer for staff to deliver care and treatment, improving job satisfaction, reducing sickness absence rates and improving staff retention
4. Patient outcomes will be improved due to increased access to spaces where therapeutic activity can be delivered and where they can spend time with family and friends
5. The creation of an LD campus on the Royal Edinburgh Site will provide more educational opportunities on site as well as enhancing skills through working within different care environments. This will make LD in NHS Lothian a more attractive place to work and will help to support the staff we already have to enjoy their roles and continue to work in Lothian
6. A new facility would be developed using the most up to date specifications for sustainability and efficiency. This means that ongoing costs of maintenance and energy use would be reduced, as well as reducing the carbon footprint of the REH site
7. There will be a new, high quality, bespoke 4 bedded service for young people aged 12-18 with an intellectual disability with significant mental health needs which will serve the whole of Scotland

2.5 Strategic Risks

The table below highlights key strategic risks that may undermine the realisation of benefits and the achievement of the investment objectives. These are described thematically and potential safeguards and actions in place to prevent these:

Table 3: Strategic Risks

- Unable to meet demand;
- Unable to recruit and retain staff;
- Unable to manage the needs of all patients' needs within the space available;
- Inappropriate level of restrictions due to building layout and configuration;
- Inability to meet needs of young adultsi.e. 16 to 18yrs old;

- Number and frequency of adverse events is unacceptable; and
- Lack of sufficient time and resource to plan for new model and redevelopment.

Theme	Risk	Safeguard
Workforce	High level of staffing required for the NIDAIPU, recruitment to all posts, particularly nursing, will be challenging	The reduction in the bed numbers for Adult LD will release trained staff who will be able to work with adolescent patients
Funding - Capital	NHS Lothian is aware that there is a high level of demand for capital funds across Scotland, therefore there may be challenges securing capital funding	The project team have worked to ensure the proposal presents best value.
Funding - Revenue	IJBs will be required to issue directions to both reduce the bed base and transfer funds to community services	The project team has worked closely with IJB colleagues to ensure the proposal is supported by all four Lothian IJBs
Capacity	This proposal is for a reduced bed base for learning disabilities. The model of care and community provision to support this can be delivered out with this case, however, if not delivered, there is a risk that there will not be enough beds when the new facility is built	The four Lothian IJBs are already working to identify community alternatives for those with learning disabilities currently in hospital who could be cared for in the community.
Training	There is currently no facility for inpatient ID care for those aged 12-18, therefore, additional training will be required to meet the needs of this patient group	There is a well established Intellectual Disability community team within the CAMHS service, who will lead on the development of the NIDAIPU. They will ensure that staff are appropriately trained.
Green space assets on site	Green space is an important element of treatment for people receiving care on the site. There is a risk that this is compromised as development happens on the site.	The project team are working to ensure there is as minimal disruption as possible as works go forward. Green space is an important consideration within the design of the build and will be incorporated into any plans.

A register of strategic risks is included in Appendix 3. The risk register was developed at a workshop of key stakeholders in July 2021. A full risk register will be developed for the project at the OBC stage.

2.6 Constraints and Dependencies

The key constraints to be considered are:

- Workforce availability is a key constraint for this case. The availability of sufficient multidisciplinary staff, particularly nursing, for the NIDAIPU is dependent on the reduction in bed numbers in Adult LD, which would release staff to be able to work within the national unit Capital availability may also be a constraint due to a high demand on Scottish Government Capital Finance

The key dependencies to be considered are:

- The proposal to reduce the bed numbers in Adult LD is dependent on community based developments as alternative places of care for those currently in hospital, these developments are described above
- The proposal is for the upgraded or new LD campus to be built on the site of the existing accommodation for Adult LD. Therefore, any building works may displace patients currently receiving care within the wards. The case is therefore dependent on the provision of alternative community accommodation being available to reduce the inpatient numbers sufficiently that patients can be moved around the existing accommodation as work is undertaken.

3. Economic Case

3.1 Do Minimum/baseline

The table below defines the 'Do Minimum' option, a 'Do Nothing' option is not feasible as the service would still be required and would require building maintenance, therefore the Do Minimum solution has been selected as a baseline. This is based on the existing arrangements as outlined in the Strategic Case.

Table 4: Do Minimum

Strategic Scope of Option	Do Nothing
Service provision	Learning disabilities inpatient services would continue to be delivered from unsuitable accommodation as described in the 'Current Model of Care' section above
Service arrangements	Intellectual disability services would continue to be delivered by NHS Lothian from the REH and other sites across Lothian
Service provider and workforce arrangements	NHS Lothian would continue to provide staff and services at a higher staffing level than would be required in a bespoke facility

Supporting assets	Standard maintenance work as required to maintain existing standard (backlog maintenance on REH site is circa £16 million)
Public & service user expectations	People receiving care within the intellectual disability wards would continue to receive care in poor quality environments. They may experience a higher level of restriction as a result, leading to poorer clinical outcomes for them as well as having the potential to cause them more harm during their stay in hospital

3.2 Engagement with Stakeholders

The table below summarises the stakeholders impacted by this proposal and the details of the engagement that has taken place with them to date and notes their support for this proposal.

Table 5: Engagement with Stakeholders

Stakeholder Group	Engagement that has taken place	Confirmed support for the proposal
Patients/service users	Patients and service users affected by this proposal include patients receiving care within intellectual disability wards. Their involvement in its development includes being involved with the development of the clinical model through the Patients Council and have provided direct feedback on the current environment through a supported interview conducted by a lead OT in May/June 2021. The impact that this has had on the proposal's development includes additional evidence to support a move towards en suite bathrooms to promote privacy.	Patient / service user groups were consulted on the final version of this Initial Agreement by [*method*], on [*date*]. Their feedback was [*outline*] which has been incorporated into this proposal by [*outline any direct changes*].
General public	The general public will not be directly affected by this proposal. There has been public consultation around Phase 1 of the campus re-development and the proposal to develop the intellectual disability inpatient wards on the REH campus has been included in the Strategic Plans of the four Lothian IJBs, which have undergone extensive public consultation.	Outcomes from consultation have not affected this proposal thus far. Further public consultation will be undertaken as the business case develops.
Staff/Resources	Staff affected by this proposal include all of the multidisciplinary team required to deliver care within the proposed wards. Their involvement in its development includes being involved with developing the clinical brief.	Staff representatives were consulted on the final version of this Initial Agreement by [*method*], on [*date*]. Their feedback was [*outline*] which has been incorporated into this proposal by [*outline any direct changes*].
Other key stakeholders and partners	Other key stakeholders identified for this proposal include health and social care partnerships, IJBs and hub. Their involvement in the development of this proposal includes being members of the Project Board.	Confirmed support for this proposal has been gained through the IA being presented to the four Lothian IJBs following support from the Project Board.

3.3 Long-listed Options

The table below summarises the long list of options identified:

1. **Do Minimum**
2. **Transfer services to wards on an existing NHS Lothian Acute site**

   Accommodate the Adult LD wards and NIDAIPU on another of NHS Lothian's sites – the Western General Hospital, the Royal Infirmary of Edinburgh, St Johns Hospital, East Lothian Community Hospital
3. **Transfer services to alternative wards on REH site**

   There is no alternative venue available on the site which could be used for this patient group.
4. **Refurbishment of existing facilities for Learning Disabilities and the NIDAIPU**

   Refurbish exsiting facilities on the REH site for both Adult LD and the NIDAIPU, currently used by Adult LD.
5. **Refurbishment of existing facilities for Learning Disabilities and New Build for the NIDAIPU**

   Refurbishment of current LD facilities for Adult LD and new build facility for the 4 bedded national NIDAIPU.
6. **New Build for both services on the Astley Ainslie Hospital Site**

   The Astley Ainslie Hospital site is also located in Morningside and currently provides rehabilitation services, including the SMART centre. There may be land on this site which could be used for a new build facility.
7. **New Build for both services on the REH Site**

   There is a piece of unused land in close proximity to the current adult intellectual disability facilities which can be used to build a bespoke CAMHS Leaning disabilities inpatient unit with sufficient capacity to include the required additional facilities such as family room, educational suite and the potential to consider shared therapy suites as appropriate. There is also space on site which could be used to build a new, high quality, robust facility for adult LD.

Table 6: Long-listed options

Strategic Scope of Option	Option 2 - Refurbishment of existing facilities for Learning Disabilities and the NIDAIPU	Option 3 - Refurbishment of existing facilities for Learning Disabilities and New Build for the NIDAIPU	Option 4 – New Build for both services on REH site
Service provision	Reduction in LD bed numbers to 17. Creation of 4 beds for NIDAIPU.	Reduction in LD bed numbers to 17. Creation of 4 beds for NIDAIPU.	Reduction in LD bed numbers to 17. Creation of 4 beds for NIDAIPU.
Service arrangements	NHS Lothian staff would deliver inpatient LD care on the REH site. Move to a new model of care of 'assess to admit' rather than 'admit to assess'	NHS Lothian staff would deliver inpatient LD care on the REH site. Move to a new model of care of 'assess to admit' rather than 'admit to assess'.	NHS Lothian staff would deliver inpatient LD care on the REH site. Move to a new model of care of 'assess to admit' rather than 'admit to assess'.
Service provider and workforce arrangements	NHS Lothian will continue to be the service provider.	NHS Lothian will continue to be the service provider.	NHS Lothian will continue to be the service provider.
Supporting assets	May have some provision for enhanced therapeutic space, but this will depend on availability of space	May have some access to enhanced therapeutic space to improve treatment and patient care	Treatment would be delivered in a high quality environment with the least restrictions possible, with access to therapeutic space for treatment and socialisation
Public & service user expectations	Public and service user expectations would be partially met as existing accommodation would be improved and would be supported by a model of care which prioritises keeping people at home or in a homely setting wherever possible	Public and service user expectations would be partially met as existing accommodation would be improved and would be supported by a model of care which prioritises keeping people at home or in a homely setting wherever possible	Public and service user expectations would be met as there would be a top spec intellectual disabilities campus supported by a model of care which prioritises keeping people at home or in a homely setting wherever possible

The following options were not taken forward for assessment as detailed below:

- The transfer of services to wards on alternative NHS Lothian site was discounted due to the existing capacity pressures on the acute sites in NHS Lothian
- The transfer of services to alternative wards on the Royal Edinburgh Hospital site was discounted as there is no alternative accommodation available that would meet the needs of this patient group
- The option to build on the Astley Ainslie Hospital site was discounted because NHS Lothian Hospital's Plan states that NHS Lothian is moving towards only having 4 main hospital sites, one of which is the Royal Edinburgh Hospital site, which makes it the preferred site for any new build

1.1.1 Initial Assessment of Options

Each of the long- listed options have been assessed for their advantages and disadvantages, and the extent to which they meet the investment objectives (as outlined in the Strategic Case) to identify the preferred solution(s).

Table 7: Assessment of options against investment objectives

	Do Minimum	Option 2 - Refurbishment of existing facilities for Learning Disabilities and the NIDAIPU	Option 3 - Refurbishment of existing facilities for Learning Disabilities and New Build for the NIDAIPU	Option 4 – New Build for both services on REH site
Advantages (Strengths & Opportunities)	Lower associated costs	Potentially lower associated costs. The ID and NIDAIPU services are refurbished to meet current standards and statuary requirements. Delivers on the requirement for NHS Lothian to provide 4 beds for the NIDAIPU	The ID service is refurbished to meet current standards and statutory requirements. Delivers on the requirement for NHS Lothian to provide 4 beds for the NIDAIPU	Meets Scottish Government health building requirement for the provision of single bedroom with en-suite facilities. Consistent with the benefits register. Newly build Integrated centre comprising of ID and NIDAIPU. Delivers on the requirement for NHS Lothian to provide 4 beds for the NIDAIPU Bespoke new service where staff want to work Optimises energy efficiency and compliance with 0 carbon
Disadvantages (Weaknesses & Threats)	Non-compliance with several current standards and statutory requirements Does not deliver on the requirement for NHS Lothian to provide 4 beds for the NIDAIPU	Some non-compliance with several current standards and statutory requirements. Lack of additional therapeutic space which would improve patient outcomes. Facilities without adequate therapeutic space do not help to attract staff	Some non-compliance with several current standards and statutory requirements Lack of additional therapeutic space which would improve patient outcomes. Does not optimise energy efficiency and compliance with 0 carbon	Availability of capital funding

	Do Minimum	Option 2 - Refurbishment of existing facilities for Learning Disabilities and the NIDAIPU	Option 3 - Refurbishment of existing facilities for Learning Disabilities and New Build for the NIDAIPU	Option 4 – New Build for both services on REH site
	Out dated facilities do not attract new staff to work within the units Does not optimise energy efficiency and compliance with 0 carbon	Does not optimise energy efficiency and compliance with 0 carbon		
	Does it meet the Investment Objectives (Fully, Partially, No, n/a):			
Investment Objective 1	Yes	Yes	Yes	Yes
Investment Objective 2	No	No	No	Yes
Investment Objective 3	No	Partially	Partially	Yes
Investment Objective 4	No	Partially	Partially	No
Investment Objective 5	No	No	No	Yes
Investment Objective 6	No	Yes	Yes	Yes
	Are the indicative costs likely to be affordable? (Yes, maybe/ unknown, no)			
Affordability	Yes	Unknown	Unknown	Unknown
Preferred/Possible/Rejected	Rejected	Possible	Possible	Preferred

3.4 Short-listed Options and Preferred Way Forward

Shortlisted options

From the initial assessment above the following short-listed options have been identified:

Table 8: Short Listed Options

Option	Description
Option 1	Do Minimum
Option 2	Refurbishment of existing facilities for Learning Disabilities and the NIDAIPU
Option 3	Refurbishment of existing facilities for Learning Disabilities and New Build for the NIDAIPU
Option 4	New Build for both services on the REH Site

Non-financial benefits assessment

Each of the shortlisted options was assessed against the benefits included in the benefits register in Appendix 2: Benefits Register and non-financial benefits assessment. Each of the identified benefits was weighted and following this each of the shortlisted options was scored against its ability to deliver the required benefits. Scoring took place at a workshop with key stakeholder representatives in July 2021.

The results of the benefits assessment are summarised below:

Table 9: Results of Non-Financial Benefits Assessment

#	Benefit	Weight (%)	Option 1	Option 2	Option 3	Option 4
1	Make the environment in which patients receive care more dignified and respectful of human rights by providing en-suite bathrooms	30	0	3	5	10
2	Improve the environment in which patient receive care to reduce the need for restraint and requirement for 1:1 observations	20	0	3	5	10
3	The improved care environment will make it safer for staff to deliver care and treatment, improving job satisfaction,	20	0	3	5	10

#	Benefit	Weight (%)	Option 1	Option 2	Option 3	Option 4
	reducing sickness absence rates and improving staff retention					
4	Patient outcomes will be improved and length of stay will be reduced due to increased access to spaces where therapeutic activity and activities can be delivered and where they can spend time with family and friends to maintain skills and relationships and meet social care staff.	15	0	5	7	10
5	The creation of an LD campus on the Royal Edinburgh Site will become a centre of excellence which will provide more educational opportunities on site as well as enhancing skills through working within different care environments. This will make LD in NHS Lothian a more attractive place to work and will help to support the staff we already have to enjoy their roles and continue to work in Lothian	10	0	3	5	10
6	A new facility would be developed using the most up to date specifications for sustainability and efficiency. This means that ongoing costs of maintenance and energy use would be reduced, as well as reducing the carbon footprint of the REH site	5	0	0	3	10
Total Weighted Benefits Points			0	315	520	1000

From the table above it is noted that the options that will deliver the most benefits is Option 4, which is therefore the preferred option.

Indicative costs

The table below details the indicative whole life costs associated with each of the shortlisted options. For further detail around the determination of the costs see the Financial Case.

The additional assumptions associated with the calculation of the NPV of costs are:

- A discount rate of 3.5% has been used in line with Government guidelines.
- A useful life of 29 years for refurbishment projects (Options 2 and 3), as this is in line with the remaining useful life of the Royal Edinburgh Buildings, a useful life for a new build has been determined as 50 years (Option 4).
- The base date for the proposal is September 2022.
- Phasing of the costs reflects the useful life and the programme of works as identified in the Commercial Case.
- VAT and Inflation are excluded in the NPV calculation – whole life capital costs.

Table 10: Indicative Costs of Shortlisted Options

Cost (£k)	Do Minimum	Option 2	Option 3	Option 4
Capital cost	346	15,314	17,707	27,874
Whole life capital costs	288	12,411	14,350	22,589
Whole life operating costs	223,267	242,845	247,642	318,666
Estimated Net Present Value (NPV) of Costs	**223,555**	**255,256**	**261,992**	**341,255**

Overall assessment and preferred way forward

The table below show the weighted benefit points for each shortlisted option, the NPV of costs and the calculated cost per benefit point. This calculated cost per benefit point has been used to rank the options and identified the preferred way forward.

Table 11: Economic Assessment Summary

Option Appraisal	Option 1	Option 2	Option 3	Option 4
Weighted benefits points	190	380	660	1000
NPV of Costs (£k)	223,555	255,256	261,992	341,255
Cost per benefits point (£k)	1,177	672	397	341
Rank	**4**	**3**	**2**	**1**

The preferred solution was identified as Option 4: New Build for Both Services on REH Site. This was identified as the preferred option because it ranked the highest it both the Non-Financial and the Economic Assessment. Option 4 delivers a greater number of the benefits that have been set out as the criteria for achievement from this project.

It is recommended that NHS Lothian proceeds with this option to Outline Business stage where the implementation of the solution shall be further developed and tested for value for money.

3.5 Design Quality Objectives

Design quality objectives have been developed for the preferred strategic / service option by taking the following steps:

1. An AEDET review of existing property arrangements has been undertaken to set a benchmark score from which change is needed.

2. A second multi-stakeholder AEDET review has been undertaken which has identified the main features the new proposal will need to focus on and has set a target score from which design expectations can be measured

3. Design objectives that explain what the design needs to achieve to improve on the existing arrangements have been outlined in the NDAP Design Statement (see Appendix 4).

The AEDET worksheets provided in Appendix 4 demonstrate how the target for improvement has been set against the existing arrangements.

4. The Commercial Case

4.1 Procurement Strategy

The indicative cost for the preferred option at this stage is £28mincluding VAT. It is anticipated that the procurement of the project will be led by NHS Lothian supported by Turner Townsend (technical advisers), Thomson Gray (cost advisers), and Burness Paull (legal advisers).

The project will be delivered in accordance with NHS Scotland construction procurement policy and it is anticipated that it will be undertaken in conjunction with Hub South East Scotland Ltd acting as NHS Lothian's development partner.

4.2 Timetable

A detailed Project Plan will be produced for the OBC.At this stagethe table below shows the proposed timetable for the progression of the business case and project delivery milestones:

Table 12: Project Timetable

Key Milestone	Date
Initial Agreement approved	October 2021
Hub appointed	November 2021
Outline Business Case approved	January 2023
Planning permission in principle obtained	In place – expires March 2022
Full Business Case approved	July 2023
Construction starts	September 2023
Construction complete and handover begins	January 2025
Service commences	March 2025

5. The Financial Case

5.1 Capital Affordability

The estimated capital cost associated with each of the short listed options is detailed in the table below. Construction costs were provided by independent quantity surveyors.

Table 13: Capital Costs

Capital Cost (£k)	Option 1: Do Minimum	Option 2 : Refurbishment of existing facilities for Learning Disabilities and the NIDAIPU	Option 3: Refurbishment of existing facilities for Learning Disabilities and New Build for the NIDAIPU	Option 4: New Build for both services on the REH Site
Construction	199	7,429	8,589	13,521
Inflation	8	261	302	475
Professional Fees	-	900	1,041	1,639
Equipment	6	278	321	506
IT & Telephony	2	93	107	169
Contractor Risk	-	675	781	1,229
Optimism Bias	73	3,276	3,788	5,963
Total Cost (excl VAT)	**288**	**12,912**	**14,929**	**23,502**
VAT	58	2,582	2,986	4,700
VAT Recovery	-	(180)	(208)	(328)
Total Capital Cost	**346**	**15,314**	**17,707**	**27,874**

The assumptions made in the calculation of the capital costs are:

- Construction costs for Option 2, 3 and 4 have been estimated using a sqm rate provided from the independent quantity surveyors, which were given as a range, the upper of which has been assumed. Costs for option 1 were provided from the NHS Lothian Estates Manager for the Royal Edinburgh site.
- An inflation allowance of 4%, provided by NHS Lothian's external cost advisors, has been included using a base date of September 2022 and the construction timeline detailed in the Commercial Case. This allowance will need to be further refined as the project progresses due to the volatility in the market currently. **Table 14** includes a sensitivity analysis on Inflationary amount only due to this level of uncertainty.
- Professional fees are assumed to be 10% of the total Capital costs provided or estimated.

- Furniture, Fitting & Equipment has been estimated at 3% of total costs, based on another recent project. This has been included in Option 1 also as it would be expected that these items would also need replaced/upgraded in a 'Do Minimum' scenario.
- IT & Telephony has been estimated at 1% of total costs, based on another recent project. This has been included in Option 1 also as it would be expected that these items would also need replaced/upgraded in a 'Do Minimum' scenario.
- Contractor Risk is included at 7.5% as advised by the independent quantity surveyors.
- Optimism bias has been included at 34% of all costs in line with SCIM guidance.
- VAT has been included at 20% on all costs. Recovery has been assumed on Professional Fees only – no further VAT recovery has been assumed. VAT recovery will be further assessed in the OBC.

Over the last twelve to eighteen months there has been a decline in the Tender Price Index (TPI) but a sharp rise in the Building Cost Index (BCI). This reflects the difficult economic conditions. This impact was initially felt by main contractors with fixed price contracts and, the cumulative pressure due to increased material prices. The knock-on effect has been transferred to the client side as contractors look to correct or offset the reduction in margin on existing contracts. When pricing new projects, contractors are inflating their prices (or are qualifying tenders) in order to return their margin to a manageable position and to offset the increase in building costs and risk. This will ultimately result in a rise in the TPI which will need to increase to a position above the BCI which could represent a large jump in inflation. It is unknown how long this fluctuation will last and what impact this will have on inflation.

The impact of the COVID-19 pandemic on future projects is still relatively unknown, the capital costs presented do not have an allowance for a programme extension. It would therefore be prudent to consider a possible impact on costs, should the programme have to be extended.

The sensitivity analysis below aims to set out the possible impact on the total project costs should inflation rise or reduce as well as an extension to programme.

Table 14: Inflation& Programme Extension Sensitivity Analysis

	Total Capital Costs			
Sensitivity Scenario	**Option 1**	**Option 2**	**Option 3**	**Option 4**
Scenario 1: no changes (4%)	346	15,314	17,707	27,874
Scenario 2: inflation percentage doubles (8%) and programme extends (10 weeks) *	359	16,259	18,739	29,278
Scenario 3: inflation percentage halves (2%) no programme extension	340	15,128	17,490	27,532

**extension time and costs have been based on information provided by an external advisor for another project.*

5.2 Revenue Affordability

The estimated recurring revenue costs associated with each of the short-listed options are detailed in the table below. These represent the total revenue costs required to support the project.

Revenue Cost/Funding (£k)	Option 1: Do Minimum	Option 2 : Refurbishment of existing facilities for Learning Disabilities and the NIDAIPU	Option 3: Refurbishment of existing facilities for Learning Disabilities and New Build for the NIDAIPU	Option 4: New Build for both services on the REH Site
Inpatient Costs	12,426	6,894	6,894	6,894
Community & Specialist Teams Costs		3,544	3,544	3,544
Community Places		5,271	5,271	5,271
Depreciation	-	542	627	572
NIDAIPU Unit	2,582	2,582	2,582	2,582
Total Annual Revenue Cost	**15,008**	**16,119**	**16,202**	**16,148**
Total LD Service Budgets	10,992	10,992	10,992	10,992
NSS NSD Funding	-	2,700	2,700	2,700
Facilities Budgets	737	737	737	737
West Lothian & Borders Income	697	697	697	697
NHS Lothian Depreciation Budget	-	542	627	572
NHS Lothian NIDAIPU Share (14.8%)	382	382	382	382
NSD NIDAIPU Funding	2,200	2,200	2,200	2,200
Total Annual Revenue Budget	**15,008**	**15,536**	**15,619**	**15,565**
Funding Gap	**0**	**(583)**	**(583)**	**(583)**

Table 15: Annual Revenue Costs

The assumptions made in the calculation of the revenue costs are:

- Community places have been worked up at individual client level by HSCP managers responsible for commissioning.
- For Inpatient costs, a detailed bottom up exercise has been conducted with the Chief Nurse/General Manager and Clinical Nurse Manager based on nursing requirements forthe commissioned level of beds. HSCP commissioners have confirmed they are not supportive of any changes (increases or decreases) to current levels of staff for support services i.e. AHPs, Psychology.
- NSS NSD Funding is equivalent to the estimated costs of the 4 bed NIDAIPU service. The costs of the nationally commissioned service will be funded through the established process of top slicing territorial boards their NRAC share of the total revenue costs of the service.
- The NHS Lothian share of the NIDAIPU service is estimated at £400k. There are currently no adolescent beds in NHS Lothian therefore there is no funding that can be released to offset the NHS Lothian share of the national costs.
- At the April 2021 Corporate Management Team meeting, members supported including the NHS Lothian contribution of the national costs in the financial plan. Therefore funding of £400k has been assumed in this financial model to offset the NHS Lothian share of the NIDAIPU service.
- NHS Borders income is based on the costs of the two beds they have commissioned.
- West Lothian income is the funding associated with 2 clients currently placed out of area who are to return to community placements (costs of community placements are also included).
- All specialist support teams are assumed to continue in their current form
- Non pays costs are based upon the current William Fraser and Islay ward non costs (LD inpatient wards on REC)
- Depreciation is based on a useful life of 29 years for Option 2 and 3, and 50 years for Option 5 and assumed to be funded from the existing NHS Lothian Depreciation funding allocation. Depreciation excluded in Option 1 as already forms part of Depreciation cost for the Royal Edinburgh Buildings.

There are significant double running costs associated with learning disabilities clients moving from inpatient beds to community supported accommodation. Typically the staff team providing packages of care in the community will begin working with the client 3-6 months before the client is discharged from hospital. Funding from commissioned bed closures cannot be released until beds are closed and NHS staff are redeployed.

There are 33 planned discharges from hospital associated with the learning disability redesign. As described above the cost implications are two fold – the costs of community teams being in place before people are discharged and whilst community costs will happen immediately the release from NHS

budgets will occur in phases as beds or facilities are closed. The estimated double running costs associated with the adult learning disability redesign are shown below in table 15 by financial year:

Table 15: Double Running Costs

	2021/22 £m	2022/23 £m	Total £m
Community team costs (social care)	0.8	0.7	1.5
Delay in hospital budget release (health)	0.2	0.2	0.3
Total double running costs	**0.9**	**0.9**	**1.8**

The costs shown above assume that all discharges take place as planned and that there are no delays in the programme. The cost implications for health (REAS) have been captured as part of the financial planning process for 2021/22.

Discussion is ongoing in partnership with Integration Joint Boards around potential solutions to support the community team double running costs. One such action is the potential application of the community living change fund against these double running costs. The community living change fund totals £3.1m of non recurring funding across the Lothian Integration Joint Boards and was allocated by Scottish Government to support the discharge from hospital of people with complex needs. Whilst the costs shown in table 15 are significant they are one off costs that facilitate the closure of the adult learning disabilities beds as commissioned by the Integration Joint Boards.

Although the Learning Disabilities financial model shows a gap of £0.6m against available funding there is a £5.9m planned release from the out of area budget in total which has not been included. The release from the out of area budget is achieved from the creation of a Low Secure Mental Health facility on the Royal Edinburgh Campus. However this planned release underpins both planned developments on Campus - Learning Disabilities and Mental Health Low Secure and Rehabilitation. Overall both initial agreements present a joint financial gap of £5.9m which is equivalent to the planned release from the out of area budget. In totality once the out of area budget has been released both initial agreements are affordable on a recurring basis.

If the Learning Disabilities project progresses first there will be a challenge around release of the out of area budget as patients will still require to be placed out of area for Low Secure Mental Health inpatient care. Current projections for the out of area budget forecasts a £0.6m underspend for the next few years so if Learning Disabilities progresses ahead of the Mental Health and Low Secure and Rehabilitation case the underspend on the out of area placements can be used to balance the Learning Disabilities financial model. This has been agreed with Chief Officers from each of the Lothian Integration Joint Boards.

These have been reviewed and agreed by the Finance Business Partner (Hamish Hamilton, Finance Business Partner (interim) REAS & West Lothian HSCP). These costs have been reviewed in detail with the Chief Finance Officers of each Lothian Integration Joint Board and Chief Officers also receive regular updates on the financial modelling associated with this initial agreement.

Revenue costs will continue to be refined through the OBC process.

5.3 Overall Affordability

The capital costs detailed above are predicted to be funded through traditional capital funding. This project has been prioritised by NHS Lothian and each of the four Lothian Integration Joint Boards and the estimated costs noted above are included in the NHS Lothian Property and Asset FiveYear Investment Plan.

Funding has been identified for the additional revenue costs from the out of area budget and these have been reviewed and agreed by the Finance Business Partner (interim) Hamish Hamilton and agreed in partnership with Chief Finance Officers of each Lothian Integration Joint Board. The projected gap of £0.6m can be managed through the projected underspend on the out of area budget until the out of area budget can be released in full on a recurring basis (following completion of the Low Secure Mental Health unit for NHS Lothian).

All costs will continue to be refined through the OBC process.

6 The Management Case

6.1 Readiness to proceed

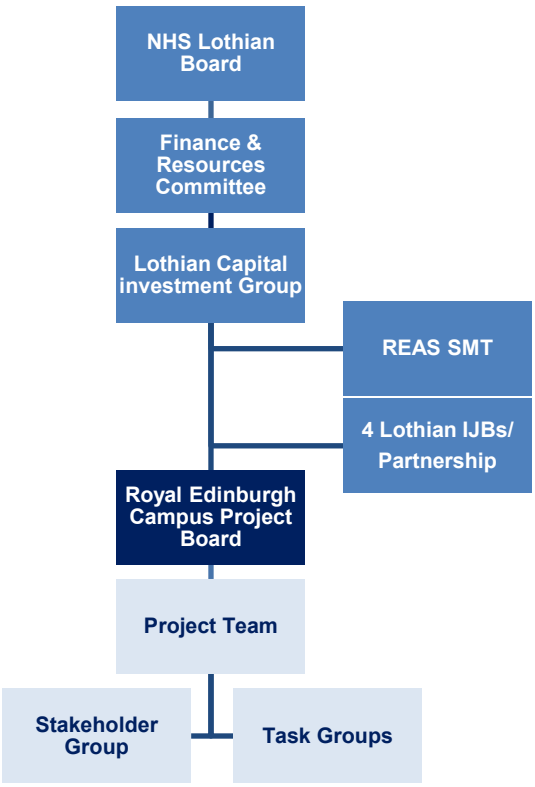
A benefits register and initial high level risk register for the project are included in Appendix 2: Benefits Register and Appendix 3: Risk Register. Detail of the proposed timeframe for development of the business case is included in the Commercial Case and any interdependencies with other projects are included in the Strategic Case.

NHS Lothian is ready to proceed with this proposal and is committed to ensure the necessary resources are in place to manage it. Section 6.2 outlines the governance support and reporting structure for the proposal and section 6.3 details the project management arrangements.

6.2 Governance support for the proposal

Stakeholder engagement is detailed in the Strategic Case and includes information on how members of the proposal's governance arrangements have been involved in its development to date and will continue to support it.

The diagram below shows the organisational governance and reporting structure that will be in place to take forward the proposed solution.



6.3 Project Management

The table below identifies key members of the project team and the REH Programme Management Board that will be responsible for taking the project forward; the table includesdetails of individuals' capabilities and previous experience.

Table 14: Project Management Structure

Role	Individual	Capability and Experience
Project Sponsor and Programme Management Board Chair	Professor Alex McMahon Executive Director, Nursing, Midwifery and Allied Healthcare Professionals Executive Lead, REAS and Prison Healthcare	Starting his career as a qualified nurse in 1986, Alex has worked in both the public and private sectors, including time with the Royal College of Nursing and as Nursing Advisor for Mental Health and Learning Disabilities in the Scottish Government. In 2009 he received an Honorary Chair from the University of Stirling for his work in mental health and nursing. Alex chairs the REH Programme Management Board and is ultimately responsible for the project and its overall business assurance i.e. ensuring that it remains on target to deliver the outcomes that will achieve the anticipated business benefits and that it is delivered within its agreed budget and timescale tolerances
Senior User and Programme Management Board Deputy Chair	Tracey McKigen, Services Director, Royal Edinburgh and Associated Services	As Senior User Tracey is accountable for ensuring that requirements have been clearly defined in the Clinical Brief and that the proposed development is fit for purpose and fully meets user needs. Following the principles of PRINCE2, the Senior User has primary responsibility for quality assurance and represents the interests of all those who will use and operate the new facilities. As REAS Service Director, Tracey has a deep understanding of the clinical and support needs of the services delivered from the REH. She has also held a number of other senior management roles in the NHS
Strategic Programme Manager	Nickola Jones, Strategic Programme Manager	Previous experience of NHS capital projects

Role	Individual	Capability and Experience
Project Manager	Steve Shon, Senior Project Manager, Capital Planning	Steve has worked within NHS Capital Planning since 1998 managing and co-ordinating all aspects of the procurement of major new health facilities, from preparation of business cases through to commissioning. In terms of procurement, he has been involved in traditional, D&B, and PFI schemes and is now working on Hub developments, including the redevelopment of the Royal Edinburgh Hospital. Previous projects have ranged from small Learning Disabilities houses, through Care of the Elderly facilities, to the redevelopment of the State Hospital at Carstairs
Capital Finance Support	Laura-Jane Smith	Experience supporting capital investment projects
Finance Business Partner	Hamish Hamilton	Previous experience at Senior Manager level in similar projects
Service Lead	Andrew Watson	Associate Medical Director for the Royal Edinburgh Hospital and Associated Services
Service Lead	Karen Ozden	Chief Nurse for the Royal Edinburgh Hospital and Associated Services
Partnership Representative	To be confirmed	Dependant on appointee

The project's external advisers are:

- Turner and Townsend- Technical Adviser
- Burness Paull - Legal Adviser
- Thomson Gray - Cost Adviser

7 Conclusion

The strategic assessment for this proposal (included in Appendix 1: Strategic Assessment) scored 22 (weighted score) out of a possible maximum score of 25.

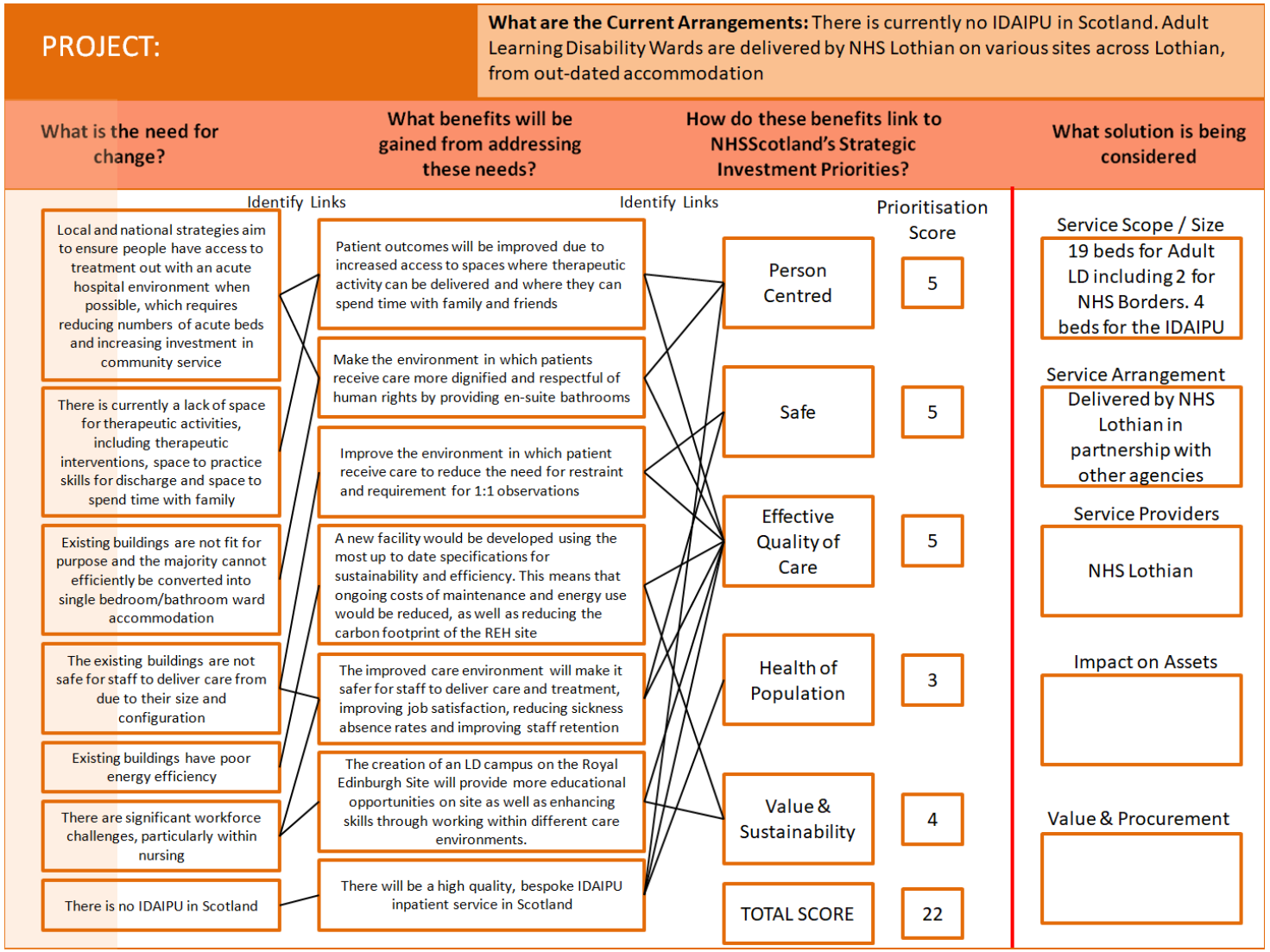
This case clearly describes the need for improved accommodation for those with intellectual disability and mental health needs in NHS Lothian, it also describes the case for providing a bespoke 4 bedded facility for adolescents with these needs across Scotland, as requested by the Scottish Government and supported nationally.

The case presents first hand feedback from those receiving care in the current facilities in NHS Lothian which provides a clear indication of the failings of the current environment. The Scottish Government and IJBs have a strategic direction to care for people in an inpatient setting only when that is the only possible solution. Therefore, when someone does require a hospital admission, it will be because they have a high level of need. The best quality environment is required to ensure those admitted receive the highest quality care, in an appropriate environment and supported by staff who feel valued and well equipped.

Co-locating the national unit with the local unit will create a centre of excellence for supporting people with intellectual disability both in hospital and in the community. It will become more attractive for staff to work in the units because there will be a variety of learning and training opportunities. The environment would be bespoke and fit for purpose and provide dignity to those requiring a hospital admission.

This case is supported by the 4 Lothian IJBs, NHS Borders and Borders IJB and is driven by a genuine desire to provide care for vulnerable patients in the best possible environment to give people the greatest chance of getting better and being able to go home. It is aligned with the ambition to shift the balance of care from hospital to community settings and exhibits NHS Lothian's commitment to this agenda.

Appendix 1: Strategic Assessment



Appendix 2: Benefits Register and Non-Financial Benefits Assessment

Project Name						
1. Benefits Register						*2. Prioritisation*
Ref No.	**Benefit**	**Assessment**	**As measured by**	**Baseline Value**	**Target Value**	**Relative Importance**
1	Make the environment in which patients receive care more dignified and respectful of human rights by providing en-suite bathrooms	Quantitative	% of bedrooms with en-suite bathrooms	30%	100%	1
2	Improve the environment in which patient receive care to reduce the need for restraint and requirement for 1:1 observations which should reduce reportable incidents	Quantitative	Average no. Of Datix Incidents recorded per month	85	40	3
3	The improved care environment will make it safer for staff to deliver care and treatment, improving job satisfaction, reducing sickness absence rates and improving staff retention	Quantitative	Staff sickness absence rate	9%	4%	4
4	Patient outcomes will be improved and length of stay will be reduced due to increased access to spaces where therapeutic activity and activities can be delivered and social skills maintained	Quantitative and Qualitative	Patient feedback, patient outcomes, length of stay	TBC	TBC	2
5	The creation of an LD campus on the Royal Edinburgh Site will become a centre of excellence which will provide more educational opportunities on site as well as enhancing skills through working within different care environments.	Quantitative and Qualitative	No. Of staff vacancies	15	2	5
6	A new facility would be developed using the most up to date specifications for sustainability and efficiency. This means that ongoing costs of maintenance and energy use would be reduced, as well as reducing the carbon footprint of the REH site	Quantitative	Cost of maintenance and energy per month	TBC	TBC	6

#	Benefit	Weighting (%)	Option 1	Option 2	Option 3	Option 4
1	Make the environment in which patients receive care more dignified and respectful of human rights by providing en-suite bathrooms	25%	1	6	8	10
2	Improve the environment in which patient receive care to reduce the need for restraint and requirement for 1:1 observations which should reduce reportable incidents	20%	0	4	6	10
3	The improved care environment will make it safer for staff to deliver care and treatment, improving job satisfaction, reducing sickness absence rates and improving staff retention	20%	1	5	7	10
4	Patient outcomes will be improved and length of stay will be reduced due to increased access to spaces where therapeutic activity and activities can be delivered and social skills maintained	25%	0	0	5	10
5	The creation of an LD campus on the Royal Edinburgh Site will become a centre of excellence which will provide more educational opportunities on site as well as enhancing skills through working within different care environments.	5%	1	4	7	10
6	A new facility would be developed using the most up to date specifications for sustainability and efficiency. This means that ongoing costs of maintenance and energy use would be reduced, as well as reducing the carbon footprint of the REH site	5%	1	6	8	10
	Total Weighted Benefits Points		**55**	**380**	**660**	**1,000**

Appendix 3: Risk Register

1. Identification			2. Assessment				3. Control		4. Monitoring	
Risk No	Risk Grouping	Risk Description	Financial / Non-Financial / Unquantifiable	Consequence (1 - 5)	Likelihood (1 - 5)	Risk	Proposed Treatment / Mitigation	Action Taken	Risk Owner - Type	Risk Owner - Individual
1.1	**Business risk**	If new build then - Impact of build on capacity – occupancy, clinical space, patient mix		2	5	**High**	Traffic management throughout site, sound barriers			
1.2	**Business risk**	If refurb then - Impact of build on capacity – occupancy, clinical space, patient mix		5	5	**Very High**	Consider decant facilities and relocation of patients to reduce impact on patients. Traffic management throughout site, sound barriers			
1.3	**Business risk**	Poor stakeholder involvement results in a lack of support for the project		4	1	**Medium**	Prepare and implement an appropriate project communication plan which engages with all appropriate stakeholders at appropriate stages of the project			
2.1	**Reputational risk**	Poor communication ignores stakeholder interests		4	1	**Medium**	Ensure that the project communication plan covers issues of public perception / consultation feedback / media interest / parliamentary interest / organisational reputation, etc			
2.2	**Reputational risk**	Reputational risk if we do not get the environment right – both for NHS Lothian and NHS Borders, and nationally for the national unit		5	1	**Medium**	Ensuring the clinical brief and engagement with contractors is good, learn from previoius builds			
3.1	**Demand risk**	Demand for the service does not match the levels planned, projected or presumed		5	3	**High**	Carry out sensitivity testing of assumptions behind service demand projections to understand and manage any underlying risks			
4.1	**Occupancy risk**	Patient discharges – availability of robust community placements that are sustainable		5	3	**High**	Partnerships have shared and robust planned for community alternatives. For 4 beds, community services should be developed and there will be discharge planning on admission			
4.2	**Occupancy risk**	Risk around the availability of rooms for contingency and rooms being damaged and being unable to use. Capacity use should be 85% - but not currently at this rate. Legislative change may impact upon this. Need to have safe spaces in the community so hospital is not the default 'safe space'		5	3	**High**	Contingency room which would be created through 85% capacity. National unit may not be able to do this.			
4.3	**Operational risk**	IJB strategic direction may change – they may decide to provide elsewhere or change numbers – may make the project not viable – need project board to collectively own and absolutely agree the final bed numbers		5	2	**High**	IA will be agreed across all areas, which should mean future changes are limited			

1. Identification			2. Assessment				3. Control		4. Monitoring	
Risk No	Risk Grouping	Risk Description	Financial / Non-Financial / Unquantifiable	Consequence (1 - 5)	Likelihood (1 - 5)	Risk	Proposed Treatment / Mitigation	Action Taken	Risk Owner - Type	Risk Owner - Individual
4.4	**Operational risk**	Potential changes to delegation schemes of IJBs – may change decision making		3	3	**Medium**				
4.5	**Operational risk**	If they were to become separate Risk to the adolescent unit linked to the adult unit – staffing risk. Appropriate and properly trained		4	3	**High**	Further consultation required			
4.6	**Operational risk**	Recruitment to the units		4	2	**Medium**	Campus and national unit should make the campus an attractive place to work. Have looked at skill mix to mitigate pressures on any one staff group			
4.7	**Operational risk**	Formal team for the national unit not yet in place – no agreement yet about the formal governance for this yet		3	1	**Low**	Recruitment underway. Identified leads in place despite not being formal team - Clinical lead in place			
5.1	**Planning risk**	Local community objects to the project		4	1	**Medium**	Engage with local communities to gain their support for proposals re new site developments. Planning permission in place until March 2022			
6.1	**Design risk**	The design does not meet the Design Assessment expectations. Affordability and design risk		4	2	**Medium**	Get the building specifications right and the contractors decisions to make the building fit for purpose, both in terms of robustness and the physical environment – risk to patients. This will be captured in the clinical brief. The design team need to engage with the Design Assessment team from early design planning stages onwards to avoid confusion over expectations. Robust learning from previous projects			
7.1	**Procurement risk**	Availability of contractors to complete the project		4	2	**Medium**	Procured through Hub - experienced contractor in place			
8.1	**Construction risk**	Critical programme dates are unrealistic		4	2	**Medium**	A realistic project programme should be developed from IA stage onwards which is regularly monitored and reviewed			
8.2	**Construction risk**	• Unforseen issues with grounds		4	1	**Medium**				
9.1	**Funding risk**	The project estimate is poorly prepared and inaccurate		5	2	**High**	The level of detail required for project cost estimates should align with guidance on each planning stage. High optimism bias built in			
9.2	**Funding risk**	The project becomes unaffordable		5	2	**High**	The affordability of the project should be tested at IA stage and further explored as part of the OBC and FBC stages of the project			
9.3	**Funding risk**	Availability – at SG level – having robust alternative options		5	4	**Very High**	Work with SG			

1. Identification			2. Assessment				3. Control		4. Monitoring	
Risk No	Risk Grouping	Risk Description	Financial / Non-Financial / Unquantifiable	Consequence (1 - 5)	Likelihood (1 - 5)	Risk	Proposed Treatment / Mitigation	Action Taken	Risk Owner - Type	Risk Owner - Individual
9.4	**Funding risk**	Revenue affordability – if more beds required, increased costs for staffing, availability of staffing. Costs of out of area if we do not have enough beds – and out of area budget being used to cover costs of the revenue relating to the IA		5	2	**High**	Model developed across Lothian to support bed base. Linkwith IJBs to establish process if demand is higher			
10.1	**Economic risk**	Inflation costs rise above those projected		5	2	**High**	The likelihood of this occurring needs to be considered as part of the Financial Case. Optimisim bias within estimated costs includes an allowance for increased inflation			
11.1	**Policy risk**	Changes to non-legislation policy affects project cost or progress		3	2	**Medium**	The likelihood of this occurring should be considered as part of this risk register			
12.1	**Legislative risk**	Changes in legislation or tax rules increase project costs		5	1	**Medium**	Most recent legislative changes relating to carbon included in initial design			

Appendix 4: AEDET (Achieving Excellence Design Evaluation Toolkit) Evaluation Summary

Included as attachment due to file size.

Appendix 5: Pictures of NHS Lothian Current Intellectual Disability Wards

Included as attachment due to file size.

Integrated Mental Health Rehabilitation and Low Secure Centre

NHS Lothian

Initial Agreement

Project Owner: Nickola Jones

Project Sponsor: Alex McMahon

Date: 13/05/2021

Version: 1.16

Version History

Version	Date	Author(s)	Comments
1.0	13/05/2021	Nickola Jones	Initial draft, pulling together progress to date
1.1	18/09/2021	Mike Holligan/Andy Wills	Review and update case
1.2	19/05/2021	Andy Wills/Mike Holligan	Review and update case
1.3	24/05/2021	Mike Holligan/Andy Wills	Review and update case
1.4	28/05/2021	Nickola Jones	Review and update case
1.5	01/06/2021	Andy Wills/Mike Holligan	Review and update case
1.6	03/06/2021	Mike Holligan	Editing and Formatting of document changes
1.7	10/06/2021	Andy Wills/Mike Holligan	Review and update case
1.8	14/06/2021	Nickola Jones	Review and update case
1.9	15/06/2021	Mike Holligan	Review and update case
1.10	16/06/2021	Nickola Jones/Steve Shon	Review and update case
1.11	21/06/2021	Nickola Jones/Steve Shon	Review and update case
1.12	21/06/2021	Laura Smith/Hamish Hamilton	Updates to Economic Case & Financial Case
1.13	06/07/2021	Nickola Jones	Review and Update case based on feedback from REAS SMT and REH Project Board
1.14	19/07/2021	Nickola Jones	Review and update case
1.15	20/07/2021	Nickola Jones and Laura Smith	Review and update case, update of financial sections of case
1.16	22/07/2021	Nickola Jones	Review and update case

Contents

1. Executive Summary

1.1 Purpose

This Initial Agreement makes the case for providing Low Secure Mental Health Rehabilitation within NHS Lothian for those currently receiving care out of area and to improve facilities for adults receiving general mental health rehabilitation. It sets out the case for a 60 bedded integrated rehabilitation centre that encompasses psychiatric rehabilitation in both low secure and open environments. This would be made up of 24 beds for Low Secure care and 37 beds for Mental Health Rehabilitation.

This is an innovative approach that aims to support people to spend the least possible amount of time in secure care by making the transition to open settings, and onto the community, as easy as possible. Building a unit with layers of shared, rehabilitative spaces that people can transition to as they build their recovery journey will allow that. The relationships built with all members of a person's network including both statutory staff and wider supports will be maintained as people are accommodated in the least restrictive environment. The integration proposed will embed a recovery and rehabilitative focus throughout all areas of the unit, and allow this to be maintained throughout a person's stay.

A new facility would address all of the current issues described throughout this case and would provide the best possible space to enable optimum rehabilitation and recovery for patients. Additionally, this proposal suggests that the inpatient bed numbers should reduce and the funding transferred to support community alternatives for those currently in rehabilitation wards who have significant needs, but who are not benefitting from active rehabilitation. Thus supporting the ambition to shift resources from acute hospitals to community based resources.

1.2 Background and Strategic Context

This IA follows on from the implementation of Phase 1 of the Royal Edinburgh Hospital campus re-development. It seeks to build on knowledge gained from the first phase and to provide high quality facilities for those receiving Mental Health Rehabilitation and Low Secure care.

The case aligns with all current Scottish Government and local strategies and has been included in the four Lothian IJB Strategic Plans for 2019-2022.

Mental Health Rehabilitation and Low Secure care are delegated functions in Lothian, which means that the four Lothian IJBs are responsible for setting the direction for the future. Therefore, the Royal Edinburgh Project Board has worked closely with colleagues from across the four Lothian IJBs to create a joined up plan for Adult Rehabilitation and Low Secure care.

The IJBs have agreed on a reduced bed number for Mental Health Rehabilitation from a current funded capacity of 64 beds to 37 beds. The breakdown across the IJBs is as follows:

IJB Area	No. Of MH Rehabilitation Beds Commissioned
West Lothian	0
East Lothian	3.5
Midlothian	3.5
Edinburgh City	30
Total	**37**

The IJBs have also commissioned 23 beds for Low Secure care to facilitate the flexible model of care described above and to deliver people's care as close to home as possible. The breakdown per IJB area is as follows:

IJB Area	No. Of Low Secure MH Beds Commissioned
West Lothian	6
East Lothian	1
Midlothian	1
Edinburgh City	15
Total	**23**

1.3 Need for Change

The 'Independent Review into the Delivery of Forensic Mental Health Services – What we think should happen'[1], published in February 2021, expressed surprise that NHS Scotland as a whole spends millions of pounds a year in cross-charges for accommodating people out of area. These out of area placements place people further away from their support networks. The Review advised that Low Secure care should be provided locally and this case seeks to deliver on this recommendation. There are currently 17 Lothian patients receiving care out of area at a cost of around £200,000 per person. Receiving care out of area has a significant detrimental impact on people's ability to get better and to maintain links to and support from family and friends.

The Adult Mental Health Rehabilitation wards on the Royal Edinburgh Hospital (REH) campus are currently delivered from significantly outdated accommodation. There are a number of issues described in this case which makes the inpatient wards not fit for purpose for this patient group, namely; the lack of single bedrooms with en-suite facilities, the lack of access to outdoor space if patient's require and escort, lack of access to appropriate therapeutic space, lack of access to quiet spaces, poor environment which is not robust and is easy to damage, lack of space to store belongings and various other challenges.

1.4 Investment Objectives

The Investment Objectives for this case are:

- End out of area secure psychiatric care for people in Lothian
- Shift the balance of care by reducing inpatient beds and developing pathways to support people with complex needs in residential settings
- Establish a high quality, safe and robust inpatient services which meet care standards such as providing single rooms with en-suite bathrooms
- Establish high quality facilities which are robust and maintainable
- Have a facility which meets the current standards for energy efficiency and sustainability
- Provide an inpatient environment designed to meet patient and staff safety.
- Provide integral and secure gardens to each rehabilitation and low secure ward areas.
- Provide therapeutic areas that can be accessed with ease by all.
- A clinical environment which supports rehabilitation national evidence based clinical practice.
- Realistic and sustainable workforce model using the whole multidisciplinary team (MDT)

[1] Independent Review into the Delivery of Forensic Mental Health Services – What we think should happen https://www.gov.scot/groups/forensic-mental-health-services-independent-review/

1.5 The Preferred Option(s)

The preferred option is for a New Build facility on the Royal Edinburgh Hospital Site.

This preferred option has been reached following an options appraisal conducted by key representatives of the service and project teams. The Economic Assessment Table below shows that the option to build a new facility is the best ranked option and provides best cost per benefit point.

Option Appraisal	Option 1	Option 2	Option 3	Option 4
Weighted benefits points	245	625	815	950
NPV of Costs (£k)	118,340	198,898	209,600	269,714
Cost per benefits point (£k)	483	318	257	284
Rank	**4**	**3**	**2**	**1**

1.6 Readiness to proceed

A benefits register and initial high level risk register for the project are included in Appendix 3: Benefits Register and Appendix 4: Risk Register. Detail of the proposed timeframe for development of the business case is included in the Commercial Case and any interdependencies with other projects are included in the Strategic Case.

NHS Lothian is ready to proceed with this proposal and is committed to ensure the necessary resources are in place to manage it. Section 6.2 outlines the governance support and reporting structure for the proposal and section 6.3 details the project management arrangements.

1.7 Conclusion

This proposal is a significant priority for NHS Lothian and the four Lothian IJBs as it realises national advice to provide Low Secure locally and will improve the quality and dignity of care for patients receiving mental health rehabilitation.

At the centre of this case is a desire to provide the best quality of care to those who require mental health care in NHS Lothian. Having to receive care out of area is detrimental to our patient's wellbeing and recovery, as is receiving care in a poor quality environment. Additionally, staff should be delivering care from environments that they are proud to work in, not from environments that they have to work around. This case provides an opportunity to create an innovative facility which is able to provide the flexibility required to care for patients in the least restrictive way possible.

This IA makes a compelling case for investment which would further the Scottish Government's ambition to provide parity between physical and mental health care and to provide care as close to home as possible.

2. The Strategic Case

2.1 Existing Arrangements

Adult Mental Health Low Secure

A forensic service comprises of 3 different levels of security: high, medium and low. Whilst high secure is provided at the State Hospital in Carstairs, the Orchard Clinic at the REH provides medium secure forensic care. There is currently no step down / low secure acute forensic provision in NHS Lothian and no capacity to deliver this service within existing arrangements. As a result, Lothian patients either receive this service when required out of area or worst case are unable to access this service at the most clinically appropriate time and their length of stay in medium secure is longer than necessary. The current model of care for low secure services relies on outsourcing to a variety of units with varying care models. The average cost of an out of area low secure placement is approximately £200,000 per person per year.

Patients requiring Low Secure rehabilitation are all detained under the Mental Health (Care and Treatment) (Scotland) Act 2003 or Criminal Procedures Act (Scotland) 1995. This patient group has diverse needs and many will share similar experiences and symptoms of the Mental Health Rehabilitation group described below. Most will have a history of offending behaviour and present significant risks to self and others. This group are likely to have had previous treatment and care in a medium secure psychiatric environment or placed in private secure care as their local NHS board has not had the resources to care and treat these patients with the safety and security that they had required. There is a greater need for environmental, relational and procedural security compared to the mental health rehabilitation and the goal of the inpatient unit to allow patients to continue their recovery journey safely.

The Unplanned Activity (UNPACS) budget has been used to fund 20 low secure places for NHS Lothian patients in recent years. These have been mainly at private facilities in Ayr and Glasgow, however several patients who have specialist needs due to brain injury or sensory impairment have been placed in private and NHS facilities in England.

Demand predictions for low secure beds are based on the following:

- As of March 2020, there are 17 patients with outsourced care
- An estimated 6 patients from Medium secure may be appropriate to accommodate in low secure facilities
- System changes mean there is now the ability for patients to appeal against the need for medium secure facilities, which may increase demand for low secure care.

Adult Mental Health Rehabilitation

The Mental Health Rehabilitation Service is delivered by NHS Lothian from the Royal Edinburgh Hospital site and specialises in working with people whose long-term and complex needs cannot be met by general mental health services. Services are delivered to anyone in Lothian requiring mental health rehabilitation; however, the majority of patients are from Edinburgh City as there is only small demand from East Lothian and Midlothian and there are local mental health rehabilitation provisions in West Lothian.

Who might need a mental health rehabilitation service?

People who require inpatient mental health rehabilitation may have a diagnosis of schizophrenia, schizoaffective disorder or bipolar disorder. Typical difficulties include:

- problems with organising and planning daily life – finding it hard to plan and actually carry out plans
- symptoms of mental illness, such as hearing voices that are distressing or make it difficult to communicate with other people
- being exploited or abused by others
- behaving in ways that other people find difficult or threatening - this can lead to contact with the police or courts
- harmful use of alcohol and non-prescribed ("street") drugs.

People may have these difficulties because:

- standard medications do not work well for them
- the illness affects peoples concentration, motivation and ability to organise themselves
- they also suffer from depression and anxiety
- they may struggle to manage everyday activities – like self-care, budgeting, shopping, cooking, managing your money.[2]

People who are admitted into these units are over the age of 18 and there is no age cap on who may benefit from the model of care offered. Older people, with higher levels of frailty may not be accepted though, due to the limitations of the built environment. Due to the impact of the illnesses on their understanding of their difficulties almost all the patients are detained under the Mental Health (Care and Treatment)(Scotland) Act 2003 and many will be subject to provisions under the Adults with Incapacity (Scotland) Act 2000.

The patient group admitted to this service will be highly symptomatic, have several or severe co-morbid conditions and most will have significant risk histories. Usually people in this group have had difficulty in engaging and maintaining contact with medical and support services in non-hospital-based care and have exhibited limited therapeutic treatment responses to pharmacological and/ or other treatments. A history of coping with trauma will impact on the care and treatment of a substantial proportion of the patients.

When are people referred to rehabilitation services?

- Usually after a few years of mental health problems - and a number of hospital admissions. However, it can sometimes be helpful if you are trying to get over a first episode of illness.
- If you can't be discharged from an acute ward, but are unlikely to get any better there.
- If you are moving to a placement with less support and supervision. This can happen if you are leaving a forensic or secure service, or if you are moving from residential care to a more independent home in the community.
- If you might benefit from the structured environment and intensive therapeutic programmes that are available on a rehabilitation unit.[3]

Most people admitted to the rehabilitation wards will have a history of spending substantial periods of time socially and economically disadvantaged e.g. homeless and without work. For most it is predicted that they will require a protracted length of inpatient stay to build a secure base from which they can continue their recovery journey out of hospital. In-patient rehabilitation services are eight times more likely to support these people with complex needs, including psychotic illnesses, to live independently in the community long-term when compared to standard mental health services.

[2] Royal College of Psychiatrists – 'Mental Health Rehabilitation Services' https://www.rcpsych.ac.uk/mental-health/treatments-and-wellbeing/mental-health-rehabilitation-services
[3] Royal College of Psychiatrists – 'Mental Health Rehabilitation Services' https://www.rcpsych.ac.uk/mental-health/treatments-and-wellbeing/mental-health-rehabilitation-services

What are the aims of mental health rehabilitation?

The rehabilitation wards adopt a holistic bio-psycho-social formulation centred on what is appropriate for the individual, built on evidence-based approaches. The strength is the multidisciplinary team approach, with the individual in the centre. Shared environments and therapy spaces are key to delivering suitable interventions to enable rehabilitation. Patients may be aiming to:

- learn or re-learn life skills.
- get their confidence back.
- cope better without so much help.
- achieve the things they want to, like living in their own flat, getting a job or building family relationships.
- feel independent and comfortable with their life.

The ethos and the basis of the care model is relationships. Clinical staff build relationships with patients over time, through interaction, discussion and interventions/ activities. Trusting relationships that maintain hope are key for promoting recovery in the units. Patients also build relationships with one another, and often enjoy activities which bring them together, building a sense of community e.g. North Wing have regularly organised coffee mornings.

Many patients have had a long history of contact with Mental Health services with over 90% having had multiple episodes of inpatient care in the general Mental Health wards alongside extensive MDT efforts to support them in the community. Patients often need the structure of how the unit functions to help stabilise them; the rehabilitation wards offer a routine and rhythm that allows them to build the confidence that may have been lost over a number of years in care. Many also have high levels of need for personal care due to either physical or mental health. This support can be complicated by issues with patient engagement and capacity, requiring a sophisticated range of MDT skills to overcome these challenges.

What treatments and support are provided?

The service provides specialist assessment, treatment, interventions and support to help people to recover from complex mental health problems and to gain the skills and confidence to live successfully in the community. The inpatient unit works in partnership with other agencies that support patients' recovery and social inclusion including third sector and social care agencies in the provision of accommodation, education, employment, advocacy and peer support services. Central to the service's function is a recovery orientation that places collaboration with patients and carers at the centre of all activities.

Treatments may include:

- Medication.
- Talking therapies (e.g. cognitive behaviour therapy and specific work with families and carers).
- Guidance on healthy living (e.g. diet, exercise and stopping smoking).
- Help to reduce or stop alcohol and street drug use.
- Support to manage everyday activities such as personal hygiene, laundry and more complex living skills such as budgeting, shopping and cooking.
- As people get better, they will spend more time in the community. They may do some sport, go to the cinema, do a course, learn some skills for work, or start to get a job.
- Help with accommodation and social security benefits.
- Sometimes legal advice.

Rehabilitation services aim to support patients to regain skills for community living, with the same opportunities as anyone else. The Royal College of Psychiatrists state that ‘Rehabilitation units should

provide a safe and homely space where you can feel comfortable, safe and are able to have safe relationships with other people'[4] – this is the ambition of the current units and for any future plans.

Current Ward Establishment

The breakdown of existing funded capacity of 63 beds is as follows:

Crammond	Mixed	14 beds	Single rooms, shared dormitories, shared toilets
Myreside	Female	15 beds	Single rooms, shared dormitories, shared toilets
North Wing	Male	15 beds	Single rooms, shared dormitories, shared toilets
Craiglea	Male	15 beds	Single rooms, shared dormitories, shared toilets
Margaret Duguid Unit	Mixed	4 beds	Single room, en suite

Currently, due to the demands of the service, there are an additional 3 beds being used across the four wards. There are currently 67 inpatients, although the service's funded capacity is 64.

Patient Activity 2018 - 2021

	2018/19	2019/20	2020/21
No. Of admissions	28	48	1
No. Of Discharges	31	49	1
Average Length of Stay	512	195	266

2.2 Drivers for Change

The following section expands on the need for change as identified in the Strategic Assessment (included in Appendix 2) and describes the anticipated impact if nothing is done to address these needs and why action should be taken now through this proposal.

Low Secure

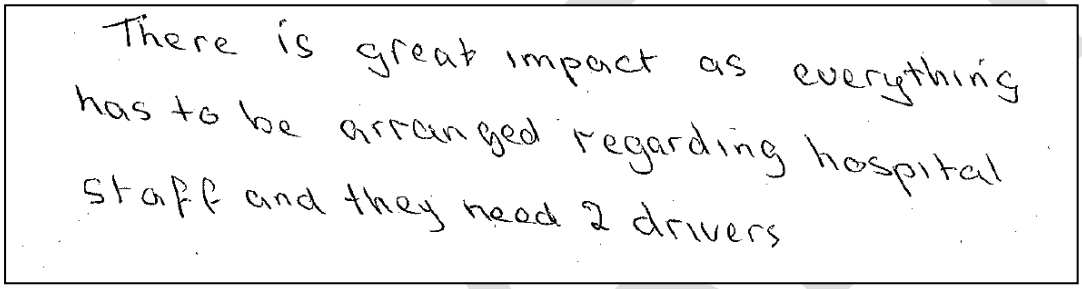
There is currently no low secure provision in the Lothian area. Patients are receiving care far from home which means that connecting with family members becomes even more challenging than it would be normally for this patient group. In addition to this, out of area low secure placements currently cost NHS Lothian approximately £3.2million per year.

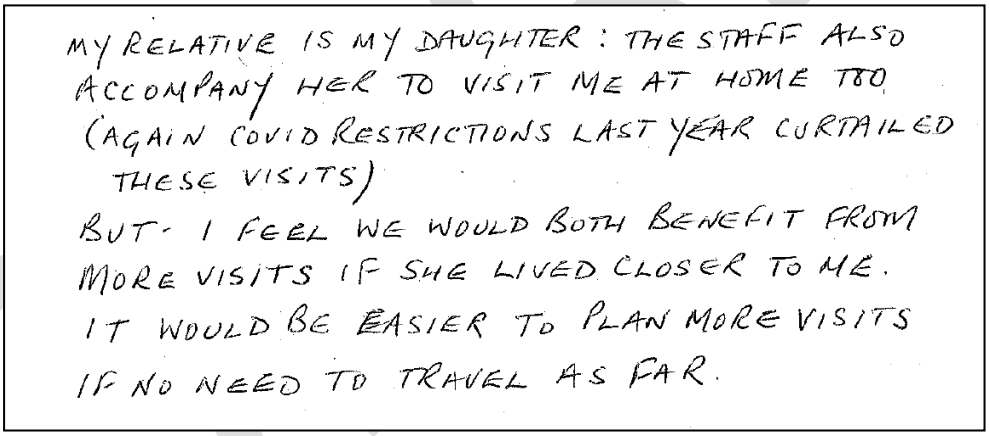
[4] Royal College of Psychiatrists – 'Mental Health Rehabilitation Services' https://www.rcpsych.ac.uk/mental-health/treatments-and-wellbeing/mental-health-rehabilitation-services

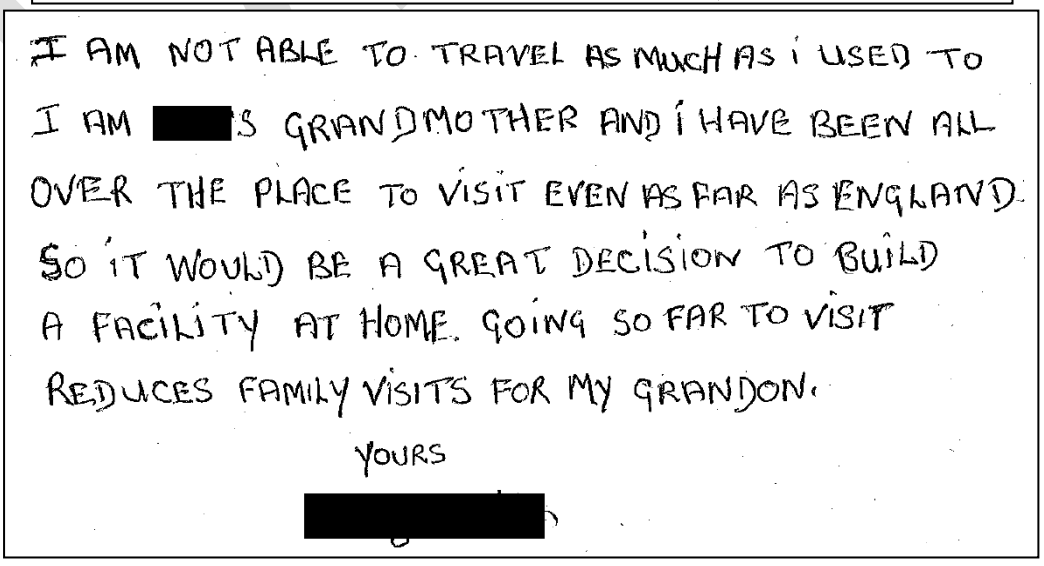
An exercise to gain feedback from patient's currently receiving low secure care out of area and their families was conducted in early 2021. Some of the quotes from this exercise are listed below, which clearly demonstrate some of the challenges currently experienced:

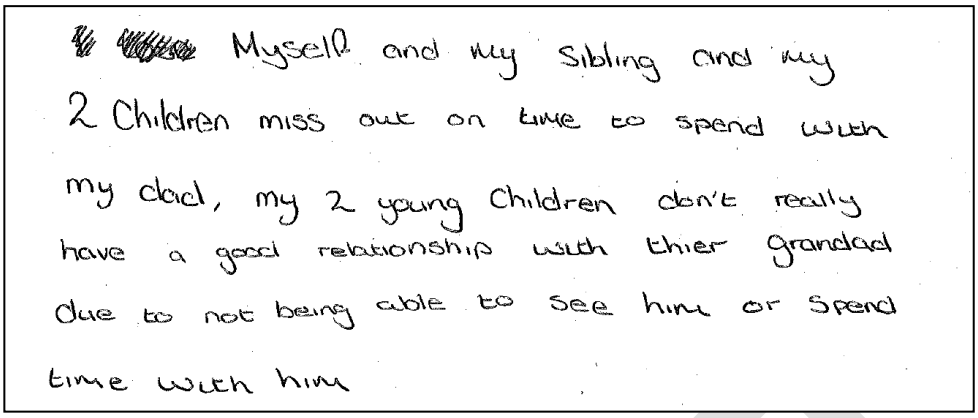
> *'I am from here, why do I need to be sent away? That is not going to make be better'* Low Secure Patient
>
> *'I have not seen my third grandson since he was born, if I was in Edinburgh I would have the chance to meet with him.'* Low Secure patient
>
> *'The day it was decided that my son had to move to a different hospital was the worst day of my life. I just couldn't see how I could help him get back to living a life again from the other side of the country'* Relative of low secure patient

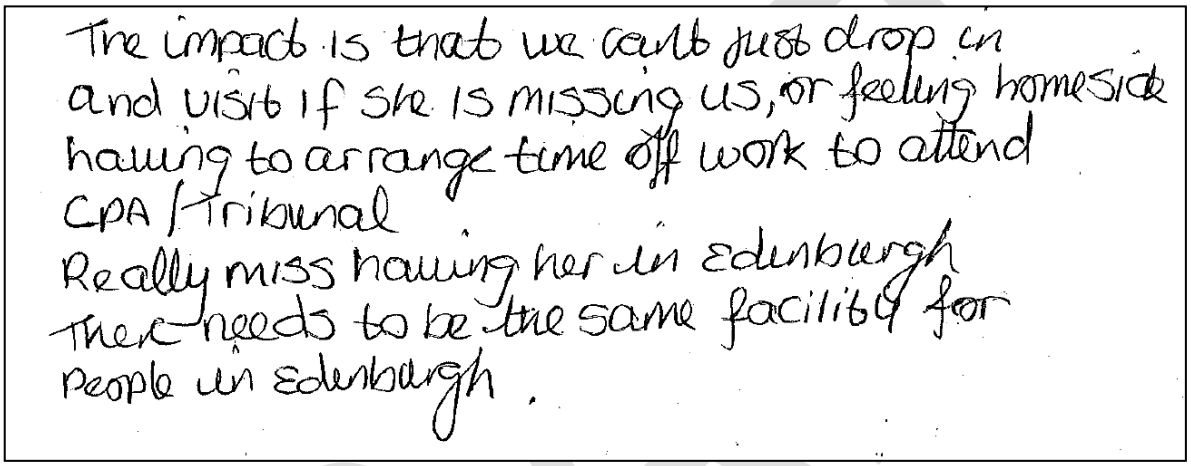
Some of the written responses are shown below:

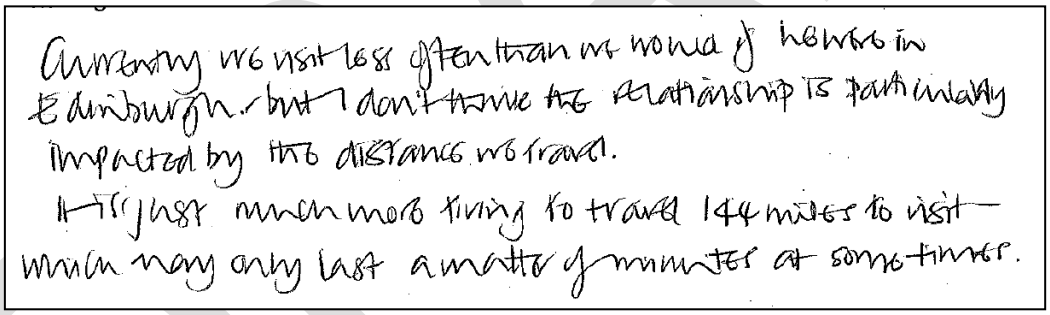

There is great impact as everything has to be arranged regarding hospital staff and they need 2 drivers


MY RELATIVE IS MY DAUGHTER : THE STAFF ALSO ACCOMPANY HER TO VISIT ME AT HOME TOO (AGAIN COVID RESTRICTIONS LAST YEAR CURTAILED THESE VISITS)
BUT I FEEL WE WOULD BOTH BENEFIT FROM MORE VISITS IF SHE LIVED CLOSER TO ME.
IT WOULD BE EASIER TO PLAN MORE VISITS IF NO NEED TO TRAVEL AS FAR.


I AM NOT ABLE TO TRAVEL AS MUCH AS I USED TO
I AM [redacted]S GRANDMOTHER AND I HAVE BEEN ALL OVER THE PLACE TO VISIT EVEN AS FAR AS ENGLAND.
SO IT WOULD BE A GREAT DECISION TO BUILD A FACILITY AT HOME. GOING SO FAR TO VISIT REDUCES FAMILY VISITS FOR MY GRANDON.
YOURS
[redacted]


Myself and my sibling and my 2 Children miss out on time to spend with my dad, my 2 young Children don't really have a good relationship with thier Grandad due to not being able to see him or Spend time with him


The impact is that we can't just drop in and visit if she is missing us, or feeling homesick having to arrange time off work to attend CPA / Tribunal
Really miss having her in Edinburgh There needs to be the same facility for People in Edinburgh.


Currently we visit less often than we would if he was in Edinburgh. but I don't think the relationship is particularly impacted by the distance we travel.
It is just much more tiring to travel 144 miles to visit — which may only last a matter of minutes at sometimes.

The psychological impact on families on taking patients out of their community and support structures can have huge impact of their mental health wellbeing. It can have a significant detrimental impact on people's capacity to recover as they do not have their normal support structures or any access to their local community. It can also cause clinicians to feel they have let down both the patient and their family by not being able to provide care and support them within their local community.

Concerns regarding the adequacy of provision of low secure mental health rehabilitation in Scotland have been raised by a number of sources. This was identified in the Mental Welfare Commission's Intensive Psychiatric Care in Scotland report and from contacts with individual patients and hospitals by the Mental Welfare Commission, and it was noted that NHS Lothian currently do not have local provision for low security services. The 'Independent Review into the Delivery of Forensic Mental Health Services – What we think should happen'[5], published in February 2021, expressed surprise that NHS Scotland as a whole spends millions of pounds a year in cross-charges for accommodating people out of area. These out of area placements place people further away from their support networks.

[5] Independent Review into the Delivery of Forensic Mental Health Services – What we think should happen https://www.gov.scot/groups/forensic-mental-health-services-independent-review/

The review also heard that clinical teams could be inflexible about the timing of these meetings, making it difficult for family members to attend, especially if the person was being cared for out of area. Recommendation 30 of the review states that individual Health Boards should put in place a system to reimburse travel expenses to those family members (or other carers) who have travelled to visit a person receiving forensic mental health services out of area. This additional cost will require to be met by NHS Lothian until further notice.

There are also significant capacity pressures on Medium Secure services, which could be improved with the development of a Low Secure Unit on the Royal Edinburgh Hospital site due to improved flow between services.

Mental Health Rehabilitation

The buildings in which rehabilitation services are currently situated are not fit for purpose. Despite two rehabilitation wards recently moving to new accommodation in the Andrew Duncan Clinic to clear buildings which require demolition in order to progress works on the site, the wards continue to fail to meet requirements such as having single, en-suite rooms. The remaining three wards are delivered from significantly out dated accommodation, the impact of which will be described in the following paragraphs and are shown in the pictures included in Appendix 1.

A 'Residential Environmental Impact Scale' (REIS) was recently conducted by a Specialist Occupational Therapist in two of the rehabilitation wards (Crammond and North Wing). These reviews indicated a number of issues for patients and staff posed by the current ward environment; they also made it clear that environmental changes were on hold due to the expectation that a new facility for these wards was going to be made available. The outcomes of the review have informed the following paragraphs, as well as information gathered from staff and patients on ward rounds conducted in July 2021.

Shared bathroom and shower facilities

The rehabilitation wards do not have en-suite facilities, with the exception of the 4 bedded Margaret Duiguid Unit. The other wards have between four and six toilets for 15 patients, and two to four showers.

This does not meet modern care standards and can have a particularly detrimental impact on this patient group. Some patients may have a lack of inhibition due to their condition and may therefore leave toilet doors open. This means that they are not granted the dignity and respect of a private place to go to the toilet. It may also be difficult emotionally for some patients to use shared bathroom facilities due to a history of abuse.

Nurses also reported that the bathroom facilities were old and that the toilets clogged very easily.

The provision of single rooms with en-suites would give the rehabilitation service greater flexibility in terms of gender separation, which will support flow through the hospital as demand for these services is high.

Shared Living Spaces

In all of the rehabilitation wards, with the exception of the newly refurbished Margaret Duguid Unit, there is at least two shared dormitory bedrooms. This means that two patients are sharing one sleeping space. This presents a number of significant issues for patients and staff. Firstly, patient's report that sharing bedroom space makes them feel unsafe and they worry about their belongings, a patient stated "I don't feel safe sleeping with others in my room". Patients can feel very vulnerable at night and are easily disturbed by other patients moving around the bedroom. Patients may feel frightened if the person they are sharing a room with becomes unwell and exhibits distressed behaviour. For the person exhibiting the distressed behaviour, there is no private and safe space which can feel like their own for staff to support them in or to

enable them to have the privacy to spend some time alone. Additionally, patients can be intimidated or bullied by other patients and may be coerced to hand over cigarettes, money or other valuables. They may also be influenced by the person they are sharing a room with, which could have further detrimental impact on their recovery.

For staff, the shared living spaces can present challenges for managing patients and providing meaningful rehabilitation. As would be expected, not all patients get on and sometimes patients need to be moved room because they have fallen out with the person they are sharing with. Sharing a room may make some patients frustrated and more likely to exhibit the behaviours they are trying to move away from as part of the rehabilitation process – this then delays their rehabilitation and can increase their length of stay. Additionally, when a new patient is being admitted to the ward, Charge Nurses need to consider where is best to place them in the ward. Due to the shared living spaces, admitting this new patient could require 3 or 4 other patient moves. Considering the wards are people's homes for a significant period of time, this frequent need to move can make patients feel that they are being uprooted again and further delay their rehabilitation progress as they are distracted by the trauma caused by the move. One Senior Charge Nurse said that they felt that it was 'difficult to get on with the task of rehab as people are preoccupied with trying to survive in the environment'.

Access to Outdoor Space

Patients and staff express frustration at the lack of safe, contained outdoor space for the ward. There is no direct access to outside space due to current location of 4 out of the 5 wards. Many patients will require an escort to leave the ward at various points during their admission based on clinical risk. This means that they cannot leave the wards without staff accompanying them. Since there is no safe, contained space linked to the ward, this means that patients need to wait for staff to be available in order to go outside. One patient stated "For long periods of times I'm unable to go outside", another stated "Why should I have to ask staff and be escorted when all I want is a bit of day light and fresh air?"

Wheelchair Accessibility

The ward is not wheelchair accessible and is difficult to access independently for those with other mobility issues such as the use of walking stick. The ward is situated on the first floor and the lift often breaks down which affects wheelchair users being able to leave the ward and access outdoor space. Wheelchair users also struggle with the heavy doors, lack of turning space and small shared toilets. Staff commented that the shared toilets affect the wheelchair users privacy and dignity and the shared bathroom/toilet space is too small for adaptive equipment. The dining room area is also not set up to meet the needs of those in a wheelchair, the height of the kitchen cupboards and the lack of door handles on cupboards make the cupboards difficult to access for all residents.

Storage of Belongings

There is very limited storage available for each patient in the ward. One patient stated "My belongings are not safe from others in my room and I have don't have enough storage to keep my personal things". Patients in current Rehabilitation service have been in hospital for a considerable period of time and in some cases several years and have accumulated large amounts of personal belongings, which cannot be securely stored within the ward environment.

Lighting and Temperature

There are challenges with the lighting and the ward temperature. Staff stated that patients complain about the heat on the wards 'all of the time'. Staff commented that the ward temperature is difficult to control i.e. some bedrooms are very cold at times and when the weather is warmer the whole ward is uncomfortably hot. The windows in the current wards are a unique design which means they do not let very much air into the wards.

Some of the corridors are dark and staff reported that it was not nice for them to work in 'dark, dingy places'. The current environment is having a detrimental impact on staff wellbeing which adds to the challenge of recruitment to nursing posts.

Physical Structure

In order to accommodate this patient group, the ward environment must be robust and able to withstand some stress caused by patients. In North Wing, for example, the door to one bedroom has been slammed so many times that the supporting wall is becoming cracked and therefore unsafe. Repairing this damage will come at significant cost to NHS Lothian and in a newer building, walls would be made more robust and re-enforced to ensure similar damage could not happen.

Lack of Therapeutic Space

There is very limited access to private space across all of the rehabilitation wards. This has been particularly challenging during the Covid-19 pandemic as there has not been space for patients to sit on their own and it has been challenging to distance patients as their only leisure spaces are shared. One patient stated "When feeling unwell I sometimes like to be alone but there is no escape from a noisy and busy ward".

Additionally, there is very little private space for one to one conversations and support, so often when a therapist meets with a patient, this is in shared, communal spaces which may not feel private and may lead to a less open conversation which could delay progress. Group work also takes place in communal areas, meaning patients cannot use the TV or the space while the group is taking place.

There is also no therapy kitchen in some of the wards, which limits patients ability to practice cooking, which is a key skill to prepare for going home. There are shared kitchens in communal spaces, but this means that cooking sessions are interrupted by other patients making cups of tea etc.

Combined Treatment room and Dispensary

The room where treatment and dispensary takes place is very small. If a patient is in the room receiving treatment, it is difficult and invasive for nurses to go in to dispense medications. It is also distracting for patients to receive treatment in a room which is also used for dispensing medications and also contains medical supplies.

A Vision for the Future

This IA sets out the case for an integrated rehabilitation centre that encompasses psychiatric rehabilitation in both low secure and open environments. This is an innovative approach that aims to support people to spend the least possible amount of time in secure care by making the transition to open settings, and onto the community, as easy as possible. Building a unit with layers of shared, rehabilitative spaces that people can transition to as they build their recovery journey will allow that. The relationships built with all members of a person's network including both statutory staff and wider supports will be maintained as people are

accommodated in the least restrictive environment. The integration proposed will embed a recovery and rehabilitative focus throughout all areas of the unit, and allow this to be maintained throughout a person's stay.

A new facility would address all of the issues described above and would provide the best possible space to enable optimum rehabilitation and recovery for patients. Additionally, this proposal suggests that the inpatient bed numbers should reduce and the funding transferred to support community alternatives for those currently in rehabilitation wards who have significant needs, but who are not benefitting from active rehabilitation.

Mental Health Rehabilitation and Low Secure care are delegated functions in Lothian, which means that the four Lothian IJBs are responsible for setting the direction for the future. Therefore, the Royal Edinburgh Project Board has worked closely with colleagues from across the four Lothian IJBs to create a joined up plan for Adult Rehabilitation and Low Secure care.

Proposed Bed Numbers

Working through the Royal Edinburgh Hospital Campus Project Board, all 4 Lothian IJBs have agreed on a reduced bed number from a current funded capacity of 64 beds to 37 beds. The breakdown across the IJBs is as follows:

IJB Area	No. Of MH Rehabilitation Beds Commissioned
West Lothian	0
East Lothian	3.5
Midlothian	3.5
Edinburgh City	30
Total	**37**

The reduction in Mental Health Rehabilitation beds will be facilitated by a transfer of investment from current hospital based services to alternative services in the community. The new model of care will help to facilitate a reduction in the length of stay in the rehabilitation wards, which will improve flow through the wards and enable NHS Lothian to stay within the reduced bed base. This will be further supported by community based developments such as the recent re-tendering of the Edinburgh support contract which will enable providers greater flexibility which should further improve flow through community support services.

The IJBs have also commissioned 23 beds for Low Secure care to facilitate the flexible model of care described above and to deliver people's care as close to home as possible. The breakdown per IJB area is as follows:

IJB Area	No. Of Low Secure MH Beds Commissioned
West Lothian	6
East Lothian	1
Midlothian	1
Edinburgh City	15
Total	**23**

The Low Secure provision will be across three wards, one for people with higher levels of frailty, one for females and one for males.

This proposal is therefore for a 60 bedded facility which provides Mental Health Rehabilitation and Low Secure care within the same building, benefitting from flexibility for patients and staff.

Alignment with National and Local Strategy

National Strategy

1. *Mental Health Strategy for Scotland 2017-2027*

   The Scottish Government's 2017-2027 Mental Health Strategy has the vision of "a Scotland where people can get the right help at the right time, expect recovery, and fully enjoy their rights, free from discrimination and stigma". The strategy aims to provide parity between mental and physical health services and to ensure equal access to the most effective and safest care and mental health treatment. This campus redevelopment supports this goal by replacing existing poor quality facilities with high quality facilities.

2. *National Health and Wellbeing Outcomes Framework 2015*

   The development of new rehabilitation facilities will be supported by a model of care which is aligned with the PANEL principles[6], supporting flow through the system to ensure people are only in hospital when they require that level of care. This is aligned with a focus on human rights which is promoted throughout the existing review of mental health legislation.

3. *Forensic Mental Health Services: Independent Review 2021*

   The current configuration of forensic mental health services for inpatients developed from principles set down by the Scottish Executive in its letter HDL (2006)48 to NHS CEOs in July 2006. There are three different levels of secure hospital provision as described by the Forensic Network in its Security Matrix and each has been developed at a different national, regional or local level. In general:

   - High secure is provided at a national level.
   - Medium secure services are provided at a regional level; and,
   - Low secure services are provided at a local level.

   The review states "People recognised that flexibility to respond to local need was necessary to deliver person-centred care. However, the differences in services highlighted to the Review were experienced more as inconsistencies, inequalities and frustrations by the people for whom these services were provided and the staff delivering them. Such differences mean that people's experiences and outcomes are affected by factors that are not related to their care needs or risk management requirements. There were calls for a more integrated approach to service development and resourcing rather than what was described as a 'postcode lottery' affecting care and treatment."

   This proposal meets the review's recommendations to provide Low Secure care at a local level, and to ensure there is consistent and high quality care for people requiring care in the forensic system.

   The Review also states that there is a pressure on Medium Secure facilities across Scotland. Having Low Secure provision on site would help NHS Lothian to manage flow through its medium secure service.

4. *National Clinical Strategy for Scotland*

   The National Clinical Strategy describes the rationale for an increased diversion of resources to primary and community care. This proposal supports this direction of travel by proposing a reduction in the inpatient bed base and a transfer of resource to community based services. This caso also advocates for improved therapeutic spaces for patients to gain skills they require to be discharged

[6] National Health and Wellbeing Outcomes Framework – Description of PANEL principles - https://www.gov.scot/publications/national-health-wellbeing-outcomes-framework/pages/9/

to the community. The new facility would build upon established relationships with third sector providers, both on and off the REH site.

5. *2020 Vision*

   The 2020 Vision is for more care to be delivered at home or in a homely setting. This case builds upon decades of work within mental health services to shift focus from hospital based services to community services. However, it also advocates for the highest possible standard of care when someone does require admission to hospital, which should minimise the amount of time people need to receive care in a more restrictive, inpatient setting. Bringing Low Secure care to NHS Lothian also helps to meet the aim of delivering care more locally.

6. *The Healthcare Quality Strategy for NHS Scotland 2010*

   This proposal supports key priorities stated in the Healthcare Quality Strategy such as clean and safe environment, continuity of care and delivering clinical excellence. Specifically, providing low secure care on the REH site is more person centred as it improves people's ability to maintain links with their family and local community, it is also more efficient in terms of time and money both for the health service and for families visiting patient's in low secure care.

7. *Public Health Priorities for Scotland*

   Priority one is for 'A Scotland where we live in vibrant, healthy and safe places and communities' It advocates asset-based approaches and the importance of changing the places and environments where people live so that all places support people to be healthy and create wellbeing; strategic approaches to greenspace, community gardens and developing walking and cycling networks are given as examples. Greenspace is important to the recovery of patients within rehabilitation services and would be incorporated into any design going forwards.

8. *The Sustainable Development Strategy for NHS Scotland*

   The strategy includes actions in relation to facilities management (promoting greenspace and the outdoor estate as a healthcare facility), community engagement (engaging local people in the design and use of the outdoor healthcare estate and promoting access to it) and travel (ensuring health services can be accessed by good quality footpaths and cycle routes, and encouraging people to make active and sustainable travel choices). The site development, including this proposal, has these actions at the forefront of planning and will incorporate the existing strong links with third sector services on site which host some of the important green spaces such as the Community Garden and Glass Houses.

Local Strategies

1. *NHS Lothian Hospitals Plan*

   The Lothian Hospitals Plan describes the Royal Edinburgh Hospital as one of the four key strategic planning priorities for NHS Lothian alongside the 4 Lothian IJBs and Borders IJB. NHS Lothian's property and asset management strategy (2015 – 2021) states that NHS Lothian's vision is for major hospital services to be focused around four main sites, one of which is the Royal Edinburgh Hospital Campus.

2. *NHS Lothian Quality Strategy*

   REAS has been at forefront of implementing the quality management approach in NHS Lothian and staff across services have implemented over 100 tests of change. The improved environment proposed in this case would give staff more time to focus on improvement work without being

distracted by environmental concerns.

3. *Our Health Our Care Our Future: NHS Lothian Strategic Plan 2014-2024*

   The NHS Lothian strategy states a commitment to re-developing the Royal Edinburgh Hospital site and to developing community services to support inpatient services. This proposal aims to realise this ambition.

4. *Greenspace and Health Strategic Framework for Edinburgh & Lothians*

   The NHS Lothian board has made a commitment to make development of green spaces across NHS Lothian a priority. This will be included within any design proposals for this case.

5. *IJB Strategic Plans*[7][8][9][10]

   The four Lothian IJBs strategic plans state the intention to support the redesign of the REH campus alongside the development of broader care pathways for people with mental health conditions. This broader piece of work is focused on ensuring people have access to treatment outwith an acute hospital environment when possible, which requires reducing numbers of acute beds and increasing investment in community service. The reduction in bed numbers described in this IA aids the realisation of these local aims.

6. *Property and Asset Management Strategy*

   A key part of NHS Lothian's service delivery is ensuring best use of estate in supporting operational and corporate delivery. To achieve this, the Board has in place a Property and Asset Management Strategy (PAMS). NHS Lothian's current strategy reflects its commitment to improving the healthcare environment whilst reducing the number of hospital and other sites it currently manages, to reduce property expenditure. The Royal Edinburgh Hospital site is a major part of this strategy and its retention has been predicated on the aim to maximise its development potential. This decision has been reviewed through various updates to the site masterplan (most recently in 2019) and it continues to be viable.

   The Scottish Government's commitment to deliver a greener, zero carbon Scotland will be pursued through a focus on sustainability in this new development. In this way NHS Lothian will continue to maximise the sustainability of its estate.

7. *AEDET*

   A multi-stakeholder AEDET review has been used to set a benchmark score for the existing facilities highlighting their limitations.

[7] Edinburgh IJB Strategic Plan 2019 - 2022 - https://www.edinburghhsc.scot/wp-content/uploads/2020/01/Strategic-Plan-2019-2022-1.pdf
[8] East Lothian IJB Strategic Plan 2019 – 2022 - https://www.eastlothian.gov.uk/downloads/file/28278/east_lothian_ijb_strategic_plan_2019-22
[9] West Lothian IJB Strategic Plan 2019 – 2022 - https://westlothianhscp.org.uk/media/33786/West-Lothian-IJB-Strategic-Plan-2019-23/pdf/West_Lothian_IJB_Strategic-Plan_2019-23.pdf?m=636917136505370000
[10] Midlothian IJB Strategic Plan 2019 – 2022 - https://www.midlothian.gov.uk/info/1347/health_and_social_care/200/health_and_social_care_integration

The table below summarises the need for change, the impact it is having on present service delivery and why this needs to be actioned now:

Table 1: Summary of the Need for Change

What is the cause of the need for change?	What effect is it having, or likely to have, on the organisation?	Why action now?
There is currently no low secure provision in the Lothian area	Patients are receiving care far from home which means that connecting with family members becomes even more challenging than it would be normally for this patient group. Out of area low secure placements currently cost NHS Lothian approximately £3.2million per year	Reduction in out of area spend will support NHS Lothian to shift resource from hospital to community, aligning with its strategies as well as those of the 4 Lothian IJBs
Existing buildings are not fit for purpose and the majority cannot efficiently be converted into single bedroom ward accommodation	The organisation is failing to meet requirements such as having single, en-suite rooms. Backlog maintenance for the REH is £16 million. This is made up of fire precautions and infrastructure including plant. Part of the reason this figure is so high is because the buildings in current use are older.	The redevelopment is required now to provide a safe, financially sustainable and high quality environment to those requiring inpatient care for a long term mental health illness
Existing buildings have poor energy efficiency	Current facilities incur high facilities costs and have poor energy efficiency which is not aligned with the national aim to decrease carbon footprint	Spending on energy is higher than it could be because it is not efficient or sustainable
Existing building has poor environmental patient safety measures.	Current anti-ligature strategy coherence is poor and difficult to address in current building.	Existing building has poor environmental patient safety measures.
Patients unable to access fresh air.	Due to lack of direct and safe outdoor space many patients who due their mental health condition and mental health act status are unable to access fresh air unless escorted by staff.	Lack of compliance with mental health act. Lack of compliance with human rights.
Patients with physical disabilities unable to access centralised therapeutic rooms.	Main therapeutic area for current patients has no lift, and current infrastructure of the building unsuitable to provide one, No practical other space available,	Lack of compliance with the Equality Act 2010 DDA
Current building does not support services care model.	Prolonged waiting times to access rehabilitation services from other clinical areas such as acute / admission mental health wards and low secure provision currently out of Lothian.	Difficulties in accessing local mental health acute inpatient services when required / referred,
There are significant workforce challenges, particularly within nursing	High vacancy rate across mental health services	The proposed bed reduction in MH Rehabilitation will enable the recruitment of staff for the new Low Secure wards.

2.3 Investment Objectives

The assessment of the existing situation and the drivers for change have been used to identify what has to be achieved to deliver the changes required. These are defined as the investment objectives and are summarised in the table below:

Table 2: Investment Objectives

Effect of the need for change on the organisation	What has to be achieved to deliver the necessary change? (Investment Objectives)
Care far from home - Patients are receiving care far from home which means that connecting with family members becomes even more challenging than it would be normally for this patient group. Out of area low secure placements currently cost NHS Lothian approximately £3.2million per year	End out of area secure psychiatric care for people in Lothian
Shifting resource from hospital to community - The proposal set out within this IA is to reduce the number of beds within the adult mental health rehabilitation service and transfer investment into community services.	Shift the balance of care by reducing inpatient beds and developing pathways to support people with complex needs in residential settings
Quality standards - The organisation is failing to meet requirements such as having single, en-suite rooms.	Establish a high quality, safe and robust inpatient services which meet care standards such as providing single rooms with en-suite bathrooms
Backlog maintenance - Backlog maintenance for the REH is £16 million. This is made up of fire precautions and infrastructure including plant. Part of the reason this figure is so high is because the buildings in current use are older.	Establish high quality facilities which are robust and maintainable
Facilities costs - Current facilities incur high facilities costs and have poor energy efficiency which is not aligned with the national aim to decrease carbon footprint	Have a facility which meets the current standards for energy efficiency and sustainability
Ligature risks - Current anti-ligature strategy coherence is poor and difficult to address in current building.	Provide an inpatient environment designed to meet patient and staff safety.
Poorly designed space to manage patient safety - Building requires numerous exit and entrances for the building to operational work, however, creates patient and staff safety concerns ranging from entry of unauthorised persons to staff being aware of patient whereabouts.	

Lack of outdoor space - Due to lack of direct and safe outdoor space many patients who due their mental health condition and mental health act status are unable to access fresh air unless escorted by staff.	Provide integral and secure gardens to each rehabilitation and low secure ward areas.
Lack of access to main therapeutic area - Main therapeutic area for current patients has no lift, and current infrastructure of the building unsuitable to provide one, No practical other space available,	Provide therapeutic areas that can be accessed with ease by all.
Prolonged waiting times - Prolonged waiting times to access rehabilitation services from other clinical areas such as acute / admission mental health wards and low secure provision currently out of Lothian.	A clinical environment which supports rehabilitation national evidence based clinical practice.
High vacancy rate - High vacancy rate across mental health services	Realistic and sustainable workforce model using the whole multidisciplinary team (MDT)

2.4 Benefits

A Strategic Assessment (SA) was completed identifying the need for change, benefits of addressing these needs and their link to the Scottish Government (SG) five Strategic Investment Priorities below:

- Safe; Person-Centred; Effective Quality of Care; Health of Population; Efficient: Value and Sustainability

The above investment objectives and the Strategic Assessment (see Appendix 2) have informed the development of a Benefits Register (see Appendix 3). As per the Scottish Capital Investment Manual guidance on `Benefits Realisation`, this initial register is intended to record all the main benefits of the proposal. A full Benefits Realisation Plan will be developed at OBC stage.

A summary of the key benefits to be gained from the proposal are described below:

1. A new integrated mental health rehabilitation /low secure centre will make the environment in which patients receive care and treatment more dignified and respectful of human rights by providing single bedroom with en-suite facilities and direct access to secure outdoor green space. This will promote patient independence and improve patient outcomes, enabling patients to leave hospital with more clearly defined needs and more able to manage their mental health and living skills independently.

2. Low secure care will be provided in NHS Lothian, preventing patients from having to receive care out of area. Provision of low secure facilities will improve continuity of care, maximising the ability of patients to engage in activities through fluctuations in their mental health. Integration of low secure and open rehabilitation will reduce secure care to the minimum time necessary further improving patients' ability to maintain links to friends, family and the local community for those now able to receive low secure care in Lothian.

3. A well-designed building which has had input from clinical staff, patients, and carers will assist in the reduction of violence and aggression, self harm behaviours, missing persons and use of illicit substances. In addition, provision of adequate secure storage for personal belongings will result in

lower incidence of items going missing.

4. The creation of a mental health rehabilitation and low secure service on the Royal Edinburgh Site will provide more educational opportunities on site as well as enhancing skills through working within different care environments. This will make this centre in NHS Lothian a more attractive place to work and will help to support the staff we already have to enjoy their roles and continue to work in Lothian

5. The improved care environment will make it safer for staff to deliver care and treatment, improving job satisfaction, reducing sickness absence rates and improving staff recruitment and retention

6. Patient outcomes will be improved due to increased access to spaces where therapeutic activity can be delivered and where they can spend time with family and friends and the improved ability of staff supported by improved access to health technology which provides continuity of care in one setting.

7. A new facility would be developed using the most up to date specifications for sustainability and efficiency. This means that ongoing costs of maintenance and energy use would be reduced, as well as reducing the carbon footprint of the REH site

2.5 Strategic Risks

The table below highlights key strategic risks that may undermine the realisation of benefits and the achievement of the investment objectives. These are described thematically and potential safeguards and actions in place to prevent these:

Table 3: Strategic Risks

Theme	Risk	Safeguard
Workforce	Staff will need to be recruited to deliver low secure on the REH site. Currently, there are challenges recruiting to nursing within mental health.	The general risk surrounding nursing recruitment has been escalated to the Nurse Director. The low secure posts should be attractive to current and new nursing staff. Additionally, the reduction in rehabilitation bed numbers should make some nursing capacity available. Also, the clinical team will explore how a multidisciplinary team approach could mitigate this challenge.
Funding– Capital	NHS Lothian is aware that there is a high level of demand for capital funds across Scotland, therefore there may be challenges securing capital funding	The IA presents a convincing case for investment. The project team have worked to ensure the proposal presents best value.

Funding - Revenue	IJBs will be required to issue directions to both reduce the bed base and to fund the staff required for rehabilitation	The project team has worked closely with IJB colleagues to ensure the proposal is supported by all four Lothian IJBs
Capacity	This proposal is for a reduced bed base for rehabilitation. The model of care and community provision to support this can be delivered out with this case, however, if not delivered, there is a risk that there will not be enough beds when the new facility is built	The four Lothian IJBs are already working to identify community alternatives for those with complex needs currently in hospital. There are plans to recruit a project manager to focus on this commissioning. Additionally, Edinburgh IJB are re-tendering their mental health support contracts and the new contracts will include more flexibility for providers which should support flow through support in the community.
Training	Low secure will be a new service so training will need to be undertaken to up skill staff	Medium secure care is already delivered on the site so there is local expertise that can be shared
Greenspace assets on site	Green space is an important element of rehabilitation for people receiving care on the site. There is a risk that this is compromised as development happens on the site.	The project team are working to ensure there is as minimal disruption as possible as works go forward. Green space is an important consideration within the design of the build and will be incorporated into any plans.

A register of strategic risks is included in Appendix 4. This was developed by a group of key stakeholders at a workshop held on Thursday 15th July 2021. A full risk register will be developed for the project at the OBC stage.

2.6 Constraints and Dependencies

The key constraints to be considered are:

- Workforce availability is a key constraint for this case. The availability of sufficient multidisciplinary staff, particularly nursing, for the Low Secure facility is dependent on the reduction in bed numbers in Mental Health Rehabilitation
- Capital availability may also be a constraint due to a high demand on Scottish Government Capital Finance

The key dependencies to be considered are:

- The proposal to reduce the bed numbers in Mental Health Rehabilitation is dependent on community-based developments as alternative places of care for those currently in hospital, these developments will require extensive partnership working with support providers as the level of support required is higher than they currently deliver.

3. Economic Case

3.1 Do nothing/baseline

The table below defines the 'Do Nothing 'option. This is based on the existing arrangements as outlined in the Strategic Case.

Table 4: Do Nothing

Strategic Scope of Option	Do Nothing
Service provision	Low secure would continue to be delivered out with Lothian at high cost. Rehabilitation would continue to be delivered from unsuitable accommodation.
Service arrangements	Low secure would continue to be delivered by private providers. Move to a more intensive, shorter length of stay model for MH Rehabilitation.
Service provider and workforce arrangements	Private Services in Ayr and Glasgow for Low Secure. Service and workforce for MH rehabilitation would continue to be provided by NHS Lothian.
Supporting assets	Low secure would continue to be delivered out of area by private providers and rehabilitation would continue to be delivered from the outdated, non-compliant wards on the Royal Edinburgh Hospital site.
Public & service user expectations	People within low secure and their families would continue to have the challenge of being out of area. People within rehabilitation wards would continue to be cared for in poor quality environments with shared bathrooms.

3.2 Engagement with Stakeholders

The table below summarises the stakeholders impacted by this proposal and the details of the engagement that has taken place with them to date and notes their support for this proposal.

Table 5: Engagement with Stakeholders

Stakeholder Group	Engagement that has taken place	Confirmed support for the proposal

Patients/service users	Patients and service users affected by this proposal include patients receiving care out of area in low secure, patients receiving care within rehabilitation and the families of these groups. Their involvement in its development includes being involved with the development of the clinical model through the Patients Council and Carers council. The impact that this has had on the proposal's development includes additional evidence to support a move towards en-suite bathrooms to promote privacy. They have also been asked to provide feedback about services to provide evidence for support of this case.	Patient / service user groups were consulted on the final version of this Initial Agreement by [*method*], on [*date*]. Their feedback was [*outline*] which has been incorporated into this proposal by [*outline any direct changes*].
General public	The general public will not be directly affected by this proposal. There has been public consultation in relation to the masterplan to redevelop the campus and the proposal to develop low secure and rehabilitation has been included in the Strategic Plans of the four Lothian IJBs, which have undergone extensive public consultation.	Outcomes from consultation have not affected this proposal thus far. Further public consultation will be undertaken as the business case develops.
Staff/Resources	Staff affected by this proposal include all of the multidisciplinary team required to deliver care within the proposed wards. Their involvement in its development includes being involved with developing the clinical brief and informing the strategic case.	Staff representatives were consulted on the final version of this Initial Agreement by [*method*], on [*date*]. Their feedback was [*outline*] which has been incorporated into this proposal by [*outline any direct changes*].
Other key stakeholders and partners	Other key stakeholders identified for this proposal include health and social care partnerships, IJBs and hub. Their involvement in the development of this proposal includes being members of the Project Board.	Confirmed support for this proposal has been gained through the IA being presented to the four Lothian IJBs following support from the Project Board.

3.3 Long-listed Options

The table below summarises the long list of options identified:

1. **Do minimum**

   There are fire risks associated with the current wards and therefore works would be required to bring them up to specification. There are also backlog maintenance works required to be undertaken with an estimated cost of £5-7million.

2. **Refurbishment of existing facilities for Rehabilitation and continue to provide Low Secure out of Lothian**

   Work has already been undertaken to improve facilities for rehabilitation patients; however, these still do not meet care standards such as providing en-suite bathrooms. There is no alternative venue available on the site which could be refurbished for this patient group.

3. **Transfer services to wards on an existing NHS Lothian Acute site**

Accommodate the Rehabilitation and Low Secure wards on another of NHS Lothian's sites – the Western General Hospital, the Royal Infirmary of Edinburgh, St Johns Hospital, East Lothian Community Hospital

4. **Transfer services to alternative wards on REH site**

   There is no alternative venue available on the site which could be used for this patient group.

5. **Refurbishment of existing facilities for both Rehabilitation and Low Secure**

   Identification of accommodation on site which could be refurbished to provide 60 beds for both low secure and rehabilitation. There is no alternative venue available on the site which could be refurbished for this patient group.

6. **Refurbishment of existing facilities for Rehabilitation and New Build for Low Secure**

   Identification of accommodation on site which could be refurbished to provide 37 rehabilitation beds and a new build for the 23bed Low Secure service. There is accommodation on REH site which could be refurbished and there is a piece of unused land available for the Low Secure service.

7. **New Build for both Rehabilitation and Low Secure on the Astley Ainslie Hospital Site**

   The Astley Ainslie Hospital site is also located in Morningside and currently provides rehabilitation services, including the SMART centre. There may be land on this site which could be used for a new build facility.

8. **New Build for both Rehabilitation and Low Secure on REH Site**

   There is a piece of unused land in close proximity to the current Royal Edinburgh Building and Orchard Clinic (Medium Secure) facilities which can be used to build a bespoke Rehabilitation and Low Secure Centre inpatient unit with sufficient capacity to include the required additional facilities such as therapy space, family room, educational suite, administration and the potential to provide secure outdoor space

9. **Provide no inpatient beds for either low secure or general rehabilitation in NHS Lothian**

   Transfer of all resources to community based teams and have no inpatient provision. Unlikely to meet statutory duties, but being considered as part of long listed options.

The following options were not taken forward for assessment as detailed below:

- Option 2 as does not meet the requirement set by Scottish Government, NHS Lothian, Mental Welfare Commission, Forensic Network, and the 2021 Independent review that Low Secure services should be provided in the patients local area
- Option 3 was discounted due to the existing capacity pressures on the acute sites in NHS Lothian
- Option 4 was discounted as there is no alternative accommodation on the REH site available that would meet the needs of this patient group
- Option 9 was discounted as the four Lothian IJBs have commissioned the beds required after extensive strategic planning to determine bed numbers required. There are also minimal bed numbers required to ensure there are safe places for people to be admitted to in an emergency.

Table 6: Long Listed options (not discounted above)

Strategic Scope of Option	Option 5 – Refurbishment of existing facilities for both Rehabilitation and Low Secure	Option 6 – Refurbishment of existing facilities for Rehabilitation and New Build for Low Secure	Option 7 - New Build for both Rehabilitation and Low Secure on the Astley Ainslie Hospital Site	Option 8- New Build for both Rehabilitation and Low Secure on REH Site
Service provision	Low secure would be delivered on the REH site alongside rehabilitation, from mostly unsuitable accommodation	Low secure would be delivered from high quality facilities which have appropriate therapeutic and private space. Rehabilitation would be delivered from mostly unsuitable accommodation	Low secure would be delivered outwith the REH site alongside rehabilitation, from high quality facilities which have appropriate therapeutic and private space	Low secure would be delivered on the REH site alongside rehabilitation, from high quality facilities which have appropriate therapeutic and private space
Service arrangements	Low secure and rehabilitation would be delivered by NHS Lothian on their dedicated mental health site. Move to a more intensive, shorter length of stay model	Low secure and rehabilitation would be delivered by NHS Lothian on their dedicated mental health site. Move to a more intensive, shorter length of stay model	Low secure and rehabilitation would be delivered by NHS Lothian outwith their dedicated mental health site. Move to a more intensive, shorter length of stay model	Low secure and rehabilitation would be delivered by NHS Lothian on their dedicated mental health site. Move to a more intensive, shorter length of stay model
Service provider and workforce arrangements	NHS Lothian for both Low Secure and MH rehabilitation	NHS Lothian for both Low Secure and MH rehabilitation	NHS Lothian for both Low Secure and MH rehabilitation	NHS Lothian for both Low Secure and MH rehabilitation
Supporting assets	Rehabilitation and Low Secure would be delivered from adequate accommodation	Low Secure would be delivered from high quality, top specification accommodation. Rehabilitation would be delivered from adequate	Low Secure and rehabilitation would be delivered from high quality, top specification accommodation	Low Secure and rehabilitation would be delivered from high quality, top specification accommodation

Strategic Scope of Option	Option 5 – Refurbishment of existing facilities for both Rehabilitation and Low Secure	Option 6 – Refurbishment of existing facilities for Rehabilitation and New Build for Low Secure	Option 7 - New Build for both Rehabilitation and Low Secure on the Astley Ainslie Hospital Site	Option 8- New Build for both Rehabilitation and Low Secure on REH Site
		accommodation		
Public & service user expectations	Service user and public expectations would be met to an extent, because low secure care will be delivered on the REH site from refurbished accommodation	Service user and public expectations would be met to an extent, because low secure care will be delivered on the REH site from new accommodation	Service user and public expectations will be met to an extent, but services will not be delivered from a dedicated mental health site, therefore no benefitting from this co-location	Service user expectation would be met because there would be high quality, bespoke services which are delivered as close to home as possible

Initial Assessment of Options

Each of the options taken forward have been assessed for their advantages and disadvantages, and the extent to which they meet the investment objectives (as outlined in the Strategic Case) to identify the preferred solution(s).

Table 7: Assessment of options against investment objectives

	Do Minimum	Option 5 – Refurbishment of existing facilities for both Rehabilitation and Low Secure	Option 6 – Refurbishment of existing facilities for Rehabilitation and New Build for Low Secure	Option 7 - New Build for both Rehabilitation and Low Secure on the Astley Ainslie Hospital Site	Option 8- New Build for both Rehabilitation and Low Secure on REH Site
Advantages (Strengths & Opportunities)	Smaller costs associated with this option.	The rehabilitation patients' service is refurbished to meet current standards and statuary requirements.	The rehabilitation patient's service is refurbished to meet current standards and statuary requirements Provision of low secure within REH estate.	Newly build Integrated centre comprising of mental health rehabilitation and low secure. Ending out of area care for low secure. Meets Scottish Government health building requirement for the provision of single bedroom with en-suite facilities. Consistent with the benefits register.	Newly build Integrated centre comprising of mental health rehabilitation and low secure. Improving flexibility of the service(s) and patient flow. Ending out of area care for low secure. Meets Scottish Government health building requirement for the provision of single bedroom with en-suite facilities. Consistent with the benefits register.

NHS Lothian

	Do Minimum	Option 5 – Refurbishment of existing facilities for both Rehabilitation and Low Secure	Option 6 – Refurbishment of existing facilities for Rehabilitation and New Build for Low Secure	Option 7 - New Build for both Rehabilitation and Low Secure on the Astley Ainslie Hospital Site	Option 8- New Build for both Rehabilitation and Low Secure on REH Site
Disadvantages (Weaknesses & Threats)	The current building is over 50 years old. Non-compliance with several current standards and statutory requirements. .e.g. minimal ventilation therefore unable to control air changes, electrics and heating in excess of 50 years old - parts now obsolete. The costs of maintenance over the next 5-7 years are estimated £5m to £7m Out of area care for those patients requiring low secure continues	To undertake refurbishment is estimated to take 12months plus. The rehabilitation service and patients would require to be decanted during this and there is no current decant facility. Low secure provision would remain out of area. The current building would not be able to be refurbished to provide individual bedrooms with en-suites. The therapeutic basement of the current building would remain non-compliant with EA regulations as the structure cannot accommodate a lift. The cost of the refurbishment is estimated	As per option 5 for rehabilitation service The threat would be that there is no Suitable accommodation within the REH campus site to allow low secure provision to take place.	Lack of co-location with other mental health services which would reduce safety and increase staffing levels required. Would not align with NHS Lothian's hospitals plan to move services away from the Astley Ainslie Hospital site and focus on the Royal Edinburgh Hospital. Patients often go from acute wards to rehabilitation wards, so there would be less continuity of care if they were transferred to another site which may be detrimental to their rehabilitation. Lack of capital funding.	Lack of capital funding.

	Do Minimum	Option 5 – Refurbishment of existing facilities for both Rehabilitation and Low Secure	Option 6 – Refurbishment of existing facilities for Rehabilitation and New Build for Low Secure	Option 7 - New Build for both Rehabilitation and Low Secure on the Astley Ainslie Hospital Site	Option 8- New Build for both Rehabilitation and Low Secure on REH Site
	The current masterplan for the campus assumes that the existing building is demolished.	to cost in excess of 10 million. Retaining the current building does not fit with the current master plan for the campus.			
Investment Objective 1	No	Fully	Fully	Fully	Fully
Investment Objective 2	Fully	Fully	Fully	Fully	Fully
Investment Objective 3	Partial	Partial	Partial	Fully	Fully
Investment Objective 4	No	Partial	Partial	Fully	Fully
Investment Objective 5	No	No	Partial	Fully	Fully
Investment Objective 6	No	Partial	Partial	Fully	Fully
Investment Objective 7	No	No	Partial	Fully	Fully
Investment Objective 8	No	No	No	Fully	Fully

	Do Minimum	Option 5 – Refurbishment of existing facilities for both Rehabilitation and Low Secure	Option 6 – Refurbishment of existing facilities for Rehabilitation and New Build for Low Secure	Option 7 - New Build for both Rehabilitation and Low Secure on the Astley Ainslie Hospital Site	Option 8- New Build for both Rehabilitation and Low Secure on REH Site
Investment Objective 9	No	No	No	No	Fully
Investment Objective 10	No	No	No	Partial	Partial
Are the indicative costs likely to be affordable? (Yes, maybe/ unknown, no)					
Affordability	Yes	Unknown	Unknown	Unknown	Unknown
Preferred/Possible/Rejected	Possible	Possible	Possible	Rejected	Preferred

3.4 Short-listed Options and Preferred Way Forward

3.4.1 Shortlisted options

From the initial assessment above the following short-listed options have been identified:

Table 8: Short Listed Options

Option	Description
Option 1	Do minimum
Option 2	Refurbishment to existing facilities for both rehabilitation and low secure
Option 3	Refurbishment of existing services for Rehabilitation and new build for low secure
Option 4	New Build

3.4.2 Non-financial benefits assessment

Each of the shortlisted options was assessed against the benefits included in the benefits register in Appendix 3: Benefits Register and Non-Financial Benefits Assessment. Each of the identified benefits was weighted by a group of stakeholder representatives and following this each of the shortlisted options was scored against its ability to deliver the required benefits. The full assessment is contained in Appendix 3: Benefits Register and Non-Financial Benefits Assessment.

The results of the benefits assessment are summarised below:

Table 9: Results of Non-Financial Benefits Assessment

#	Benefit	Weight (%)	Option 1	Option 2	Option 3	Option 4
1	A new integrated mental health rehabilitation /low secure centre will make the environment in which patients receive care and treatment more dignified and respectful of human rights by providing single bedroom with en-suite facilities and direct access to secure outdoor green space	25	5	7	10	3
2	Low secure care will be provided in NHS Lothian, preventing patients from being required to travel out of area. Provision of low secure facilities will improve continuity of care, maximising the ability of patients to engage in activities through fluctuations in their mental health	25	8	10	10	0
3	A well-designed building which has had input from	10	6	8	10	5

#	Benefit	Weight (%)	Option 1	Option 2	Option 3	Option 4
	clinical staff, patients, and carers will assist in the reduction of violence and aggression, self harm behaviours, missing persons and use of illicit substances					
4	The creation of a mental health rehabilitation and low secure service on the Royal Edinburgh Site will provide more educational opportunities on site as well as enhancing skills through working within different care environments	5	6	8	10	0
5	The improved care environment will make it safer for staff to deliver care and treatment, improving job satisfaction, reducing sickness absence rates and improving staff retention	15	7	9	10	4
6	Patient outcomes will be improved due to increased access to spaces where therapeutic activity can be delivered and where they can spend time with family and friends and the improved ability of staff supported by improved access to health technology which provides continuity of care in one setting	15	7	9	10	4
7	A new facility would be developed using the most up to date specifications for sustainability and efficiency. This means that ongoing costs of maintenance and energy use would be reduced, as well as reducing the carbon footprint of the REH site	5	3	7	10	0
Total Weighted Benefits Points		**100**	245	625	815	950

From the table above it is noted that the option that will deliver the most benefits is Option 4

3.4.3 Indicative costs

The table below details the indicative whole life costs associated with each of the shortlisted options. For further detail around the determination of the costs see the Financial Case.

The additional assumptions associated with the calculation of the NPV of costs are:

- A discount rate of 3.5% has been used in line with Government guidelines.
- A useful life of 29 years for refurbishment projects (Options 2 and 3), as this is in line with the remaining useful life of the Royal Edinburgh Buildings, a useful life for a new build has been determined as 50 years (Option 4).
- The base date for the proposal is September 2022.
- Phasing of the costs reflects the useful life and the programme of works as identified in the Commercial Case.

Table 10: Indicative Costs of Shortlisted Options

Cost (£k)	Option 1	Option 2	Option 3	Option 4
Capital cost	12,265	29,548	41,354	49,750
Whole life capital costs	9,941	23,948	33,514	40,291
Whole life operating costs	108,399	174,950	209,600	269,714
Estimated Net Present Value (NPV) of Costs	**118,340**	**198,898**	**243,114**	**310,005**

3.4.4 Overall assessment and preferred way forward

The table below show the weighted benefit points for each shortlisted option, the NPV of costs and the calculated cost per benefit point. This calculated cost per benefit point has been used to rank the options and identified the preferred way forward.

Table 11: Economic Assessment Summary

Option Appraisal	Option 1	Option 2	Option 3	Option 4
Weighted benefits points	245	625	815	950
NPV of Costs (£k)	118,340	198,898	209,600	269,714
Cost per benefits point (£k)	483	318	257	284
Rank	**4**	**3**	**2**	**1**

The preferred solution was identified as Option 4: New Build for Both Services on REH Site. This was identified as the preferred option because it ranked the highest it both the Non-Financial and the Economic Assessment. Option 4 delivers a greater number of the benefits that have been set out as the criteria for achievement from this project.

It is recommended that NHS Lothian proceeds with this option to Outline Business stage where the implementation of the solution shall be further developed and tested for value for money.

3.5 Design Quality Objectives

Design quality objectives have been developed for the preferred strategic / service option by taking the following steps:

1. An AEDET review of existing property arrangements has been undertaken to set a benchmark score from which change is needed.

2. A second multi-stakeholder AEDET review has been undertaken which has identified the main features the new proposal will need to focus on and has set a target score from which design expectations can be measured

3. Design objectives that explain what the design needs to achieve to improve on the existing arrangements have been outlined in the NDAP[11]Design Statement (see Appendix 5).

The AEDET worksheets provided in Appendix 5 demonstrate how the target for improvement has been set against the existing arrangements.

[11] NDAP is the mandated NHSScotland Design Assessment Process.

3 The Commercial Case

4.1 Procurement Strategy

The indicative cost(construction only) for the preferred option at this stage is £49.8m including VAT. It is anticipated that the procurement of the project will be led by NHS Lothian supported by Turner Townsend (technical advisers), Thomson Gray (cost advisers), and Burness Paull (legal advisers).

The project will be delivered in accordance with NHS Scotland construction procurement policy and it is anticipated that it will be undertaken in conjunction with Hub South East Scotland Ltd acting as NHSLothian's development partner.

4.2 Timetable

A detailed Project Plan will be produced for the OBC. At this stage the table below shows the proposed timetable for the progression of the business case and project delivery milestones:

Table 12: Project Timetable

Key Milestone	Date
Initial Agreement approved	October 2021
Hub appointed	November 2021
Outline Business Case approved	July 2022
Planning permission in principle obtained	In place – expires March 2022 – would require extension
Full Business Case approved	December 2022
Construction starts	February 2023
Construction complete and handover begins	June 2024
Service commences	July 2024

4 The Financial Case

5.1 Capital Affordability

The estimated capital cost associated with each of the short-listed options is detailed in the table below. Construction costs were provided by independent quantity surveyors.

Table 13: Capital Costs

Capital Cost (£k)	Option 1: Do Minimum	Option 2 : Refurbishment of existing facilities for Rehab & Low Secure	Option 3: Refurbishment of existing facilities for Rehab and New Build for Low Secure	Option 4: New Build for both services on the REH Site
Construction	7,000	14,226	19,909	25,892
Inflation	280	500	700	910
Professional Fees	-	1,724	2,413	3,138
Furniture, Fitting & Equipment	218	532	745	969
IT & Telephony	73	177	248	323
Contractor Contingency & Risk	-	1,293	1,810	2,354
Optimism Bias	2,650.00	6,459	9,039	8,396
Total Cost (excl VAT)	**10,221**	**24,911**	**34,864**	**41,982**
VAT	2,044	4,982	6,973	8,396
VAT Recovery		(345)	(483)	(628)
Total Capital Costs	**12,265**	**29,548**	**41,354**	**49,750**

The assumptions made in the calculation of the capital costs are:

- Construction costs for Option 4 have been provided by independent quantity surveyors, their costs have then been used to estimate the costs for Options 2 and 3, which were given as a range, the upper of which has been assumed. Costs for option 1 were provided from the NHS Lothian Estates Manager for the Royal Edinburgh site.
- An inflation allowance of 4%, provided by NHS Lothian's external cost advisors, has been included using a base date of September 2022 and the construction timeline detailed in the Commercial Case. This allowance will need to be further refined as the project progresses due to the volatility in the market currently. **Table 14** includes a sensitivity analysis on Inflationary amount only due to this level of uncertainty.
- Professional fees are assumed to be 10% of the total Capital costs provided or estimated.
- Furniture, Fitting & Equipment has been estimated at 3% of total costs, based on another recent project. This has been included in Option 1 also as it would be expected that these items would also need replaced/upgraded in a 'Do Minimum' scenario.
- IT & Telephony has been estimated at 1% of total costs, based on another recent project. This has

been included in Option 1 also as it would be expected that these items would also need replaced/upgraded in a 'Do Minimum' scenario.

- Contractor Risk is included at 7.5% as advised by the independent quantity surveyors.
- Optimism bias calculated in line with SCIM guidance, it has been calculated and 25% for Option 4, and 35% for all other options due to the level of design already carried out for Option 4.
- VAT has been included at 20% on all costs. Recovery has been assumed on Professional Fees only – no further VAT recovery has been assumed. VAT recovery will be further assessed in the OBC.

Inflation

Over the last twelve to eighteen months there has been a decline in the Tender Price Index (TPI) but a sharp rise in the Building Cost Index (BCI). This reflects the difficult economic conditions. This impact was initially felt by main contractors with fixed price contracts and, the cumulative pressure due to increased material prices. The knock-on effect has been transferred to the client side as contractors look to correct or offset the reduction in margin on existing contracts. When pricing new projects, contractors are inflating their prices (or are qualifying tenders) in order to return their margin to a manageable position and to offset the increase in building costs and risk. This will ultimately result in a rise in the TPI which will need to increase to a position above the BCI which could represent a large jump in inflation. It is unknown how long this fluctuation will last and what impact this will have on inflation.

The impact of the COVID-19 pandemic on future projects is still relatively unknown, the capital costs presented do not have an allowance for a programme extension. It would therefore be prudent to consider a possible impact on costs, should the programme have to be extended.

The sensitivity analysis below aims to set out the possible impact on the total project costs should inflation rise or reduce as well as an extension to programme.

Table 14: Inflation & Programme Extension Sensitivity Analysis

	Total Capital Costs			
Sensitivity Scenario	**Option 1**	**Option 2**	**Option 3**	**Option 4**
Scenario 1: no changes (4%)	12,265	29,548	41,354	49,750
Scenario 2: inflation percentage doubles (8%)and programme extended (10 weeks) *	11,795	30,696	42,804	55,549
Scenario 3: inflation percentage halves (2%)	11,137	28,856	40,382	52,518

** Programme extension and costs are estimated based on details provided by external advisors for another project.*

5.2 Revenue Affordability

The estimated recurring revenue costs associated with each of the short-listed options are detailed in the table below. These represent the total revenue costs required to support the project.

Table 14: Incremental Revenue Costs

Revenue Cost/Funding (£k)	Option 1: Do Minimum	Option 2 : Refurbishment of existing facilities for Rehab & Low Secure	Option 3: Refurbishment of existing facilities for Rehab and New Build for Low Secure	Option 4: New Build for both services on the REH Site
MH Rehab Community Costs	5,694	2,064	2,064	2,064
Inpatient Costs		7,092	7,092	7,092
Supplies Costs		216	216	216
OOA Costs		460	460	460
Facilities Costs		1,179	1,179	1,179
Depreciation Costs	-	1,094	1,530	1,154
Total Annual Revenue Cost	**5,694**	**12,105**	**12,541**	**12,165**
Rehab Service Budget Release	4,310	4,310	4,310	4,310
Facilities Budgets	1,384	1,384	1,384	1,384
NHS Lothian Depreciation Budget	-	1,094	1,530	1,154
Total Annual Revenue Budget	**5,694**	**6,788**	**6,788**	**6,788**
Funding Gap	**0**	**(5,317)**	**(5,317)**	**(5,317)**

The assumptions made in the calculation of the revenue costs are:

- Inpatient costs a detailed bottom up exercise has been conducted with the Chief Nurse/General Manager and professional leads based on workforce requirementsfor the commissioned level of beds.
- Community costs are currently included as a proxy estimate equivalent to the bed reductions for rehabilitation (24 places at wayfinder model grade 5) however as the project progresses to OBC these will be refined as community services move to a detailed commissioning stage.
- Non pay costs are based upon the current Braids ward non pay costs (rehabilitation ward within REB).
- Facilities costs are based on the Royal Edinburgh Phase 1 building.
- Rehabilitation funding (existing ward budgets) Depreciation is based on a useful life of 29 years for Option 2 and 3, and 50 years for Option 5 and assumed to be funded from the existing NHS Lothian Depreciation funding allocation. Depreciation excluded in Option 1 as already forms part of Depreciation cost for the Royal Edinburgh Buildings.

Additional one-off revenue costs associated with commissioning of the project have yet to be identified and costed. One off costs are likely to relate to start-up costs for community accommodation commissioned by Integration Joint Boards. Discussion is ongoing in partnership with Integration Joint Boards around potential solutions to support the community start up costs. One such action is the potential application of the community living change fund against these double running costs. The community living change fund totals £3.1m of non recurring funding across the Lothian Integration Joint Boards and was allocated by Scottish Government to support the discharge from hospital of people with complex needs.

Funding has been identified for the additional revenue costs from the NHS Lothian out of area budget. Although the financial model shows a gap of £5.3m against available funding there is a £5.9m

planned release from the out of area budget in total which has not been included. The release from the out of area budget is achieved from the creation of a Low Secure Mental Health facility on the Royal Edinburgh Campus. However this planned release underpins both planned developments on Campus - Learning Disabilities and Mental Health Low Secure and Rehabilitation. Overall both initial agreements present a joint financial gap of £5.9m which is equivalent to the planned release from the out of area budget. In totality once the out of area budget has been released both initial agreements are affordable on a recurring basis.

If the Learning Disabilities project progresses first there will be a challenge around release of the out of area budget as patients will still require to be placed out of area for Low Secure Mental Health inpatient care. Current projections for the out of area budget forecasts a £0.6m underspend for the next few years so if Learning Disabilities progresses ahead of the Mental Health and Low Secure and Rehabilitation case the underspend on the out of area placements can be used to balance the Learning Disabilities financial model. This has been agreed with Chief Officers from each of the Lothian Integration Joint Boards.

Revenue affordability has been reviewed and agreed by the Finance Business Partner (Hamish Hamilton, Finance Business Partner (interim) REAS & West Lothian HSCP). These costs have been reviewed in detail with the Chief Finance Officers of each Lothian Integration Joint Board and Chief Officers also receive regular updates on the financial modelling associated with this initial agreement.

Revenue costs will continue to be refined through the OBC process.

The estimated recurring incremental revenue costs associated with each of the short listed options are detailed in the table below. These represent the additional revenue costs when compared to the 'Do Nothing' option.

5.3 Overall Affordability

The capital costs detailed above are predicted to be funded through traditional capital funding. This project has been prioritised by NHS Lothian and each of the four Lothian Integration Joint Boards and the estimated costs noted above are included in the NHS Lothian Property and Asset Five Year Investment Plan.

Funding has been identified for the additional revenue costs from the out of area budget and these have been reviewed and agreed by the Finance Business Partner (interim) Hamish Hamilton and agreed in partnership with Chief Finance Officers of each Lothian Integration Joint Board. The joint projected gap of £5.9m across this initial agreement and the Learning Disabilities project can be funded in full through the release of the out of area budget. In the scenario that Learning Disabilities progresses first the operational financial risk can be mitigated from the existing out of area budget.

All costs will continue to be refined through the OBC process.

5 The Management Case

The purpose of the Management Case is to demonstrate that NHS Lothian is prepared for the successful delivering of this project.

6.1 Readiness to proceed

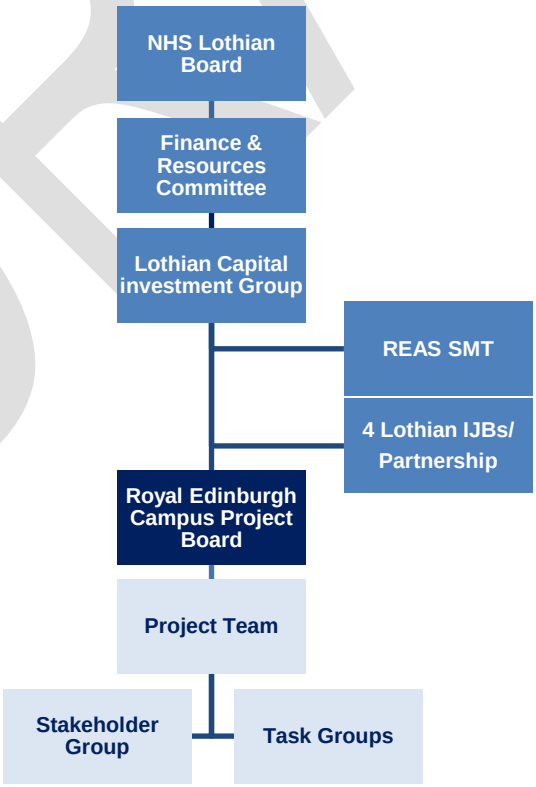
A benefits register and initial high level risk register for the project are included in Appendix 3: Benefits Register and Appendix 4: Risk Register. Detail of the proposed timeframe for development of the business case is included in the Commercial Case and any interdependencies with other projects are included in the Strategic Case.

NHS Lothian is ready to proceed with this proposal and is committed to ensure the necessary resources are in place to manage it. Section 0 outlines the governance support and reporting structure for the proposal and section430details the project management arrangements.

6.2 Governance support for the proposal

Stakeholder engagement is detailed in the Strategic Case and includes information on how members of the proposal's governance arrangements have been involved in its development to date and will continue to support it.

The diagram below shows the organisational governance and reporting structure that will be in place to take forward the proposed solution.



6.3 Project Management

The table below identifies key members of the project team and the REH Programme Management Board that will be responsible for taking the project forward; the table includes details of individuals' capabilities and previous experience.

Table 15: Project Management Structure

Role	Individual	Capability and Experience
Project Sponsor and Project Management Board Chair	Professor Alex McMahon Executive Director, Nursing, Midwifery and Allied Healthcare Professionals Executive Lead, REAS and Prison Healthcare	Starting his career as a qualified nurse in 1986, Alex has worked in both the public and private sectors, including time with the Royal College of Nursing and as Nursing Advisor for Mental Health and Learning Disabilities in the Scottish Government. In 2009 he received an Honorary Chair from the University of Stirling for his work in mental health and nursing. Alex chairs the REH Programme Management Board and is ultimately responsible for the project and its overall business assurance i.e. ensuring that it remains on target to deliver the outcomes that will achieve the anticipated business benefits and that it is delivered within its agreed budget and timescale tolerances
Senior User and Project Management Board Deputy Chair	Tracey McKigen, Services Director, Royal Edinburgh and Associated Services	As Senior User Tracey is accountable for ensuring that requirements have been clearly defined in the Clinical Brief and that the proposed development is fit for purpose and fully meets user needs. Following the principles of PRINCE2, the Senior User has primary responsibility for quality assurance and represents the interests of all those who will use and operate the new facilities. As REAS Service Director, Tracey has a deep understanding of the clinical and support needs of the services delivered from the REH. She has also held a number of other senior management roles in the NHS
Strategic Planning	Nickola Jones, Strategic Programme Manager	Previous experience of NHS capital projects

Role	Individual	Capability and Experience
Project Manager	Steve Shon, Senior Project Manager, Capital Planning	Steve has worked within NHS Capital Planning since 1998 managing and co-ordinating all aspects of the procurement of major new health facilities, from preparation of business cases through to commissioning. In terms of procurement, he has been involved in traditional, D&B, and PFI schemes and is now working on Hub developments, including the redevelopment of the Royal Edinburgh Hospital. Previous projects have ranged from small Learning Disabilities houses, through Care of the Elderly facilities, to the redevelopment of the State Hospital at Carstairs
Capital Finance Support	Laura-Jane Smith	Experience supporting capital investment projects
Finance Business Partner	Hamish Hamilton	Previous experience at Senior Manager level in similar projects
Service Lead	Andrew Watson	Associate Medical Director for the Royal Edinburgh Hospital and Associated Services
Service Lead	Karen Ozden	Chief Nurse for the Royal Edinburgh Hospital and Associated Services
Partnership Representative	To be confirmed	Dependant on appointee

The project's external advisers are:

- Turner and Townsend- Technical Adviser
- Burness Paull - Legal Adviser
- Thomson Gray - Cost Adviser

6 Conclusion

This proposal is a significant priority for NHS Lothian and the four Lothian IJBs as it realises national advice to provide Low Secure locally and will improve the quality and dignity of care for patients receiving mental health rehabilitation.

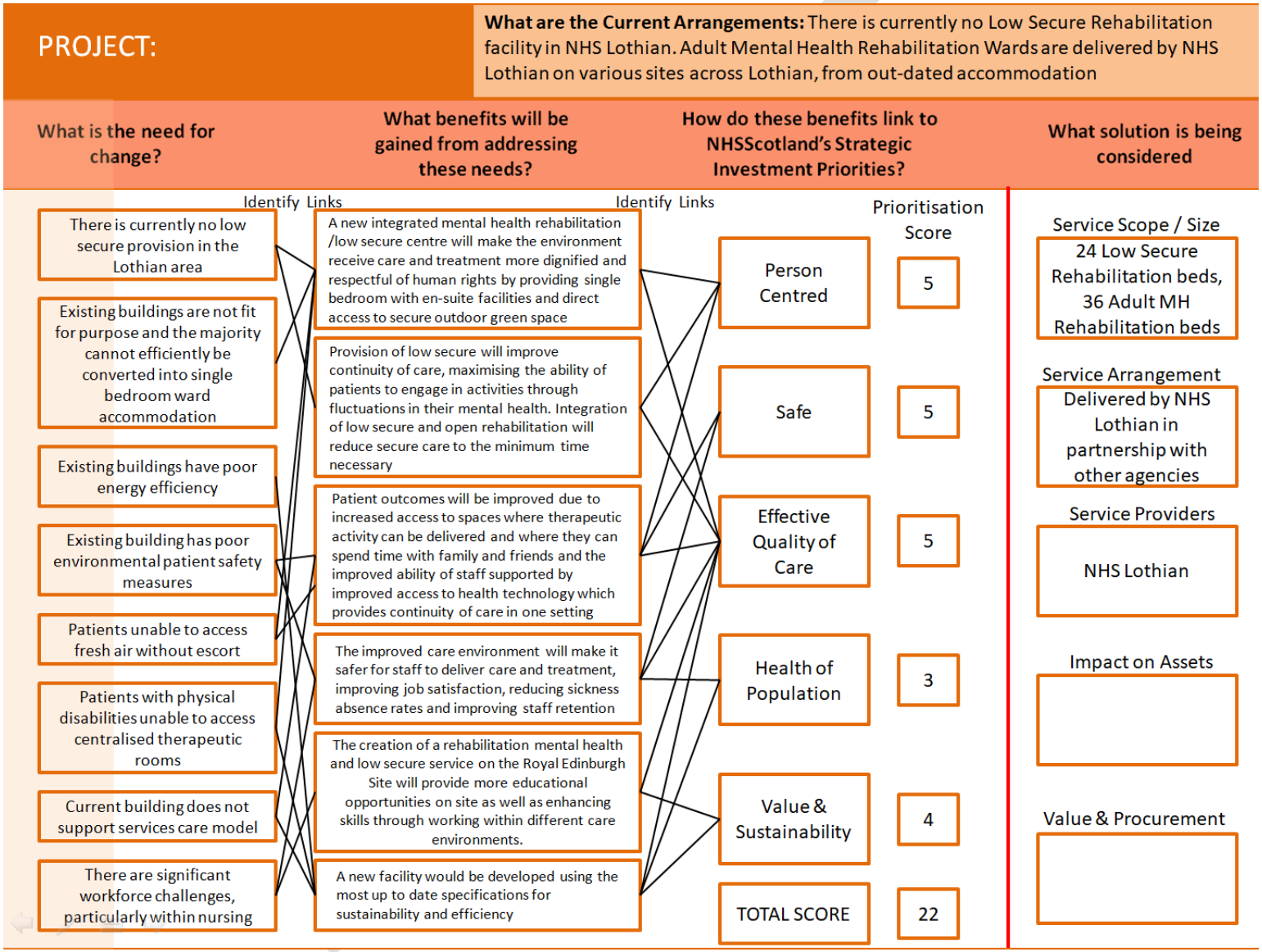
At the centre of this case is a desire to provide the best quality of care to those who require mental health care in NHS Lothian. Having to receive care out of area is detrimental to our patient's wellbeing and recovery, as is receiving care in a poor quality environment. Additionally, staff should be delivering care from environments that they are proud to work in, not from environments that they have to work around. This case provides an opportunity to create an innovative facility which is able to provide the flexibility required to care for patients in the least restrictive way possible.

This IA makes a compelling case for investment which would further the Scottish Government's ambitions to provide parity between physical and mental health care and to provide care as close to home as possible.

Appendix 1: Pictures of Current Mental Health Rehabilitation Wards

To be added.

Appendix 2: Strategic Assessment



Appendix 3: Benefits Register and Non-Financial Benefits Assessment

Benefits Register

Project Name						
1. Benefits Register						*2. Prioritisation*
Ref No.	**Benefit**	**Assessment**	**As measured by**	**Baseline Value**	**Target Value**	**Relative Importance**
1	A new integrated mental health rehabilitation/low secure centre will make the environment in which patients receive care and treatment more dignified and respectful of human rights by providing single bedroom with en-suite facilities and direct access to secure outdoor green space	Quantitative	% of bedrooms with en-suite bathrooms	6%	100%	5
2	Low secure care will be provided in NHS Lothian, preventing patients from being required to travel out of area for treatment. Provision of low secure facilities will improve continuity of care, maximising the ability of patients to engage in activities through fluctuations in their mental health	Quantitative	No. Of patients out of area for Low Secure care	23	3	5
3	A well-designed building which has had input from clinical staff, patients, and carers will assist in the reduction of violence and aggression, self harm behaviours, missing persons and use of illicit substances	Quantitative	Average number of Datix incidences per month	60	30	4
4	The creation of a mental health rehabilitation and low secure service on the Royal Edinburgh Site will provide more educational opportunities on site as well as enhancing skills through working within different care environments	Quantitative and Qualitative	Staff feedback	Limited appropriate space for education	Staff say they have good opportunities for learning and development	3
5	The improved care environment will make it safer for staff to deliver care and treatment, improving job satisfaction, reducing sickness absence rates and improving staff retention	Quantitative and Qualitative	% Of staff vacancies, sickness absence rate	Vacancies = 40%, Sickness rate = 10%	Vacancies = 5%, Sickness rate = 5%	4
6	Patient outcomes will be improved due to increased access to spaces where therapeutic activity can be delivered and where they can spend time with family and friends and the improved ability of staff supported by improved access to health technology which provides continuity of care in one setting	Quantitative	Average Length of stay (days)	317	TBC	4
7	A new facility would be developed using the most up to date specifications for sustainability and efficiency. This means that ongoing costs of maintenance and energy use would be reduced, as well as reducing the carbon footprint of the REH site	Quantitative	Monthly cost of maintenance and energy	TBC	TBC	3

Non Financial Benefits Assessment

#	Benefit	Weighting (%)	Option 1	Option 2	Option 3	Option 4
1	A new integrated mental health rehabilitation /low secure centre will make the environment in which patients receive care and treatment more dignified and respectful of human rights by providing single bedroom with en-suite facilities and direct access to secure outdoor green space	25%	3	5	7	10
2	Low secure care will be provided in NHS Lothian, preventing patients from having to recieve care out of area. Provision of low secure facilities will improve continuity of care, maximising the ability of patients to engage in activities through fluctuations in their mental health	25%	0	8	10	10
3	A well-designed building which has had input from clinical staff, patients, and carers will assist in the reduction of violence and aggression, self harm behaviours, missing persons and use of illicit substances	10%	5	6	8	10
4	The creation of a mental health rehabilitation and low secure service on the Royal Edinburgh Site will provide more educational opportunities on site as well as enhancing skills through working within different care environments	5%	0	6	8	10
5	The improved care environment will make it safer for staff to deliver care and treatment, improving job satisfaction, reducing sickness absence rates and improving staff retention	15%	4	7	9	10
6	Patient outcomes will be improved due to increased access to spaces where therapeutic activity can be delivered and where they can spend time with family and friends and the improved ability of staff supported by improved access to health technology which provides continuity of care in one setting	15%	4	7	9	10
7	A new facility would be developed using the most up to date specifications for sustainability and efficiency. This means that ongoing costs of maintenance and energy use would be reduced, as well as reducing the carbon footprint of the REH site	5%	0	3	7	10
	Total Weighted Benefits Points		**245**	**625**	**815**	**950**

NHS Lothian

Appendix 4: Risk Register

1. Identification			2. Assessment				3. Control		4. Monitoring	
Risk No	Risk Grouping	Risk Description	Financial / Non-Financial / Unquantifiable	Consequence (1 - 5)	Likelihood (1 - 5)	Risk	Proposed Treatment / Mitigation	Action Taken	Risk Owner - Type	Risk Owner - Individual
1.1	**Business risk**	If new build then - Impact of build on capacity – occupancy, clinical space, patient mix		2	5	**High**	Traffic management throughout site, sound barriers			
1.2	**Business risk**	If refurb then - Impact of build on capacity – occupancy, clinical space, patient mix		5	5	**Very High**	Consider decant facilities and relocation of patients to reduce impact on patients. Traffic management throughout site, sound barriers			
1.3	**Business risk**	Poor stakeholder involvement results in a lack of support for the project		4	1	**Medium**	Prepare and implement an appropriate project communication plan which engages with all appropriate stakeholders at appropriate stages of the project			
2.1	**Reputational risk**	Poor communication ignores stakeholder interests		4	1	**Medium**	Ensure that the project communication plan covers issues of public perception / consultation feedback / media interest / parliamentary interest / organisational reputation, etc	Communication plan in place which was agreed by project board. Project update newsletters were shared and will start again		
3.1	**Demand risk**	Demand for the service does not match the levels planned, projected or presumed		2	2	**Medium**	Carry out sensitivity testing of assumptions behind service demand projections to understand and manage any underlying risks. Existing facilities could be used if demand was higher than planned, with revenue costs associated. NHS Lothian funding Braids			
4.1	**Occupancy risk**	Patient discharges to reduce to new bed base – availability of robust community placements that are sustainable		4	3	**High**	Work ongoing to identify alternative community provision to reduce bed numbers.	Edinburgh work on supported accomodation		
4.2	**Operational risk**	IJB strategic direction may change – they may decide to provide elsewhere or change numbers – may make the project not viable – need project board to collectively own and absolutely agree the final bed numbers		5	2	**High**	IA will be agreed across all areas, which should mean future changes are limited			
4.3	**Operational risk**	Potential changes to delegation schemes of IJBs – may change decision making		3	3	**Medium**				
4.4	**Operational risk**	Recruitment to the units		4	4	**High**	Have added the Low Secure unit into the projected nurses required for nurses in training to government colleagues. Currently exploring how to skill make to make best use of qualified staff. Reduction in rehab bed numbers should create some nursing capacity			
4.5	**Operational risk**	Low secure will be a new service so training will need to be undertaken to up skill staff		3	1	**Low**	Medium secure care is already delivered on the site so there is local expertise that can be shared			
5.1	**Planning risk**	Local community objects to the project		4	1	**Medium**	Engage with local communities to gain their support for proposals re new site developments. Planning permission in place until March 2022			

1. Identification			2. Assessment				3. Control		4. Monitoring	
Risk No	Risk Grouping	Risk Description	Financial / Non-Financial / Unquantifiable	Consequence (1 - 5)	Likelihood (1 - 5)	Risk	Proposed Treatment / Mitigation	Action Taken	Risk Owner - Type	Risk Owner - Individual
6.1	**Design risk**	The design does not meet the Design Assessment expectations.		4	1	**Medium**	Get the building specifications right and the contractors decisions to make the building fit for purpose, both in terms of robustness and the physical environment – risk to patients. This will be captured in the clinical brief. The design team need to engage with the Design Assessment team from early design planning stages onwards to avoid confusion over expectations. Robust learning from previous projects	Pathfinder work is already underway for this project, with a focus on meeting energy and carbon aims		
7.1	**Procurement risk**	Availability of contractors to complete the project		4	2	**Medium**	Procured through Hub - experienced contractor in place			
8.1	**Construction risk**	Critical programme dates are unrealistic		4	2	**Medium**	A realistic project programme will be developed with Hub - however, there may be an impact of the Covid-19 pandemic			
8.2	**Construction risk**	Unforseen issues with grounds		4	1	**Medium**				
9.1	**Funding risk**	The project estimate is poorly prepared and inaccurate		5	2	**High**	High optimism bias built in to cost estimates, worked closely with Hub to develop			
9.2	**Funding risk**	The project becomes unaffordable		5	2	**High**	The affordability of the project should be tested at IA stage and further explored as part of the OBC and FBC stages of the project			
9.3	**Funding risk**	Capital Availability – at SG level – having robust alternative options		5	4	**Very High**	Work with SG			
9.4	**Funding risk**	Revenue affordability – if more beds required, increased costs for staffing, availability of staffing. Costs of out of area if we do not have enough beds – and out of area budget being used to cover costs of the revenue relating to the IA		3	1	**Low**	Model developed across Lothian to support bed base. Linkwith IJBs to establish process if demand is higher. UNPACS budget used to offset additional costs of bringing people back from out of area			
10.1	**Economic risk**	Inflation costs rise above those projected		5	2	**High**	The likelihood of this occurring is considered as part of the Financial Case. Optimisim bias within estimated costs includes an allowance for increased inflation			
11.1	**Policy risk**	Changes to non-legislation policy affects project cost or progress		3	2	**Medium**	The likelihood of this occurring should be considered as part of this risk register			
12.1	**Legislative risk**	Changes in legislation or tax rules increase project costs		5	1	**Medium**	Most recent legislative changes relating to carbon included in initial design			

NHS Lothian

Appendix 5: AEDET (Achieving Excellence Design Evaluation Toolkit) Evaluation Summary

Provided as a separate document due to file size.

Appendix 6: Pictures of Current MH Rehabilitation Wards

Provided as a separate document due to file size.

Appendix 3 to EIJB report on REH IAs dated 17 August 2021

Outline transition plan for intellectual disabilities

Background

1. The Royal Edinburgh Hospital (REH) provides assessment and treatment for adults with a learning disability and adults with complex mental health needs. The overall campus site has been the focus of a programme of modernisation, with phase one being completed in 2016. Work has been underway on Phase 2 of the redevelopment for some time, overseen by the REH Programme Board. An initial agreement (IA) has now been produced for a proposed national intellectual disability adolescent inpatient unit. The main focus of the underpinning work has three main criteria;

   a. How many beds are to be provided on site?
   b. What community pathways have been commissioned to meet the reduction of hospital beds?
   c. Is the overall model affordable?

Learning Disability – now and future needs

2. In 1995 Gogarburn Hospital was decommissioned as a hospital for adults with a learning disability. At that time there were two groups of people who were considered too complex to be supported in a community setting. These individuals were transferred to either the REH or Murraypark Hospital; people with behavioural challenges in REH and people with profound and multiple health conditions to Murraypark Hospital.

3. In 2016, the 10 Edinburgh residents living in Murraypark Hospital moved to community placements across North West Edinburgh, the hospital was closed shortly thereafter. The intention is to now move 23 individuals from REH into a community setting, reducing the need for assessment and treatment beds to 10.

4. To establish the number of beds required in the future, colleagues from all four Lothian partnerships and in-patient services have met on a regular basis to plan for a significant shift from acute to community support. This planning has been done on a named and individual basis, with consideration given to each person and what support would be required in the community. This has resulted in a combined number of beds being planned for in the reprovision;

Commissioning authority	Bed numbers
East Lothian IJB	2
Edinburgh IJB	10
Midlothian IJB	1
West Lothian IJB	4
Subtotal Lothian	**17**
Borders	2
Total	**19**

5. The REAS In-patient services have indicated to the partners that the provision of beds would be broken down into these categories;

Category	Bed numbers
Forensic	8
Mental Health	8
Positive Behavioural Support	3
Total	**19**

6. Most of the current 46 REH inpatients are residents of Edinburgh. The Edinburgh Health and Social Partnership (EHSCP) has plans in place to provide a suitable community response for those people who do not require to be in inpatient beds. The pan Lothian position is demonstrated in the table below:

Integration Authority	Current IP	Planned Discharges		Future IP or OOA	Planned beds
		2021	2022		
East Lothian	2	0	1	1	2
Edinburgh	33	20	3	10	10
Midlothian	1	0	0	1	1
West Lothian	10	1	9	0	4
Totals	**46**	**21**	**12**	**13**	**17**

7. As described above, to operate within these bed numbers community services will be commissioned for 23 people currently in REH, these fall mainly into two groups as shown below;

Community Placements	Tenancies	Annual Costs	
		2021/2022	2022/2023
Forensic	8	0.9	0.5
Complex	15	1.7	0.6
Totals	**23**	**2.6**	**1.1**

8. We have put in place a number of developments to strengthen community support, by investing in positive behaviour support training for staff. It is anticipated that there will be a continuing focus on developing this across community learning disability teams and commissioned services to sustain community placements.

9. Since 2016, there has been active discussions with in-patient professionals who have revised their views on who could live in the community, this coupled with work done with colleagues in children services to avoid young people going into hospital, a pattern for young people who were deemed too complex to support in a community placement. There was an expectation that a period of years in a hospital was the pathway for those young people. The success of avoiding young people entering a hospital setting has meant that the assumption of the REH providing long term care to people with challenging behaviours has reduced significantly.

10. There is also a potential change in the legislation for adults with learning difficulties through the review of the Mental Health Act. If this moves to legislation there will be limited powers for detention in a hospital setting, with the emphasis on all support being provided in the community.

Community Developments – learning disability

11. To have suitable resources in place for 2023 we need to have solid and clear community-based models for the 23 people currently living in hospital. To date the following resources have been commissioned:

    - Hillview – 3 people, moves planned in Autumn 2021
    - West Bowling Green Street – 6 people in a new build opening April 2021
    - Tenancies for 6 people with forensic needs – identified, waiting for legal powers to move. September 2021
    - Refurbish existing learning disability unit – December 2021
    - Care home placement for one person – March 2020
    - Refurbish block of six apartments in Niddrie Mill – August 2021

12. The provision of suitable housing is being supported by the City of Edinburgh's housing team who have offered core and cluster properties in the following developments;

    - Calders
    - Drumdryden
    - Silverlea

13. These new developments offer assurance that there will be enough housing available to meet the timeline of reprovisioning the learning disability beds from acute to community.

14. There are also opportunities being developed with housing associations that will provide housing.

Maintaining Flow

15. All parts of the adult learning disability provision need to work together to ensure people enter an assessment and treatment bed appropriately and leave timeously. Issues that hinder that flow are:

    - Provider failure - this is often a staff team not following agreed protocols, weak management of staff, temporary workforce, inability to seek solutions until crisis is inevitable
    - Recruitment of care staff to enable to person to leave hospital
    - Tenancies can be lost whilst in hospital and the process of discharge needs to be restarted
    - Lack of understanding of 'risk' by inpatient services

- Legal powers are not in place

16. To change this model:

    - People with complex behavioural needs currently living in hospital should be supported to live in the community by EHSCP or appropriate third sector staff. This will build a platform of resilient provision that can look to develop future care that is in a decreasing model of care not one that is static and unreviewed.
    - Monitor people who have been in hospital on a regular basis to ensure their placement is working and troubleshoot issues. Additionally, to review as a learning disability partnership individuals' placement on a RAG (Red/Amber/Green) basis.
    - Build stronger relationships with care providers, the creation of a framework that sets out the expectations of what is expected by those providers will give a clear vision of who is able to support people in what settings.
    - Forensic patients do not have a 'fast' track process to enable them to leave hospital. There are long delays in seeking guardianship, establishing risk and a multitude of professional staff who need to agree a discharge. A process needs to be agreed that changes this, otherwise there will be significant bed blocking. This should be developed by REAS to facilitate this process.

17. All these parts work independently of each other and often operate as a 'referral' culture, which leave gaps where people can fall through and enter a period of crisis. Overall a number of these issues occur as we have two entities: hospital services and community services. Whilst there are good working relationships, there is scope to discuss if a single learning disability service would provide a better outcome for people with a learning disability.

Finances

18. The financial model which supports both this and the parallel mental health initial agreement has been prepared on a consolidated basis. This demonstrates that, at the point both new facilities are available, the new models will be cost neutral. However, there are significant double running costs associated with the learning disability redesign.

19. There are 23 planned discharges from hospital associated with the learning disability redesign. To facilitate this change, community teams will be put in place before people are discharged. Until the associated beds or facilities are closed we will be paying for both the beds and the newly established community teams. The associated estimated double running costs associated with the adult learning disability redesign are shown overleaf:

	2021/22 £m	2022/23 £m	Total £m
Community team costs	0.9	0.1	1.0
Delay in hospital budget release	0.1	0.1	0.2
Total double running costs	**1.0**	**0.2**	**1.2**

20. The costs shown above assume that all discharges take place as planned and that there are no delays in the programme.

21. It is proposed that these transitional costs are met from the 'community living change fund'. These monies (£1.9m for Edinburgh) were allocated by Scottish Government to support the discharge from hospital of people with complex needs. Whilst the costs shown are significant, they are one off costs that facilitate the closure of the adult learning disabilities beds as commissioned by the IJB.

Edinburgh Integration Joint Board

REPORT

Finance update

Edinburgh Integration Joint Board

17 August 2021

Executive Summary	The purpose of this report is to update the Integration Joint Board on the financial performance of delegated services for the first 3 months of the year.

Recommendations	It is recommended that the committee note: 1. the financial position for delegated services to 30 June 2021; 2. that additional funding will be recognised once the Scottish Government has considered the mobilisation plans submitted; and 3. the ongoing tripartite discussions, led by the Chief Officer, to deliver financial balance.

Directions

Direction to City of Edinburgh Council, NHS Lothian or both organisations	No direction required	✓
	Issue a direction to City of Edinburgh Council	
	Issue a direction to NHS Lothian	
	Issue a direction to City of Edinburgh Council & NHS Lothian	

Report Circulation

1. The information contained within this report was considered by the Performance and Delivery Committee on 28 July 2021.

Main Report

Background

2. In March 2021, the Integration Joint Board (IJB) agreed the 2021/22 financial plan and associated savings and recovery programme. Recognising that the additional measures required to balance the plan would have a significant negative impact on performance gains and, ultimately on outcomes for people, the board made the difficult decision to support a budget which did not deliver financial balance. At this point the plan had a deficit of £9.3m and, following the allocation of £2.5m of additional funding from the City of Edinburgh Council (the Council), this has reduced to £7.8m. The Chief Office and Chief Finance Officer are continuing tripartite efforts with colleagues in the Council and NHS Lothian to bridge this remaining shortfall.

3. As members are aware, the IJB "directs" budgets back to our partner organisations, the Council and NHS Lothian, who in turn provide the associated services. The majority of these services are delivered through the Partnership, with the balance being managed by NHS Lothian under the strategic direction of the IJB. Management of financial performance is undertaken through the governance arrangements in the 2 partner organisations and the Partnership.

4. Financial reporting throughout 2020/21 highlighted the challenges inherent in providing meaningful, consistent and relevant financial information in the context of prevailing uncertainty arising from the Covid pandemic. Whilst much work has been undertaken, this remains an issue for 2021/22 due to the ongoing uncertainty around Covid including mobilisation plans, timelines to continue Covid services, Covid exit planning and the fact that identifying Covid specific costs is not straightforward.

Overview of financial position to June 2021

5. The information in this report is based on the period 3 (June 2021) monitoring reports from the Council and NHS Lothian. These show an overall **deficit of £4.6m** for the first 3 months, as summarised in table 1 below. The main drivers of this position are slippage in the delivery of the purchasing related savings and the year to date impact of the budget deficit discussed above. Further detail is included in appendices 1 (NHS Lothian) and 2 (the Council), with narrative explanations in paragraphs 6 to 11.

	Annual Budget £k	To June 2021 Budget £k	Actual £k	Variance £k
NHS services				
Core	295,475	47,073	46,526	547
Hosted	97,600	22,455	22,220	235
Set aside	98,607	20,908	21,835	(927)
Sub total NHS services	**491,682**	**90,436**	**90,581**	**(145)**
CEC services	**239,197**	**59,799**	**64,260**	**(4,460)**
Total	**730,879**	**150,235**	**154,840**	**(4,605)**

Table 1: financial position for delegated services to June 2021

NHS Lothian

6. Delegated services operated by NHS Lothian are reporting a small overspend of £0.1m for the 3 months to June 2021. As for last financial year, interpretation is complicated by the impact of Covid costs, offsets and funding. On 2 July 2021, the Scottish Government (SG) confirmed to health boards that additional Covid resources will be made available following the submission of mobilisation (LMP) returns for the first quarter of the financial year. Based on this assurance, NHS Lothian's Corporate Management Team agreed to pre-fund anticipated Covid costs for the year, in lieu of additional SG resource release in future months. This approach allows for better reporting of core pressures and easier budget management across services and is considered low risk given the SG's strong indication that there will be sufficient resources available to meet costs incurred in year.

7. NHS Lothian's quarter 1 review, which is the first opportunity in the year to forecast the year end position, is currently being finalised. This exercise

contrasts the forecast with the financial plan assumptions and includes a detailed analysis of the key drivers of expenditure and variance.

8. Pending the forecast being available, the key variances evident in the month 3 position remain largely as previously reported and include:

- *Vacancies* - across, particularly in nursing which are driving the underspends in a number of services, including community hospitals (£0.2m), district nursing (£0.1m), mental health (£0.3m) and rehabilitation (£0.1m);
- *Prescribing* (£0.2m over) – an element of this will refer to the impact of Covid. At the time the overall financial position was finalised the analysis to quantify this was underway. Once completed, the budget will be increased in line with the approach discussed in paragraph 6 above, thereby reducing the variance;
- *Hosted services* (£0.2m over) – increased issues of community equipment, potentially linked to Covid, continues to be a material pressure. This service is hosted by the Edinburgh Partnership and is the subject of an ongoing review, supported by the sustainability and value team from NHS Lothian; and
- *Set aside services* (£0.9m over)- continues to be the main financial issue facing NHS delegated services. Key drivers include staffing (mainly at the acute hospital's front doors and in therapies) and drugs (in gastrointestinal and cystic fibrosis services).

City of Edinburgh Council

9. Council delegated services are reporting an overspend for the year to date of £4.5m, equating to a projected year end outturn of £17.8m. This position includes direct Covid related costs of £0.2m (with a full year impact of £0.9m) and it has been assumed these will be funded in full. As happened in 2020/21, where possible Covid costs have been captured separately and reported on the appropriate expenditure lines. Beyond this, no additional Covid related funding has been assumed at this point, this is discussed in more detail in paragraph 13 below.

10. The position is summarised in table 2 below with detail included in appendix 2:

	Variance at June 2020 £k	Projected variance for the year £k
Externally purchased services	(2,896)	(11,584)
Services delivered internally	603	2,412
Income	(486)	(1,944)
Service wide Covid costs	(99)	(396)
Funding for Covid costs	236	943
Sub total	**(2,642)**	**(10,569)**
Sub total operational position	**(2,642)**	**(10,569)**
Budget deficit	**(1,818)**	**(7,273)**
Net position	**(4,460)**	**(17,841)**

Table 2: Variance on Council run services

11. As with the NHS Lothian position, interpretation is complicated by the impact of Covid costs, offsets and funding. Nonetheless, the headline issues are in line with those reported throughout last year, namely:

- *External services* (£2.9m over ytd) – also referred to as 'purchasing', which was a key element of the 20/21 savings and recovery programme. A full year target of £7.2m was agreed and removed from the budget. As with other savings schemes, delivery was adversely impacted by the pandemic and the outturn for the year was an overspend of £7.3m. Reflecting the non delivery in 20/21, the £7.2m was included in the 2021/22 savings and recovery programme and the target rolled over. A further £4m was agreed as part of the 2021/22 programme, increasing the overall target to £11.2m. Based on the first quarter's financial monitoring information, delivery against this is currently assessed as red, which is the main contributor to the current forecast overspend of £11.6m. Further work has been commissioned to understand the extent to which any of the associated costs are linked to the pandemic and are therefore recoverable and the SROs for the savings scheme are agreeing recovery and mitigating actions with the Partnership's Executive Management Team as a matter of urgency. This will remain subject to close scrutiny as the plans to recovery the position are developed, agreed and implemented.

- *Internal services* (£0.6m under) – for the full year, this equates to £2.4m, an increase on the 2020/21 underspend of £1.7m. In the main this can be attributed to employee costs across a number of services but mostly in homecare and residential services. Difficulties in recruiting to the sector and low rates of occupancy in care homes are the likely factors behind this favourable variance. There will also be a link between the consequent reduction in capacity in internally run services and increases in purchasing costs.

- *Income* (£0.5m over) – in line with the experience in 2020/21 we are continuing to see pressure in residents recoveries and day services income budgets, reflecting low occupancy rates in care homes and day services remaining closed due to Covid. Last year this reduction in income was classified as an impact of the pandemic and the funding recovered via the mobilisation planning process. Although it is likely that a similar approach will be agreed for 2021/22 this has not been reflected at this point.

- *Budget deficit* (£1.8m over) – being the year to date impact of the annual budget shortfall.

Funding for the financial impact of Covid-19

12. In 2020/21 Covid related costs were met in full by the SG via the LMP process, with funding released by the Government at various points during the year. Reflecting the fact that pandemic related costs will span financial years, elements of funding received last year were held in reserve by integration authorities and carried forward to 2021/22. For this financial year, the SG will release additional funds when these reserves, which for Edinburgh total £11.6m, are exhausted.

13. As described above the SG will allocate the next trance of funding following their consideration of the mobilisation returns (made via health boards) which were submitted at the end of July. Whilst they have provided assurance that sufficient funding will be available to meet the associated costs in full this remains a risk until confirmed. Of particular note is the approach which will be taken nationally on unachieved savings and whether this will be consistent with

the treatment in 2020/21 when slippage on delivery was recognised in the LMPs.

14. Our partners have taken slightly different approaches to recognising Covid funding in their financial monitoring reports. This is described above – NHS Lothian has anticipated the additional budget (with the exception of prescribing which is currently being quantified) and the Council have recognised funding only for costs coded in the financial ledger as being directly attributable to the pandemic.

15. When SG has considered the LMP returns based on the first quarter's spend, the impact on budgets will be clearer. It is clear however, that the reported position of Council delegated services in particular will materially improve.

16. On behalf of the IJB and, in the context of the unbalanced financial plan, the Chief Officer and Chief Finance Officer are actively seeking to influence partners to maximise flexibility in the application of these monies in the current financial year.

Implications for Edinburgh Integration Joint Board

Financial

17. Outlined elsewhere in this report

Legal/risk implications

18. Like any year end projection, the IJB's relies on a number of assumptions and estimates each of which introduces a degree of risk. The most material issues remain the unbalanced financial plan and the delivery of the agreed savings and recovery programme.

Equality and integrated impact assessment

19. There is no direct additional impact of the report's contents.

Environment and sustainability impacts

20. There is no direct additional impact of the report's contents.

Quality of care

21. There is no direct additional impact of the report's contents.

Consultation

22. There is no direct additional impact of the report's contents.

Report Author

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Appendices

Appendix 1	Financial outturn for NHS delegated services to June 2021
Appendix 2	Financial outturn for Council delegated services to June 2021
Appendix 3	Glossary of terms

FINANCIAL POSITION FOR NHS DELEGATED SERVICES TO JUNE 2021

	Annual Budget £k	To June 2021 Budget £k	Actual £k	Variance £k	%
Core services					
Community Hospitals	13,595	3,262	3,067	195	1%
District Nursing	12,646	3,110	2,974	136	1%
Geriatric Medicine	3,100	708	703	5	0%
GMS	85,380	21,757	21,716	41	0%
Learning Disabilities	1,246	307	270	36	3%
Mental Health	8,624	2,107	1,802	304	4%
PC Services	11,639	(586)	(607)	21	0%
Prescribing	77,945	18,335	18,565	(229)	0%
Resource transfer and reserves	65,772	(4,136)	(4,069)	(66)	0%
Substance Misuse	4,604	1,143	1,173	(30)	-1%
Therapy Services	10,140	908	814	94	1%
Other	784	157	117	40	5%
Sub total core	**295,475**	**47,073**	**46,526**	**547**	**0%**
Hosted services					
Community Equipment	1,862	465	732	(267)	-14%
Complex Care	1,156	217	231	(14)	-1%
Hospices & Palliative Care	2,505	626	626	(0)	0%
Learning Disabilities	8,432	1,647	1,663	(17)	0%
LUCS	6,941	1,710	1,725	(15)	0%
Mental Health	31,879	7,091	7,100	(10)	0%
Oral Health Services	10,437	2,465	2,389	76	1%
Pharmacy	1,181	962	962	0	0%
Primary Care Services	2,994	754	722	32	1%
Psychology Services	5,050	1,079	1,023	56	1%
Public Health	1,024	162	129	33	3%
Rehabilitation Medicine	5,365	1,249	1,148	101	2%
Sexual Health	3,959	896	851	45	1%
Substance Misuse	2,183	487	467	19	1%
Therapy Services	8,333	1,949	1,768	181	2%
UNPAC	3,746	520	503	17	0%
Other	552	177	180	(3)	-1%
Sub total hosted	**97,600**	**22,455**	**22,220**	**235**	**0%**

FINANCIAL POSITION FOR NHS DELEGATED SERVICES TO JUNE 2021

	Annual Budget £k	To June 2021 Budget £k	Actual £k	Variance £k	%
Set aside services					
Acute management	3,295	823	825	(2)	0%
Cardiology	4,090	1,015	1,045	(31)	-1%
Diabetes & endocrinology	2,191	608	615	(7)	0%
ED & minor injuries	10,721	2,488	2,518	(30)	0%
Gastroenterology	3,982	985	928	58	1%
General medicine	26,946	6,603	6,717	(113)	0%
General surgery	6,067	1,715	1,975	(260)	-4%
Geriatric medicine	17,045	4,179	4,226	(47)	0%
Infectious disease	3,909	(1,615)	(1,651)	36	1%
Junior medical	3,542	935	1,049	(114)	-3%
Other	409	101	88	13	3%
Rehabilitation medicine	1,728	426	449	(23)	-1%
Respiratory medicine	5,527	515	848	(333)	-6%
Therapy services	9,154	2,129	2,203	(73)	-1%
Sub total set aside	**98,607**	**20,908**	**21,835**	**(927)**	**-1%**
Net position	**491,682**	**90,436**	**90,581**	**(145)**	**0%**

FINANCIAL POSITION FOR COUNCIL DELEGATED SERVICES TO JUNE 2021

	Annual Budget £k	To June 2021 Budget £k	Actual £k	Variance £k	%
External					
Assessment and care management	410	102	102	0	0%
Care and support	59,114	14,779	15,156	(378)	-3%
Care at home	33,411	8,353	9,846	(1,493)	-18%
Day services	12,561	3,140	3,805	(664)	-21%
Direct payments/ISFs	39,576	9,894	10,510	(616)	-6%
Other/generic/universal services	14,062	3,516	3,475	41	1%
Residential services	69,708	17,427	17,303	124	1%
Transport services	904	226	135	91	40%
Total external services	**229,746**	**57,437**	**60,333**	**(2,896)**	**-1%**
Internal					
Assessment and care management	14,697	3,674	3,531	143	4%
Care and support	7,276	1,819	1,916	(97)	-5%
Care at home	26,090	6,522	6,055	467	7%
Day services	10,632	2,658	2,312	346	13%
Equipment services	8,511	2,128	2,674	(546)	-26%
Management	2,436	609	574	35	6%
Other operating costs	1,659	415	441	(26)	-6%
Other services	5,710	1,427	1,419	8	1%
Residential services	27,490	6,873	6,554	318	5%
Strategy/contract/support services	3,936	984	1,021	(37)	-4%
Therapy services	3,656	914	921	(7)	-1%
Pension costs	439	110	110	0	0%
Total internal services	**112,531**	**28,133**	**27,530**	**603**	**1%**
Service wide COVID costs					
Additional care at home packages			99	(99)	N/A
Total service wide COVID costs	**0**	**0**	**99**	**(99)**	**N/A**
Total costs	**342,277**	**85,569**	**87,961**	**(2,392)**	**-1%**
Income and funding					
Government grants	703	176	172	(4)	-2%
Funding and cost recovery	75,105	18,776	18,750	(26)	0%
Customer and client receipts	19,999	5,000	4,544	(456)	-9%
Budget funding gap	7,273	1,818	0	(1,818)	-100%
COVID LMP funding	0	0	236	236	N/A
Total income and funding	**103,080**	**25,770**	**23,701**	**(2,068)**	**-2%**
Net position	**239,197**	**59,799**	**64,260**	**(4,460)**	**-2%**

GLOSSARY OF TERMS

TERM	EXPLANATION
ASSESSMENT AND CARE MANAGEMENT	Predominantly social work, mental health and substance misuse teams
CARE AT HOME	Services provided to over 65s in their homes.
CARE AND SUPPORT	Services provided to under 65s in their homes.
DAY SERVICES	Services provided to clients in buildings owned by the Council or a third party.
DIRECT PAYMENTS	Option 1 of self directed support where the client has chosen to be responsible for organising their care.
GMS	General medical services – largely the costs of reimbursing GPs who, in the main, are independent contractors carrying out work on behalf of the NHS as opposed to being employees.
HOSTED SERVICES	Services which are operationally managed on a pan Lothian basis either through one of the 4 Health and Social Care Partnerships or Royal Edinburgh and Associated Services (REAS).
INDIVIDUAL SERVICE FUNDS (ISF)	Option 2 of self directed support where the client has chosen for a 3rd party (not the Council) to organise their care.
LUCS	Lothian Unscheduled Care Service – provides out of hours GP services
RESIDENTIAL SERVICES	Services provided to clients in care homes.
SET ASIDE SERVICES	Acute hospital based services managed on a pan Lothian basis by NHS Lothian
THERAPY SERVICES	Mainly occupational therapy teams.

Edinburgh Integration Joint Board

REFERRAL REPORT

Financial Regulations – Referral from the Performance and Delivery Committee

Edinburgh Integration Joint Board

17 August 2021

Executive Summary	The purpose of this report is to refer the attached report on Financial Regulations from the Performance and Delivery Committee to the Edinburgh Integration Joint Board for approval/consideration with the Committee's recommendations detailed below.

Recommendations	The Performance and Delivery recommends that the Edinburgh Integration Joint Board**:** 1. Adopts the Financial Regulations as laid out in the Appendix.

Terms of Referral

1. The Performance and Delivery Committee on 9 June 2021 considered a report on the Financial Regulations, which provided the outcome of a review into the financial regulations that guide the Edinburgh Integration Joint Board (EIJB) on their responsibilities for its own financial affairs. The regulations also set out the respective responsibilities of the Chief Officer and the Chief Finance Officer.

2. During consideration of the report, the Committee discussed the following:

   - The shift from a City of Edinburgh Council approach of a high-level set of financial regulations and more detailed financial rules, to a set of regulations and directives more tailored to the requirements of the EIJB. This had developed over the last six-years of the EIJB's existence, which had allowed a greater understanding of the practicalities required;
   - The minor, material changes to the Financial Regulations, which – for example – included the change in language of the 'Audit and Risk Committee' to the 'Audit and Assurance Committee' as used throughout.

   The Committee also noted the legal/risk implications in the report and noted that – without a clear set of financial regulations – there would be a lack of clarity about the roles and responsibilities. Members agreed that a clear approach would mitigate risks.

3. The Committee agreed:

   3.1 To consider the amended financial regulations as laid out in the Appendix.

   3.2 To recommend these to the EIJB for adoption.

The Integration Joint Board is asked to consider the recommendations of the Performance and Delivery Committee.

Report Author

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Chair, Performance and Delivery Committee

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Appendices

Appendix 1 Financial Regulations

REPORT

Financial Regulations

Performance and Delivery Committee

9th June 2021

Executive Summary	This reports sets out the outcome of a review of the Financial Regulations which detail the responsibilities of the Integration Joint Board for its own financial affairs, and which also set out the respective responsibilities of the Chief Officer and the Chief Finance Officer.

Recommendations	It is recommended that the Committee: a) consider the amended financial regulations as laid out in the Appendix: and b) recommend these to the IJB for adoption.

Directions

Direction to City of Edinburgh Council, NHS Lothian or both organisations	No direction required	✓
	Issue a direction to City of Edinburgh Council	
	Issue a direction to NHS Lothian	
	Issue a direction to City of Edinburgh Council & NHS Lothian	

Report Circulation

1. This report has not been presented elsewhere.

Main Report

2. Section 95 of the Local Government (Scotland) Act 1973, requires all Integration Joint Boards (IJB) in Scotland to have adequate systems and controls in place to

ensure the “proper administration of their financial affairs”, including the appointment of an officer with full responsibility for their governance. These financial regulations detail the responsibilities of the Chief Finance Officer who has been appointed as the “proper officer” along with the responsibilities of the Chief Officer and members of the IJB. As these Financial Regulations relate specifically to the affairs of the IJB itself, they are therefore limited and focussed in scope.

3. Edinburgh Integration Joint approved its initial set of financial regulations in March 2016, just prior to the initial delegation of services on 1st April 2016. These regulations have now been reviewed and a proposed update included as an appendix.

4. With the exception of the issue discussed in paragraph 5 below, the review has not highlighted any material changes and any proposed alterations are minor (for example updating the ‘Audit and Risk Committee’ to ‘Audit and Assurance Committee’).

5. When the financial regulations were initially drafted it was proposed that they would be supported by more detailed financial directives. This is in line with the approach taken by the City of Edinburgh Council which has a high-level set of financial regulations and more detailed financial rules. Now that we are in the 6th year of the IJB being operational we have a greater understanding of the practicalities requirements. As the IJB is a strategic body which commissions services it is proposed that the more detailed directives are not required and this has been removed from the update being presented for approval.

Implications for Edinburgh Integration Joint Board

Financial

6. Are outlined in the main body of this report.

Legal/risk implications

7. The key risk is that, without a clear set of financial regulations, there is a lack of clarity about roles and responsibilities. A clear agreed approach as outlined in this paper will help mitigate this risk.

Equality and integrated impact assessment

8. There are no specific implications arising from this report.

Environment and sustainability impacts

9. There are no specific implications arising from this report.

Quality of care

10. There are no specific implications arising from this report.

Consultation

11. There are no specific implications arising from this report.

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1. DEFINITIONS AND INTERPRETATION

1.1. "**1973 Act**" means the Local Government (Scotland) Act 1973;

"**Act**" means the Public Bodies (Joint Working) (Scotland) Act 2014;

"**Chief Finance Officer**" means the Chief Finance Officer of the Board appointed by the Board in terms of section 95 of the 1973 Act;

"**Chief Officer**" means the Chief Officer of the Board appointed by the Board in terms of s10 of the Act;

"**Council**" means City of Edinburgh Council;

"**IJB**" means the Edinburgh Integration Joint Board;

"**Integrated budget**" means the integrated budget of the IJB set in accordance with the provisions of the Integration Scheme;

"**Integration Scheme**" means the Integration Scheme between the parties approved by the Scottish Ministers;

"**NHS**" means Lothian Health Board;

"**Parties**" means the Council and the NHS (and "party" means either of them); and

"**Strategic plan**" means the plan which the IJB is required to prepare and implement in relation to the delegated provision of health and social care services to adults and children in accordance with section 29 of the Act.

1.2. Words in these financial regulations that are also used in the IJB's other governing documents shall, where possible, have the same meanings as they have in those other governing documents.

2. SCOPE AND OBSERVANCE

2.1. The IJB is a legal entity in its own right created by Parliamentary Order 2015 No 88 The Public Bodies (Joint Working) (Board Establishment) (Scotland) Order 2015 which came into effect on 1 April 2015 following Ministerial approval of the Integration Scheme.

2.2. The IJB is accountable for the stewardship of public funds and is expected to operate under public sector best practice governance arrangements, proportionate to its transactions and responsibilities. Stewardship is a function of management and, therefore, a responsibility is placed upon the appointed members and officers of the IJB. In particular:

(1) NHS (Financial Provisions) (Scotland) Regulations 1974 require NHS Directors of Finance to design, implement and supervise systems of financial control and NHS circular 1974 (GEN) 88 requires the Director of Finance to:

- approve the financial systems;
- approve the duties of officers operating these systems; and
- maintain a written description of such approved financial systems including a list of specific duties.

(2) Section 95 of the 1973 Act requires that every local authority shall make arrangements for the proper administration of its financial affairs and shall secure that the proper officer of the authority has responsibility for the administration of those affairs.

2.3. All members of the IJB (voting and non-voting) have a duty to abide by the highest standards of probity in dealing with financial issues. This is achieved by ensuring everybody is clear about the standards to which they are working and the controls in place to ensure these standards are met.

2.4. The key controls and control objectives for financial management standards are:

(1) the promotion of the highest standards of financial management by the IJB;

(2) a monitoring system to review compliance with the financial regulations;

(3) comparisons of actual and forward projection of financial performance with planned/budgeted performance that are reported to the IJB; and

(4) the IJB Audit and Assurance Committee fulfilling its duties under its terms of reference.

2.5. Prior to any funding being passed by one of the parties to the IJB as part of the integrated budget, the financial regulations or standing financial instructions of the relevant party will apply. Similarly, once funding has been approved from the integrated budget by the IJB and directed by it to the Council or the NHS for the

purposes of service delivery, the standing financial instructions or financial regulations of the relevant party will then apply to the directed sum, which will be utilised in accordance with the priorities determined by the IJB in its strategic plan.

2.6. The IJB has been delegated the responsibility for delivering a set of health and social care functions by the City of Edinburgh Council and NHS Lothian. These functions are laid out in the IJB's Integration Scheme. The City of Edinburgh Council and NHS Lothian will provide financial resources in respect of these functions to the IJB.

2.7. The IJB will issue directions to the Council and to the Health Board in relation to the delivery of the delegated functions. The Council and the Health Board in following these directions shall ensure that their own financial regulations are fully observed. This is explicit in the directions that are issued by the IJB.

2.8. The IJB will not deliver any of the delegated functions itself, all operational delivery for delegated functions will be provided by either the City of Edinburgh Council or NHS Lothian as directed by the IJB.

2.9. The IJB will ensure that only expenditure within the legal powers of the IJB is incurred or directed to be incurred. Where this is not clear, the IJB will consult the Chief Finance Officer prior to incurring such expenditure. Similarly, the legality of expenditure relating to new service developments, initial contributions to other organisations and responses to new emergency situations will also be clarified prior to any related expenditure being incurred.

3. INTEGRATION JOINT BOARD RESPONSIBILITIES

3.1. The Integration Scheme sets out the detail of the integration arrangements agreed between the parties in accordance with the Act.

3.2. The IJB and its officers (Chief Officer and Chief Finance Officer) will continuously strive to secure best value and economy, efficiency, and effectiveness in their use of resources.

Responsibility of the IJB

3.3. The IJB is responsible for the production of the strategic plan, setting out the needs, priorities and services for its population over the medium term (3 years), including:

- the payment from the Council to the IJB for delegated social care services;
- the payment from the NHS to the IJB for delegated primary and community healthcare services; and
- the amount set aside by the NHS for delegated services.

Responsibility of the Chief Officer

3.4. The Chief Officer will provide a strategic leadership role as principal advisor to, and officer of, the IJB and will be a member of the senior management teams of the parties. The Chief Officer will lead the development and delivery of the strategic plan for the IJB and will be accountable to the IJB for the content of the directions issued to the parties by the IJB and for monitoring compliance by the parties with directions issued by the IJB.

3.5. The Chief Officer is the accountable officer of the Board in all matters except finance. The Chief Officer will discharge his/her duties in respect of the delegated resources by:

- ensuring that the strategic plan meets the requirement for economy, efficiency and effectiveness in the use of the IJB resources; and
- giving directions to the NHS and the Council that are designed to ensure resources are spent according to the strategic plan. It is the responsibility of the Chief Officer to ensure that the provisions of the directions enable the parties to discharge their responsibilities with regard to the provisions of the directions.

Responsibility of the Chief Finance Officer

3.6. Subject to the overarching responsibility of the IJB, the Chief Finance Officer will be responsible for overseeing the IJB's financial and budgetary arrangements.

3.7. The Chief Finance Officer will undertake the role as laid out in S95 of the 1973 Local Government (Scotland) Act and shall make arrangements for the proper administration of the IJB's financial affairs and, as the proper officer of the IJB, have responsibility for the administration of those affairs. The Chief Finance officer will discharge this duty by:

- establishing financial governance systems for the proper use of delegated resources;
- ensuring that the strategic plan meets the requirement for best value in the use of the IJB's resources; and
- ensuring that the directions to the Council and NHS require that the financial resources are spent according to the allocations in the strategic plan.

3.8. The Chief Finance Officer, in consultation with the Chief Officer, will advise the IJB and all its committees on the financial implications of the IJB's activities.

4. FINANCIAL MANAGEMENT

4.1. The responsibilities of the IJB and its committees in relation to the conduct of the IJB's financial affairs are defined in the IJB's Standing Orders and Integration Scheme. In summary they are as follows.

IJB

4.2. The IJB, on recommendations of the Chief Officer and the Chief Finance officer will approve all revenue budgets.

Chief Officer and Chief Finance Officer

4.3. These officers will:

- develop and implement an operational policy within the IJB's approved budget and strategic policy framework;
- provide the IJB with appropriate financial assurance to allow the IJB to accept the budgets allocated by the Council and NHS;
- consider and recommend to the IJB for approval all revenue budgets and no expenditure can be authorised unless provided for in approved estimates. These estimates will be clearly detailed in the directions issued to the Council and the Health Board and neither of these parties may expend more that the approved estimate without the specific approval of the IJB; and
- monitor the overall financial performance of the IJB's functions (as directed to either the Council or the Health Board) in relation to the approved revenue budgets. The Chief Finance Officer will provide to the IJB regular budget monitoring reports along with explanations for any significant variances from budget and the remedial action planned.

5. FINANCIAL PLANNING

Strategic Plan

5.1. The IJB is responsible for the production of the strategic plan, setting out the needs, priorities and services for its population over the medium term (3 years). This should include a financial plan for the resources within the scope of the strategic plan, incorporating:

- the integrated budget – aggregate of payments to the IJB; and
- the notional budget – the amount set aside by the NHS for delegated set aside services.

5.2. The NHS and the Council should provide indicative three year rolling funding allocations to the Board to support the strategic plan and the medium term financial planning process such indicative allocations would remain subject to annual approval by both parties.

5.3. It is the responsibility of the Chief Officer and the Chief Finance Officer to develop a draft integrated budget based on the strategic plan and to present this to the parties for consideration and agreement within each party's budget setting process.

Budgetary Control

5.4. It is the responsibility of the Chief Finance Officer to report regularly and timeously on all budgetary control matters, comparing projected outturn with the approved financial plan to the IJB and other bodies as designated by the NHS and the Council in the Integration Scheme.

5.5. The Director of Finance of the NHS and the Chief Financial Officer (section 95 officer) of the Council shall, along with the Chief Finance Officer put in place a system of the budgetary control which will provide the Chief Officer with management accounting information for both arms of the operational budget and for the IJB in aggregate.

5.6. It is the responsibility of the IJB Chief Finance Officer, in consultation with the Director of Finance of the NHS and the Chief Financial Officer (section 95 officer) of Council, to agree a consistent basis and timetable for the preparation and reporting of management accounting information.

Management of budget variances

5.7. The Integration Scheme lays out the arrangement for the management of variances within the IJB's operational budget, that is the resources that have been allocated by the Council and NHS to undertake the functions delegated. The Chief Officer and the Chief Finance Officer will prepare and present to the IJB

arrangements for the financial management of these variances. This will be laid out in the financial directives.

Reports to the IJB

5.8. All reports to the IJB and any committees thereof must specifically identify the extent of any financial implications. These must have been discussed and agreed with the Chief Finance Officer prior to lodging of reports.

Legality of Expenditure

5.9. It is the duty of the Chief Officer to ensure that no expenditure is incurred, or included within the Strategic Plan, unless it is within the legal powers of the IJB. In cases of doubt the Chief Officer should consult the respective legal advisors of the NHS and the Council before incurring expenditure. Expenditure on new service developments, initial contributions to other organisations and responses to new emergency situations which require expenditure, must be clarified as to legality prior to being incurred.

Management of Reserves

5.10. Legislation empowers the IJB to hold reserves, which should be accounted for in the financial accounts and records of the IJB.

5.11. The Chief Finance Officer will prepare a policy to hold and manage any such reserves which will be presented to the IJB for approval.

Accounting Procedures and Records

5.12. The IJB's accounting policies are governed by the appropriate local government Acts as directed and amended by Scottish Ministers.

5.13. All accounting procedures and records of the Board shall be determined by the Chief Finance Officer in consultation with the Director of Finance or equivalent of the relevant party.

5.14. Legislation provides that the Board is subject to the audit and accounts provision of a body under section 106 of the 1973 Act. This requires audited annual accounts to be prepared with the reporting requirements specified in the relevant legislation and regulations - section 12 of the Local Government in Scotland Act 2003 and regulations under section 105 of the 1973 Act. These will be proportionate to the limited number of transactions of the Board whilst complying with the requirement for transparency and true and fair reporting in the public sector.

5.15. The accounting records of the IJB will be held by City of Edinburgh Council on behalf of the IJB.

6. INTERNAL AUDIT

6.1. A Chief Internal Auditor will be appointed by the IJB. The Council and NHS will support the Chief Internal Auditor as they require per the Integration Scheme:

- The Chief Internal Auditor will report to the IJB's Audit and Assurance Committee;
- The internal audit service will undertake work in compliance with the Public Sector Internal Audit Standards;
- The Chief Internal Auditor will at the start of each financial year prepare an annual strategic risk based audit plan for the IJB and submit this for approval to the IJB's Audit and Assurance Committee;
- The Chief Internal Auditor will submit an annual audit report summarising the work undertaken during the year and provide an opinion on the adequacy of risk management, governance and internal controls. This will be presented to the Chief Officer and the IJB's Audit and Assurance Committee;
- All internal audit reports for the IJB will be presented to the Chief Officer and the IJB's Audit and Assurance Committee; and
- The Chief Internal Auditor, or their appointed representative (on production of identification), will have authority (as defined in the Audit Charter) to access any data held on any site by either the City of Edinburgh Council or NHS Lothian that relates to the functions delegated to the IJB through the Integration Scheme.

7. RISK MANAGEMENT AND INSURANCE

Audit and Assurance Committee

7.1. The purpose of the Audit and Assurance Committee is to provide assurance to the IJB of the adequacy of the risk management framework and the internal control environment. It provides independent review of the IJB's governance, risk management and control frameworks and oversees the financial reporting and annual governance processes. It oversees internal and external audit, helping to ensure efficient and effective assurance arrangements are in place:

- The Audit and Assurance Committee will endorse the annual Internal Audit Plan, and receive regular reports on these in accordance with the Internal Audit Reporting Calendar;
- The committee will receive and review reports from the Chief Internal Auditor on audit activity and results of reviews;
- The committee will review the risk register on a regular basis;
- The committee will promote sound corporate governance, management of risk, and a robust internal control environment;
- The annual accounts of the IJB will be presented to the committee for review prior to the presentation to the IJB;
- The committee will consider reports by the IJB's external auditors, including reports on the audited annual accounts; and
- The committee will review and approve the Annual Governance Statement which will be presented for approval to the IJB.

Risk

7.2. The Chief Officer will be responsible for establishing the IJB's risk strategy and profile and developing the risk reporting arrangements, including a risk register. The risk management strategy will be approved by the IJB and reviewed by the IJB Audit and Risk Committee.

Insurance

7.3. The IJB will join the NHS CNORIS scheme which will provide the IJB with the appropriate insurance cover. This insurance scheme will only cover the IJB, its professional advisors and Council or NHS officers who have been requested by the IJB to provide specific advice or services to the IJB. NHS Lothian and City of Edinburgh Council in delivering functions as directed by the IJB will ensure that the appropriate clinical and liability insurance is in place.

8. STRATEGIC PLANNING GROUP

8.1. The IJB will set up a Strategic Planning Group which will prepare a strategic plan as directed by the 2014 Public Bodies (Joint Working) Act and subsequent regulations;

8.2. This Strategic Plan will include a financial plan (and any other financial information as directed by regulations). The Chief Finance Officer will support the production of this financial plan in line with these financial regulations; and

8.3. The IJB will approve the Strategic Plan and the resources committed by it to delivering the functions delegated to the IJB as laid out in the Integration Scheme.

Directions to the Council and to the Health Board

8.4. The Public Bodies (Joint Working) Act 2014 lays out in sections 27 to 28 that an IJB will give directions to a constituent authority to carry out the functions delegated to that IJB. The provenance for these directions being the IJB's agreed strategic plan. Directions must specify the payment to be made (or the element of the set aside budget to be used as appropriate) and to regulate the manner in which the function is carried out:

- The IJB will agree a policy and a format for directions made as above;
- Directions will flow from the IJB's approved strategic plan;
- Directions will be authorised by the Chief Officer or, in the absence of the Chief Officer by the Chief Finance Officer; and
- All directions will be reported to the IJB at least annually.

9. DELEGATED AUTHORITY

9.1. Through its directions to the Council and the Health Board (as appropriate), the IJB will delegate financial resources for the delivery of the delegated functions. The Council and the Health Board will apply their own financial regulations as part of the undertaking of any direction issued by the IJB.

9.2. The Council and the Health Board may not, without the specific approval of the Chief Finance officer vire funds between individual directions unless there is a specific protocol for financial risk management agreed as part of the direction.

9.3. If a protocol for financial risk management is drawn up between the IJB and the Council or the Health Board (as appropriate) and/or between the IJB and other IJBs, then this will be agreed by the IJB prior to the direction being issued.

10. CORPORATE GOVERNANCE

10.1. The public sector has adopted corporate governance principles which, in the context of an IJB, are about how it conducts its business and relates to its community. Corporate governance is about openness, integrity and accountability.

10.2. The six principles of Corporate Governance are:

- Focusing on the purpose of the IJB and on outcomes for the community and creating and implementing a vision for the area;
- Members and officers of the IJB working together to achieve a common purpose with clearly defined functions and roles;
- Promoting values for the IJB and demonstrating the values of good governance through upholding high standards of conduct and behaviour;
- Taking informed and transparent decisions which are subject to effective scrutiny and managing risk;
- Developing the capacity and capability of members and officers to be effective; and
- Engaging with local people and other stakeholders to ensure robust public accountability.

10.3. The IJB is expected to demonstrate that its local Code of Corporate Governance is available to be viewed by all stakeholders, partners and members of the public. Audit Scotland expects the IJB to have robust corporate governance procedures in place. A code of corporate governance will be prepared and agreed by the IJB.

10.4. The Local Code of Corporate Governance is approved by the IJB and scrutinised by the Audit Committee. The IJB will receive an annual report from the Chief Officer on compliance with the Code and whenever the Code requires to be updated.

10.5. The annual report coincides with the publication of the annual accounts and performance information, which will include an annual governance statement, signed by the Chief Officer and the Chair of the of the IJB.

10.6. The basis of the annual governance statement will be an overview and opinion on the IJB's arrangements contained in the approved Local Code.

10.7. The IJB will submit an annual performance report every year as laid out in regulations. This will be prepared by the Chief Officer and presented to the IJB for approval prior to submission.

11. ECONOMY, EFICIENCY AND EFFECTIVENESS (BEST VALUE)

11.1. The Chief Officer will ensure that arrangements are in place to maintain control and clear public accountability over the public funds delegated to the IJB. This will apply in respect of:

- the resources delegated to the IJB by the Council and the NHS; and
- the resources paid to the Council and the NHS by the IJB for use as directed and set out in the strategic plan.

11.2. The IJB has a duty to put in place proper arrangements for securing best value in the use of resources and delivery of services. There will be a process of strategic planning with full Board member involvement, in order to establish the systematic identification of priorities and realisation of best value in the delivery of services. It is the responsibility of the Chief Officer to deliver the arrangements put in place to secure best value and to co-ordinate policy in regard to ensuring that the IJB provides best value.

11.3. The IJB will follow best practice principles as set out in the Code of Guidance on Funding External Bodies and Following the Public Pound and this will be incorporated into the directions made by the Integration Joint Board.

12. OBSERVANCE OF FINANCIAL REGULATIONS

Responsibility of Chief Officer and Chief Finance Officer

12.1. It is the duty of the Chief Officer, assisted by the Chief Finance Officer, to ensure that these financial regulations are made known to the appropriate persons within the IJB and the partnership and to ensure that they are adhered to.

Breach of Regulations

12.2. A breach of these financial regulations must be reported immediately to the Chief Officer, who may then discuss the matter with the NHS's Chief Executive, the Council's Chief Executive or another nominated or authorised person as appropriate to decide what action to take.

Review of Financial Regulations

12.3. These financial regulations shall be the subject of regular review by the Chief Finance Officer, and where necessary, subsequent adjustments will be submitted to the IJB for approval.

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REPORT

Appointments to the Edinburgh Integration Joint Board and Committees

Edinburgh Integration Joint Board

17 August 2021

Executive Summary	The purpose of this report is to inform the Board of changes to membership.

Recommendations	It is recommended that the Edinburgh Integration Joint Board: 1. Notes that the NHS Lothian Board has agreed to re-appoint Richard Williams as a voting member of the Joint Board, with effect from 1 August 2021. 2. Notes that the NHS Lothian Board has agreed to appoint Siddharthan Chandran as a voting member of the Joint Board, with effect from 1 August 2021. 3. Appoints Siddharthan Chandran as a voting member of the Strategic Planning Group and the Performance and Delivery Committee. 4. Appoints Emma Reynish as a non-voting member of the Joint Board and to the Performance and Delivery Committee. 5. Re-appoints Ian McKay and Jacqui Macrae as non-voting members of the Joint Board.

Directions

Direction to City of Edinburgh Council, NHS Lothian or both organisations		✓
	No direction required	✓
	Issue a direction to City of Edinburgh Council	
	Issue a direction to NHS Lothian	
	Issue a direction to City of Edinburgh Council and NHS Lothian	

Report Circulation

This report has not been considered elsewhere.

Main Report

1. The Joint Board is responsible, in line with section 3 of the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 (the Order), for appointing non-voting members to the Board. The City of Edinburgh Council and NHS Lothian are responsible, under the same Order, for appointing their own members to the Joint Board.

2. In line with section 7 of the Order, the term of office of a member of the Joint Board is not to exceed three years, but members can be reappointed for a further term of office.

3. Richard Williams' current term of office ended on 31 July 2021 and the NHS Lothian Board has agreed that he be re-appointed as a voting member of the Joint Board, with effect from 1 August 2021. Formal confirmation of this has been received from the Chair of the NHS Lothian Board.

4. Nancy McKenzie resigned as a voting member of the Joint Board on 30 July 2021. The NHS Lothian Board has appointed Siddharthan Chandran as a voting member to replace her, with effect from 1 August 2021. It is also recommended that Siddharthan Chandran be appointed to the Strategic Planning Group and the Performance and Delivery Committee to fill the vacancies on these committees.

5. The term of office of Andrew Coull ended in June 2021. The NHS Lothian Board has nominated Emma Reynish to become a non-voting member of the Joint Board in the capacity of 'registered medical practitioner who is not providing primary medical services', with effect from 27 June 2021. The Joint Board is asked to confirm this

appointment. It is also recommended that Emma Reynish be appointed to the Performance and Delivery Committee as a non-voting member to fill this vacancy.

6. The NHS Lothian Board has also agreed to re-appoint Ian McKay and Jacqui Macrae for further three-year terms as non-voting members of the Joint Board, following the expiry of their current terms of office.

7. If approved, these appointments mean all IJB and committee member positions are now occupied.

Implications for Edinburgh Integration Joint Board

Financial

8. There are no financial implications arising from this report.

Legal / risk implications

9. Failure to appoint Joint Board members and members of the Strategic Planning Group would result in the Joint Board failing to meet the requirements of the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Act 2014 and the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014.

10. Equality and integrated impact assessment

11. There are no equalities implications arising from this report.

Environment and sustainability impacts

12. There are no environment or sustainability implications arising from this report.

Quality of care

13. Not applicable.

Consultation

14. None.

Report Author

Judith Proctor

Chief Officer, Edinburgh Integration Joint Board

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Background Reports

1. Edinburgh Integration Joint Board Governance Report, 21 July 2020
2. Public Bodies (Joint Working) (Scotland) Act 2014
3 Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014
4. Integration Scheme

Edinburgh Integration Joint Board

REPORT

Annual Review of Standing Orders

Edinburgh Integration Joint Board

17 August 2021

Executive Summary	The purpose of this report is to review the IJB's Standing Orders.

Recommendations	It is recommended that the Edinburgh Integration Joint Board agrees: 1. To note that the Standing Orders of the Integration Joint Board remain fit for purpose and to agree that no changes require to be made. 2. To note that the next annual review of the Standing Orders will be presented to the IJB in August 2022.

Directions

Direction to City of Edinburgh Council, NHS Lothian or both organisations		✓
	No direction required	✓
	Issue a direction to City of Edinburgh Council	
	Issue a direction to NHS Lothian	
	Issue a direction to City of Edinburgh Council and NHS Lothian	

Report Circulation

This report has not been considered elsewhere.

Main Report

1. Standing Orders are required by the Integration Joint Board under the Public Bodies (Joint Working) (Scotland) Act 2014 and the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 (No 285).

2. The Standing Orders encourage transparent and accountable decision making with sufficient provisions in place to ensure the smooth running of the Joint Board, including arrangements for such matters as the chairing of the meetings, the notice for the meetings and how voting will be carried out.

3. The current version of the Integration Joint Board's Standing Orders was approved in July 2015, with further amendments approved by the Joint Board to reflect Scottish Ministers' guidance in January 2016, May 2016 and January 2017. The IJB reviews its Standing Orders annually.

4. When the Standing Orders were last reviewed by the Board in August 2020, the Board agreed that they remained fit for purpose and no changes were made.

5. It is also proposed that no changes are made at this review point. The current Standing Orders have been working well while meetings have been held remotely and have sufficient flexibility should circumstances change and the Board resumes physical meetings during the year.

Implications for Edinburgh Integration Joint Board

Financial

6. There are no financial implications arising from this report.

Legal / risk implications

7. Standing Orders are essential to the efficient running of the Board's meetings and are a key component of ensuring good governance controls are in place.

Equality and integrated impact assessment

8. There are no equalities implications arising from this report.

Environment and sustainability impacts

9. There are no environment or sustainability implications arising from this report.

Quality of care

10. Not applicable.

Consultation

11. None.

Report Author

Judith Proctor

Chief Officer, Edinburgh Integration Joint Board

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Background Reports

12. Standing Orders for The Proceedings and Business of the Integration Joint Board

13. Public Bodies (Joint Working) (Scotland) Act 2014

14. Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014

15. Integration Scheme

Appendices

None.

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Edinburgh Integration Joint Board

REPORT

Committee Update Report

Edinburgh Integration Joint Board

17 August 2021

Executive Summary	The purpose of this report is to provide the Edinburgh Integration Joint Board with an update on the business of all Committees in June and July 2021.

Recommendations	It is recommended that the Edinburgh Integration Joint Board: 1. Notes the work of the Committees.

Report Overview

1. This report gives an update on the business of the committees covering June and July 2021. This report has been compiled to support the Edinburgh Integration Joint Board (EIJB) in receiving timeous information in relation to the work of its committees and balances this with the requirement for the formal note of committees to have undertaken due process and agreement by those committees. All reports are stored in the EIJB document library for information.

Performance and Delivery Committee – 09 June 2021

2. **Review of Reserve's Policy** - the committee were presented with a report which set out the outcome of the review on the EIJB's reserves policy.
3. **Review of Financial Regulations -** the committee were presented with a report which set out the outcome of a review of the Financial Regulations and also set out the respective responsibilities of the Chief Officer and the Chief Finance Officer.
4. **Financial Update -** the committee were presented with a report which updated the committee on the year end financial position.

5. **Savings and Recovery Programme -** the committee were presented with a report which updated the committee on the year end position for the 2020/21 Savings and Recovery Programme.

Futures Committee – 10 June 2021

6. **High Level Strategy Update –** the committee were presented with a presentation on the development of the Strategic Plan.
7. **Future Deep Dive into the Futures Programme -** the committee discussed future agenda items to consider at the Futures committee.
8. **Future look at Primary Care Edinburgh -** the committee were provided with a presentation focussing on a deep dive into different aspects of Primary Care throughout Edinburgh.

Audit and Assurance Committee – 11 June 2021

9. **EIJB Unaudited Annual Accounts for 2020/21 –** the committee were provided with a report which presented the EIJB Unaudited Annual Accounts for 2020/21 for scrutiny.
10. **EIJB Risk Register –** the committee were provided with the most up to date EIJB Risk Register for consideration.
11. **Internal Audit Update for the period 12 January – 1 May 2021 –** the committee were provided with a report which provided detail of the Internal Audit Assurance Activity on behalf of the EIJB.
12. **Update on Progress with Implementation of Internal Audit Recommendations –** the committee were provided with a report on the progress of EIJB internal audit actions.
13. **Internal Audit: Overdue Findings and Key Performance Indicators as at 10 February –** the report was referred from the Governance, Risk and Best Value Committee. The committee noted the Internal Audit Overdue Findings and Key Performance Indicators as at 10 February 2021.
14. **Internal Audit Charter 2021/22 –** the committee were provided with a report which presented the revised draft Internal Audit Charter for 2021/22.

Clinical and Care Governance – 28 June 2021

15. **Self Directed Support (SDS)** – the committee were provided with an overview on the delivery of SDS within the EHSCP
16. **Edinburgh Joint Carers Strategy** – the committee were provided with an overview of the implementation of carer priority areas and the development of the outline performance and evaluation framework
17. **Care Home Update** - the committee were provided with a verbal update on the ongoing work within care homes in Edinburgh.
18. **Health and Safety** – the committee were asked to note that a report would be presented at the next committee.
19. **Annual Assurance Statement** - the committee were asked to note that the statement would now go to the Audit and Assurance Committee

Performance and Delivery Committee – 28 July 2021

20. **Annual Performance Report 2021-21** – the committee were provided with the draft EIJB Annual Performance Report 2021-21 prior to going to EIJB in October.
21. **Performance Report** – the committee were provided with an overview of the activity and performance of the Edinburgh Health and Social Care Partnership from March 2021 onwards.
22. **Performance Framework** - the committee were provided with an overview of the proposed framework to measure performance against our new strategic plan 2022-2025.
23. **Directions Tracker** – the committee were provided with an update on the progress of directions.
24. **Finance update** – the committee were provided with an update on the financial performance of delegated services for the first 3 months of the financial year.

Forward Planning – August - October 2021 Committee Update Report

25. Strategic Planning Group – 18 August
26. Audit and Assurance Committee – 20 August

27. Performance and Delivery Committee – 13 October

Report Author

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Edinburgh Integration Joint Board

Minutes

IJB Audit and Assurance Committee

10.00am, Friday 11 June 2021

Virtual Meeting, Microsoft Teams

Present:

Councillor Phil Doggart (Chair), Andrew Coull, Councillor George Gordon, Martin Hill and Peter Murray.

Officers: Matthew Brass (Clerk), Laura Calder (Principal Audit Manager), Helen Elder (Executive Assistant), Rachel McLean (NHS Lothian), Lesley Newdall (Chief Internal Auditor), Moira Pringle (Chief Finance Officer), Angela Ritchie (Operations Manager, EHSCP)

Apologies: Kirsten Hey.

1. Minutes.

The minute of the Audit and Assurance Committee of the 29 January 2021 was presented for approval as a correct record.

Decision

To approve the minute as a correct record.

2. Annual Cycle of Business

The annual cycle of business was presented to Committee.

Decision

To note the Annual Cycle of Business.

(Reference – Annual Cycle of Business, submitted.)

3. Outstanding Actions

The outstanding actions up to June 2021 were presented to committee.

Decision

1) To agree to close Action 4(1) – Integration Joint Board Records Management Plan Update.

2) To otherwise note the remaining outstanding actions.

(Reference – Outstanding Actions, submitted)

4. Edinburgh Integration Joint Board Unaudited Annual Accounts for 2020/21

The Edinburgh Integration Joint Board's (EIJB) unaudited annual accounts for 2020/21 were presented to Committee for scrutiny. The accounts were presented alongside three pieces of information that were not available at the time of drafting;

1) Management commentary is to be updated to reflect the final performance report, and will be done before the end of July 2021;

2) An amendment to the Governance Statement to reflect the final internal audit opinion will be presented at the August committee, and;

3) Due to technical accounting issues, the cost of PPE should now sit in the books of the relevant authorities. The EIJB were waiting to hear from National Services Scotland (NSS) on the expected costs of the PPE.

Members sought clarity on the last point and raised concerns over how the costs of PPE would impact the accounts, however, assurance was given that both the costs and funding will be delegated to authorities, meaning the cost of PPE should remain balanced.

Members also expressed concerns over the expenditure in delegated services, and agreed to take discussions offline with officers to determine whether the IJB are fulfilling their responsibilities in spending for delegated services.

Moving forward, members noted that the unaudited annual accounts as submitted to the auditor need to be considered before the end of August, with the aim to approve them by the end of September and subsequently publish them by the end of October.

Decision

1) To consider the draft financial statements submitted.

2) To note the proposed timescale for completion.

(Reference – Report by the Chief Finance Officer, Edinburgh Integration Joint Board, submitted)

5. Edinburgh Integration Joint Board Risk Register

Committee were updated on the activity to manage, mitigate and escalate risks through the presentation of the EIJB's Risk Register. The Register had been further developed by officers since the last meeting of the committee, and members were presented with these changes as well as the outstanding risks.

Members were also presented with – and supportive of – the new governance process adopted for scrutinising risks by the Executive Management Team (EMT).

The main area of concern for members was the target risk associated with Risk 1.3, which was set at high. Members wanted to see a more ambitious target set after concerns were expressed surrounding the effect of having a high risk attached to the delivery of delegated services which could in turn affect the delivery of the Strategic Plan.

Members expressed thanks to Julie Tickle for the clear and concise manner in which the Register was presented, which allowed it to be easily understandable for members, the public and service users.

Decision

1) To note the further development of the Risk Register with the adoption of a new process to ensure regular Executive Management Team (EMT) involvement in assessing and managing risks.
2) To consider the updated risk profile cards for 'medium' and 'high' level risks noting that these have been reviewed by the Executive Management Team in May 2021.
3) To determine if the mitigating controls identified against these current risks are adequate.
4) To consider the need for further risks to be added to the register.
5) To record Committee's thanks to Julie Tickle for the production of the Register.
6) To include the concerns surrounding the target risk of Risk 1.3 in the referral report for the EIJB, and to also bring these concerns up at the next EMT review of risks.

(Reference – Report by the Chief Finance Officer, Edinburgh Integration Joint Board, submitted)

6. Internal Audit Update for the Period 12 January 2021 – 1 May 2021

The progress of the Internal Audit (IA) assurance activity on behalf of the EIJB performed by the EIJB's partners was presented to Committee. The

report updated members on the progress of the delivery of the IA Annual Plan 2020/21, which included the status of IA findings, as well as specific insights into high rated findings and the progress of the refresh of EIJB Principles.

Members expressed concerns over the age of overdue findings, and asked officers what would be considered tolerable in terms of an acceptable overdue date. Officers noted that IJB's nationwide face similar challenges as there are multiple uncontrollables that can affect these dates, including projects being scrapped, change in personnel/management and more recently the Pandemic. Although it was noted there was still work to be done, officers assured members there had been definite progress.

Members also questioned the layout of the report alongside the reports on Overdue Findings and Key Performance Indicators and the report on the Implementation of IA Recommendations. The information presented was complex and often the reports contained information that was not applicable to the EIJB. Moving forward, officers assured members that efforts would be made to bring a more holistic approach to the committee that incorporated the relevant aspects of this report, the Implementation of IA Recommendations and the referral reports from GRBV.

Decision

1) To note progress with the delivery of the EIJB 2020/21 IA plan.
2) To note the outcomes of the recently completed Financial Management audit and planned completion timeframes for the Management Information audit.
3) To note progress with the implementation of agreed management actions to support the closure of EIJB IA findings raised.
4) To note that management actions have now been provided and agreed for the Infrastructure and Support – Integration Scheme audit originally completed in August 2019.
5) To note progress with the refresh of the engagement Principles and the IA assurance approach.
6) To refer the report to the Council's Governance, Risk and Best Value Committee and NHS Lothian's Audit and Risk Committee for their information as a number of the open EIJB IA findings relate to operational service delivery for the Health and Social Care Partnership by the Council and NHS Lothian.
7) To request that the Chief Internal Auditor produces a consolidated report for the November meeting that incorporates what will be the equivalent of this report, the Implementation of Internal Audit

Recommendations Report and the Overdue Findings and Key Performance Indicators Referral Report.

8) To request the Chief Internal Auditor provides members with a note on either the progress of organising a meeting between all CIAs at the Lothian IJBs and NHS Lothian, or a note on the outcome of the meeting itself.

(Reference – Report by the Chief Internal Auditor, submitted)

7. Update on Progress with the Implementation of Internal Audit Recommendations

An update on the progress of closing off Edinburgh Integration Joint Board Internal Audit actions was presented to Committee.

Members were encouraged by the fact that, since the last committee meeting, 11 management actions had been closed. Of the 15 remaining outstanding actions, 12 were noted to be on track for delivery, and the remaining 3 had been delayed due to the reshape of the Council's Finance and Social Care Transactions team.

Decision

1) To note the status of the outstanding Integration Joint Board actions.
2) To agree to include any future updates (where appropriate) in the Chief Internal Auditor's update report.

(Reference - Report by the Chief Finance Officer, Edinburgh Integration Joint Board, submitted)

8. Internal Audit Overdue Findings and Key Performance Indicators as at 10 February 2021

A referral report from the Council's Governance, Risk and Best Value Committee on the progress of IA Overdue Findings and Key Performance Indicators as at 10 February 2021 was presented to the Committee.

Members noted the progress that had been made against the overdue findings, but noted difficulties in extracting the relevant points from the report specific to Health and Social Care. As agreed previously, a more holistic approach between reports that identified the points most relevant to the EIJB would be brought to the November meeting.

Decision

To note the report.

(Reference – Report by the Chief Internal Auditor, submitted)

9. Internal Audit Overdue Findings and Key Performance Indicators as at 27 April 2021

A referral report from the Council's Governance, Risk and Best Value Committee on the progress of IA Overdue Findings and Key Performance Indicators as at 27 April 2021 was presented to the Committee.

Decision

1) To note the report.
2) For the Chair to discuss with the Convenor of the Governance, Risk and Best Value Committee the appropriateness of referring the report in full to Audit and Assurance.

(Reference – Report by the Chief Internal Auditor, submitted)

10. Internal Audit Charter 2020-21

The revised Internal Audit Charter for 2020-21 was presented to the Committee for their approval on behalf of the Edinburgh Integration Joint Board. The Charter defined the purpose, authority and responsibility of Internal Audit as per the specifications of the Public Sector Internal Audit Standards, and provided what was essentially the operational terms of reference agreed between this Committee (on behalf of the EIJB) and the partner organisations (CEC and NHSL).

Members were supportive of the revised Charter and welcomed the opportunity to refer it to both the CEC and NHSL to confirm support for its delivery.

Members expressed concerns over the process of escalating actions if they were not fulfilled. Although officers noted valid concerns in that area and noted that the escalation process may need to be revisited in the future, the process was not suitable to be included in the Internal Audit Charter.

Decision

1) To review, approve and sign the refreshed 2021/22 IA Charter.
2) To refer the approved Charter to both the Council's Governance, Risk and Best Value Committee, and the NHS Lothian Audit and Risk Committee, with a request that it is signed by the Convenor's of the respective committees to confirm that both partner organisations will support the delivery of the 2021/11 EIJB IA annual plan and opinion in line with the authority delegated by the EIJB to IA.

(Reference – Report by the Chief Internal Auditor, submitted)

11. Internal Audit Annual Plan 2021-22

The draft Internal Audit Annual Plan for the financial year 2021-22 was presented to Committee for their approval. The report proposed a framework designed to manage the EIJB's most significant risks, as well as a general plan that focused on the governance, risk and controls within the EIJB.

Members were supportive of the Plan but questioned whether there was the capacity to deliver each aspect. Officers assured members that Internal Audit themselves have capacity and the Executive Management Team's agreement to the Plan prior to its presentation to Committee confirmed their capacity. Members noted that, if there were significant changes that would shift capacity, for example, another high wave of Covid, then the Plan could be revised.

Decision

1) To review and approve the 2021/22 Internal Audit Plan and supporting risk assessment.
2) To note the costs (£60k) associated with delivery of IA services by the Council to the EIJB (further detail is included at paragraph 11 of the report).
3) To refer the approved EIJB IA Plan to the Council's Governance, Risk and Best Value Committee, and the NHS Lothian Audit and Risk Committee for information.

(Reference – Report by the Chief Internal Auditor, submitted)

12. Valedictory Remarks

The Chair gave thanks to Andrew Coull who had stepped down from his membership of the Edinburgh Integration Joint Board and the Committees and wished him well in the future.

13. Date of next Meeting

Friday 6 August 2021 via Microsoft Teams.

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Edinburgh Integration Joint Board

Minute

IJB Clinical and Care Governance Committee

10.00am, Monday 28 June 2021
Microsoft Teams

Present:

Richard Williams (Chair), Councillor Robert Aldridge, Helen FitzGerald, Councillor George Gordon, Martin Hill and Allister McKillop.

In attendance: Nikki Conway, Tom Cowan, Helen Elder, Jon Ferrer, Deborah Mackle, Katie McWilliam, Sarah Stirling and David White.

Apologies: Jacqui Macrae and Ian McKay.

1. Minutes

Decision

To approve the minute of the meeting of the Clinical Care and Governance Committee held on 16 March 2021 as a correct record.

2. Rolling Actions Log

Decision

To note the outstanding actions.

(Reference – Rolling Actions Log, submitted)

3. Work Programme

Decision

To note the work programme.

(Reference – Work Programme, submitted)

4. Self Directed Support Update

An update was provided on the delivery of the Self Directed Support (SDS), including information on the legal duties and responsibilities of local authorities to assess and identify where a person may be in need of social care services. Once a person requiring support had been identified, they would be offered four options for support from the local authority, and this would be determined in collaboration with the person. The breakdown and financial value of the four options were included in the report.

Members raised questions on the levels of risk and oversight with officers providing assurance that Edinburgh Health and Social Care Partnership (EHSCP) policy set out the detail of the four criteria and that robust conversations would be held with the individual under consideration, focusing on a person-led approach to fit the individual's needs. 650 assessors had been trained on how to hold conversations and eligibility criteria was broad to ensure that as many people as possible would have access to this support. Initial contact with the individual, through a phone call to the service, would determine whether they met the baseline criteria so that they could then be brought for assessment to sort them into one of four categories of risk: critical, substantial, moderate or low, with the former two being supported by EHSCP policy.

Concerns were raised regarding the lack of evidence of effective outcomes which members felt were particularly important for a clinical governance committee to have sight of in order to be able to provide assurance to the Edinburgh Integration Joint Board (EIJB). Going forward, it was felt that the committee required sight of the policies mentioned in the report and evidence that outcomes were being met, with Richard Williams agreeing to meet with officers to determine the best method for reporting this back.

Decision

1) To note the report.

2) To agree that Richard Williams would meet with Nikki Conway to determine the method of reporting back effective outcomes to the committee.

3) To agree that Councillor Gordon, Tom Cowan and Nikki Conway would meet to discuss his personal experience as a carer.

4) To provide benchmarking data comparing Edinburgh to other local authority areas on the proportion of uptake of the four support options.

5) To provide sight of the relevant policies as referred to in the report.

(Reference – Report by the Head of Operations, EHSCP, submitted).

5. Edinburgh Joint Carers' Strategy 2019-2022: Strategic Key Performance Indicators

In August 2019 the EIJB approved the Edinburgh Joint Carers' Strategy (EJCS) 2019-2022. To deliver enhanced carer supports, contracts were awarded by the City of Edinburgh Council's (CEC) Policy and Sustainability Committee in August 2020 to four lead providers, over a period of eight years, with a value of £17m. Information was provided on the implementation of the carer priority areas through the contract awards, focused work streams, and the development of the outline performance and evaluation framework, which would be key to measuring the impact of the additional investment to enhance carer supports.

Concerns were raised on the governance and oversight demonstrated in the report as it was felt that more on outcomes was required, as had been discussed at the previous meeting. Richard Williams acknowledged that more work was to be done on ensuring report authors understood how information should be presented but felt that assurance had been provided in the report through the outline of procedures for the awarding and the evaluation of contracts, the focused workstreams and the development of outcome and evaluation frameworks. Going forward, a statement was required on the level of governance the author felt was demonstrated in their report to provide assurance to the committee. The relationship between the Care and Clinical Governance Committee and the Performance and Delivery Committee was highlighted to be crucial in ensuring this reporting process was robust.

Decision

1) To note the report.

2) To provide the EIJB briefing from January on providers within the contract award.

3) To provide an explanation of Community Benefits as at para 21 of the report.

4) To agree that Richard Williams would consider the presentation of reports going forward to ensure they would meet the committee's assurance needs.

(References – Edinburgh Integration Joint Board of 24 August 2019 (item 4); Policy and Sustainability Committee of 20 August 2020 (item 17); Report by the Head of Operations, EHSCP, submitted).

6. Care Homes Update

Decision

To note that an update would be provided to the next meeting of the Care and Clinical Governance Committee.

7. Health and Safety

Decision

To note that an update would be provided to the next meeting of the Care and Clinical Governance Committee.

8. Annual Assurance Statement

Decision

To note that the draft assurance statement would be presented to the Audit and Risk Committee after the Care and Clinical Governance Committee.

9. Flu and Covid Vaccination Programme Update

The committee agreed to consider an additional update on the flu and covid vaccination programme.

David White provided a verbal update which outlined that the flu campaign had been expanded to include covid-19 booster vaccines. As a result, the timescales had changed and the initial target group had increased from approximately 130k with an expected uptake of 60%, to 230k with an expected uptake of 90%, marking a significant difference. To manage these numbers substantial delivery of vaccines was required with a planned seven days a week programme to be run at the Lowland Hall Showground, augmented by 11 walkthrough clinics using covid vaccination venues and two drive by venues.

Two major uncertainties flagged were that the government had not yet confirmed whether covid and flu vaccines would be delivered together – the service was currently working on the assumption that they would – and that the dates of the campaign remained uncertain, although a certain degree of uncertainty was expected with the flu campaign. Moderate assurance was given to members as planning was underway to fully understand the process and challenges to arise from the logistics and delivery of vaccines, while awaiting confirmation of timescales and NHS support. A formal paper on the Edinburgh implementation of the national plan would be provided in due course.

A question was raised on the large proportion of transient population due to Edinburgh being a university city and whether there were any major problems or slowdown of programme that would result from connecting with these students. David White provided assurance that, while the student population was approximately 60k, roughly 30k more than the average for a population of Edinburgh's size, the campaign was aware that a large number of these students came within the university practice and the Riccarton practice. This would be another logistical challenge but would not impede implementation of the programme.

Decision

To note the update.

10. Edinburgh Alcohol and Drugs Partnership Update

The committee agreed to consider an additional point on the Edinburgh Alcohol and Drugs Partnership.

Martin Hill raised that there had been changes to the governance of the Edinburgh Alcohol and Drugs Partnership which had been outlined in a helpful briefing note by Tony Duncan. He felt that it was reasonable for the committee to request care and clinical governance arrangements for the Edinburgh Alcohol and Drugs Partnership so that these could be reviewed in light of perceived poor performance in relation to a client group as this would sit under the committee's remit.

Decision

To request that Linda Irvine-Fitzpatrick and Colin Beck would provide an assurance framework for mental health services to a future meeting of the committee.

11. Date of Next Meeting

The date of the next meeting was noted to be 5 August 2021 via Microsoft Teams.

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Minute

IJB Performance and Delivery Committee

10.00am, Wednesday 9 June 2021

Microsoft Teams

Voting Members:
Councillor Phil Doggart, Nancy McKenzie and Richard Williams (Acting Chair).

Non-Voting Members:
Colin Beck, Helen Fitzgerald and Ruth Hendery

In Attendance:

Matthew Brass (Clerk)
Ian Brooke (EVOC)
Philip Brown (CEC Strategy & Communications)
Tom Cowan (Head of Operations, EHSCP)
Tony Duncan (Head of Strategic Planning, EHSCP)
Helen Elder (Executive Management Support, EHSCP)
Graeme McGuire (NHS Lothian – Assistant Finance Manager)
Susan McMillan (Performance and Evaluation Manager, EHSCP)
Moira Pringle (Chief Finance Officer, IJB)
Kellie Smith (Programme Manager, EHSCP)
David Walker (CEC Senior Accountant)

Apologies:

Councillor Melanie Main and Angus McCann.

1. Minute

The minute of the Performance and Delivery Committee from 14 April 2021 was presented for approval and any matters arising.

Decision

1) To approve the minute as a correct record.
2) To record Ruth Hendery's comments on the Transitions Briefing Note which included the inclusion of education throughout the report as well as the potential for Integrated Impact Assessments to include Special School Staff.

2. Work Programme

The Work Programme for April 2021 was presented to Committee.

Decision

1) To note the Work Programme.
2) To note that, going forward, any amendments to the Work Programme would be presented to Committee in an appropriate manner.

(Reference – Work Programme, submitted).

3. Outstanding Actions

The Outstanding Actions updated for this meeting were submitted.

Decision

1) To agree to close the following outstanding actions:
    a. Action 4 – Mental Health Services – Planning and Operational Arrangements.
    b. Action 5 (1) (2) – Savings and Recovery Programme 2020-2021 Update.
    c. Action 6 (2) – Performance Report.
2) To note the remaining outstanding actions.

(Reference – Outstanding Actions, submitted).

4. Finance Update – 2020/21 Outturn

The Chief Finance Officer presented to Committee the year end financial position for 2020/2021. The report gave an updated version from previous Committee reports now that both NHS Lothian and the City of Edinburgh Council had closed their books for the year.

Members noted the year end position and expressed concerns over specific aspects of the report, namely;

1. The large variance between the budget and actual expenditure on community equipment, with the report stating a 57% difference in this figure, and;
2. Staff vacancies.

Officers noted concerns over the spending on community equipment, and recognised that this had been a trend over the last few years as efforts increased to support an aging population from home rather than in hospital. The equipment provided was also noted to range in price significantly, whether it be walking sticks or specialist beds, it was noted that a potential significant variance between costs and budget may be incurred over only a small number of pieces. Members were encouraged that, moving forward into the 2021/22 financial year, that revisions were to take place on equipment spending.

Although the potential surplus of £1m was reported for the year end (subject to audit) members noted that this should not necessarily be seen as a positive when money had been saved through staff vacancies. Both members and officers agreed that the necessity to relieve existing staff of additional pressures by recruiting was paramount to the performance of services.

Decision

1) To note that, subject to audit, a surplus of £1.0m is reported for the 2020/21 financial year.
2) To note the Integration Joint Board will carry reserves totaling £25.3m into 2021/2, £24.4m of these reserves will be earmarked for specific purposes and the final £1.0m will be general reserve.

(Reference – Report by the Chief Finance Officer, Edinburgh Integration Joint Board, submitted)

5. Savings and Recovery Programme Update

Committee were presented with an update on the year end position for the 2020/21 Savings and Recovery Programme. The reported progress across all projects since the last committee update in January was presented, with 11 having fully achieved their savings, close reports for 4 have been submitted and logged with the Savings Governance Board, and the delivery of the remaining projects and their savings had been impacted to varying degrees by the pandemic.

Members expressed concerns over the closed project plans that had been closed as a result of a slippage rather than the original plan completed in full. The example used from the report was the Carers Investment, which was noted to have realised it’s full savings but only after the slippage as a result of the pandemic. Officers were in agreement that, moving forward, they’d welcome more scrutiny of the closure process.

Members also questioned the positioning of the paper in regard to the Performance and Delivery Committee, and how the paper – which appeared to only focus on financial review – incorporated the performance of services. Officers addressed concerns and suggested that it is dependent on what lens you viewed the information through. The example of staff vacancy figures was cited – although the

report detailed the financial savings of having staff vacancies, members viewed the financial savings as a potential problem on the delivery of services.

Decision

1) To note the end of year position and agree the closure of the 2020/21 Savings and Recovery Programme.
2) To note the plans in place to support the delivery of recurring savings as part of the 2021/22 Savings and Recovery Programme.
3) To present the 2021/22 Purchasing and Policy Implementation and Development projects to the committee quarterly alongside the Savings and Recovery programme updates (as detailed in the work programme) unless given exceptional circumstances where the projects require urgent attention.

(Reference – Report by the Chief Finance Officer, Edinburgh Integration Joint Board, submitted)

6. Review of Reserves Policy

A review of the Edinburgh Integration Joint Board's reserves policy was presented to Committee, which updated members on the outcome of the review taken annually in line with good practice.

Decision

1) To agree the updated policy.

(Reference – Report by the Chief Finance Officer, Edinburgh Integration Joint Board, submitted)

7. Financial Regulations

The outcome of the review of the Financial Regulations was presented to Committee. The Regulations detail the responsibilities of the Integration Joint Board for its own financial affairs. The Regulations also set out the respective responsibilities of the Chief Officer and Chief Finance Officer.

Members were supportive of the proposed transition from a City of Edinburgh Council model approach of having high-level set financial regulations and more detailed financial rules, to a more tailored approach for the EIJB, who – as a service delegator – are not required to have the more detailed directives.

Decision

1) To consider the amended financial regulations as laid out in the Appendix.
2) To recommend these to the IJB for adoption.

(Reference – Report by the Chief Finance Officer, Edinburgh Integration Joint Board, submitted)

8. Performance and Delivery Committee Annual Assurance Process 2020-21

A summary of member's responses to the Annual Assurance survey for 2020/21 was presented to the committee. The report compiled each member's response to the survey which was designed as a vehicle to assure the Audit and Assurance Committee – and subsequently the Board – of the work undertaken, outputs and any issues arising over the last year of business for the Performance and Delivery Committee.

Members agreed that the survey responses were not the ideal approach to forming a governance assurance statement from the committee and expressed concerns over the personal comments included throughout the responses.

Members also agreed that the layout of the survey response was not a suitable format for a governance statement, and the 'committee objectives', 'work undertaken this year' and 'outputs' sections of the survey should form the majority of this - but were currently displaying the least amount of information.

Despite concerns of using the information gathered in an assurance statement for the committee, members noted there was certainly useful information that could fuel conversations required to address gaps or challenges as the committee progresses over the coming years.

Decision

1) To review the process adopted by the committee for developing the Annual Assurance Process, and come up with an approach that better reflects the work undertaken and outputs of the committee over the past year.
2) To consider addressing the issues raised through member responses in an appropriate manner.

(Reference – Report by the Chair, Performance and Delivery Committee, submitted)

9. Date of Next Meeting

Wednesday 28th July 2021.

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Edinburgh Integration Joint Board

Minute

IJB Futures Committee

10am, Thursday 10 June 2021

virtual meeting by MS Teams

Present:

Angus McCann (Chair), Heather Cameron and Peter Murray.

In attendance: Amegad Abdelgawad, Sam Abushal, Bridie Ashrowan, Carl Bickler, Matthew Brass, Peter Cairns, Catriona Drummond, Tony Duncan, Christine Farquhar, Karin Innes, Ramon McDermott, Eileen McGuire, Susan McMillan, Chris Miller, Catriona Morton, Jay Sturgeon and David White.

Apologies

Councillor Ricky Henderson, Ian Mackay and Councillor Melanie Main.

1. Minute

The minute of the Futures Committee meeting held on 10 February 2021 was submitted for noting.

Decision

To approve the minute as a correct record.

2. Annual Cycle of Business

The Annual Cycle of Business was presented to the Committee.

Decision

To note the annual cycle of business.

(Reference – Annual Cycle of Business, submitted).

3. Rolling Actions Log

The Rolling Actions Log (RAL) up to date to June 2021 was presented to the Committee.

Decision

1) To agree to close the following actions:
    - Action 1– Terms of Reference
    - Action 3 – Defining Relationship with EIJB Strategic Planning Group and Pan Lothian Strategic Planning Group.
    - Action 5 (2) (3) – Multimorbidity.
    - Action 6 – Home Care Robots.
    - Action 7 – Climate Change Charter
2) To move Action 1 – Terms of Reference from the RAL to the Annual Cycle of Business.
3) To circulate a briefing note on the progress of Action 2 – Academic Research and then recommend it for closure.

(Reference – Rolling Actions Log, submitted)

4. High Level Strategy Update

Committee were presented with an update on the development of the High-Level Strategic Plan. The presentation updated members on the progress of the strategic directive as well as the progress of the Three Horizon tool.

Members noted the further development of the 'Ends, Ways and Means' framework, as well as the Strategic Context, with the overall ambition to produce the Plan in tandem with the 3-year Strategic Commissioning Plan by March 2022.

Members also noted the development of the Three Horizons approach, with the Horizons set out as the following:

- Horizon 1 – 0-6 years 2022-28: Immediate priorities and expected changes.
- Horizon 2 – 6-18 years 2028-40: Bigger changes that will take time to bed in and preparations for the future.
- Horizon 3 – 18+ years 2040+: Assumptions about the long-term implications of current trends.

Members noted these Horizons and their ambitions and found assurance that the STEEPLED analysis used was clear in creating assumptions on the future planning involved with Horizon 3.

Decision

To note the presentation.

5. Future Deep Dive into Primary Care Edinburgh

Committee were presented with a comprehensive deep dive into different aspects of Primary Care throughout Edinburgh. The presentation focused on four key aspects of health care throughout the city; integration, secondary care, access and the independent contractors' perspective. GP's from across the city were invited to talk to the Committee, each giving views of how Primary Health Care could be improved through the Strategic Plan that were both specific to their practices as well as a general city-wide perspective.

Despite noting progress, members and GPs shared concerns over the same issues, including the availability of strong data across all primary care sectors, access to primary care for users across the city and the strength of digital/IT systems across the city.

Members also questioned the impact of the pandemic on Primary Care, and were reassured that, despite additional pressures, the pandemic has resulted in an improved digital way of working (through phone consultations etc.), an acceleration in working relationships between Practices and services in the city, and an acceleration in the development of data services, with Dataloch being an integral part of this.

Moving forward, members and guests were assured that their concerns would be considered as the Strategy was developed, including the strengthening of data handling between Primary Care, users and third sector/cares.

Decision

To note the presentation.

6. Forward Planning of Futures Committee

The Chair opened discussion on the future of the Futures Committee and what members would like to see moving forward. Members were asked whether they would prefer to continue as a formal committee or to converge into a specialist interest group – open to all IJB members – that would consider presentations like the Futures Deep Dive into Primary Care a few times per year, but in more detail.

Members expressed concerns over the informality of the proposed structure on two fronts;

1. The informal structure may result in low attendance from members.
2. The potential to have a 'so what' feel to meetings, where very useful information is presented to the Committee, but no action is taken as a result due to the decision-making powers coming from a different Committee under different Terms of Reference.

Discussion was intended to help shape suggestions moving forward with the committee structure within the IJB, but no decision meriting action was taken on any member's suggestion.

7. Date of next Committee Meeting

The next meeting was confirmed for Thursday 12 August 2021 to be held virtually via Microsoft Teams.

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