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

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| **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:<br>• The National Intellectual Disability Adolescent Inpatient Unit (NIDAIPU)<br>• An Integrated Mental Health Rehabilitation and Low Secure Centre<br><br>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.<br><br>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.<br><br>4. Edinburgh Health and Social Care Partnership (EHSCP) officers continue to support the REH Programme Board in the furtherment of the business case. |

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| **Recommendations** | It is recommended that the EIJB:<br><br>1. Note the reduction in LD bed numbers from 15 to 10.<br><br>2. Approve the IAs at appendices 1 and 2.<br><br>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

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| 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:

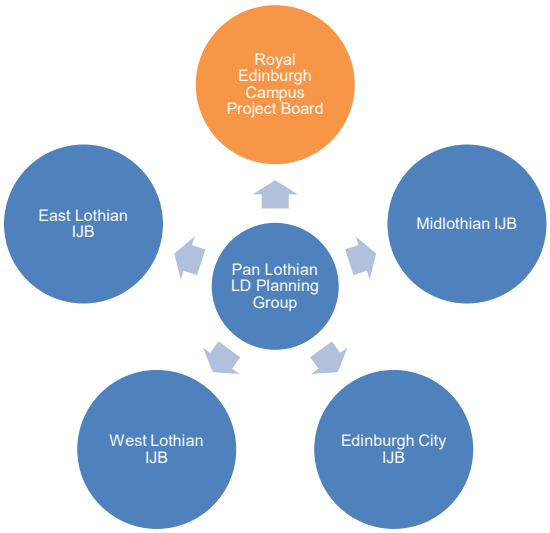
- The Austin Smith Lord report describes that the buildings in which LD services are currently situated are not fit for purpose. Of particular importance for LD patients is robustness and space, a lack of which can lead to a higher level of restrictions for patients and a lack of dignity. Despite multiple 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:

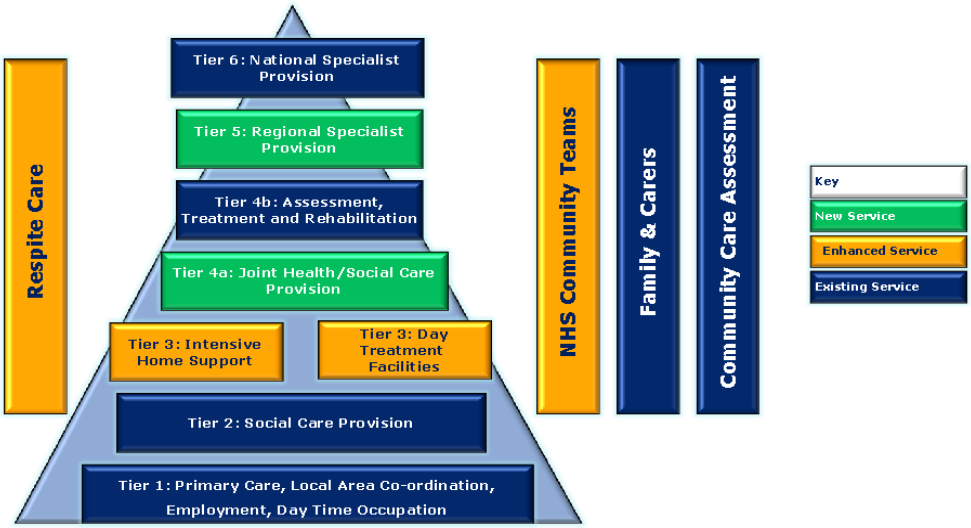
- Primrose Lodge – will be taken over by Midlothian for conversion to a 4 bedded complex physical health facility
- Glenlomond – located directly on the outskirts of the main Royal Edinburgh Campus, potential for future use is being considered by current REAS services
- Camus Tigh – located in Broxburn 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.<br><br>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.<br><br>The ID and NIDAIPU services are refurbished to meet current standards and statuary requirements.<br><br>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.<br><br>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.<br><br>Consistent with the benefits register.<br><br>Newly build Integrated centre comprising of ID and NIDAIPU.<br><br>Delivers on the requirement for NHS Lothian to provide 4 beds for the NIDAIPU<br><br>Bespoke new service where staff want to work<br><br>Optimises energy efficiency and compliance with 0 carbon |
| **Disadvantages (Weaknesses & Threats)** | Non-compliance with several current standards and statutory requirements<br><br>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.<br><br>Lack of additional therapeutic space which would improve patient outcomes.<br><br>Facilities without adequate therapeutic space do not help to attract staff | Some non-compliance with several current standards and statutory requirements<br><br>Lack of additional therapeutic space which would improve patient outcomes.<br><br>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<br><br>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

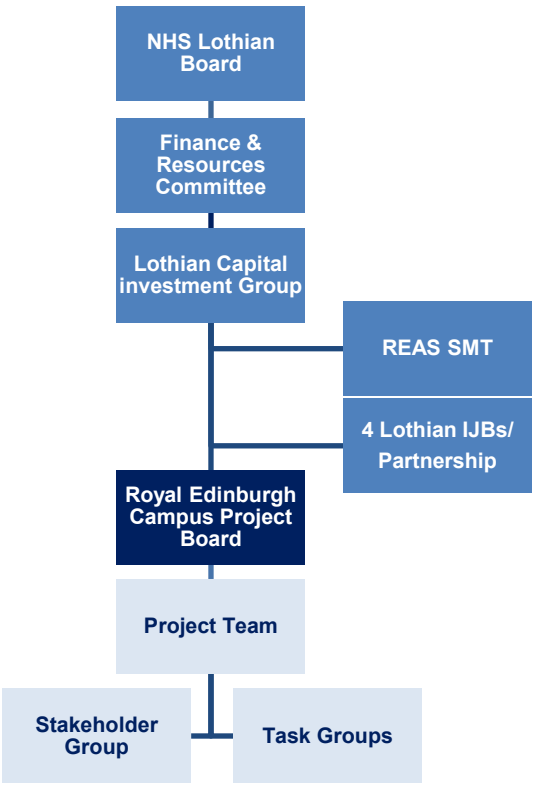
A benefits register and initial high level risk register for the project are included in Appendix 2: Benefits Register and Appendix 3: Risk Register. Detail of the proposed timeframe for development of the business case is included in the Commercial Case and any interdependencies with other projects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

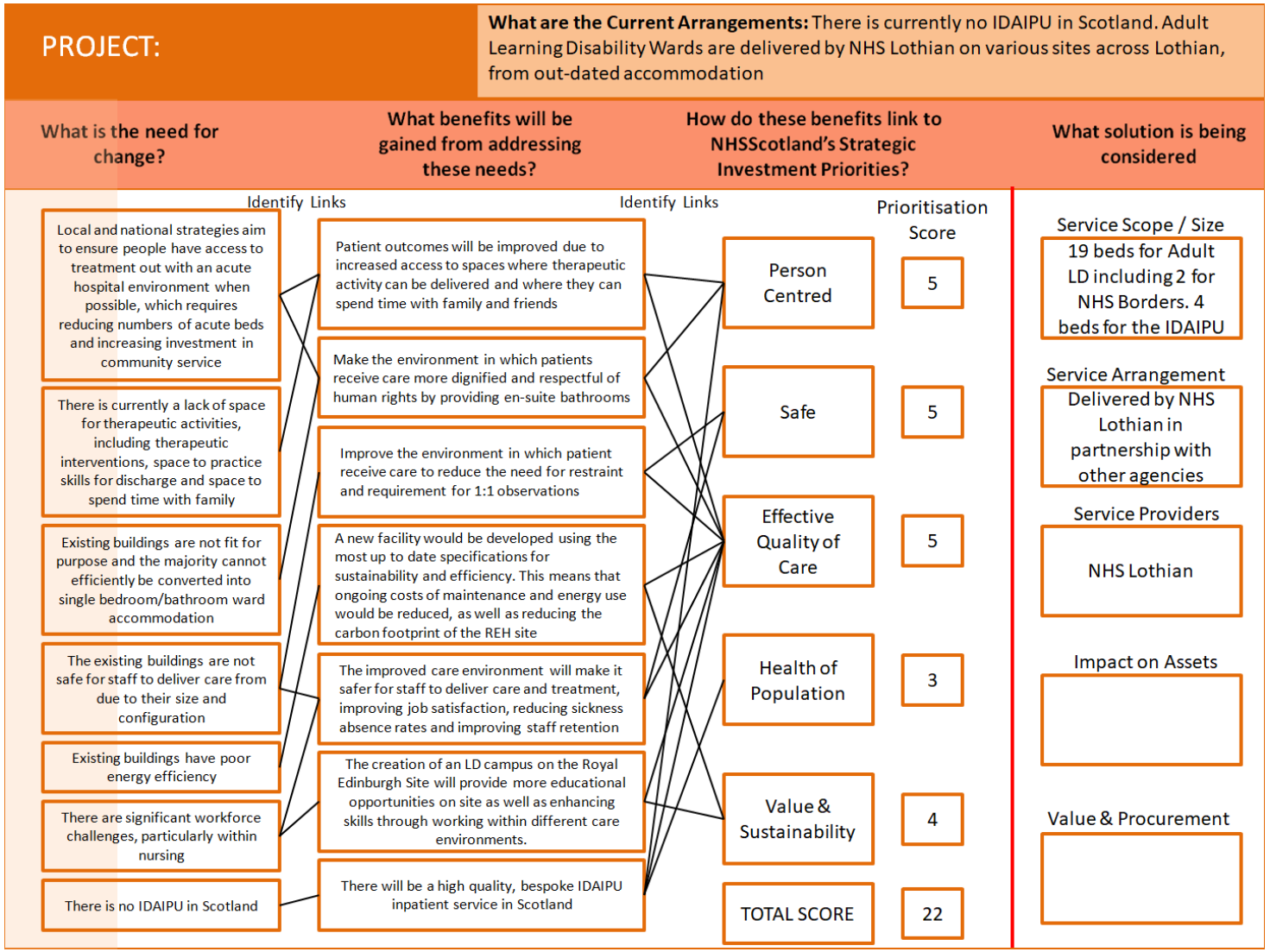
This case clearly describes the need for improved accommodation for those with intellectual disability and mental health needs in NHS Lothian, it also describes the case for providing a bespoke 4 bedded facility for adolescents with these needs across Scotland, as requested by the Scottish Government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

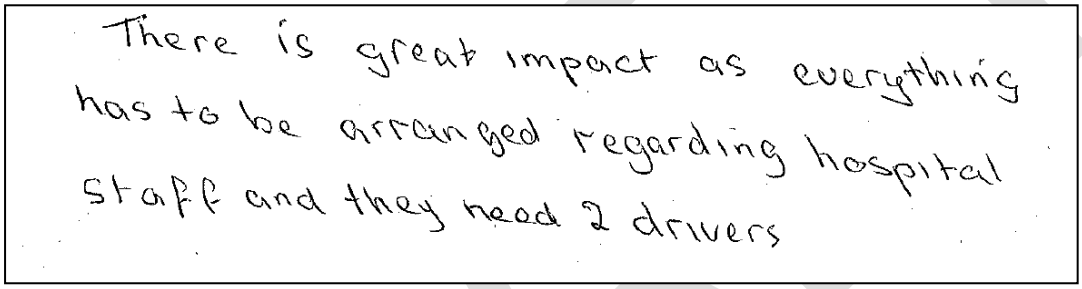
There is currently no low secure provision in the Lothian area. Patients are receiving care far from home which means that connecting with family members becomes even more challenging than it would be normally for this patient group. In addition to this, out of area low secure placements currently cost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

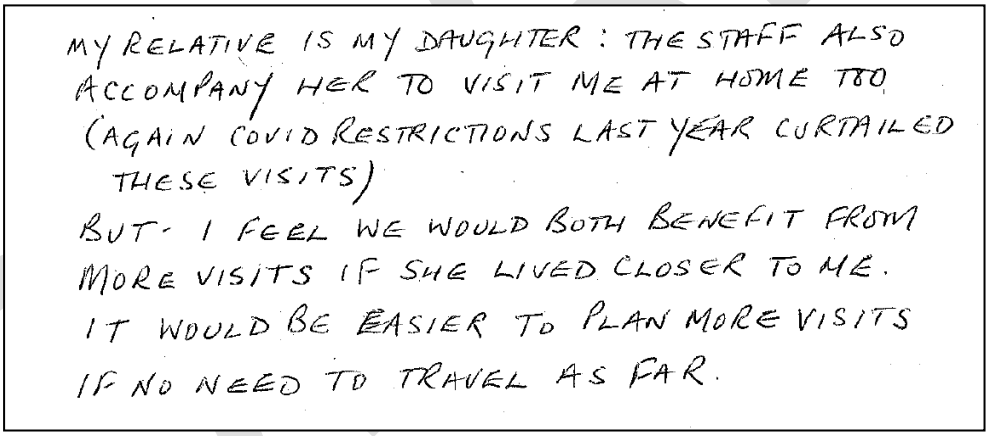
[4] Royal College of Psychiatrists – 'Mental Health Rehabilitation Services' https://www.rcpsych.ac.uk/mental-health/treatments-and-wellbeing/mental-health-rehabilitation-services

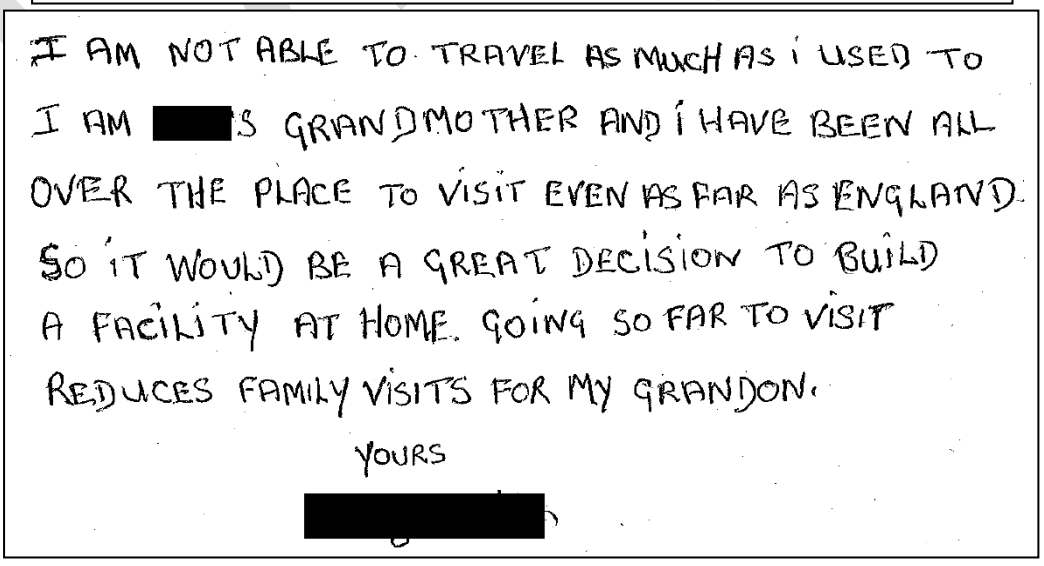
An exercise to gain feedback from patient's currently receiving low secure care out of area and their families was conducted in early 2021. Some of the quotes from this exercise are listed below, which clearly demonstrate some of the challenges currently experienced:

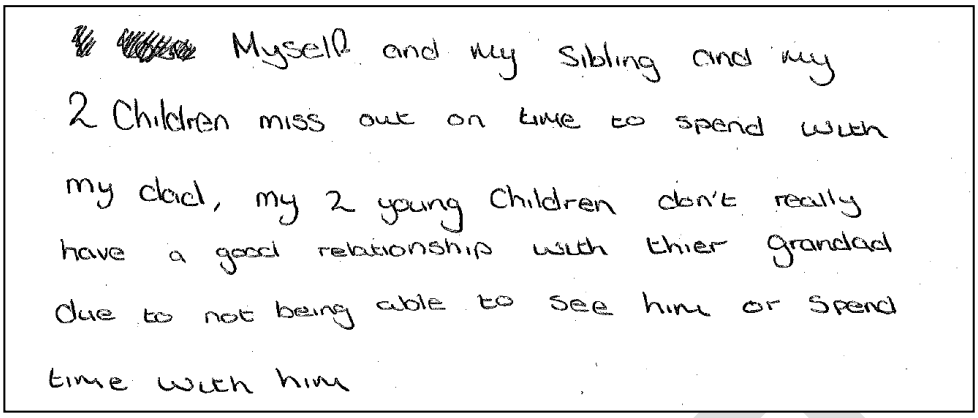
> *'I am from here, why do I need to be sent away? That is not going to make be better'* Low Secure Patient
>
> *'I have not seen my third grandson since he was born, if I was in Edinburgh I would have the chance to meet with him.'* Low Secure patient
>
> *'The day it was decided that my son had to move 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

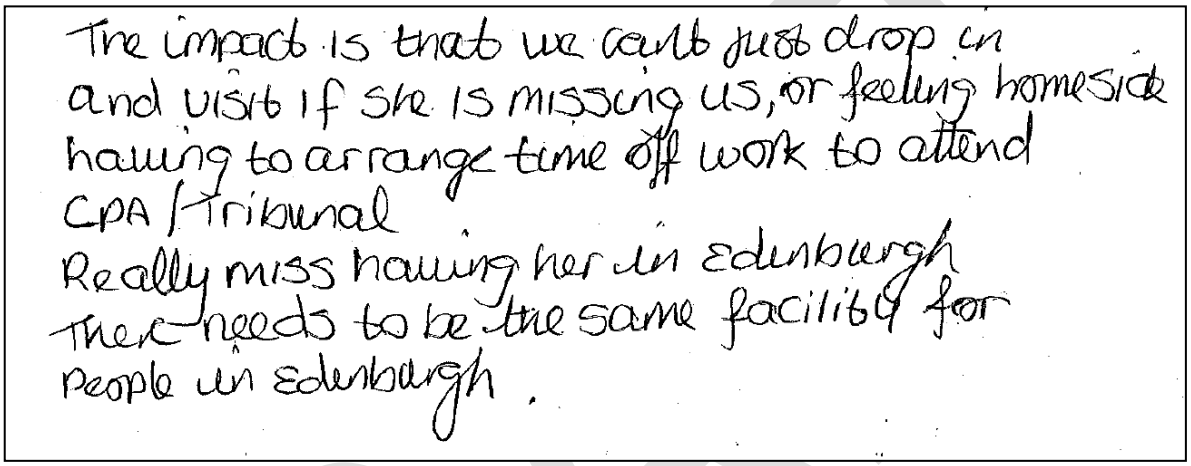
Some of the written responses are shown below:

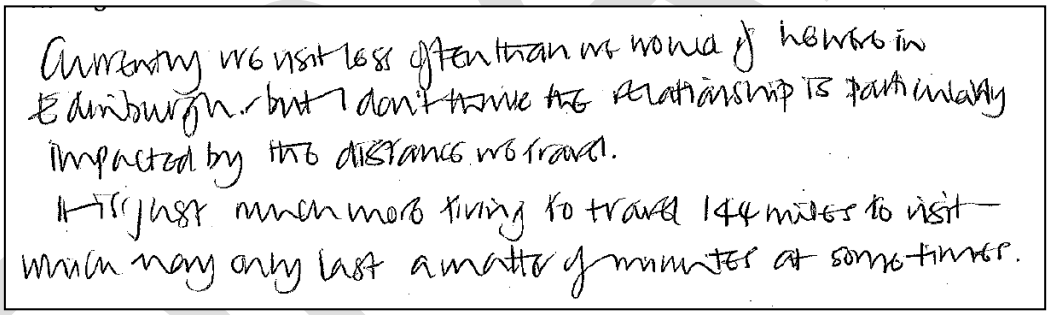

There is great impact as everything has to be arranged regarding hospital staff and they need 2 drivers


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]




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.<br><br>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.<br>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<br><br>Provision of low secure within REH estate. | Newly build Integrated centre comprising of mental health rehabilitation and low secure.<br><br>Ending out of area care for low secure.<br><br>Meets Scottish Government health building requirement for the provision of single bedroom with en-suite facilities.<br><br>Consistent with the benefits register. | Newly build Integrated centre comprising of mental health rehabilitation and low secure.<br><br>Improving flexibility of the service(s) and patient flow.<br><br>Ending out of area care for low secure.<br><br>Meets Scottish Government health building requirement for the provision of single bedroom with en-suite facilities.<br><br>Consistent with the benefits register. |

| | 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.<br><br>The costs of maintenance over the next 5-7 years are estimated £5m to £7m<br><br>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.<br><br>Low secure provision would remain out of area.<br><br>The current building would not be able to be refurbished to provide individual bedrooms with en-suites.<br><br>The therapeutic basement of the current building would remain non-compliant with EA regulations as the structure cannot accommodate a lift.<br><br>The cost of the refurbishment is estimated | As per option 5 for rehabilitation service<br><br>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.<br><br>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.<br><br>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.<br>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

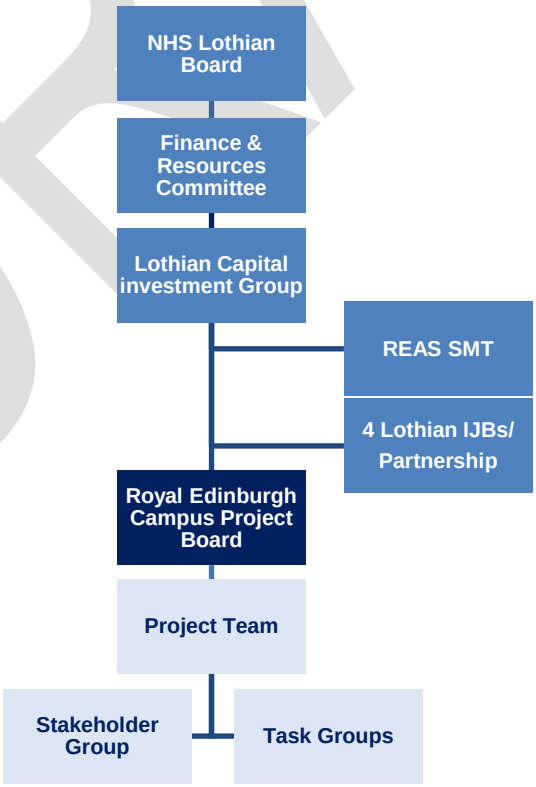
A benefits register and initial high level risk register for the project are included in Appendix 3: Benefits Register and Appendix 4: Risk Register. Detail of the proposed timeframe for development of the business case is included in the Commercial Case and any interdependencies with other projects 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<br>Executive Director, Nursing, Midwifery and Allied Healthcare Professionals<br>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.<br><br>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.

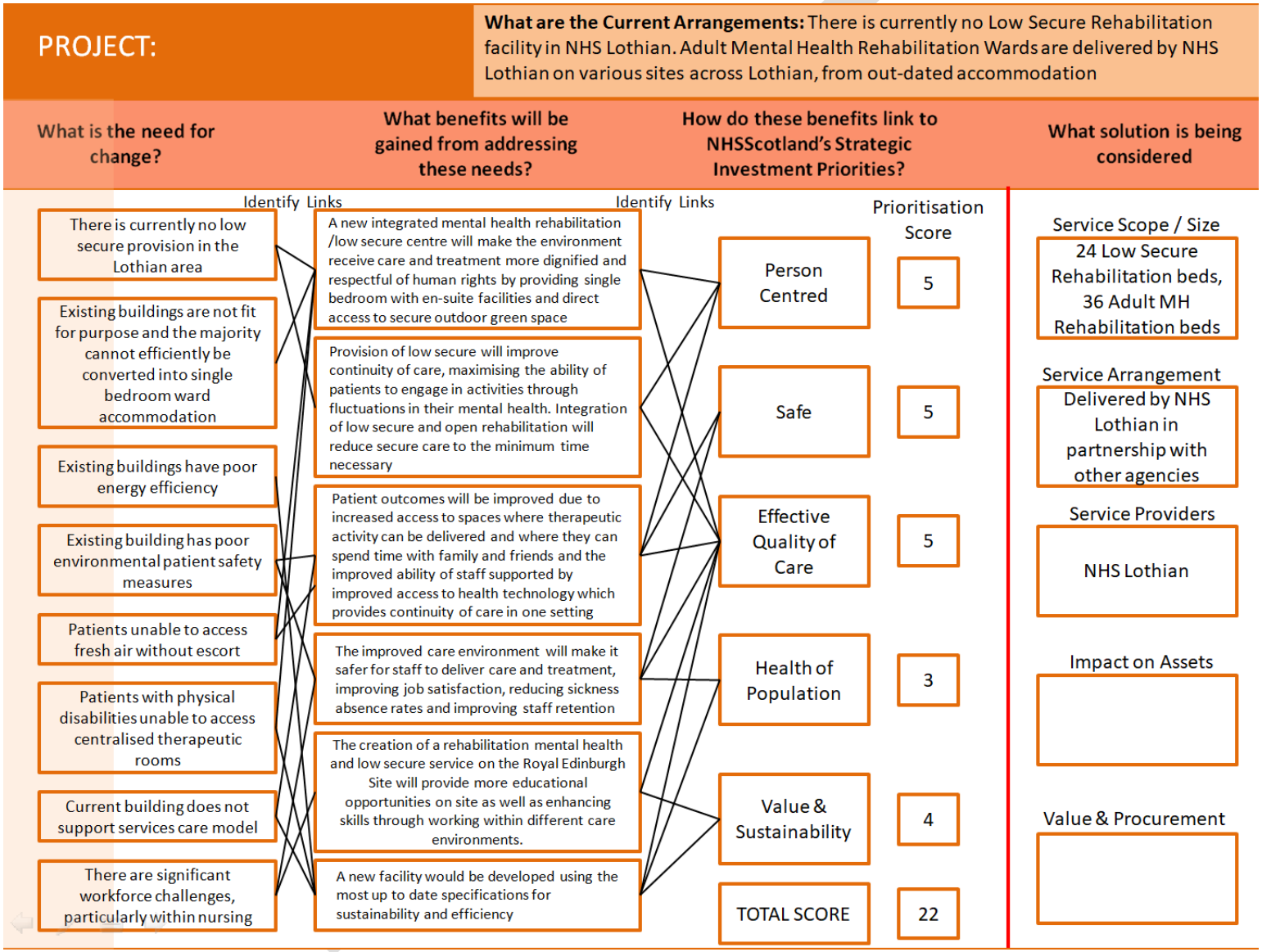
At the centre of this case is a desire to provide the best quality of care to those who require mental health care in NHS Lothian. Having to receive care out of area is detrimental to our patient's wellbeing and recovery, as is receiving care in a poor quality environment. Additionally, staff should 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 | | | |

# 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.