Edinburgh Integration Joint Board

REPORT

Progress report of the Older People's Pathway Programme

Edinburgh Integration Joint Board

20 August 2024

Executive Summary	The purpose of this report is to request that the Edinburgh Integration Joint Board issue a direction to NHS to enable the closure of a Medicine of the Elderly (MOE) ward at the Western General Hospital (WGH) and re-invest the ward's budget in services which prevent the need for hospital admission for patients over the age of 65 years old. This model has been successful in reducing hospital occupancy at the Royal Infirmary of Edinburgh throughout 2024 and there is scope for expansion which would enable more elderly people to receive the health care they need closer to home. The model proposed is more cost-effective than the current provision of hospital-based care. The proposed change would occur in the context of other changes affecting the pathway of care for older people and so this paper also provides an update on the progress of the Older People's Pathway Programme (OPP), with particular attention to Liberton hospital and rehabilitation services; the centralisation of care home purchasing; and the cost of care in care homes. Following the Edinburgh Integration Joint Board's (EIJB) Direction in June 24, work on Liberton has graduated from design and planning to implementation. This report summarises progress and goes into more detail about two risks that were reported in June 24: a new home for the Medical Day Hospital (MDH); and managing with less in-patient rehabilitation, including a proposal to reduce in-patient services in the Western General Hospital (WGH). The report briefly summarises the progress with central purchasing and brokerage, which is now preparing a detail business case for small team of specialist care home brokers. Finally, the Lead Commissioner describes the care home cost of care exercise and reports on progress.

Recommendations	It is recommended that the Edinburgh Integration Joint Board: 1. Directs NHS Lothian to close Ward 74 at the Western General Hospital and take steps to reduce demand for inpatient services 2. Notes progress with plans to close Liberton hospital; the feasibility study for Drumbrae; and the plan for centralised purchasing 3. Agrees the Lead Commissioner's proposal to change the method of the care cost exercise.

Directions

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

Main Report

Background

1. The OPP Programme is a strategic review of non-acute hospital and care home services in Edinburgh. Non-acute hospital services include hospital-based complex clinical care (HBCCC), at Ellen's Glen, Findlay House and Ferryfield House; and rehabilitative in-patient intermediate care facilities (ICF), which operate at Liberton hospital and Findlay House.

2. The Medicine of the Elderly (MoE) wards at the Western General Hospital (WGH) also perform in-patient rehabilitation and recently came into the OPP programme scope. Care home services comprehend (i) the City's homes for older people and some people of working-age with progressive health conditions, including the 15% that the Edinburgh Health and Social Care Partnership (EHSCP) operates for the City of Edinburgh Council (the Council), and (ii) the EHSCP's limited but financially significant use of care homes outside the City boundary.

3. The OPP Programme, and its preceding "bed-based reviews," were born of a long-standing ambition to close Liberton hospital, which operates a day hospital and Hospital at Home as well as intermediate care, otherwise known as in-patient rehabilitation. The Council owns the site and wishes to develop it.

4. The OPP Programme is constrained by a hospital estate that has little prospect of growth in the medium term. Closing Liberton entails reducing the provision of clinical services, or finding other ways to answer the needs those services meet. The OPP's first report to the EIJB in February 2024 showed Edinburgh's comparatively large supply of HBCCC, and its tendency to use non-acute hospital services for some people who can live safely and comfortably in a care home. It also showed that Edinburgh has comparatively few care home beds for its population. About a third of the City's 2700 operational care home beds are "standard" residential care (Source: NHS Lothian Bed Model, May 2024). People delayed waiting to leave hospital for this kind of care are coded 24A or 24B in the official statistics. At the time of writing this report, 9% of people waiting in hospital for a care home needed this kind of service. People who need nursing care accounted for 67%; older people's dementia 17%; other specialisms, including those for people of working age with progressive health conditions like young-onset dementia, account for 8%. (Source CEC Weekly Delays 22 July). Scarce nursing and dementia care contribute to inflation in care home prices; people delayed in acute hospitals; and higher frequencies per capita of large packages of home care (50 hours and more) and more hospital-based complex care (HBCCC) than our peers.

5. In June, the EIJB agreed a plan that reduces the total stock of non-acute and care home beds that the Partnership operates by 1% (see Table 2 below); reducing HBCCC for frail elderly people (HBCCC FE) and intermediate care (ICF); and increasing the supply of nursing and specialist end-of-life care home services. The plan leaves HBCCC for people who live with mental ill health (functional mental illness and dementia) unchanged for the time being. It does so by temporarily reducing in-patient intermediate care beds, which perform rehabilitation in the south of Edinburgh. While they are closed, the Partnership, the Royal Edinburgh Hospital and partners from across the health and care system will review care and support for people experiencing an acute phase of dementia. The Acute Dementia Pathway Review is underway. It is a formal part of the Older People's Pathway Programme.

6. This plan might appear to swap one kind of non-acute hospital care (HBCCC for the Psychiatry of Older Age (POA)) bed for another (ICF). The Programme's June report to the IJB described an alternative plan that reduced HBCCC POA and left ICF untouched, and investing in new, enhanced dementia care home services in two of its own care

homes to compensate for some of the lost hospital beds. The Programme's budget would fund only half enhanced care home beds required to replace all of the HBCCC beds that would close in this plan. Clinical leads felt the risks too great, with potential for more delays in the acute mental health wards for older people in the Royal Edinburgh Hospital and in the medical wards in the Royal Infirmary and the Western General Hospital. The plan that IJB agreed in June carries its own risks but of a different kind. Without mitigation, people from the south of the City would wait longer in the Royal Infirmary for rehabilitation. The risk of less in-patient rehabilitation is different from the risk of less HBCCC for people with dementia. The mitigation is different, too. People waiting to leave an acute hospital for rehabilitation need less support than people with dementia who are in distress; and, as we explain later in this report, in-patient rehabilitation is sometimes used for want of community services that rehabilitate at home. Opportunities to treat people at home who have dementia and are distressed are fewer. Reviews by multidisciplinary teams (MDTs) of people in the HBCCC Psychiatry of Old Age wards at Ferryfield and Findlay House found few, if any, who might be discharged home. This is not to say that dementia pathways cannot be improved to reduce demand for acute dementia care in hospitals and care homes. We report progress on that work later on in this report. But it is to say that this improvement cannot be made in time to close Liberton.

Closure of WGH Ward 74

7. In May 2024, NHS Lothian asked the Partnership to seek alternative arrangements for the provision of services to patients on the inpatient MoE pathway to enable the closure Ward 74 on the Western General Site from the end of October 2024.

8. Ward 74 is a 26-bedded MoE ward and is primarily used by City of Edinburgh Council residents.

9. The closure of Ward 74 as an MoE ward is necessary so that the ward can accommodate the Regional Infectious Diseases Unit (RIDU) which needs to move out of its current location on the Western General site following a recent technical inspection which identified that their current building is past its safe working life.

10. NHS Lothian undertook a review of their physical estate across all three acute sites and identified Ward 74 at the Western General as the best option due to the ward having single room ensuite accommodation, proximity to the current RIDU and the feasibility of upgrading the ward's ventilation system.

11. The planned closure of Ward 74, with 26 Medicine of the Elderly beds, at Western General Hospital by the end October 2024 is in addition to the planned closure of Liberton Hospital by the end of March 2025, which temporarily reduces in-patient rehabilitation (ICF) by 21 beds, representing a combined reduction of 47 beds from the MoE pathway. (Please see the sections on rehabilitation of the main Older People's Pathway August IJB paper for more detail.)

12. It should be noted that NHS Lothian already has amongst the lowest number of MoE beds per head of population of any health board in Scotland; a disparity that the rapidly growing population and planned closures of Ward 74 and Liberton Hospitals will increase (Figure 1).

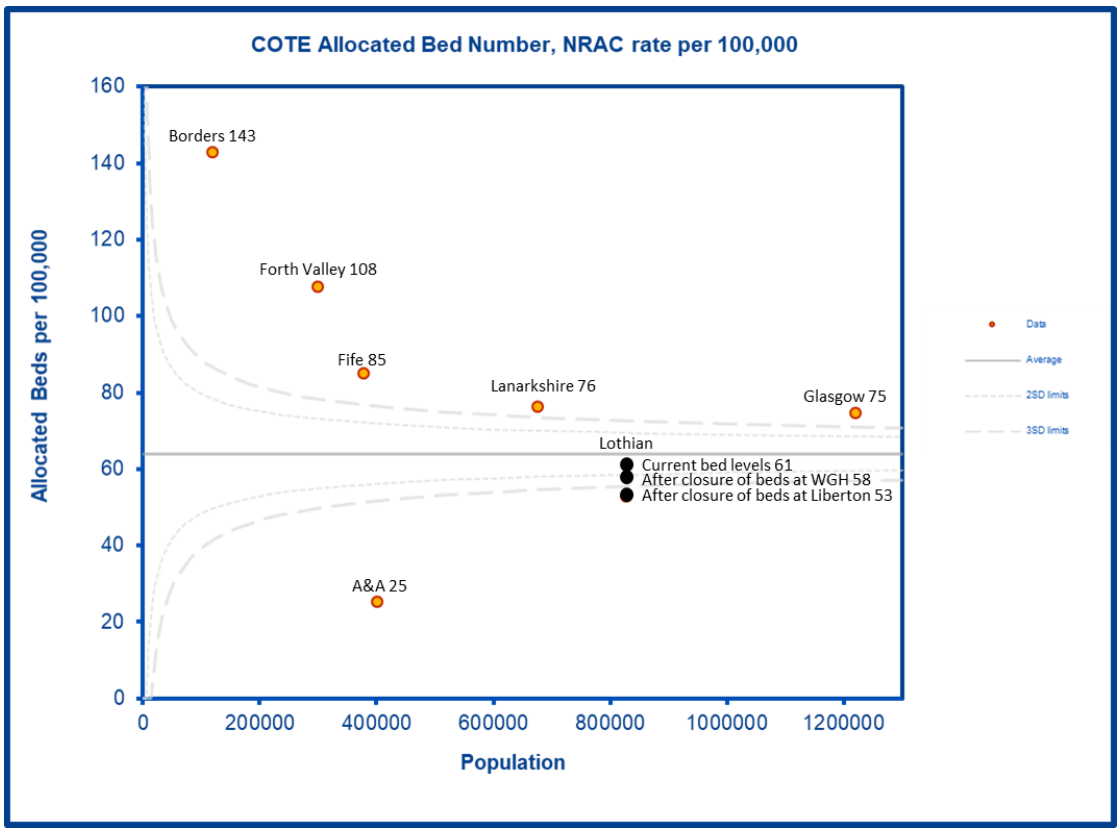


Figure 1.

13. Even so, it is realistic to expect that NHS Lothian should be able operate effectively with fewer MoE beds given the results of the recent National Care of the Elderly Day of Care Audit (COTE DOCA) which evidenced that over half of all people in MoE beds in all health boards do not actually meet the criteria to reside in hospital (Scottish average = 53% whilst the rate is higher in NHS Lothian at 66%).

14. To meet the Scottish average for the number of MoE patients in hospital each day per head of population, NHS Lothian would need to manage an additional 55 people in the community each day, around 27 of which would be City of Edinburgh residents.

15. To match the numbers achieved by NHS Fife and NHS Lanarkshire, NHS Lothian would need to manage an additional 73 and 92 people in the community each day.

16. Viewed in this context, it seems reasonable to conclude that with appropriate investment in alternatives to hospital-based care, NHS Lothian should be able to cope with the closure of 26 MoE beds in Western General Hospital and 21 beds due to the closure of Liberton Hospital.

17. NHS Lothian, and more specifically the Partnership, have had significant success already this year in reducing hospital occupancy by focusing resource and attention at the front door of the Royal Infirmary of Edinburgh (RIE) site to prevent avoidable admissions in the frail elderly population and facilitating early discharge within the first 72 hours for people identified as at risk of prolonged hospital stays.

18. The combined impact of these interventions has been to sustainably reduce the number of Edinburgh residents in the RIE hospital by an average of 27 people per day throughout 2024 compared to the second half of 2023 (which was also significantly lower than the historical trend) (Figure 2).

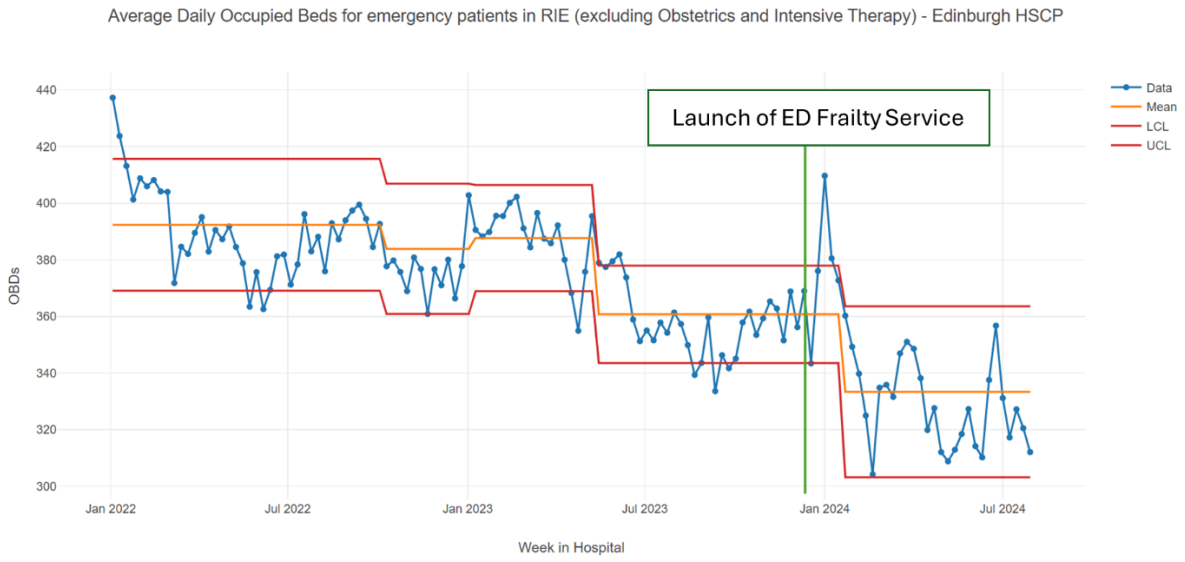


Figure 2.

19. The actions required to achieve the additional savings of 26 hospital beds per day across the MOE pathway and their relative contributions to the overall capacity saving are outlined in Figure 3.

Site	Action	Predicted Net Capacity Saving
RIE	Expansion of existing ED Frailty service with medical cover 8am – 4pm and ANP cover 8am – 8pm 7 days per week	12 beds per day
WGH	Development of a Front Door Frailty service with medical cover 8am – 12pm and ANP cover 8am – 8pm 7 days per week	14 beds per day
Community	Expansion of existing Hospital at Home (H@H) service to accommodate additional patients referred from the front door frailty teams.	Savings shown in acute sites above.
	Total	**26 beds per day**

Figure 3.

20. The recommendation to expand this model has been based on the success of the existing test of change that has reduced occupancy within the RIE throughout 2024.

21. This service model is as clinically effective and more cost-effective than the equivalent hospital bed-based care and is therefore recommended for expansion.

22. Work is ongoing to fully understand what makes this innovative model of care work and to identify any further opportunities to realise efficiency savings that may exist.

23. Consequently, the costs outlined below (Figures 4 – 6) should be considered as indicative only and are subject to change should further opportunities to realise efficiencies be identified.

Additional Posts Required on Acute Sites			
	Number required	Unit cost	Total Uplift (£M)
Consultant	10 PA's	£0.014	£0.14
ANP (Band 7)	3 WTE	£0.101	£0.303
Pharmacist (Band 8a)	1 WTE	£0.085	£0.085
		Acute Total (£M)	**£0.528**

Figure 4.

Additional Posts Required in Community H@H Team			
	Number Required	**Unit Cost (£M)**	**Total Uplift (£M)**
Clinical Fellow	1 WTE	£0.066	£0.066
Band 7 Nurse	1 WTE	£0.077	£0.077
Band 6 Nurse	2 WTE	£0.066	£0.132
Band 5 Nurse	2 WTE	£0.054	£0.108
Band 4 Nurse	1 WTE	0.0416	£0.0416
Band 3 Nurse	2 WTE	£0.0395	£0.079
Band 3 Admin	0.5 WTE	£0.036	£0.018
		H@H Total (£M)	**£0.522**

Figure 5.

21. The IJB currently spends £1.564m commissioning the beds in Ward 74.[i] Savings which would be generated by the new model are shown in Table 5.

Total cost of additional posts on acute sites (Table 3)	£0.528
Total cost of additional posts in H@H Team (Table 4)	£0.522
Total cost of additional posts	**£1.05**
Available Budget Based on Edinburgh Occupancy (%bed-days)	£1.564
Net Saving (Pressure) (£M)	**£0.514**

Figure 6.

Closing Liberton

22. In June, the EIJB agreed a plan that leaves HBCCC POA unchanged for the time being, and instead temporarily reduces ICF.

Setting	Ward	Current #Beds	Current function	New Function	New #Beds
Liberton	Ward 1	15	Intermediate care	Closed	0
	Ward 2	15		Closed	0
	Ward 4	16		Closed	0
Ellen's Glen	Hawthorn	27	HBCCC Frail/Elderly	HBCCC Frail/Elderly	27
	Thistle	27	HBCCC Functional psychiatry	Intermediate care	25
Ferryfield House	Willow	21	HBCCC Psychiatry old age	HBCCC Psychiatry old age	21
	Rowan	28	HBCCC Frail/Elderly	HBCCC Functional psychiatry	27
Findlay House	Fillieside	24	Intermediate care	Intermediate care	24
	Prospect B.	21	HBCCC Psychiatry old age	HBCCC Old age psychiatry	21
Castle Green	N/A	40	CEC Care home with nursing	CEC Care home with nursing	60
North Merchiston	N/A	40	CEC Care home with nursing	CEC Care home with nursing	60
End of Life	N/A	-	No distinct care home service	Funded EoL specification	6

Table 1. Reconfiguration of ICF, HBCCC and care home services to closure Liberton

23. This reconfiguration causes the following changes in capacity for each kind of hospital and care home bed that is affected by the closure.

Specialty	Before	After	Change
HBCCC Functional Psychiatry	27	27	0
HBCCC Frail Elderly	55	27	-28
HBCCC Psychiatry of Old Age	42	42	0
ICF Inpatient Intermediate Care	70	49	*-21
Care Homes	80	126	46
Total change in bed numbers	**274**	**271**	**-3**

Table 2. Net effect of the Liberton closure plan

*Physical beds. See para. 5, below, for an explanation of lost capacity.

Closing the hospital: progress, risks, issues and dependencies

24. This section summarises progress with Liberton and to mitigate two risks that were not fully answered in the Programme's June report: the reduction of inpatient rehabilitation beds and medical day hospital services. It also explains more about a related risk, also to in-patient rehabilitation, due to the closure of a ward at the Western General Hospital.

25. The Programme's plan to close Liberton has three workstreams:
    i. reconfigure in-patient services in the City's "PFI" community hospitals, as defined in Table 1 above
    ii. re-provide the Medical Day Hospital and Hospital@Home.
    iii. open inoperative beds in two Council care homes and commission six specialist end-of-life care home beds

i. In-patient services at Liberton and HBCCC

The plan to move in-patient services is managed by working groups for communications; workforce-change; and the reconfiguration of wards.

The Communications group has prepared a communication plan; held in-person sessions with staff; published Frequently Asked Questions (FAQs) on the staff Intranet; and prepared letters to patients and staff in the HBCCC wards advised about the closure of Rowan and the move Thistle.

The Workforce group planned a formal Workforce Organisational Change and presented it to the Partnership Forum on 29 July. With the Forum's agreement, formal consultation can begin on 19 August.

The Rowan HBCCC ward from frail, older people at Ferryfield no longer admits new patients. At the end of July, 43% of the ward's beds were vacant, with one person in Edinburgh awaiting an HBCCC frail-elderly bed. At present, we see no deterioration in system flow due to this closure.

Adaptations to Thistle and Rowan wards to ready them for their new roles are being planned with the landlord. Each patient affected by these changes, whether they will move between hospital wards or from hospital to a care home will have a transition plan, monitored by a multi-disciplinary team of health and care professionals.

The effects on staff are significant, with more than 200 WTE staff in the scope of formal Organisational Change. We are communicating the changes and keep staff up to date. The workforce and communications group (see above) has planned visits to all areas to meet staff and hear their concerns. A dedicated information page is available on the NHS intranet where staff can access up to date information and FAQs. We are working through the process of Organisational change with staff; consulting them and their representatives.

ii. Medical Day Hospital and Hospital @ Home

The Medical Day Hospital (MDH) and Hospital @ Home (H@H) provide outpatient clinical services and assessments for people whose therapy can be done safely and effectively at home, not in hospital. Later on this report explains that the City can manage with less in-patient rehabilitation if it invests in more home-based rehabilitation. The risk that the MDH and H@H are not accommodated elsewhere in south Edinburgh adds to the risk that the south will not have enough rehabilitation as ICF beds reduce.

In June, the EIJB asked Officers write to NHS Lothian and escalate the issue (see the IJB RAL). It was raised formally by the Chief Officer at the NHS Lothian's Performance Support and Oversight Board (PSOB) on 28 June. Significant progress has since been made. The Partnership hopes to agree a new, permanent home for these services before the autumn. Workforce planning is paused in the meantime.

ii. Care Homes

On 5 July, the EHSCP Executive Team agreed a programme of recruitment, repairs and fitting-out at Castlegreen and North Merchiston care homes. It will include staff and equipment from Clovenstone where appropriate. Conversations are underway with the Care Inspectorate to ensure that their requirements are satisfied.

Managing with less HBCCC for frail, elderly people requires a special care home service for people very near the end of life. Most care homes support people who are dying but not all offer a routine service for those with weeks or days to live. For them, Edinburgh needs a pathway that distinguishes end-of-life care in a care home from hospice care (in a hospice building or at home); and from acute hospitals and HBCCC. The pathway will ensure that suitable care homes placements are available in time for the needs of people with only days to live and for whom a care home is the best service. The Programme now includes a formal end-of-life pathway workstream to these ends.

Rehabilitation: in-patient care in ICF and at the Western General Hospital

26. The introduction to this report described the risk to rehabilitation in south Edinburgh if ICF services at Liberton are not replaced. The Programme's June report mentioned a deficit between 11 and 19 beds. Since June we have refined these estimates. The worst-case is 21 fewer physical beds, not 19.

27. In the best case, the Edinburgh will have 11 fewer beds due to Liberton closing. This is because recent improvements in productivity and effectiveness in ICF services in south Edinburgh. Allowing for all these factors, the effective reduction in ICF beds might be only about half the loss of physical beds. The truth is a range between 11 and 21 beds. Where in that range needs more work but we expect the final figure will be nearer 21 than 11. The Programme will provide more information in its next report to the Board. Whatever the result, the natural question is, where outside hospital the Partnership might provide safe, effective rehabilitation without adding to delays in the wards of the Royal Infirmary. We return to this further down.

28. The Programme's June report mentioned a new risk to rehabilitation distinct from, but related to, Liberton.

29. The Regional Infectious Diseases (RIDU) unit at the Western General Hospital (WGH) occupies temporary buildings that it expects will soon be untenable. Analysis from NHS Lothian suggests that only Ward 74 in the hospital's Royal Victoria Building (RVB) can accommodate RIDU. Ward 74 is one of four wards for Medicine of the Elderly (MoE) in the hospital.

30. In-patient rehabilitation at WGH differs from ICF in south Edinburgh. It happens in acute medical (MoE) wards, sometimes for people who were admitted in the acute phase of their stay in WGH, and sometimes for people from north Edinburgh who were admitted to the Royal Infirmary (RIE) for acute care and are discharged to WGH for rehabilitation in a MoE ward.

31. The Partnership is estimating how much of Ward 74's work is medicine, during the acute phase of a stay, and how much is rehabilitation, readying people to go home. Initial indications are that Edinburgh would lose 47 physical beds in total if Ward 74 and Liberton close together, 26 in Ward 74 and up to 21 at Liberton. Of course, the City will not lose 47 rehabilitation beds for the reasons already explained.

Reducing demand for in-patient rehabilitation

32. In June, the Programme asked the EIJB to direct NHS Lothian to close Liberton and temporarily reduce ICF while acknowledging the concurrent risk to in-patient rehabilitation due to RIDU, but without a finished plan to mitigate the common risk to rehabilitation. This section explains how the combined risk can be managed first, by reducing demand for acute care in the general hospitals; and second, by doing more rehabilitation at home.

33. While the NHS Lothian and the teams in WGH and EHSCP find a solution it is worth recalling the Programme's constraints. It must find solutions outside the hospital estate. No solution may increase spending and should preferably yield savings.

34. Already this year, NHS Lothian and Edinburgh City HSCP have successfully implemented service improvements that have reduced hospital occupancy at the RIE by preventing the very same admissions that cause demand for acute care and for in-patient rehabilitation. The report in Appendix 1 of this paper outlines how the IJB can build on this success by enhancing the model in place at the RIE and introducing it to the WGH to further reduce hospital occupancy on the MOE pathway.

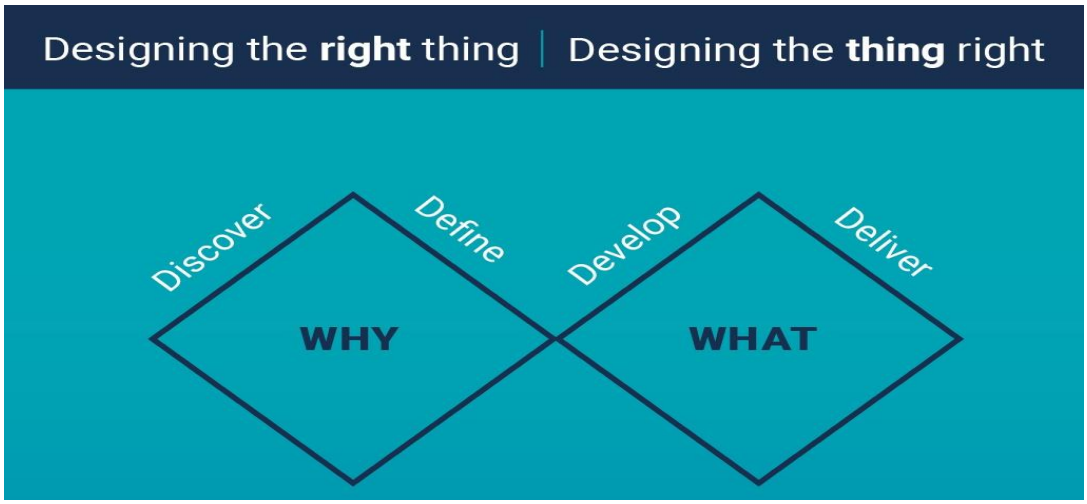
35. The measures explained in Appendix 1 reduce demand for in-patient rehabilitation by reducing demand of acute in-patient care. By reducing, they reduce the risk that people are admitted to hospital and then delayed leaving, deconditioning while they wait and needing more care and support to leave in consequence. Reducing admissions to hospital helps reduce the need for rehabilitation in its own right. But some who avoid admission to hospital, and some who are admitted will always need rehabilitation as the acute phase of their illness abates.

36. Rehabilitation, and reablement, are among any health and care system's most powerful tools to reduce the need for formal, long-term care when illness or injury cannot be prevented. They can be performed effectively outside hospital, indeed outside any bed-based setting at all. The research that underpins the plan to reduce demand for in-patient rehabilitation in Appendix 1 also shows that more hospital-based rehabilitation can and should happen at home, with suitable investment in home-based health and care and outpatient services like medical day hospitals. Appendix 2, NHS Scotland's Centre for Sustainable Delivery's Day of Care Audit for care of the elderly provides technical for the Appendix 1 and shows more opportunity, beyond the proposals in Appendix 1, to support more people at home who would be in hospital on current arrangements. Work continues to develop rehabilitation services at home for people who would otherwise need rehabilitation in hospital. The Programme will provide an update in its next report to the Board.

The Future of Drumbrae

37. In February, the Board approved a recommendation from the Programme to undertake a feasibility study about the future of the former Drumbrae care home.

38. Following the Scottish Government's Approach to Service Design (SAtSD)[1], the Programme embarked on a discovery phase with stakeholders across health and social care, the Council and unions to find options for the future of Drumbrae.



39. In June, we reported that the exercise found twelve options of five broad types:

i. Convert to a non-acute hospital, including inpatient HBCCC, rehabilitation, step up or down

ii. Reopen as a "standard" care home; as a nursing home, like its peers in the Council estate; or a "specialist" care home (includes sale or lease to an independent operator)

iii. Convert to outpatient medical or primary care services, for example, a medical day hospital supporting community health and rehabilitation services, or as the site of a new GP surgery

iv. Convert to general accommodation, for example, for people in urgent need of shelter

v. Sell the site

40. At the time of writing, stakeholders are scoring those twelve options on these criteria: is it affordable; does it fills gaps in provision; does it provide new health and care beds; will it provide quality services and good outcomes for people; can it operate for at least 10 years?

41. Early results support Drumbrae's use as a care home but supporting more acute and complex needs than it did formerly. Nursing care; support for people (including some younger adults) who live with dementia or functional mental illness; and some short-

[1] https://www.gov.scot/publications/the-scottish-approach-to-service-design/pages/what-we-mean-by-design/

term services, for example respite care and care for people at the very end of their life are popular.

42. The Programme will now move to the definition phase of the feasibility study. This phase will define the need, demand and current capacity requirements of each of the top-ranking options now and in coming years.

43. Once the definition phase has concluded, the study begin design and specification. A report on the next phase of the feasibility study will be presented to the EIJB in October for consideration.

Central Purchasing of Care Home Services

44. In June, the EIJB saw a detailed rationale for a brokerage service. Since June, the Programme has developed a business case and is preparing a formal application to the EHSCP Strategic Change Board, governed by the Programme's general principle that it does not increase, and should reduce, spending. The cost of new brokerage staff should be more than repaid from lower care home prices.

45. These proposals coincide with, and depend on, EHSCP restructure of its operations and strategy directorates. This dependency will be managed by the Partnership's Strategic Change Board, to which the Restructure and the Older People's Pathway Programmes both account.

Care Home Cost of Care

46. This exercise prepares the way for new pricing agreements with the independent care home market for specialist services that are scarce and costly. The Programme's first report to the IJB in February 2024 showed rapid price-inflation in the previous 18 months, above what might be explained by inflation of underlying costs. The kinds of care of most interest are those most marked in the hospital delay statistics (see paragraph 4 above), which are also popular candidates for the future use of Drumbrae. The exercise does not compete with the mechanism that sets standard rates for the National Care Home Contract (NCHC). It merely recognises that the independent sector operates 85% of the care home beds in Edinburgh. The present stability and future development of that market, and the EHSCP's ability to sustain services, depend on fair and transparent prices. That depends in turn on detailed description of the cost to deliver existing services and incentives to develop new services.

47. This part of the Programme differs from the rest because only the Lead Commissioner can complete it. His organisation has proprietary care costing tools whose license does not permit officers of the EHSCP to use them. His services are contracted from a limited company that can gather commercially sensitive data on its own account, and store and process them in its own secure systems. In previous cost of care exercises, this assured care home operators that their sensitive, valuable commercial data are seen only by the intermediary with no direct commercial interest in them besides publishing a cost of care report.

48. In August, the commissioner has worked with Scottish Care and Edinburgh's care home providers on a method that will allow him to report the cost of care to Partnership before his work in Edinburgh concludes in August. The method uses a permutation of LaingBuisson Care Cost Benchmarks for England, 12th Edn, 2023. This tool does not yet include Scottish care homes but it can be readily adapted with attention to features of the Scottish care system, and Edinburgh's service economy that differ importantly from England's, especially law, regulation, staff ratios, and pay.

49. Data collection began in the first week of August.

Conclusion

38. In summary, the OPP continues to make good progress in modernising the provision of health and social care services for older people within the City of Edinburgh.

39. The changes outlined in this report evidence the latest steps being taken to develop the capacity required to meet the needs of these individuals in the most efficient and effective way.

40. The OPP will continue to identify opportunities for improvement in line with the EIJB's strategic priorities.

Strategic Priorities

Strategic Priorities	X	Key points within report that address strategic priorities
Prevention and Early Intervention	**X**	Care home services support tertiary prevention. They manage risks to people that cannot be managed in people's homes and reduce demand for care in hospitals.
Tackling Inequalities	**X**	Mitigates price-inflation in care homes, and the risk of two-tier provision of private and publicly funded residents

Person Centred Care	**X**	Common aim of all social care change programmes.
Managing our resources effectively	**X**	controls price-inflation improves access affordable care.
Making best use of capacity across the system	**X**	Optimise Council homes. Incentive to services for unmet need and forecast new demand. Central oversight and purchasing makes efficient use of limited capacity
Right care, right place, right time	**X**	Providing community services for people who do not need hospital care

National Performance Indicators

Please note which national performance indicator your report aligns to			**X**
1. People are able to look after and improve their own health and wellbeing and live in good health for longer.	**X**	6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.	
2. People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.	**X**	7. People who use health and social care services are safe from harm.	**X**
3. People who use health and social care services have positive experiences of those services, and have their dignity respected.	**X**	8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care, and treatment they provide.	
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	**X**	9. Resources are used effectively and efficiently in the provision of health and social care services.	**X**
5. Health and social care services contribute to reducing health inequalities.		Not applicable	

Implications for Edinburgh Integration Joint Board

Financial

50. The OPP continues to assume that the cost of additional Council-operated care home beds; dedicated end-of-life services; an enhanced care home model for people with dementia experiencing stress and distress; and peripatetic primary and second care services to support all of the above will be funded by the redesign of HBCCC and Intermediate Care.

51. The costs related to Drumbrae, should the feasibility study recommend that it reopen, will be defined in a separate paper but the principle is the same: the cost to open and operate Drumbrae must not increase the EHSCP spending and should reduce it.

52. The £2.5m savings target applied to this programme will be realised by distinct cost reduction exercises that are defined in the Medium-term Financial Strategy and agreed in the EHSCP March 2024 budget.

Risk, legal, policy, compliance, governance, and community impact

53. The OPP's governance and programme office were audited by the Council in February 2024 and were given substantial assurance. The audit gave one action, the circulation of the Programme's RAID log to its Delivery Group of senior officers, which was completed in March 24

54. The EHSCP has sought legal opinion on the right of people in HBCCC to appeal decisions to discharge them to the community, in most cases to a care home. This right is not found in legislation. It is found in Scottish Government guidance DL (2015) 11[2]; a counterpart policy of NHS Lothian; and in the Partnership's Standard Operating Procedures. The number of appeals that may be prompted by the discharges required to close Liberton hospital this year will use significant clinical time to give second opinions; and therefore, risks the timely closure of the hospital.

Equality and Poverty Impact

55. Impact-assessments of the Medium-Term Financial Strategy (MTFS) savings proposals were undertaken in February 2024.

[2] https://www.publications.scot.nhs.uk/files/dl-2015-11.pdf

56. Integrated impact assessments of the proposals in this report will be made when the plans mature and the Partners, clinical leaders and other stakeholders consent to them.

Environment, climate, and sustainability impacts

57. There will be environmental benefits (e.g. improved energy efficiency and mitigation of extreme weather) by commissioning newer buildings that comply with current environmental standards.

58. There will be a reduced risk of infection prevention and control issues due to services being accommodated in newer buildings.

Quality of care

59. The OPP manages the closure of Liberton hospital, and the reduction of non-acute hospital services, by increasing the supply of appropriate care home services and improving the pathways from hospital to community services.

60. The Programme also aims to address scarcity and cost in Edinburgh's care home market and create conditions that lessen the time people wait for a care home. The OPP's new focus on rehabilitation at home is intended to reduce the need for bed-based care in hospitals and care homes.

Consultation

61. The OPP has engaged with clinicians, unions and wider stakeholders through its formal programme management approach.

62. The OPP has hosted a workshop of clinicians from the services affected by plans for Liberton, directly and indirectly, on 18 April 24

63. Ongoing engagement with staff at, or who are affected by the plan to close, Liberton are summarised in the section on progress with the closure plan. Workforce Organisational Change will commence in August pending Partnership Forum approval on 29th July 2024.

Report Author

Pat Togher

Chief Officer, Edinburgh Integration Joint Board / Executive Lead

Contact for further information:

Name: James Cuthbert
Email: James.Cuthbert@edinburgh.gov.uk Telephone: 07949 114 003

Background reading / external references

Edinburgh Integration Joint Board 09 February 2024, item 6.1, 'An Older People's Pathway'

Edinburgh Integration Joint Board 17 June 2024, item 6.3, 'Older People's Pathway Update'

Appendices

Appendix 1	Direction to NHS Lothian

DIRECTION FROM THE EDINBURGH INTEGRATION JOINT BOARD (EIJB)

Partner agencies are required to carry out this direction in accordance with statutory and regulatory obligations, ensuring adherence to relevant guidance, policies and procedures, in pursuit of the EIJB's strategic objectives.

Reference number	EIJB-27-07-24-1
Does this direction supersede or vary an existing direction? If yes, please provide reference number of existing direction	No
Approval date	20 August 2024
Services / functions covered	Emergency Department and Medicine of the Elderly Ward 74 in West General Hospital (WGH) Emergency Department in the Royal Infirmary of Edinburgh (RIE) EHSCP Hospital@Home (H@H) community Team
Full text of direction	To support the move of the Regional Infectious Diseases Unit at WGH in October 2024: 1) At the RIE, extend medical cover in the Emergency Department Frailty Service between 08:00 and 16:00, and Advance Nurse Practitioner Cover 08:00 to 20:00, seven days per week. (Detailed in August IJB Item N.N Figure 4) 2) At the WGH, develop a Front Door Frailty Service with medical cover between 08:00 and 12:00, and Advance Nurse Practitioner Cover 08:00 to 20:00, seven days per week. (Detailed in August IJB Item N.N Figure 4) 3) Expand H@H to accommodate additional patients referred from the front door frailty teams. (Detailed in August IJB Item N.N Figure 5.) 4) At the WGH, cease the Medicine of the Elderly clinical service in Ward 74.
Direction to	NHS Lothian

Link to relevant EIJB report / reports	N/A		
Budget / finances allocated to carry out the direction.	Please refer to Appendix 1 of the report for further detail of financial model.	*NHS Lothian*	*City of Edinburgh Council*
	Recurring funding	£1.05M	-
Performance measures	Improved patient experience Reduction in hospital-associated de-conditioning Reduced hospital-associated harms Reduced dependence on social care Reduced number of delayed discharges Cost savings **Oversight and governance** The development of hospital front-door frailty services is overseen by NHS Lothian's Frailty Group, which in turn reports to the Unscheduled Care Board. The development of Hospital@Home services will be managed by new programme management and governance arrangements due the Partnership's new management structure for health and care at home services. This in turn will report to the Partnership's Executive Team and its Clinical Governance Board.		
Date direction will be reviewed	Not later than April 2025, in the Board's Annual Review of Directions		