

# Report

## Learning Disability – Step Down – Royal Edinburgh Hospital Edinburgh Integration Joint Board

10 December 2019



### Executive summary

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1. The Royal Edinburgh Acute Services (REAS) provides assessment and treatment for adults with a learning disability. For a significant period of time the number of beds being used have been over capacity. The major factor in this over capacity has been the inability of community resources to respond to allow people to leave hospital.
2. As part of the EIJB Strategic Plan 2019-2022, the intent is to plan and develop community placements for people currently 'living' in hospital. This is well advanced and likely to become available over the next two years. In the interim period, and to develop 'flow' in the hospital, the creation of a 'step-down' resource is proposed. This will focus on short term patients for whose caring supports have broken down. This will require REAS to close three beds that are currently overcapacity.
3. Disability services in Edinburgh's Health and Social Care Partnership (EHSCP) would provide this resource. Funding of 0.3M of funding would be required to deliver this. This funding would be set against the current expenditure of 0.5M and deliver a reduction of 0.2M.

### Recommendations

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4. The Integration Joint Board is asked to:
  - i. Discuss and approve the recommended option outlined in paragraph 11.
  - ii. Agree the recommendation for a two-year service provision focussed on sustaining flow through the Royal Edinburgh Hospital.

### Strategic Planning Group (SPG)

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5. This report was considered by the SPG on 22 November 2019. The SPG recognised that the proposal supported the intent of the strategic plan. The

debate centred on the implementation plan, stakeholder engagement and support and identified risk. Minor amendments were directed to be made and the recommendations accepted for submission to the EIJB.

## Background

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6. In August 2019 the Strategic Plan 2019-2022 for Edinburgh's Health and Social Care Partnership (EHSCP) was agreed by the Edinburgh Integration Joint Board (EIJB). This strategy sets out key actions in relation to citizens of Edinburgh and in relation to this report, how we support adults with a learning disability.
7. One of our key objectives stated in our plan is;
  - 'We need to stop people 'living' in hospital and commission housing that can support people in the community.'
8. There are currently 29 people from Edinburgh with a learning disability using hospital beds, mainly in the Royal Edinburgh Hospital (REH). Many of whom have been hospitalised for a long period of time and have no medical reason to be there. For Edinburgh this means that there is over capacity of three beds, which carries additional expenditure for EIJB as these beds are beyond the available capacity.
9. There are potentially two options available; one is to continue the current over capacity at annual cost of 0.5M and accept continued delayed patients. The second is to consider a step-down resource for three people currently delayed in hospital, this option would require 0.3M to enable it to be operational. It is envisioned to be a time limited option running until 2021.

## Main report

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10. As stated in the Strategic Plan 2019-2022 there is an intention to plan and develop community placements for people 'living' in hospital. This is well advanced and likely to become available over the next two years.
11. There is also a smaller group of people who have entered the REH for assessment and treatment and due to external factors; loss of tenancy, care provider has ceased, families no longer able to provide care; these people have got stuck in a hospital bed. In effect these people have stopped the 'flow' of people entering and leaving the REH.
12. It is acknowledged that having a transitional step is not ideal for the person. However the period that people are 'stuck' in a hospital setting can be over 12 months, this is balanced against a resource that is based in the community and allows a greater degree of personal liberty.

## Options to create Flow in the REH

13. This report proposes the option of a step down which could support these individuals who are 'stuck' within hospital to move on and have a focussed team working to get them into long-term accommodation with an appropriate provider. The step-down option will enable the reduction of 3 REH beds, and as people move into long term accommodation, further reduction in-patient beds.
14. As these people are ready for 'discharge' there are no transitional costs required. They will leave hospital as soon as the 'step down' is operational, in future this model will create faster flow for people who are ready to leave, but there are issues in the community stopping that process being delivered.
15. Once these initial three people have moved to permanent tenancies, the step down will continue to work with REH to ensure that flow is maintained, by offering further individuals this support.
16. It is intended that EHSCP disability services provide the management and development of the resource. Additional staff would be required to provide the care and support in the step-down resource.
17. A robust 3 bed property is available in the South West Locality, which EHSCP Disability Services holds as a special let. As tenants of the property EHSCP will be sub-let to those occupying the property.
18. A clearly defined entry and exit strategy will be developed to ensure a continual planning approach. The manager of the step-down option would co-ordinate all stakeholders to ensure these outcomes;
  - Transition individuals back into the community at a slower pace, co-ordinating longer-term transitions from an environment similar to what individuals will be moving on to.
  - Develop clear and robust support plans based on real home life situations as opposed to from a hospital environment.
  - Work in partnership with Community Learning Disability Team (CLDT), Housing Colleagues and 3<sup>rd</sup> sector providers to adopt positive and collaborative relationships in supporting the individual and enabling the sourcing and sustainability of good quality housing and support.
  - A continuous working partnership between in-patient services, associated professions and service delivery partners will be in place. This will ensure that people who move from hospital, have an active involvement that monitors and supports their community placement.

19. It is proposed that the step down be reviewed in 2021, to establish if after the community development programme has been delivered, this resource is still required.

## Key risks

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20. One option is to continue the current over capacity and accept continued delayed patients. This will restrict access to vital healthcare services as REH will not be accessible for any new in-patients requiring assessment and treatment.
21. There is a potential risk that in establishing the step-down resource that the REH recommits the decommissioned beds and there is a return to the overcapacity status.
22. If there is no change in the volume of beds being used there will be reputational risk to the EHSCP.

## Financial implications

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23. To address capacity issues, an additional 4 learning disabilities beds have been opened on the REH site, and the associated costs are being charged to the relevant integration authority. The option proposed for a step-down resource will allow 3 of these additional beds to close, reducing costs in NHS Lothian by £0.5m (equivalent to the direct cost of the beds). Staff impacted will be redeployed into appropriate vacancies elsewhere on the REH site. Council costs will increase by £0.3m, reflecting the cost of care and support staff in the stepdown resource. Thus, the overall expenditure will reduce by £0.2m.
24. The expenditure to support this option would be 0.3M, this would be for care and support staff in the step down resource.

## Implications for Directions

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25. As this seeks approval from the Strategic Planning Group there will be a direction required for submission to the EIJB to close three beds in response to this proposal. The draft direction is attached at appendix 2.

## Equalities implications

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26. Consideration is being given to equalities throughout the development of this proposal. An Integrated Impact Assessment (IIA) will be carried out.

## Sustainability implications

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

## Involving people

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28. Stakeholders:

- CLDT will provide a multi-disciplinary approach on an individual basis.
- Housing, to provide planning and sourcing of suitable accommodation.
- Locality Teams.
- Social Worker input is required to determine an appropriate budget for the future support package.
- 3<sup>rd</sup> Sector Provider Organisations would be required with potential provider organisations from an early point.
- Care Inspectorate; the resource will be registered with the Care Inspectorate under Housing Support and Care at Home registration

## Impact on plans of other parties

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29. This supports the delivery the EIJB Strategic Plan 2019-2022.

## Impact on plans of other parties

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30. None.

## Background reading/references

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EIJB Strategic Plan 2019-2022

## Report Author

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## Appendices

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<b>Appendix 1</b>	Business Case – Step Down
<b>Appendix 2</b>	Draft Direction

**EDINBURGH HEALTH AND SOCIAL CARE PARTNERSHIP****BUSINESS CASE – LEARNING DISABILITY -STEP DOWN****Executive Summary**

In August 2019 the Strategic Plan 2019-2022 for Edinburgh's Health and Social Care Partnership was agreed by the Integration Joint Board. This plan sets out key actions in relation to citizens of Edinburgh and in relation to this business case, how we support adults with a learning disability.

One of our key objectives stated in our plan is that;

*'We need to stop people 'living' in hospital and commission housing that can support people in the community.'*

There are currently 29 people from Edinburgh with a learning disability using hospital beds, mainly in the REH. Many of whom have been hospitalised for a long period of time and have no medical reason to be there. For Edinburgh this means that there is over capacity of four beds, which carries additional expenditure for the IJB as these beds are beyond the available capacity.

There is a strong focus from the Scottish Government on learning disability and mental health bed use in The Royal Edinburgh Hospital (REH), additionally there has been recent concerns from Royal Edinburgh and Associated Services (REAS) that the Partnerships are not resolving the in-patient over capacity issue swiftly enough, causing over expenditure and poor health care provision.

There are two options available; one is to continue the current over capacity at annual cost of 0.5M and accept continued delayed patients. The second is to consider a step-down resource for three people currently delayed in hospital, this option would require 0.3M to enable it to be operational. It is envisioned to be a time limited option running until March 2021.

**2. Strategic case**

Through the EHSCP strategic plan there has been planning to develop community placements for people 'living' in hospital. This is well advanced and likely to become available over the next two years.

There are additionally people who require short periods of assessment and treatment. Frequently these people get delayed in hospital, reasons include:

- Income benefits being affected and tenancies being lost a number of weeks after admittance to hospital.

- Accommodation is no longer suitable.
- Provision of care and support has deteriorated or broken down.
- Families are no longer willing to provide informal care within the family home.
- Timescale for engagement of provider organisations can be lengthy due to their inability to recruit and plan timeously.

This group of people are the main contributors to the overcapacity in REH.

The option of a step down could support these individuals who are 'stuck' within hospital to move on and have a focussed team working to get them into long-term accommodation with an appropriate provider. The step-down option will enable the reduction of 3 REH beds, and as people move into long term accommodation, further reduction in-patient beds.

A robust 3 bed property has been sourced within the South West Locality, which EHSCP Disability Services holds as a special let. As tenants of the property EHSCP will sub-let to those occupying the property.

It is estimated that a transitional step-down period for an individual would be 6 months, however it is recognised that for some this period may be sooner and for others a little longer.

A clearly defined entry and exit strategy will be developed to ensure a continual planning approach. The manager of the step-down option would co-ordinate all stakeholders to ensure these outcomes;

- Reintroduce individuals back into the community at a slower pace, co-ordinating longer-term transitions from an environment similar to what individuals will be moving on to.
- Develop clear and robust support plans based on real home life situations as opposed to from a hospital environment.
- Work in partnership with Community Learning Disability Team (CLDT), Housing Colleagues and 3<sup>rd</sup> sector providers to adopt positive and collaborative relationships in supporting the individual and enabling the sourcing and sustainability of good quality housing and support.

**Stakeholders:**

- *CLDT*  
Provide a multi-disciplinary approach on an individual basis.
- *EHSCP Housing Support and Accommodation Group*  
Resource allocation and planning role in terms of available housing vacancies.
- *Housing*  
Planning and sourcing of suitable accommodation.
- *Locality Teams*

Social Worker input is required to determine an appropriate budget for the future support package.

- *3<sup>rd</sup> Sector Provider Organisations*

Discussions would be required with potential provider organisations from an early point.

- *Care Inspectorate*

The resource will be registered with the Care Inspectorate under Housing Support and Care at Home registration.

## **2.1 Current overall position in REH**

These wards for learning disabilities have been over capacity;

### *William Fraser Centre*

- 1) Over last 2yr period estimate that about 50% of the time WFC has been over capacity
- 2) At no time since 2016 has WFC gone below 12 beds

### *Islay Ward*

- 1) Since reconfiguration was complete Oct 16 have been over capacity [+3 patients] due to repatriating from Northgate and discharges not going to plan

### *Glen Lomond Ward*

- 1) Since Nov 2017 over capacity [+1 patient]

This means that for learning disability bed numbers have been over capacity for over three years. There have been regular challenges by the Mental Welfare Commission to patients being detained unlawfully, of which a handful have been taken forward to tribunal and been awarded financial compensation from the local authority.

## **3. Economic case**

The costs for the current arrangement are 0.5M (excluding professional staff) being spent on providing these 3 beds, these are unfunded, this is based on a nursing cost per bed of 180K. A 'do nothing' approach will mean that people are detained in beds with no health reason to be there. This will restrict access to vital healthcare services as REH will not be accessible for any new in-patients requiring assessment and treatment. This leaves people, families and provider organisations vulnerable and at high risk of placement breakdown.

The option proposed is for a step-down resource which is initially aimed at people who are above the budgeted bed numbers for Learning Disability and will allow 3 of the additional beds that have been commissioned to cease. The costs to progress with this option would be 330K as detailed below.

The proposed option gives the IJB a reduction in spend of 0.2M

**Proposed delivery**

The step-down resource would be delivered by EHSCP Disability Services comprising of:

- 1 Care and Support Manager
- 1 Registered Manager
- 2 Senior Care and Support Workers
- 10 Care and Support Workers

The Care and Support Manager and Registered Manager are already in post and will manage the resource alongside existing commitments. The remaining team will solely work within the step-down resource and will need to be recruited into post. It is expected that some skilled and experienced staff from within disability services will be interested in joining this team which ensures not everyone in the team is new in post and potentially enables a quicker set up.

The staffing model will ensure 1:1 support during day time hours and for 1 member of staff on a waken night shift. It is expected that this level of support will be flexible dependent on the individual needs and can be reduced or increased as required.

During periods of non, or part occupancy, staff attached to the resource will work within the hospital with anyone identified as ready for discharge and appropriate for the step-down resource to ensure a continuing flow.

**Indicative cost**

**Staffing**

The management and development of the resource will be met within existing management structures and budgets within Disability Services. These additional staff would be required to provide the care and support required.

Role	GR	FTE	Post cost	Total Cost
Care and Support worker	4	10	£33,623	£336,230.00
			<b>Total</b>	<b>£336,230.00</b>

**Non-staffing costs**

During occupancy the rental costs, council tax, utilities and general living costs will be met by the person. These costs will be required to be met by EHSCP during periods of non-occupancy over a period of a year this is not expected to be no more than 2K.

**4. Assessment of options**

	<p style="text-align: center;"><b>Option One</b></p> <p style="text-align: center;"><b>Do Nothing: existing arrangements</b></p>	<p style="text-align: center;"><b>Option Two</b></p> <p style="text-align: center;"><b>Step down resource</b></p>
<p>Advantages (Strengths &amp; Opportunities)</p>	<ul style="list-style-type: none"> <li>• No advantages, strengths or opportunities.</li> </ul>	<ul style="list-style-type: none"> <li>• Up to 6 people will be discharged from the REH in one year.</li> <li>• Higher chance of successful transition to long term housing and support.</li> <li>• Greater chance of sustainable long-term housing and support.</li> <li>• Minimised likelihood of placement breakdown and/or re-admittance to REH.</li> <li>• Initial reduction in spend of 210K</li> </ul>
<p>Disadvantages (Weaknesses &amp; Threats)</p>	<ul style="list-style-type: none"> <li>• People remain hospitalised for no medical reason.</li> <li>• People’s right to live in the community is not fulfilled.</li> <li>• REH over capacity.</li> <li>• Greater costs to the EHSCP.</li> <li>• Increased concerns from REAS.</li> <li>• Reputational damage to the EHSCP.</li> <li>• Restricted access to health care services for people who require assessment and treatment.</li> <li>• Increased community costs people not being able to get appropriate hospital care.</li> </ul>	<ul style="list-style-type: none"> <li>• Need to agree 0.3M to resource</li> <li>• Risk that REH reopen beds that have been decommissioned</li> </ul>

**5. Financial commitment**

The overall investment required for the resource out with existing disability budgets would be 0.3M This is a reduction in spend of an initial 0.2M against current expenditure of 0.5M of inpatient support.

As all the patients will leave hospital at some point they will likely receive a package of support funded from the purchasing budget.

**6 Project management**

Name	Project Team role	Description
E. Pemberton	Project Manager	Entry and exit planning. Lead with key stakeholders.
A. Chambers	Registered Manager	Oversee management of team and work in collaboration with the project manager. Ensure regulation of the resource.
Existing Staff	Team Leader x2	Lead the team of Support Workers on a daily basis, ensuring the development and implementation of appropriate support plans with a focus on reintroducing people back into the community.
Not recruited	Care and Support Workers x10	Support individuals in line with support plans, reintroducing them back into the community and a home setting.

If the business case is approved recruitment will be a priority as it can take some time to conclude.

**Constraints:**

The main constraint will be recruitment and the engagement of provider organisations, however as identified in risk management these are assessed relatively low.

**7. Conclusion and Recommendations**

Option one, a status quo approach will continue to absorb costs for the IJB of 0.5M and maintain three people within a hospital setting.

Option two, is to develop a step-down resource to move people from hospital to a community setting, the costs for this are 0.3M.

Option two has outcomes that would be desirable for the IJB,

- three people moved from REH into the community
- a reduction of 0.2M as a consequence of this proposal.

There is an increased likelihood of a sustained community placement in the longer term, which offers better opportunities and outcomes for individuals and greater affordability for the IJB.

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<b>DIRECTION FROM THE EDINBURGH INTEGRATION JOINT BOARD</b>
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Reference number	EIJB-10/12/2019-2		
Does this direction supersede, vary or revoke an existing direction? If yes, please provide reference number of existing direction	No		
Approval date	10/12/19		
Services / functions covered	Disability services		
Full text of direction	In response to the development of a 'step-down' resource for adults with a learning disability; that NHSL decommission three beds within the Royal Edinburgh Hospital.		
Direction to	The City of Edinburgh Council		
Link to relevant EIJB report / reports	Not applicable		
Budget / finances allocated to carry out the detail	State the financial resources allocated to enable NHS Lothian or the Council or both to implement the direction. Provide sufficient detail especially if the direction relates to multiple functions or services	<i>NHS Lothian</i>	<i>City of Edinburgh Council</i>
	2019/2020		£0.075M
	2020/2021		£0.3M
	2021/2022		£0.3M

Performance measures	The outcomes of this direction will be measured by <ol style="list-style-type: none"><li>1. Three people successfully move from hospital to a community step down resource</li><li>2. That three people move from the step down resource into their own tenancies</li><li>3. That community teams continue to provide support to these people to ensure a successful community placement</li><li>4. That the step down resource can offer the same outcomes to more people as people transition to a community placement.</li></ol>
Date direction will be reviewed	December 2020