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

NHS Lothian

Initial Agreement

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Contents

1. Executive Summary 5
1.1 Purpose 5
1.2 Background and Strategic Context 5
1.3 Need for Change 6
1.4 Investment Objectives 6
1.5 The Preferred Option(s) 6
1.6 Readiness to proceed 7
1.7 Conclusion 7
2. The Strategic Case 8
2.1 Existing Arrangements 8
2.2 Drivers for Change 12
2.3 Investment Objectives 24
2.4 Benefits 26
2.5 Strategic Risks 26
2.6 Constraints and Dependencies 28
3. Economic Case 28
3.1 Do Minimum/baseline 28
3.2 Engagement with Stakeholders 29
3.3 Long-listed Options 30
3.4 Short-listed Options and Preferred Way Forward 35
3.5 Design Quality Objectives 38
4. The Commercial Case 39
4.1 Procurement Strategy 39
4.2 Timetable 39
5. The Financial Case 40
5.1 Capital Affordability 40
5.2 Revenue Affordability 42
5.3 Overall Affordability 44
6 The Management Case 45
6.1 Readiness to proceed 45
6.2 Governance support for the proposal 45
6.3 Project Management 46
7 Conclusion 49

NHS Lothian

Appendix 1: Strategic Assessment 50
Appendix 2: Benefits Register and Non-Financial Benefits Assessment 51
Appendix 3: Risk Register 53
Appendix 4: AEDET (Achieving Excellence Design Evaluation Toolkit) Evaluation Summary 56
Appendix 5: Pictures of NHS Lothian Current Intellectual Disability Wards 56

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Intellectual Disability services are currently delivered on the Royal Edinburgh Hospital (REH) site from outdated, clinically challenging accommodation.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.

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**

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.

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.

[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

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.

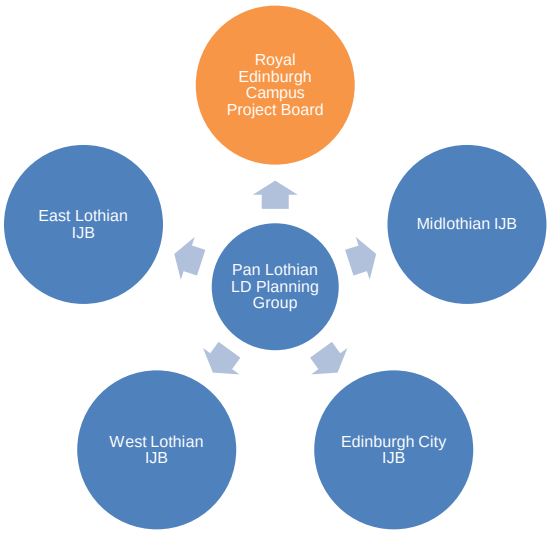
The needs for change are summarised as follows:

- 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:

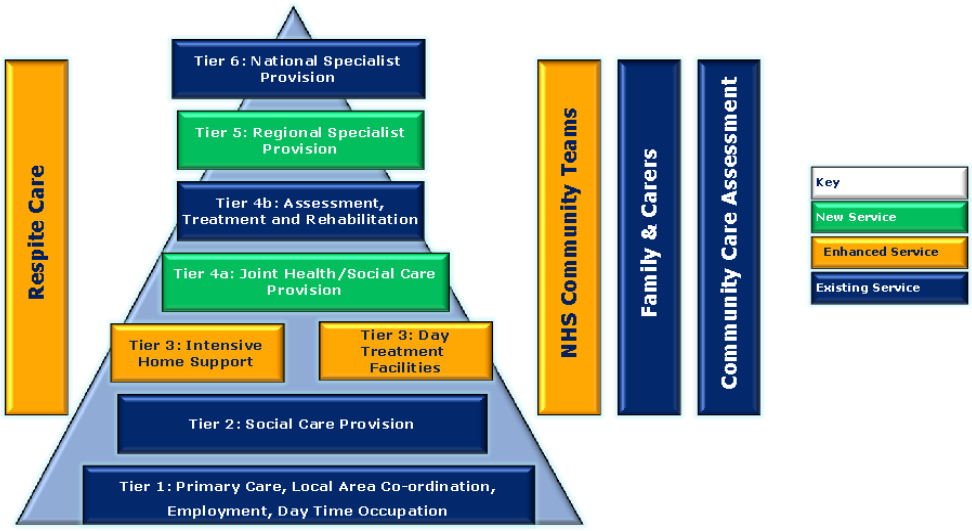
- Primrose Lodge – will be taken over by Midlothian for conversion to a 4 bedded complex physical health facility
- Glenlomond – located directly on the outskirts of the main Royal Edinburgh Campus, potential for future use is being considered by current REAS services
- Camus Tigh – located in Broxburn 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.

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

[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/

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

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.

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

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

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

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

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

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

- Additional costs, nursing costs and ward environmental adaptations to safeguard and manage young people in adult and paediatric ward settings.

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

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

The NIDAIPU 4 bedded unit is being included in the wider IA for Adult Intellectual disability wards in NHS Lothian because there are economies of scale by both commissioning the building services together and also recruiting and retaining staff. There may also be opportunities for enhanced gym and outdoor space for the 4 bedded unit since it will be co-located with the adult unit. There would be careful consideration on how any shared space would be used given the vulnerability of the young people being cared for within the unit.

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

Table 1: Summary of the Need for Change

What is the cause of the need for change?	What effect is it having, or likely to have, on the organisation?	Why action now?
Local and national strategies aim to ensure people have access to treatment out with an acute hospital environment when possible, which requires reducing numbers of acute beds and increasing investment in community service	The organisation is currently not meeting the strategic goals of the four Lothian IJBs. Therefore the proposal set out within this IA is to reduce the number of beds within the adult learning disabilities service and transfer investment into community services.	The intention to commission new facilities for people with learning disabilities on the REH campus is stated in the plans of the 4 Lothian IJBs. There is pan-Lothian agreement on this proposal. Reduction in acute hospital beds is required to transfer resource to community alternatives.
There is currently a lack of space for therapeutic activities, including therapeutic interventions, space to practice skills for discharge and space to spend time with family	Poorer outcomes for patients who are admitted to hospital because there is a lack of space to deliver therapeutic activities which would provide them with skills required to be discharged. Patients may also struggle to maintain good links with family and friends as there is no space in the inpatient unit to meet with them.	Patients continue to receive care in environments which do not enhance their treatment and recovery. They may lose some ability to maintain key relationships which may be important to their recovery.

Existing buildings are not fit for purpose and the majority cannot efficiently be converted into single bedroom/bathroom ward accommodation	The organisation is failing to meet requirements such as having single, en-suite rooms. Backlog maintenance for the REH is £16 million. This is made up of fire precautions and infrastructure including plant. Part of the reason this figure is so high is because the buildings in current use are older.	The redevelopment is required now to provide a safe, financially sustainable and high quality environment to those requiring inpatient care for a long term mental health illness
The existing buildings are not safe for staff to deliver care from due to their size and configuration	The organisation is at risk of placing higher levels of restrictions on patients with an intellectual disability and of buildings being unsafe for staff to deliver care from	Staff are under continued pressure to deliver care in a challenging environment. This makes the work highly stressful, which can lead to higher rates of sickness absence and staff turnover
Existing buildings have poor energy efficiency	Current facilities incur high facilities costs and have poor energy efficiency 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
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

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
Public & service user expectations	Public and service user expectations would be partially met as existing accommodation would be improved and would be supported by a model of care which prioritises keeping people at home or in a homely setting wherever possible	Public and service user expectations would be partially met as existing accommodation would be improved and would be supported by a model of care which prioritises keeping people at home or in a homely setting wherever possible	Public and service user expectations would be met as there would be a top spec intellectual disabilities campus supported by a model of care which prioritises keeping people at home or in a homely setting wherever possible

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

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

1.1.1 Initial Assessment of Options

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

Table 7: Assessment of options against investment objectives

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

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

3.4 Short-listed Options and Preferred Way Forward

Shortlisted options

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

Table 8: Short Listed Options

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

Non-financial benefits assessment

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

The results of the benefits assessment are summarised below:

Table 9: Results of Non-Financial Benefits Assessment

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

#	Benefit	Weight (%)	Option 1	Option 2	Option 3	Option 4
	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

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)**

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 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

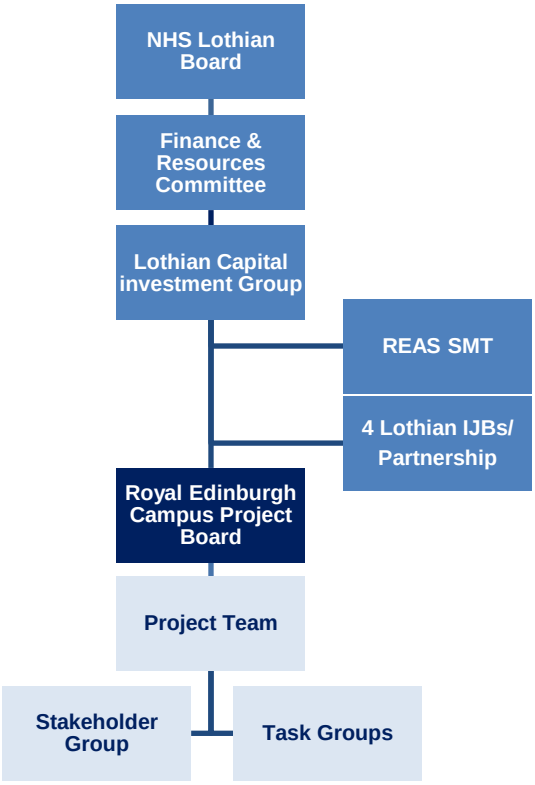
A benefits register and initial high level risk register for the project are included in Appendix 2: Benefits Register and Appendix 3: Risk Register. Detail of the proposed timeframe for development of the business case is included in the Commercial Case and any interdependencies with other projects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

Role	Individual	Capability and Experience
Senior User and Programme Management Board Deputy Chair	Tracey McKigen, Services Director, Royal Edinburgh and Associated Services	As Senior User Tracey is accountable for ensuring that requirements have been clearly defined in the Clinical Brief and that the proposed development is fit for purpose and fully meets user needs. Following the principles of PRINCE2, the Senior User has primary responsibility for quality assurance and represents the interests of all those who will use and operate the new facilities. As REAS Service Director, Tracey has a deep understanding of the clinical and support needs of the services delivered from the REH. She has also held a number of other senior management roles in the NHS
Strategic Programme Manager	Nickola Jones, Strategic Programme Manager	Previous experience of NHS capital projects
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

Role	Individual	Capability and Experience
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.

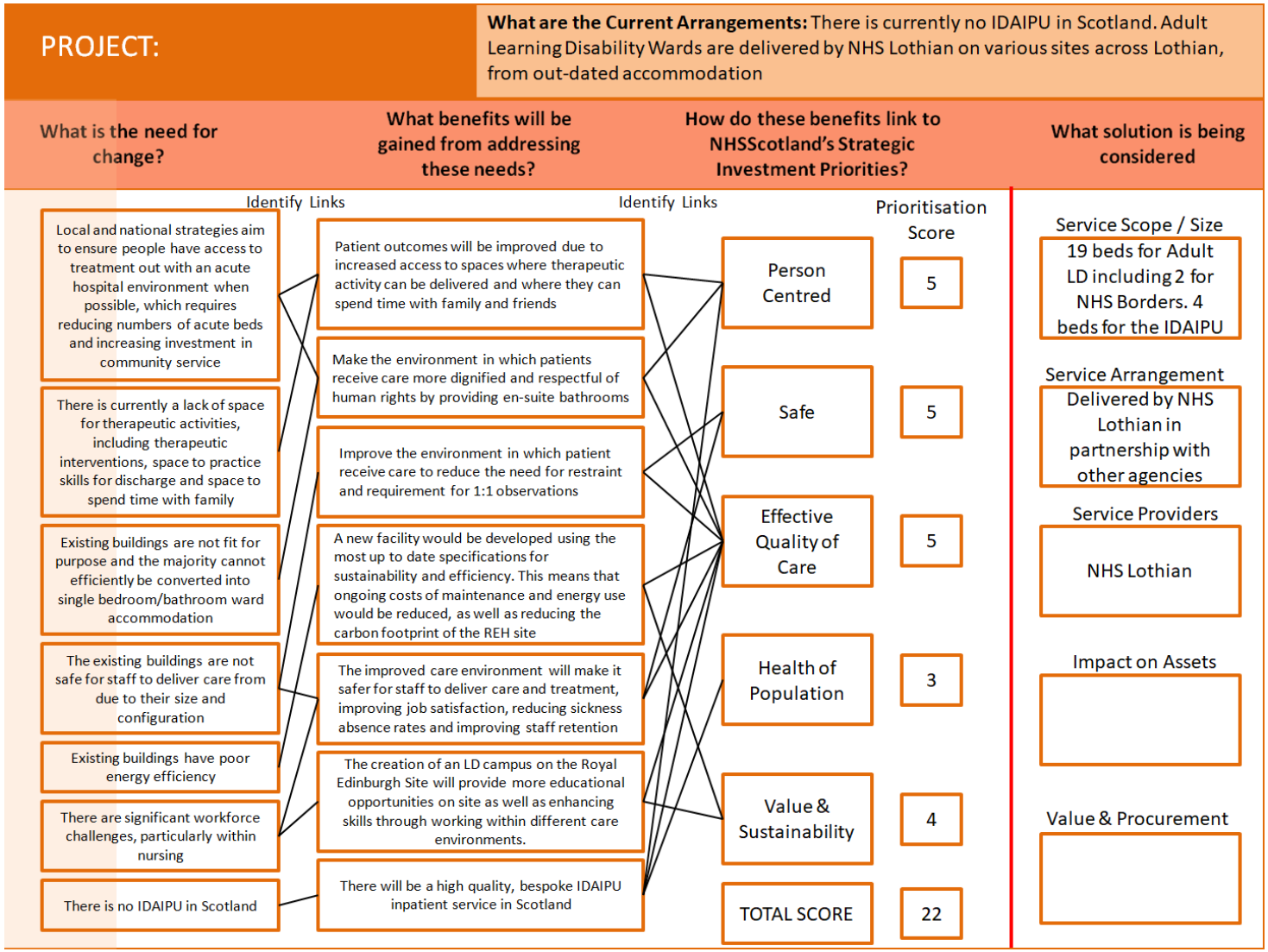
This case clearly describes the need for improved accommodation for those with intellectual disability and mental health needs in NHS Lothian, it also describes the case for providing a bespoke 4 bedded facility for adolescents with these needs across Scotland, as requested by the Scottish Government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