

14 October 2021, 2.00pm

Development of services for citizens with learning disabilities, and rehabilitation after severe and enduring mental illness

Item number: 5.3

Executive summary

This report seeks approval from the Midlothian Integration Joint Board for the Initial Agreement for the development of inpatient facilities at the Royal Edinburgh Hospital. Specifically, these facilities will support citizens with Learning Disabilities and those with rehabilitation needs following severe and enduring mental illness.

The programme of work to develop these services is focussed on delivering new support and services for citizens in these categories and in providing care closer to home. This is genuinely transformational work and a major plank of the MIJB's strategic direction.

These Initial Agreements suggest that the revenue costs for MIJB are neutral, and that the capital costs are for NHSL to consider. This latter cannot be done until the four Lothian IJBs have all approved the strategic case contained within the IAs.

Board members are asked to:

Approve the attached Initial Agreements.

Development of services for citizens with learning disabilities, and rehabilitation after severe and enduring mental illness

1 Purpose

- 1.1 To seek MIJB approval for the attached Initial Agreements supporting the development of services for citizens with either learning disabilities or rehabilitation needs after severe and enduring mental illness.

2 Recommendations

- 2.1 As a result of this report what are Members being asked to:-

Note the strategic case outlining how services will change over the next 5 years;

Note that this case delivers on strategic aspirations of the MIJB;

Approve the case and **agree** that NHSL's Finance and Resources Committee consider the capital and revenue aspects.

3 Background and main report

- 3.1 The development of services for people with a range of conditions under the banner of "mental illness" has been a focus of public sector work for the last century in the western world. In particular, the direction of travel has been away from the antediluvian, asylum-based model of "protecting" the general populace and towards a truer understanding of the nature of these conditions.

It should be noted at this point that "mental illness" in this section is used in its broadest sense as a shorthand, but it is fully acknowledged that people with learning disabilities do not meet many definitions of "mental illness"

- 3.2 This direction of travel has also shown that people being treated and supported closer to home, in a "normalised" environment, have better long-term outcomes than those kept in institutions.
- 3.3 This developing approach has also shown that there can be advantages in utilising the skills of those with "lived experience", and with a focus on care, rather solely relying on a medicalised model of treatment.

- 3.4 Over the last 30 years, this has seen the number of people housed in old “asylums” reduced drastically, and this applies within the Lothians as much as anywhere else in the UK.
- 3.5 NHS Lothian is the main provider of inpatient services for people with mental illnesses, but some Midlothian residents may have to leave the Lothians altogether for treatment. This can last for multiple years.
- 3.6 NHS Lothian has long sought to replace large sections of the inpatient facilities it has for East Lothian, Edinburgh, and Midlothian residents. This includes some 19th-century buildings clearly not suitable for modern care and treatment. Over the last ten years NHSL has managed to move forward this desire to reprovide services and was successful in opening the new Royal Edinburgh Building in 2016 to provide acute adult mental health services, and specialist Robert Fergusson specialist rehabilitation facility.
- 3.7 Midlothian HSCP teams have worked with NHSL over the last 5 years, and with partner HSCP teams, to design a new model of care for people with learning disabilities and for those with rehabilitation needs after severe and enduring mental illness, including models for low-secure care.
- 3.8 The output of this work is in the appended Initial Agreements. Board members will note the detailed strategic case which expands on the argument advanced above, and which lays out the changes in provision which will result. Midlothian HSCP teams have identified the bed base expected to be required in both Initial Agreements based on current demand patterns.
- 3.9 Overall, these cases see a significant reduction in the overall bed-base for the Lothians. This is a true interpretation, but this is secondary to the way in which the new models will support more people living independent, supported, lives with more appropriate care in future, rather than being housed in institutions.
- 3.10 This series of changes are genuinely transformational and will not be easy to deliver, but the cases presented illustrate how these will be delivered.

4 Policy Implications

- 4.1 These cases fit with the general policy direction of the MIJB, in providing more care closer to home.

5 Directions

- 5.1 These cases deliver in part on the requirements of Direction 11 on Mental Health. Specifically, “Work with other Lothian IJBs to agree plans for pan-Lothian and hosted mental health service provision 2022-25 by November 2021.”

6 Equalities Implications

- 6.1 These proposals significantly reduce inequalities for cohorts of individuals with severe and enduring mental illness and/or learning disabilities.

7 Resource Implications

- 7.1 Revenue implications are currently expected to be neutral. Capital implications are for NHSL.

8 Risk

- 8.1 There are similar risks to any and all large capital projects, and these are described in the Initial Agreements.

9 Involving people

- 9.1 As noted, Midlothian HSCP teams have been involved throughout the development of these IAs.

10 Background Papers

10.1

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Appendices:
Initial Agreements x2