

## **AGENDA ITEM NO 10**

## **REPORT NO IJB 82/24**

## ANGUS INTEGRATION JOINT BOARD

#### **18 DECEMBER 2024**

## IN PATIENT LEARNING DISABILITY TRANSITION UPDATE

## REPORT BY JILLIAN GALLOWAY, CHIEF OFFICER

## 1. ABSTRACT

The purpose of this report is to provide an update to Angus IJB on the progress being made with the Inpatient Learning Disabilities Transition.

## 2. ALIGNMENT TO THE STRATEGIC PLAN

The information within this paper is aligned to an operational decision for NHS Tayside. The implications of the proposals are aligned to the IJB's strategic priority 3: Mental health, learning disability and substance use recovery. The proposal is also aligned to the IJB's strategic vision that people in Angus receive the best services possible and enjoy physical and mental health to their full potential.

## 3. RECOMMENDATIONS

It is recommended that Angus Integration Joint Board: -

- (i) notes and continues to support the progress being made with the Inpatient Learning Disability Update; and
- (ii) notes that further updates will come to future IJBs and agrees to modify the IJB workplans to reflect this.

## 4. BACKGROUND

In January 2018 Perth and Kinross Integration Joint Board approved a decision to create a single site for Learning Disability Services at Murray Royal Hospital as part of a wider Transformation Programme for General Adult Psychiatry (GAP) and Learning Disability (LD) In-Patient Services. Under the schemes of delegation in place in 2018 Perth & Kinross Integration Joint Board had delegated authority for strategic planning of in-patient Mental Health and Learning Disability Services.

The previous approved decision to move Learning Disability inpatients to a single site did not progress due to several factors including the establishment and reporting of the Independent Inquiry into Mental Health Services, the impacts of the COVID-19 pandemic and the oversight arrangements put in place by Scottish Government through the Independent Oversight and Assurance Group (IOAG).

The IOAG delivered its final report in January 2023. It said: "In our second quarterly report, published in June 2022, we highlighted three specific areas that required urgent attention. We have not yet seen plans to take these issues forward. It is now imperative that Tayside do so with pace and ambition and in a way that engages with patients, families, partners and communities.

The three issues were: -

- 1. Progressing the decision around single site provision in Tayside for inpatient mental & Learning Disability health care.
- 2. The physical environment in Strathmartine, which raised concerns for both patients and staff.
- 3. Addressing the issue of significant delayed discharges, meaning that patients were being kept in inpatient beds longer than they needed to be.

The Mental Health and Learning Disabilities Improvement Plan, a whole system improvement plan was developed in response to the IOAG's final report with priority workstreams to address the first recommendation of the IOAG relating to single site decision, Strathmartine environment and delayed discharges. The timeline for a decision on the single site was by March 2026. This Mental Health and Disabilities Improvement Plan was approved by the three IJBs and Tayside NHS Board in March 2023.

The proposal and direction of travel set out in this report for learning disabilities align with this recommendation from the IOAG's final report. The change is to the timeline and the need to expedite the move.

There is an urgent need to address the issues detailed in both the Carseview Care Assurance Review and the statement from the Executive Nurse Director and Medical Director to the NHS Tayside Chief Executive on 28 June 2024 that Strathmartine ward environment does not, and will not be able to, provide a therapeutic environment for patients and there is a requirement to expedite a move to a single site for inpatient Learning Disability Services.

The NHS Tayside ELT considered the options to address both these issues at its meetings on 8 and 15 July 2024. The ELT considered and agreed with all of the following recommendations (appendix 1), including the requirement to expedite the move of Inpatient Learning Disability Services to a single site at Murray Royal Hospital.

Furthermore, NHS Tayside and the three IJBs are committed to implementing the vision and mission for people living with complex care needs, as set out in the Coming Home Implementation report published in February 2022. That report states:

'By March 2024 we want and need to see real change with out-of-area residential placements and inappropriate hospital stays greatly reduced, to the point that out-of-area residential placements are only made through individual, or family choices and people are only in hospital for as long as they require assessment and treatment'.

Inpatient Learning Disability Services in Tayside are currently provided across two hospital sites, Carseview and Strathmartine.

At Carseview there is a 10-bedded Learning Disability Assessment Unit and Strathmartine provides an 8-bedded Low Secure and 6 bedded Behavioural Support Interventions Wards.

The existing model of care within Strathmartine co-locates occupational therapy and day services, creating a sense of therapeutic community for patients and staff. The relocation of in-patient services will also require giving due consideration of occupational therapy services.

The report highlights the requirement for whole system leadership which puts the individual at the centre and creates meaningful collaboration with, but not limited, to those with lived experience of complex care needs, their families, welfare guardians and staff working with people with learning disabilities.

The key principles and recommendations of the Coming Home Implementation inform and underpin the requirements to create purposeful, therapeutic environments of care for people with a learning disability and to work collaboratively to reduce and prevent people from staying in hospital beyond their date for discharge.

A move to a single site for in-patient learning disability services in Tayside is consistent with the values and mission set out in the Coming Home report.

NHST agree to support the relocation of Learning Disability inpatients to a single site, Murray Royal Hospital, from Strathmartine and Carseview.

The Learning Disability Inpatient Transition Task & Finish Group was established to oversee this programme of work and has been meeting fortnightly.

## 5. CURRENT POSITION

The table below provides an update status for each of the agreed recommendations.

Number	Recommendation	Update
1	Agree with the recommendations from the Board Medical Director and Nurse Director that Strathmartine is an unsustainable clinical environment to provide best quality care.	NHS Tayside fully support the decision to relocate Inpatients from Strathmartine to improved accommodation at Murray Royal Hospital, Perth. The LD Task & Finish Group has a wellestablished programme structure in place to oversee the effective delivery of this programme.
2	Agree that the concerns raised in relation to the Strathmartine environment should be considered alongside the concerns raised by the Care Assurance Review of the Learning Disability Assessment Unit (LDAU) at Carseview (considered by ELT on April 29) in relation to professional practice issues and professional nursing conduct concerns.	Oversight of the actions required in relation to the Strathmartine Environment and the LDAU Care Assurance were brought together into a single assurance process led by the Board Nurse and Medical Directors. The LD Assurance Meeting met fortnightly with representation from Estates and Property,
		Finance, Human Resources, Service and Professional Leads. At the meeting agreement was reached to align the oversight of the Strathmartine Environmental Actions with the governance arrangements for the Task and Finish Group through the Chief Executive Team, Care Governance Committee and Integration Joint Boards. The LD Assurance Group will continue to meet to oversee the actions from the LDAU Care Assurance Review with the next meeting. Action notes and an action plan for the LD Assurance Group has been maintained via the Board Nurse Directors Office. The LDAU improvement plan has transferrable learning across the LD inpatient service and whole service themes will be identified and actioned.
3	Agree that, because of these collective concerns, the move of inpatients from Strathmartine and the Learning Disability Assessment Unit at Carseview to Murray Royal Hospital should be expedited to achieve the co-location of all learning disability inpatients on a single site.	The Property & Design workstream have met regularly with clinical colleagues on site at Murray Royal Hospital to collaboratively agree accommodation requirements for patients currently located at Strathmartine. The clinical staff

		have signed off the outline design the next stage is to appoint a design team and develop more detailed designs which will allow costs and timescales to be estimated for the construction works at Murray Royal Hospital.  Discussions are underway to identify property requirements and potential options to accommodate the inpatients currently in the Learning Disability Assessment unit at Carseview.
4	Agree that any impact of this move on our workforce will be considered in full partnership and according to Once for Scotland workforce policies	The workforce workstream has defined their aim and deliverables and have commenced discussions and engagement in line with the Organisational Change Policy. One to one sessions are being planned with staff and management support is being secured to facilitate and support these engagement opportunities. A briefing paper will be developed by the service manager to ensure that consistent messages are provided to staff. The workforce workstream members include representatives from StaffSide, HR, LD services and union.
5	Approve the requirement to fund ongoing environmental improvement works at Strathmartine whilst the move to a single site is progressed.	The LD Inpatient Transition programme is mainly driven by the need for patients and staff to work in a safe environment which is conducive to enhancing the wellbeing of patients in a safe therapeutic environment. Separate work continues to review and improve the building environment at Strathmartine, and this is being carried out and monitored through the weekly LD Assurance Group meetings.
		To date, repair and maintenance works have been carried out at Strathmartine to improve the condition and functionality of the site, to the flats. A few reviews were undertaken under the broad headings of; day to day maintenance; mental welfare commission findings; infection prevention and control, and new works (upgrades) which culminated in a comprehensive list of individual repairs and upgrades.
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		requirements and as of 25th October 2024, 277 are complete, 154 are in progress and the remaining 138 are being programmed for delivery through engagement with clinical colleagues and contractors.
		The Learning Disability Inpatient Transition Task & Finish Group links in with the Whole Systems work and keeps them informed of plans and progress.
6	Agree that the newly formed Inpatient Learning Disability Transition Task & Finish Group aligns to Priority 10 (whole system redesign of learning disability services) within the Whole System Change Programme and becomes a fully resourced priority workstream for delivery. This will ensure that the existing governance arrangements for the Mental Health and Learning Disability Programme Board are maintained	The LD Service Redesign priority within the MH & LD Whole System Change Programme will continue in parallel to the LD Inpatient Transition programme delivery of a single site for LD In Patient Services. The timescales for the wider redesign of LD Services are likely to run beyond the delivery of the single site however there will be clear governance arrangements, links and engagement maintained between both programmes of work. Considering this, recommendations 6 and 7 will be removed from future update reports.
7	Agree to commission a reprioritised Priority 10 to deliver short-term objectives to deliver safe patient care across the whole system, alongside a longer-term vision and models of care for learning disability services in Tayside.	As above, this recommendation sits within the scope of the MH & LD Whole systems programme and will be removed from future reporting.
8	Agree to endorse and co-deliver the stakeholder engagement plan to brief key stakeholders relating to Tayside Learning Disability Services.	The Communications workstream has met and a workshop is being arranged November 2024, to develop a draft Communications plan. Invitations for this workshop will be extended to colleagues from other workstreams to develop and agree an overarching communications plan.
		Representatives from NHST, Staffside, HSCPs and third sector Advocacy services are members of this workstream.
		Further consideration has been given to ensure that the optimum way of engaging with patients and or parents/carers to have representation and participation on the other workstreams/groups.
		The draft Communications plan

will be presented to the LD Task & Finish Group for approval. To maximise communication and engagement across all the LD Programme Inpatient workstreams, the LD Task & Group Finish agreed that alternative fortnightly meetings would be for the Workstream to meet and share Leads information from their area of responsibility. A Programme Execution Plan is 9 Agree that a further progress report on Learning being developed and due to be Disability Services, including an implementation completed by the end with comprehensive workforce November 2024. Now that each workstream has identified their undertaken in partnership, and timelines to deliver aims and deliverables, single site accommodation, is presented to ELT in workstream leads, with support September 2024 for whole system assurance and from the Programme Manager will to identify any further support for delivery. collaboratively agree a project plan with activities, key milestones and estimated timelines. This plan will be used to monitor future progress or slippage and enable the LD Task & Finish Group or workstream leads to agree potential corrective measures, if required

A subgroup of members from the Learning Disability Transition Task & Finish Group (LD TT&F) Group met to develop and agree objectives for the LD Transition Programme. The six objectives were subsequently approved by the LD TT&F Group and are detailed below:

- 1 Relocate current inpatients from Strathmartine to Murray Royal Hospital or individual community placements by August 2025 (phase I).
- 2 Ensure that the new accommodation is adapted to be safe, modern and provides a therapeutic environment, meeting the clinical needs of the patients, H&S and Infection Control requirements.
- 3 Develop and implement a robust Communications and Engagement Strategy for patients, staff, carers and those who may be impacted, utilising accessible and easy read formats. Ensure suitable forums are created and relevant media/advocacy is used to seek feedback and meaningful engagement.
- 4 Relocate all inpatients from the Learning Disability Assessment Unit (LDAU) in Carseview to Murray Royal Hospital or individual community placements by August 2025 (Phase II).
- 5 Ensure that the workforce is available and in place, with relevant knowledge and experience to support the transition and ongoing care of inpatients to new accommodation and community settings.
- 6 Ensure that suitable resources are in place, in terms of staff, finances, professionals and support to effectively deliver this programme of work.

The Learning Disability Inpatient Transition Task & Finish Group are also developing a Programme Execution Plan which describes the: -

- Background, aims and objectives.
- Scope.
- Communications Strategy.
- Risks (strategic/operational).
- Roles and Responsibilities.
- Project controls Actions, Issues, change etc.
- Programme structure and relationships with other programmes of work.
- Plan with key dates and deliverables.

A short life working group (SLWG) has met to develop an Equality Impact Assessment (EQIA), and the draft document shall be presented to the LD Task & Finish Group for approval and included within the Programme Execution Plan.

## 6. PROPOSALS

There are no direct proposals arising direct from this report.

## 7. FINANCIAL IMPLICATIONS

Transition to Murray Royal

On 22 October 2024, the clinical leads signed off outline designs, for the Faskally and Rannoch wards in Murray Royal Hospital, which were developed through the Design & Property Workstream

It is anticipated that there will be minimum changes to the accommodation in the Faskally ward but there will be construction, staffing, equipment and other associated costs with all the relocation phases. Note that there is a potential risk with the accommodation being available in Faskally as it was previously earmarked as a decant area for the Anti Ligature works currently being carried out at MRH.

An equipment list will be developed, and Procurement shall be invited to join the Design & Property workshop to lead this piece of work.

Costs will be updated once the individual workstreams have scoped out the works and engaged with a design team/FM provider to estimate the financial impact.

Workforce Models

The Workforce workstream will also develop staffing model(s), that will be costed for each phase and throughout the transitional phase of the inpatient relocations.

Other Financial Considerations

As noted in report 49/24, issues such as the impact of any changes on the existing unitary charge for Murray Royal Hospital following change in the use of wards, as Murray Royal is a PFI building (NHS Tayside cost).

Noting future bed capacities, it is possible there may be a net reduction in available hospital beds (e.g. from 24). This would represent a net transfer of Tayside-wide activity from NHS provision to Community and Social Care provision. Given the complexity of the needs of this patient group, any net decommissioning of hospital beds (i.e. a transfer of care to the community) would need to be considered in the context of a transfer of an appropriate resource to community settings to fund suitable community/ social care. In terms of the provision of that Community/Social care, there may also be additional accommodation requirements that may require capital or revenue solutions.

## 8. RISK MANAGEMENT

A strategic risk workshop was held on 8 October and jointly chaired by the Senior Responsible Officer (SRO) and Head of Strategic Risk and Resilience.

It is proposed that operational risk workshops will be undertaken with key leads to: -

- Identify the key operational risks for the programme across each phase.
- Score the identified risks.
- Agree risk owners and mitigation plans for each operational risk.

A workshop, to identify, score and agree mitigation plans for operational risks will be held and planning has commenced. The operational risk log will be included within the Programme Execution Plan, subject to approval by the LD Task & Finish Group. Regular reviews will be carried out to ensure that scorings remain accurate, and mitigation plans are appropriate. New risks will also be recorded.

#### 9. PUBLIC HEALTH IMPLICATIONS

There are no direct public health implications arising from the recommendations of this report.

## 10. CLIMATE SUSTAINABILITY IMPLICATIONS

There are no direct environmental implications arising from the recommendations of this report.

# 11. EQUALITY IMPACT ASSESSMENT (EQIA), CHILDREN'S RIGHTS AND FAIRER SCOTLAND DUTY

A SLWG has been established to develop an EQIA. The first meeting was held on the 19 September to commence this important piece of work.

## 12. COMMUNICATION AND ENGAGEMENT

A number of meetings have taken place with staff and weekly newsletters issued.

The Patient and Carer participation workstream meetings have commenced with the leads engaging with local advocacy services to support the workstream.

The Communications workstream have met and are planning a workshop for 12 November 2024 to develop the LD Inpatient Transition Communications plan which will be considered and reviewed by the LD TT&F Group for approval.

## 13. DIRECTIONS

The Integration Joint Board requires a mechanism to action its strategic commissioning plans, and this is provided for in Section 26 to 28 of the Public Bodies (Joint Working) (Scotland) Act 2014. This mechanism takes the form of binding directions from the Integration Joint Board to one or both of Angus Council and NHS Tayside.

Direction Required to Angus Council, NHS Tayside or Both	Direction to:	
	No Direction Required	Х
	Angus Council	
	NHS Tayside	
	Angus Council and NHS Tayside	

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