



AGENDA ITEM NO 9

REPORT NO IJB 49/24

ANGUS INTEGRATION JOINT BOARD

28 AUGUST 2024

LEARNING DISABILITIES IN-PATIENTS

REPORT BY JILLIAN GALLOWAY CHIEF OFFICER

1. ABSTRACT

The purpose of this report is to advise Angus Integration Joint Board of the operational decision taken by NHS Tayside's Executive Leadership Team to progress the move to a single site for Tayside Inpatient Learning Disability Services in line with the strategic direction previously agreed by the Tayside Integration Joint Boards.

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 the Integration Joint Board: -

- (i) Acknowledges the content of the report on the Tayside Inpatient Learning Disability Service as attached as appendix 1 to this Report;
- (ii) Consider request to reaffirm the strategic direction agreed in 2018 with regards to a move to a single site model for Tayside Inpatient Learning Disability Services;
- (iii) Recognise the development of a comprehensive programme of work to progress the move to a single site by August 2025;
- (iv) Accept the intention to provide quarterly progress reports to the IJB and requests the Chief Officer to ensure these are provided accordingly; and
- (v) Request the Chief Officer to bring back further paper to the IJB detailing commissioning requirements for in-patient for Angus.

4. BACKGROUND

Inpatient Learning Disability Services in Tayside are currently provided across the Carseview and Strathmartine hospital sites. The bed base consists of a 10 bedded Learning Disability Assessment Unit at Carseview with 14 beds provided at the Strathmartine site.

In January 2018, Perth and Kinross Integration Board as lead strategic planning partner for Tayside Inpatient Mental Health and Learning Disability services approved a decision to move to a single site model for Learning Disability Services at Murray Royal Hospital in Perth. This was following a consultation and engagement process which had previously been reported to Angus IJB. (Reports 26/17, 49/17, 8/18)

5. CURRENT POSITION

The attached report outlines the reasons why this service change did not progress timeously following that decision and sets out the current issues with the physical environment in addition to leadership, professional practice and culture highlighted through an internal Care Assurance Review and feedback from a recent Mental Welfare Commission unannounced visit.

The attached report also sets out the recent operational decision taken by NHS Tayside's Executive Leadership Team (which includes the 3 Tayside IJB Chief Officers) to expedite the move to a single site model and outlines the approach to deliver this taking into consideration patient and families and workforce implications in addition to financial, infrastructure and future care arrangements through a work programme overseen by a newly established Inpatient Learning Disability Transition Task and Finish group.

6. PROPOSALS

N/A

7. FINANCIAL IMPLICATIONS

The attached reports reflect a number of financial implications as follows: -

- The costs of transition and fit-out of the MRH site (NHS Tayside cost).
- The recurring revenue impact on the existing unitary charge for MRH following change in the use of wards, as MRH is a PFI building (NHS Tayside cost).
- The staffing model required and associated costs.

The report however notes that "It is not possible at this early stage to provide an estimate of revenue costs for the proposed single site."

In terms of considering key strategic decisions, ideally an outline of potential financial implications would be available to support discussion. That could include the following: -

- A provisional estimate of the costs of potential staffing models associated with bed capacity requirements and an understanding of how those costs compare to current actual and budgeted costs.
- Noting that future bed capacities have not yet been firmed up, it is likely there will still be a net reduction in available hospital beds (e.g. from 24). This will 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 de-commissioning of hospital beds (i.e. a transfer of care to the community) would need to be reflected in the 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.
- The attached report notes that approximately 140 staff will be impacted by the proposed changes and that a plan will be developed to determine options for existing staff. Given the nature of any possible relocation, it is possible this may trigger an increased level for workforce turnover. If there was an increased level of turnover and noting the current reliance on supplementary staffing within Mental Health and Learning Disability Services, this might exacerbate staffing issues further in future staffing models, with an associated financial implication.

While the above information is not yet available, the attached report does note factors that will impact on the revenue costs in the inpatient setting and that there will be a whole-system financial impact. This clearly comes with an associated financial risk for all partners.

8. RISK MANAGEMENT

Risk 1 Description	There is a risk that if progress is not made to move to a single site model of delivery for services, patient care will be impacted on due to environmental factors and clinical and professional practice issues
Risk Category	Operational
Inherent Risk Level	Likelihood (4) x Impact (4) = Risk Scoring (16) Extreme Risk
Mitigating Actions (including timescales and resources)	Delivery of programme plan within timescales Effective discharge planning where appropriate Whole system approach to programme delivery
Residual Risk Level	Likelihood (2) x Impact (3) = Risk Scoring (6) Moderate Risk
Planned Risk Level	Likelihood (2) x Impact (3) = Risk Scoring (6) Moderate Risk
Approval recommendation	Given the potential risks of doing nothing and the impact of the mitigating factors the risk should be accepted

This report suggests that there may be a net transfer of patients from hospital settings to community/social care settings. There are a number of risks associated with managing the increasingly complex needs of individuals in the community.

9. PUBLIC HEALTH IMPLICATIONS

People with a learning disability have worse physical and mental health than people without a learning disability. Moving to improved accommodation has the potential to have positive implications to health and wellbeing however moving Angus residents further away from their home and families could have a negative impact.

10. CLIMATE SUSTAINABILITY IMPLICATIONS

Positive impact

- Reduction in carbon emissions (energy efficiency) by relocating to a newer building (Strathmartine in need of repair)
- Improved resource efficiency by relocation to single site.

Negative impact

- Increased staff travel to Murray Royal Hospital causing increase in emissions, impacting NHS Tayside's net zero targets.
- Increased travel for families from Angus to Murray Royal Hospital causing increase in emissions.

11. EQUALITY IMPACT ASSESSMENT, CHILDREN'S RIGHTS AND FAIRER SCOTLAND DUTY

A full NHS Tayside EQIA will be undertaken by the Inpatient Learning Disability Transition Task and Finish group and will be shared with the IJB as part of the quarterly reporting process once complete.

An AHSCP screening assessment has been undertaken which highlights some potentially negative impact for staff, service users and carers. Although a full assessment is being undertaken by NHS Tayside, a full AHSCP assessment will also be undertaken to ensure that appropriate mitigating actions are identified to address any negative impact for Angus residents.

12. COMMUNICATION AND ENGAGEMENT (IF APPLICABLE)

Staff briefings began on Wednesday 7th August and staff meetings commenced on Thursday 8th of August with a series of meetings with staff affected by the change at Strathmartine and Carseview. Communications have continued with staff since the first engagement and a Communications Expert Reference Group with representation from key stakeholders including families and staff is being established.

The Inpatient Learning Disability Transition Task & Finish group will have workstreams in place, one which will be communication and engagement to ensure robust and varied methods of communication are in place for all stakeholders.

The Inpatient Learning Disability Task & Finish group will also ensure appropriate governance structures, including staff side partnership, are engaged in the progress.

Letters have been sent to all Welfare Guardians and relevant family members of patients who will be impacted by this move to inform them of the proposed changes.

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	x
	Angus Council	
	NHS Tayside	
	Angus Council and NHS Tayside	

REPORT AUTHOR: Jillian Galloway, Chief Officer

EMAIL DETAILS: tay.angushscp@nhs.scot

List of Appendices:

Appendix 1 – Combined Report for IJBs and NHS Tayside Board