



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	15 February 2017
Agenda Item	9
Title	Specialist Learning Disability Services
<p>Summary</p> <p>This report provides an overview of progress in relation to the redesign of Specialist Learning Disability 'Long Stay' In patient Services and a brief update on the process to review Assessment/Treatment Services.</p>	
Presented by	Julie Murray, Chief Officer
<p>Action Required</p> <p>The Integration Joint Board is asked to note the current position of the Learning Disability In-patient Services restructure, and supports the plans outlined in the report for implementation.</p>	
<p>Implications checklist – check box if applicable and include detail in report</p> <p> <input checked="" type="checkbox"/> Financial <input checked="" type="checkbox"/> Policy <input type="checkbox"/> Legal <input type="checkbox"/> Equalities <input type="checkbox"/> Efficient Government <input type="checkbox"/> Staffing <input type="checkbox"/> Property <input type="checkbox"/> IT </p>	

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

15 FEBRUARY 2017

Report by Chief Officer

SPECIALIST LEARNING DISABILITY SERVICES

PURPOSE OF REPORT

1. The purpose of this report is to provide an update on the programme of work to redesign long stay learning disability inpatient provision based at Waterloo Close and Netherton. It also includes a brief update on the plans to redesign Assessment and Treatment services.

RECOMMENDATION

2. The Integration Joint Board is asked to note the current position of the Learning Disability In-patient Services restructure, and support the plans outlined in the report for implementation.

BACKGROUND

3. As outlined in the previous report, the NHS GGC learning disability 'Strategy for the Future' 2014 recommended that we take forward a programme of work to resettle the individuals who currently live within long stay facilities. This aspiration was reinforced in May 2015 when guidance on hospital-based complex clinical care was issued, replacing guidance on NHS continuing healthcare contained in CE26 (2008). In parallel with this, the Strategy also proposed to review the requirement for the remaining Assessment and Treatment services, located at Claythorn House and Blythswood House.
4. We agreed that the resettlement of people in the longer stay units (Waterloo and Netherton) would be our first priority, with the assessment and treatment redesign following at a later date, primarily to maintain stability across the wider service.
5. To briefly recap, the two long stay units in NHS Greater Glasgow and Clyde, Netherton and Waterloo Close, are classed as hospitals although neither are located on a hospital campus. Netherton is a detached building within a housing scheme in Anniesland Glasgow, whilst Waterloo Close comprises two detached bungalows located near the town centre of Kirkintilloch, East Dunbartonshire. Netherton provided a home for eight men, five originating from City of Glasgow council area, one from Inverclyde and two from West Dunbartonshire. Waterloo Close was home to six men, all from the Glasgow City area.
6. In early 2016, a briefing paper was presented to all the HSCP Chief Officers which detailed a number of options for developing a resettlement programme for long stay patients. The paper also highlighted the requirement for an integrated financial framework to support people to move on from these facilities, and proposals to create a joint working group to manage the process of assessment, commissioning and discharge. The intention was to also run a closure programme focussing on workforce change and other decommissioning factors in parallel with the resettlement of people.

7. Given the involvement of three HSCP areas, and the three different approaches that have been required to date, progress on each is noted in the body of the report.

Progress with Resettlement and Closure Plans (Netherton and Waterloo)

West Dunbartonshire and Inverclyde

8. In-patient services started working jointly in early 2016 with West Dunbartonshire and Inverclyde HSCPs to establish a process for refreshing previous assessments and determining future need. This work has led to the discharge of the Inverclyde patient in October 2016, one of the two West Dunbartonshire patients are anticipated to be discharged in early February 2017. The teams from West Dunbartonshire and In-patient services are continuing to work closely together to establish potential options for their remaining patient and are making positive progress towards this.

Glasgow City

9. A group representing senior staff from Glasgow Health and Social Care Partnership and hosted In-Patient services was formed in early 2016 to take forward implementation. Prior to this, Glasgow had undertaken a desktop assessment of the patients it has responsibility for. Glasgow agreed that three patients could be assessed for social care, and that a further individual would require some further assessment and risk planning to confirm suitability for discharge. The GCHSCP fieldwork view was that the remaining eight men required hospital care on a compulsory basis. The clinical view within the learning disability service was that only one of these men was likely to require continuing NHS care, and that the others could be supported in well-structured community services.
10. The Implementation Group agreed to develop a further assessment process, taking into account the new criteria set out in the new guidance on hospital-based complex clinical care. It also agreed that we would seek to identify good practice elsewhere in the United Kingdom to inform our discussions about suitable models of care and support.
11. Alongside this, the in-patient management team initiated a workforce implementation group to support the retraction and closure plans.
12. Glasgow City HSCP completed its assessments by the end of November 2016, and processed them through its local resource allocation system. An update was provided to the Implementation Group on the 11th January 2017.
13. The professional assessment of GCHSCP staff was concluded and there was little variation in the conclusions of these updated assessments and those in the initial desktop exercise completed prior to this joint programme.
14. Of the ten individuals currently using the service, the GCHSCP fieldwork view is that four people could be supported in alternative, highly specialist residential settings. The view continued to be that the remaining six require ongoing hospital care, under compulsory legislative measures that could not be replicated in the community. These assessments have not yet been shared with the clinical teams.

Resulting Actions / Next Stages

15. Glasgow City HSCP recognise that East Renfrewshire HSCP, as hosting partnership, has a view that the current GCHSCP Partnership assessment conclusions and process is at odds with both the principles and procedures described in the Hospital Based Complex Clinical Care guidance published in 2015.

16. Glasgow City HSCP is keen to explore why there are such different views between clinicians and social work professionals. They have discussed these matters with service managers and have agreed to approach a number of specialist providers on their framework, with a view to establishing whether a bespoke commissioning solution can be designed and offered to support frontline decision making about the possibility of discharge to enhanced supported living options.
17. Service managers within GCHSCP welcome this support in the formulation of their assessments
18. GCHSCP have agreed that this will be a collaborative approach and that the views of the hosted Learning Disability service's Clinical Director, General Manager and Service Manager will be sought.
19. They have agreed that this process will be concluded by the end of March '17.
20. There has however been agreement that formal discharge-planning should commence for the four people identified as suitable for discharge although available placements for some are likely to be limited.

Impact on Retraction process

21. Although for the majority of people the initial outcome of the assessment process are not as was originally hoped, a programme to reconfigure the service in preparation for closure and to ensure patients are best placed in the meantime has been ongoing throughout 2016 and has made some positive progress.
22. The initial outcome of the Glasgow HSCP assessments do, however, introduce some risk, and complicate retraction significantly because of the inability to establish workable timescales alongside a parallel retraction / closure programme.
23. The small number of discharges and patient moves so far has enabled us to reconfigure the estate at Waterloo close, resulting in one of the two bungalows becoming vacant.

Netherton

24. This unit is now currently supporting six people as opposed to the original eight. It is our intention to reduce this to five by carrying out patient transfers.
25. We are clear, however, that transfers to other units must provide a benefit to people, and supported by a sound clinical rationale. Our aim is to avoid multiple moves where possible, however this is complicated by the lack of clear timescales.

Workforce Implications

26. The length of time to complete assessments, and the recent outcomes of these assessments, has affected our ability to develop robust plans to incrementally retract as patients are discharged. This has resulted in a delicate balance between maintaining safe and consistent service provision, appropriate staffing and planning for future staff reductions.
27. That said management of vacancies has also enabled us to modestly reduce staffing mainly through natural turnover.

Revised workforce plan/Resource Release

28. The HSCP will need to prioritise the closure of Waterloo Close in the first instance as discharges are taking place from other HSCP areas and there is a pressing need to release resource. Equally, our staff and staff-side partners are keen to see a revised plan with clear timescales.
29. The first stage outlined below 'part retraction Waterloo' has already been achieved due to patients moving for clinical reasons. In addition, there has been a modest reduction in staffing as a result of our management of vacancies. To achieve full closure all of the people living in Waterloo Close will require discharge or transfer plans. Of the four people, one is deemed as suitable for discharge and one has plans to move to the Learning Disability Service's own self-contained flat. Therefore, if the unit is to be closed by June 2017, we will need to discharge or transfer two people to one of our other units.
30. The table below illustrates our assumptions on staff reduction and resulting release of resource in the interim period moving towards closure of Waterloo and workforce change being implemented fully.

Timescale	Dec 17	Jan 17	March 17	June 17	August 17	December 17
Action	Part Retraction Waterloo		Workforce Change Implemented	Full Closure Waterloo	Redeployment	Redeployment Ongoing
Known staff released (natural turnover)		3x bd 3	1x bd 5 1 x bd 3	1x bd 5 1 x bd 3	1x bd 3	
Estimated Release through Workforce Change					6 x bd 3 (assumed)	7 x bd 3 (assumed)
Total staff	138 wte	135 wte	133 wte	131 wte	Estimated 125	Estimated 118
Reduction		-3	-2	-2	-6	-7

Part Year Financial Implications – Saving £'000

2016/17	0	7	6			
2017/18				54	122	52

Financial Summary	2016/17 £'000	2017/18 £'000	2018/19 £'000
Estimated Saving	13	389	621

FINANCE AND EFFICIENCY

31. As outlined earlier in the report, a broad financial framework has been agreed to transfer resources from the Learning Disability In-Patient Service to the relevant Health and Social Care Partnerships as discharges occur. Inverclyde and West Dunbartonshire HSCPs will now require the following recurring resource:

HSCP	Part Year Costs 16/17 (£k)	Full Year Costs 17/18 (£k)
West Dunbartonshire	20.8	125.0
Inverclyde	64.0	107.0
Total	84.8	232.0

32. Part and Full Retraction of Waterloo Close will release resources as staff are redeployed into funded vacancies, retire or by allowing fixed term contracts to expire across the wider service, with the subsequent saving funding the resource transfer identified above.
33. Our assumptions here are that it will take around 12 months to fully deal with the excess staff numbers from the Waterloo closure but by gradual reduction in the interim we can release the resources detailed in the financial summary above.

Update on Future Redesign of Assessment and Treatment Services

34. Alongside work to redesign the longer stay beds we have been making progress towards planning for future redesign of Assessment and Treatment beds located at Blythwood and Claythorn House. We have now developed a performance framework to accurately capture activity and highlight areas for improvement; this will also provide us with helpful planning detail relating to bed usage, patient flow and any specific issues relating to individual HSCP areas. The first full year's data (2016) will be reported to Performance and Audit Committee in March 2017.
35. Delayed discharge and excessive lengths of stay are also captured. This data will support our discussions with both HSCPs and external agencies such as the Mental Welfare Commission as we continue to prioritise reducing delayed discharges going forward. There is also an ongoing piece of work to identify problems relating to the appropriate coding of people with learning disability on the EDISON system, which our Clinical Director is leading on nationally.
36. In terms of service modelling, to assist us to create a future design and blueprint for service in our area there is a collective view that we would benefit from the expertise of a national organisation which has experience of assessment and treatment redesign, emerging best practice and learning from previously tested models across the United Kingdom. We are looking to invite national organisations to work with us in the months ahead and are currently liaising with our procurement colleagues.

CONSULTATION

37. Previous consultation took place with 2014 in relation to the closure of the Long Stay beds. The consultation was part of a wider consultation on redesigning Learning Disability Services for NHS GG&C. A paper was presented to both the Partnership directors in 2015 and again further discussed in autumn 2016 with Chief Officers; The Area Partnership Forum was fully briefed in December 2014

PARTNERSHIP WORKING

38. A revised (to take into account the long stay inpatient plans) Learning Disability Implementation Group has been in place since early 2016. It meets on a six weekly basis, and reports back to the East Renfrewshire HSCP Joint Staff Forum. It consists of management representatives from across the HSCP's, and Trade Union representatives from a range of trade unions and professional bodies. As East Renfrewshire HSCP hosts the Service on behalf of the NHS GG&C, a paper setting out the proposed workforce change principles will be developed by the group and it is anticipated that it will be referred to the Area Partnership Forum in March/April 2016.

IMPLICATIONS OF THE PROPOSALS

Policy

39. Our proposals and plans are consistent with both national learning disability policy, and with guidance on complex continuing hospital care.

Staffing

40. Workforce changes will be managed via the NHS GGC Workforce Change Policy and its 'On the Move Principles' to achieve redesign objectives.

Legal

41. None

Property

42. As a result of these plans, estate will become available for alternative use.

Equalities

43. Equalities legislation supports the strategic intentions outlined above to ensure that those with protected characteristics under the legislation are afforded opportunities consistent with those who are not.

IT

44. None

CONCLUSIONS

45. In summary, despite the challenges encountered so far it is our intention to progress with retraction of long stay services and to prioritise closure of Waterloo Close in the first instance. Discharges by Inverclyde and West Dunbartonshire HSCPs have enabled us to reconfigure the estate and put together a revised plan.
- Four of the ten individuals from Glasgow have initially been identified as suitable for discharge
 - There will be a move to formal discharge planning for these people.
 - Glasgow HSCP will approach suitable providers on their framework to establish whether alternative care packages could be developed.
 - Our original plans to run a concurrent closure programme have been affected by the initial outcomes and the slippage in timescale as a result of the additional commissioning conversations
 - We have progressed with reconfiguration of the patient group and achieved part retraction.
 - We intend to progress with full retraction of Waterloo by June 2017 but will not be in a position to retract Netherton at this stage.
 - Inverclyde and West Dunbartonshire HSCPs have made good progress and will require resource transfer to fund care packages.
 - We will continue to work positively towards the development of care packages for the remaining people from Glasgow HSCP.
 - We will progress with planning for assessment and treatment redesign

RECOMMENDATIONS

46. The Integration Joint Board is asked to note the current position of the Learning Disability In-patient Services restructure, and support the plans outlined in the report for implementation.

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BACKGROUND PAPERS

None

KEY WORDS

Learning Disability In Patient Services; Redesign; Resettlement; Workforce plans

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