



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	22 September 2021
Agenda Item	15
Title	Community Change Fund LD Bed Redesign
Summary	
<p>This report provides members of the Integration Joint Board with an update on plans to take forward a collaborative programme of redesign with NHS Greater Glasgow and Clyde's HSCPs following the announcement of the Scottish Government's Community Living Change fund.</p>	
Presented by	Tom Kelly, Head of Adult Services: Learning Disability and Recovery
Action Required	
<p>The Integration Joint Board is asked to discuss and note the proposed approach to whole system working led by East Renfrewshire HSCP.</p>	
Directions	Implications
<input type="checkbox"/> No Directions Required <input type="checkbox"/> Directions to East Renfrewshire Council (ERC) <input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC) <input type="checkbox"/> Directions to both ERC and NHSGGC	<input checked="" type="checkbox"/> Finance <input type="checkbox"/> Policy <input type="checkbox"/> Workforce <input type="checkbox"/> Equalities <input type="checkbox"/> Risk <input type="checkbox"/> Legal <input type="checkbox"/> Infrastructure <input type="checkbox"/> Fairer Scotland Duty

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

22 September 2021

Report by Chief Officer

COMMUNITY CHANGE FUND LD BED REDESIGN

PURPOSE OF REPORT

1. The purpose of this short report is to update the Integration Joint Board on plans to take forward a collaborative programme of redesign with NHS Greater Glasgow and Clyde's HSCPs following the announcement of the Scottish Government's Community Living Change fund.

RECOMMENDATION

2. The Integration Joint Board is asked to discuss and note the proposed approach to whole system working led by East Renfrewshire HSCP.

BACKGROUND

3. The Integration Joint Board will be aware that East Renfrewshire has been leading on an agreed strategy to redesign inpatient and community learning disability services. The focus of the strategy is to improve the care and support of people at risk of hospital admission and/or out of area care, typically people who present with perceived challenging behaviour, and to reduce reliance on inpatient beds when clinical need is not the primary reason for admission. The ultimate aim is to improve local responses, support people to remain at home, develop alternatives to admission and prevent people becoming delayed in hospital. As these alternatives became embedded we intended to remodel the bed based services, reducing bed numbers and reinvesting these resources in the community.
4. Inpatient services have led on a number of tests of change which have resulted in good outcomes and improved delayed discharge, good progress was being made prior to the pandemic taking hold.
5. Alongside this work we also committed to closing remaining longer stay facilities, Netherton and Waterloo.
6. We successfully resettled 6 of the longer stay people and Waterloo closed in late 2017 however, Netherton has not closed as the remaining people waited for a new service to be developed by Glasgow City HSCP.
7. In early 2020, the Scottish Government created a short life working group to explore the ongoing issues relating to bed usage, delays in discharge and out of area care. Julie Murray, Chief Officer, Tom Kelly, Head of Service and Dr Elita Smiley, Clinical Director were asked to take part.
8. In April of this year the Scottish Government announced a £20 million fund, shared across Integration Joint Boards to take forward the main recommendations of the SLWG. These recommendations align to the strategic aims we had already identified locally, namely – reduce delayed discharge, redesign services for people with complex needs and repatriate people in out of area care. A full report on the work of SLWG is to be published by the Scottish Government.

9. NHS Greater Glasgow and Clyde Partnerships received a total of £4.7million to be used over three years.

REPORT

10. The Community Change Fund brings an opportunity to drive forward the strategic aims we had already agreed. We have set out a proposal to develop a collaborative approach with NHS GGC HSCPs. Given the interdependent nature of inpatient services, community services and relationships with third sector providers we have suggested a redesign Programme Board be developed and jointly resourced.
11. The Programme Board will report to both the existing mental health strategy programme board but will be led by East Renfrewshire, with a programme manager reporting to the Head of Adult Services, Learning Disability and Recovery. The Board will consist of two subgroups, one which will progress community and inpatient redesign including workforce development, bed remodelling, transition and sequencing / transfer of resource from beds to community alternatives and eventual closure of one unit and the extension of the remaining unit.
12. The second group will take the form of a multi-agency commissioning group which will lead on the development of new models of support for people who are currently delayed and importantly those people who are at risk of admission. This group will also review people who are currently placed out of area with a view to establishing local services. This will require good commissioning and innovative approaches and will explore where collaborative commissioning could be adopted across partnerships and between third sector partners.
13. The community change fund is to be used within three years and we envisage this programme of work will require this timeframe.
14. In relation to the resettlement of the remaining people in our longer stay unit Netherton, Glasgow City are developing enhanced community living services and we will work together on a realistic timeframe for closure. Glasgow City HSCP intend to purchase (through the City Council) Waterloo Close with some of their allocation of the Change Fund. These two bungalows have remained vacant since closure. Glasgow intend to commission a third sector provider to support remaining people in the longer stay group and people who are currently delayed in hospital and aim to discuss this at a forthcoming IJB.

CONSULTATION AND PARTNERSHIP WORKING

15. This has been discussed with HSCPs within NHS Greater Glasgow and Clyde. Joint Staff Forum members are involved in Learning Disability redesign programmes. Any future change of use of current NHS facilities will be subject to stakeholder engagement.

IMPLICATIONS OF THE PROPOSALS

Finance

16. The community change fund is intended to strengthen community approaches while enabling whole system redesign, therefore each HSCP will be able to develop local resources and where feasible collaborate with each other on shared models. The use of the fund should, in turn, enable reduction in beds and release resources on a recurring basis to all HSCPs. There is also potential to reinvest resources currently funding out of area placements and this will also require to feature in financial planning going forward. High level financial information is available however, the programme board will require to define the detail in early stages of planning.

Infrastructure

17. Any proposals in relation to buildings will be discussed at the Health Board Capital Planning group and taken to NHS CMT.

DIRECTIONS

18. There are no directions arising at this point.

CONCLUSIONS

19. The Community Change Fund has given added impetus to the redesign of learning disability services within NHS Greater Glasgow and Clyde. The proposed approach will enable good practice to be shared and better use of resources across the system.

RECOMMENDATIONS

20. That the IJB discuss and note the proposed approach to whole system working led by East Renfrewshire HSCP.

REPORT AUTHOR AND PERSON TO CONTACT

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BACKGROUND PAPERS

None

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