



<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Integration Joint Board
<b>Held on</b>	25 November 2015
<b>Agenda Item</b>	6
<b>Title</b>	Specialist Learning Disability Services
<p><b>Summary</b></p> <p>This report provides an overview of Specialist Learning Disability Services setting out the current position and future direction.</p>	
<b>Presented by</b>	Julie Murray, Chief Officer
<p><b>Action Required</b></p> <p>The Integrated Joint Board is asked to note the current position on Specialist Learning Disability Services.</p>	
<p><b>Implications checklist – check box if applicable and include detail in report</b></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 checked="" type="checkbox"/> Staffing                      <input type="checkbox"/> Property                      <input type="checkbox"/> IT         </p>	

**EAST RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP**

**INTEGRATION JOINT BOARD**

**25 November 2015**

**Report by Chief Officer**

**SPECIALIST LEARNING DISABILITY SERVICES**

**PURPOSE OF REPORT**

1. The purpose of this report is to introduce and describe the range of services, future strategy and financial framework associated with Specialist Learning Disability Services which are now hosted by East Renfrewshire HSCP.

**RECOMMENDATION**

2. That the Integration Joint Board notes the position for learning disability inpatient services.

**BACKGROUND**

3. There have been a number of changes to the structure of NHS Adult Learning Disability services in Greater Glasgow and Clyde in recent years. The Glasgow Learning Disability Partnership has been dissolved as has the Mental Health Partnership. Community Learning Disability teams are managed within the 6 HSCPs. Some of these HSCPs also manage and commission social care provision for people with learning disabilities. Tier 4 services – i.e. inpatient provision, the complex needs team, specialist epilepsy service and out of hours service until now have been managed by the General Manager for Forensic Services Manager and hosted by Glasgow City HSCP.
4. It has been agreed that East Renfrewshire would host, aligned to the planning responsibilities of the Chief Officer, further detailed below.

**System Wide Redesign 'The Learning Disability Change Programme'**

5. Learning Disability Services across NHS GGC had evolved in a variety of ways, however, had not benefited from a whole system planning approach since the merger of NHS Greater Glasgow and NHS Argyll & Clyde. In 2012 Julie Murray took on the role of Lead Director for Learning Disability and created a Learning Disability planning forum bringing together representatives of all Learning Disability services across the Board.
6. The Learning Disability Change Programme was developed in late 2012 to review the unique contribution of Specialist Adult Learning Disability Services, and to develop a system wide strategy 'A Strategy for the Future'. In 2014 a detailed service specification was produced outlining a number of proposals to define the future role of specialist services, the service specification, also includes a workforce plan and financial framework which will more evenly distribute financial resources across HSCP's.

7. The Change Programme has largely focussed on the community services and has now entered implementation phase, with the aim being that workforce reconfiguration and resource allocation will be in place by spring 2016.

#### Service Delivery Model \ Team Configuration

8. Services are delivered using a tiered health care model, specialist adult services commencing at Tier 3 (Community Teams) and Tier 4 (Inpatient Services). Some of our community teams have been integrated for some time whilst others have not. There is approximately 200 wte staff associated with Community Services. Health and Social Care Partnerships are responsible for their own community staff.
9. Across the Board Learning Disability Services consist of 8 multi-disciplinary Community Teams (Tier 3), each HSCP area has one team with the exception of Glasgow City which has three sector based teams, however this may change in the future.
10. In terms of future management and redesign of the inpatient element the report below outlines the current range of services now hosted by East Renfrewshire, the elements which will change due to the implementation of the community part of the strategy and the broad plans to effect change both in the short and long term.
11. A supporting financial framework for the redesign of inpatient services and associated RAM implications for long term financial modelling are being developed.

## **REPORT**

### Range of services now hosted by East Renfrewshire HSCP

12. East Renfrewshire now has operational responsibility for the services detailed below, implementation of the strategy will see some of these services either disbanded, or provided in a different way.
  - Inpatient Beds \ including management of NHS funded out of area placements
  - Complex Needs Team
  - Learning Disability Epilepsy Specialist Nursing
  - Out of Hours Nursing Service
  - Learning Disability Liaison Team
13. There are allied health professional and psychology elements within the service budget however these are essentially community services which are provided across partnerships. This is due to historical arrangements the budget aligned to these services will be redistributed as part of the Resource Allocation model agreed via the future strategy.
14. It is important to note that the way in which the resource has been previously reported is complex. The table below sets out the current picture and narrative later in the report explains the plans going forward.

15. The current financial position is:

Service	Budget £'000	Projected Cost £'000	Projected (Over)/ Underspend £'000
<b>Operational Services</b>			
Inpatients	8,494	8,842	(348)
Complex Needs	314	264	50
Epilepsy	99	95	4
Out of Hours	473	347	126
Liaison	81	85	(4)
General Management	273	186	87
<b>Total</b>	<b>9,734</b>	<b>9,819</b>	<b>(85)</b>
<b>Hosted Services</b>			
Allied Health Professionals	813	741	72
Psychology	466	436	30
<b>Total</b>	<b>1,279</b>	<b>1,177</b>	<b>102</b>
Savings not yet achieved	(150)	0	(150)
<b>Underlying Position</b>	<b>10,863</b>	<b>10,996</b>	<b>(133)</b>
Bridging Finance	133		133
<b>2015/16 Forecast</b>	<b>10,996</b>	<b>10,996</b>	<b>0</b>

16. The current year savings target of £150,000 was identified in 2012, predicated on the assumed phasing at that time. The saving is dependent on the wider redesign programme and associated RAM therefore there is a timing delay in achieving this target. During this period of transition, bridging finance has been agreed on a non-recurring basis. There are a range of immediate recovery actions to contain costs and minimise the need for bridging finance during the transition period.

#### In Patient Services

17. There are four inpatient units, two of which provide admission assessment (Blythswood and Claythorn) and two which provide long stay accommodation (Netherton and Waterloo)

Current	No. of Beds
Acute Admission – Claythorn GRH	12
Community Assessment & Treatment – Blythswood House – Renfrew	15
Longer stay – Netherton (Anniesland) & Waterloo Close (Kirkintilloch)	14
<b>Total</b>	<b>41</b>

18. There are approximately 160 wte staff.

19. The current model was implemented in 2012 following a three year redesign programme which closed two outdated units and reduced beds from 47 to the current 41. The model aims to better define the role of Inpatient Services in supporting people with learning disability and significant mental health issues, however has only partly achieved this aim.

20. Our Strategy signals a significant redesign of bed based services, including the reprovision of the 'long stay' element of the current model and a review of admission services.
21. In the coming weeks a briefing paper will be presented to HSCP Chief Officers which will detail a number of proposals outlining the key components to develop a resettlement programme for the people who live in longer stay facilities. This will include the requirement to develop an integrated financial framework to support people to move on. The majority of people living within the long stay units are from Glasgow City however two people are from West Dunbartonshire and one from Inverclyde. There is no question that this will be a challenging piece of work; we have yet to achieve a consensus that all of these individuals can be supported in less institutional models of care. The outcome will essentially see people living in the community, utilising current financial resource and will be cost neutral.
22. There is further opportunity to redesign the Admission services (Blythswood & Claythorn) to provide alternatives to the traditional admission model and develop closer working relationships with community colleagues. We intend to explore opportunities to avoid admission and to support people to remain within their local communities. At present there are artificial boundaries between community and inpatient services which we will seek to remove.
23. Inpatient services have in the past year experienced a number of challenges including:
  - numerous changes in senior staff
  - the service has been supporting very complex individuals resulting in the requirement to increase staffing well beyond establishment
  - long standing issues with patient flow \ excessive lengths of stay.
  - SLA with NHS Lanarkshire understates the current bed usage.
  - Issues associated with attendance management, workforce change, skill mix and configuration
24. The service is currently projecting a significant overspend largely due to the issues above, however this is offset by non – recurrent funding from Glasgow City during the transition period.
25. Pressures in relation to complexity of patient need are largely due to increased staffing costs in two units:
  - The current need for a 4-1 staff ratio for one individual, we are exploring cost sharing and future placement
  - Patient mix and configuration of workforce in long stay units
  - There are a number of opportunities to review the models of service prior to wider redesign in terms of leaner more person centred approaches
26. In summary we will:
  - Immediately review the service models in place to address current overspends by:
    - Remodelling the long stay services in terms of workforce configuration
    - Reviewing patient mix in the long stay units and staff deployment
    - Introducing revised shift patterns
    - Work closely with NHS Lanarkshire to address the current bed usage and financial pressures due to very complex packages
    - Address high bank usage, seek alternative ways to support people alongside third sector partners
    - Develop the process to achieve long stay reprovision, including integrated financial frameworks to enable people to move on, we aim to achieve reprovision in 2 years
    - Develop a process to review admission services function; this will be ongoing throughout the long stay reprovision process

### Complex Needs Team

27. The Complex Needs Team is a Greater Glasgow only service developed during the re-provision of Lennox Castle Hospital. This service was designed to support community teams with complex cases. Our Strategy for the Future seeks to ensure that the clinical functions delivered by this team are embedded in locally based teams thus removing an additional layer of service and enhancing community team confidence and competence. A system wide challenging behaviour network will be developed in its place which will connect all community and inpatient teams across NHS GGC. Financial resources will be redistributed using the resource allocation model.

### Epilepsy Nursing

28. Specialist Learning Disability Epilepsy Nursing will be incorporated into Neurology based at the Queen Elizabeth University Hospital. A care pathway has been developed to complement existing Neurology care pathways again creating an equitable approach to epilepsy care across the Board. Nursing staff will be co-located; however financial resource will remain with East Renfrewshire.

### Learning Disability Liaison Team

29. The Learning Disability Liaison team was also developed following hospital closure with a focus on delivering a Local Enhanced Service in partnership with GP's, this team also supports acute care. Implementation of the Strategy will see the staff associated with this team based locally, supporting local GPs and acute care colleagues more closely. Financial resources will be redistributed.

### Out of Hours

30. The Out of Hours Nursing Service will be embedded within Mental Health Out of Hours services, currently only available to Greater Glasgow this will create an equity of service for people with Learning Disability across the Board area. Staff and financial resource will be transferred to support Mental Health Services achieve this.

### Moving Forward

31. The Implementation of the Change Programme will reduce the number of front line services managed by East Renfrewshire with the disbanding of Complex Needs, Out of Hours and co-location of Epilepsy nurses to Neurology.
32. Therefore the remaining services will be:
- Inpatient beds \ Including NHS funded out of area placements
  - Co-ordination of the devolved Learning Disability function
33. There will however continue to be whole system responsibilities such as:
- Co-ordination of Clinical Governance
  - Planning and Strategy
  - Whole System Co-dependencies ( which are designed to support small locally based services remain connected)
  - Key Performance Indicators will be developed to monitor progress of the inpatient model and will focus on admission rates, length of stay, delayed discharges alongside operational targets aligned to staff and financial governance. The latter are currently better defined than the former, work is underway to refine these indicators.

34. There are a number of opportunities to develop a leaner model of service and to achieve proposals set out in the strategy. There are however risks associated with any inpatient provision on the basis of complexity of presenting needs of the patient group at any given time, which may see projected running costs rise however East Renfrewshire will maintain close links with all partnerships going forward.

## **FINANCE AND EFFICIENCY**

35. We recognise that there are current cost pressures in the system, with non recurring bridging finance meeting these costs in the current year. There are opportunities to bring the existing budgets into balance in advance of initiating the reprovisioning of the long stay beds.
36. A long term financial framework and associated RAM implications is being developed.

## **CONSULTATION**

37. There was extensive consultation on the strategy for the future demand.

## **PARTNERSHIP WORKING**

38. East Renfrewshire as the host partnership will take forward a number of cross system initiatives in terms of ongoing performance and governance, inpatients will be an explicit element of these system wide performance indicators.

## **IMPLICATIONS OF THE PROPOSALS**

### Policy

39. None

### Staffing

40. There are likely to be some changes to current staffing levels/grades. Some of which are temporary in nature.

### Legal

41. None

### Property

42. None

### Equalities

43. None

### IT

44. None

## **CONCLUSIONS**

45. This report sets out the current position for Specialist Learning Disability Services and identifies short and medium term plans for the redesign of this service. Future reports to the Integrated Joint Board will provide regular updates on the redesign and the long term strategy for the service.

## **RECOMMENDATIONS**

46. That the Integrated Joint Board notes the position for learning disability inpatient services

## **REPORT AUTHOR AND PERSON TO CONTACT**

Chief Officer, HSCP: Julie Murray

Tom Kelly, General Manager, Specialist Learning Disability Services

[Tom.Kelly@ggc.scot.nhs.uk](mailto:Tom.Kelly@ggc.scot.nhs.uk)

0141 577 8484

November 2015

## **BACKGROUND PAPERS**

None

## **KEY WORDS**

Learning disability; specialist services; redesign; inpatient;

A report detailing the position for learning disability inpatient services.