



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 11TH DECEMBER 2024

REPORT ON: IN PATIENT LEARNING DISABILITY TRANSITION UPDATE

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB74-2024

1.0 PURPOSE OF REPORT

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

2.0 RECOMMENDATIONS

It is recommended that the Integration Joint Board (IJB):

2.1 Notes the progress being made with the Inpatient Learning Disability Transition Programme as outlined in this report.

3.0 FINANCIAL IMPLICATIONS

3.1 The financial framework associated with the move to a single site model for Inpatient Learning Disability Services is currently being developed through a distinct finance workstream in the working group overseeing the service changes. This will include exploring the disinvestment and reinvestment opportunities associated with the service changes. The infrastructure costs of implementing the service changes will be funded by NHS Tayside given these are not delegated to the IJBs.

4.0 MAIN TEXT

4.1 Dundee Integration Joint Board received, noted and supported report DIJB50-2024, Tayside Inpatient Learning Disability Service Progress Report at its meeting of the 21 August 2024 (Article XIV of the meeting refers). This report advised the IJB 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.

4.2 The report set out a number of recommendations which NHS Tayside’s Executive Leadership Team (ELT) had agreed to including the requirement to expedite the move of Inpatient Learning Disability Services to a single site at Murray Royal Hospital.

4.3 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	NHS Tayside fully support the decision to relocate Inpatients from Strathmartine to improved

	Strathmartine is an unsustainable clinical environment to provide best quality care.	accommodation at Murray Royal Hospital, Perth. The Learning Disability Task & Finish Group has a well-established 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.	<p>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,</p> <p>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.</p>
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.	<p>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.</p> <p>To date, repair and maintenance works have been carried out at Strathmartine to improve the condition and functionality of the site, in particular to the flats. A number of 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.</p>

		<p>The list identified 569 individual 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.</p> <p>The Learning Disability Inpatient Transition Task & Finish Group links in with the Whole Systems work and keeps them informed of plans and progress.</p>
6	<p>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</p>	<p>The LD Service Redesign priority within the Mental Health & Learning Disability Whole System Change Programme will continue in parallel to the LD Inpatient Transition programme delivery of a single site for LD Inpatient 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.</p>
7	<p>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.</p>	<p>As above, this recommendation sits within the scope of the MH & LD Whole systems programme and will be removed from future reporting.</p>
8	<p>Agree to endorse and co-deliver the stakeholder engagement plan to brief key stakeholders relating to Tayside Learning Disability Services.</p>	<p>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.</p> <p>Representatives from NHST, Staffside, HSCPs and third sector Advocacy services are members of this workstream.</p>

		<p>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.</p> <p>The draft Communications plan will be presented to the LD Task & Finish Group for approval.</p> <p>To maximise communication and engagement across all the LD Inpatient Programme workstreams, the LD Task & Finish Group agreed that alternative fortnightly meetings would be for the Workstream Leads to meet and share information from their area of responsibility.</p>
9	<p>Agree that a further progress report on Learning Disability Services, including an implementation plan with comprehensive workforce plan undertaken in partnership, and timelines to deliver single site accommodation, is presented to ELT in September 2024 for whole system assurance and to identify any further support for delivery.</p>	<p>A Programme Execution Plan is being developed and due to be completed by the end of November 2024. Now that each workstream has identified their aims and deliverables, the workstream leads, with support from the Programme Manager will 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</p>

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 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.

5.0 POLICY IMPLICATIONS

A full EQIA will be undertaken by the Inpatient Learning Disability Transition Task and Finish group and will be shared with the IJB once complete.

6.0 RISK ASSESSMENT

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	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

7.0 CONSULTATIONS

The Chief Finance Officer and the Clerk were consulted in the preparation of this report.

8.0 DIRECTIONS

The Integration Joint Board requires a mechanism to action its strategic commissioning plans and this is provided for in sections 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 Dundee City Council and NHS Tayside.

Direction Required to Dundee City Council, NHS Tayside or Both	Direction to:	
	1. No Direction Required	X
	2. Dundee City Council	
	3. NHS Tayside	
	4. Dundee City Council and NHS Tayside	

10.0 BACKGROUND PAPERS

None

Dave Berry
Acting Chief Officer

DATE: 28 November 2024

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