

AGENDA ITEM No. 12



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	31 January 2024
Agenda Item	12
Title	Specialist Learning Disability Services Resettlement of People from Longer Stay Facility – Netherton
Summary	
<p>This report provides the Integration Joint Board with an update on the long standing plans to resettle people with a learning disability living in the last remaining NHS longer stay unit, Netherton, in March 2024. Given current challenges in Health and Social Care recruitment, a contingency has been developed and approved by NHS Greater Glasgow and Clyde Senior Management Team at its meeting on 4th January 2023.</p>	
Presented by	Tom Kelly, Head of Adult Services: Learning Disability and Recovery
Action Required	
<p>The Integration Joint Board is asked to:</p> <ul style="list-style-type: none"> • note the progress of resettlement plans and subsequent decommissioning, • note the contingency plans to be implemented if required. 	
Directions	Implications
<input checked="" 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 checked="" type="checkbox"/> Workforce <input type="checkbox"/> Equalities <input checked="" type="checkbox"/> Risk <input type="checkbox"/> Legal <input checked="" type="checkbox"/> Infrastructure <input type="checkbox"/> Fairer Scotland Duty

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

31 January 2024

Report by Chief Officer

Specialist Learning Disability Services
Resettlement of People from Longer Stay Facility – Netherton

PURPOSE OF REPORT

1. The purpose of this report is to provide the Integration Joint Board with an update on the long standing plans to resettle people with a learning disability living in the last remaining NHS longer stay unit (Netherton). The report also sets out contingency plans should there be further delays. Contingency plans were approved by NHS Greater Glasgow and Clyde Senior Management Team at its meeting on 4th January 2023.
2. NHS Greater Glasgow and Clyde has transformed learning disability services over the past 20 years with the closure of long stay institutions and embedding a shift to community based care. The resettlement of people residing in Netherton will mark the end of long term institutional care in NHS Greater Glasgow and Clyde.

RECOMMENDATION

3. The Integration Joint Board is asked to:
 - note the progress of resettlement plans and subsequent decommissioning,
 - note the contingency plans to be implemented if required.

BACKGROUND

4. The Integration Joint Board will be familiar with Scottish Policy and our local approaches to supporting people with learning disability to live well in our communities.
5. The landscape of services for people with learning disability has changed significantly since the first Scottish Policy was published in 2000 (The Same as You?)
6. In line with current Scottish Government Policy, The Keys to Life 2013 and the Coming Home Implementation Report 2022. NHS Greater Glasgow and Clyde Specialist Learning Disability Services has been working on an inpatient redesign programme since 2017. There is a national and local expectation that people will no longer live in NHS institutional care.
7. The resettlement of the people living in longer stay will be a significant milestone for the people involved and NHS Greater Glasgow and Clyde in realising our commitment to move away from institutional models of care.

8. In 2015 there were 13 people living within our two longer stay units; Waterloo and Netherton. These people originated from West Dunbartonshire, Inverclyde and Glasgow City. In late 2017 we had resettled six people to social care supported living and closed Waterloo.
9. In 2020 seven people were supported in longer stay care, sadly one person died in 2021 and a further discharge took place in in 2022 thus five people remain in the service.
10. Further work has continued to establish suitable community support for the remaining people, who all originate from Glasgow City HSCP.
11. In 2021 Glasgow revisited options to develop a new supported living service and in collaboration with ourselves chose to purchase Waterloo which had been vacant since 2017. Waterloo consists of two large bungalows in Kirkintilloch currently undergoing significant refurbishment. Glasgow has now secured The Richmond Fellowship as the service provider and is aiming to open the new service at Waterloo for the remaining people in March 2024.
12. Planning and engagement has been ongoing for some time now and we are of the view we have undertaken all necessary steps to move forward with discharge and decommission of the building.

REPORT

13. The plans to resettle people with learning disability who have been living in our NHS facilities have been well known and established for a number of years.
14. The longer stay units, Waterloo and Netherton have been earmarked for closure since 2012 when the redesign of Inpatient services was completed.
15. At that time Blythswood and Claythorn were developed to provide assessment and treatment (short stay) inpatient care. A decision was taken to classify Waterloo and Netherton as our remaining longer stay services with a further aim to resettle the people living there into supported accommodation in their communities.
16. In 2015, East Renfrewshire became the host partnership for this service. At that time 13 patients lived in the longer stay units. Good progress was made in the following 18 months which led to the resettlement of six people in 2017 and the closure of Waterloo.
17. Further work has continued to establish suitable community support for the remaining people, who all originate from Glasgow City HSCP.
18. In 2021 Glasgow revisited options and in collaboration with ourselves chose to purchase Waterloo which had been vacant since 2017. Glasgow is aiming to open a new service at Waterloo for the remaining Netherton patients in March 2024.

19. However, we are mindful of the current recruitment challenges across health and social care and are concerned, as a consequence of recent experience, that delays are inevitable.
20. Alongside the potential for delays in opening the new service, there are challenges related to the fabric of the building, its suitability to ensure safe care for the people who live there particularly where care needs have changed. There are further concerns about safe staffing during a period of retraction and significant financial pressures associated with retaining the building beyond March 2024.
21. As a result of the potential for delays we have developed a contingency plan which takes account of these challenges and we believe enables us to focus on positive resettlement, maintains safe care and addresses both staffing and financial issues.

Contingency Plans in the event of delay

22. Despite this positive progress we are concerned about the potential for delay and the subsequent impact on patients and staff.
23. Given the current recruitment challenges in the third sector we believe it is inevitable there will be some slippage in recruitment which we should proactively manage.
24. Alongside this, as a result of the passage of time the needs of the people living in Netherton have changed, very significantly for some and, the building is no longer able to adapt to those needs.
25. The building is small, over two levels with no passenger lift, this makes caring for people with reduced mobility and personal care needs difficult.
26. This is becoming a pressing issue as the building itself is in need of fairly urgent refurbishment. In the summer of this year staff and patients had to be decanted to a vacant ward on the Stobhill site within 48 hours due to plumbing issues. We are currently experiencing issues with flooring which cannot be fully rectified while the building is occupied.
27. Where people have had periods of ill health and for some spells in acute care we have transferred people to Blythswood for further rehabilitation.
28. Therefore, with the combined potential for delay in moving to the new service and the issues outlined above we have prepared a contingency plan should delays materialise beyond a reasonable timeframe.
29. The senior management team including Responsible Medical Officer/Clinical Lead and clinicians believe an urgent alternative solution is required in the event we cannot achieve discharge by April 2024. We are proposing to transfer the people living in Netherton to Blythswood House. To do so five vacant beds will be needed, we would intend to allocate these as discharges from Blythswood occur in the weeks ahead.
30. Transfer would remove the risks associated with the building and the difficulties in caring for the people who live there. Ongoing discharge could be well managed from Blythswood.

31. Our preference would be for people to have only one move from Netherton however, our teams are confident that an interim transfer to Blythswood would not negatively impact the people involved. Our LD estate is small, all patients are familiar with Blythswood and there are regular social activities in the facility for all patients. As noted above some of the patients have been supported there where this has been needed in previous months and years.
32. We are also concerned about risks associated with slow retraction from a standalone and isolated site such as Netherton, which is in a residential area of Anniesland.
33. Given our financial position an interim move would assist in containing staffing costs, doing so would increase the staffing establishment within Blythswood and reduce the need for bank at both Blythswood and Netherton.
34. Blythswood itself is a large facility with three wings, each containing five bedrooms and a sitting room, one of the wings would be designated for Netherton patients and would mitigate any issues relating to patient mix.

Approvals from NHS GGC / IJBs

35. The original plans to take forward this resettlement strategy were approved by the NHS Board in 2012. In September 2018 an update was provided to outline the plans for both the longer stay closure and redesign of the assessment and treatment service with approval to move forward. Since that time regular updates have been provided to Chief Officers, members of the Integration Joint Board will be well aware of our programme of work to resettle people from this service.
36. Plans were further enhanced with the publication of the Scottish Government Coming Home implementation report 2022 (partly authored by GGC representatives) and the £20 million fund to take forward redesign across Scotland. Agreement was reached that each partnership would look to enhance community services to aid discharge, locally this fund is enabling Glasgow City to develop their new service.
37. The contingency plans set out above were approved by NHS Greater Glasgow and Clyde Senior Management Team on 4th January 2023.

CONSULTATION AND PARTNERSHIP WORKING

38. Much engagement has taken place over the years, the people who currently live in our long stay services and their families have been central to this process since 2017 and have been in discussion with inpatient and HSCP staff throughout. Indeed a number of people have moved on in this time to their own homes. The Scottish Health Council was fully engaged in the original programme which led to our current model and longer term plans to resettle people in the longer stay units. At that time, our plans were not considered as major service change however we have continued to follow the consult and engage model with individuals and families.
39. Given the progress which is now being made we have met with Health Improvement Scotland who are content we have applied the 'Planning with People' principles.

40. Health Improvement Scotland were pleased to hear of resettlement plans and have suggested we update the EQIA already in place and work with Board colleagues on letting the local community know about plans to close the building.
41. The Responsible Medical Officer and clinical team have been working closely with Glasgow colleagues on the service model. All of the remaining patients have been clinically ready for discharge for some time. Beyond discharge close collaboration will continue to ensure new social care staff are well supported.
42. We have met with NHSGGC Corporate Communications and with regards to the engagement to date, this appears proportionate. The outstanding area to consider would be in the ongoing communication with relatives and carers and the opportunity to capture any potential feedback or concerns they may have as we enter this next stage.
43. In respect of families and carers, given the extensive length of time people have been in NHS care we recognise that good support, communication and assurance will be needed. The teams involved are very experienced in this and will provide individual and personal support to families as we move forward.
44. For those without family, advocacy is in place and equally our own teams will work hard to ensure a smooth transition.
45. Staffside have been fully engaged since 2015. An implementation group was established at that time following agreement from the Area Partnership Forum and Joint Staff Forum (East Renfrewshire) which provided the governance framework for the transfer of staff from Waterloo. The group has been dormant for some time but has since been re-established in preparation for organisational change associated with the closure of Netherton.
46. An important footnote is the fact that staff have now been aware that Netherton will close for a number of years, equally staffside are keen that we progress and have been very supportive of our teams.

IMPLICATIONS OF THE PROPOSALS

Finance

47. Initially, people living in longer stay originated from West Dunbartonshire, Inverclyde and Glasgow. Early agreement was reached on the plans and financial framework, including resource transfer. Inverclyde and West Dunbartonshire have since discharged all remaining longer stay people. Resource transfer is currently funded from the closure of Waterloo.
48. Chief Financial Officers are fully apprised of progress and are updating the financial plans in parallel with the new service development and HR related plans.
49. The Netherton building will be surplus to requirements once discharge is complete and will be decommissioned in line with usual procedure. The senior team are experienced in this area of work.

Workforce

50. We will take forward well-established HR processes in respect of staff in partnership with staffside.

Infrastructure

51. Issues in relation the fabric of the Netherton building are mitigated by the plans to move residents to Blythswood. Netherton will be decommissioned via NHS process.

Risk

52. Contingency plans have been developed in the event of delays.

Equalities

53. Resettlement of people with learning disability is a key priority for us and aligns with equality duties.

Policy

54. This work is well aligned and as a result of national and local policy.

DIRECTIONS

55. As this is an update report, there are no directions arising from the IJB.

CONCLUSIONS

56. Although it has taken longer than hoped we are now much closer to discharging our remaining longer stay patients to a new supported living service.

57. This will mark the end of long term institutional NHS care for people with learning disabilities in NHS Greater Glasgow and Clyde.

58. However, as a result of the passage of time, changing needs and Netherton no longer being fit for purpose a contingency is required that will enable us to provide safe care while we focus on smooth transitions to new supported living.

59. The service has extensive experience in supporting complex discharge alongside decommissioning surplus facilities having led on learning disability redesign.

RECOMMENDATIONS

60. The Integration Joint Board is asked to:

- note the progress of resettlement plans and subsequent decommissioning
- note the contingency plans to be implemented if required.

REPORT AUTHOR AND PERSON TO CONTACT

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16 January 2024