



Title of Paper: In-Patient provision for People With a Learning Disability who require a Mental Health Assessment and Treatment Bed

<u>For Decision</u>	<u>For Discussion</u>	<u>For Noting</u>
Requires majority decision prior to implementation or action.	Requires consideration and debate.	Contains information Members should be made aware.

1.0 Background

BHSCT are commissioned to provide community psychiatry and in-patient service for Adults with Learning Disabilities who reside in the SET area.

Since the announcement of the closure of Muckamore Abbey Hospital (MAH) a number of years ago, BHSCT have had a reduced ability to provide this service despite no change in the commissioning arrangements. MAH beds have not been available for over 3 years for people living in the SET area.

During this time, SET patients have availed of regional speciality LD beds (once) or been placed in SET Mental Health wards inappropriately with an LD Psychiatry service being provided by BHSCT psychiatrists to ensure there is a Registered Medical Officer (RMO) as required by the Mental Health (NI) Order 1986. NHSCT have also been reliant on MAH though SPPG commissioned a 3-bed inpatient unit in NHSCT which opened in 2023.

2.0 Key Issues

SPPG have advised BHSCT remain the commissioned Trust. BHSCT are reporting they now unable to provide this service despite commissioning relationships citing :

- A lack of LD Psychiatry provision within BHSCT
- Concerns re medical governance arrangements

BHSCT will offer an LD Psychiatry consultancy service to SET Mental Health Service but will no longer take on RMO responsibility. SPPG have also previously written to SET advising they recognise current challenges for SET and will seek to resolve urgently (Jan 2024) and again (April 2025) confirming they now need to move at pace.

3.0 Resources Implications (inc Organisational, Financial, Human Resources)

SET have no access to MHL D in-patient beds and no in-patient LDMH Psychiatry – all currently within BHSCT commissioning remit.

This results in patients being inappropriately placed in either SET Mental Health or Acute beds due to unavailability of regional MHL D beds.

The response to manage this ongoing situation whereby community staff are having to in reach to support people with a learning disability in wards is now significantly impacting on community provision including the ability to achieve performance targets such as day care, respite access and discharge of statutory functions.

In addition, Independent Sector Providers are increasingly unwilling to accept complex LD service users due to the Trust's inability to provide in patient MH care users due to the perceived lack of support for the people in their care resulting in increased placement breakdowns and handbacks to the Trust.

This impacts financially on the escalating costs of LD high cost specialist placements

4.0 Impact on Safety, Quality and Experience (SQE)

SET's inability to provide in patient care adversely impacts on the safety, quality and experience of care both for LD Service users and their families resulting in increased dissatisfaction, Datix reporting and receipt of complaints.

Contingency arrangements are not designed to meet the needs and there is now no access to appropriate clinical specialists thereby providing sub optimal care and contributing to longer patient stays

5.0 Key Risks and Proposals to Mitigate

SET's inability to access MAH for acute in-patient care for individuals with learning disabilities has created an absence of specialist learning disability acute in-patient care. This has resulted in people with a learning disability who require an admission to an acute facility being placed in acute and mental health wards.

The considerable pressures within acute mental health wards who are consistently operating at over 100% occupancy and experiencing significant workforce pressures further compound this.

We have currently 1 LD MH patient in an SET acute bed without access to MH bed nor LD Inpatient Psychiatry.

The complex needs of this patient require a high ratio of staff supervision with staff with specialist knowledge of learning disability and community services in reach to support their care. The current emergency responses are not sustainable and risk destabilising community services as well as continuing risks to LD patients by being placed inappropriately.

Risks are highlighted on the Corporate Risk Register and reviewed quarterly.

Proposals to manage this risk include the following mitigations:

- Intensive Support Service/Positive Behaviour Service community support input to reduce the risk of placement breakdown / hospital admission

- Psychology input to reduce the risk of placement breakdown / hospital admission
- Specialist LD staff diverted from LD services to support in-patient care
- Weekly liaison meetings between Senior Managers within LD and MH services
- Liaison between Clinical Consultants for LD and MH
- Implementation of Trust based Community Assessment and Treatment Unit (CATU) Business case with SPPG and approved in principle for 2025/26
- Proposed development of 3 bedded In Patient Unit – Business case with SPPG and approved in principle for 2026/27
- Active engagement between providers and ISS/PBS Service to reduce the risk of placement breakdown/hospital admission.
- Appropriate staff training and emergency support to acute and mental health wards when needed.

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