

Written Ministerial Statement

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Department of Health

PUBLIC CONSULTATION ON THE FUTURE OF MUCKAMORE ABBEY HOSPITAL

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Mr Swann (The Minister of Health): I wish to inform Members that the Department of Health has today launched a public consultation on the future of Muckamore Abbey Hospital. The consultation is available at <https://www.health-ni.gov.uk/consultations/public-consultation-future-muckamore-abbey-hospital> and will be open until 24 January 2023.

I advised members in my written statement on 29 September that I was considering options for the future role of the hospital.

Muckamore Abbey Hospital is a long-standing institution in Northern Ireland, and it has been providing services for people with a learning disability since it opened in 1949. Over the years, the services provided by the hospital have evolved and changed in line with changing policy imperatives for this population. Previously the hospital has provided at various times, training services, socialisation, occupation and recreation, supervised employment and long-term accommodation.

Since 1992 the overarching policy direction for people with learning disabilities has been to support long-stay residential patients to resettlement and move out of facilities like Muckamore Abbey Hospital and into community-based facilities, where they can live as part of their local community.

This policy was reiterated in the Bamford Review, and *'Equal Lives'*, the second report of the Review which set out the vision for services for people with a learning disability emphasised the shift from hospital to community-based services. This policy commitment to closing long-stay institutions was restated in *'Transforming Your Care'* in 2011.

The policy direction is therefore clear that no-one should be required to live in a long-stay institution. People with learning disabilities should be adequately supported to live independently within a community setting, and provided with opportunities and support to enable them to maximise their potential to fully engage in their communities and wider society.

In light of this, the model of care provided at Muckamore Abbey Hospital is no longer considered to be the most appropriate or effective way to meet the needs of patients today. The hospital was opened at a time when attitudes to disability, particularly learning disability, were very different to what they are now. While efforts have been made over the years to adapt the services provided at the hospital, these have been hampered by its status and perception as a hospital.

The report of the Level 3 Serious Adverse Incident investigation into MAH which was published in 2018 noted, *'It (Muckamore Abbey Hospital) is based on an acute-care model that does not work for people with life-long support needs.'*

I believe signalling a clear intention to close the hospital would help to support and accelerate the direction of travel to deliver on the long-standing policy aim; that is the resettlement of long stay patients into appropriate community facilities and support.

I want to make it very clear though, that any decision to close the hospital will involve a defined timescale for closure, and will be accompanied by a plan, co-produced with current hospital patients and their families, which will clearly set out how the services currently provided on the Muckamore Abbey Hospital site will be delivered in agreed alternative settings. Any closure will not take effect

until all the current patients have been successfully resettled to agreed alternative accommodation placements in the community. The work of the Regional Resettlement Oversight Board, chaired by Dr Patricia Donnelly, will play an important role in supporting this transition to community-based care.

Equally, I want to reassure members that any decision to close the hospital will not affect either of the investigative processes currently underway into events at Muckamore Abbey Hospital, and both the criminal investigation and the MAH Public Inquiry will continue according to their planned schedules.

I am also very aware that any decision to close Muckamore Abbey Hospital may be distressing for current and prospective patients at the hospital, for their families and carers, and for staff. I can assure members that the Health and Social Care system as a whole is working to develop a service that will respond effectively to the continuing need for assessment and treatment through small in-patient units, and modelling a safe community based service that extends home treatment, peripatetic and crisis response. This work will be done in partnership with service users and their carers, as well as local communities. The new Service Model for Learning Disability services will be key to successful delivery of this, and work is continuing to finalise this.

I would encourage anyone with an interest in the future of services for people with a learning disability to make their views known through the public consultation. All views expressed as part of the consultation will be fully considered before a final decision on the future of the hospital is taken.