

Written Ministerial Statement

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Department of Health

PUBLICATION OF INDEPENDENT REVIEW OF THE LEARNING DISABILITY RESETTLEMENT PROGRAMME IN NORTHERN IRELAND

Published on Thursday 29 September 2022.

Mr Swann (The Minister of Health): I wish to inform Members that the Department of Health has today published the final report of an independent review of the Learning Disability Resettlement Programme in Northern Ireland. The Report is available at [Health Minister welcomes findings of resettlement review | Department of Health \(health-ni.gov.uk\)](#)

The review was commissioned to examine and strengthen the oversight arrangements for resettling patients from Muckamore Abbey and other learning disability hospitals.

I want to thank the review panel for their thorough report and for their clear conclusions. I particularly welcome the panel's extensive engagement with patients and families in carrying out their review. Improving the well-being and quality of life for patients is front and centre of the resettlement work, and it is vital that all resettlement plans are person centred with the patient at the heart of all decision making process.

This report must act as a catalyst to radically improve the rate of progress on resettlement. Patients and families have already waited far too long in far too many instances.

I can confirm to the Assembly that I have accepted all the report's recommendations, and work is underway to implement these. As an important first step, I have agreed to the establishment of a Regional Resettlement Oversight Board, to be led by a regional senior leader and which will take responsibility for expediting the planned and safe resettlement of those patients whose discharge has been delayed.

I am pleased to announce that Dr Patricia Donnelly has agreed to chair the Regional Board. Patricia will work with senior Directors covering a number of policy and professional roles within my Department, and I look forward to her bringing her proven track record of delivery to this work. The Oversight Board will set a timetable for the resettlement of the remaining patients in Muckamore Abbey and the other regional learning disability hospitals, and regular updates on progress will be provided.'

As the resettlement programme at Muckamore Abbey progresses, the reducing number of in-patients at the hospital will raise questions about the future

configuration of services on the site. I can confirm to Members that I am considering options for the future role of the hospital, and I will make a further statement on this in the coming weeks.

It is increasingly clear that the time when a large isolated specialist hospital of this kind was the correct model has passed. Decisions will have to be made, sooner rather than later, to secure a better future.

My priority continues to be the safety and well-being of all those who use the services provided on the Muckamore site, and any decisions about the future of these will only be taken in full consultation with patients and their families.'

The review published today was carried out by two former Directors of Social Work with extensive experience in health and social care leadership roles, the review concludes that leadership and governance of the resettlement programme has been less than adequate, and critically examines the rate of progress towards delivering successful resettlement outcomes for patients whose discharge has been delayed. The review acknowledges the impact of the Covid 19 pandemic on the pace of resettlement, and welcomes recent work by Trusts which has improved the resettlement trajectory.

The review found that policy and strategy in Northern Ireland for people with learning disabilities and their families is in urgent need of updating, and that an updated strategy should consolidate the long-standing goal that no-one should call a hospital their home. The report also concludes that there was no overarching plan for resettlement, despite it being identified as a priority in commissioning plans, with Trusts planning in isolation with inadequate communication of joint arrangements. The review panel also found that the voices of patients and their families were not adequately heard, and opportunities to learn from their experiences and expertise were missed.

The report also details: limited evidence of senior engagement with the independent social sector; a lack of consistency in individual care planning documentation and no agreed regional pathway for resettlement; limited evaluation of successes and failures, and that safeguarding remains an abiding concern for families.