Aberdeen City
Health & Social Care
Partnership

A caring partnership

Complex Care
Market Position Statement
2022 – 2027

Contents

Foreword

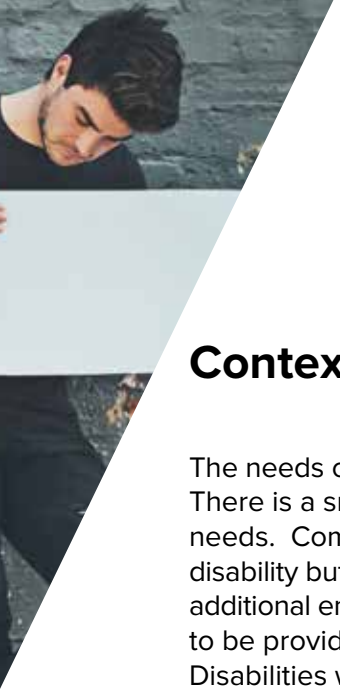
This document outlines our vision, commitment and expectations for services which support people with learning disabilities and Complex Care needs in Aberdeen City from 2022 until 2027. Aberdeen City Health and Social Care Partnership (ACHSCP) has worked with providers of Complex Care services, colleagues and teams within ACHSCP and Aberdeen City Council (ACC) to develop a detailed approach to how people with Complex Care needs should be supported. This Market Position Statement is not prescriptive. However, it sets out an aspiration that will help to ensure, through best practice and innovation, that everyone can live locally in safe, suitable and affordable accommodation. This right goes hand in hand with receiving the care and support they need to 'lead full, healthy, productive and independent lives in their communities, with access to a range of options and life choices' (vision of the Coming Home Implementation Report, Scottish Government, 2022).

In developing this document, ACHSCP hope to establish a shared understanding of the needs of people with learning disabilities and Complex Care requirements. There are low numbers of people with these needs, but they are disproportionately affected by delays in hospital discharge, out of area placements and breakdown in community support services. This is primarily because people with Complex Care needs have a range of communication and environmental requirements in addition to any diagnosed learning disability or other health condition. People with Complex Care needs require a co-ordinated response to create successful community services. They need accommodation which has additional, and often costly, environmental or build features such as larger space of accommodation, toughness of features such as walls, doors and windows, secure gardens and elements which support the person's safety and wellbeing as well as that of staff.

The Coming Home Report (Scottish Government, 2018) and associated Coming Home Implementation Report (Scottish Government, 2022) shine an uncomfortable spot light on people with Complex Care needs who have been placed out of area inappropriately or are delayed in hospital pending suitable local service availability. It is clear that this is unacceptable and Complex Care has been identified as a priority with the ACHSCP Strategic Plan and Delivery Plan (2022).

ACHSCP have developed a range of activity to support the progress of Complex Care services locally. Some challenges have been identified in this work, relating to the availability of the type of accommodation people with Complex Care require and in relation to funding. There are also challenges more broadly relating to recruitment, and these will be echoed in Complex Care services. ACHSCP are working closely with partners to understand these challenges and to overcome them and will continue to involve providers, people who use services and their loved ones in this work. ACHSCP want to see all people with Complex Care needs living in their local communities, accessing the best services for their needs and this being complemented by appropriate accommodation environments which can become people's homes for as long as they need them. ACHSCP want to see communities playing an active role in people's experience of care and support, promoting robust community connections and inclusion.

Complex Care services should become part of our standard offer of local services for those who need this. By clearly demonstrating the priority we place on this and outlining how ACHSCP will work with partners, we hope to see significant and meaningful progress in the development of Complex Care services for people in Aberdeen City.



Context

The needs of people who require health and social care support are changing. There is a small, yet growing number, of people who have Complex Care needs. Complex Care is recognised as terminology for people with a learning disability but other groups with complexity of need may also require some additional environmental factors to be considered and more specialist support to be provided, such as mental health or brain injury. People with Learning Disabilities who have Complex Care needs may also be autistic, have a mental illness or other physical illness or disability.

Complex Care significantly affects the way in which care, support and environments must be delivered. This is largely in part to the ways in which people with Complex Care needs can exhibit challenging behaviour, which challenge services and support providers and is a *'communication from the individual and a product of the environment they live in and of the support they receive'* (Coming Home Implementation Report, 2022). There is a clear gap in the availability of suitable accommodation for people with Complex Care needs, in part due to the additional environmental specification for accommodation. Those with Complex Care needs require different accommodation than is generally provided by housing services and this poses challenge in the funding and planning undertaken to build accommodation. Without the availability of suitable accommodation service models for Complex Care will be compromised. Due to these issues, it is important to set out the ways in which services are to be delivered in the future for people with Complex Care needs.

In early 2022 ACHSCP published a co-produced Market Position Statement (MPS) for Mental Health and Learning Disability (MHLD) Residential and Supported Living Accommodation. The MPS did not specifically cover Complex Care needs; this new Market Position Statement for Complex Care is designed to complement previous work and provide detail to the marketplace. The marketplace in the context of Complex Care includes providers of support and/or accommodation, which includes Registered Social Landlords and the Local Authority. The focus is primarily on the area of most need, learning disability Complex Care, however the themes are broadly transferrable to other groups with complexity of need.

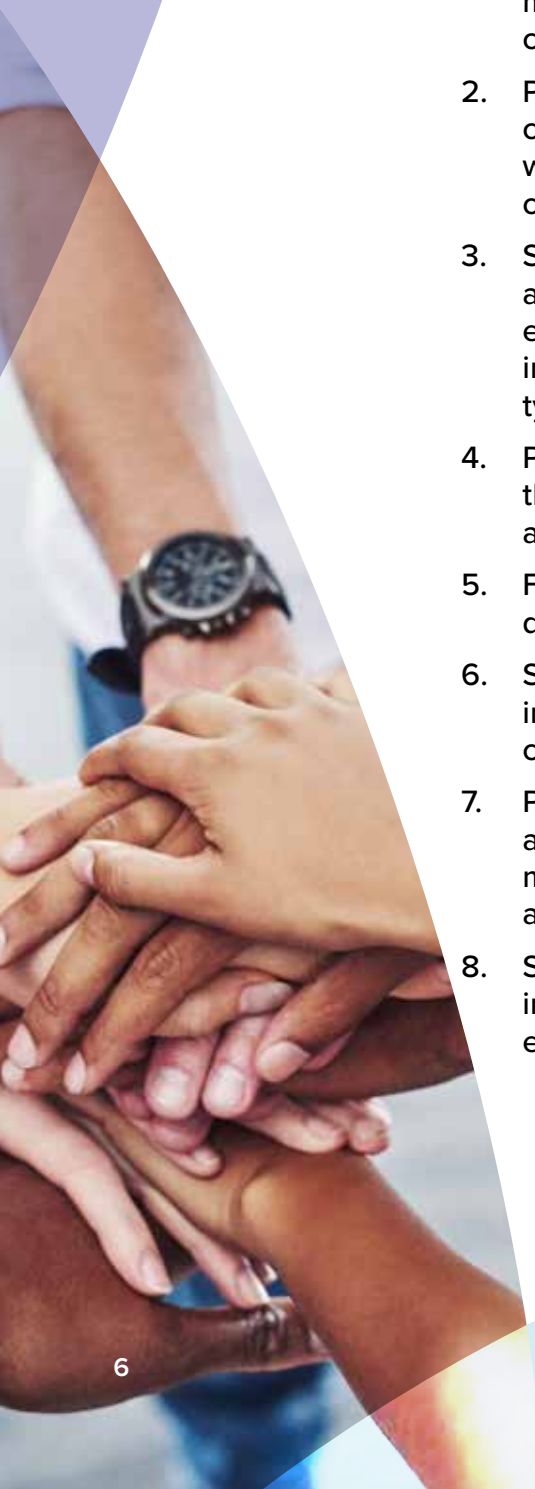
There is a range of National work taking place aligned to the Coming Home Implementation Report which ACHSCP are part of. There has been the allocation of a £20m Community Living Change Fund (Appendix C), with a one-off allocation to all Health and Social Care Partnerships (HSCPs) designed to support service development for learning disability Complex Care, focusing on inappropriate Out of Area placements and Delayed Discharge from Hospital. There is also to be national Dynamic Support Register and Support Panel. The Register will be maintained locally to support strategic planning and monitoring; the Panel will provide support and expertise to HSCPs and checks and balances for local management of the Register.

Outcomes

In the MHLD Residential and Supported Living Market Position Statement a range of outcomes were co-produced and linked to our local strategic vision for Mental Health and Learning Disabilities.

These outcomes remain relevant for the development and delivery of Complex Care services:

1. Support is provided at the right place at the right time – acknowledging that at any given time, people's support needs may fluctuate, and the level of support should adapt to that change
2. People are supported and involved in decisions about their care and support, including who provides their support and where they live and who they live with, and specific personal outcomes to be achieved through the support provided
3. Support is designed to enable people to live as independent a life as possible. The accommodation environment will enable people to live as independent a life as possible including wherever possible the location, the size, and the type
4. Protecting and enhancing people's human rights is at the centre of service design and delivery, including accommodation environments
5. Families and Carers are recognised as key partners in the design and delivery of services
6. Support is delivered in a way which enables community involvement and the building of genuine community connections for people who are supported
7. People who are supported are recognised for their skills and abilities, consideration of how these attributes may be shared more broadly in the local community should be considered by all
8. Service delivery and environments will support and promote improvements in physical and mental health and wellbeing ensuring use of technology is maximised



How we are providing services now

Locally

Within Aberdeen City there are 2 multi-person Supported Living services which meet the needs of people with Complex Care. In addition to this ACHSCP have a small number of 1 person services (individuals who live in a property with a full 24/7 support team) in which the person has Complex Care needs. There are some services provided for young people in which some of the people may have Complex Care needs.

We also have a small number of people who are classified as 'delayed discharge' with Complex Care needs. These individuals are classed as 'receiving appropriate care while they go through a complex and lengthy reprovisioning exercise, so their discharge is on-going' (ISD Definition of Code 100 patients). There are no set timescales for such discharge and reprovisioning arrangements and all local options for patients will have been examined and progressed when suitable.

Our existing local services range in size from 1 person to 24 person services. There is sharing of accommodation and use of communal spaces within some services and not all of the accommodation aligns to the environmental specification for Complex Care (Appendix B). At times, placements within these services can be difficult to sustain due to factors such as compatibility when sharing spaces with others, increases in challenging behaviour due to the environment and/or volume of people (both other service users and staff) and risk management protocols. These factors can also cause difficulty in placing people within any vacancies which arise.

Out of Area Placements

As Aberdeen City is a small geographical area at times service provision for people is required out with the City boundaries. This is known as an Out of Area (OOA) Placement. Out of Area placements are in Residential Care Homes, Supported Living Services, and specialist services, such as private hospitals. ACHSCP further define Out of Area Placements into the following categories:

- **Placements in Aberdeenshire** – these placements are made due to the availability of suitable services within close proximity of Aberdeenshire to Aberdeen City.
- **Out of Area – within Scotland** These placements are a mix of provision, at times private hospital services or residential care facilities
- **Out of Area – out with Scotland** These placements are very rare and are often for specialist services or due to family choice

These categories can also be split into appropriate and inappropriate placements. Appropriate placements are where individual, or family choice of service is clearly demonstrated. Inappropriate placements have been identified as requiring to be brought back into Aberdeen City.

Complex Care Framework

ACHSCP operate a Framework Contract for Complex Care which has 8 providers at present. The Framework, although for care providers, seeks to align the housing needs and care needs of Complex Care together. Providers were asked to demonstrate their ability to develop service options which include housing.

The Framework has already been in place for 2 years and had approval for 2x 1-year extensions. We are currently in year 1 of an extension. The Framework allows for the development of Complex Care services in different ways. These include:

- **Mini-competition** – where we identify need for a service and ask providers to bid for this
- **Direct Award** – where either providers or ACHSCP can trigger a process of collaborative decision-making leading to the co-production of a service option

Although the Framework is currently in use for people with a Learning Disability who have Complex Care needs it is possible for other groups to be covered and for the Framework to be opened for new providers to join at any point.

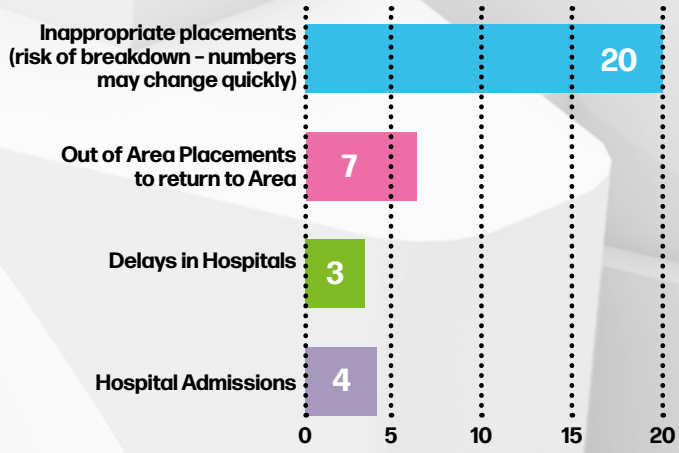
The commencement of the Framework was in May 2020, during the start of the Covid-19 pandemic, which has limited the success of the Framework to date. This is in part due to the natural focus of the HSCP and providers in sustaining safe care and support for people and knock-on effects for the development of building works such as increasing costs and reductions in the available workforce. We have entered into dialogue with a number of service providers on the potential development of services and wish to continue this approach.

ACHSCP still believe that this Framework is the best mechanism available to create the range and scale of provision required for Complex Care and we will continue to explore ways that the Framework can support the development of services, including the potential of expanding the life of the Framework and opening it up to additional providers.

Current and future need

Data systems for Complex Care need further development. The establishment of a National Dynamic Support Register (for learning disability Complex Care) will support locally owned and maintained data systems to become more robust. In an indicative data collation exercise the following numbers of people with Complex Care were identified:

Aberdeen City Health & Social Care Partnership Current Number* (July 2022)



*All data solely relates to learning disabilities only

ACHSCP are developing our local Dynamic Support Register, hosting different aspects of data which will support the commissioning process and understanding of specific needs that people may have (such as location or type of environment). We are working with Scottish Government on the development of the National Dynamic Support Register alongside other HSCPs.

As it currently stands a total of 30 people (31 when ready for discharge) require complex care provision. It must be noted that support requirements can change very quickly, and these numbers may change at pace, this can be due to:

- new hospital admissions or successful discharges
- transitions into adult services (which at times may not be anticipated)
- changes in health/needs
- changes in the current service provision (such as placement breakdown at home or in services or the change in circumstances of family carers)

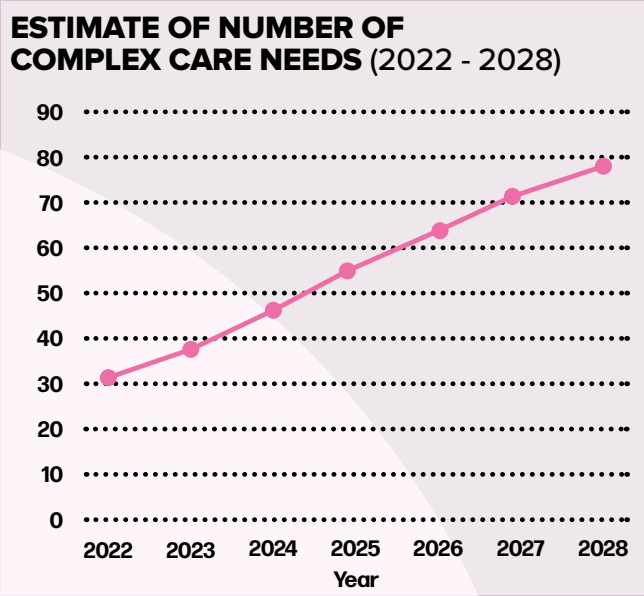
Future support needs can be hard to predict for many of the reasons above and there may be no obvious trends. The number of people with Complex Care needs is low in relation to more general MHLD social care needs, however this number is growing, and the complexity people present with has also intensified. There is a link between inappropriate services and environments and placement breakdown. This does not always equate to Complex Care but does tell us there is an incompatibility in what environments and services we have available and what people need.

One of the ways ACHSCP will convey Complex Care needs internally and externally is by using a Pen Picture of the individual. The Pen Picture will provide an overview of people's needs along with key information on how they should be supported, as well as some of their history/evidence of what has worked well or not so well in the past. It is hoped that by having a clear picture of the person this will help with the design of accommodation and services which will best meet their needs. It will support providers to understand the range of needs for everyone and to think about who could be supported in the same model or type of environment. We already use a Pen Picture template, and this has been revised to provide more information in an anonymised format which can be regularly updated and shared with relevant people. (Appendix A – Pen Picture Template).

As part of our approach to the Dynamic Support Register, ACHSCP will work with Children and Families' Services to understand the numbers of young people with Complex Care needs, including those currently placed Out of Area.

In relation to transitions of young people into adult service alone, there are between 6 and 12 referrals per year where young people are currently in OOA placements. This would typically indicate that a high proportion of the young people would meet the criteria for complex care (which often prompts the beginning of an OOA placement). Using this referral information, it is reasonable to expect that up to an additional 8 people per year will have need for Complex Care services.

Estimate of Complex Care need per year:



It may also be the case that some people currently with Complex Care needs no longer require this level of provision in the long term, although the likelihood of this is small.

There is some existing services for Complex Care locally; as natural movement occurs through these services some of the current/ future need will be accommodation by these existing services. The numbers relating to this are not predictable, but by using these existing services, a smaller number of people will need a new service development. However, there is still a clear requirement for new service developments for Complex Care.

How we plan to provide services in the future

Learning from what works well for Complex Care needs, and using the evidence base available, is important in developing sustainable and robust services.

The profile of need for those with Complex Care requirements is typically:

- The provision of specialist and more intensive care/support services, delivered by a trained and supported staff team
- The requirement for providers to be able to de-escalate behaviour, which require specialist training and insurances, typically via the provision of a Positive Behaviour Support Team/Model
- Individuals require robustly built environments which support their care needs
- Individuals require more spacious accommodation with access to outdoor spaces and separate staff welfare areas
- Individuals require their own accommodation without the need to share with others but services to be delivered in a way which does not isolate individuals or staff
- The inclusion of welfare facilities which adhere to Infection Prevention and Control (IPC) measures

Service Model

Residential or Supported Living Accommodation (care and support with housing) registrations can be suitable for Complex Care. Consideration should be made as to how the model supports people to live as independently as possible and considers factors such as compatibility, physical design of the service, management of IPC measures relating to outbreaks or infections of future pandemics and financing.

The Care Inspectorate have provided guidance on the size of residential care homes for people with a learning disability, advising a size of no more than 6 places within any newly registered care homes.

The optimum size of any service for Complex Care is no more than 8 people when in a Supported Living model. Although it is recognised that services of between 4 and 8 people can offer some benefits in terms of staffing volume and the requirement for accommodation. Services of under 4 people pose challenges in the sustainability of the service model to providers and can lead to issues such as inability of staff to respond to crisis situations. There are some 1 person services delivered at present which can lead to increased staff burnout, lack of support/management structures in place as well as lack of social interaction and community for people living in the service.

Larger service models pose their own challenges; although people do not live together, compatibility of people is still important, and more people can make this harder to manage. Also of concern is the ability to safely staff large models of care, in terms of recruitment challenges in health and social care and the more specialist nature of training and support model required. There are 2 large Complex Care services at present which require large volumes of staff, this can cause issues with training and practice development as well as consistency of approach. There are also practical issues in relation to the size of office/staff space and available parking which require consideration. These larger service models, whilst not institutions, can unfortunately be perceived in such a way by the local community and at times some practices might reflect this historic model rather than showcase personalised care and support methods.

Housing and Environment

All services developed should support people to live in their own homes or homely environments and not in shared facilities. One person units of accommodation are required, potentially with additional rooms dedicated for activities. With up to 8 units on any one site, with the specific inclusion of space for staff welfare and office requirements.

An environmental specification has been developed for Complex Care by the multi-disciplinary team (Appendix B). The specification will be used to describe Complex Care and work will be undertaken to align this with building standards and regulations. Should there be individual considerations which are not common, additional environmental assessment work will be completed. Some of the key points of this specification are:

- Individual ground floor/single level accommodation which is for 1 person with no sharing. The provision of additional 'bedrooms' may support the space required by people for activities and there will be a separate staff space/building for staff welfare
- At least 4 units need to be located together for staffing and financial purposes and the preferred number of units is no more than 8
- Cottage/bungalow design, with the potential to look at modular building methods and units
- Multi-level accommodation would not be suitable unless the upper levels were solely for staff use and soundproofed with separate entry points from individual accommodation
- Individuals should have their own front doors with no communal areas unless these are solely for staff use to navigate between units of accommodation
- Potential of observation points for staff to reduce interactions but keep people staff and ability for exit routes from rooms to support staff safety
- Buildings need robust features to prevent/minimise damage and injury
- Secure garden access and parking for mobility vehicles and staff vehicles
- Ability for sustainability of accommodation, larger footprints of units with ability to add in functionality of hoists, mechanical baths, or wet rooms for example
- Ability to close off kitchen space or have kitchenette facilities with potential full kitchen/cooking facilities being out with a person's own home
- Ability to isolate gas/electric/water and to control access (if legal powers exist) to kitchens
- Location is flexible as there are no specific areas in which the services must be delivered. Considerations should include access to gardens and parking, likely excluding city centre locations
- Other location considerations relate to people who may be vulnerable or pose risks to others so avoiding areas right next to schools, busy main roads (or have secure features to protect people if needed) and known areas of criminality/anti-social behaviour issues
- People should be linked to their communities and have access to local amenities

Staffing

Services should consider both the volume of staff required and the skill set needed to deliver Complex Care services. Experience tells us that having a staffing and management model, wrapped around 1 person only, in a single person service is isolating for staff. It can increase staff burnout, it is more costly and does not always support the individual in the best possible way. Evidence also shows, where service models are larger, the sheer volume of staff required poses continual recruitment and retention challenges in an already difficult area. It can lead to a lack of consistency of approach, which is often key to meeting Complex Care needs. Staffing is key to the success of most care and support services, and this holds true for Complex Care services.

Staff should be supported by a robust service model which has onsite management/leadership support and expertise on communication challenging behaviour (potentially in the form of Positive Behaviour Support teams/practitioners). All staff should be appropriately trained and have dedicated time to refresh training as well as putting training into practice in a safe manner. Staffing teams should be large enough to provide safe care to individuals within the service and support people to meet their outcomes. Technology should be used to complement staffing and support models, perhaps reducing the need for multiple staff to be in people's own homes whilst still providing crisis/ emergency response as needed.

Training and continued practice development should be promoted, particularly with reference to supporting challenging behaviour. Dedicated time to enable staff to undertake necessary training and practice development should be established. Adherence to best practice guidance in the delivery of support for challenging behaviour should also be demonstrated by the Provider/Service and aspects such as these may be assessed and reviewed through Contract Monitoring processes.

Staff should be remunerated appropriately for their skills in working with Complex Care needs. There should also be a clear understanding of how staff will work with families to ensure they are a key partner in their loved one's care and support. Staff welfare and wellbeing should form a key part of how service models are designed. Ensuring access to separate welfare facilities and office space, protection of break times and opportunities for debrief and peer support.

Multi-disciplinary Team (MDT) Working and Assessment Methods

There are typically a variety of multi-disciplinary staff involved in an individual's care and support, where Complex Care needs are present. This includes Learning Disability Nursing, Occupational Therapy (OT), Speech and Language Therapy (SLT), Social Work, Psychology and Psychiatry, as well as other specialisms. Members of the MDT can provide a wide range of support to people with Complex Care needs, and this also extends to their service provision and environment. Service Providers, as experts in the delivery of care and support, are an extension of a person's own MDT and broader support structure. Service Providers can engage with members of the MDT on issues within services and particular aspects of support plans and strategies. Good working relationships between providers and an individual's MDT are encouraged to support people's needs and outcomes in the best way possible.

Services will require to work with people to support their transition from their current placement into the new model of support and environment. For some people this will be a significant change and transition planning will require to be individually considered, which will be supported by MDT and the existing service placement. It is recognised that the initial assessment of a person's needs and their abilities can reflect the suitability or otherwise of their environment. Services for Complex Care will need to have robust assessment and support planning in place. This should be continually monitored in an iterative process as people transition and experience their new service model and environment.

Working with Young People

Young people with Complex Care needs require support to transition into adult life and into Adult Social Work services. At present there can be a gap in support for young people and their families depending on when the young person leaves education with many aspects of adult support starting at either 16 or 18 years of age. To improve outcomes for young people an improved transitions process between Children and Adult Social Work services (and health services) is required. Some young people may require an earlier transition to be supported in local services and maintain family connections, processes need to be shaped to support this to happen which will include risk management and compatibility assessments. Support providers should consider their registration requirements for Complex Care services to support those people who may be younger than 18 but will benefit from the service model and environments of Complex Care services.

Partnership Working

Working in collaboration with partners is crucial to the delivery of sustainable Complex Care services. We see providers of care and housing as key partners and bringing their knowledge and innovation into service developments is essential to success. There are multiple ways in which services may be funded, designed, developed, and implemented and we want to explore all options for their merits. Delivery of the range and volume of services, required to meet current and estimated future need, will require a hybrid approach. This will remain a central component of the way in which we look to deliver services now and in the future. The Complex Care Framework will be the key mechanism by which we work with providers.

Opportunities

- **Innovation in service model and delivery, including technology** – there is flexibility of approach to the design and delivery of Complex Care services, supporting providers to establish models of care which are responsive to need. There are clear benefits to the use of technology to support both individuals and staff within services, and use of technology solutions are encouraged, especially when linked to the environmental needs of people.
- **Address needs gap and delivery local services** – there is a clearly defined needs gap and desire to deliver services more locally for people with Complex Care needs. A Framework Contract is in place for Complex Care providers, which can support new and existing providers to develop services in Aberdeen City. As demonstrated, ACHSCP have a current and predicted level of need which will support sustainability of service models and provider investment.
- **Create Expertise** – by providing a wider range of services for Complex Care, local expertise in the delivery of this care will be built up. There are opportunities for closer working between HSCP staff and providers in the development and evaluation of care and support models, which will showcase best practice.
- **Employment Opportunities** – as detailed there is a gap in service provision and the opportunity for staff recruitment into a variety of roles, from service management and development to delivery.

Challenges

- **Funding Availability** – the cost of Complex Care services is notably higher than other care and support provision. This is in part due to staffing costs and in relation to the built environment. Whilst there is an allocation of money from the Community Living Change Fund to ACHSCP, this funding is a one-off payment and is insufficient to address the need and demand for Complex Care services. The costs of services can be split into Care and Housing Costs, each with their own challenges.
    - **Care Costs** – some people will already be in services and have an identified budget for their services. Where people are placed OOA we stop paying the OOA costs and can reassign these to care costs within the local area. Where people are in local services, ACHSCP may not be able to reassign their costs to new Complex Care services as we often still need the services they have been using, so there is an additional cost of services to consider. People in hospital do not have any identified budget and therefore there is no budget for reassignment leading to increased budget pressures.
    - **Housing Costs** – as we have no current stock of accommodation available for use which is suitable for Complex Care there are costs in developing new housing options regardless of the options progressed. There is no capital budget within ACHSCP and HSCPs are not able to own property. As such we must work with partners such as Local Authorities and Health Boards, Registered Social Landlords, Developers and Providers to look at suitable housing options.
- **Enhanced Specification of Property** – the provision of accommodation which is suitable for people with Complex Care needs (demonstrated in the environmental specification) differs significantly from the features in general needs accommodation. These additional yet necessary features for Complex Care mean that providing Complex Care housing is more expensive. This is in part due to the features within the accommodation (doors, windows, robust features) but also linked to the type of building suited to Complex Care (single level rather than multi-floor flatted accommodation). The additional specification required for Complex Care does not receive any additional grant funding from general needs housing stock (as provided by Scottish Government) and there are limited monies available within either the Local Authority or the HSCP to fund these requirements.
- **Housing Benefit and rent costs** – ACHSCP and partners aim to ensure that housing and accommodation solutions are sustainable long-term. Rent and service charges should be affordable without the reliance on additional sources of income to make up shortfalls. This is to ensure that people are not left in a vulnerable position should they not qualify for assistance with housing costs. Assistance with rent costs is subject to financial assessment. Housing benefit claims are administered by the local authority and operate in line with the guidance set out by the UK Government. The Local Housing Allowance rates, which are updated annually, can be considered as a benchmark to determine affordability. Top-ups through discretionary housing benefit payments are funded through local authority budgets and may be subject to change.

Telecare costs, when incorporated into rent or service charges, are not eligible for housing benefit. Landlords may be able to claim Intensive Housing Management if the properties are deemed to be 'specified accommodation', in that some services are provided by or on behalf of the landlord (eligible housing support and tenancy related tasks). There is no guarantee of eligibility for either the service or any individual in relation to financial support/benefits claims as these are assessed on their own merits.

- **Land Availability** – Aberdeen City is a small geographic area with limited land availability which is at a premium. The lack of availability of land, as well as affordability contributes to increased costs. Additionally, the building model for Complex Care (single storey property) is not as affordable as general needs housing where accommodation is built upwards in a multi-floor flatted model. The cost per unit of accommodation for Complex Care can be estimated to be double the cost of general needs housing.
- **Staff Recruitment and Retention** – it is widely recognised that recruitment and retention in health and social care services is significantly challenged. The development of new Complex Care services will require further joint working to take place to overcome staff shortages and to ensure staff have the right attitude and skill set for this area of work. The cost of Complex Care services will be higher than other types of provision to provide the number of staff required with the appropriate training. There may also be movement of staff from other care services particularly as roles are expected to be at a higher wage level, this may cause more issues for these care services.
- **Use of the Community Living Change Fund and other monies** – monies received from Scottish Government for Complex Care (and other related monies) require to be spent in line with identified criteria and timescales. This can pose challenges as some ways in which the funding could be utilised are not supported by the guidance provided. Appendix C provides further information on the Community Living Change Fund criteria.

Principles and Actions

The following principles will underpin how ACHSCP and partners will deliver Complex Care services for Aberdeen City:

- **Focus on demand** – using the Dynamic Support Register and other available data to create a clear picture of current and future need
- **Evidence needs** – maintaining robust assessments of need by our multi-disciplinary team approach and using our pen picture template to communicate these needs to providers of care and housing
- **Pursue housing options** – embedding our demand and need profile into the Strategic Housing Investment Plan (SHIP), Housing Need and Demand Assessment (HNDA), Local Development Plans and other relevant documents to create opportunities for, and delivery of, service developments
- **Work with individuals and families** – to provide local services, reducing the need for out of area placement and creating robust anticipatory planning for people with complex needs
- **Work with providers** – to co-create long term sustainable services and the associated workforce skills for Complex Care services
- **Contribute to local, regional, national work** – share learning and representing the Complex Care needs of people within Aberdeen City

Principle	Actions	By When
Focus on demand	Work with Scottish Government on the National Dynamic Support Register development	October 2022
Focus on demand	Develop and Maintain Local Dynamic Support Register	November 2022, reviewed every 3 months
Evidence needs	Complete Pen Pictures for everyone on the Dynamic Support Register and review regularly	October 2022, reviewed every 6 months
Work with providers	Develop a programme of provider engagement	December 2022
Focus on Demand	Support the completion of anticipatory care plans for all on the Dynamic Support Register	June 2023
Work with individuals and families		
Work with providers	Consider re-provision the Complex Care Framework with a minimum duration of a 5-year contract	December 2022

Principle	Actions	By When
Work with providers	Consider opening up the Framework to other care group providers	December 2022
Focus on demand	Work with Children's Social Work services to include information on young people in the Dynamic Support Register	November 2022, reviewed every 3 months
Evidence needs		
Evidence needs	Work with building standards and regulation to develop design guidance using the Envrionmental Specification	December 2022
Pursue housing options		
Evidence needs	Complete all individual environmental needs assessments	March 2023
Work with providers	Develop a core skills framework in conjunction with providers aimed at enhancing the workforce for Complex Care	June 2023
Contribute to local, regional, national work	Work with neighbouring areas to understand the scale of current service needs for complex care across Grampian.	December 2022, with regular engagement
Contribute to local, regional, national work	Engage with Scottish Government on Complex Care developments	March 2023, with regular engagement
Pursue housing options	Continue to explore future new building and property redevelopment opportunities with partners to provide facilities for people requiring Complex Care	March 2024
Work with providers		
Pursue housing options	Implement the programme plan and associated project groups and activity to achieve Complex Care solutions	March 2024
Pursue housing options	Plan for and invest monies from Community Living Change Fund	March 2024
Work with providers		
Work with individuals and families	Capture stories of positive outcomes	March 2024
Work with providers		

How will we know that we have made a difference?

Measures for people we care for	How will we know?
We meet people's individual outcomes	• People and their families will tell us, and it will be clear from their care plans
People receive the right care in the right place for them	• Services and support will be flexible to changing need
	• People can move out of hospital and into suitable accommodation without delay due to lack of available accommodation or people with the right skills to care for them
	• We will plan for people transitioning between children's and adult services, including where they will live
	• We will minimise the number of people who have to move away to receive care because we cannot provide it more locally
	• People's needs will be met and placement breakdown will be reduced
Families and carers are involved as appropriate	• We will ask for feedback using advocacy where appropriate
Measures for people who deliver care	**How will we know?**
Staff will feel confident to deliver the care that people need	• We will work with providers and staff to understand any specific requirements for training
	• We will ask providers for staff feedback
Staff will be valued and motivated in their job	• We will monitor provider retention of staff in their caring role, monitoring aspects such as turnover rates, vacancies, length of time to recruit to posts, length of time in service
	• Staff will be supported, evidenced via one-to-one meetings, group supervisions, staff training and engagement in development of the service
Measures for our organisation	**How will we know?**
Better performance against national requirements	• Less delays for people as they move out of hospital
	• Number of people who have to move away for care
Proactive planning	• Fewer placement breakdowns
	• Less people waiting for care
Improved quality of care delivered	• Accommodation needs incorporated into strategic planning documents
	• Development of local services
	• Care inspectorate reports
Market confidence	• A greater level of investment based on sound knowledge

Our Commitment

Within the Scottish Government Coming Home Implementation Report (2022) they define what good will look like:

By March 2024 we expect to have seen out-of-area residential placements and inappropriate hospital stays greatly reduced, to the point that out-of-area residential placements are only made through individual or family choice and people are only in hospital for as long as they require assessment and treatment.

Aberdeen City Health and Social Care Partnership echo this view and we are committed to working in partnership with those who use and provide services. We believe this approach will ensure that our shared outcomes are met, and our collective actions progressed.

People with Complex Care needs do have additional requirements in their accommodation and support needs compared to the general population, however there is *"equal right of all persons with disabilities to live in the community, with choices equal to others"* Convention on the Rights of People with Disabilities. We support the work of the Scottish Commission for People with Learning Disabilities (SCLD) who advocate that 'Housing is a Human Right'.

Getting the right accommodation for people with Complex Care needs supports the delivery of good care and support leading to positive outcomes.

We will work together to provide local, suitable, and sustainable services for people with Complex Care needs in Aberdeen City.

Appendix A Pen Picture Template

The template provided has been developed for internal use and may be modified when supplied to external partners/ providers for the purposes of developing service provision or placements. It will be anonymised/redacted to protect the identity of individuals.

Complex Care Pen Picture

Complex Care is formally undefined (Coming Home Implementation Report, 2022). The following criteria are based on the definition in the quoted report.

Please indicate which criteria (in addition to a diagnosis of a Learning Disability) the individual meets:	
• Severe challenging behaviour (may include high risk behaviours and behaviours which are not severe in themselves, but becomes severe due to their high frequency)	
• Forensic support needs	
• Mental health needs	
• Autism	
• Profound and multiple disabilities	
• Is currently in hospital	
• Has been discharged from hospital within the last 6 months	
• Living in unsuitable/inappropriate out-of-area placement	
• At risk of placement breakdown (due to increase of challenging behaviour, concern about suitability, stability, sustainability, such as end of school placement; family carer no longer able to be carer)	
Please indicate the Complex Care provision the individual requires:	
• Complex Care Staffing Support Only*	
• Complex Care Staffing Support and Environment* (if 'yes', please specify type of environment below)	
• Internal space requirements	
• Equipment (e.g. Smart Technology)	
• Gate Keeping requirements	
• Communal space	
• Location considerations	
• Accessibility	
• Garden space requirements	
• Robust/tough environment (see Complex Care Environmental Specification for detail)	

Please provide further details about the individual in the boxes below:
Who am I? (Age, Gender, Location)
What you need to know about me? (Example: Specific Health and Care Needs, Diagnosis, Medical/Health Needs, PBS Plan, Previous CLDT Health Involvement, Specific Sensory Needs, Specific Communication Needs)
Who is important in my life? (Family, Professionals, Support Structures)
What are my outcomes? (What is the support helping me to achieve for both my mental and physical health?)
I meet the requirement for complex care because... (Please provide detail regarding each of the criteria for complex care that apply to the individual. If applicable, include a history of failed or compromised placements/hospital stays; and what led to historic placement breakdown)
I require support by a complex care service provider because... (Specific details of support provision and why these require specialist support. Specific details regarding interests, training requirements, specialist knowledge and experience that support staff need to have)

I require support in a complex care environment because... Specific details of environmental needs, as indicated earlier, and why these cannot be met in standard accommodation (with minor adaptations), for example:	
Space requirements - how much space do they need / space for equipment **Equipment** - SMART technology / telecare **Gate Keeping requirements** - core and cluster / locked door etc. **Communal space** - do they need access to a communal area / communal living **Location** – impact of environmental noise/ neighbours/traffic	**Accessibility** - considering long term needs / physical health needs - single story / wide doors / corridors **Accessibility** - for shower rooms / bathrooms **Garden space requirements** - enclosed/ robust & high fences/ sensory needs **Robust/tough environment (see Complex Care Environmental Specification)** – robust/toughness of walls / floor / fixtures and fittings / flexibility in the space to move things around (e.g. if staff need to leave an area and ensure environment is still safe) / sensory needs
What specific support do I require? (Hours of support, where should support be based, specific activities, when & where, where I need my own support and where this could be shared, transport to activities)	

I have the following legislation in place to support my care needs... (Details of all relevant legislation and processes in place or required, e.g. guardianship, CPA, intervention order, MAPPA)
Environments and supports I could share... (The type of people that I may live with or share support with, are there any shared interests, any compatibility issues)
What behaviours might I engage in and how should they be responded to: (What risks need to be managed)
You may also be interested in knowing... (Additional comments on support required, current situation)

Who within this individual's multi-disciplinary group completed this PEN profile?		
Name	**Role**	**Date**

*These selections indicate the current needs of the individual and do not guarantee the receipt of complex care support and/or complex care accommodation.

Appendix B - Complex Care Environmental Specification

Environmental General Specifications

The recommendations in this report outline general recommendations to support planning and building design of accommodation for any new proposed robust style housing development for adults with Autism, Learning Disability and challenging behaviours.

Due to the complex needs of this client group it is envisaged that the physical and social environment is paramount and needs to allow for clients to safely participate in daily activities. Clients will not have the ability due to their level of function to understand risks and how harm can occur.

Space requirements and layout of building design

The property should be detached, single storey and have a large standard space both indoors and outdoors. It may be appropriate to have additional 'bedroom' spaces for either staff or individual activity use, wet room for client and provision of closely located staff facilities with office and welfare space in addition to a bathroom consisting of a shower, WC and sink. The property should have wide corridors and large rooms with high ceilings. Living room / kitchen area should have 2 access points with door access to garden area. Good lighting in each room through window design and natural lighting.

Key points:

- Larger spaces are required as people with Autism can be sensitive to personal space around them. Clients may exhibit challenging behaviour and staff will be required to support a person and maintain their safety without doing so in a restricted space, therefore corridors and rooms need to allow for this to be undertaken safely.
- The layout of the building needs to allow for clients to establish and engage in routines with specified rooms / spaces for required purposes i.e. bedroom to function as a sleeping area, kitchen for food preparation.
- Addition bedrooms or staff space would be required. Staff will require a room to store files, write notes which is not accessible to the client. They will also need independent access to a toilet and shower room which should be situated within the home as to not disturb the client. They will also require to use a room/space as a base to provide 24/7 support.
- An additional bedroom would be advantageous to provide an activity space, sensory suite and/or use as a de-escalation space if the client is experiencing levels of high arousal and presenting with challenging behaviour to others, again this also links back to each room having its own purpose.
- Living room/kitchen area should have 2 points of access and located next to each other with windows to view outdoor areas. Staff safety is paramount therefore 2 exit points are required to allow staff to exit safely and quickly if clients are exhibiting challenging behaviour.
- It may be necessary to restrict access to kitchen areas (if legal powers permit) to ensure safety

- Larger shower room consisting of wet floor shower, sink and toilet is required in order for staff to support clients with personal care. Clients with autism may require a large personal space and be fearful of unpredicted touch. Staff will need to support, model and assist clients participate in daily personal care routines. Some people with additional physically disabilities may benefit from access to a mechanical bath but this is not a standard requirement.
- Rooms should be positioned and fitted with windows to increase natural lighting and provide views of garden area to enhance clients' mood and wellbeing.
- Clients may need/seek to run, jump and bounce within their internal/external property to meet their sensory needs therefore adequate space is required.
- Clients may damage fixtures, equipment such as smoke detector, water sprinkler systems so these need to be concealed, flush fitted and/or out of reach for potential damage and to maintain safety and security of the building.
- Thermostatic temperature controls, accessible only by staff, should be fitted to all water supplies in the property. Clients would be at risk of scalding therefore water requires to be thermostatically controlled.
- Water isolators, accessible only by staff, would be required to be fitted to all water supplies within property Client may seek to turn on taps, engage in water play which can result in flooding and water damage to property.
- Electrical isolators would be required to fitted for all electrical appliances and accessed by staff only.
- Gas isolators would be required to fitted for all gas appliances and accessed by staff only.

Access

Key points:

- Automatic door lock system on front door access that will deactivate in event of fire for exit in an emergency.
- Access door to garden area which has the ability to be locked back in open position to prevent environmental damage to property. Some clients may seek to slam and bang doors repeatedly into a wall.
- External lighting at front access and/or rear of property activated by timers rather than motion sensors. This will ensure predictability of when lights are activated and can be managed by staff.
- Waste bins to be located outside of garden in secure storage area. Clients may seek to empty, search or eat contents of bin putting them at risk of harm.
- Allocated parking area at entrance of each property. This would be required to enable a safe and smooth transition of clients to and from their vehicle.

Garden/outer building

Key points:

- Exterior walls to the property should not be rendered with harling chips or pebbles that can be picked or brushed off and potentially eaten by the client.
- Loose stones/pebbles should not be used in the garden area for ornamental or drainage purposes, again there is the risk that these may be consumed or used as projectiles at times of high arousal.
- Drainpipes should be robust or protected by a robust drainpipe cover as clients may damage or attempt to climb particularly at times of high arousal.
- Enclosed rear garden area ideally not overlooked, with secure robust high fence, double slatted with no footholds and lockable gate. Clients may seek to climb and abscond from the garden. Fencing should provide privacy and dignity as clients may remove their clothes during high levels of arousal. Staff will require to know where the client is at all times when in the garden.
- Garden area would be required to accommodate space for the client to engage in a variety of meaningful activities i.e. trampoline, swing, sensory equipment. This would not only provide the client with exercise but also meet their sensory needs.
- Any external clothing drying system would need to be securely cemented into ground and have the option of being removable.
- Do not use plants which are poisonous as clients may ingest.

Walls

Key points:

- Strengthened walls require to be fitted with impact resistant plasterboard, plywood or solid brick walls. Clients may seek to test the structure of the building and may pick at plasterboard, bang, kick or throw objects causing damage to walls if not strengthened.
- Soundproofing of walls and ceilings would be required to reduce transmission of noise to neighbouring houses. Clients may be vocal, this can often be louder at times of increased arousal. Soundproofing will help to reduce the impact of any noise and prevent reverberation of sound produced by clients.
- Plain decor, no busy patterns. Autism friendly muted matt colour schemes. Painted walls that are wipeable. Colour is important as this enables clients to identify rooms and move through the environment more fluidly. Muted autism friendly colours can have a calming and organising effect on the senses.

Windows

Key points:

- Toughened safety glass throughout property. Clients may seek to hit, bang or throw objects at windows thus breaking glass. Toughened glass will help to reduce risk of harm to clients.
- Avoid windows with large glass area panels as smaller panels will be easy and less expensive to replace.
- Integral horizontal blinds fitted within window glazing, electronically remote controlled by staff. Blind controls are not to be accessible to clients as they may be tampered with and destroyed. Client's dignity would need to be protected as they may remove clothing during high levels of arousal. Consideration of window location and whether overlooked by neighbours.
- Windows should be flush with walls with no window sills to avoid climbing.
- Lockable windows with lockable window restrictors. Windows require to be robust and lockable. Window openings should be located higher up and open outwards to prevent clients from attempting to climb out and allow for windows to be fixed open without ability to be slammed shut by clients or trapping of body parts.
- Frosted glass required for wet room/ensuite to protect dignity/privacy.

Doors

Key points:

- All doors need to be solid core, reinforced and fitted with heavy duty hinges and flush fitted, handless door handles. Door frames should be robust and reinforced. Clients may repeatedly bang and slam doors against walls and into door frames. Doors should be contrasting colour to door frames and handles should be contrasting colour to door. Any locks should be two-way safety locks so can be opened from both sides if required.
- Anti barricade doors that have ability to open both ways and ability to be locked in an open position within a room. Clients may have epilepsy and following seizure activity inadvertently restrict access to a room preventing essential emergency care.
- Doorstops fitted to prevent doors being pushed back into walls. No mechanical door closers. Door silencers can be used within door frames which help to absorb sound of door closing. Clients may repeatedly bang doors at force into walls. Doors that can be locked in an open position into a door frame is a suitable solution to help prevent this and reduce structural damage.
- Shower room door to open outwards allowing staff to access in an emergency fitted with 2-way safety lock.
- Doors should have locks fitted so areas can be ‘zoned off’ for safety, cleaning purposes and allow access as required. Staff may require to clean or secure a room to reduce risks to the client during an occurrence of challenging behaviour from clients.
- Internal doors should have observation panels fitted to enable staff to observe clients at all times. Staff may require to withdraw to a dedicated space for their own safety when clients are displaying high levels of arousal but will still require to monitor the clients wellbeing and safety.

Lighting

Key points:

- No florescent lighting or rose ceiling flexes. Lighting requires to be recessed into the ceiling. Use of dimmer switches in living room and bedroom areas can help to promote soft lighting and be calming. Remotely controlled dimmers which do not emit noise are a good option to use in these rooms which can be operated by staff. Clients with autism can be affected by flickering of harsh lighting. Hanging ceiling bulbs can be broken, electrical cable flex damaged and cause a serious risk to clients.
- Use of creative high windows and building design would allow for natural lighting to radiate into the room to provide a relaxed calming environment.
- Use of integrated blinds fitted within window frame would be required for any accessible windows clients would be able to access as standard freestanding blinds, curtains have the potential to be pulled down and destroyed.

Electrics

Key points:

- Robust metal light flush fitted switches and plug sockets fitted with plug locks. Consideration of discreet locations of switches and plug sockets to discourage tampering. Clients can damage by banging, attempting to pull from the wall, tampering with switches and putting fingers into sockets due to clients having no awareness of danger.
- Increased number of plug sockets to support varied equipment needs of people, including sensory and medical equipment
- Individual circuit breakers would be required for each room for mains power supply and electrical appliances including cooker, refrigerator. This would enable staff to maintain clients' safety and secure electrical zones as required.
- Fuse box located in locked cupboard only accessible by staff which should be securely locked to prevent any potential access by clients.
- Electrical appliances such as television, CD/DVD, should be locked within a purpose build robust and lockable unit with toughened polycarbonate panels with no exposed wires or cabling. Clients can tamper, bang, damage and destroy appliances causing a serious risk of harm. Unit surface should be sloped to prevent client climbing on.

Heating

Key points:

- Under floor heating would be the best option to use. Temperature regulation can be controlled and zoned off in each room. Isolated thermostatic controls should be locked within a lockable secure storage unit/room only accessible by staff. Remotely controlled isolated thermostatic controls may also be an option to consider. Clients can damage, tamper, climb on radiators and pull radiators off walls.

Flooring

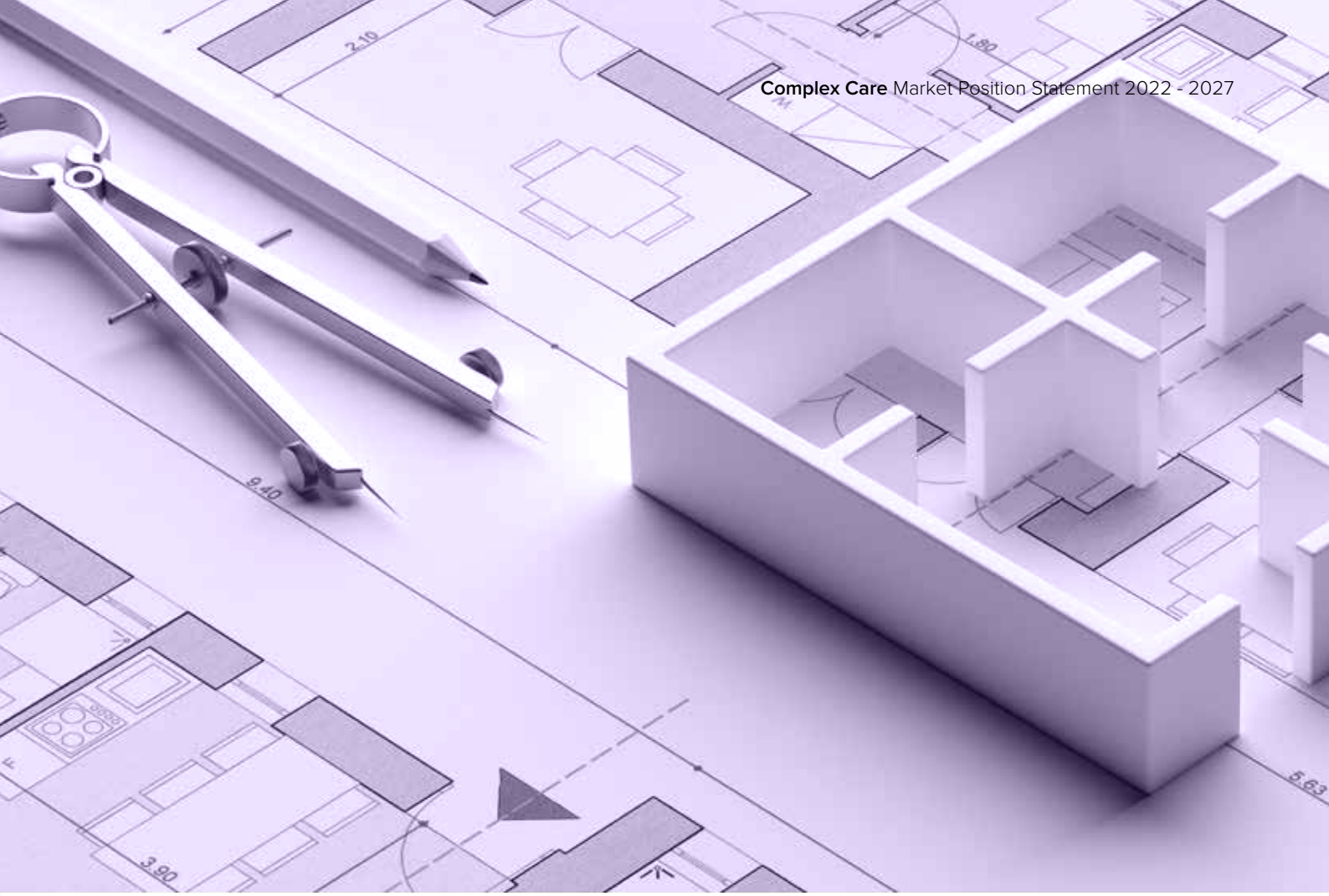
Key points:

- Avoid Patterned, busy flooring as this can be confusing and cause anxiety to clients.
- Non-slip, waterproof vinyl flooring throughout property fitted with acoustic reducing underlay to reduce noise transmission and footfall.
- Non-slip, waterproof vinyl flooring turned up at walls with sealed coving in shower room. Clients may be doubly incontinent and therefore require easily cleaned floor surfaces. Flooring turned up at walls will reduce the risk of structural damage from water ingress.

Shower room / Toilet

Key points:

- Wet room with ceiling flush fitted 'rain shower' and shower controls external to the shower room that are controlled by staff. Clients may seek to tamper and damage shower fittings. Clients with autism may enjoy water play with a fascination of water and may flood the bathroom therefore water isolators and controls require to be managed by staff.
- Walls require to be fitted with heavy duty splash back material and flooring turned up at walls with sealed coving. Clients may bang and smash tiling causing risk of harm and damage to property.
- Silent extractor fan remotely located to minimise noise. Clients with autism are often sensitive to noise.
- Toilet requires to be concealed / boxed in toilet cistern, robust anti vandalism style toilet, large bore toilet waste pipe, push button / sensor flush recessed into the wall at rear of toilet would be required. Clients may seek to tamper e.g. repeatedly banging toilet seat, flushing toilet, pull toilet from wall/floor and may put inappropriate items down the toilet.
- No visible or accessible pipe work. Clients may seek to tamper with pipe work/ plumbing.
- Sink recessed into wall fitted with sensor taps and water flow that can be limited, if required. Clients may seek to climb on the sink, turn on the taps and flood the bathroom.
- Thermostatic temperature controls should be fitted to all water supplies in the property. Clients would be at risk of scalding therefore water requires to be thermostatically controlled.
- Water isolators would be required to be fitted to all water supplies within property. Client may seek to turn on taps, engage in water play which can result in flooding and water damage to property.



Kitchen

Key points:

- No open plan - Separate kitchen with lockable door off hallway and rear door access from kitchen into garden area. Clients will only access the kitchen with support to engage in daily living tasks. Clients with autism benefit from understanding the function of a room and where a specific activity occurs. Open plan access to a kitchen increases risks and safety issues to client when accessing unsupervised.
- Integral kitchen with locks on all cupboards including locks / concealment of cooker (induction hob style), fridge, freezer, washing machine. Clients may attempt to access cupboards containing food, sharps, hazardous substances and damage items in the kitchen.
- Gas, halogen/ceramic hobs and solid plate/metal rings should be avoided due to taking too long to cool down and have no visual indicator they are still hot.
- Robust cupboards with reinforced hinges and handless/flush fitted handles. Clients can have difficulties with hand dexterity and regulation of force therefore cupboards need to be strong and durable.
- Durable kitchen non reflective/patterned matt finish worktops with rounded edges which are heat resistant and easily cleaned. Clients with autism can be affected by busy patterns and potential glare from work surfaces. Clients may also have epilepsy therefore high risk of injury within kitchen area.
- Electric isolators for all kitchen appliances.
- Water isolator for kitchen taps.

Living room

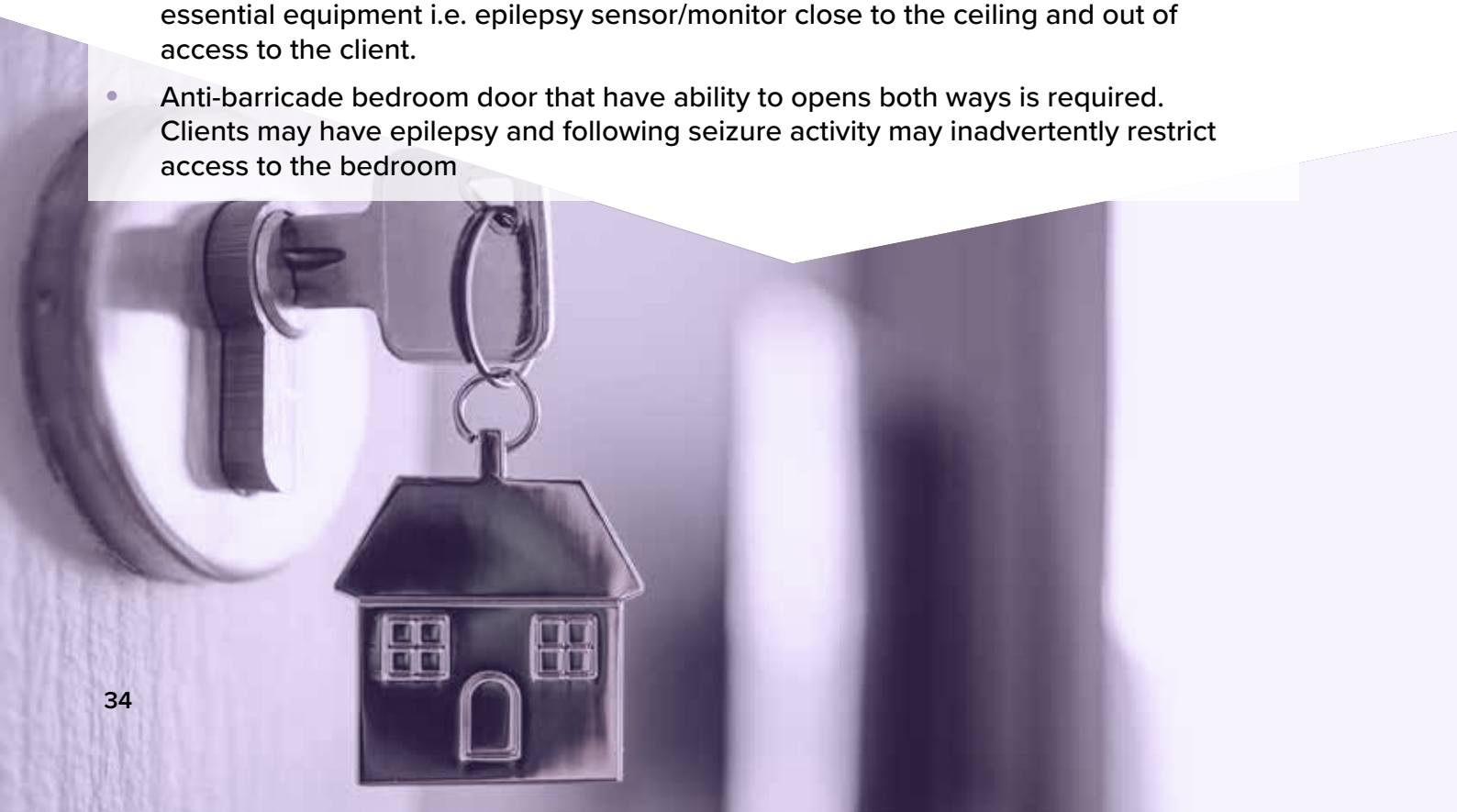
Key points:

- Strong, robust, weighted furniture including table with non reflective matt finish, dining chairs, sofa/chair. Clients may seek to jump, move, damage furniture therefore it needs to be able to withstand this.
- Electrical appliances such as television, CD/DVD, should be locked within a purpose build robust and lockable unit with toughened polycarbonate panels with no exposed wires or cabling. Clients can tamper, bang, damage and destroy appliances causing a serious risk of harm. Unit surface should be sloped to prevent client climbing on.
- 2 access points within the living room area would be required with a door allowing access directly to the garden area. This would allow staff to safely exit when client may be exhibiting challenging behaviour. Direct access to the garden area only from the living room enables the client to understand that they are going to undertake an activity in the garden.

Bedroom

Key points:

- Large bedroom space would be required containing a robust bed and a built-in wardrobe with strong, robust lockable doors.
- Minimal electrical sockets would be required in clients' bedrooms. These would require to be metal flush fitted and lockable. Consider fitting electrical sockets for essential equipment i.e. epilepsy sensor/monitor close to the ceiling and out of access to the client.
- Anti-barricade bedroom door that have ability to opens both ways is required. Clients may have epilepsy and following seizure activity may inadvertently restrict access to the bedroom



Storage

Key points:

- Any storage units will need to be lockable and securely fixed to the wall. Clients may attempt to dismantle, destroy or pull units off walls causing potential harm to themselves, others and damage to the environment.
- Lockable and secure cabinet for medication accessed only by staff. This would be required for safe storage of medication and not stored in a location accessed by the client.

Smart Technology

Key points:

- Alerting devices will need to be installed – door exit sensor, window alarms, motion sensors in bedroom, flood sensors in bathroom, emergency call responders for staff to gain assistance - All linked to staff responder system i.e. Tunstall/Possum. Clients can display challenging behaviour which results in high levels of risk. it is vital smart technology is fitted for staff to acknowledge what the client is doing at all times and to summon assistance from other staff to maintain their own safety when required in challenging situations.

Guidance has also been utilised from the following information documents which should be referred to for further information and design specifications.

- Whitehurst Teresa, Research & Development Officer, Sunfield Research Institute, 2007 Evaluation of Features specific to an ASD Designed Living Accommodation.
- Brand Andrew, Helen Hamlyn Centre, Royal College of Art, 2010 Living in the Community Housing Design for Adults with Autism.
- Gaudion Katie, and McGinley Chris, Helen Hamlyn Centre for Design, Royal College of Art 2012 Green Spaces Outdoor Environments for Adults with Autism.
- Ryde Sue, Godwin Julia and Swallowe Kim, Housing Learning and Improvement Network, London, 2019 Building the right homes for adults with learning disabilities and autism in Oxfordshire.
- The National Autistic Society, https://www.autism.org.uk/advice-and-guidance

Appendix C -
Scottish Government Community Living Change Fund Guidance

1. This Scottish Government guidance follows up the letter from Richard McCallum of 5 February 2021 to NHS Directors of Finance and IJB Chief Finance Officers, which included early detail of a £20m allocation to Integration Authorities for a Community Living Change Fund

Introduction

2. The early part of the pandemic contrasted a significant reduction in delayed discharges with the more intransigent and long-standing delays of people with severe learning disabilities, many of whom had been in hospital for several years.

3. In their regular meetings to discuss delayed discharges, the Cabinet Secretary for Health and Sport and Councillor Currie, the COSLA Health and Social Care Spokesperson, asked for a piece of work to examine the main reasons for, and solutions to, these delays. Recognising the financial implications of arranging alternative packages of support in the community, Ms Freeman and Councillor Currie asked for this work to look at how this might be addressed. A Short-Life Working Group (SLWG) was established, co-chaired by David Williams, SG Director of Delivery, Integration, and Jane O'Donnell, Head of Policy from COSLA, which recommended the development of a "Community Living Change Fund".

Background

4. 'The Same as you?' [1] recommended that "but for a few people, health and social care should be provided in their own homes or in a community setting, alongside the rest of the population". It was clear that people's home should not be in hospital. This is also emphasised in the Hospital Based Complex Clinical Care guidance from May 2015 [2], which says "as far as possible, hospitals should not be places where people live – even for people with on-going clinical needs. They are places to go for people who need specialist short-term or episodic care. Hospitals are highly complex institutions which should focus on improving the health of people with acute conditions before discharging them back into the community".

5. The recent Independent Review of Adult Social Care [3] recommends that "investment in alternative social care support models should prioritise approaches that enable people to stay in their own homes and communities, to maintain and develop rich social connections and to exercise as much autonomy as possible in decisions about their lives". On 16 February, in a Parliamentary debate on the independent review, the Cabinet Secretary announced this fund would consist of £20 million "to deliver a redesign of services for people with complex needs, including intellectual disabilities and autism, and those who have enduring mental health problems. The fund will focus on delivering a proper sense of home for people with complex needs, including those who have encountered lengthy hospital stays or who might have been placed outside of Scotland, and who could, and should, be more appropriately supported closer to home". The full £20m was allocated to Integration Authorities, via NHS Boards, in February.

6. The 'Coming Home' report [4] , commissioned by the Scottish Government, made recommendations to improve the support for individuals with learning disabilities who have complex needs, and who are either placed out-of-area, or are currently delayed in hospital based assessment and treatment units. The Community Living Change Fund should be seen as the funding to ensure implementation of that report.

Data

7. In 2018/19 (the latest complete year of costed data), there were 23,255 hospital bed days linked to people who did not need to be in hospital (10,336 code 9 and 12,899 ode 100 cases [5]). The bed days were used by a total of 108 patients delayed for some period during the year, but average out at 63 per day.

8. There were a total of 69,500 overall bed days in learning disability specialties so around a third were taken by people who shouldn't be in hospital. There are relatively few patients using the inpatient services but a high average length of stay, with over half in hospital for more than a year and about a third for more than three years. Most of the inpatient beds are for assessment and rehabilitation, yet we effectively have people living their lives in these hospital beds. This outcome is the opposite of the objective of the Same as You? policy and most likely reflects the fact that, despite real terms increases in social care learning disability expenditure since 2008/09, these have not been sufficient to keep pace with increased need due to demographic change. In looking at the overall provision, if we could reduce the overall lengths of stay and remove the delayed discharge element, overall capacity should reduce by about half. The cost of all learning disability inpatient stays was estimated at £48m, with the cost of the delayed cohort estimated at £16m (or averaging £252,000 per person, full cost).

9. In addition, the SLWG surveyed local partnerships to ascertain the level and cost of placements outside of Scotland. Not all partnerships provided data but using the returns from the majority of partnerships, and comparing it with the 2019 long-stay inpatient survey, assumed 90 individuals placed in accommodation in the rest of the UK at an annual cost of £15m (or an average of £167,000 per person).

10. Scotland Excel estimated the average cost of a package of care in the community for people with severe learning disability at £172,000 (taking in to account only packages that were valued over £100,000 – there are likely to be far smaller packages of care where family members provide most support). These packages ranged from £108,000 to £201,000. The data provided by Scotland Excel only captures services that are purchased from the framework therefore an individuals care package may be greater than where other services and supports are provided in addition.

Tackling the problems

This cohort of people will be delayed in hospital or placed outside of Scotland, mainly because of a lack of funding, accommodation or suitable care package, or most likely a combination of all three. The SLWG heard from providers that they can structure complex care packages and from housing specialists who suggested access to capital funding should not be a major issue.

11. A paper to the Cabinet Secretary and Councillor Currie, that initiated this work, highlighted the problem:

    "Most of these individuals will have been previously supported in community placements but their package has broken down due to usually as a result of challenging behaviours that carers have been unable to manage. The issues for this group of individuals in providing an opportunity to succeed in community living include the level of continuous long-term revenue funding; capacity and capability of the provider sector to deliver sustainable care, appropriate low arousal accommodation and available capital funding; lengthy transition costs requiring double funding."

12. The SLWG has also highlighted difficulties in commissioning for a fairly small cohort, noting that in some areas more could be done to ensure planning is co-produced with service users and carers. It suggested there could be greater joined up working and longer term planning between Integration Authorities and Local Authority Housing Departments and registered social landlords.

13. So, much of the problem is about transition costs, accessing sufficient funding and suitable accommodation, and taking a truly collaborative approach to commissioning. The SLWG therefore suggested tackling these through a short-term Community Living Change Fund, adopting a programme budgeting approach and disinvestment planning to ensure resource is directed to the community where possible and developing additional guidance on commissioning and procurement for these client groups.

Community Living Change Fund

15. It is clear that change will not happen overnight, that in many areas a radical redesign is needed in how services are provided in the local community. The Community Living Change Fund will be available to accommodate the re-provisioning of long-term hospital and out of area care and create a powerful lever for a longer term shift from institutional care. The Fund is not intended to replicate the current inappropriate spend but rather act as a facilitating mechanism to bring about change.

16. It is estimated that in order to facilitate the discharge and transfer of the cohort mentioned at paragraphs 7 and 9 would require £20m spread over three years. **The funding, which issued in February 2021, should be held in reserve within individual Integration Authorities to be used as plans are developed and completed to an outer time limit of March 2024.** Releasing the funding in a single allocation allows those partnerships who are further developed to commence at pace, while others will need a longer lead in time (several Finance Directors and managers told us that some of the very complex cases will need a two to three year transition period).

17. It is important that the Community Living Change Fund should drive further service redesign that adopts a preventative and anticipatory approach to supporting people with very complex needs that avoids the need for institutional care in the future. Acknowledging that some partnerships will be able to advance plans more quickly, the Fund should be used over the course of three years to bring home those that are placed outside of Scotland, to discharge those that have endured long stays in a hospital setting and design community based solutions that negate or limit future hospital use and out of country placements.

Disinvestment

18. It is appreciated that during and after this period, a shift in resources will be required so that long-term funding follows the individuals to the community. Appreciating that alternative accommodation would need to be organised, in the case of out of country cases this would in simple terms see subsequent money spent in Scotland rather than other countries. For those in hospital in Scotland, plans would need to be collaboratively agreed that would see replacement funding at the end of the Community Living Change Fund period (March 2024) being released from institutional care.

19. Disinvestment decisions will need to be taken, potentially resulting in a reduction in hospital based functions. However, the necessary disinvestment in these cases is not about cost savings, but about improving outcomes and the quality of care, while improving value, so the reasons for change will need to be effectively communicated.

Allocation of funding

20. The work stream discussed various distribution and allocation methods, including making the fund open to local bids and allocation based on the scale of the delayed discharge and out of area cases. However, it agreed that the fairest method was to allocate via an established combination of health and local government formulae (a mix of relevant GAE and NRAC) to Health Boards, for onward distribution to Integration Authorities. They would be expected to work collaboratively and agree between themselves (where there are multiple Integration Authorities) the spend. The allocation split is detailed in annex A.

21. Led by Integration Authorities, the local use of the Fund should be subject to a set of principles, laid out in annex B, signed off by representation from NHS Boards, local authorities, third sector providers and service users. The proposals agreed under these sign off arrangements must bring in to play the wider resources under discussion, including large hospital budgets (the "set aside"), third sector funding and housing contributions. It is acknowledged that complex reprovisioning might need a longer lead in but funding would need to be used by March 2024.

Monitoring

22. The Community Living Change Fund should be used to provide more appropriate care and support for the people highlighted in paragraphs 7 and 9. By March 2024 we expect to have seen out of area placements and inappropriate hospital stays greatly reduced, to the point that out of area placements are only made through individual family choices and people are only in hospital for genuine short-term assessment and treatment.

23. The use of each Integration Authority's share of the £20m should be recorded in their annual financial statement and the outcomes delivered detailed in their annual performance report. **Where the funding has been carried over in reserves, this must be earmarked separately and reported to the Scottish Government through the quarterly monitoring.**

Appendix D -
Complex Care Needs - Pen Pictures (Behaviours and Needs)

These quotes have been taken from individual PEN profiles. They have been redacted to remove any personal information. PEN profiles are completed on behalf of the individual with Complex Care needs, by their multi-disciplinary team, using their experience, observations, and professional opinion.

Behaviours	Needs
"When in hospital I have bitten and hit staff and other patients. I have opened windows and moved furniture to help me climb out."	• Space for de-escalation and staff safety • Ground floor property to reduce risk of injury • Robust, enclosed fencing to prevent injury
"I do not like loud noises so need to live in a quiet area but close to a bus route. I need a ground floor flat that has excellent sound proofing as I do not like noise and where my bedroom is in the property is important, so I do not hear neighbours' noises.	• Soundproofing to prevent escalating behaviours due to discomfort • Accessibility needs e.g. level access shower room, grab rails • Ground floor property to reduce risk of injury
"I climb out of windows and over fences. I need frosted glass or opaque coverings on my bedroom window."	• Privacy film, integrated blinds, or opaque covering on windows • Robust, enclosed fencing to prevent injury • Telecare
"I was engaging in risky behaviour including directing traffic and throwing objects on to busy roads."	• Low traffic flow or measures to reduce injury due to absconding
"When I am in hyper manic state, I am a danger to myself and others. I start checking doors, light switches, sorting curtains or picking crumbs off the table and my behaviour becomes very controlling."	• Robust fixtures due to frequency of use, habitual or aggressive behaviour
"I am very curious and like to touch and smell everything in sight which could cause me harm both at home and in the community. I must not be left near hot taps, hobs etc. Due to my sensory needs, I will touch things that are very hot without insight that I will be injured."	• Ability to close off or restrict access to certain rooms or storage to prevent injury
"I need supervision whilst in the shower also, as I may spend a lot of time playing with the water and spraying shower gel everywhere. This creates a slip hazard and means I may not always focus on washing myself properly. I have no sense of road danger and/or how to keep myself safe in the community."	• Robust fixtures due to frequency of use, habitual or aggressive behaviour • Low traffic flow or measures to reduce injury due to absconding
"I am not overly interested or keen on building relationships with people I live with and can find unpredictability and noise very distressing."	• Low traffic flow or measures to reduce injury due to absconding • Noise because of multi-storey living could escalate challenging behaviours • Co-habitation could also raise issues of conflict due to noise • Soundproofing to prevent escalating behaviours due to discomfort

"It is essential that my environment is of low stimulus. I am very tactile and sensory however there are risks in relation to me experiencing "sensory overload." I am not able to cope with busy/loud/overly stimulating environments."	• Low traffic flow or measures to reduce injury due to absconding • Noise because of multi-storey living could escalate challenging behaviours • Co-habitation could also raise issues of conflict due to noise • Soundproofing to prevent escalating behaviours due to discomfort
"I have complex health needs. I have spastic quadriplegia, developmental delay, severe learning disability, a visual impairment, and I also have limited speech. I was diagnosed with bi-polar affective disorder in [date]. I have a baclofen pump fitted which is refilled every six months and I also wear contact lenses to assist my sight. I use an electric wheelchair and specialist equipment to assist with mobility and transfers. I have a hoist and changing table/shower table in my bathroom."	• Accessibility needs e.g. shower room • Ground floor property to reduce risk of injury • Space for equipment and staff movement
"When distressed, [individual] presents with episodes of self-injurious behaviour which take the form of him throwing himself to the floor and scratching at the lining of his mouth necessitating restraint to prevent him from harming himself. In the past, he has also thrown himself at walls and attempted to self-asphyxiate."	• Reduced-Ligature Fixtures • Space for de-escalation and staff safety • Robust fixtures due to frequency of use, habitual or aggressive behaviour
"It is noted that these may be manifested by my attempts to scratch, bite, or pull hair/ lashing out at property/walls, continuous flushing of the toilet and banging on windows/ doors. I do not like staff or peers to stand too close to me and I'm more likely to avoid peers."	• Space for de-escalation and staff safety • Robust fixtures due to frequency of use, habitual or aggressive behaviour
"During these times I will begin to pace, stare at people, shout, make derogatory comments towards staff and others before physically reacting (I have attempted to strike and bite people unexpectedly). I will require support to manage all aspects of independent living including support to take my medication, follow a structured routine and manage any episodes which challenge others. If I am not well supported there is a real risk of re-offending. I have previously stated that I wanted to be the youngest serial killer and had planned how to kill my mother."	• Space for de-escalation and staff safety • Robust fixtures due to frequency of use, habitual or aggressive behaviour • Prevention of anti-social behaviour • Location of accommodation may prevent self-injury or injury to others
"I experience difficulties with my mobility and tend to seek support from others by taking their arm when out and about. Whilst in hospital I have been using a walking frame when outside as I can struggle with longer distances (I was reluctant to use any walking aids when I lived at home)."	• Accessibility needs e.g. shower room • Ground floor property to reduce risk of injury

"I was admitted to XX Ward at XX Hospital on an informal basis after committing an act of arson by setting a mop on fire in my accommodation."	• Prevention of anti-social behaviour • Robust fixtures due to frequency of use, habitual or aggressive behaviour • Space for de-escalation and staff safety
"I am paranoid about drivers of cars staring at me, I direct the traffic (from the road), and I kick out or throw big stones at cars. I can be aggressive to members of the public without any provocation. I may not take notice of my support staff and can be aggressive towards them if they pursue me or try to reason with me. Equally I can be aggressive towards any person who approaches me, however well meaning, and this is a risk for all concerned."	• Prevention of anti-social behaviour • Robust fixtures due to frequency of use, habitual or aggressive behaviour • Space for de-escalation and staff safety
"Support helps me to deal with regulating my emotions. I can be very unpredictable when I'm anxious and very impulsive. This has caused many difficulties in the past, including me being [injured] when I absconded from staff. This happened when I was extremely anxious and unable to recognise my emotions or cope with them."	• Space for de-escalation and staff safety • Low traffic flow or measures to reduce injury due to absconding • Location of accommodation may prevent self-injury
"I must be made to feel safe. This is extremely important to me. If I don't feel safe, my risk-taking behaviours will escalate which is a risk to myself and others around me."	• Location of accommodation may prevent self-injury • Space for de-escalation and staff safety • Robust fixtures due to frequency of use, habitual or aggressive behaviour
"If I live with others, I get on well with people who keep themselves to themselves and who do not speak a lot and expect things of me. I like to talk with people but not people who are loud or don't listen to me."	• Low traffic flow or measures to reduce injury due to absconding • Noise because of multi-storey living could escalate challenging behaviours • Co-habitation could also raise issues of conflict due to noise • Soundproofing to prevent escalating behaviours due to discomfort
"It is essential that my sensory needs are met and that I get time outdoors though do not become over-stimulated."	• Ample outdoor, community and enclosed space i.e. garden • Robust, enclosed fencing to prevent injury
"It is essential that I have garden space within any proposed new service. I love being outside – sometimes it can be struggled to get me to come inside, even if it's snowing! I am a very sensory person and benefit hugely from engaging in activities in the garden however garden space must be secure with no opportunities for me to evade staff sight. I would be at significant risk of harm if I evaded staff support and entered the community on my own"	• Ample outdoor, community and enclosed space i.e. garden • Location of accommodation may prevent self-injury • Space for de-escalation and staff safety • Robust fixtures due to frequency of use, habitual or aggressive behaviour • Robust, enclosed fencing to prevent injury

"I can share accommodation however consideration must be given to compatibility. I would struggle significantly to share with lots of different people as this would be busy, loud, and unpredictable. I also do not cope well with conflict. Being in this type of environment makes me very anxious and uncertain which increases risks in relation to aggressive behaviour."	• Low traffic flow or measures to reduce injury due to absconding • Noise because of multi-storey living could escalate challenging behaviours • Co-habitation could also raise issues of conflict due to noise • Soundproofing to prevent escalating behaviours due to discomfort • Space for de-escalation and staff safety
"...there have been past incidents where I have evaded staff support by running away from my accommodation or running away from staff whilst in the community. It is therefore essential that my environment is secure."	• Ample outdoor, community and enclosed space i.e. garden • Location of accommodation may prevent self-injury • Space for de-escalation and staff safety • Robust fixtures due to frequency of use, habitual or aggressive behaviour
"I have my own mobility vehicle that I use to go out on day trips or out for meals with my staff. This vehicle also allows my support staff to support me to travel to places that I like visiting. In addition to this, my car is important to me as it allows me to access various places across Aberdeen/ Aberdeenshire which helps me maintain contact with those who are important to me."	• Ample parking facilities for staff and mobility vehicles • Location of accommodation may prevent self-injury
"I was admitted to [facility] following an attack on my mother whereby I bit her and threatened to stab her (she sustained a small cut to her hand). The Police were contacted by my care manager as my mother refused to do so and I was detained."	• Space for de-escalation and staff safety • Robust fixtures due to frequency of use, habitual or aggressive behaviour • Location of accommodation may prevent self-injury or injury to others • Prevention of anti-social behaviour
"I have verbally abused staff in public and pushed them/ tried to remove items from their pockets. I have verbally abused older members of the public when on buses/ waiting for a bus. I can be racially abusive and find it difficult to respond to younger females."	• Prevention of anti-social behaviour • Location of accommodation may prevent self-injury or injury to others • Space for de-escalation and staff safety
"Any package of support would have to ensure that [individual] has a very detailed, care plan supported by telecare to alert staff if he is having a self-injurious episode during the night. He will also require an experienced, trained and well supported staff team who can implement a predictable, clear, and consistent care plan in a supportive, reassuring manner including administering physical restraint to manage his self-injurious behaviour."	• Space for de-escalation and staff safety

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