

## BUSINESS CHANGE & TRANSFORMATION

### Outline Business Case Sept 2021

#### Recommendations:

1. *The Joint Board recognises and notes the need for additional local capacity within the provision for Adults with Complex Needs.*
2. *The IJB is recommended to support the inclusion of the charity “Cornerstone” to deliver an 8-10 bed complex care facility at Tweedbank as part of the Tweedbank development plan.*

<b>Department</b>	<b>Health &amp; Social Care</b>	<b>Project Manager</b>	<b>Susan Henderson</b>
<b>Service</b>	<b>Learning Disability</b>	<b>Budget Holder</b>	<b>Simon Burt</b>
<b>Project Title</b>	<b>Complex Care Unit</b>	<b>Date signed off</b>	<b>14-09-21</b>
<b>Service Director</b>	<b>Robert McCulloch-Graham</b>		

#### BUSINESS OBJECTIVE – EXECUTIVE SUMMARY:

##### Background/Current Operating Model

There is a need in the Borders for a local resource to accommodate adults with a learning disability who have high care needs due to complex behaviours.

As at September 2021 there are 17 out of area (OOA) placements for this client group, spread across a large geographical area (across Scotland and England) (Appendix 1). Of these, we anticipate that 6 would be appropriate for this type of support arrangement at the present time.

Out of Area placements can be difficult to source, are often expensive and can be challenging to monitor in relation to quality and safety. Out of area arrangements also make family access difficult which is significantly detrimental to wellbeing.

##### Reasons for change

The 2018 Scottish Government report, “Coming Home: A Report on Out-of-Area Placements and Delayed Discharge for People with Learning Disabilities and Complex Needs” concluded that all adults with learning disabilities, including those with complex needs, should experience meaningful and fulfilled lives. This covers where individuals live, as well as the services that they receive. The report stressed that some people with learning disabilities and complex needs are living far from home or within NHS hospitals and that there is an urgent need to address this issue.

One of the recommendations of the recent Independent Review of Adult Social Care is for people to stay in their own communities and to exercise as much autonomy as possible in decisions about their lives.

On 16 February 2021, in a Parliamentary debate on the Independent Review, the Cabinet Secretary announced the “Community Living Change Fund” fund which consisted 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”. A letter to IJB Chief Finance Officers, NHS Directors of Finance and LA Directors of Finance (24<sup>th</sup> March 2021) gave further guidance as to how the Fund should be allocated and emphasised in Annex B under the sign off arrangements for accessing the Fund that they “must bring in to play the wider resources under discussion,

including large hospital budgets (the “set aside”), third sector funding and housing contributions.” 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 2021. NHS Borders share of this fund is £377,966 (non-recurring).

## **Demand**

In May 2021, 11 of the OOA placements were split between; 7 residential-based + 4 Hospital-based. Assessment of these individuals indicated that a number could be appropriately repatriated back to the Borders.

Currently there are 17 people placed out of area (Sept 2021) who are suitable for a return at some point in the future; 2 of these people are delayed in hospital placements out of area, awaiting more suitable placements.

6 of these people are deemed suitable for this type of complex care unit if ready to open in 2024/25.

There are a further 19 people placed in other areas throughout the UK who consider their existing placement to be their home and there is no commissioning intention for that to change unless circumstances change significantly.

## **Predicted Future Demand**

In addition to the identified 6 people who would be appropriate for this type of placement, if open in 2024/25 based on current and past data, we have identified a further 3 young people from our “Transitions Tracker”, giving a total possible requirement for 9 permanent placements from 2024/25. The historical data shows that over the last 10 years we have required between 11 and 6 complex care placements per year.

In addition, we recommend further exploration towards one additional placement being used as a more appropriate place of safety when required, in place of Huntlyburn Ward, BGH when detention in a healthcare setting is not required.

In summary the historical data and our analysis of the current number of suitable people for a complex care unit supports the need for a local complex care unit with between 6 and 10 placements.

## **Strategic goal**

The guidance outlines that the funding should be used to:

- redesign the way services are provided for people with complex needs
- repatriate those people inappropriately placed outside of Scottish Borders and to deliver the aspiration of the ‘Coming Home’ report and Community Living Fund guidance
- reduce the delayed discharges of people with complex needs
- mitigate the challenge of monitoring the quality, safety and outcomes of out of area placements.

## **Options considered**

1. To continue purchasing private/3<sup>rd</sup> sector social care and hospital placements as and when required.

### Evaluation

As per the financial details for our placements, the cost of private hospital and 3<sup>rd</sup> sector placements are in general higher than what a locally commissioned service would be. In addition, as can be seen from Appendix 1, the geographical spread of placements contravenes the strategic direction nationally and locally to accommodate people closer to home. Monitoring quality and safety is also problematic.

## 2. Formal commissioning process.

### Evaluation

Go out to the Market with commissioning needs and aspirations. Previous soft market testing and local experience shows that this type of service and support is difficult to source, staff and sustain from Providers who are not currently delivering to this level of support arrangement. There is a significant lack of this type of resource within Scotland already.

## 3. Council provided services

### Evaluation

SBC do not have the in-house capacity, expertise or experience in developing and managing supported accommodation services of this nature.

## 4. Cornerstone

### Evaluation

Cornerstone has formally asked us to provide suitable accessible land to develop a Complex Care Unit as part of their business strategy. As this dovetails with our established commissioning need we will review the type of formal commissioning required and establish nomination preferences and protocols. There is currently land available in the Council's Lowood development site.

## **Preferred option**

### Option 4, Cornerstone

Cornerstone has been working with the LD service on the potential development of a Complex Care Unit (CCU) in the Borders. Cornerstone is a leading provider of services for people with disabilities and other support needs. Cornerstone supports more than 2,700 people each year, delivering services within 19 local authority areas across Scotland.

In 2019, their Baxter View facility in Dumbarton (West Dunbartonshire), which is a purpose built facility for up to 10 individuals with complex needs and challenging behaviours, received an exemplary Care Inspectorate report, highlighting the quality of care and support and the management of the facility. The scores received were backed up by evidence and observations including:

- people's activities were tailored to meet their genuine personal interests,
- people developed their physical and mental health, and helped form new relationships.
- *"I like living here, I have fun with the staff."*, and *"The staff are brilliant. They feel like family."*

Discussions with Cornerstone to date have focused on the feasibility of developing a similar facility in the Borders.

## **High Level Plan/Preferred Option**

The preferred option is to partner with Cornerstone to deliver an 8-10 bed complex care facility at Tweedbank as part of the Tweedbank development plan.

## **Links to Strategic/Corporate Priorities**

Our local Learning Disabilities Commissioning Strategy (Appendix 2) identified a commissioning need to provide

more locally based step up and step down facilities to allow for appropriate hospital discharges and prevent unnecessary admissions. A series of Scottish Government reports, reviews and strategies have also recommended a similar commissioning need as set out below:

“The Same as you?” 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, 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”.

The 2018 ‘Coming Home’ Scottish Government report concluded that all adults with learning disabilities, including those with complex needs, should experience meaningful and fulfilled lives. This covers where individuals live, as well as the services that they receive. The report stressed that some people with learning disabilities and complex needs are living far from home or within NHS hospitals and that there is an urgent need to address this issue.

The recent Independent Review of Adult Social Care 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 2021, in a Parliamentary debate on the independent review, the Cabinet Secretary announced the “Community Living Fund”. 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 2021 NHS Borders share of this fund is £377,966 (non-recurring).

In February 2021 a paper was taken to Council advocating CoSLA’s Place Principle (2019):  
“A more joined-up, collaborative and participative approach to services, land and buildings, across all sectors within a place, enables better outcomes for everyone and increased opportunities for people and communities to shape their own lives.”

This development would enable us to further support this initiative for people who have traditionally been excluded due to lack of local provision and enable them to flourish, nearer their families, in their own communities.

**IMPLEMENTATION STRATEGY:**

**Timescales & Key Milestones**

Task	Who	Timescale
Corporate discussion and agreement	SBC/Health/IJB	3 months
Site option identification / preferred site agreed		
Governance, roles & responsibilities agreed		
Land options and agreement (i.e.) gift, lease etc....	Cornerstone/ SBC	3 months
Detailed design, preparation & submission of planning application	Cornerstone/ SBC	3 months
Building warrant application & approval	Cornerstone/ SBC	3 months
Tender process	Cornerstone/ SBC	2 months
Contract award and mobilisation	Cornerstone/ SBC	1 month
Construction	Cornerstone/ SBC	9 months
		<b>24 months</b>

## Challenges

- There is a legal requirement to provide suitable care and support under the NHS and Community Care Act. A range of Government reports have made specific recommendations that services for adults with intellectual disabilities and complex needs must allow clients to be supported closer to home.
- The Hospital Based Complex Clinical Care guidance, states “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”.
- Monitoring placement quality can be challenging with out of area placements, even more so when this placement is out with Scotland. With OOA placements there is a reliance on other Authorities to manage Adult Protection concerns, monitor quality and to provide specialist community learning disability support.

## Stakeholder engagement and approach

The 2016-19 Scottish Borders Learning Disability Strategic Commissioning Plan was developed through wide consultation with service users, carers and other stakeholders. Here the gap was highlighted in terms of “ TIER 4A” accommodation i.e. accommodation for adults with enhanced levels of support requirements:

“We currently fund some people, in this enhanced model of support but in out-of-area only placements. We do not currently have appropriate support and accommodation arrangements available to manage this level of support locally.”

The new Commissioning Strategy is in draft format which continues to highlight the need for this type of service development.

Extract from Scottish Borders Learning Disability Strategic Plan 2016-19:

- consider models of care for development at Tier 4a
- build on the business case to consider the purchase of beds at Tier 4b from NHS Lothian
- progress plans to repatriate any people identified as appropriate to return to Borders

- improve upon current performance of numbers of reviews for all placements
- increase the uptake of Carers Assessments
- ensure carers are signposted for support and are aware of their rights
- in line with the Carers Act ensure carers are supported to make emergency plans
- recognise carers as “Partners in Care”
- evaluate the Intensive Support Service
- develop the local Behaviours that Challenge pathway to ensure that learning disability staff and support provider staff are equipped to support people appropriately in place.

In addition to this consultation on the strategic plan, Local Citizens Panel members have continued to emphasise this gap in service provision and need to have this type of support arrangement locally.

### Dependencies & Risks (Resources, stakeholders for example)

- Land would need to be ‘gifted’ to Cornerstone, thereafter Cornerstone would invest in the development of a purpose built facility at an agreed location in the Borders and meet all of the construction and design costs for the project.
- Contractual safeguards will need to be established to ensure that the Borders Health & Social Care partnership have the choice to have priority to the 8 – 10 placements.
- The proposal is to construct a facility for 8-10 clients in the Borders. There is demand for >10 places, therefore we will continue to require a number of OOA placements.
- NHS Borders will need to provide health care services to the tenants (this will be mitigated by the increased likelihood of the provision of high quality local care and support facilities this unit will deliver).
- The estimated recurring savings are to the combined Health and Social care budget for Learning Disability services and not solely to one or the other partner organisation.

### FINANCIAL IMPLICATIONS/FINANCIAL BENEFITS

#### Detail of financial savings

In area provision (IAP) of facilities for this client group is anticipated to be more cost effective than the out of area (OOA) model. In-area provision also helps to deliver the aspirations of the ‘Coming Home’ report and the Independent Review of Adult Social Care. Currently the Learning Disability Service spends £2.47m per annum on out of area placements (split £1.57m NHS Borders + £0.90m SBC).

- The average current weekly cost for OOA placements ranges from:
  - :- £1,665 to £5,023 for **residential** placements (avg; £3,131 per week)
  - :- £3,430 to £10,844 for **hospital** placements (avg; £6,286 per week)
- The current average cost for 11 clients is £4,278 per client per week.
- Cost per client for the proposed new facility is estimated to be £3,250 per week (based on figures from Cornerstone 2 years ago. We will confirm with them if this reflects the current pricing structure).
- Based upon the assumptions stated in the table below, there will be a combined estimated recurring saving to the Health and Social Care Partnership of circa £416k pa once all 8 clients have been admitted.

It would not be feasible, practical or advisable to repatriate all 17 clients to the Borders into this model of support. One reason being that the proposed complex care facility will take time to complete; another reason being that the facilities they currently reside in may now be considered as their home. However for some of the current clients and ideally for the majority of future clients, the Borders CCU could be the facility of choice, with potential average savings ranging from approx. -£100 to +£1,000 per client per week. We will continue to explore

alternative options, where appropriate, for people placed out of area.

On 16 February 2021, Government announced a £20m Community Living Change Fund 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 focuses 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 2021. The Borders share of this fund is £377,966. (Non-recurring). The table below sets out the estimated financials and assumptions for the project:

	£'000s			
	2024/25	2025/26	2026/27	Total
SBC Capital Investment	0	0	0	0
Est. no clients	4	6	8	8
Est. OOA cost (cumulative)	884	1,326	1,768	3,996
Est. CCU costs (cumulative)	676	1,014	1,352	3,042
Est. savings (cumulative)	208	312	416	936
Total recurring annual saving				416

Financial Assumptions:	OOA Cost (pw)	IAP Cost (pw)
	4,250	3,250

#### Other assumptions

- CCU will take 2 years (minimum) to complete; therefore 2024/25 will be soonest that any in area placement will be available.
- It is assumed that the Borders will develop an 8- 10 bed facility.
- It is assumed that capacity will need to be built up over time therefore 4 clients initially, moving to 8 – 10 as part of a transitioning plan.
- Void costs will need to be included for the first 2 years as numbers build to 8 – 10 clients. This will have a cost impact upon savings in year 1 and 2.
- There will be some on-going void costs as and when placements become available (a working assumption of 10% voids pa is prudent for planning purposes).
- Capital costs will be met by the provider.

#### **BENEFIT REALISATION/NON FINANCIAL BENEFITS**

##### **Outcomes/Critical Success Factors for the Project:**

##### **Non-Financial Benefits (User/service)**

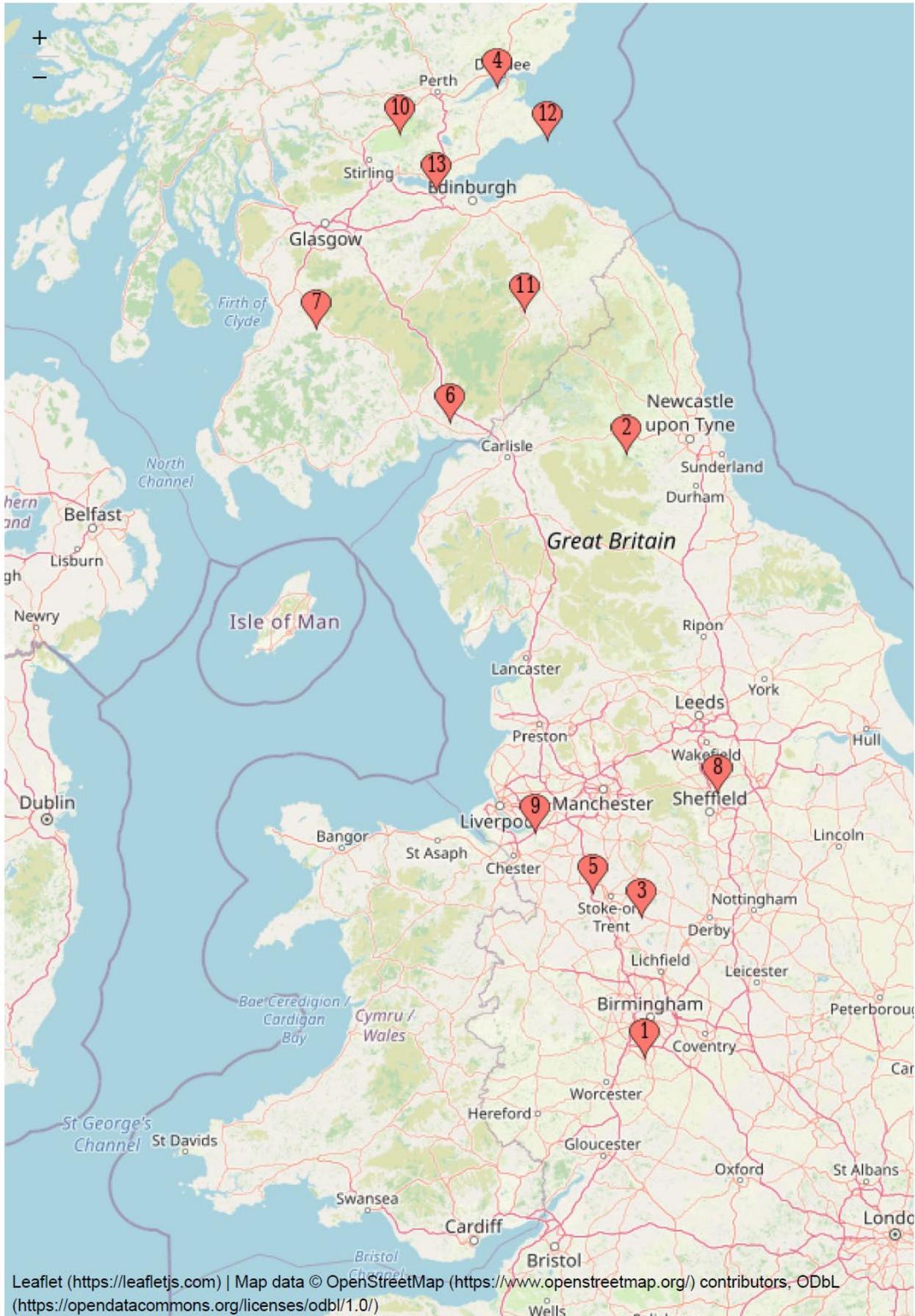
1. Improved outcomes for clients and their families for in area placements

2. Improved monitoring/control of quality, safety and outcomes
3. Reduced delayed Discharges

**Appendix 1** - Out of area placements geographical map shows 13 localities out with Scottish Borders for the current 17 people.

09/09/2021, 09:55

[View map](#) | [Mapcustomizer.com](#)



[https://www.mapcustomizer.com/map/Out of area placements](https://www.mapcustomizer.com/map/Out%20of%20area%20placements) 09.09.2021

1/2

 Cygnet, West Hills Hospital	Alvechurch CP, Bromsgrove, Worcestershire, West Midlands, England, B38 9ET, United Kingdom
 Oaklands, Danshell	Sandhoe, NE46 4JT, UK
 The Woodhouse, Elysium Healthcare	Cheadle, ST10 4QU, UK
 Cygnet, Wallace Hospital	Dundee City, Scotland, DD3 9AG, United Kingdom
 David Lewis Community Home	Alsager, Cheshire East, North West England, England, ST7 2SL, United Kingdom
 Trinity House, Danshell	Dumfries and Galloway, DG11 2DS, United Kingdom
 Catrine Bank, Daldorch	East Ayrshire, KA5 6NA, United Kingdom
 Low Laithes, Hesley Group	Barnsley, S73 8SU, United Kingdom
 Gateway Recovery Centre	Halton, North West England, England, WA8 6PD, United Kingdom
 Ochill Tower	Perth and Kinross, Scotland, PH3 1AD, United Kingdom
 At home but needs placement	Scottish Borders, Scotland, TD7 4QW, United Kingdom
 Ragfield House, Anstruther	Fife, Scotland, KY10 3XG, United Kingdom
 Daleview, Lynebank Hospital	Dunfermline, Fife, Scotland, KY11 4UW, United Kingdom

**Appendix 2 -**

[www.scotborders.gov.uk/downloads/file/3230/scottish\\_borders\\_learning\\_disability\\_strategic\\_commissioning\\_plan\\_2016\\_-2019](http://www.scotborders.gov.uk/downloads/file/3230/scottish_borders_learning_disability_strategic_commissioning_plan_2016_-2019)