

Health and Wellbeing Board

24 September 2023



Specialist Accommodation Commissioning Plan Mental Health and Learning Disabilities 2023/24 Onwards

Report of Sarah Burns, Joint Head of Integrated Strategic Commissioning for North East and North Cumbria Integrated Care Board and Durham County Council

Electoral division(s) affected:
Countywide

Purpose of the Report

- 1 To provide an update on the implementation and progress so far of the five-year Specialist Commissioning Accommodation Plan, which was developed by the Integrated Commissioning service (Adults) in collaboration with partners and stakeholders.

Executive Summary

- 2 The Specialist Accommodation Commissioning Plan sets out the commissioning intentions for future accommodation and support provision for adults and young people with a learning disability, autism and/or mental health needs known to Adult Health and Social Care services in County Durham. The plan was approved by Adults and Health Senior Management Team (AHSMT) on 20 July 2023.
- 3 The plan comprises a number of interrelated projects, which include wider strategic planning as well as focused pieces of work to address existing or emerging pressures. Engagement with people who use services, family carers and providers have helped to shape plans and new developments, and in some cases have involved co-design of new services. A workbook is used to track progress and is regularly updated.
- 4 Key updates are summarised in the report. These focus on new services or models to improve outcomes for individuals, increased value for money and savings where possible. Other related issues include meeting legal requirements and national policies, such as Fire

Safety regulations and the national autism strategy as well as local policies and strategies.

- 5 For Learning Disability and Autism commissioning in relation to specialist accommodation, key achievements have included the opening of supported living services at Woodland View and Cedar House and the completion of Whitebeam Gardens, with plans for further service developments being explored.
- 6 For Mental Health, the focus within the specialist accommodation plan has been on the development of a Social Rehabilitation service, which started in March 2024.
- 7 Cross-cutting work has included progress with the specialist residential care review, supported living voids management and review of fee rates.
- 8 Some work has also been undertaken to continue progress in relation to understanding need, demand and service gaps as part of the specialist accommodation plan and wider Transformation workshops. The aims include tackling high-cost service provision and responding to the needs of young people transitioning to adult services.
- 9 The Transitions Commissioning Advisory Group is focused on young people making the transition to Adult services, whether they are eligible for social care or not, to offer suitable housing and support solutions, improve outcomes and reduce costs.

Recommendations

- 10 Members of the Health and Wellbeing Board are recommended to:
 - (a) note the content of this report, which summarises the key updates on areas of the specialist accommodation commissioning plan:
 - (i) actions that have been implemented for several Learning Disability supported living services, which have been developed as part of the Transforming Care Programme and in response to identified need (through business cases previously agreed by AHSMT);
 - (ii) plans to develop further services for people with learning disabilities and/or autism with complex needs;
 - (iii) further work being undertaken to develop specific commissioning plans for mental health service users, including reviews of current packages and planning

services for younger people with complex mental health issues.

- (b) note that the commissioning plan is a working document, which will be updated further as more information becomes available and more detailed plans for 2024/25 and beyond are developed.

Background

- 11 The Specialist Accommodation Commissioning Plan sets out the commissioning intentions for future accommodation and support provision for adults and young people with a learning disability, autism and/or mental health needs known to Adult Health and Social Care services in County Durham.
- 12 The plan is the result of a needs led accommodation review, which commenced in 2021/22 and outlines the local and national context, the issues that have been identified for service provision and a plan for how the outcomes will be achieved. The plan is split into two distinct parts: Learning Disabilities and Mental Health, with the needs of autistic people included in both.
- 13 It supports Transforming Care (see updated Transforming Care paper 2024) and the Joint Health and Social Care Commissioning Strategy for People with Learning Disabilities (Adults and Young People aged 14+), which is being refreshed for 2024/25; the Think Autism Strategy, which has been refreshed for 2023/24 to 2026/27 and will be launched from May 2024; the Mental Health Strategic Plan; The NHS Long Term Plan, the Joint Local Health and Wellbeing Strategy 2023-28 and the County Durham Plan 2020-2035.
- 14 The strategic outcomes of the Specialist Accommodation Commissioning Plan are:
 - People are supported to remain independent for as long as possible.
 - People are supported to access high quality and varied services.
 - People's choice and control over how they are supported to live their lives is maximized while their needs are met.
 - To ensure Value for Money is achieved whilst meeting intended outcomes.
- 15 The objectives of the plan are to:
 - Improve monitoring and understanding of both the accommodation/support needs of people who use local Learning Disability/ Mental Health services *and* the provider market.
 - Make the most of funding opportunities and deliver a range of responsive, appropriate and efficient, good quality housing/ support services while reducing voids in current provision.

- Develop flexible models and pathways of care to enable safe move on, greater independence and integration into the community for the people needing support.

- 16 The plan detailed the review findings mainly covering the period 2021/22- 2022/23, some common themes and specific objectives based on the needs of the local service user population at the time of writing. Through the various working groups, information and data is being regularly updated and the plan is being updated in 2024/25.
- 17 In the meantime, this report gives a summary of progress with its implementation and next steps.

Learning Disability update

- 18 For Learning Disabilities, there has been a reduction in service developments over recent years, partly due to the strategic planning activity required and the impacts of the Covid pandemic. However, since January 2023, after planning, discussion and approval processes, notable developments have taken place. The key updates to note are as follows:

Woodland View

- 19 In response to high and urgent demand and to tackle inequalities related to access, outcomes and experience, Woodland View supported living service opened in January 2023 and, over a period of fifteen months, the 19 tenancies are now occupied (five bungalows and 14 flats). This development has had a major impact on the list of individuals who were identified as being in urgent need of alternative appropriate accommodation, care and support through the Provisions Development Group, as outlined in the Specialist Accommodation Plan.
- 20 In its first year, several individuals moved there from hospital, avoiding high-cost residential care. Several service users transferred *from* high-cost residential care where there has been a significant cost reduction. Two care packages have remained at the same cost, four have resulted in reduced cost and about four placements resulted in increased costs initially.
- 21 The original group of individuals identified in the business case was always going to change throughout the moving in process, because of pressing clinical/operation need and priority.
- 22 Two individuals have been admitted from home (previously only respite/day care costs), where crises have arisen, and they were highly likely to have resulted in costly residential care admissions or

even hospital if Woodland View had not been available. The move to Woodland View also relieved carer stress/breakdown. In these types of situations, the level of respite and day care increases and often the person ends up in high-cost residential care with additional 1:1 support. Please see Appendix 2 for case studies from Woodland View.

23 Now that Woodland View is at full capacity, staffing is shared across the service and the core hours proposal has been accepted by the provider, My Homecare, which will significantly reduce costs as follows.

24 Annual reduction in the bungalows will be £414,086.40. Annual reduction in the apartments will be £565,473.79, Therefore, total annual reduction in costs at Woodland View, compared to current costs, is c. **£979,560.**

Cedar House

25 Cedar House (building was previously known as Prince Bishop Court, the name used in the Accommodation Plan) is a new supported living service of five self-contained flats, which are of high quality, opened in July 2023. The first placement was an emergency placement of somebody in desperate need of accommodation and support but this individual displayed behaviour that prevented other people moving to the other flats. Due to complex housing and legal processes involved, this is currently impacting on an individual's discharge from hospital and alternative provision is having to be sought. It is hoped this will be resolved soon, with plans in place for the remaining three flats to be fully occupied by Autumn 2024.

26 This service was commissioned in response to potential inequalities of access, outcome and experience. Commissioners have listened to and acted on the experience of people receiving care and their families in order to establish the most appropriate accommodation to support their needs. In the case of the emergency placement, care has been taken to protect the rights of all vulnerable people involved.

Transforming Care (TC1) – Whitebeam Gardens (formerly known as Harelaw)

27 The completion of Whitebeam Gardens will enable people currently in hospital to live in the community with as much independence as possible, supported by appropriately trained and skilled staff as well as technology.

28 This core and cluster development of six individual bungalows and a staff office/communal space building was completed in December 2023, three months ahead of schedule. Construction was nine months

in duration with the snagging period almost complete. The nominations agreement has been reviewed and updated, specific to void payments, in light of the project completing ahead of schedule.

- 29 Transition plans for those identified to be discharged from secure mental health hospitals have already started with others due to commence once funding agreements between DCC & ICB have been confirmed. The length of the transition for each individual has been identified as a financial and outcome risk and discussions are ongoing.
- 30 The Care Provider, Embracing Care, is actively involved in weekly planning meetings for each individual. Managers and staff have been invited to attend a range of multi-disciplinary clinical team meetings to ensure they have comprehensive and holistic knowledge and understanding of those whom they will be supporting to live more independent lives in the local community.
- 31 Individuals and their families, wherever possible, have been involved in the design of the accommodation as well as transition planning.
- 32 It is anticipated that occupancy of Whitebeam Gardens will commence by late Summer 2024, with some individual timescales subject to Ministry of Justice approval. Void payment will be inevitable at this early stage of the project due to the factors detailed above. In addition, security on site will also be required at a cost to DCC until there is full time occupancy on site by Embracing Care. Use of Community Discharge Grant is being used where possible but is limited and no further funding is being issued by central government.
- 33 Two consecutive open days will be arranged later in the summer to showcase the development to all stakeholders, families, and partner agencies.

Transforming Care Options Appraisal Work – TC2 and TC3

- 34 Initial meetings have been held to appraise the accommodation development options in consideration for Transforming Care 2 (TC2) and Transforming Care 3 (TC3) projects for financial years 2024/25 & 2025/26.
- 35 Learning from Whitebeam Gardens will be taken into consideration to help determine the most cost and time effective option, which will be presented in a business case report for Adult Health Services Management Team prior to proceeding.
- 36 Repurposing DCC assets has been considered, however the location of some may be a barrier i.e. North and East Durham where care provision is an already saturated locality.

- 37 Exploratory conversations, without commitment, have commenced with housing developers who have access to significant government funding (Homes England), specific to the cohort criteria identified for TC2 & TC3. However, the specialist accommodation provider panel will be utilised alongside the care provider panel to procure suitable housing and care provision, ensuring fairness and transparency for the market.
- 38 This work will help us to ensure that people with learning disabilities and/or autism can live safely in the community rather than hospital, leading to greater independence and improving outcomes and experience.

Hawthorn House (Step-up Step-Down/ respite provision)

- 39 County Durham Care and Support's redevelopment of Hawthorn House residential respite care facility is due to be completed by Summer 2024. This will provide two units for short term provision to prevent hospital admission/placement breakdown or facilitate earlier discharge as a step-down.
- 40 Regular operational and project team meetings are held to appraise the progress made, address and resolve any issues that have arisen and ensure aspects such as staff recruitment and internal décor and design are also within agreed timescales and budgets. The referral criteria are under review and an open day will be planned for stakeholders and families to visit.
- 41 A multi-agency approach to crisis support within Hawthorn House is being taken, in recognition that partners need to work together to get the best outcomes and to protect the rights of vulnerable people.
- 42 Integrated Commissioning are also working with operational colleagues to improve understanding of the level and type of respite provision required for the population of people with learning disabilities/autistic people. This involves listening to and acting on the experience of people needing and receiving care, as well as their families. Plans will be put in place to improve access and experience of respite care once the needs are fully understood, and resources identified.

Learning Disability Commissioning Strategy refresh

- 43 The Learning Disability Commissioning Strategy is being refreshed for 2024- 2027. The original three-year strategy was presented to the Health and Wellbeing Board in 2019 and was extended due to the Covid pandemic. During this extension, a priority of the strategy was

the development of the specialist accommodation plan, which was broadened to include mental health as well as autism.

- 44 Many of the principles and main aims of the strategy are still relevant and the refreshed strategy will incorporate the objectives of the specialist accommodation plan as well as recent findings from stakeholder workshops and the latest Learning Disability data dashboard.
- 45 One of the main aims will be to build into the strategy an ongoing engagement mechanism, whereby conversations can be developed in more detail with individuals and their families directly affected by the commissioning strategy. This will help shape and influence future commissioning work throughout the lifetime of the strategy. By listening to and acting on the experience of people receiving care and those supporting them, we are more likely to commission the right type of services to improve their outcomes and experiences. Working collaboratively allows us to tackle inequalities, improve access and choice and explore cost-effective solutions.

Autism Strategy

- 46 The 'Think Autism in County Durham' is our Autism Strategy for Children, Young People and Adults for 2023-2026, which was updated in 2023 and launched in April 2024 and throughout the year.
- 47 This local all-age strategy was developed jointly by statutory services and voluntary and community services, all part of the Autism Steering Group. Autistic people and family carers are also members of the steering group and working groups, they have helped the steering group understand what life is currently like for autistic people in County Durham and have co-produced the refreshed strategy.
- 48 The priorities for improving opportunities, support and services for autistic people are incorporated into the specialist accommodation plan in relation to commissioning appropriate housing and support for autistic people.

Transformation Workshop

- 49 A Learning Disabilities and Mental Health Workshop took place at the end of November 2023, which was facilitated by the Transformation Team and involved key staff from various parts of DCC and health services with in-depth specialist knowledge of Adult Learning Disabilities and Mental Health. The objective of the workshop was to gain a mutual understanding and expectation of necessary service provision over the medium term (5 years).

50 The workshop identified three main priority areas to address, which are incorporated into the specialist accommodation plan and will be part of refreshed commissioning strategies:

- Transitions from Childrens to Adult Services
- Proactive support to providers
- Proactive steps to step down care where appropriate.

Mental Health update

51 Recommendations for Mental Health services in the Specialist Accommodation Commissioning Plan include:

- Work with partners to promote the development of the most suitable housing options to meet the range of needs identified in this review within the resources available.
- Reduce the identified gaps in:
 - The number of self-contained flats with access to 24-hour support.
 - Access to accommodation with floating support
 - Accommodation and support for those with complex needs.
- Consider the development of accommodation that supports people transitioning from residential care to a lower level of support allowing more independent living.
- Continue to work with NHS and other partners to ensure early identification of housing needs for those admitted to Mental Health inpatient wards and best use of the available discharge funding.

52 Work to implement these recommendations are ongoing and include:

Social Rehabilitation model:

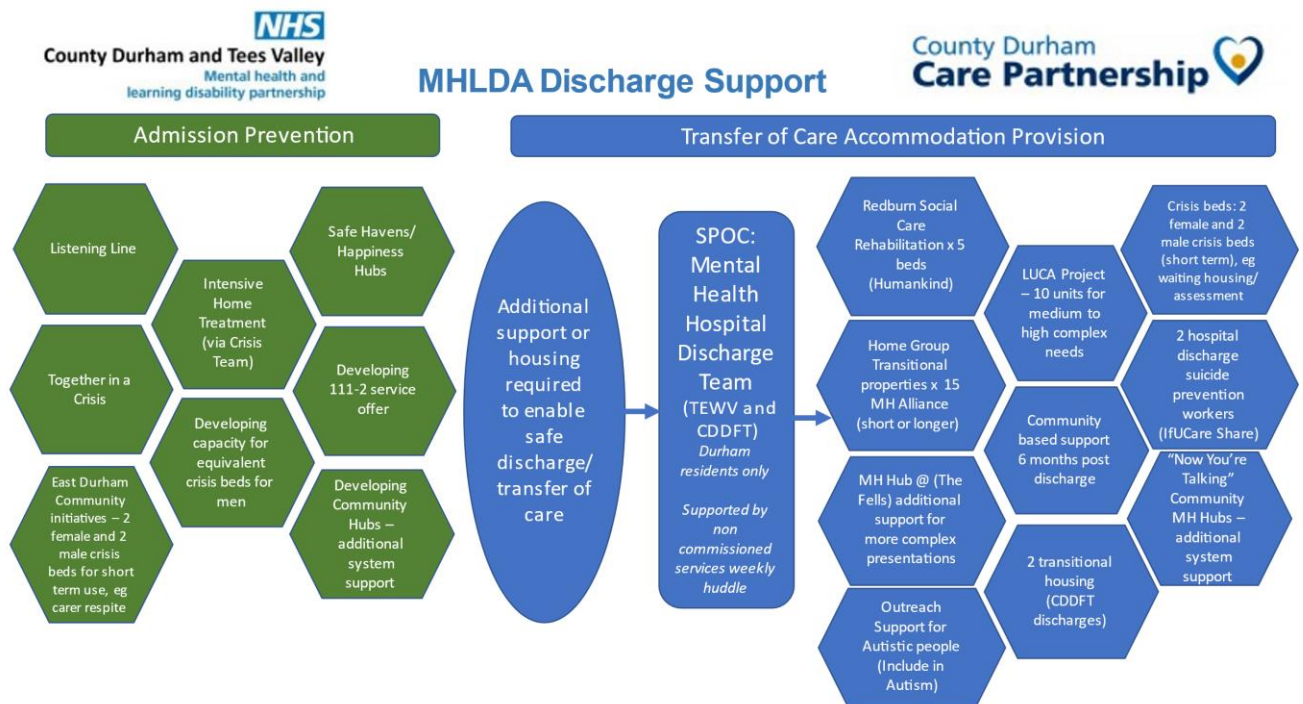
- A commissioning-led Mental Health Accommodation group has developed a social rehabilitation model, based on the data and issues identified from the needs led review. This will be a step-down model from hospital or from residential care.
- Following a successful bid to the Better Care Fund (BCF) to support the introduction of the social rehabilitation model for County Durham, a Social Rehab Task and Finish group was established and a proposal to implement the new service as a pilot from March 2024 to March 2025 was agreed by County Durham Care and Support (CDCS) Transformation Group.

- The accommodation is provided at Redburn House, New Brancepeth, 5 units of fully furnished accommodation, along with an office base, providing space for staff and to help tenants develop daily living skills. Support is provided by CDCS Support and Recovery working in partnership with Humankind as the Registered Social Landlord.
- The service criteria is based on complexity and diagnosis with effective person-centred support and risk management plans in place. Referrals are made from Integrated Mental Health and Hospital Discharge teams, where it has been identified that individuals will benefit from social rehabilitation.
- The service is part of wider offer of dispersed properties provided by Durham Action on Single Housing (DASH) and other housing providers.

Hospital Discharge services:

- Gap analysis undertaken as part of the specialist accommodation commissioning plan identified some lack of suitable accommodation provision for those discharged from mental health, general and community hospitals in the region.
- An accommodation pathway has been developed for this cohort, this is a step up/step down pathway to meet the needs of individuals and emergency accommodation/crisis beds.
- As part of the Durham Mental Wellbeing Alliance and using BCF monies, additional support has been implemented across mental health and general hospitals to speed up early identification of housing needs for those admitted to inpatient wards.
- Following a workshop in July 2023 to consider opportunities to better manage discharges from Mental Health and Learning Disability hospitals and move towards a position of minimising/eliminating delays in these discharges, a task and finish group was established working across the Durham system to agree and implement a range of improvements.
- As a result of this work, a collaborative model of admission, prevention and discharge support provision across the County has

been developed and is shown below. This draws together a range of ongoing and new initiatives and, for discharge support, provides a single point of contact (Mental Health Hospital Discharge Team) through which all housing, accommodation and additional support needs can be met. This has been shared with inpatient teams to maximise use and knowledge of the provision available, although work is still required to ensure there is a shared understanding of the capabilities of the different offers.



- Overall, discharges are now being resolved in a timelier way, individual delays are reducing and system collaboration is much improved. However, despite this positive progress, there are a number of individuals with more complex needs where the system remains challenged to identify appropriate discharge packages and plans. High level reasons for the delays in these and other similar cases include:
 - Disagreement about the level of support needed to facilitate discharge.
 - Understanding of housing need (a number of cases have their housing need incorrectly assessed, for example, a number of patients have wrongly been identified as needing supported accommodation when their need has been for housing with support, which has impacted delays from hospital).
 - Patient choice/patient and/or family refusal of options identified.

- Co-ordination of multiple capacity and needs assessments to inform service specifications.
 - Lengthy timescales to achieve Ministry of Justice (MoJ)/ Court of Protection (CoP) approvals.
- Through this collaborative work, TEWV have identified three primary barriers/challenges to effective and timely discharge:
 - People subject to MoJ approvals;
 - People admitted under 'Greenlight';
 - People with an autism diagnosis, for whom length of stay has doubled between 2022 and 2023 and incidents (e.g. self-harm) have increased.
- Success across the hospital discharge services have been identified by good working partnerships across teams, sharing of data and communication. This has improved across both in-hospital teams, trying to get people discharged in a timely manner, and post discharge teams helping people live more independently with the aim of reducing readmission to hospital. For example, in one case alone a patient had been placed outside of Durham in a private mental health hospital. This patient had a s.117 in place and the weekly cost of the placement was in excess of £8,000 per week. The hospital discharge team completed a referral into one of DCC's AHS commissioned preventative services and the application was accepted. There was no charge to either the health budget or social care budget for this person to be placed in this accommodation. Therefore, over the first 3 months, savings of £96,000 were realised. While this cost example is not a frequent occurrence, savings are consistently realised with the utilisation of commissioned preventative services and the use of the bespoke accommodation services implemented as part of the Local Authority Better Care Fund allocation.
- The mental health developments outlined above prevent hospital admission, facilitate earlier discharge, promote independence as well as tackle inequalities related to access, outcomes and experience. Ongoing work is required to review existing provision and the individual needs of current service users before further service requirements can be specified.

Other Significant Updates

- 53 **Domestic abuse services**, including safe accommodation services, have developed significantly with the use of the Domestic Abuse New Burdens Funding and partnership working between integrated Commissioning and Public Health. This has included enhancing the service offer so that from 1 April 2024 specific Mental Health and Childrens/Young People support services are available from within all commissioned refuges, and doubling the number of dispersed properties available for domestic abuse victim-survivors that have complex needs.
- 54 **Non-assessed housing related services** have been reviewed and are in the process of being reprocured in 2024/25. These preventative services offer a combination of care, support and 135 units of accommodation, with the aim of preventing vulnerable people requiring more expensive, secondary services. They support people who don't necessarily have assessed social care needs, but in recent years these preventative services have been used to support people with a range of needs. These have included young people and adults moving from high-cost packages of care, urgently being discharged from hospital or who are at risk of hospital admission, with additional support packages being put in place as required.
- 55 A recent report to Adult and Health Services Management Team outlined the commissioning plans for 22 of these services, reducing to 15 services and incorporating new ways of working, including digital technology, which will improve outcomes and achieve Medium Term Financial Plan savings of £101,283 in 2024/25 and £93,000 in 2025/26.
- 56 Integrated Commissioning are working with Housing Solutions colleagues to ensure that the services commissioned by the two DCC departments complement each other rather than risk duplication of provision.
- 57 **Durham Mental Wellbeing Alliance (DMWA)** is in its third year of delivery. The alliance includes housing related support. This is in the form of accommodation based and outreach/floating support specifically for those with mental health issues, as well as hospital discharge support. The Alliance has been a major part of the Community Mental Health Transformation Programme, becoming the Single Point of Access across much of the county. There are plans to link the DMWA with other non-assessed services (mentioned above) through the Single Point of Access to improve understanding of demand and capacity across the services.

Cross cutting work

- 58 A number of initiatives are being progressed across all supported living and residential care provision, but in reality, have most impact within learning disability services.

Specialist Residential Care Review (MH and LD)

- 59 An update report on the review was presented and approved by Adult and Health Services Management Team on 7 December 2023 and the County Durham Care Partnership Executive (CDCPE) on 16 January 2024.
- 60 In summary, the report confirmed the commitment of the council to reduce inappropriate residential placements, through available supported living services that can support people with complex needs, developing new services where needed as part of the specialist accommodation plan.
- 61 The report also outlined the proposed banding model, which involves agreeing a base level of funding for each band, acknowledging that bespoke placements will need to be negotiated on a case-by-case basis.
- 62 The 2024/25 Specialist Residential Care fee uplifts have been agreed, taking into consideration review findings. A greater percentage uplift was awarded to the lowest banding and smaller percentage uplifts were given to providers allocated to the higher bandings. Through this work we can ensure the residential care market is sustained while less-restrictive models of support continue to be developed.
- 63 Further work is required to formalise the bandings and communicate changes to the provider market. Plans are in place to complete this.

Supported Living Fees

- 64 Supported living uplifts for 2024/25 have taken into account review findings and available budgets, as well as the Market Sustainability and Improvement Fund (MSIF) payments that have already been awarded. A recent report to Adult and Health Services Management Team outlined the 2024/25 uplifts for Supported Living.
- 67 The work on uplifts will also be used to inform future pricing systems to try and ensure there is a balanced and sustainable market in Durham, but also that prices represent value for money. Through this approach we can ensure that providers can attract skilled staff who can deliver sustainable services for people.

Supported Living Voids

- 68 Voids occur when there are vacancies in shared supported living services. Staff are still required for the other tenants and therefore a 'void' is created, and a separate payment is required to the care provider. There is still the same level of staff on duty but less service users to contribute to the cost, which creates the void payment.
- 69 In September 2022 the Strategic Commissioning Manager established a Voids Management Group involving a small number of operational, finance and commissioning representatives. The main focus of the group is to oversee an action plan to address long term voids and the most expensive voids. The voids are tackled through meetings with the providers, discussions at Commissioning Advisory Group and consideration of remodelling or decommissioning.
- 70 In 2022/23 the cost of voids reduced by £171,896 per annum. Void numbers have reduced by c40% since September 2022.
- 71 These reductions have been achieved while the hourly rate for supported living services (on which void payments are based) has increased twice due to annual uplifts. Work is continuing.
- 72 The management of voids is very fluid with regular changes to vacancy levels and some voids cost a lot more than others, but the basic trend has been to significantly reduce the number of voids and the cost of these. By managing voids, we can ensure we tackle inequalities related to access, target resources more efficiently and improve outcomes for people using the services.

Reprovision of existing Supported living

- 73 In 2023 Commissioning and operational staff worked with a Supported Living provider to make available new and improved accommodation for 17 people who were previously supported by the provider in older, shared houses.
- 74 Princes Street in Bishop Auckland is a building which has 9 self-contained flats and the first people moved there in April 2023. Byerley Road in Shildon has 8 self-contained flats in 2 separate buildings, and the first people moved there in December 2023.
- 75 By significantly improving the environment, we helped to improve the quality of life and health and wellbeing of the individuals as well as fill two voids that had been vacant within the old services for over a year; these were mainly caused by the poor environment and the difficulties in

getting new people who were compatible to share a house with current tenants.

Conclusion

- 76 Members of the Integrated Commissioning Team (Adults - Learning Disability and Mental Health) continue to work as a group to gather relevant information to further develop the Specialist Accommodation Commissioning plan. They continue to work collaboratively with partners such as the Data, Finance and Operational Teams (through the Learning Disability/Mental Health and Transitions Commissioning Advisory Groups (CAGs) and Provisions Development Group).
- 77 Feedback and intelligence in relation to the commissioning plan continues to be obtained from strategy groups, Learning Disability and Mental Health Provider forums plus a focus group involving providers, carers and service users, which was facilitated by Inclusion North and the Integrated Commissioning Engagement lead.
- 78 Although significant progress has been made over the last year to reduce vacancies in current provision and develop more appropriate services, there is more to be done to increase accommodation and support capacity and options for people with learning disabilities and mental health issues, including autistic people. This includes exploring the Small Supports Programme and shared home ownership with the support of regional colleagues and NHS England.
- 79 Significant amounts of work have been undertaken to get some major projects off the ground, such as Whitebeam Gardens at Harelaw, Woodland View at Stanley, Cedar House near Chester le Street and further plans are progressing. It is anticipated that over a two-year period a total of approximately 50 new places will be created to reduce the pressure for services.
- 80 It is estimated that at least a further 36 new places will be needed beyond 2024/25, which will need to be mapped out in detail when more accurate/updated information becomes available. Early involvement of families and other partners such as CQC will be part of the planning processes for any new commissions.
- 81 New services need to consider the current commissioning gaps for people with high risks and/or a forensic history (particularly arson) and also young people with complex needs, which will be an area for development if staffing capacity can support. Consideration needs to be given to the changing needs of older service users especially those living with parents/other ageing family carers who will need alternative levels or types of provision in the future.

- 82 It is still the case that there are separate important issues to address that will impact on the success of the commissioning plan, which include future proofing of supported living fees, the specialist accommodation review and voids management. Supporting the Provider market (STPM) will continue to support care providers as appropriate, e.g. with the roll out of Positive Behaviour Support (PBS) training.
- 83 There are also a range of issues that impact on developing more suitable services for individuals with complex needs, including length of transitions from hospital and in some cases family opposition to planned moves. It is imperative that partners work together to resolve these issues. Within the new ICB structures, a new post has been created within the Nursing Directorate specifically to focus on complex care within Mental Health Learning Disability and Autism (MHLDA) provision. A significant amount of the future workplan will include ways to support people out of long stay hospital/high cost nursing/residential placements into alternative, less restrictive community based options where appropriate. It is hoped this work will align well with the work already underway in County Durham to help address some of the local challenges more strategically.
- 84 Project management support within the Integrated Commissioning team is available to implement the plan and track progress using a workbook. Updates will be provided for the Needs Led Accommodation Review Board and Quality and Innovation Leadership Team (QILT) and other relevant groups as necessary.
- 85 The commissioning plan will be updated as required/at least annually with specific detailed commissioning plans being submitted to Adult and Health Services Management Team for approval as required.

Other useful documents

- Specialist accommodation commissioning plan 2023-2026 (currently being updated).

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Appendix 1: Implications

Legal Implications

All DCC contract procedure rules would be followed when developing any new supported living services; legal processes are built into housing agreements, procurement processes and contract management. The relevant legislation that shapes future developments is primarily the Care Act 2014. Court of Protection, Mental Capacity, Deprivation of Liberty, Ministry of Justice, Housing Legislation and Fire Safety regulations also impact on this work.

Finance

Financial risks will be mitigated by reducing void costs, strategic planning to remodel services, move people on from high cost placements, and increased progression pathways. Some MTFP savings have already been identified as part of the work on specialist residential care and supported living. Use of preventative housing and support services has also helped reduced costs of social care packages in some cases.

Consultation

Engagement with operational teams, providers, carer and user representatives has been undertaken and feedback has been used in the development of the commissioning plan.

Equality and Diversity / Public Sector Equality Duty

The accommodation commissioning plan is for people with learning disabilities, mental health issues and autism including young people and older people, regardless of gender and sexuality. Equality and Diversity will be considered as part of any procurement / contract and any significant changes to current service provision. Further work needs to be incorporated into future detailed plans on the needs of certain groups with protected characteristics such as LGBT+ and ethnic minorities.

Climate Change

Climate change is considered in procurement processes e.g. tender documents.

Human Rights

Has been considered as part of the accommodation commissioning plan- the rights of people with disabilities.

Crime and Disorder

N/A for DCC. The commissioning plan has highlighted the needs of people leaving prison and with a forensic history.

Staffing

N/A for DCC staff. The commissioning plan considers the staffing issues within the provider market.

Accommodation

N/A for DCC accommodation. The commissioning plan has a focus on the accommodation needs of people with learning disabilities, mental health issues and autism.

Risk

Captured in the body of the report, and as part of the DCC procurement process.

Procurement

All DCC contract procedure rules would be followed when developing new services mainly from the community services provider panel and in developing a housing provider panel.

Mr A (move from residential care to supported living at Woodland View)

Historical information

Mr A is a young man with a diagnosis of a moderate Learning Disability, Autism and ADHD.

- He lived in a residential care setting following a breakdown in the family home where his mother was unable to continue caring for him.
- He had access to a core staff team, 1:1 support and lived with up to 7 other residents but had his own bedroom/en-suite.
- Mr A would be in restraint from morning to night up to 10-15 physical interventions per day. Up to 7 staff present, which would add to his escalating behaviours. Provider in-house behaviour team wanted to prescribe the use of supine holds, which is a highly restrictive intervention.
- There were Positive Behavioural Support (PBS) plans in place to support staff to de-escalate some of these behaviours that challenge, although they were not utilised correctly and instead physical interventions were required. Staff used reactive responses rather than proactive responses.
- In-house PBS lead had ordered 'shin pads' and 'arm bite guards,' which staff would use when they were taking Mr A out into the community. Staff would put on this clothing in front of Mr A, which increased his anxiety, and he would often repeatedly comment "are you going to fight me" and this resulted in the escalation of behaviours.
- There were several safeguarding concerns raised over inappropriate restraint and poor staff approaches towards Mr A. These were investigated by the Local Authority (LA).
- The environment was unsuitable for Mr A given his sensory profile; the environment was too noisy (phones ringing constantly, doorbells, too many staff).
- The provider openly said they were 'scared' of Mr A and as a result were reluctant to take him out into the community – there was poor activity planning.
- Restrictive diet implemented without appropriate support from GP or dietitian.
- His bedroom was very minimal and not homely (paint flaking off the walls, strong smell of urine and black mould present). This was addressed by the LA and as a result of the increased interventions, numerous safeguarding concerns and restrictive practices the decision was made alongside Mr A's mother for him to move elsewhere where he could be supported appropriately.

Current situation

Mr A moved into Woodland View Supported Living setting where he has his own bungalow and his own package of staff support. He initially had access to 2:1 staffing to ensure his safety with the transitional period. He does not require this high level of staff support and there has been a huge reduction in the use of physical intervention. Mr A had only required seated arm hold on 4 occasions since moving to his new provision. This was in his settling in period.

- Environment is much more suitable to his sensory needs, quiet and low stimulus.
- Mr A now accesses the community almost daily – he has choice and control over what he would like to do each day. There has been a noticeable improvement in Mr A's speech, he will chat to his support workers, ask questions and engage in conversations with others.
- He has increased his independence, he has been encouraged to utilise his kitchen, he will make his own drinks and snacks in the kitchen with staff oversight. This was something that was restricted in his previous placement due to a potential increase in 'behaviours'.
- Mr A and his mam have a good rapport with core team staff team. Mr A has good relationships with staff in comparison to where he lived previously.
- He has voiced that he is happy in his new home.
- His mam has noticed an improvement with his wellbeing and presentation.

Overall, there has been a noticeable improvement in Mr A's wellbeing – he is living in a home where he is happy, healthy and his needs are being met in the least restrictive way. He has some restrictions in place, which have been authorised by the Court of Protection, although they are proportionate to his care and to ensure his safety in the community.

Mr B (move from hospital to Woodland View)

Another person moved successfully within a few weeks from hospital (due to a ward closure) to Woodland View. This was a very challenging transition as this person had 5:1 staffing in hospital, and during some periods had to have 7:1 staffing. Woodland view staff team, with the support of the ward staff and a range of community agencies and experts, have managed to help Mr B make the transition from hospital to community, his quality of life has improved dramatically, levels of staffing support have reduced appropriately, high risk behaviours due to distress are well managed and he has a place to call home; with enough support he is able to get out and about in his local community.

Ms C

In June 2024, Woodland View received a compliment from a relative of a person who had moved into her new apartment there. The relative felt Ms C had settled really well into her new life; she felt the environment was perfect for her and that she was now part of a lively, active community that the provider has created for young and old. She commented on the very active social calendar and fun days out which Ms C has quickly become part of and hasn't looked so happy in a long time.

They said it was a very smooth transition thanks to the team at Woodland View.