

Please note: The Council/HSCP are not looking to increase the existing contract value or committing to any further development of a service of this nature and should this position change, a full open tender process would be undertaken.

## LEARNING DISABILITY SERVICE PROVISION – NEEDS ANALYSIS

South Ayrshire Health and Social Care Partnership refreshed its Learning Disability Strategy in 2022. The development of this strategy involved a wide range of stakeholders who collectively agreed that people with a learning disability living within South Ayrshire should be afforded a wide range of care and support options, which included housing opportunities, as part of the suite of arrangements. These would offer inclusive, enriching and fulfilling resources. These resources would create the foundations of safe care, nurture wellbeing and facilitate access to activities and opportunities to support individuals to live a fulfilling life in their communities and actively create an environment to 'Live the best life', whilst also offering reassurance to carers that those who mattered were given the best care options.

The Strategy can be found here. [Learning Disability Strategy 2022 - 2027](#)

A key part of the previous strategy and this renewed one is to offer individual adults with complex learning disability and/or physical disability with additional and complex care/support needs a vision and for the HSCP to set out the priorities needed. The new strategy draws attention to a changed expectation of what support might offer, in part shifting away from some previous models of care and support in larger group settings to individual care options with increased employment opportunities, changed day care support expectations and increased links with communities and intergenerational prospects. These were identified as part of the development work where representation from those who engaged and used the services. The formation of the "League of Champions" ensured that we listened and included the voices of people with lived experience and their carers to design and hold to account the HSCP in their vision of what 'Living their best life's' looked like.

All of the care and support across community care, residential or nursing and core and cluster models will be commissioned under one or more of **Self-Directed Support** pathways. The majority currently are commissioned under **Option 3**, and increasingly to improve flexibility, choice and control alongside more traditional arrangements of health and care needs being met, the number of **Option 4, 2** and **Option 1** (Direct Payments) are increasing.

This shift away from a social service commissioned and directed care plan could be attributed to a new generation of individuals with changing and emerging aspirations of what their care should look like. For some, the more traditional styled care and support models will remain the preferred option, however, we will continue to monitor the changes in demand and capacity taking into account best value, sustainability and impact in these situations. Others who are supported to participate in activities, events and engagements in the community, on a 1:1 basis rather than onsite '**day care**' should be able to access innovative and inspiring resources. This has been evident through the number of day care reductions in the last 5 years, which is a national trend. Scottish data supports this stating that in 1998 around 8,300 attended day centres reducing to just over 6,000 in 2011. This has continued to reduce and post covid, the decreased in South Ayrshire was more noticeable. Included in the national statistic were people with profound learning disabilities and complex needs for whom there are limited options available.

In South Ayrshire we have built positive relationships with volunteering opportunities; paid employment opportunities and strengthened existing links with stakeholders and community groups as part of the wider Learning Disability Strategy which has been welcomed by the League of

Champions. This will continue to be a focus in the future to ensure that individuals are able to access a range of activities, opportunities and develop skills to enrich their lives in a meaningful way.

There have been some cultural changes too over the last few decades. There is an increased demand on facilitating people to live independently where they can, and residential/supported living options are reducing, particularly for people with less complex needs. For those who are living at home, there are increased risks associated with ageing carers and their own health and care needs increasing. Dependency on the carers may have resulted in an increased need when the carer can no longer take care of their loved one.

Younger generations of carers are seeking out alternative housing with care options in advance of their own needs changing, seeking the comfort of knowing that their loved ones are living well in their own community, with appropriate care and support to keep them safe, healthy and independent.

### **Future considerations for the Health and Social Care Partnership.**

In order for South Ayrshire to meet the varied needs for people with profound complex learning disability needs, it is appropriate to consider a wider range of housing/accommodation resources along with the care and support services which would be needed.

### **Current service and resources within South Ayrshire:**

South Ayrshire has invested in Core and Cluster accommodations in recent years, and this has been very successful. This is a move away from supported living, with aspects of 1: 1 care when needed, safe independent living and access to support overnight when required. We have developed positive relationships with Registered Social Landlords who have responsibly on the management of the accommodations and properties, offer Short Assured tenancies and work closely with South Ayrshire Council Housing team and Health and Social Care Partnership staff. Our aim is to provide lifetime homes which are future proofed and adaptable for people with changing needs. Careful navigation from living in a 24/7 environment to semi-independent living with families, carers, professional input when necessary to cater for individual needs is essential.

### **Currently resources:**

<b>Location</b>	<b>Accommodation type</b>	<b>Care and support range</b>	<b>Off site benefits and community enrichment</b>
Girvan – landlord – South Ayrshire Council.	13 single occupancy flats arranged on ground and first floor. 3 blocks of 4 flats. Flats may be suitable for modification on ground floor for disabled access, subject to assessed needs.	Care and support is provided on site by a single provider who has an office base within the cluster. Care hours range from 3 per week to 80+. Overnight support is shared across all 13 flats. Overnight care is shared with all other tenants on a call out basis. Medical and Health needs are provided by Community GP,	Community engagement Social activities – wellbeing and health groups and classes (e.g. walking groups, litter picking, music and drama, fitness classes). Volunteer opportunity Skills enhancement (e.g. art & crafts, cooking,

		District Nursing and hospital admissions when required.	
Ayr – Beattie Close, Carrick Street – Ayrshire Housing	12 flats arranged on ground, first and second and third floor accommodations. Provider is on site and 24-hour care/support is available. Carrick Street is part of a wider new housing development located close to the town centre.	Overnight care is shared with all other tenants on a call out basis. Individual are supported in their own homes by the onsite provider. Range of support hours across the development. Medical and Health needs are provided by Community GP, District Nursing and hospital admissions when required.	Easy access to public transport and other community activities and events. Good volunteering and employment opportunities. Benefits from Community engagement and interaction in the wider community area.
Elba Street – Ayrshire Housing	12 flats arranged on ground and first floor accommodations. Close to town centre. 1 two bedroomed flat used by the care and support provider as a base and sleepover accommodation. Tenancy is Scottish Secure Tenancy arrangements.	Tenants are supported in their own homes by the on-site provider. Individual assessment will determine the level of support required. Overnight care is shared with all other tenants on a call out basis. Medical and Health needs are provided by Community GP, District Nursing and hospital admissions when required.	Close to town centre, easy access to public transport links. A range of community and other support, volunteer and social activities is available.
Residential and nursing care – Commissioned services	Hansel Alliance (group living model) Wallacetown Nursing Care Home Townend Care Home Nursing Care Home Whiteford House Nursing Care Home Forbes House (new provision) Nursing Care Home Specialised Out of Region provision as identified. Nursing care home	A range of existing residential care and support placements. These are registered as ‘care homes’ with the Care Inspectorate and tenancy agreements are drawn up in accordance with the provider’s policy. There are a small number of places, operated by one provider, where the care needs of the individuals supported	The different model of group living, and residential & nursing care separates out these providers, as defined by the identified needs and abilities of the individuals who are supported. Care needs assessments will identify individual outcomes to support people to be safe, healthy, fulfilled and living their best life.

		<p>in group living type accommodations who support individuals with less complex needs. Although registered as a care home, these are not operated as a care home.</p> <p>Care needs range from less complex to highly complex with social, health and nursing/medical needs being made available on site. Providers who operate care homes are nursing care homes who can offer increased levels of health care as part of the care package.</p>	<p>As needs become more complex and ability to be independent without high levels of support it can be expected that for some, employment or volunteering opportunities may not be possible. Care plans will be more detailed.</p>
Community Living – commissioned services	<p>Across South Ayrshire. Commissioned from a range of external providers off a Learning Disability Care and Support Framework. Hansel, Key, Turning Point, Enable, Partners for Inclusion, Quarriers</p>	<p>Individuals who may either live in their own home or the family home who require additional care and support. This may include a carers assessment.</p>	<p>Care and support provided by a commissioned service for people who live with carers in their own home. Similar to core and cluster models, volunteering, social and employment opportunities are important to enrich their lives. In addition, <b>carer respite</b> through day care activities, or other social events is important. Supporting carers to build community relationships, attend community events etc may also be included as part of the care plan.</p>

A gap in the local provision may be high end, complex and profound disability with health care needs incorporated as part of that service. This is a provisional **draft needs analysis** to support further exploration of a new service locally developed which could provide a residential and nursing high end

complex service to support the HSCP to facilitate and enable individuals who have a lifetime connection to South Ayrshire an appropriate care setting closer to home.

Service users will have a connection to South Ayrshire therefore it would be considered that under the 'Coming Home' agenda they would require an appropriate care needs environment to meet identified needs in their entirety or would remain in South Ayrshire living an independent life. This would require strong and positive working relationships with other professional services when appropriate.

**Current service users and future demand:**

Statistical data suggests that the number of people with a learning disability across a variable level of need who live independently in their own home, or in the family home is increasing.

Number of service users in community setting, including core and cluster:	362
Number of service users in residential setting:	49
Current Learning Disability Budget:	£22.750 Million
Future identified complex and nursing care needs (3 – 6 years)	10 complex who are likely to need residential and nursing care.
Future identified individuals	50 +

**Future needs for care and support:**

At this present time South Ayrshire have identified circa a maximum of 10 individuals who may, in due course, be identified as looking for a suitably equipped and staff residential care and support unit locally within the next 3 – 6 years. This is staggered over the period and not an indication of minimum need. It should be noted that there is no expectation to offer individual residential units in a range of local settings across South Ayrshire, but that this would be a 'local to South Ayrshire' provision making it easier to access than others which are often located in the central belt. It should also be noted that the lifetime cycle of housing tenancies will need to be considered as data is developed.

**Development and opportunities: Service expectations:**

Below we set out what expectations we would consider as core services to meet the ever-changing demands and increased pressures on resources for the future. As an outcome it would be the intention of the HSCP to ensure that future generations had the same opportunities to access housing with care, core and cluster and residential/nursing supports and identified, however the preferred option would be to support people to maintain their local connections as far as is practical and within realistic and sustainable budgetary allocations.

**On site residential facilities.**

- Safe and secure, homely environment for individuals to reside in on either a long-term basis or planned transitional basis (up to 36 months).
- Ensuite facilities to meet individual requirements (including where necessary and assessed bath access free from mobility restrictions).
- Small group living to create a family home environment (maximum 6 bedded unit)
- Comfortable setting with soft furnishings, personal possessions and security

- Social and recreational space/s
- Quiet space/s
- Family/connection space (outwith a person's bedroom)
- Outdoor space with appropriate activities and enrichment opportunities.
- Kitchen space facilities for individuals to undertake their own cooking with unrestricted access to individuals who may have mobility issues (where appropriate)
- Infrastructure which enables access to community and wider connections (access to public transport for example) in particular for family and close contacts to visit.
- Therapeutic resources

Softer outcomes:

- Positive relationships with educational resources
- Positive relationships to employment opportunities, including but not limited to only one from volunteering or paid employment
- Positive links to long term housing options to increase opportunity to independent living

Optional extras:

- Option of Additional support/activity facilities on site (e.g. gym/painting/craft)
- Transport dedicated to the service for use of individuals to support community links/activities

Care and support provision:

It will be noted in each person's care plan the particular needs and outcomes expected to be achieved. Common services anticipated.

- Personal care and skills development
- Medication support and administration to keep people healthy and safe
- Meals
- Laundry
- Housekeeping
- Nursing care (or nursing care resource provision) – it is not expected that this will be 24/7.
- Empowering and enhancement of skills and abilities support – maximising potential
- Appropriate and stimulating activities
- Safe, caring and nurturing care

**Key Outcomes to be achieved**

- Choice and control.
- A healthy life
- Independence
- Active citizenship
- Ability to maintain local connections
- Inclusion across a range of care and support aspects (care planning, choice, running of the service etc)
- Compliance with all relevant policies (e.g. Housing needs, Registration, Insurances, Employment Regulations H&S etc)

**Key expectations:**

- High Quality service suited to the individual needs
- Skilled and qualified staff to meet the requirements of the Health and Care Staffing (Scotland) Act 2019; Care Inspectorate registration and inspection; South Ayrshire HSCP Quality Assurance; and Fair Working Practices.

This information is being provided to offer opportunity to provide a scoping report on the following based on there being up to 12 complex Learning Disability including autism and/or Physical disability users.:

**Staffing model to provide care and support** to meet a range of complex and individual care needs for people with a learning disability. This will include the staff to individual ratio for support; grades or level of staff employed; specific professional qualification and management support. This will include ancillary care needs (including nursing care, medical, health related services)

**Staff training and leadership skills** what specific qualifications and staff levels will require to deliver the service. Please detail what is mandatory and what will be optional and how that training will be provided.

**Care plan outline** to understand the model it would be highly beneficial to consider how a care plan may be operated to meet a holistic service provision. (Care, support, social, family connections, education, employment and housing).

**How the development and ongoing service provision would be funded and which partners would be expected to contribute to this** to allow the HSCP to consider investment, ongoing budget allocation, and anticipated startup costs.

**How providers would safeguard any investment as a South Ayrshire resource and how that would be financially sustainable should there be no interest from other HSCP's.**

**Costing exercise** to provide a residential care with support service as set out above. This will detail all of the aspects as noted in Costing Model (below). Please include the number of staff, the Full time equivalent of the staff, maximum capacity and bed numbers. You may also want to offer an indicative 'sustainability level'. The final figure should detail a week rate per person with any additional charges detailed on the spreadsheet (Appendix 2). i.e. any service provision which is not included in the core weekly cost.