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IJB Chief Officers  
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24 March 2021

Dear colleagues

## **COMMUNITY LIVING CHANGE FUND**

I attach guidance on the use of the Community Living Change Fund. The £20m funding was formally announced by the Cabinet Secretary for Health and Sport in Parliament on 16 February and has been allocated to Integration Authorities via NHS Boards. Richard McCallum had previously advised NHS Directors of Finance and IJB Chief Officers of the funding in a letter of 5 February.

The guidance outlines that the funding should be used to:

- Reduce the delayed discharges of people with complex needs.
- Repatriate those people inappropriately placed outside of Scotland.
- Redesign the way services are provided for people with complex needs.

It further advises that the funding should be used over a three year period (2021-2024) and where kept in IJB reserves, this should be clearly identified and reported to the Scottish Government through the quarterly monitoring.



**DONNA BELL**

Director of Mental Health and Social Care

## COMMUNITY LIVING CHANGE FUND GUIDANCE

1. This 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?'<sup>1</sup> 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<sup>2</sup>, 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<sup>3</sup> 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.

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<sup>1</sup> ['The same as you'](#) 2000

<sup>2</sup> [Hospital based Complex Clinical Care, May 2015](#)

<sup>3</sup> [Independent Review of Adult Social Care](#), February 2021

6. The 'Coming Home' report<sup>4</sup>, 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 code 100 cases<sup>5</sup>). 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 individual's care package may be greater than where other services and supports are provided in addition.

## Tackling the problems

11. 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

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<sup>4</sup> [Coming Home](#). A Report on Out-of-Area Placements and Delayed Discharge for People with Learning Disabilities and Complex Needs. November 2018

<sup>5</sup> Code 100 is used when there is a re-provisioning exercise underway with a costed, long-term plan to discharge people to the community. Code 9 is used to describe complex delays that are outwith the immediate control of the Health Board or local authority.

care packages and from housing specialists who suggested access to capital funding should not be a major issue.

12. 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.”

13. 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.

14. 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.**

## SCOTTISH GOVERNMENT

Mental Health & Social Care Directorate  
24 March 2021

## Community Living Change Fund – allocation

Local Authority	Share	
Aberdeen City	4.4%	£876,523
Aberdeenshire	4.1%	£814,809
Angus	2.0%	£391,750
Argyll & Bute	1.5%	£300,701
City of Edinburgh	9.6%	£1,924,542
Dumfries & Galloway	2.5%	£496,841
Dundee City	3.1%	£613,010
East Ayrshire	2.3%	£461,122
East Dunbartonshire	1.7%	£340,669
East Lothian	1.7%	£345,525
East Renfrewshire	1.5%	£294,805
Falkirk	2.8%	£568,512
Fife	6.7%	£1,333,946
Glasgow City	13.7%	£2,739,050
Highland	4.1%	£814,627
Inverclyde	1.6%	£319,813
Midlothian	1.6%	£312,385
Moray	1.6%	£319,463
Na h-Eileanan Siar	0.5%	£96,589
North Ayrshire	2.6%	£513,041
North Lanarkshire	6.5%	£1,298,332
Orkney Islands	0.4%	£81,141
Perth & Kinross	2.5%	£504,878
Renfrewshire	3.5%	£696,756
Scottish Borders	1.9%	£377,966
Shetland Islands	0.4%	£77,972
South Ayrshire	2.0%	£409,720
South Lanarkshire	5.8%	£1,161,818
Stirling & Clackmannanshire	2.5%	£512,079
West Dunbartonshire	1.8%	£356,726
West Lothian	3.2%	£644,888
<b>TOTAL</b>		<b>£20,000,000</b>

## Principles

- **Leadership**—the budgets in scope (hospital inpatients and delays, community supports and the cost of placements) have all been delegated to Integration Authorities, so they should take the lead in developing proposals.
- **Partnership** – the use of the Fund should take cognisance of the expertise within different sectors including health, social work, social care support, housing and the voluntary sector. Integration Authorities should take an inclusive and collaborative local approach through their Strategic Planning Groups that seeks out and takes into account the views of non-statutory partners in the assessment of priorities and delivery of innovative ways to deliver better outcomes.
- **Locality based** – the locality aspects must include input from users and carers and the public. Partnerships should develop plans with the people who best know the needs and wishes of this cohort. Such a bottom-up approach should maximise the contribution of local assets including volunteers and existing community networks. These links should be made at both a practice and strategic level.
- **Best use of resources** – the funding represents a small percentage of the total currently spent on delayed discharges and out of Scotland placements so must be able to improve the use of that resource while seeking to optimise the sustainable use of the total resource envelope.
- **Transparency** – there must be a ‘single version of the truth’ with regard to cost and activity data so that the totality of the resource (financial and assets) is used to best effect.
- **Flexibility** – makes better use of all resources (financial and human) in a flexible way, supporting staff to work across organisational boundaries focussing on the best care and support to meet the needs of the individual.
- **Collaboration** –partnerships should take a collaborative approach, working together with neighbouring partnerships to develop area plans where this delivers better outcomes.
- **Involvement** – Partnerships should take a co-production, co-operative, participatory strength-based approach, ensuring human rights are central to the design and delivery of new ways of working – delivering support and services based on an equal and reciprocal person centred relationship between providers, users, families and communities.
- **Visionary** – focused on providing better outcomes for people to live their lives as independently as possible, incorporates clinical expertise to support people in the community.
- **Human rights** - partnerships should adopt a human rights based approach. Taking a human rights based approach empowers people to know and claim their rights. It increases the ability of organisations, public bodies and businesses to fulfil their human rights obligations. It also creates solid accountability so people can seek remedies when their rights are violated. The PANEL principles are one way of breaking down what a human rights based approach means in practice. PANEL stands for Participation, Accountability, Non-Discrimination and Equality, Empowerment and Legality.