

Model of Care Evaluation - Complex Needs Service

Project Title:	Model Of Care Evaluation	Directorate:	Mental Health
Executive Lead:	Justin Murray	Project Lead:	Sharon Young
Finance Lead:	Sean Barrett/Helen Brown	Date Prepared:	14/11/2023

Project Scope Statement:	Scope Includes	Scope Excludes
<i>What areas will this project focus on and importantly what is excluded from the projects focus, this will help to keep the project team clearly focussed on the agreed areas and avoid 'scope creep'</i>	Adult with Complex Needs (as per plan definition)	Children's Services
	Out of region placements with complex needs	Non complex patients
	Young People with complex needs in transition to Adult Services	
	Financial reporting for this group	
	Budget savings plan	
	Outcome reporting	
	Linkages to savings plan	
	Development of KPI's	

<p>Project Justification: <i>Why is the project being undertaken, why is it important, e.g. to address an inefficiency in the system, financial pressures etc.?</i></p>	<p>As part of the development of the Complex Needs Plan funding has been approved to develop initiatives to support to development and sustainability of local support and accommodation to improve outcome for those receiving services but also to reduce spend on more costly OOR and hospital settings and to reduce the use of agency staff. It is important that this investment is evaluated both in terms of service impact and financial impact particularly in respect of the financial pressure already impacting on this are of care and support.</p> <p>Increases in both service user need and unit costs has increased total care costs within complex care over the last 5 years whereas additional increases to complex care budgets have not kept pace. This has resulted in budget gaps in the region of £6m. Unit Costs are projected to further increase over the next year against a backdrop of increasing levels of unmet need and no guarantees of additional budget being identified. This increases the need and urgency for costs in this area to be aligned to current budgets and increasing costs and need levels to be the focus of higher scrutiny and planning within service plans.</p> <p>Many people with complex needs and others who display behaviours viewed as challenging can often end up in hospital or out of region (OOR) placements. Both during and post Covid the staffing pressures in the Care and Support at Home sector has led to a lack of capacity within local provision and a number of crisis situations where it has not been possible to secure care from specialist providers on the National Flexible Framework (NFF) for Care and Support. This has also meant that some providers have had to hand back more complex and challenging packages.</p> <p>Where care and support is not available via the NFF, consideration has had to be given to the use of agencies who deliver care and support or OOR residential placements as interim measures. The cost of these options can be 3 or 4 times more expensive than provisioning through the NFF with agencies costing up to £20,000 per week. In addition, the lack of capacity to deliver care and support leads to delayed discharges in Midpark Hospital. In the 3 year period, between 2019-21 there were 11, 10 and 13 people per day with a delayed discharge respectively. The average length of delays for the same 3 year period was 61, 60 and 66 respectively.</p> <p>Also within the recently approved Complex Needs Plan there is an ongoing commitment to keep people who use services, their families and Carers at the heart of the services provided as they are delivered and developed. It is important that this involvement is evidenced and evaluated.</p>
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<p>Project Aim & Objectives: <i>What is the aim of this</i></p>	<p>This project looks to support the delivery of the Complex Needs Plan by evaluating particular areas of activity directly linked to the model of care for those with complex needs as identified within the plan. The evaluation will focus on key service areas linked to reducing delayed discharges from hospital settings such as Midpark, support (where applicable) the return of OOR placements and reduce the need for such placements in the future and also to reduce the use of agency staff in the provision of care.</p>
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<p><i>project and what steps are required to reach your projects aim? The objectives will be specific, measurable and time bound actions that should be ambitious but attainable</i></p>	<p>To support the delivery of this initiative, there is a requirement for a Complex Needs Aligned Service Management Team to oversee the formation and embedding of the evaluation within the Partnership. This project team will be required to create the relevant evaluation documentation and key to this documentation will be agreeing the Key Performance Indicators (KPIs) to monitor the success of the model of care.</p> <p>Finally, there will be a need for the Complex Needs Service management team to report on the KPIs on an ongoing basis to ensure that the model of care is having the desired impact and where this is not the case any issues should be identified and raised with the Mental Health Directorate MT and Complex Care Programme Board.</p> <p>The key areas to be evaluated are</p> <ul style="list-style-type: none"> • Positive Behaviour Support Post • Community Support Team • Abbey Gardens Residential Accommodation for Complex Needs • Development of 16 bed supported accommodation Dumfries for those with Complex Needs • The use of agency staff for service provision • The uptake of different SDS Options for those with Complex Needs • Performance against savings target for Complex Care Service • Uptake of wider opportunities such as shared lives ,day opportunities compared to care and support • When do we use care and when do we use wider opportunities and how do we mix • Ongoing stakeholder engagement to evidence the involvement and views of those that use services and the impact of this involvement
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Milestone/Key Events & Deliverables:	Milestone/Key Events	Deliverable
<p><i>What are the key stages of the project? What tangible outcomes will be delivered at each stage i.e. end of review – detailed analysis of current situation.</i></p>	Initiation Phase - August 2023	Creation of SLWG – September 2023
	Planning Phase – August-October 2023	Development of Evaluation Framework September- October 2023
	Delivery Phase – Nov 2023 – Mar 2024	Adoption and implementation of framework by Complex Needs Service Management Team – October 20224
	Monitoring Phase - Nov 2023 – Mar 2024	KPI Reporting Framework

<p>Project Assumptions & Dependencies: <i>In your plans what assumptions have been made i.e. demand for services will increase as expected over the next 2 years. And what dependencies does this project have</i></p>	<p>In the development of this evaluation framework it has been assumed that there will be no change in the number of people living in Dumfries and Galloway with complex needs who access statutory care.</p> <p>It has been assumed that the available care at home provider resource will remain at or around the current levels for the duration of this project.</p> <p>The success of this project will require the development of internal processes within operational Social Work and Health Teams with close linkages to external providers to best deliver the key service aims and ensure the effective and appropriate uptake of services within the model.</p> <p>Strategic Needs Assessment</p> <p>To support the work of the Complex Care Programme Board a Strategic Need Assessment was undertaken in 2021 (see appendix ?)</p> <p>The Scottish Government defined people with learning disabilities as those who have a significant lifelong condition that started before adulthood, which affected their development and which means they need help to understand information, learn skills and cope independently. Not all people with learning disabilities will have complex needs. Those most likely to have complex needs are those who have, in addition, to their learning disability one or more of the following:</p> <ul style="list-style-type: none"> - are autistic - have a mental health diagnosis - have a forensic need, and / or who are described as demonstrating challenging behaviours - have had difficult accessing mainstream services, or need a more specialist intervention
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with other pieces of work i.e. assuming the hospital flow project delivers by x date.

There are a number of different sources which assess the size of the population with learning disabilities in Dumfries and Galloway.

Three sources are outlined below: the 2011 Census, the 2013/14 GP practice QOF data and the 2019 Learning Disability Statistics Scotland report. However, the different methods used may result in different estimations of the population size, and it should be recognised that some, or indeed all three, may under estimate the size for the population due to under reporting or under recording.

According to the Census 2021, there were 718 people of all ages within Dumfries and Galloway reported as having a long-term learning disability. 122 (17%) of these people were aged under 16, 130 (18%) were aged 16 to 24, 88 (12%) were aged 25 to 34, 192 (27%) were aged 35 to 49, 133 (19%) were aged 50 to 64, 40 (6%) were aged 65 to 74 and 13 (2%) were aged 75 years and over. In total 596 were aged 16 or over¹.

Of this 718 individuals, 378 (53%) described themselves as being in good or very good health, 233 (32%) as in fair health, and 107 (15%) in bad or very bad health²

Of this 718 individuals, 143 (20%) lived in Annandale and Eskdale, 327 (46%) were Nithsdale residents, 108 (15%) lived in the Stewartry and 140 (19%) were residents of Wigtownshire³.

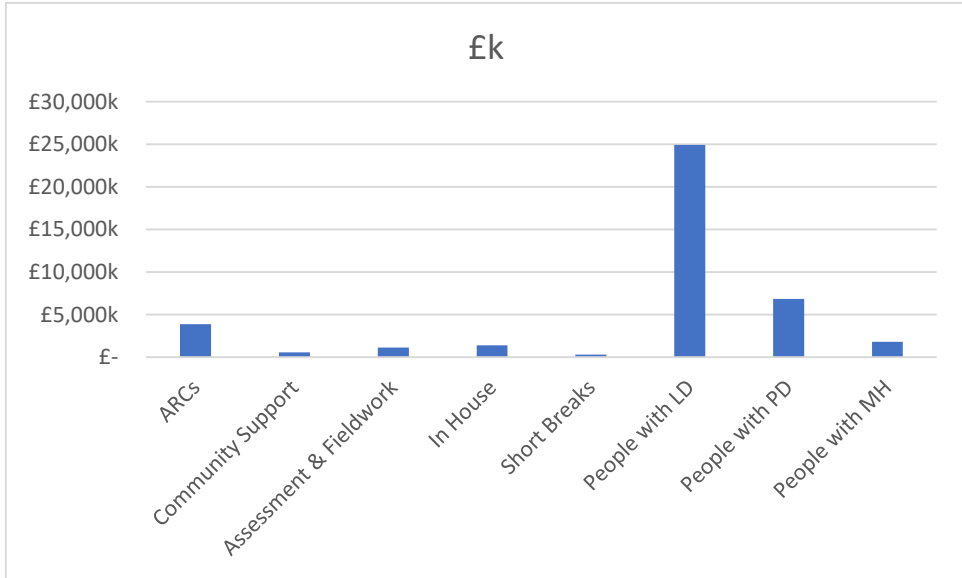
The 2013/14 GP practice QOF data (the last available) showed that there were 717 people aged 18 years and over known to GP practices and local authorities with a learning disability via the QOF register⁴. 167 (23%) of these individuals lived in Annandale and Eskdale, 260 (36%) in Nithsdale, 102 (14%) in Stewartry and 188 (26%) in Wigtownshire.

Finally, the 2019 Learning Disability Statistics Scotland report states there were 900 adults known to local authorities across Dumfries and Galloway⁵. This was made up of 542 (60% of the total) men and 358 (40%) women. It states that of these 900 individuals 29 has an Autism Spectrum disorder diagnosis⁶.

Resource Implications & Constraints:
What resources (financial, system and human resources) are required to deliver this project as anticipated? With these resources available what constraints will there be on this project i.e. as not IT resource available this project will be delivered making use of current IT systems.

Funding for the Aligned Complex Needs Service will bring together existing Council and NHS Budgets for these specific service areas linked to the Complex Needs Plan. The current overall NHS Budget for Mental Health and Learning Disability is £30m. Elements of this budget linked to the Complex Needs Plan include health functions such as Learning Disability Nursing, Health Care Facilitators and Occupational Therapy.

The current annual delegated Council budget for the delivery of care and support linked to Complex Needs is £40.1 million as broken down in the table below by areas of care and support.



Area of Care and Support	Estimated Budget (£k)
ARCs	~3,000
Community Support	~1,000
Assessment & Fieldwork	~1,000
In House	~1,000
Short Breaks	~1,000
People with LD	~25,000
People with PD	~7,000
People with MH	~2,000

¹ Census 2011 QS304SC

² Census 2011 QS304SC

³ Census 2011 QS304SC

⁴ Quality Outcome Framework (QOF), 2013/14

⁵ Learning Disability Statistics Scotland 2019, Tables B1, B1b and B1c

⁶ Learning Disability Statistics Scotland 2019, Table B2

Project Key	Measure	Anticipated Target	Baseline (embed document)
Performance Indicators: <i>In accordance with Project Objectives, how will success be demonstrated? Define what will be delivered in terms of quantifiable / measurable benefits.</i>	Total number of OOR placements for this group	Reduced by 4	26 current placements
	New OOR placements (due to lack of local support/accommodation)	0 for 23/24	2 2023/24 to date
	Spend on OOR placements for this group (due to lack of local support/accommodation)	Reduced by £1,400,000 Annually	OOR spend £4,001,171 for 26 OOR placements (tbc).
	Number of delay discharges (Midpark & other residential settings)	Reduce Midpark Delays by 20% annually	Midpark delays have averaged between 10 and 18 delays since July 2023. Of those delays 4 -10 are recorded as complex delays. (Source DG performs, Power Bi)
	Reduce number of agency placements supporting	Reduced by 3 annually	Currently 8 with average spend of £475,000p.a.
	Number of inappropriate hospital admissions linked to group	Reduced by 2	Over the past 3 years there has been 3-4 admissions annually, although data from 2023 suggests this number is growing. Noting that without case review it is difficult to identify any admissions that are “innapropriate”
	Number of care packages handed back	Reduce by 3	8 number of packages where notice has been given in 2023
	Number of supported tenancies available within Dumfries and Galloway for those with Complex Needs	Increase by 16 2025-2027	217 tenancies/bed spaces listed in nomination agreements with Housing Partners
	Number of residential care home placements available within Dumfries and Galloway for those with complex needs	Increase by 6 2023-2027	48 spaces within specialist care homes in Dumfries and Galloway (Trinity, Abbey Gardens, Mannering Avenue)
	Service/Stakeholder User Satisfaction	Develop annual report to demonstrate user engagement, report on service outcomes and satisfaction building on existing measures. This will include areas where the voice of those that use services has impacted on service delivery and design.	<ul style="list-style-type: none"> • Care Opinion - LD Community Nursing Team - provides user and carer feedback on the service • PBS - questionnaires for users and carers on the difference PBS has made and their experience. • CI reports on registered services – Provider Partners, Dunmuir Park, The Rowans, CDCSS and the ARC's • Healthcare Facilitators - questionnaire for user/carers on their intervention. • Review of Contract Monitoring returns from provider partners • Feedback from stakeholder groups including CNPB Ref Group, Powerful Voices User Group and Carers Centre • Social Work Chief Officer report • Care centre Feedback • Provider Collaborative
Overall Budget savings target/s for service?	Offsetting Measures to address Forecast Overspends		
	Savings Measures	£k	
	Complex Care at home/Residential	1,800	

	Placements																																																								
	Complex care - Direct payments	1,400																																																							
	High Cost Agency Placements	1,000																																																							
	Sleeping Nights	250																																																							
	Total	4,450																																																							
	Spend to Save Measures	£k																																																							
	Abbey Gardens	565																																																							
	Community Outreach	350																																																							
	Total	915																																																							
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Other impacts of projects: <i>Detail other potential impacts of your project. i.e. impact of staff wellbeing or environmental impact</i>	Recruitment and Retention – Remains a challenge across the Complex Needs Service as a whole and will continue to impact on the delivery of the above. This is applicable for both internal and external staff teams.
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Model Risk Assessment:	<i>The model risk assessment is a tool which is used to identify, record and manage risks associated with the new model of delivering the service which the project is concerned with. Guidance which will help to complete this assessment can be found here</i>
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