

NHS Highland



Meeting:	Highland Health & Social Care Committee
Meeting date:	2nd July 2025
Title:	Learning Disability Services
Responsible Executive/Non-Executive:	Arlene Johnstone, Interim Chief Officer
Report Author:	Andy Grant, Interim Service Manager LD

Report Recommendation:

- To note the progress achieved in delivering Annual Health Checks to people with a Learning Disability and implementation of the DSR locally with real results in relation to Cluster development solutions.
- Support the actions to enable individuals with a learning disability to lead full and active lives in their own homes in community settings with opportunities to contribute as well.
- Note the risks associated with the provision of support to individuals with complex needs and the work which has been progressed in this area to support complex transitions out of hospital and the preventative work which is also occurring.

1 Purpose

This is presented to the Board for:

- Assurance

This report relates to a:

- 5 year Strategy, Together We Care, with you, for you
- Emerging issue
- Government policy/directive
- Local policy
- NHS Board/Integration Joint Board Strategy or Direction

This report will align to the following NHS Scotland quality ambition(s):

Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

Start Well		Thrive Well		Stay Well	x	Anchor Well	
Grow Well		Listen Well		Nurture Well		Plan Well	x
Care Well	x	Live Well	x	Respond Well	x	Treat Well	
Journey Well		Age Well		End Well		Value Well	x
Perform well		Progress well	x				

2 Report summary

2.1 Situation

This paper provides an update following last year’s report (April 2024) in relation to the provision of care, support and treatment for individuals with a learning disability in North Highland. This report will provide details relating to the progress achieved thus far in the delivery of Annual Health Checks and to provide more details in relation to work related to the “Coming Home” report, the development of a “Dynamic Support Register” and commissioning of support provision.

The committee is asked to:

- Note the progress achieved in delivering Annual Health Checks to people with a Learning Disability.
- Support the actions to enable individuals with a learning disability to lead full and active lives in their own homes with opportunities to contribute within society and aspire to employment.
- Note both the continued risks and achievements associated with the provision of support to individuals with complex needs.

2.2 BACKGROUND

2.2.1 There are approximately 1200 adults with a learning disability in Highland, which represents around 0.5% of the population. NHS Highland has identified 1034 individuals with a learning disability who are currently in receipt of health and social care services.

2.2.2 HEALTH CHECKS:

To support the implementation and roll out of this work, the Scottish Government has allocated £92,000 per annum to NHS Highland. NHS Highland has recruited an Advanced Nurse Practitioner to complete the health checks and to embed this in practice across North Highland.

2.2.3 SUPPORT PROVISION: NHS Highland continues to commission support for individuals with a Learning Disability, in their own homes, from independent sector providers with the purpose of meeting the needs of individuals and creating opportunities to enable people to lead ordinary lives.

The Assessment and Treatment Unit in New Craigs (Willows) provides care and treatment to 6 individuals with a learning disability and complex needs who require hospital care. 5 of these people are awaiting a suitable adult social care setting to allow them to be discharged from hospital care.

Day opportunities continue to be offered to people in buildings-based day services across Highland: Isobel Rhind Centre, Corbett Centre, Montrose Centre, Thor House form the in-house offer which sits alongside partner providers also offering activity and learning based day services for example Nansen, Cantraybridge and L’Arche.

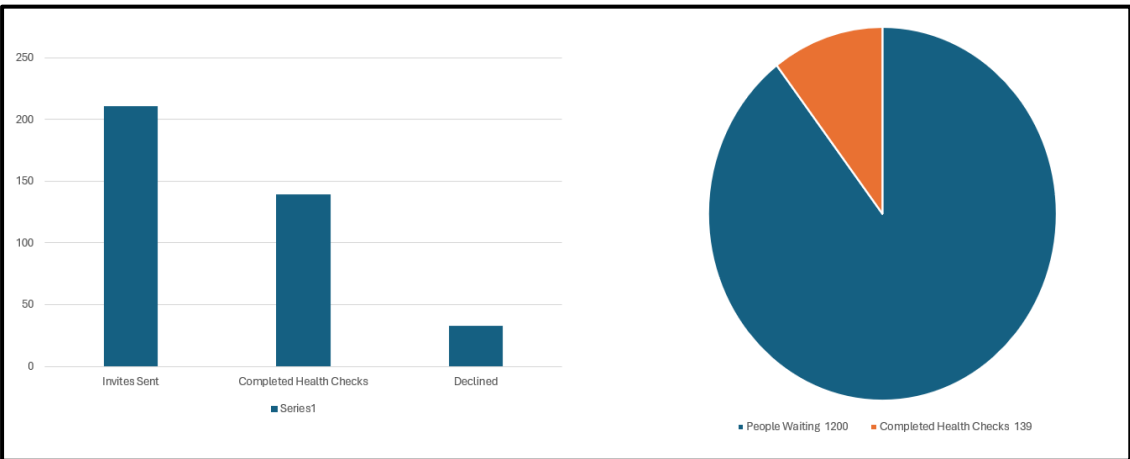
2.2.4 COMPLEX NEEDS: Work is continuing towards meeting the recommendations set out in the Scottish Government’s Coming Home implementation plan, which seeks to eliminate inappropriate out-of-area placements and delayed discharges for people with learning disabilities and complex needs. Previous reports have outlined the specific recommendations and their relevance to local service planning and delivery, in this report we provide further data and examples detailing that this work is making progress for this cohort of individuals.

2.3 Assessment

2.3.1 HEALTH CHECKS:

The Nurse led model consisting of 1 Advanced Nurse Practitioner is fully operational; and 213 health checks (to date) have been offered to people with a learning disability in 2024/25, 139 have been successfully completed as of May 2025. 39 of those people offered a health check declined as they are satisfied with the existing reviews in place from their GP practice. It is important to add that the Annual Health checks are not replacing existing health care and review undertaken in primary care.

The funding provided will not enable a Health Check to be offered to every adult with a Learning Disability in Highland and therefore a prioritised system of identifying individuals is currently in place. This is in line with other Health Boards across Scotland and Highland participates in the national meetings to ensure regular feedback and learning from others to ensure maximum use of the resources available.

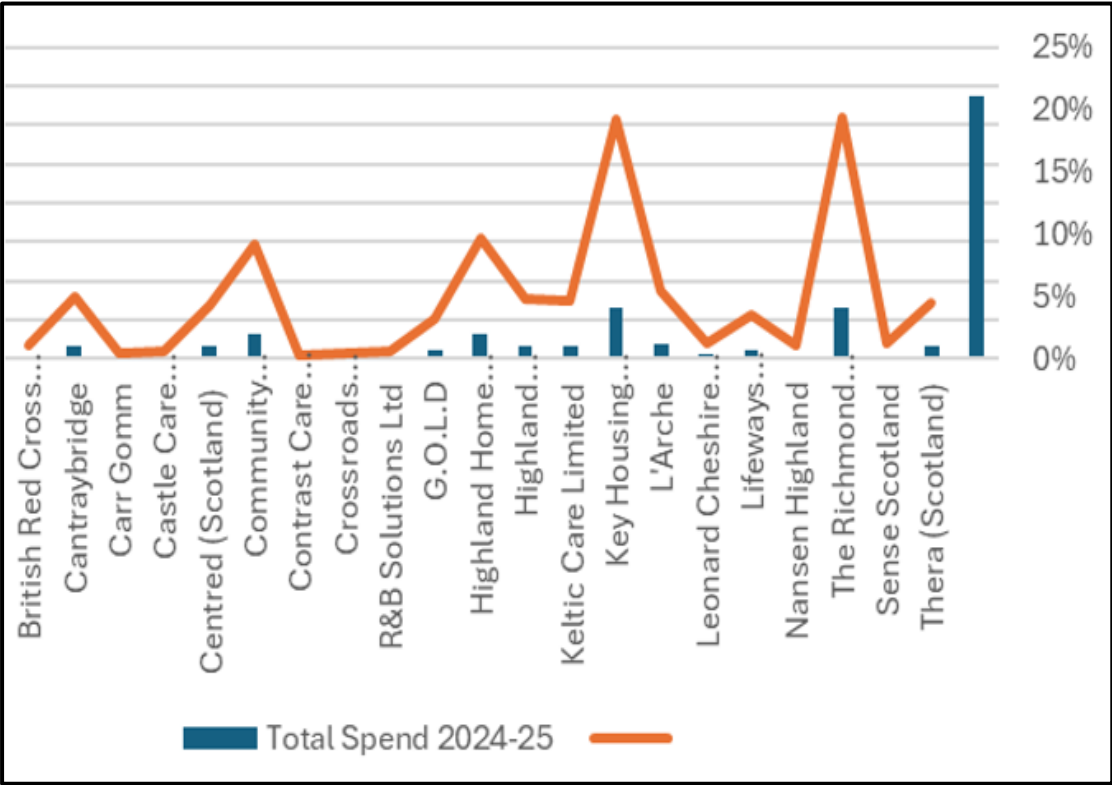


The fully completed health checks have also resulted in onward referral to Dietetics, Audiology, Speech and Language therapy, Learning disability nursing and social work services. Systems are in place in response to the recommendations made by the Significant Case Review investigating the circumstances surrounding the death of Margaret Fleming in Inverclyde, to

ensure that people with a learning disability are proactively followed up by healthcare professionals if no responses are received for direct review/input.

The service is in the early stages of gathering patient and carer feedback in relation to the delivery of the health checks, however early feedback is positive, noting the quality of the service and appreciative of the person –centred approach.

2.3.2 SUPPORT PROVISION:
INDEPENDENT SECTOR SUPPORT PROVISION



The total Independent Support Sector spend in 2024/2025 is £46.4m, and included an increase of 28% of people with a Learning Disability receiving support since 2022/2023.

The support sector continues to experience challenges relating to staffing and recruitment, which has led to a significant decrease in their ability to respond to

crisis or to establish new support packages for individuals. The Learning Disability Multi-Disciplinary Team work closely with social work, partner providers and the individuals/their representatives to plan effective care and support which is reviewed and adapted as necessary to achieve long-term sustainability.

Plans are being progressed to recommence the Highland support providers forum, previously facilitated by ARC Scotland through SG funds, that are now no longer available. This forum provides a vital strategic platform from which actions can be agreed in terms of future planning alongside addressing common shared challenges or issues.

DAY SERVICES

NHS Highland Day Services continue to evolve and develop what is offered locally. For example, the provision of employment-based opportunities and working with multi-disciplinary teams towards developing the independent living skills of inpatients with a view towards a successful transition/discharge into the community.

- The Isobel Rhind Centre shop on the High Street in Invergordon continues to deliver positive outcomes for individuals, with the intention of ensuring those working in the shop can move out into the wider world of work.
- The Montrose Centre in Fort William continues to operate a successful Vintage Café in the High Street in Fort William.
- The Corbett Centre in Inverness has for over a year now been supporting individuals who are inpatients in Willows ward access therapeutic environments away from hospital. Activities and opportunities to develop skills are being offered in a safe and caring environment. Plans within the service are being developed to strengthen and formalise this practice area, with the overall aim of reducing delays in discharge from hospital and improving the lives of people with a learning disability.

NEW CRAIGS ASSESSMENT AND TREATMENT UNIT (WILLOWS)

The Mental Welfare Commission completed an unannounced visit to the Assessment and Treatment Unit at New Craigs in May 25. During the visit, the commission were impressed with the efficacy of maintaining documentation and key forms relating to Mental Health Act and Adults with Incapacity legislation. They also commented on the effective use of seclusion guidance and the plans to ensure that the least restrictive option is maintained. The MWC that physical ward environment is not an optimal environment for recovery. This need remains within scope of the New Craigs site Masterplan; following the end of

PFI in July 2025. The Commission found that the nursing staff continue to provide high quality of care and compassion to the inpatients despite the challenges within the environment. The Commission also expressed their ongoing concerns with regards vacancies within the learning disability psychiatry workforce. The LD service alongside the MH&LD senior leadership team are progressing with work in this area.

THIRD SECTOR COLLOBARATION

In partnership with the Elsie Normington Foundation and the UHI, NHS Learning Disability Senior Leadership Team co-hosted an Employability Conference in Inverness. Over 100 delegates attended to progress opportunities to enable people with a learning disability to achieve work.

2.3.3 COMPLEX NEEDS

NHS Highland has now fully implemented the Dynamic Support Register (DSR), with quarterly reporting to Scottish Government. The table below outlines the function of the DSR and presents current data, which is actively monitored to support the prioritisation of limited resources and to inform future service planning.

The Dynamic Support Register

- Five categories of inclusion on the DSR:
- Red – in hospital (includes both in and out of area hospitals)
 - Red – inappropriate out of area placement
 - Red – at risk of service breakdown
 - Amber – enhanced monitoring
 - Green – appropriate out of area placement.

Anyone not fitting these categories or no longer of concern is removed from the register.

Current numbers (as of 09/06/25)

Red: in hospital	14
Red: Inappropriate out of area placement	0
Red: At risk of service breakdown	14
Amber: Enhanced monitoring	7
Green: Appropriate out of area placement	20

“The Moorings” is a cluster housing development in Muir of Ord, which now provides a home for 4 individuals with complex needs – enabling one individual to return from an out of area hospital placement and another individual to move to their home after a prolonged period of care (7 years) in the Assessment & Treatment Unit in New Craigs. The Moorings has 2 remaining vacancies; the support provider Key is continuing their efforts to recruit sufficient staff to allow the remaining tenancies to be filled. These vacancies will offer a community placement to 1 person who is a delayed discharge and another individual on the DSR within the Red category.

Alongside this project the LD service is actively collaborating with the Highland Council/Registered social landlords in exploring housing development opportunities that better serve current and projected need in line with the priority established within the DSR; and the success of the Moorings cluster model.

The service recently engaged in a soft marketing exercise with the framework providers for expressions of interest in providing a complex package of care to 1 Individual who remains in an out of area hospital. This exercise culminated in 4 providers expressing interest and will proceed to the next stage of procurement.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial	<input type="checkbox"/>	Moderate	<input checked="" type="checkbox"/>
Limited	<input type="checkbox"/>	None	<input type="checkbox"/>

Comment on the level of assurance

Despite progress being noted for the provision of care and support to people with complex needs 5 out of 7 current inpatients remain delayed in hospital, with 6 other individuals' in Out of area hospitals with currently undeveloped solutions locally to repatriate.

3 Impact Analysis

3.1 Quality/ Patient Care

- NHS Highland Learning Disability services are committed to enabling individuals to live purposeful and meaningful lives in their own homes in community settings.
- Actions are ongoing to liaise with housing/support providers to create housing opportunities which incorporate effective models of care provision and provide stability.
- The quality of support provision remains high. NHS Highland and the Care Inspectorate respond quickly, and in partnership, when concerns are highlighted.
- The recent MWC inspection and report in New Craigs is positive and commends areas of good practice with key recommendations being actioned by NHH.
- People with complex needs remain in inappropriate hospital and residential homes, far from their families and communities. The development of the DSR has put into sharp focus the continuing levels of unmet needs. Although the fostering of better oversight and planning is positive; delivery and the realisation of more appropriate solutions remains slow.

3.2 Workforce

- Access to Learning Disability consultant grade doctors and Nurses continues to be challenging across North Highland – but this is also reflected nationally. NHH is actively engaging with Universities such as GCU and the OU in offering places for Highland based trainee nurses.
- Support providers regularly updating via contract monitoring regarding staffing levels/recruitment and retention. A noted reduction in packages being served notice on citing staffing issues suggesting that stability is occurring.

3.3 Financial

- The LD service’s priority is to reduce costs associated with an out of area hospital placement by repatriating this individual to a more appropriate setting in Highland.
- NHS Highland learning disability services continue to operate within establishment funding.
- The HACAAG process is under review - enhancing the scrutiny of resource allocation in relation to people with complex needs and on the DSR.

3.4 Risk Assessment/Management

Risk of increased number of people placed out of area or inappropriately admitted to hospital due to lack of support available in local areas.

3.5 Equality and Diversity, including health inequalities

The life expectancy of people with a learning disability is up to 10-20 years lower than the general population. People with severe learning disabilities and additional co-morbidities have the lowest life expectancy. Research by the University of Glasgow found that respiratory and circulatory diseases are the main underlying causes of death. It concludes starkly that people with a learning disability continue to be more likely to die from causes that are amenable to treatment. People with complex needs continue to remain in hospital for longer than is necessary, with limited options for either repatriation or discharge.

3.6 Other impacts

The inability for individuals to live in their own home can lead to increased stress and distress for families. The distance from families may breach an individual’s right to a family life. Noted increase in delays relating to young people transitioning from children to adult services – with aims to streamline this area alongside the DSR system and process.

3.7 Communication, involvement, engagement and consultation

People with a learning disability, their families, legal proxies and carers are informed and engaged with conversations, assessments, decisions and service provision related to their lives. The MDT continue to take person centred approaches to the provision of care, support and treatment. Spirit advocacy and People First worked with the LD service in the work and development related to the Annual Health Checks and are kept updated in relation to the DSR. Representatives of NHSH continue to meet with People First.