

Coming Home Action Plan

An action plan to address the outstanding recommendations made in the Coming Home Implementation Report 2022, and outline priorities for future implementation.

Joint Foreword

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Joint Foreword

“The Scottish Government and COSLA want every person with learning disabilities and complex care needs in Scotland to be well supported to live in their community, close to their family and friends. We know that for every day spent unnecessarily in hospital or living far from home, a person loses part of their connection with their home and loved ones. We also know that the pandemic had a disproportionate impact on people with learning disabilities and complex needs. Making action focused progress for people who are delayed discharge, or in inappropriate out-of-area placements, is an important part of the broader work we are doing to try and turn things around for this community.

Following the publication of The Mental Welfare Commission Report “Hospital is not a Home” and the Scottish Human Rights Commission’s “Tick Tock” Report, we jointly established a Short Life Working Group to look at how we can implement the outstanding recommendations in the 2022 Coming Home Implementation Report.

We extend our warm thanks to every member of the Short Life Working Group and the sub-groups for their time and commitment to developing this joint Coming Home Action Plan. The action plan reports on progress made to deliver the Coming Home Implementation Report and provides a roadmap for further actions. These actions are designed to ensure that people do not spend unnecessary time in hospital when they are medically fit for discharge, or in inappropriate out-of-area placements far from their family and community, and that alternatives are available to ensure that people do not end up in those situations in the first place.

Progress has been made on this agenda and we will continue to maintain a focus on ensuring that the outcomes in the original Coming Home Report are achieved. There are real challenges in achieving this, including the extremely challenging fiscal environment in which all public services are working and will require strong joint partnership working across all sectors. COSLA and Scottish Government are giving a commitment that we are fully signed up to making this happen.

**Tom Arthur MSP
Minister for Social Care
and Mental Wellbeing**

**Councillor Paul Kelly
COSLA Spokesperson
for Health and Social Care**

1. Introduction

The vision set out in the [Coming Home Implementation Report in 2022](#) was that “the human rights of everybody with complex care needs are respected and protected and they are empowered to live their lives, the same as everyone else”. The importance of embedding a human rights based approach was further emphasised in the Scottish Human Rights Commission’s report [‘Tick Tock... A human rights assessment of progress from institutionalisation to independent living in Scotland’](#). Human rights are therefore an underpinning focus of Coming Home, with a recognition that currently the human rights of some people with learning disabilities and complex support needs are not being upheld. Freedom to live in your local community, with choice and control over your own life is a human right, and this is essential for people with learning disabilities, regardless of the complexity of their support needs. It is not acceptable for people to be living in institutional settings or to be delayed in hospital for long periods of time purely on the basis that they have learning disabilities and complex support needs.¹

The mission statement from the Coming Home Implementation Report stated that “we want and need to see real change with out-of-area placements and inappropriate hospital stays greatly reduced, to the point that out-of-area placements are only made through individual or family choices and people are only in hospital for as long as they require assessment and treatment”. There has been significant work done to deliver the first phase of the Coming Home agenda, and this is outlined below. However, despite all of the work to date, and the time and commitment from many in the sector, it is clear to all involved that the vision and mission have not yet been achieved.

Recognising that more focused action was required to continue to drive progress towards the Coming Home vision and mission, a Coming Home Short Life Working Group was established in July 2025. The purpose of this group was to develop a focused action plan to address the outstanding recommendations in the Coming Home Implementation Report, and outline priorities for future implementation. This report and the action plan within it will provide an update on progress to date, address the outstanding recommendations from the Coming Home Implementation Report, and

¹ The focus of this action plan is on people who have learning disabilities and complex support needs. It does not include people who are detained in secure settings, such as the State Hospital, under mental health legislation because there is a need for compulsory treatment and/or public protection. In such cases, there are clear processes to ensure measures are lawful, proportionate and regularly reviewed.

identify further actions required to achieve the Coming Home vision and mission.

This work will need commitment from all stakeholders. Effective planning and delivery can only take place locally, but it is important that this is underpinned by a national approach and is grounded in the genuine desire that exists to ensure people with learning disabilities and complex needs are provided with real choice and control over their lives, and that their human rights are upheld.

Dr Anne MacDonald

Chair of Coming Home Action Plan Short Life Working Group and Author of the Coming Home Report

Coming Home..... Living an Ordinary Life

Jonathan is a funny, witty man. He loves Irn-Bru, cooking, going to get his daily newspaper and working out at the gym. He has a part-time job at a local animal charity and loves going for a drive in the car. He lives in his own home, supported by a team who he knows and trusts. His family are incredibly important to him, and he sees them often. All in all, Jonathan lives a very ordinary life.

However, life wasn't always like this for Jonathan. Still only in his 30s, he has spent most of his life in secure, institutional settings, several hundreds of miles from his home and family and from the places and people he loves most.

For almost twenty years Jonathan's day-to-day life was heavily restricted, and he was often subject to 3:1 support and a range of treatments including medication and electroconvulsive therapy (ECT). With a diagnosis of schizoaffective disorder, autism, and a mild learning disability, he had experienced frequent violent and aggressive incidents, received as required medication, was physically restrained and often distressed.

Transitioning to something very different, where Jonathan could make choices, enjoy his community, and recover from the trauma of his experiences, required an approach which acknowledged these challenges and embraced his uniqueness. The service provider worked closely with the Health and Social Care Partnership senior leaders to plan, coordinate and establish a true collaboration and shared commitment to develop and support Jonathan's service and his move to a new home.

The service provider's approach started with surrounding Jonathan with people who were committed to getting to know him, rather than the reputation he'd been given. His new team travelled to the hospital where he lived, nurturing trust and important relationships before his move, and working alongside his hospital team, over a planned four-month period, to ensure they had the knowledge they needed to support him well.

The service provider also invested in developing his team's skills. Using Positive Behaviour Support principles, Jonathan's team adopted a consistent approach which focuses on de-escalation in the times when Jonathan finds a situation difficult. The team has a range of strategies which support Jonathan positively, creatively, and with compassion and dignity.

Building trusting relationships between Jonathan's new team, his family and professional partners was vital too. After such a long time in a secure health setting, away from his family and local community, some concerns persisted around whether community-based provision could work for Jonathan.

Everyone - Jonathan, his team, his family and commissioning partners, needed to be involved in his move. They all had a part to play in the transition and the long-term success of his new life. Jonathan's care team understood and respected this. They knew that as well as supporting Jonathan to build a life away from an institutional setting, part of their role was to enable the people in Jonathan's life to reconnect with him and each other, especially as there had been a considerable physical distance between them for such a long time.

They achieved this by listening, being flexible and responsive, and delivering on their promises. They were committed to ensuring that Jonathan's needs, wants, likes and dislikes were at the very heart of all their efforts.

The place he would call home was important too. It needed to be somewhere, not just where he felt safe, but which also kept him safe. He needed to know he could be himself there and not have to worry about being moved if things got difficult for him.

Jonathan now has control over his home and life. His team learned from the practices that had worked for him in hospital but, crucially, it's not simply his old life transposed to a community setting. Jonathan has his own tenancy in a modern purpose-built development of six flats, as part of a wider core and cluster service. His home has its own front door, a private, easily accessed garden space, and is full of things that matter to Jonathan, which he has chosen, including the colour scheme.

Because Jonathan feels safe in his own home, and his team know him so well, he enjoys the ordinariness of everyday life: the cooking, the cleaning, giving his team marks out of ten, particularly on the quality of their macaroni cheese!

Since moving closer to home almost 4 years ago, Jonathan has discovered new things and achieved outcomes which everyone had assumed would be out of his reach. It's a great life, which costs a quarter of what it did for him to live in an institutional setting.

“Our son has the ordinary life we always wanted him to have, but he has extraordinary support – it really wasn’t that difficult after all!” (Jonathan’s Dad)

*Jonathan’s name has been changed to protect his privacy

Underpinning Principles

The [Coming Home Implementation Report \(2022\)](#) was based on the foundation that people with learning disabilities have the same human rights and should have the same opportunities as anyone else to live satisfying and valued lives and to be treated with the same dignity and respect. This is irrespective of any complex care need or behaviour that is perceived as challenging to others, either present or historic.

Everyone living in Scotland has a right to a home within their local community, to be able to develop and maintain relationships, and to get the support they need to live a healthy, safe and fulfilling life. Being placed in an inappropriate out-of-area placement, in a poor-quality institutional setting, or being delayed from discharge from hospital when there is no clinical reason to be there, is an excessive restriction on liberty and the right to a home life.

The action plan will build on that foundation by taking a human rights-based approach and underpinning actions within the **PANEL** principles:

Participation: people should be involved in decisions that affect their rights

Accountability: there should be monitoring of how people's rights are being affected, as well as remedies when things go wrong

Non-Discrimination and Equality: all forms of discrimination must be prohibited, prevented and eliminated. People who face the biggest barriers to realising their rights should be prioritised

Empowerment: everyone should understand their rights and be fully supported to take part in developing policy and practices which affect their lives

Legality: approaches should be grounded in the legal rights that are set out in domestic and international laws

Working Principles

- Ensure individuals and their families are supported to participate meaningfully, safely and in respect of their rights in the implementation and review of the plan
- Work collaboratively with all relevant organisations and professionals involved in supporting the implementation of this plan

- Regular monitoring, reviewing and reporting of the implementation of the action plan and provision of safe and confidential feedback mechanisms
- Work to ensure everyone has equal access to services and supports and promote inclusivity and fairness in practice

2. Progress to Date

This section provides a summary of progress to date against the key Coming Home Implementation Plan recommendations.

Recommendation 1 – Scottish Government and COSLA should make a policy commitment to take forward the proposed framework.

The Scottish Government and COSLA jointly established a Senior Strategy Group to oversee the delivery of the recommendations in the Coming Home Implementation Report. The group took a collaborative, partnership approach which included the development and implementation of the Dynamic Support Register (DSR), the establishment of the Peer Support Network and early discussions on the shape of a National Support Panel (NSP). The group consisted of experts with lived experience (both family carers and people with learning disabilities) working with leaders from integration authorities, local authorities, NHS Boards and social care and support providers.

The Scottish Government has provided funding to support implementation and established the Dynamic Support Register. Consideration of the legislative framework required for the NSP is being addressed through the development of the Learning Disability, Autism and Neurodivergence (LDAN) Bill. COSLA too has played a key role in engaging with the Scottish Government, Health and Social Care Partnerships (HSCPs) and local authorities to support implementation.

To support local action, in 2021 the Scottish Government provided additional funding to integration authorities through the multi-year £20 million Community Living Change Fund (CLCF) and Coming Home budget. Combined with wider activity, this funding has supported real change for individuals who were at risk of placement breakdown, delayed in hospital or in inappropriate out-of-area placements. We are in the process of evaluating the final impact of the CLCF.

Recommendation 2 – The Dynamic Support Register should be developed into a tool for national use.

The Dynamic Support Register (DSR) was launched in May 2023, as one of the key recommendations from the Coming Home Implementation Report. The DSR was intended to support Coming Home by improving the visibility of people with learning disabilities and complex care needs at local and national levels, and as a tool to support local planning and decision making.

Detailed operational guidance was developed to support the use of the DSR, and a number of online events were held to inform the operational use of the DSR. The DSR was never intended to just be a list and, to ensure it was used in a proactive and dynamic way that results in real change for the individuals on it, a number of tools were developed to support its use. This included a procedure for Register Review Meetings, with meetings held regularly to review all those on the register and prioritise cases for action; and a Personal Action Plan to ensure the Register Review Meetings take a person-centred, problem-solving approach to actively support discharge or return home. The DSR is now being used in all HSCPs across Scotland.

National DSR data is collated and published quarterly by [Public Health Scotland](#) (PHS). PHS also publish more detailed reports once a year to enable enhanced tracking of numbers and progress. In terms of visibility and accountability this is a very positive development as, for the first time, Scotland now has a detailed overview both locally and nationally of people with learning disabilities and complex needs who are living in hospital, in inappropriate out-of-area settings or at risk of support breakdown due to issues with their existing community support.

As the DSR is a relatively new data collection,² trends need to be interpreted with caution. However, the data suggests encouraging progress, with the most recent published data (as at December 2025) showing continuing improvement, with fewer people delayed in hospital and in inappropriate out-of-area placements compared to the previous year (December 2024).³ Importantly, there has also been a notable reduction in the number of people in hospital for 10 or more years over this period.⁴ The latest quarterly data from December 2025 reported that:

² Dynamic Support Register data is designated 'official statistics in development' by Public Health Scotland because it is a new data collection. For more information, see: [Types of official statistics - Official statistics - About our statistics - Who we are - About us - Public Health Scotland](#)

³ [Insights into learning disabilities and complex needs: statistics for Scotland 17 March 2026](#)

⁴ [Insights into learning disabilities and complex needs: statistics for Scotland 17 March 2026](#)

- 68 people were delayed in hospital, compared to 84 in December 2024
- 31 people had been in hospital for at least ten years, compared to 40 in December 2024
- 28 people were recorded as being inappropriately out-of-area, compared to 53 in December 2024
- 187 people were recorded as being at risk of support breakdown, compared to 227 in December 2024

A recent survey of Health and Social Care Partnerships, carried out by the Coming Home Short Life Working Group (described further in section 4 below) found that staff believed that the DSR had made a positive difference in improving visibility of those with learning disabilities and complex needs.

Although this progress is recent and needs ongoing work to ensure it is continued, it is still encouraging to note that the implementation work on Coming Home is beginning to show some positive outcomes for people with learning disabilities and their families.

Recommendation 3 – A National Support Panel should be established in order to provide support and oversight of the Dynamic Support Register

This recommendation proposed a NSP to:

- work with integration authorities and partner organisations by providing support and expertise for their decision making and solutions for individuals in a collaborative forum
- provide checks and balances to ensure that people with learning disabilities are receiving the best care in the most suitable environment
- understand and hear from families and individuals about their individual circumstances

It was recommended the Scottish Government should consult on the role and remit of the Panel. Its subsequent [Consultation on the LDAN Bill](#) set out three options around the scope and remit:

- Option A: Legislative Panel Conducting Individual Reviews within Defined Parameters
- Option B: Legislative Panel Conducting Peer Reviews of Local Processes
- Option C: Non-legislative Panel Conducting Peer Reviews of Local Processes

There was broad support for a legislative Panel, with the majority of consultation respondents (59%) favouring option B, and 39% supporting option A. Feedback indicated that statutory powers were considered desirable, and in some cases necessary, to secure the participation of relevant services, and to ensure they could be held accountable. There was also a view from many that the issues in this area were a result of system wide problems, which would require a more strategic response.

It is recognised that developing the Panel is complex and further work is underway to define its potential functions and referral criteria, as well as to determine whether legislation would be required to establish it. It's development remains a priority for delivering systemic and long-lasting change.

Recommendation 4 – A National Peer Support Network should be established to facilitate professionals coming together to learn and share best practice

The Peer Support Network, established in 2024, has brought together learning disability professionals from across Scotland, to share best practice, and to get support with planning services for individuals with particularly complex care needs. The Network is guided by an expert reference group, which includes the voice of lived experience as well as those with expertise in working with, and providing services for, people with complex support needs. The Network meets approximately every eight weeks and its membership includes health and social care interests from across Scotland, including strong representation from HSCPs at meetings. Attendees report that they find the Network helpful and informative, and it is clear that it supports wider interaction, enabling the sharing of information and joint problem-solving.

Topics of focus so far have included:

- Dynamic Support Register
- Housing for Complex Support Needs
- Complex Commissioning of services
- Human rights and collaborating with families
- Transition planning for young people

Complex Support Needs Pathway

Although not one of the four key recommendations, the Coming Home Implementation Report also recommended the development of a Complex Support Needs Pathway to transform how services respond to people with learning disabilities and complex support needs. This was envisaged as a person-centred pathway with timescales and milestones to be used to support discharge from hospital. Initial work was undertaken to develop a Pathway and proposals to complete this work are included later in this plan.

3. Coming Home Short Life Working Group

The Coming Home Short Life Working Group (SLWG) was established in July 2025 for six months to drive progress towards the Coming Home vision and mission for people with learning disabilities and complex needs (**see Appendix 1 for full list of members**). During this time, the SLWG was tasked to develop an action plan to build on earlier work, and to identify and prioritise short-term actions which could be implemented immediately by securing buy-in from partners and supporting them to deliver. The SLWG was also tasked with recommending longer-term actions across the whole system and how human rights approaches could be progressed.

The SLWG included a range of representatives from across sectors who met monthly to update on work underway, and to agree priorities and direction of travel. Seven themes were identified as important to achieving progress, and these were set up as individual subgroups covering:

- Dynamic Support Register data
- National Support Panel
- Redesign of Learning Disability Inpatient Services
- People in hospital for 10 years or more
- Housing availability, suitability and sustainability
- Skilling up and strengthening community services
- Collaborative approach to commissioning services

The subgroups worked with a range of stakeholders across these themes, including those with lived experience and representatives from HSCPs across Scotland. Through this fast-paced work, a number of actions have already been addressed and future actions have been identified for further development.

4. Priority Issues and Actions

This section sets out the work undertaken by the subgroups working on the seven priority issues identified by the SLWG and outlines strategic aims with key actions to achieve these. Indicative timescales for each of the actions are set within the parameters of short term (up to 6 months), medium term (6-24 months) and long term (24 months plus). Progress on actions will be reviewed on a regular basis.

Key Delivery Partners

Actions will be delivered through collaborative working between lead partners including Scottish Government, COSLA, Public Health Scotland (PHS), HSCPs, third sector bodies, Health Care Improvement Scotland (HIS) and the Peer Support Network, with input from lived experience interests.

Dynamic Support Register

Public Health Scotland publish [National DSR Data](#) quarterly. At a local level, data supports areas to proactively plan services and reduce prolonged hospital stays and out-of-area placements, and to prevent unnecessary hospital admissions for people with learning disabilities and complex needs. At the national level, the DSR enables national monitoring of progress towards achieving Coming Home.

The aim of the subgroup was to improve the quality, consistency and awareness of DSR data, and ensure that data gathered is being used effectively at local and national level to underpin action and provide visibility of progress towards achieving Coming Home.

Progress to date

To support its work, the subgroup issued a survey to local Coming Home leads in every HSCP to understand how the DSR was being used locally. The DSR is a relatively new dataset, and this is the first national insight into how it is being used locally. Responses were reviewed and discussed by the subgroup.

Overall, the survey response was positive, with key findings as follows:

- evidence that the DSR is being embedded in local practice and largely used as intended, although some areas are further along their journey towards fully embedding the DSR
- the DSR is being used effectively to reduce prolonged hospital stays and inappropriate out-of-area placements, increasing visibility, monitoring and accountability, and informing local strategic planning
- responses also highlighted barriers to progressing Coming Home, including budget pressures and the availability of suitable housing and support services

These findings suggest that the DSR is contributing towards progressing Coming Home for people with learning disabilities and complex support needs at a local level, but it is noted that the DSR is only one element of Coming Home policy and practice.

The subgroup also met with PHS to understand the data collection and reporting process and identify potential improvements, including the timing of publication.

The survey of Coming Home leads provided insight into how the DSR was being used locally and suggested that local areas were at different stages in their journeys towards fully embedding the DSR in local processes. It was agreed that subgroup members would host a seminar for Coming Home leads to share these insights and provide an opportunity for peer learning and support to contribute towards local improvement.

Discussions with PHS highlighted specific issues with data submissions, including missing data and late returns. The Scottish Government will work closely with PHS and support the development of closer liaison between Coming Home leads and PHS to address any issues with data returns. Common issues will be logged and communicated with Coming Home leads via existing networks, with updated guidance being issued if required.

It was also felt that the quality of data submissions were sometimes affected by local skills gaps, unclear roles and responsibilities, and lack of communication. Providing clarity, support and accountability on the role and skills required of local Coming Home leads and those supporting them could help address this. This is addressed under the 'Next Steps' section in this plan.

Changes to the content of the PHS quarterly data publication were proposed to help monitor progress towards achieving Coming Home,

including the addition of the number of people admitted to hospital, and the number of people discharged from hospital during the period.

Strategic Aim 1: Continue to improve data collection and analysis through the Dynamic Support Register and ensure effective use of this data to monitor progress and support delivery of Coming Home at local and national levels.

Action 1.1 The Scottish Government will ensure effective liaison between PHS and Coming Home leads to improve the quality and timeliness of quarterly DSR data submissions, collate common issues, and produce updated guidance.

Indicative timescale - medium term

Action 1.2 The Scottish Government and PHS to agree changes to DSR quarterly publication with PHS for 2026-27. This may include reporting of additional data, publication timescales, dissemination and quality assurance processes.

Indicative timescale - medium term

National Support Panel

The National Support Panel (NSP) is essential to addressing systemic barriers that lead to prolonged hospital stays, out-of-area placements, and prevent unnecessary hospital admissions for people with learning disabilities and complex needs by planning effective supports and transitions to services. Previous work and the Coming Home Implementation Report highlight the need for a national mechanism that can provide expert guidance and support, share best practice and potentially escalate issues that local systems cannot resolve alone. Establishing the NSP will ensure Scotland has a consistent human rights-based approach to supporting people with learning disabilities and redesigning services to meet their needs.

The aim of the subgroup was to consider options for the NSP nationally, informed and shaped by the outcomes of a pilot panel, and to inform potential legislation within the LDAN Bill. The specific aim was to scope ideas for the format and function of the NSP prior to national development and implementation, including referral criteria. This involved developing practical criteria, setting up a pilot and identifying an area willing to be part of the pilot. The pilot will focus on scoping out different approaches to the

NSP and testing its function. The pilot will explicitly identify and adopt human rights requirements and measure its success against those requirements. Learning from the pilot will help define the NSP's function and format, ensuring it is practical and effective. Its impact is intended to be significant in reducing prolonged hospital stays, out-of-area placements and enabling sustainable community solutions, thereby improving outcomes for individuals and their families. It is intended that this work will help drive systemic change and ensure the Coming Home commitments are delivered across Scotland.

Progress to date

A health board area has been approached and local partners have agreed to participate in the initial pilot to test the principles, function and format of the NSP. The scope of the pilot will include people with learning disabilities who are delayed in hospital in the pilot area. The principles for operation, confidentiality and conduct of the pilot have been set out in a Terms of Reference with further development planned by the pilot group.

Membership of the pilot panel has been finalised and includes members from the Coming Home SLWG and lived experience representation. Additional members with specific expertise will be included as the need is identified.

The pilot will run for three months initially. Initial meetings have been held and work has started to map existing functions (Mental Welfare Commission, Care Inspectorate, National Care Service Advisory Board) to avoid duplication and identify gaps.

Strategic Aim 2: Consider options for the National Support Panel, informed and shaped by the outcomes of a pilot panel.

Action 2.1 Establish and complete pilot of National Support Panel.

Indicative timescale - short term

Action 2.2 Review learning from pilot and provide recommendations for national development and implementation of a National Support Panel (e.g. format, function and referral criteria).

Indicative timescale - medium term

Redesign of Learning Disability Inpatient Services

The Coming Home Implementation Report was clear that people should only be in hospital for as long as they require clinical assessment and treatment. However, we know from the DSR data that between 40% and 50% of people with learning disabilities and complex needs in hospital have been classified as a delayed discharge. This suggests that only half of the inpatient beds in learning disability assessment and treatment units are occupied by people who are there because they have a clinical need. We also know that people are sometimes admitted to hospital due to the breakdown of their community placements, rather than because of any clinical need.

This also means that some people requiring clinical assessment and treatment in learning disability inpatient settings may have to wait too long to be admitted to hospital because there are no suitable beds available. This can increase the risk of out-of-area care when this cannot be provided locally.

Inpatient beds should only be used for the intended function - the treatment of a clinical need which cannot be addressed elsewhere, such as at home. They should be seen as a last resort when there is no suitable alternative. Developing appropriate care and supported accommodation in the community is key to ensuring people are not placed inappropriately in hospital.

The aim of the subgroup was to identify the number of assessment and treatment beds across Scotland and to be clear on the role and function of these services and enable us to ensure this data was consistent with DSR data.

Progress to date

The subgroup identified the need to understand the learning disability inpatient landscape across Scotland as this data was not available from existing data sources. The group designed a template for NHS Boards to complete and return, providing details of the number of hospital wards and beds categorised as specifically being for assessment and treatment for people with learning disabilities. All NHS Boards responded to this request. The sub-group engaged with colleagues in NHS Boards to further understand their submissions where required, before undertaking detailed analysis of the data.

The data collected has provided a picture of provision across Scotland. In total, it was established that there are 112 Assessment and Treatment (A&T) inpatient beds for people with learning disabilities across Scotland (excluding forensic and 'other' beds), located across nine Health Boards.⁵

This data was analysed in relation to the estimated population of people with learning disabilities in each NHS Board to understand the distribution of assessment and treatment inpatient beds across Scotland. The findings suggest that bed provision is not evenly distributed across Scotland, nor is it directly related to the size of the local population of people with learning disabilities. The group also found inconsistencies in terms of the use of 'other beds' as some areas have 'bespoke' areas or units which are neither categorised as being for the assessment and treatment of people with learning disabilities or for people who require secure forensic mental health services.

This subgroup also collaborated with the subgroup for people in hospital for more than ten years to share data and intelligence and found that many of the people who had been in hospital for very long periods did not have active discharge plans. In addition, the group noted that the number of people recorded on the DSR as being in hospital was significantly higher than the number of assessment and treatment beds across Scotland that had been reported by NHS Boards.⁶ Further work on the DSR will explore the reasons for this and improve alignment between data.

Based on the data and evidence collected, and when compared with a previous study undertaken in NHS Greater Glasgow and Clyde, the subgroup observed that while some Health Boards appear to have roughly the right number of assessment and treatment beds, others may have too many. The data indicates that more than half of assessment and treatment beds in Scotland are not being used for people who require assessment and treatment and whose needs would be better met in their communities. A further observation was the use of 'other' or 'bespoke arrangements' which have been developed over the years. Although these have probably been developed with the best of intentions, they are in fact long stay institutions in themselves.

⁵ Of the 13 territorial health boards, 9 have A&T beds. 4 of these provide access to inpatient A&T beds for other health board areas

⁶ There were 176 people recorded on the DSR as being in hospital as at December 2025 [Insights into Learning disabilities and complex needs: statistics for Scotland 17 March 2026](#)

Strategic Aim 3: To ensure inpatient services are only used when an individual needs assessment and treatment, and only for as long as there is a clinical need for the person to be in hospital.

Action 3.1 Develop a national vision statement about inpatient services for people with learning disabilities and complex needs only being used when there is clear clinical need, and seek support from all NHS Boards for this vision.

Indicative timescale - medium term

Action 3.2 Integration Joint Boards to ensure their strategic plans include alternative approaches to hospital admission, including crisis support, to ensure people are not admitted to hospital due to support breakdown.

Indicative timescale - medium term

Action 3.3 NHS Boards and HSCPs to work together to ensure the effective transfer of resources from hospitals to communities and re-invest in alternatives with a long term aim of bed reduction.

Indicative timescale - long term

People in hospital for 10 years or more

The Coming Home Implementation Report was clear that people should only be in hospital for as long as they require clinical assessment and treatment. However, we know from the Dynamic Support Register data that there are still people with learning disabilities and complex needs who are delayed in hospital when they do not need to be there, sometimes for many years. This was also highlighted in the Mental Welfare Commission's (MWC) report '[Hospital is not Home](#)' which considered the circumstances of 55 people who were identified as having been in a learning disability or mental health hospital for ten years or more.

The aim of this subgroup was to achieve progress towards discharge from hospital into the community for people with learning disabilities and complex needs who have been in hospital for ten years or more by identifying solutions and pathways and sharing learning.

Progress to date

The subgroup contacted all NHS Boards in Scotland to identify where there were people with learning disabilities and complex needs who had been in hospital for 10 years or more, establish whether or not a discharge plan was in place, and which HSCP led on the case. As at October 2025, in total, there were 32 people across 8 NHS Boards and 13 HSCPs reported as being in hospital for over 10 years.⁷

Subgroup representatives engaged with the MWC to discuss 'Hospital is not a home' and the MWC's progress on phase two of this work, which involves revisiting some of the individuals identified in the previous report and engaging with families and staff. It was agreed that subgroup representatives would continue to link in with the MWC on this work to support progress towards discharge for this group. The subgroup also drew information from the in-depth lived experience engagement being undertaken by the MWC as part of the 'Hospital is not a Home' work.

Insights gathered from discussion with the Chief Social Work Officers' Network identified barriers to discharging people who had been in hospital for ten years or more and suggested six key themes to be considered in terms of resourcing and supporting discharge:

- accommodation and environment
- mental health and clinical needs
- workforce and provider challenges
- funding and commissioning
- family involvement and expectations, and legal barriers
- systemic and planning issues

In December 2025 a meeting was held with NHS Boards and HSCPs with responsibility for people who have been in hospital for ten or more years to explore barriers to, and enablers and solutions for discharge. This has helped to shape future work in this area.

The work to date has provided greater insight into the barriers to discharge for this specific group and possible solutions, and data collected from NHS Boards has enabled the identification of the HSCPs who have people in this group. This data and insight will contribute towards the next stage of this

⁷ This is less than the 55 people that MWC identified in their [Hospital is not Home](#) report because some of these individuals had mental health issues and were not part of the Coming Home cohort. Some people with learning disabilities have also been discharged since Hospital is Not a Home was published.

work, which is developing solutions to progress discharge for people who have been in hospital for more than ten years. It is hoped that learning and solutions from this work will also help progress discharge for people who have been in hospital for less than ten years.

Strategic Aim 4: Support continued progress towards discharge from hospital into the community for people with learning disabilities and complex needs who have been in hospital for ten years or more.

Action 4.1 Work with HSCPs and the MWC to mitigate current barriers and progress discharge for all individuals with learning disabilities and complex support needs who have been delayed in hospital for ten years or more.

Indicative timescale - medium term

Housing

Access to suitable housing has been identified as an area of key importance to the Coming Home agenda. Everyone should have the right to live independently, with dignity and choice, in a place they call home. This is a human right and it is not acceptable for people with no legal basis for detention to be living in institutional settings for long periods of time.

Having the right housing in the right place, enables people to be a part of their community and live close to family and friends. Enabling people to live independently increases wellbeing and reduces the likelihood of placement breakdown and admission in hospital.

The aim of the subgroup was to consider housing in its broadest sense, ensuring that HSCPs are empowered across all types of available tenancy, to seek out and secure suitable housing options for people with learning disabilities and complex care needs. This means aligning housing more closely with the Coming Home agenda, overcoming housing barriers within the process (recognising need for safe and suitable housing) and involving housing in discussions and decisions relating to the people on the DSR.

Progress to date

Discussions within the subgroup have highlighted the importance of making the Coming Home agenda an integral part of the response to the housing emergency. The Scottish Government's [Emergency Housing Action Plan](#), published in September 2025, recognised that having a safe, warm and affordable place to call home is central to a life of dignity and opportunity.

We know that significant pressure remains on local authorities, partners and stakeholders to deliver housing services. Action should be built in at all levels, with strong engagement between and leadership from national and local politicians, and effective partnership working to ensure that suitable accommodation is in place locally to support people being discharged from hospital.

The subgroup held a surgery with members of the Peer Support Network to explore issues they were experiencing around housing. These included:

- the cost of adaptations and who funds them
- the lack of funding during the interim period between housing being secured and occupied
- lack of knowledge about options to pay for housing, such as benefits-based mortgages
- the potential for loss of tenancy when people are in hospital for a long period of time

To address issues raised through discussion, the subgroup has developed a [Housing Options Guide](#). This is a practical and person-centred resource, specifically designed to support Local Authorities and HSCP leads to deliver their role within the Coming Home framework.

Housing Options Scotland (HOS) has been involved in the subgroup's work and the Housing Options guidance was prepared by HOS staff who both have and can access a range of lived experience.

Strategic Aim 5: To ensure that people with learning disabilities and complex care needs have choice and are able to access housing options that meet their needs and rights.

Action 5.1 Launch and disseminate [Housing Options Guide](#) developed by the subgroup

Indicative timescale - short term

Action 5.2 Explore opportunities to work collaboratively at both a local and national level to embed the Coming Home agenda into national housing strategy and policy, and local planning and funding decisions.

Indicative timescale - long term

Action 5.3 Explore the establishment of a Coming Home Housing Advisory Service, in order to help address housing barriers for this group.

Indicative timescale - short term

Skilling Up and Strengthening Community Services

The [Coming Home report](#) (2018) highlighted that breakdown of community support and subsequent admission to hospital or move to out-of-area placement was frequently the result of community services experiencing difficulty in meeting the needs of people with learning disabilities and complex support needs, particularly those with behaviours that challenge.

Since then, subsequent work has shown that breakdown of community support continues to be a factor in admission to hospital. Strengthening and skilling up community services is therefore a key focus of the Coming Home agenda. This relates both to social care provider organisations and also to community integrated teams, where specialist skills and expert knowledge are needed to provide support to those with complex needs.

This subgroup's aim was to identify, describe and highlight the skills needed to provide this type of specialist support in the community, recognising that organisational resilience and support are important factors, as well as individual knowledge and skills. Through its work, the subgroup aimed to ensure that:

- staff are provided with the training and support that they need to equip them with knowledge and skills to support those with the most complex needs to live good lives in their local communities
- services and organisations (including both care providers and community integrated teams) are better able to identify the training that staff need in order to provide successful complex needs support, and that they know where to access this training for their staff
- services and organisations have an increased awareness of the additional organisational oversight and staff support required in addition to training, for example, coaching, debriefing, learning reviews, team meetings and supervision
- those commissioning services will have a greater ability to identify the necessary attributes within support organisations which evidence their ability to provide complex needs support
- complex services are funded sufficiently in order to provide the additional training and management support that is necessary to support the Coming Home cohort

Progress to date

The subgroup developed and issued an online survey to gain views from a wide range of practitioners in the health and social care sector, as well as family carers with lived experience of having a family member with learning disabilities and complex support needs. The survey asked respondents to rate certain skills and attributes, both for individual staff and also for support organisations. Despite short timeframes, there was a good response to the survey with 137 completed surveys returned, as well as a range of additional information shared via direct contacts with group members.

In addition to the survey, a review of existing competency models, training frameworks, and good practice guidance was carried out to identify and describe the relevant skills required. This review included guidance from NHS Education Scotland NES, the Positive Behavioural Support Academy (PBSA), the National Institute for Health and Care Excellence (NICE), the British Institute of Learning Disabilities (BILD), Qualifications Scotland (QS), and others.

The findings from the survey and the review of guidance were analysed, summarised and developed into a comprehensive list of the knowledge and specialist skills that are needed by those providing support. Based on this, [Coming Home Training Guidance](#) was developed to describe the training needed by social care provider staff and community integrated teams to successfully support people to live within their local communities. This also includes the management support and organisational systems required to support complex work.

Survey respondents were also asked to identify training gaps in their areas and organisations. This informed work to map where appropriate training, learning and development information is available across Scotland with a focus on information that is freely available. This information is included in the guidance.

Previous lived experience engagement and research into what people with learning disabilities look for in their support staff has helped identify the different competencies within the Coming Home Training Guidance. This includes the importance of respecting human rights, how essential it is to learn the person's unique communication style, the need for positive support environments and the minimal use of restrictive practices.

Strategic Aim 6: To strengthen community services and ensure staff are equipped with the knowledge and skills to support those with the most complex needs to live good lives in their local communities.

Action 6.1 Share the subgroup's Coming Home Training Guidance across the health and social care sector for those working with people with learning disabilities, complex support needs, and behaviours that challenge, and with family carers. Develop an implementation plan to support adoption and embedding of this within HSCPs, social care providers and community teams.

Indicative timescale - medium term

Action 6.2 Develop additional training materials needed to address identified gaps (e.g. reducing use of restrictive practices) and commission a suitable provider of freely available, quality online training.

Indicative timescale - long term

Collaborative Approach to Commissioning Services

The Coming Home Implementation Report (2022) reported that improvements were required to the process for commissioning social care support, with high levels of collaboration and partnership working needed in order to develop positive community alternatives to hospital and delayed discharge and inappropriate out-of-area placements.

Commissioning services for people with complex care needs always requires a person-centred, human rights-based approach that fully involves the individual, their family, and other important people in their life throughout the process. Personalised approaches, such as self-directed support, provide a mechanism to ensure people have choice and control in how their social care support is provided, and should be the main route to plan and deliver individual community-based solutions for people on the DSR.

The aim of this subgroup's work was to complement this approach by identifying opportunities for public bodies and partners to work together, regionally or nationally, to develop and secure community-based supports that are currently limited or unavailable. The subgroup used the term 'collaborative commissioning' to describe this process. By pooling expertise and resources, collaborative commissioning can create a stronger foundation of options, enabling more effective personalised planning. The subgroup focused on the structures, resources and investment required for

effective commissioning, and on further work to explore collaborative opportunities.

HIS, the Institute for Research and Innovation in Social Services (IRISS) and the Coalition of Care and Support Providers Scotland (CCPS) have published research on ethical and collaborative commissioning, sharing examples of Public Social Partnerships, alliancing, community commissioning and partnership working within different HSCPs. However, there is yet to be a focus on how collaborative commissioning might better support the Coming Home agenda.

Progress to date

Using the DSR data, the subgroup identified geographic clusters where common needs would enable opportunities for joint working and collaboration. Commissioners from those clusters joined exploratory discussions, which provided rich information about the potential barriers to collaborative commissioning, and also on the progress being made with commissioning support for individuals currently on the DSR (in one area the number of delayed discharges had reduced from 18 to 7, with 4 of those delayed now having solid plans for discharge). Key reasons for delays included issues with housing, legislation, capacity of teams, the nature of procurement. Particular issues with cross-boundary working and ordinary residence were also identified.

Preventing admissions is a key factor in reducing fluctuations in the delayed discharge category, which led the subgroup to consider the potential for collaborative commissioning around future need to prevent admission to hospital for younger people (many of whom are currently on the DSR as being at risk of support breakdown). We heard about examples where collaboration across local areas was being explored and the challenges, including the complexity of the risks that would need to be held by the host authority, the differing views of local authority legal teams and the funding and resourcing for this sort of approach.

In collaboration with HIS, a mapping exercise is being developed to establish existing routes to engage with services. Recurring themes included funding and resourcing of support, the cost of commissioning individual support arrangements and the need for bridging finance. The subgroup engaged with the Independent Living Fund Scotland (ILFS) to explore options for the ILFS to provide extra financial support to people in the Coming Home population, to support their choice to live independently in their homes and in their local communities. While the group recognised

the challenges of this option (managing funding from multiple sources, application complexity, relatively low maximum award currently in place, funding not for assessed need) there was an interest in considering any option which would enable local funding to be topped up.

The subgroup also considered the range of additional costs that are required to sustain complex support arrangements including additional management time for mentoring and support, as well as comprehensive training and capacity for team meetings and briefings.

There was acknowledgement of the issue around integrated working with the NHS, whereby public bodies could better work together to make better use of their combined resources (including challenges relating to resource transfer) and out-of-area spend which can be reinvested to meet an individual's needs more locally.

Strategic Aim 7: To identify opportunities for collaborative commissioning to develop appropriate community-based support.

Action 7.1 Develop a report for Scottish Government and COSLA outlining the barriers to collaborative commissioning and make recommendations on the structures, processes and resources required.

Indicative timescale - medium term

Action 7.2 Collaborate with the Scottish Human Rights Commission (SHRC) to define appropriate and inappropriate support solutions for people who have learning disabilities and complex needs.

Indicative timescale - medium term

Action 7.3 Scottish Government and COSLA to further consider proposals for a national top-up scheme designed specifically for the Coming Home population, including potential for ILFS to have a role in supporting.

Indicative timescale - medium term

5. Strategic Context and Overarching Issues

Human rights

In January 2025, the SHRC published their report [‘Tick Tock... A human rights assessment of progress from institutionalisation to independent living in Scotland’](#) which set out to measure progress in moving people from institutional living to independent living, in line with human rights standards set out by the UN Convention of the Rights of Persons with Disabilities (UNCRPD). The SHRC report made nine recommendations to the Scottish Government focused on improvements to be made for people with learning disabilities and/or who are autistic who have been recognised as being in inappropriate hospital or out-of-area placements.

The Minister for Social Care and Mental Wellbeing has provided an initial response to the SHRC on their recommendations. Following a meeting with the Chair of the SHRC to discuss the report, COSLA officers arranged for the SHRC to present their report to a summit of system leaders organised by COSLA and the Scottish Government, where it was agreed to establish the Coming Home Short Life Working Group. The publication of this action plan seeks to deliver the practical aspects of the SHRC’s first recommendation.

Some of the recommendations extend beyond the remit of the Coming Home agenda and require wider consideration across the Scottish Government and with partners. Many actions will be considered beyond this Parliamentary term due to their complex nature. This includes recommendations around:

- developing a deinstitutionalisation plan
- wider mental health law and forensic reform
- remedies, reparations and redress

However, there are a number of actions that can be progressed in relation to the Coming Home agenda.

Strategic Aim 8: To ensure that the implementation of the Coming Home Action Plan is progressed within an appropriate human rights framework, and that effective support and scrutiny is in place.

Action 8.1 The Scottish Government and COSLA will invite the SHRC to be involved in an advisory capacity in the Coming Home Strategic Oversight Group, which will be established to support the implementation of the Coming Home Action Plan. This will support the development of a human rights framework that can be applied across further work on Coming Home.

Indicative timescale - short term

Action 8.2 The Scottish Government and COSLA will engage with HIS, the Care Inspectorate and the MWC to continue to build a collaborative approach to scrutiny and assurance in relation to people covered by the Coming Home agenda.

Indicative timescale - medium term

Action 8.3 The Scottish Government will further explore with partners the implications of including forensic patients, under 16s and autistic people without a learning disability on the Dynamic Support Register.

Indicative timescale - medium term

Funding

The aim in terms of funding should be to deliver outcomes for people to meet their needs and human rights, and to look across the system to ensure this can be delivered in a way that delivers best value for money. There is no doubt that meeting needs effectively in a community setting, rather than a hospital setting, is better in terms of outcomes for the individual and is more likely to be more cost-effective.

A deeper understanding is required of the cost impact across the system, including understanding:

- current costs and where they lie, and how more effective solutions can reduce cost (e.g. the opportunity to reduce levels of support when individuals are happy and settled in their home)
- the flow of funding between health and social care
- key areas of risk in terms of budget provision

- opportunities to provide higher quality, more cost-effective housing and support arrangements more locally, particularly where people are placed far from home
- opportunities to enhance working across integration authority boundaries (something which has been considered by the collaborative commissioning subgroup)

Some of these issues are wider strategic and system issues which are unlikely to be resolved within the context of the Coming Home agenda.

Strategic Aim 9: To ensure that funding across the system is used in a way that delivers best value.

Action 9.1 The Scottish Government will work with integration authorities to publish an account of how the Community Living Change Fund was spent in all integration authorities across the funded period 2021-2024. Information has been provided by HSCPs and is currently being reviewed.

Indicative timescale - short term

Action 9.2 The Scottish Government and COSLA will commission work to improve understanding of the costs across the system in relation to Coming Home and identify areas for targeted improvement in resource allocation across health and social care.

Indicative timescale - short term

Action 9.3 A Finance Working Group will be established under the Coming Home governance structure to progress actions on finance.

Indicative timescale - short term

Action 9.4 The Scottish Government and COSLA will ensure that Coming Home issues are reflected in wider discussions on sustainability, efficiency, quality, and accessibility of health and social care services in relation to the Health and Social Care Service Renewal Framework.

Indicative timescale - medium to long term

Workforce

A suitably skilled workforce was identified as a priority by the SLWG and a number of actions are set out in the 'Skilling up and strengthening community services' section above. Capacity in the social care workforce and the delivery of Fair Work for social care workers are key issues. Although there is no complete picture of the workforce across third sector and private providers, the lack of parity in pay and conditions compared with NHS staff doing equivalent work is well recognised. Addressing this gap is essential to attracting and retaining skilled staff in community-based social care and is an important focus of future recruitment and retention policies at national and local levels.

Strategic Aim 10: To provide a clear understanding of workforce requirements and work within the wider system to enhance capacity to support the Coming Home agenda.

Action 10.1 The Scottish Government and COSLA, working closely with employers and professional bodies, will develop accurate data on the existing workforce supporting people with learning disabilities and complex needs across health and social care.

Indicative timescale - medium term

Action 10.2 The Scottish Government and COSLA will feed into wider social care workforce planning to develop opportunities for recruitment, retention and career progression.

Indicative timescale - medium term

Advocacy

Access to advocacy is essential for people within the Coming Home group. Professional advocates provide a bridge between the individual and their family or chosen representatives and a range of supports and services that are involved in the development of solutions to meet the individual's needs. The Mental Health (Care and Treatment) (Scotland) Act 2003 (chapter 2, section 259) provides a legal right to independent advocacy for the Coming Home cohort and statutory service providers have a duty to secure the right services and ensure people can use them. Linking the Coming Home work into the [National Transitions to Adulthood Strategy for Young Disabled People](#), which is owned jointly by the Scottish Government and COSLA, is

particularly important given the risk of placement breakdown during this transition period.

Strategic Aim 11: To ensure that individuals are able to access the support and representation required to help them achieve a positive outcome.

Action 11.1 Local statutory service providers should ensure people are made aware of their legal right to advocacy and that this right is met.

Indicative timescale - short term

Action 11.2 The Scottish Government and COSLA should explore how data can be collected on the offer and uptake of advocacy support for those in the Coming Home population.

Indicative timescale - medium term

Complex Support Needs Pathway

This work has been commissioned and a project lead has been appointed to deliver a practical, evidence-based pathway that aims to support discharge from hospital for people with learning disabilities and complex support needs. By investing in this work, we will create a resource that improves quality of care, supports professionals, provides guidance on upholding human rights, and ensures involvement of and better outcomes for individuals and families.

The pathway will also underpin the work of the NSP by providing a structured approach for reviewing individuals on the DSR who are currently in hospital, measuring progress toward discharge, and ensuring consistent post discharge monitoring.

The pathway will aim to:

- Facilitate timely and well supported discharge for individuals with complex support needs
- Prevent delays in hospital placements and support the return of individuals to community living
- Uphold the human rights of people with learning disabilities and complex support needs by developing a pathway which supports choice and control in where they live

- Provide clear milestones and timescales for working towards discharge from hospital settings

This work will review and seek to incorporate any existing materials that have been developed to provide a single, comprehensive source of guidance and information. The project will work closely with people with lived experience and with professionals working in health and social care in order to develop and test the pathway.

Strategic Aim 12: To establish a clear framework that provides a route to community living

Action 12.1 This project will develop a complex support needs pathway in partnership with those involved in the delivery of this action plan.

Indicative timescale - medium term

Supporting Health and Wellbeing

Everyone with a learning disability aged 16 and over is eligible for an annual health check. This includes people with learning disabilities and complex needs who may be in hospital or out-of-area placements or at risk of support breakdown.

Annual health checks are a core element in supporting people to live independently, carry out daily activities and participate in society, ensuring people are as healthy as possible and have equal access to health care supports and services.

Addressing health inequalities and improving access to preventative health and wellbeing options are not only key to supporting a successful transition into the community, but are vital in preventing future support breakdowns or unnecessary admissions or re-admissions to hospital.

Learning disability annual health checks save and improve lives while addressing health inequalities. They provide vital opportunities for prevention, early intervention, treatment and support. Annual health checks have already been successfully used to identify issues with support and care in the community and to support people in the Coming Home group to transition back into community settings.

PBS is a person-centred framework which helps provide good quality support for people with learning disabilities and aims to respect, protect and

fulfil people's individual human rights. PBS is beneficial for people with learning disabilities who may behave in ways which are perceived to be complex and challenging, and which can prevent people from enjoying a good quality of life.

PBS uses behavioural approaches and other techniques to understand what someone might be trying to communicate through their behaviour. It aims to understand how to best support someone by focusing on adaptations to the environment and the support provided, to ensure the person's needs are met. The PBS Community of Practice have developed a free online resource '[Understanding PBS](#)' which has been utilised by a number of areas working with people from the Coming Home group to upskill staff and improve community services.

As well as improving outcomes for individuals, adopting PBS approaches can reduce the level of care and support required, making it easier to enable people to live in the community.

Strategic Aim 13: To create the conditions for people to thrive within their community.

Action 13.1 The Scottish Government will work with the national implementation group for learning disability annual health checks and key stakeholders to further explore the role of annual health checks in supporting transitions into the community and preventing admissions and re-admissions.

Indicative timescale - short term

Action 13.2 The Scottish Government and COSLA will engage with the PBS Community of Practice to further explore work already underway and options for sharing of best practice and learning to support people from the Coming Home group.

Indicative timescale - medium term

Engagement with People with Lived Experience

The SLWG has completed its work, which has drawn on previous engagement with people with lived experience who were involved in the development of the original Coming Home Report and Implementation Plan.

The Scottish Commission for Learning Disabilities (SCLD) sat on the SLWG and all members recognise the importance of lived experience involvement in the implementation of this action plan. In terms of the next phase of work, involving people with lived experience in a meaningful way is essential to making sure the experiences of individuals and families shape the approach and inform the development of specific action at a national level. Fully involving individuals and families is also essential to finding the right solutions locally.

Going forward we will establish a Lived Experience Hub that draws on existing lived experience networks and resources to inform the implementation of the action plan and support effective local solutions. This is covered in more detail in next steps, below.

In Control Scotland's, New Routes Home Network, supports progressive approaches to keep people at the centre of plans and explore practical alternatives to achieve positive outcomes for individuals. The network aims to demonstrate that positive change is possible, no matter how challenging the context.

The network has created a [set of toolkits](#) aimed at supporting planning for transitions out of delayed discharge as well as improving people's quality of life while they are in delayed discharge situations. The toolkits were piloted and resulted in interest from stakeholders looking for support to improve outcomes for people on the DSR.

In Control Scotland is already working with partners in some areas, using the toolkits to offer facilitation and support to answer 4 key questions:

1. What's working, and not working?
2. What are some areas for improvement we could focus on that might give quick wins?
3. What are the trickier issues?
4. What would it take to move forward?

The Scottish Government is providing funding to enable this approach to be further tested as part of the implementation of this action plan. This will offer support on 3 levels: leadership surgeries, team member surgeries, and intensive support.

Strategic Aim 14: To ensure that people in the Coming Home population have a key role in shaping national approaches and local solutions.

Action 14.1 The Scottish Government will provide funding to further test and embed the New Routes Home toolkit as part of the overall delivery of this action plan.

Indicative timescale - short term

6. Next Steps

Coming Home is jointly led by the Scottish Government and COSLA. Now the Short Life Working Group (SLWG) has completed its work, new arrangements are being put in place to provide oversight and support delivery of the Coming Home Action Plan.

Delivery model

Coming Home Delivery Group

The list of those identified as Coming Home Leads will be reviewed to ensure appropriate senior representation from all integration authorities. This group will consist of those leading on Coming Home at a strategic level locally. They will provide local leadership of Coming Home to drive forward actions. It is envisaged that they will be in senior roles within the integration authority, with ability to influence decisions about funding and allocation of resources, while still having an understanding of the issues. This group will meet four times a year and will be chaired by Scottish Government Professional Advisor, Dr Anne MacDonald.

Coming Home National Workstream Leads Group

Leads from each specific subgroup within the current SLWG will retain their role in co-ordinating action for their workstream in order to complete all identified actions. This may include some ongoing input from other members of the subgroup, where availability allows. Workstream leads will continue to meet monthly to identify and discuss cross-cutting issues and synergies and will engage with the wider Coming Home Delivery Group on issues of interest.

Lived Experience Hub

Facilitated by SCLD, the lived experience hub will provide a co-ordinated mechanism for people with learning disabilities and their families to engage with the action plan in a meaningful way, which safeguards their involvement and respects and protects their rights.

The hub will offer opportunities to be directly involved in the implementation of the action plan including development of specific pieces of national work (e.g. the complex support needs pathway) and ensure that lived experience is embedded in decision-making at both a local and national level.

The hub will involve and draw on existing lived experience networks, working in partnership with organisations, who are already supporting people with lived experience to maximise options to create family and peer support opportunities.

We also propose to maintain the Peer Support Network as the means by which information and good practice will be shared with professionals and those responsible for service delivery.

Core Governance

Bi-annual meetings will take place between COSLA's Health and Social Care Spokesperson and the Minister for Social Care and Mental Wellbeing on Coming Home. The purpose of these meetings would be to update on progress on the Coming Home action plan, discuss strategic risks and issues, and forward plans.

A Coming Home Strategic Oversight Group

This group will meet three to four times a year to support the delivery of the Coming Home Action Plan. Proposed membership includes the Scottish Government, COSLA, SOLACE, National Social Work Agency, Social Work Scotland, the Association of Local Authority Chief Housing Officers, Coming Home National Workstream Leads, the ILF, the SHRC, the Care Inspectorate, the MWC and relevant third sector bodies. Other bodies and individuals will be invited to meetings to update on work they are delivering on Coming Home. These meetings will be led by the Scottish Government and COSLA.

Links into wider oversight and advisory mechanisms, such as the Collaborative Response and Assurance Group and the National Care

Service (NCS) Advisory Board will be considered once core mechanisms are agreed.

Strategic Aim 15: To put in place effective mechanisms to support the delivery and oversight of the Coming Home Action Plan.

Action 15.1 The Scottish Government and COSLA will lead the development of guidance for HSCPs on the role of Coming Home leads, including in relation to data assurance.

Indicative timescale - short term

Action 15.2 The Scottish Government and COSLA will work with partners to finalise the model for lived experience engagement.

Indicative timescale - short term

Action 15.3 The Scottish Government and COSLA will develop a remit and terms of reference and establish governance mechanisms.

Indicative timescale - short term

APPENDIX 1 – Coming Home Action Plan Short Life Working Group

Membership

Dr Anne MacDonald (Chair), Professional Advisor for Complex Care, Scottish Government

Eddie Follan, Chief Officer, COSLA

John Urquhart, Policy Officer, COSLA

Eddie Fraser, Chief Executive, East Ayrshire Council

Tom Kelly, Head of Adult Services: Learning Disability, Mental Health and Recovery, East Renfrewshire Health and Social Care Partnership

Margaret Mason, Specialist Learning Disability Services Service Manager, NHS Greater Glasgow and Clyde

Louise McGinley, Specialist Learning Disability Services Service Allied Health Professional Lead, NHS Greater Glasgow and Clyde

Austen Smyth, Chief Executive, The Richmond Fellowship Scotland

Andrea Wood, Chief Executive, Key

Moira Bayne, Chief Executive Officer, Housing Options Scotland

Tony Cain, Policy Manager, Association of Local Authority Chief Housing Officers

Scott Taylor, Nurse Consultant, Learning Disability, NHS Lothian

Jan Thomson, Senior Manager, North Ayrshire Learning Disability Service

Susan Henderson, Planning and Development Officer, Scottish Borders Learning Disability Service

Kirsten Haughey, Senior Charge Nurse, Scottish Borders Learning Disability Service

Mike Harkin, Service Manager, Care Inspectorate

Kerry Anderson, Nurse Consultant, Learning Disability, NHS Grampian; Co-Chair of Scottish Learning Disability Lead Nurse Group

Lorne Berkley, Strategic Lead: Policy and Rights, The Scottish Commission for People with Learning Disabilities

Neil Gibson, Policy and Practice Lead, Social Work Scotland

Caroline Cameron, Director, North Ayrshire Health and Social Care Partnership

Diane Fraser, Chief Officer, Adult Social Work Services, North Lanarkshire

Dr Neha Bansal, Inpatient Consultant Intellectual Disability Psychiatrist, NHS Forth Valley

Dr Isla McGlade, Professional Learning/Intellectual Disabilities and Neurodevelopmental Nursing Advisor, Scottish Government

Michael Driscoll, Chief Executive, Horizon Housing Association

Dr Matthew Colyer, Consultant in Intellectual Disability Psychiatry and Clinical Director, NHS Grampian

Katharine Paton, Service Manager, Adult Learning Disabilities, Aberdeen City Health and Social Care Partnership

Hamish Hamilton, Chief Finance Officer, West Lothian Integration Joint Board

Jennifer McKerrall, Strategic Commissioning Manager, Scotland Excel

Dr Karen Young, Coming Home and Learning Disabilities (Delayed Discharges) Team Leader, Scottish Government

Della Robb/Amanda McCarren, Learning Disability Policy Team Leaders, Scottish Government



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