Meeting the Challenge – Northamptonshire’s Joint Three Year Strategy: For people with learning disabilities whose behaviour challenges services

Executive Summary

Introduction – Why we need a plan?

This strategy is a plan to make sure Northamptonshire County Council (the Council) and Health partners are working with other providers, people who access the service and families to meet the needs of people with learning disabilities whose behaviours challenge services. From now on instead of using the words Strategy to describe this document we will use the word plan. The scandal of Winterbourne View that was exposed by the BBC Panorama programme in May 2011 resulted in an in-depth review into the care and support for people with learning disabilities and/or autism whose behaviour challenges services.

As a consequence of the Winterbourne View Review a Concordat Programme of Action was produced. NHS Nene and Corby Clinical Commissioning Groups (the CCGs) on behalf of the County tasked all leading agencies to complete an initial stocktake via a self-assessment process in line with the Concordat action plan recommendations. As a consequence of the outcomes of the self-assessment, a local detailed Winterbourne Action Plan was formulated by the CCGs and the Council is regularly reviewed and updated in response to local and national agendas.

Northamptonshire’s initial priority focused on preventing out of county hospital placements whilst reviewing and where appropriate discharging people from hospital provision. This three year plan aims to meet the needs of people whose behaviour challenges others and/or who have autism with or without mental health needs both now and in the future. The plan includes people of all ages from children and young people to adults. The plan has been developed in partnership between the CCGs and the Council.

This document compliments the wider Northamptonshire strategy for people with Learning Disabilities and sits alongside the County’s Autism Strategy which is under development by the Council.
The aims are based on the following key national documents:

- Services for people with learning disabilities and challenging behaviour or mental health needs (DH 2007)
- Green Light for Mental Health Tool Kit (NDTi 2013)
- Fulfilling and rewarding lives: the strategy for adults with autism in England (DH 2011)
- Transforming care: A national response to Winterbourne View Hospital (2012)
- Ensuring quality services (LGA 2014)

**Guiding principles and philosophy**

We have adopted the key principles from Transforming Care (2012). These are as follows:

**For people:**

1. I and my family are at the centre of all support – services designed around me, highly individualised and person-centred;
2. My home is in the community – the aim is 100% of people living in the community, supported by local services;
3. I am treated as a whole person;
4. Where I need additional support, this is provided as locally as possible.

**For services:**

5. Services are for all, including those individuals presenting the greatest level of challenge;
6. Services follow a life-course approach i.e. planning and intervening early, starting from childhood and including crisis planning;
7. Services are provided locally;
8. Services focus on improving quality of care and quality of life;
9. Services focus on individual dignity and human rights;

10. Services are provided by skilled workers;
11. Services are integrated including good access to physical and mental health services as well as social care;
12. Services provide good value for money;
13. Where inpatient services are needed, planning to move back to community services starts from day one of admission.
Health and Social Care Partners in the County strongly support the ambition laid out in ‘Challenging Behaviour: A unified approach’ (RCP 2007) which is to refrain from labelling the individual and shift emphasis back to the responsibilities for change being with the systems around the individual’. Continuing to commission the development of local high quality systems of support and healthy environments will be the key activity over the next three years.

The local need

Northamptonshire has a population of 697,000. Current data collected via the self-assessment framework process has identified there are 3,626 people known to have a learning disability. Data collated from GP surgeries suggest 871 have complex or profound learning disabilities. There will be a significant number of these people whose behaviour challenges services. It is detailed within the Northamptonshire observatory that in 2008 Northamptonshire was estimated to have approximately 104 people aged 18-64 with a learning disability predicted to display behaviours that challenge, which is the highest number across its statistical neighbours. This population is estimated to increase by 6.7% (7) by 2015 to 111.

More in-depth knowledge about local population need across children, young people and adult populations is required to enable the prediction of current and future need for Northamptonshire. This will involve continuous engagement with people who access the service, their families and other stakeholders to ascertain views in relation to support required.

All parties will work together to identify the combined number of people who receive services from Health and Social Care in relation to behaviours that challenge and/or autism with or without mental illness. This will identify the number of people currently presenting with need and the support currently in place. By including children and young people there can be more robust future planning, including supporting young people through transitions into adult support services. In turn this will reduce the number of people presenting to services in crisis.

In addition to identifying people with a Learning Disability whose behaviour challenges, it is also important that we identify those individuals who are supported by elderly carers. This will support crisis planning aimed at reducing the stress at times when emergency care is required.

Joint Strategic Needs Assessment and analysis of local data will enable Commissioners to identify current gaps in services, future need, and stimulate the market to create further innovative responses.
Current services in relation to need

Northamptonshire have made some significant progress in relation to improving support for people whose behaviour challenges services. The following is currently in place:

- There are two multi-disciplinary specialist Community Teams for People with Learning Disabilities (CTPLDs), one either side of the county. These teams support children, young people and adults whose behaviour challenges.

- There is a specialist Intensive Support Service that consists of an Intensive Support Team working in the community and a four bedded Assessment and Treatment Unit. Both work in partnership with the Community Teams supporting adults to remain in their local community and responding locally to crisis.

- The Council are leading and working with partners to deliver a Transitions programme which is already showing success for individuals during transition.

- The Council Transitions service has designated workers in local specialist schools, Further Education Colleges and SENSE College and this is already improving communication and connections between services.

- The council have a children’s Specialist Autism Team and are piloting two Autism Outreach workers to support young people from the age of 18 onwards. This has shown improvements for several young people during and after transition. The local Healthcare Trust has specialist autism team and professionals in the Community Teams who can assist and support with diagnosis and provide advice.

- Health Commissioners fund two case management posts to support people to step down from specialist placement and hospital provision. To date two people have been supported to leave hospital and there are plans for the other five. Robust clinical reviews are happening for those in specialist placements.

- Specialist services have been refocused to provide case management for people in receipt of Continuing Healthcare (CHC) to support the development of high quality services and in the least restrictive environment.

- The Health Commissioners have funded four Strategic Health Facilitators who support the two local acute hospitals and primary care to respond to people’s needs including people whose behaviours challenge. There are several
success stories where people who pose a significant challenge have been supported to access healthcare facilities.

The three year priority objectives

The plan aims to develop a local model of care and support identified by the Department of Health, Transforming care, Annex A: The model of care. The model aims to deliver the following outcomes for people whose behaviour challenge:

1. I am safe;
2. I am treated with compassion, dignity and respect;
3. I am involved in decisions about my care;
4. I am protected from avoidable harm, but also have my own freedom to take risks;
5. I am helped to keep in touch with my family and friends;
6. Those around me and looking after me are well supported;
7. I am supported to make choices in my daily life;
8. I get the right treatment and medication for my condition;
9. I get good quality general healthcare;
10. I am supported to live safely in the community;
11. Where I have additional care needs, I get the support I need in the most appropriate setting;
12. My care is regularly reviewed to see if I should be moving on.

In order to achieve these outcomes the priority objectives for the next three years are as follows:

Objective 1 Effective Commissioning

The local self-assessment in relation to Winterbourne View needs to be repeated yearly to contribute to the assurance that services are meeting requirements set out in the Concordat Programme of Action.

Governance arrangements need to be in place to enable the joint delivery and communication of the strategy and to problem solve where required.

The CCGs and the Council are working towards joint commissioning for adults with learning disabilities and have invested in a joint Strategic Manager for Complex Packages and Personalisation to support this process.

It is planned to have joint assessment and intervention at an early stage and professionals working together on funded packages across all levels of support to reduce the number of individuals who fall through gaps between services.
Children and young people’s commissioning is undertaking a two year proof of concept transformation programme for children and young people’s community health services, with a view to procuring integrated services for children and young people in 2016. The needs of children with learning disabilities whose behaviours challenge will be included.

**Objective 2 Prevention and early intervention**

Good quality support based on prevention and early intervention will reduce the number of challenges presented now and in the future.

Partners will work together to provide information, advice and advocacy to empower individuals and support them to live everyday lives including relationships, housing, employment and leisure (Transforming Care 2012).

First and foremost there is a need to support and enable families, individuals and their support systems to have a common awareness and understanding as to the social context of behaviours that challenge and their role in helping to prevent or reduce the prevalence of such. We will look at how we can improve on the level support and training given to individuals and families.

There is a need to have a clear overview of services currently available and to identify any gaps in service. Adult and children’s commissioning and lead providers are in the process of meeting with education stakeholders in order to scope the current situation and put actions in place based on the recommendations set out in the Winterbourne View Concordat (DH 2012) and Ensuring Quality Care (Local Government 2014).

More intense early intervention in childhood is required to prevent the need for high cost, out of County residential schools and adult placements of the future. Engagement and planning between adult, children’s commissioning and education will occur to bridge the gap that currently exists in relation to intensive support for this age group.

It is important that all services supporting people who have the potential to display behaviours that challenge are skilled and knowledgeable, including skills in Positive Behaviour Support and active support. This can prevent and reduce the impact of behaviours that challenge. As the main function of behaviours that challenge is to communicate, there is an expectation that skills in communication in line with Speech and Language Therapy (SALT) best practice is a common attribute of all staff working in support services.

Success will be based upon the ability for Northamptonshire commissioners working together to develop equal access and quality support across all age groups and agencies. This will include giving shared direction in relation to the provider market.
There will be a clear pathway in place that continues to improve and support the needs of people who present with challenges to services. Learning from patient experience will be reflected in the care pathway which will be reviewed at least yearly to keep fit for purpose.

For young people the local introduction of Education Health and Care (EHC) Plans could make a real difference in future planning and prevention of future challenges. All commissioned services will work together to support the partnership working required in preparation for adulthood.

**Objective 3 Protection and Crisis Support**

Future planning will include:

- successful discharge for all those identified under the Winterbourne View stock take
- regular review of people funded via CHC
- clear gate keeping protocol to ensure any access to hospital care is based on the need for short term assessment and treatment with discharge processes in place on the day of admission.

Reducing the need for crisis intervention will have a positive effect on reduction of restrictive practices. Robust case management will support services to develop an environment where Positive Behaviour Support is the norm and ensure early indication and planning to reduce crisis. Case management for adults will be regularly monitored by commissioners and data from this activity will support future planning.

There is the commissioning intention to extend the Intensive Support Team to provide intensive support to children from at least the age of 14 years old.

Ideally Health and Social Care Commissioners in Northamptonshire would wish to offer alternatives to hospital care and we will continue to work with local specialist health services and other stakeholders to explore alternatives to hospital care with enhanced community options for adults.

It is envisaged that by having enhanced provider services able to support specialist health services to reduce and respond to crisis will reduce the need for hospital admission. This is a long term goal.

To support a reduction in the number of crises and explore more innovative and creative alternatives to hospital care all crises will lead to a case review to look at what went well and what could be done better. This will include how the situation evolved, who was involved and whether the right actions occurred at the right time.
In addition to this Nene and Corby CCGs have commissioned the National Development Team for Inclusion (NDTi) to track the story of ten people who have accessed the local Intensive Support Services and will include exploring other services involved. This will inform commissioning and enable the continued development of person led services.

Often crisis can also occur when elderly carers can no longer cope. This can occur suddenly when a carer becomes ill or presents to services unable to cope. Awareness of elderly carers and proactive future planning is essential as is commissioning enhanced support via short breaks. This will be the task of the steering group exploring short breaks.

Where required there will be links with the criminal justice system and/ or secure settings. The links will aim to avoid placements in secure settings and to step people down as soon as is practically possible.

**Objective 4 High Quality Care and Support**

Health and the Council will jointly engage with colleagues, providers and service users and carers to review current supported living service specifications to inform standard and enhanced requirements going forward. The aim will be to develop robust and clear service specifications fit for purpose with the potential to align and integrate. The specification will be based on the Quality of Life Standards (2014), reflecting the fundamental principles:

- Equal Citizenship and Integration
- Personalisation, and
- Quality.

Commissioners will work with local specialist health services and the Council’s specialist teams to facilitate, enable and support providers to continue to develop the quality of care and innovative responses to supporting people whose behaviour challenges services.

It is essential that early screening and prevention occurs for children who are at risk of developing challenging behaviour and this requires a level of understanding and expertise from specialist and generic health and social care services. Children services are in the process of being integrated and commissioners are taking this opportunity to explore and incorporate the needs of this population into more generic environments.

It is also important that statutory agencies are robust enough to support people whose behaviour challenges including managing crisis within the community. Commissioners are working with specialist health services and the Council to look at an integrated service care pathway for this client group.
Specialist health services are exploring new ways of working and refocusing the learning disability Community Teams to increase their support to those people with the most complex needs. By integrating health and the Council’s services, the pathway for people receiving support can be less complex and more joined up.

Processes and protocols will contain common vision and language when supporting people whose behaviours challenge.

Short breaks for carers will reduce the likelihood of crisis and can often be used to enable alternative support to be developed and provided. It is essential that there are options available and that crisis planning is in place. Commissioners from the Council and CCGs will work together to further stimulate the market to provide varied short break options.

**Objective 5 Access to Healthcare**

Behaviour that challenges should not be a barrier to people having their health needs met. Strategic Health Facilitators and specialist health services will support the continued development of basic knowledge, skills and awareness amongst generic health professionals. This will include key professionals such as the health visitor, GP and Accident and Emergency staff need to be able to identify vulnerabilities in children with learning disabilities who may develop behaviours that challenge and to put strategies in place to prevent or reduce the occurrence of those behaviours.

Mental health services will continue to measure and align their services to be able to meet the mental health needs of people with learning disabilities. The Green Light toolkit will be used to support services to measure themselves against the standards required (NDTi 2013).

Specialist health services need to display a high level of leadership and be skilled in facilitation, coaching and mentoring external agencies to support generic health services to respond to the needs of people with learning disabilities. Specialist health services need to constantly reflect and balance direct delivery and supporting others to develop their skills to be able to deliver.

**Objective 6 Housing**

The Learning Disability Partnership Board housing plan needs to compliment and be included in the wider housing strategies developed by local councils.

The introduction of case management should create the opportunity to identify people who may wish to move into supported living with their own tenancy and support, and the local housing required to support this need. Joined up working with Children’s services will enable planning to ensure that young people moving into
adulthood have the opportunity to choose how they wish to live rather than a residential home being the default option. Partnership engagement with local Borough and District Councils, private landlords and Housing Associations will enable all partners to plan for the future.

**Objective 7 Quality monitoring, Assurance and Safeguarding**

Health and the Council need to work together to explore joint quality monitoring for supported living packages of care and to identify specific measurements in relation to quality of care, support and least restrictive practice.

CCGs will include in their commissioning intentions that all commissioned services involved in delivering services to people with learning disabilities will be requested to sign up to the Driving Up Quality Code in order to self-assess their services. It has been acknowledged that people in supported living arrangements funded by health do not have the same level of robust monitoring then other types of provision. This needs to change and will be addressed.

**Objective 8 Improving the Capability and Leadership of the workforce**

The aim is that all those providers commissioned to support people whose behaviour challenges have a shared understanding, knowledge set and skill base to work in partnership to support people. All competences should be based on Positive Behaviour Support approaches. Commissioners are working together to develop clear expectations for all services providing support to people whose behaviour may challenge.

Skills, competences and knowledge will be a key area for all service providers to demonstrate. Commissioners are actively engaging with potential providers in and out of County to clearly define capability and workforce required. This will stimulate the market prior to the re-tendering of supported living services at the beginning of 2015.

The training for specialist health services has been sought via distance learning from Cardiff University. There is a real opportunity for joint commissioning of training across all support groups so that a common language and skills set exists in relation to Positive Behaviour Support. Skills for Health and Skills for Care identify the level of competency required and this will be used as a benchmark in future commissioning of services.

Schools play a crucial role in the child's and young person's life. It is important that educational staff are also included in training expectations and opportunities.
All commissioned services will be expected to ensure their staff are trained in these areas. This will be differing levels dependent on the level of intervention and support required.

It is important that partners work together to begin to share success stories both locally and nationally so that Northamptonshire continues to be a place people want to come to work.

There is also a training strategy to ensure all staff in specialist health services continue to have the skills and training relevant to the clinical post and needs of people with learning disabilities whose behaviours challenge. It is essential that there is a degree of advanced expertise and psychological interventions amongst this staff team.