

**RESOURCE FUNDING REQUEST FOR THE CONTINUATION OF THE POSITIVE BEHAVIOUR SUPPORT PROJECT**

**To:** General Purposes Committee

**Meeting Date:** 18th December 2018

**From:** Wendi Ogle-Welbourn (Executive Director, People & Communities)

**Electoral division(s):** All

**Forward Plan ref:** Not applicable      **Key decision:** No

**Purpose:** To approve the necessary resources required to commission an intensive support team to work with children and young people with learning disabilities and/or autism across Cambridgeshire & Peterborough who are at high risk of exclusion from local support and at risk of inpatient admission or 52 week placement as a consequence of challenging behaviour.

**Recommendation:** It is recommended that the Committee approves the funding of the resources not currently within the Council's base budget from the Council's Transformation Fund as summarised in Appendix A.

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## **1. BACKGROUND**

- 1.1 The Cambridgeshire Positive Behaviour Support project was set up in April 2017 using £240,000 funding secured from the Transformation Fund to run for two years. The aim of the project was to work intensively with eight children identified as having severe learning disabilities, to reduce challenging behaviour, improve quality of life, and prevent exclusion from local supports. The financial case for the project was based on the high cost of out of county residential schools, and the success of similar projects nationally in reducing the need for such placements.
- 1.2 The team draw on Positive Behaviour Support (PBS) and Systemic frameworks in their work. They work flexibly across all settings in which the young person spends their time, and work with the entire family and professional network, using network meetings to encourage the kind of joined up approach that is described in good practice guidance but can be a challenge to achieve. PBS is a values led approach to working with people with learning disabilities which focuses on improving the quality of life (rights, inclusion, meaningful and purposeful activity) of a person and those who support them, increasing skills, and subsequently decreasing that person's reliance on challenging behaviour as a communication of unmet need. In addition to case work, the team have supported partner agencies in their work with challenging behaviour.
- 1.3 The offer is different from existing services that work with young people with disabilities and challenging behaviour in terms of the team's capacity to work intensively and proactively, to work flexibly including out of hours work, to respond to need in a timely way and prevent avoidable crises, to engage and work with the whole family and professional network, to take on a coordination role with large and complex multi-agency networks and thereby ensuring a more efficient and person-centred approach that is valued by families. Evidence both locally and nationally is that the cohort of young people with disabilities in residential schools are generally not more challenging or complex than those in local services, and that it is often a failure of local services to offer the above that is the problem. The project is overseen by an operational group which includes professionals from key partner agencies and parent representation from Pinpoint.
- 1.4 The team consists of 2.6 wte (whole time equivalent) clinical staff: clinical psychologist, nurse and assistant psychologist. Line management and clinical supervision is provided by the social care clinical team leads. The team is currently at full capacity working with eight families. All of the children were identified by social care managers as being at high risk of exclusion from local supports due to challenging behaviour. All eight children continue to be supported locally. None have required a 52 week residential placement to date.
- 1.5 At any one time there are 15 – 20 young people with severe learning disabilities and challenging behaviour in 52 week out of county residential schools, using a significant proportion of local care, education and health budgets. In 2018 Cambridgeshire is spending £241,000 – 302,000 per year per child, living on average 102 miles from home. Taking an average placement cost figure of £270,000 if even four of the children taking part in the project had required a 52 week residential placement the placement costs alone for one year would have equated to over one million pounds (£1,080,000).

- 1.6 The project has achieved positive outcomes including significant cost avoidance. The most recent savings monitoring indicates the project is on track to achieve cost savings of £746,000 over the whole two year period – the original savings figure total was £300,000.

## 2. MAIN ISSUES

- 2.1 There is no funding secured past the end of March 2019. Three proposals for next steps were presented to the Cambridgeshire and Peterborough Clinical Commissioning Group Joint Commissioning Unit meeting on 10th October 2018 (see **Appendix B**). These proposals included closing the project, attempting to secure funding for a further 12 months, and lastly, identifying multi-agency funding to develop the team and the service offer.

- 2.2 Support for the third option was firmly preferred based on national policy, Cambridgeshire data and learning from the project to date. Multi-agency funding would enable provision to be developed and continue contributing to achieving the aims of Transforming Care (i.e. better local services, reduction in in-patient admissions and residential school placements), as well as prevent future costs of residential school placements / in-patient admissions to the local authority and health. Funding would further enhance the existing team, build on expertise gained and relationships developed through the project (with local schools, respite and care provision, community support, parent and young person advocacy groups, social care, mental health services, child health services, transport, Statutory Assessment Team, Access to Resources Team etc). It would also allow the service offer to be developed as follows:

- Continue to work with the current client group picking up approximately ten new cases per year achieving net cost savings, retaining existing staff and expertise.
- Families known to the team would remain on a keeping in touch pathway so that we can quickly respond in a crisis as needed, thereby maintaining the gains made with the projects' involvement.
- Extend the offer to children who present with challenging behaviour beyond the current criteria (e.g. mild learning disability, autism without a learning disability).
- Extend the offer to helping children successfully return from out of county placements.
- Expand the team to include dedicated Speech and Language Therapy/Occupational Therapy/Support Work time to increase capacity and effectiveness, in line with similar projects nationally.
- Continue to develop links with related local services ensuring a coherent local offer / multi-agency challenging behaviour pathway that makes best use of existing resources and enables the development of a culture of inclusion of those young people with complex needs and severe challenging behaviour.
- Actively support work to develop local alternative educational provision for those young people with learning disabilities and/or autism who are at high risk of exclusion from local area special schools.

- Contribute to workforce development around challenging behaviour and PBS in keeping with Children and Young People Transforming Care Workforce recommendations.
- Extend the project to work across Peterborough City replicating the positive outcomes for children and young people and cost savings.

2.3 It is noted that this funding request was discussed at the Children's and Young People's Committee on 4th December 2018 where the recommendation to agree the funding of the resources not currently within the Council's base budget from the Council's Transformation Fund was approved.

### **3.0 ALIGNMENT WITH CORPORATE PRIORITIES**

Continued funding for the Positive Behaviour Support project is key in achieving better outcomes for Cambridgeshire's and Peterborough's children and young people who have learning disabilities and/or autism, and who are at high risk of exclusion as a consequence of challenging behaviour. It will also enable significant savings to be realised, particularly in the Looked After Children budget.

#### **3.1 Developing the local economy for the benefit of all**

There are no significant implications for this priority.

#### **3.2 Helping people live healthy and independent lives**

By working intensively with children identified as having learning disabilities and/or autism, with the PBS and Transforming Care principles, to reduce challenging behaviour, improve quality of life, and prevent exclusion from local supports.

#### **3.3 Supporting and protecting vulnerable people**

As set out in 3.2 above.

### **4.0 SIGNIFICANT IMPLICATIONS**

#### **4.1 Resource Implications**

The financial implications are set out in this report.

#### **4.2 Procurement/Contractual/Council Contract Procedure Rules Implications**

There are no significant implications arising directly from this report.

#### **4.3 Statutory, Legal and Risk Implications**

There are no significant implications arising directly from this report.

#### **4.4 Equality and Diversity Implications**

There are no significant implications arising directly from this report.

#### **4.5 Engagement and Communications Implications**

There are no significant implications arising directly from this report.

#### **4.6 Localism and Local Member Involvement**

There are no significant implications arising directly from this report.

#### **4.7 Public Health Implications**

There are no significant implications arising directly from this report.

<b>Implications</b>	<b>Officer Clearance</b>
<b>Have the resource implications been cleared by Finance?</b>	Yes Name of Financial Officer: Roger Brett
<b>Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the LGSS Head of Procurement?</b>	Not applicable
<b>Has the impact on statutory, legal and risk implications been cleared by LGSS Law?</b>	Not applicable
<b>Have the equality and diversity implications been cleared by your Service Contact?</b>	Not applicable
<b>Have any engagement and communication implications been cleared by Communications?</b>	Not applicable
<b>Have any localism and Local Member involvement issues been cleared by your Service Contact?</b>	Not applicable
<b>Have any Public Health implications been cleared by Public Health</b>	Not applicable

## SOURCE DOCUMENTS

Source Documents	Location
Children and Young People Committee – 4 December 2018	<a href="https://cmis.cambridgeshire.gov.uk/ccclive/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/833/Committee/4/Default.aspx">https://cmis.cambridgeshire.gov.uk/ccclive/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/833/Committee/4/Default.aspx</a>

## Appendix A

### Investment Proposal Supporting Information / Transformation Fund Bid

<b>Bid Title</b>	Cambridgeshire Positive Behaviour Support Project
<b>Service Area / Directorate</b>	Transformation Team
<b>Sponsoring Director</b>	Wendi Ogle-Welbourn

<b>Brief Description of Bid</b>	<p>£490,000 is sought to commission an intensive support team to work with children and young people with learning disabilities (including autism) who are at high risk of exclusion as a consequence of challenging behaviour across both Cambridgeshire &amp; Peterborough.</p> <p>This team will build on the success of the Cambridgeshire Positive Behaviour Support project which began in April 2017 and has funding until the end of March 2019. This project sought and secured funding of £240,000 through the Transformation Fund and has achieved positive outcomes including significant cost avoidance. The most recent savings monitoring indicates the project is on track to achieve cost savings of <b>£746,000</b> over that same time period – the original savings figure total was £300,000.</p> <p>The investment sought will fund a multidisciplinary team composition to work across Cambridgeshire and Peterborough over two years:</p> <ul style="list-style-type: none"><li>• Clinical Manager x 1</li><li>• Nursing</li><li>• Psychology</li><li>• Speech &amp; Language Therapist</li><li>• Support Workers</li><li>• Occupational Therapist</li><li>• Statutory Assessment Team</li><li>• Psychiatry / Medical</li></ul>
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	<p>The funding would also enable:</p> <ul style="list-style-type: none"> <li>the development of the provision and contribute to achieving the aims of Transforming Care (i.e. better local services, reduction in in-patient admissions and residential school and social care placements), as well as prevent future costs of residential school placements / in-patient admissions to the local authority and health.</li> <li>enhance the existing team, build on expertise gained and relationships developed through the original project (with local schools, respite and care provision, community support, parent and young person advocacy groups, social care, mental health services, child health services, transport, statutory assessment team, access to resources etc).</li> <li>the development and improvement of the service offer.</li> </ul>
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<b>Type of Bid</b>	Request to fund staffing costs for two years
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<b>Strategic Links</b>	Due to the return on investment which will be realised through the work of this team (as evidenced in the original Positive Behaviour Support project), it will support all of the strategic objectives, as it will mean significant savings which can go back into the overall Business Plan, to help towards our annual savings requirements, particularly in Special Educational Needs and Disabilities and Looked After Children.
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<b>Cash Flow</b>	<b>19/20 £000</b>	<b>20/21 £000</b>	<b>Total</b>
<b>Transformation Fund Investment</b>	245	245	490
<b>Peterborough Investment*</b>	105	105	210
<b>Total</b>	<b>350</b>	<b>350</b>	<b>700</b>
<b>Cost avoidance</b>	700	700	

\*Peterborough will be re-charged for their proportion; this has been cleared by Finance.

<b>Decision and Date</b>	
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## **Appendix B**

### **Cambridgeshire and Peterborough Clinical Commissioning Group Joint Commissioning Unit meeting on 10<sup>th</sup> October 2018 – PBS/intensive support**

**Proposal: Commissioning of an intensive support team to work with young people with learning disabilities and /or autism across Cambridgeshire & Peterborough who are at high risk of exclusion as a consequence of challenging behaviour**

**Total Cost: £ 350,000 per year**

#### **Background:**

Whilst policy and commissioning guidance (Transforming Care, 2012; Ensuring Quality Services, 2015; NICE 2018) emphasise the right to family life and inclusion in local communities, a significant number of young people with learning disabilities and / or autism and challenging behaviour in the UK are placed in 52 week residential schools (around 650) / NHS Assessment & Treatment Units (around 250) / in-patient units (see Gore et al, 2015 for an overview of the relevant issues).

In Cambridgeshire, 15-20 young people with severe learning disabilities and challenging behaviour are in out of county 52 week residential school placements at any one time (on average 3-4 per year). These cost on average £270,000 per annum (£241,000 – 302,000), shared across education, health, care). The vast majority remain in these provisions until adulthood. A significant number of young people with autism (not Learning Disability) are placed in 52 week residential schools or in-patient units. At the time of writing this report it had not been possible to access local data about this cohort of young people.

Although such placements can offer a detailed assessment of need, consistency of approach, and opportunities that may be difficult to achieve locally, they are also very expensive, difficult to monitor, often create greater dependency that is not realistic within adult services, and lead to loss of contact with family (McGill et al, 2015). Placements away from home are typically not welcomed by parents, young people, or practitioners, but usually result from exhaustion and a perceived lack of alternatives following exclusion from local schools, respite, transport and other provisions (Abbott, 2004). A local CLAHRC (Collaboration for leadership in applied health research and care) project (Casson, 2015) found that reasons for residential school placements being made by Cambridgeshire included overly complex and confusing local services / poorly coordinated crisis response with a lack of clarity around lead professional role / a tendency to 'throw resources at a problem' with little coordination / a lack of robust emergency respite provision / limited alternatives

when a special school or respite unit excludes a young person / a lack of available skilled and experienced staff who can offer hands on support and coordination in a crisis / a perception that residential schools are able to offer a more specialist approach.

**Transforming Care** is about enabling children, young people and adults with learning disabilities and /or autism and challenging behaviour to remain in their local communities and access the right support at the right time. It focusses on reducing the number of in-patient admissions and placements in 52 week residential schools. In order to achieve this, we know that we have to improve community- based services. Transforming Care groups and boards aim to work closely with families, young people and key stakeholders. Care Education and Treatment Reviews (CETR) for those at risk of in-patient or residential school admission, are used to scrutinise the issues and make recommendations in order for young people to remain in their communities with their families, or, if hospital placement is required, that this occurs for the shortest time possible and with the best treatment possible.

The **Cambridgeshire Positive Behaviour Support Project** (April 2017 – March 2019) is a small team (2.6 wte) offering intensive support based on PBS principles to eight young people with disabilities and challenging behaviour identified as at high risk of exclusion. The project has been funded through the social care transformation fund, and has achieved positive outcomes for all including significant cost avoidance.

Our most recent savings monitoring indicates the project is on track to achieve cost savings of **£746,000** over that same time period. This is consistent with national data from similar projects.

**2017/18 target of £174k - £154k was made with an additional £348k towards 2018/19 savings target of £522k which is captured below.**

**2018/19 target of £522k - £348k 'made' based on full year effect of work undertaken in 2017/18 with an additional £244k forecast already for 2018/19.**

**Overall target of £696k against which £746k is forecast.**

Evaluations of intensive support teams working with young people with disabilities and challenging behaviour nationally have demonstrated a high level of success in preventing residential school placements as well as considerable **cost savings / prevention of future costs** (e.g. Bristol PBS Service, Ealing Intensive Therapeutic Short Breaks Service, Norfolk Starfish Plus). Economic analysis by health economists at LSE (Lemmi et al, 2015) indicate that the overall costs of a local support package (health, education, care) for a young person with severe learning disabilities and challenging behaviour, including intensive support team involvement is around £100,000 per annum (in comparison with £250,000 for a residential school placement or £350,000 for in-

patient). This is in line with costs calculated for those on our current caseload (range £70,000 - £120,000 including PBS Project involvement).

**Positive Behaviour Support** is a framework for understanding and responding to challenging behaviour based on person-centred values, behavioural science, and the use of evidence.

Interventions focus on developing skills and quality of life for young people and those that support them, as well as a reduction in challenging behaviour.

Funding for the PBS Project ends in March 2019. We propose that continued multi-agency funding would enable us to develop the provision and contribute to achieving the aims of Transforming Care (i.e. better local services, reduction in in-patient admissions and residential school placements), as well as prevent future costs of residential school placements / in-patient admissions to the local authority and health.

Further funding would sustain the existing team, build on expertise gained and relationships developed through the project (with local schools, respite and care provision, community support, parent and young person advocacy groups, social care, mental health services, child health services, transport, Statutory Assessment Team, Access to Resources Team etc).

The following options are presented for consideration. Option C is our firmly preferred option based on national policy, Cambridgeshire data and learning from the PBS project to date.

#### **Option A. Project closes April 2019**

Risk: Financial cost to LA, social care and education  
Loss of highly valued, skilled staff members in the context of a national recruitment challenge within these professions  
Loss of team that is effective in challenging unhelpful local practice and advocating for more efficient and effective local systems

Benefits: Families known to the team will have had a good experience of services and cost savings will have been made

#### **Option B. Extend existing arrangements for a further 12 months at a cost of £140k**

Risk: Project is fragile due to the size of the team (2.6 wte equivalent) and it may prove difficult to retain staff long term in temporary positions

Benefits: The model has proved to be effective in all original aims and can continue to generate cost savings to the LA while improving quality of life

A commitment to further funding now would enable the project to take on additional long term work whilst multi-agency funding is sought

### **Option C. Identify multi-agency funding to develop and extend the offer long term**

Risk: None identified

Benefits: Opportunity to build on existing links with local services (e.g. [Child and Adolescent Mental Health Service](#), Occupational Therapy, Speech and Language Therapy, Young Adults Team, local respite provision)

The model has proven to be effective in all original aims and can continue to generate cost savings to education, health and social care, while improving quality of life for children and families

We would like to develop the **service offer** as follows:

- Continue to work with the current client group picking up five new cases per year achieving net cost savings, retaining existing staff and expertise
- Families known to the team would remain on a keeping in touch pathway so that we can quickly respond in a crisis as needed, thereby maintaining the gains made with the projects' involvement
- Extend the offer to children who present with challenging behaviour beyond the current criteria (e.g. mild learning disability, autism without a learning disability).
- Extend the offer to helping children successfully return from out of county placements
- Expand the team to include dedicated Speech and Language Therapy/Occupational Therapy/Support Work time to increase capacity and effectiveness, in line with similar projects nationally
- Continue to develop links with related local services ensuring a coherent local offer / multi-agency challenging behaviour pathway that makes best use of existing resources and enables the development of a culture of inclusion of those young people with complex needs and severe challenging behaviour

- Actively support work to develop local alternative educational provision for those young people with learning disabilities who are at high risk of exclusion from local area special schools
- Contribute to workforce development around challenging behaviour and PBS

Work is needed to better understand the Peterborough context around use of residential schools and in-patient facilities for challenging behaviour, and engaging key stakeholders. We have been offered support through CLAHRC (Collaboration for leadership in applied health research and care) (Professors John Gabbay and Andree Le May) to undertake this work and support implementation of an intensive PBS offer, thereby increasing the future effectiveness of the team.

We propose that **cases are identified through** a combination of 1. County Resource Panel 2. Transforming Care risk register 3. The development of a mechanism whereby cases can be identified more proactively. With the following **inclusion criteria**:

- Child or young person has a learning disability and / or autism
- Severe challenging behaviour that places them at risk of breakdown in at least one setting (home / school / respite) and placement in residential school or hospital
- Family and professional network are motivated to work with the team
- Intensive support is not already being offered by an existing service

We propose the following multidisciplinary **team composition to work across Cambridgeshire and Peterborough (costings)**

- Clinical Manager x 1
- Nursing
- Psychology
- Speech & Language Therapist (1 day per week)
- Support Workers
- Occupational Therapist (1 day per week)
- Statutory Assessment Team – work of the team would be greatly facilitated if there were a specialist casework officer attached to the Transforming Care at risk register (in terms of supporting the development of more creative bespoke educational provision, challenging a culture of exclusion locally)

- Psychiatry / Medical – for Cambridgeshire and Peterborough Foundation Trust (CPFT) to continue to support monthly consultation with Consultant Psychiatrist (neurodevelopmental team)
- Access to clinicians with specialist expertise (e.g. family therapy, VIG, attachment based therapies) from the social care clinical team
- Trainee clinical psychologists and trainee learning disability / mental health nurses (paid by clinical training courses)

We would propose the team continues to be hosted by social care clinical team and overseen by the lead psychologist in post. Ideally the team would be based in a facility in which we were able to work directly with the young people (e.g. educational / respite unit) and co-located with key staff members.

## **Key references**

### **Websites:**

Paving the Way - policy / commissioning and practice guidance / resources for practitioners and families / links to PBS Coalition <http://pavingtheway.works/>

### **Key policy, commissioning and practice guidance:**

Department of Health (2012). *Transforming Care: a national response to Winterbourne View Hospital*. DoH: London

Department of Health (2007) *Services for People with Learning Disabilities and Challenging Behaviour or Mental Health Needs* (revised edn). (TSO) The Stationery Office

[https://www.kent.ac.uk/tizard/research/research\\_projects/dh2007mansellreport.pdf](https://www.kent.ac.uk/tizard/research/research_projects/dh2007mansellreport.pdf)

Local Government Association (2014). *Ensuring Quality Services: core principles for the commissioning of services for children, young people, adults and older people with learning disabilities and/or autism who display or are at risk of displaying behaviour that challenges*.

[www.local.gov.uk/...Ensuring+quality+services/085fff56-ef5c-4883-b1a1-d6810caa9](http://www.local.gov.uk/...Ensuring+quality+services/085fff56-ef5c-4883-b1a1-d6810caa9)

NICE (2015) *Challenging Behaviour and Learning Disabilities: Prevention and Interventions for People with Learning Disabilities Whose Behaviour Challenges* (NG11)

(<https://www.nice.org.uk/guidance/ng11>).

NICE Challenging Behaviour Service Design and Delivery (2018)

<https://www.nice.org.uk/guidance/ng93>

Royal College of Psychiatrists, British Psychological Society (2016). *Challenging behaviour: a unified approach – update. Clinical and service guidelines for supporting children, young people*

*and adults with intellectual disabilities who are at risk of receiving abusive or restrictive practices*  
(<http://www.rcpsych.ac.uk/usefulresources/publications/collegereports/cr/cr144.aspx>)

## **PBS**

Key messages

### **Summary of research into use of 52 week residential school placements:**

Gore,N. et al (2015). Residential school placements for children and young people with intellectual disabilities – their use and implications for adult social care. NIHR School for Social Care Research [www.sscr.nihr.ac.uk/PDF/ScopingReviews/SR10.pdf](http://www.sscr.nihr.ac.uk/PDF/ScopingReviews/SR10.pdf)

### **Examples of service initiatives to prevent out of area residential school placement):**

Gore,N et al (2015) – overviews of Ealing Intensive Therapeutic and Short Breaks Service, Bristol Positive Behaviour Support Service, York Family Intervention Rapid Support Team, East Sussex Family Intensive Support Service [www.sscr.nihr.ac.uk/PDF/ScopingReviews/SR10.pdf](http://www.sscr.nihr.ac.uk/PDF/ScopingReviews/SR10.pdf)

Jackson Brown,F et al (2014). Supporting special school placements at risk of breakdown: behavioural and financial outcomes. International Journal of Positive Behavioural Support, 4 (1), 24 – 37.

Sholl, C, Reid, C, & Udwin,O. (2014). Preventing residential care for young people with intellectual disabilities and challenging behaviours: the development of the Ealing Intensive Therapeutic and Short Breaks Service. ACAMH Occasional Paper No.32

### **Economic case for intensive support – disabilities and challenging behaviour**

Lemmi, Valentina and Knapp, Martin and Brown, Freddy Jackson (2016) Positive behavioural support in schools for children and adolescents with intellectual disabilities whose behaviour challenges: an exploration of the economic case Journal of Intellectual Disabilities, 20 (3). 281-295. ISSN 1744-6295

Lemmi, Valentina and Knapp, Martin and Gore, Nick and Cooper, Vivien and Brown, Freddy Jackson and Reid, Caroline and Saville, Maria (2016) What is standard care for people with learning disabilities and behaviour that challenges and what does it cost? British Journal of Learning Disabilities, 44 (4). 309-321. ISSN 1354-4187