

Report of Chief Officer – Business Partnerships

Report to Director of Children and Families

Date: 23rd February 2018

Subject: Intensive Positive Behaviour Support Service



Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is the decision eligible for Call-In?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Summary of main issues

1. This proposal is to develop an outreach Intensive Positive Behaviour Service (IPBS) for Leeds. The IPBS team will be a clinical team, employed by the Local Authority, who will work with individuals and their families where young people's behaviour is a challenge to their carers and services.
2. Using a structured, evidence informed IPBS model of assessment, planning and joined up working has been shown to lead to a better quality of life for young people and their families, to reduced incidence of escalating need and a reduced need for expensive residential and respite care in later childhood. Importantly, putting better care in place during childhood has been shown to reduce the need for longer term support throughout adult life, reducing risks of institutionalisation and isolation for the individual and long term funding pressures for local services.
3. The IPBS proposals are based on an 'invest to save' case for change. The proposal is based on the national evidence that an intensive positive behaviour support service can reduce the need for residential care in adolescence, and that reducing the number of adolescents in residential care will in turn reduce the number of young people who continue in residential placements into adulthood. The costs for residential care for young people and adults with challenging behaviour is high and the outcomes for the individuals concerned are not always positive.

4. The funding for this service has been sourced from Adult Social Care and the Leeds Clinical Commissioning Group (CCG). Approval has been given for Children and Families to receive this funding to manage the provision.
5. This report outlines the background, the proposal and business case to implement the HR processes to begin the recruitment of the service staff team.

Recommendations

6. The Director of Children and Families is asked to approve the acceptance of the funding from Adult Social Care and Leeds Clinical Commissioning Group on the basis that this funding is to be spent specifically on the IPBS service. The finance details are outlined in the table in point 3.1 and Appendices 2, 3 and 4.
7. The Director of Children and Families is asked to consider the contents of this report and approve the implementation of the recruitment process

1 Purpose of this report

- 1.1 To outline the background, the proposal and business case to develop an Intensive Positive Behaviour Support Service (IPBS).
- 1.2 To seek approval from the Director of Children and Families to implement the recruitment of the IPBS service staff team.

2 Background information

- 2.1 Children and young people who experience high levels of behaviours that challenge are more likely to be at risk of needing residential care when their families feel unable to continue to look after them safely.
- 2.2 We recognise the potential for detrimental impact on our children and young people and their outcomes for those who live in external residential placements, often at a significant distance from their families. Nationally this impact has been evidenced by enquires such as the Winterbourne Review and the recent Lenehan Report, "These are Our Children" that highlighted the creation of an "alternative normal". We recognise the dangers of institutionalisation, lack of personal autonomy and the potential impact on long term outcomes for our children and young people.
- 2.3 There are logistical and wellbeing issues created for our children and young people who live at a distance from their families, friends and communities. This is mirrored by the practical and operational issues for local professionals and the potential negative impact this has on preparing for adulthood and transition to local adult services. Clearly there is also a negative impact on adult social care budgets and the Leeds pound. We have evidence to suggest that transitions for young people living locally benefit from closer working relationships with their family, support networks and professionals. This improves the quality of the assessment and planning for future needs and required provision therefore improving the young person's life experience and reducing the risk of placement breakdown.
- 2.4 The proposed service design for the Leeds Intensive Positive Behaviour Service has been shaped by the local and national strategic context and the best evidence of what works in similar services e.g. Ealing and South Gloucester. The key features of the Leeds service are as follows:
 - *A focus on timely intervention:* The aim with the Leeds IPBS is to work with young people from the age of around 10 onwards, in order to avoid escalating problems in adolescence, reducing the need for residential placements in later childhood and adult life.
 - *A clinically-led, integrated multi-disciplinary team:* the leadership of the team will be from senior Clinical Psychologists to ensure a robust, evidence-based therapeutic model and strong clinical supervision. But the team will draw on a range of skills – IPBS practitioners who will be LD nurses or similar, supported by specialist therapists plus the practical day to day support of Family Outreach

Workers who will be closely linked to Rainbow House, the local short breaks residential setting.

- *IPBS part of a stepped approach to care:* the IPBS service will be part of a structured system of support for these vulnerable young people and their families. The IPBS service will work at the 'top' of this stepped approach, working with those children and families with the highest need and most pressing risk of residential placement. The IPBS will not only provide more effective support for high need families but also free up existing services to work more 'upstream' with families with lower level needs.
- *Management integrated within existing services:* it is proposed that the IPBS service is integrated within the Leeds CAMHS setting to ensure more efficient management costs, better access to clinical supervision, easier access to specialist psychiatric input and more joined up day to day working.
- *Developing a consistent ethos and model of practice:* one of the core functions of a IPBS service would be to provide training both directly to parents and the wider workforce within children's services including family placement carers & foster carers, residential staff, commissioned Individual Support Workers (ISWs) and also health staff and SILC staff. This is because research shows that a well informed and consistent approach to managing behaviour across all settings and services is needed to help promote change and improve outcomes.
- *High quality specialist input:* in addition to promoting a consistent shared approach to challenging behaviours, the team will provide structured therapeutic input to the highest need individuals and their families. This will be targeted on those young people with the highest need and those where family members have additional needs – for example their own learning disabilities, mental illness and/or complex dysfunction. This input will be within a clear and consistent model of practice, led by the Clinical Psychologists, informed by a single, shared and thorough multi-disciplinary assessment and plan.
- *Strengths-based, whole family support across settings and services:* the plan and wider work of the IPBS would aim to support the individual and their family, building on the strengths of the young person, their family and their wider social network. The plan would be led by the IPBS but crucially will be supported as consistently as possible across settings such as short breaks, school etc., in order to make the change understandable and more effective.

2.5 The aim is to create a team that will work with these children, their families, schools and wider social networks to implement an intensive, therapeutic approach consistently in all settings in order to better manage their behaviours, help keep families together and reduce both the short and long term need for residential placements. Putting in stronger support at an early stage will help reduce costs in children's services in the short term but sustained long term savings for adult social care as once young people are in residential settings they are much more likely to remain so through adulthood. Reducing these placements is the primary aim of the Transforming Care Partnership instigated by NHS England and led locally by the CCG.

- 2.6 This is an evidence informed approach that builds on the learning and success of this model in a range of other Councils across England. All existing models report significant success in improving outcomes and reducing costs. This has an immediate use with young people but could in future form the basis of a similar approach with older people as has been used in other Councils.

3 Main issues

- 3.1 Approval has been received from Adult Social Care and Leeds Clinical Commissioning Group for the pooled budget of £882,365 as outlined below and the key decision notification has been published as of 15th January 2018. Children and Families will provide the physical space, identified as Rainbow House, and management and resources required to deliver the service with a cash equivalent of £26,880 p.a.

ASC Funding Bid	2017/18		2018/19		2019/20	
	£	Purpose	£	Purpose	£	Purpose
	47,867.15	Staffing costs	195,297.97	Staffing costs	199,203.92	Staffing costs
Grand Total	47,867.15		195,297.97		199,203.92	
Requested via iBCF	47,867.15		195,297.97		199,203.92	
Funding from other Sources	£	Source	£	Source	£	Source
	6,720	Children & Families	26,880	Children & Families	26,880	Children & Families
	47,867.15	Leeds CCG	195,297.97	Leeds CCG	199,203.92	Leeds CCG

- 3.2 This report is requesting approval by the Director of Children and Families to receive these monies.
- 3.3 The IPBS Steering Group, made up of key stakeholders, is co-producing the service design, detail and governance arrangements.
- 3.4 The proposed service model is attached – Appendix 1.

- 3.5 Proposed staffing arrangements for the new service would be based on NHS seconding employees over to Leeds City Council, therefore maintaining their own T&C's but are hosted by Leeds City Council. Payment of salaries will managed through recharging. These are similar arrangements to staffing within Health Partnerships, who are employed by the NHS and hosted by Leeds City Council. The proposed staff structure and costs are attached - Appendices 2 and 3.
- 3.6 In agreement with Adult Social Care, the initial funding for 2017/2018 is to be used for set up costs. These costs for the service including adaptations to the physical space (Rainbow House) and IT requirements/equipment are attached – Appendix 4.
- 3.7 The performance framework agreed with Adult Social Care and the CCG as a basis for the funding and reporting requirements are attached – Appendix 5.
- 3.8 The service will be evaluated with a view to establishing long term funding based on evidence of outcomes and budget savings. The proposed approach to evaluate the service is:
- Monthly monitoring of the admission to residential provision as part of the regular analysis of the performance dashboard for the Complex Needs Service.
 - Initial six month evaluation and review of service mobilisation and initial findings to include the benefit measures outlined above.
 - Annual review and evaluation of benefit measures to feed into ongoing service delivery improvement and quality assurance.
 - £18000 has been allocated to fund an independent evaluation in the third year of funding to provide robust evidence of impact and cost-effectiveness and to determine feasibility of ongoing funding beyond the trial period. Assuming the formal evaluation process establishes a financial business case with identified savings we will seek to make the service and the staffing permanent. The findings of the annual evaluations will feed into this process.
- 3.9 Target for full service mobilisation is the end of August 2018.
- 3.10 In terms of exit strategy there is sufficient evidence from the use of the Intensive Positive Behaviour Service model in a range of settings to be confident that the service can become self-sustaining in the medium term. Current placements cost on average £5167 per child per week, or nearly £270K per year. In order to produce savings that will cover the full cost of the service the number of placements need to reduce by two, or 20% of the current cohort, well below the success rate achieved elsewhere.
- 3.11 If the evidence shows that this is a more cost-effective approach, longer term funding will be required. As savings will be generated for Children and Families, Adult Social Care and health it is suggested that a joint funding solution is agreed that fairly attributes contributions based on the savings achieved. On the basis of the current information the data suggest that Children and Families will save more

in the short term and adult and health Services will make savings in the medium and longer term.

- 3.12 The proposed solution is to extend the existing Adult Social Care and CCG pooled budget to include an element of children's residential placements budgets. The formula and arrangements for this would be confirmed in light of the findings of monitoring and evaluation of the IPBS pilot. The reach of this service could also be extended across adult services to become an all age service.

4 Corporate Considerations

4.1 Consultation and Engagement

- 4.1.1 The rationale for this proposal has been informed as part of wider service developments for children and young people with SEND. All participation and consultation forums with key stakeholders such as children and families, schools, CCGs, adult services, CAMHS and LCHCT have identified this issue as a critical gap in service.
- 4.2 Specific focus has been given to this issue at the Transforming Care Partnership Board and the recent multi-agency consultation for feedback to the recent Lenehan report, "These are Our Children".
- 4.3 The development of the proposal has been overseen by the multi-agency Learning Disability Behaviour Support Group chaired by the Head of Complex Needs, Barbara Newton which has been operational for four years. This group includes representatives from those key stakeholders.

4.2 Equality and Diversity / Cohesion and Integration

- 4.2.1 The Equality Impact Assessment Screening Form is attached – Appendix 6.

4.3 Council policies and Best Council Plan

- 4.3.1 This proposal is clearly aligned to the priorities of Adult Social Care and wider priorities for social care and health - reducing demand and saving money.
- 4.3.2 This bid supports the Better Lives Plan in a range of ways: Better Connections, by improving access to local care; Better Living, by supporting vulnerable people to stay at home; Better Conversations, as it is based on new ways of working with children, young people and families that build on family and community strengths.
- 4.3.3 Furthermore this proposal achieves the aims set out in the Transforming Care Programme and the service underpins the majority of the areas in the support offer assessment. The model offers an opportunity to develop new approaches to supporting older people as trialled in areas such as Halton.
- 4.3.4 With regard to the Leeds Health and Care Plan work streams, this proposal aligns with the identified principles and outcomes of:
- "Living a healthy life to keep myself well"

- “Health and care services working with me in my community”
- “Hospital care only when I need it”
- “I get rapid help when needed to allow me to return to managing my own health in a planned way”

Specifically the following workstreams:

- We will have a new, locally-based community service, ‘Better Together’, that can better build everyday resilience and skills in our most vulnerable populations.
- We will take the best examples where health and care services are working together outside of hospital and make them available across Leeds, for example muscle and joint services.
- Patients with a mental health need will have their needs met in Leeds more often rather than being sent elsewhere to receive help.
- We will look at where and how people’s needs are assessed and how emergency care planning is delivered (including end of life) with the aim to join up services, focus on the needs of people and where possible maintain their independence.
- We will change the way we organise services by connecting all urgent health and care services together to meet the mental, physical and social needs of people to help ensure people are using the right services at the right time.

4.4 Resources and value for money

- 4.4.1 Funding has been confirmed by Adult Social Care and the Clinical Commissioning Group as outlined above
- 4.4.2 This proposal is a spend to save model with the potential savings outlined in point 3.1, 3.10, 3.11 and 3.12.

4.5 Legal Implications, Access to Information and Call In

- 4.5.1 All legal elements of this proposal have been overseen by advice from the Legal Departments of both the Local Authority and Clinical Commissioning Group.
- 4.5.2 This delegated decision is subject to call in.

4.6 Risk Management

- 4.6.1 Funding is already in place from Adult Social Care and it is essential that the service is mobilised as soon as possible to maximise the efficient and effective spend of the budget to realise the benefits outlined in Appendix 5.
- 4.6.2 Increase in cohort – all trend data indicates that this cohort of children is increasing in number as is the complexity of their needs. This will need to be factored into any analysis of budget savings with recognition given to the potential savings against increased demand.
- 4.6.3 This is a significant positive step in the holistic support for children with behaviours that challenge and learning difficulties and their families. We do not anticipate any adverse public or media interest.

5 Conclusions

- 5.1 The IPBS proposals are based on an 'invest to save' case for change. The proposal is based on the national evidence that an intensive positive behaviour support service can reduce the need for residential care in adolescence, and that reducing the number of adolescents in residential care will in turn reduce the number of young people who continue in residential placements into adulthood.
- 5.2 As identified in this report and specifically in Appendix 5 this service has the potential to significantly improve the lives and outcomes of some of our most vulnerable children, young people and families.

6 Recommendations

- 6.1 The Director of Children and Families is asked to approve the acceptance of the funding from Adult Social Care and Leeds Clinical Commissioning Group on the basis that this funding is to be spent specifically on the IPBS service. The finance details are outlined in the table in point 3.1 and Appendices 2, 3 and 4.
- 6.2 The Director of Children and Families is asked to consider the contents of this report and approve the implementation of the recruitment process.

7 Background documents¹

- 7.1

¹ The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.