

Appendix 1 - Service Model Narrative

Governance

The governance of the Intensive Positive Behaviour Support (IPBS) Service will be through Leeds City Council Children's Services. The funding for the service until end March 2020 has been secured through the Transforming Care Partnership, this is match funding provided from Adult Social Care and the Clinical Commissioning Group; requirements for reporting were included in the funding bid. Leeds City Council will employ non-clinical members of the members of the team and second Leeds Community Healthcare NHS Trust clinical staff so they are able to maintain professional standards and clinical terms and conditions.

The IPBS Steering Group, which will include the manager of the IPBS service and representation from the CCG will report quarterly on the progress measures identified in the funding bid: primarily the numbers of pupils with EHCPs in out of area residential placements.

The service is not expected to respond to families in crisis, but rather to prevent a crisis through ensuring the family and other significant adults around the child are working together in the best way. A monthly referral and reporting cycle should be sufficient.

IPBS is also part of the local offer for Autism and Learning Disability and must align with the services already in place.

Service Delivery Model

The Transforming Care Programme is all about improving health and care services so that more people can live in the community, with the right support, and close to home.

Intensive Positive Behaviour Support will be a clinically led, highly individual and intensive service. The team is expected prevent out of area placements through early intervention with the small cohort identified as at risk of institutionalisation and poor life outcomes following long term out of area placement. The IPBS service is designed for children with moderate to severe learning difficulties and a diagnosis of autism.

Where IPBS has produced success elsewhere, the clinical team works with a small number of children and young people, with a narrow demographic, who tend to experience family breakdown and education placement breakdown as a result of the behaviours the child uses to communicate.

While we want to replicate the success achieved elsewhere, the context of the service will have an impact on the service design and execution. While led by a Clinical Psychologist, the service will incorporate Educational Psychology and be based in a children's home working closely with the Rainbow House staff.

The IPBS service is centred on the family and other adults around the child. The practitioners work in the home and provide regular iterative and specific training to the family and all the professionals around the child. IPBS provides weekly planning,

review and reflection on how the environment and structures around the child can be adjusted to support a healthy environment that leads to a reduction in behaviours that challenge.

The service is extremely flexible and, based from the children's home Rainbow House, will have access to overnight accommodation. For the most part, children will attend Rainbow House for short breaks. However, during the period of service provision, the team will be able to respond and manage anticipated crisis without accessing universal crisis services, like A&E, as frequently through access to a Rainbow House bed.

While the amount of time the service will work with a child, family and the team around the child is variable, it is generally appropriate to assume that IPBS will be involved for at least a year. Some families may only need intensive support for four months; others may need involvement for more than a year and return to the service for a further period of involvement at a later developmental stage.

Referral

As with all Leeds City Council services, access is based on assessed need.

Children are typically identified (in other areas) through the Child and Adolescent Mental Health Service (CAMHS) Learning Disability (LD) Team; the children also tend to have a diagnosis of autism. In this model they are just as likely to be identified through the social work teams or the SILCs. It is unusual for Leeds City Council to restrict access to a service on the basis of a medical diagnosis. This is a team founded on an evidence base that has identified the prevalence of this diagnosis, concurrent with moderate to severe learning difficulties, in those pupils who move through out of area residential education placements into adult social care institutions. We do not accept that these characteristics should inevitably lead to limited life outcomes.

However, while these are the typical markers and there is an expectation that targeted and specialist services have been involved, the service must retain flexibility to identify those families where the service will be best placed to prevent family breakdown and out of area residential placement.

The service may also look to return young people to Leeds, where this is appropriate and provision to meet need is available.

To ensure that the expertise of the service, and their discretion, is part of the referral acceptance criteria a monthly panel, where existing cases are reviewed and new cases considered, is recommended. While referral paperwork is light where this service is in place, the referring officer or clinician expected to attend the meeting. Models like this are already in place across Leeds for similar decisions where resources are allocated.

Expected Outcomes

While the measure of success, and viability of the service, will be preventing out of area placements and potentially returning young people from out of area residential placements, other benefits are expected.

The service, though small, is expected to effectively manage high risk cases that would typically escalate to crisis. Controlling those risks will provide a more manageable workload; crisis is an intensive and unpredictable service demand with a significant impact on staff health and wellbeing, as well as service effectiveness, at all levels of a team. In addition, our crisis service professionals, like A&E staff, are not expected to have in-depth understanding of the interactions of Autism and learning difficulty in children.

Overall, this service is expected to free resource and develop skills across the services that work with children whose education, health and care needs are complex. However, the intensive and coordinated nature of the service will impact on the resources of other services, and may need consideration by those likely to be affected. Internal to Leeds City Council: the SENSAP team, the Social Work teams, the STARS service, the SENIT Team and the Educational Psychologists are all likely to need to adjust the caseload of professionals involved with a child in the IPBS service to accommodate the frequent training and review.

Through practical working with the IPBS service, all professionals involved will develop practical skills that will support their work with earlier presentations of behaviours that challenge.

After the intensive work, the case is expected to de-escalate to the normal coordination of the family and the team around the child.

To ensure that other staff across the city are able to benefit from the IPBS expertise, once the team is managing a normal caseload and if the resources are sufficient, a programme of training on specific topics will be available.

Specialist Equipment

While the team will be based at Rainbow House, they are expected to be mostly out of the office and working from the homes of the children. They are employed by Leeds City Council, but will also be clinical professionals and need access to clinical records as well as social care and education records. They will need equipment that supports this unusual position and the way of working.

The team will need access to the medical, education and care records of the child. In terms of applications, this will mean Leeds Community Healthcare Trust systems, both System one and the Care Notes used by CAMHS as well as Leeds City Council systems, both Synergy and Mosaic. Access to NHS databases is only possible with NHS devices. With four essential databases, it will be vital that the service has entirely paperless record keeping. Clinical standards of record keeping will be expected; the evidence for tablets in better clinical recording is strong. An unobtrusive device will also be required to view video footage of the interactions with the child in the home. For these reasons the team will require a tablet style laptop.

To support the baselining and regular training and review the team will record digital video footage of the child, the family, the IPBS team and other professionals interacting with the child. The frequency of this activity and the size of Leeds geographically would indicate that a hand-held digital video recorder for each member of staff with a role in the home will be necessary. This will be delivered through a standard LCC smart phone, the only video capture currently available with encryption, but may require ancillary equipment to capture sound. And, as the images will be under the control of Leeds City Council, the shared desktops and laptops at Rainbow House will need to be updated to handle video files.

Rainbow house will need additional ICT infrastructure, including digital plumbing for NHS secure network lines and modifications to shared areas so they can be used for training during the day and to accommodate additional staff numbers.