TRANSFORMING CARE

JOINT COMMISSIONING PLAN FOR SERVICES FOR PEOPLE WITH LEARNING DISABILITIES & CHALLENGING BEHAVIOUR

Wokingham Borough Council

Reading Borough Council

West Berkshire District Council

&

NHS Berkshire West Clinical Commissioning Groups (CCGS)

Final Draft

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Contents

Summary of Actions			
Improving Information			
Future JSNAs should separately identify people with learning disabilities with challenging behaviour/autism and mental health issues.	The local authorities and CCGs will collect information about services provided to children with challenging behaviour to inform planning and commissioning of services	The local authorities and CCGs will identify and collate information about people with challenging behaviour supported in the community to inform service provision and development.	
Improving Support Planning and Delivering Outcomes			
Health and Social services will ensure that all people who show challenging behaviour have appropriate support plans with clear outcomes and that services provided are appropriate to meet and achieve these.	Each local authority and health commits to reviewing all out of borough placements that they fund with a view to understanding if people wish to come back into the Berkshire area.	We will undertake more structured co-ordinated and integrated contract monitoring and service review process will be established to ensure services are meeting individual needs and outcomes and to inform wider commissioning activities.	
Improving Services			
The lack of behavioural specialists within CTPLD team will be addressed	NHS Berkshire West CCGs to examine need for and resourcing of case management for health funded placements.	Health and Social Care services will work together to develop integrated health and social care pathways to ensure timely access to appropriate services.	Each local authority and CCG will support the further development of service user led reviews and audits of services in their areas.
Improving Commissioning			
Transition arrangements between adults and children's services will be reviewed to ensure that challenging behaviour is clearly identified to inform future commissioning.	An integrated Berkshire West commissioning team will be established to ensure that gaps and overlaps between services to support children transitioning into adult services are removed and this group will ensure that people with learning disabilities have more choice and control over their lives.	Local Health and Social Care services will work together to develop clear joint health and social care commissioning pathways to ensure that appropriate services are commissioned to meet the needs of people with challenging behaviour.	Each Local authority and CCG will adopt clear criteria to identify when it is appropriate for an individual to remain in an out of locality placement. For those who wish to stay in that locality but who are in registered care settings we should also assess suitability for transfer supported living within that locality.
New Services and Market Development			
The CCG will aim to develop a multi-disciplinary team able to respond rapidly to provide crisis support in residential, supported living and domestic settings to reduce the need for hospital admissions.	The local authorities and CCGs will investigate commissioning of small, short term intermediate unit as a way of reducing hospital admissions and delayed discharges across the Berkshire health and social care economy.	The local authorities and health services will establish a project to plan for increasing capacity in the locality to meet increased need for supported living for people with challenging behaviour including availability of appropriately skilled staff.	
Improving Funding Arrangements and Value for Money			
Health and social care will collaborate to review the interpretation to the national eligibility criteria. Berkshire West has the lowest number of CHC funded patients with learning disabilities and challenging behaviour.	We will explore the possibility of developing the use of pooled budgets to enable easier commissioning of integrated packages of care which ensure that health and social care elements are co-ordinated to achieve agreed outcomes and deliver value for money.	High cost placements which do not achieve worthwhile outcomes for the individuals concerned should be identified and reviewed and, where necessary re-commissioned.	
Improving Support for Carers and Providers			
The local authorities and health services will seek a better understanding of carers supporting people with challenging behaviour through reviews and engagement and explore the availability of intensive community health input for carers support.	Health and social care will collaborate to understand the need for workforce development highlighting key issues.	A Provider engagement/forum/network will be established to enable providers, commissioners and other stakeholders to share good practice.	

Introduction

This strategy covers the three local authorities and Clinical Commissioning Groups which provide services in the west of Berkshire; Reading, West Berkshire and Wokingham, and has been written in response to the Department of Health's final report into the abuse at Winterbourne View - Transforming care: A National Response to Winterbourne View Hospital, which was published in December 2012.

The aim of the strategy is to ensure that we understand and are able to meet the needs of people within the area who have challenging behaviour. The strategy sets out common principles, aims and actions for the local authorities and CCGs but also indicates where particular local considerations or issues apply.

Table 1: Projecting Adult Needs and Service Information (PANSI) projections for people aged 18-64 with challenging behaviour for the three authorities is as follows.

Local Authority Area	2012	2014	2016	2018	2020
Reading	47	47	47	47	47
West Berkshire	42	43	43	43	44
Wokingham	44	45	46	47	48
Total	133	135	136	137	139

Although the numbers of people are relatively small and are not predicted to grow significantly we know that services for people with challenging behaviour can be difficult to commission in the immediate locality and that if we are to achieve our aim of enabling more people with challenging behaviour to be supported in the community we will need to improve our understanding of the needs of the individuals affected and extend and enhance services in a number of key ways.

There is a significant amount of literature on how services can be better designed, commissioned and delivered and there is also extensive expert knowledge locally which will inform how we develop services to ensure that people with challenging behaviour are appropriately supported and able to live as ordinary lives as possible in their communities.

The local stocktaking exercise required by the Department of Health following the Winterbourne View report showed that there are very few people placed in hospitals by the three local authorities and the local CCGs, and these people were all actively being assessed or receiving treatment. There were no people inappropriately in hospital as a long term residential option. It is our aim to maintain our good record on providing support, care and treatment in the right locations and avoid long term hospital stays where this is not appropriate.

This strategy was developed by a joint group comprising officers from the three borough councils, the Berkshire West CCG Commissioning Support Group, and the Berkshire Healthcare Foundation Trust to ensure that we work together to achieve this ambition.

Executive Summary

Despite the positive results from the Winterbourne View stocktakes there are a number of key areas where we have identified scope to further develop and improve services. These have formed the basis of an action plan set out in full on pages 31 to 32. In summary our findings are as follows:

Improving Information

We need to know more about the people with challenging behaviour that we support to better understand the needs of this group. This will be addressed through the local Joint Strategic Needs Assessments and collating information from reviews.

Improving Support Planning and Delivering Outcomes

Good support planning is key to delivering good outcomes. We will work to ensure that everyone has a person centred support plan with clear outcomes based around the principles set out in the Model of Care set out in the Transforming Care report. All placements will be reviewed and reviews will be better planned and co-ordinated.

Improving Services

We have a well-established Community Learning Disability team providing specialist support across the West of Berkshire but their ability to support people with challenging behaviour would be improved by the addition of a behavioural specialist. We also need to look at case management for heath cases and developing integrated care pathways to ensure people receive the right services.

Improving Commissioning

Identifying needs early is an important aspect of commissioning the right services. Commissioning services for younger people transitioning to adults' services offers a prime opportunity for this. We will also work to establish joint commissioning pathways to ensure we have the right services in place. Out of area placements will be reviewed to ensure that where appropriate people are supported to move back to the area.

New Services and Market Development

We have identified a gap in the availability of intensive support and will develop a multi-disciplinary team to provide this. A local short term intermediate support unit may also help reduce unnecessary hospital admissions and this option will be explored. We are also aware of the general need for more supported living options within the area.

Improving Funding Arrangements and Value for Money

Social Care and NHS agencies will work together to ensure that we share a common understanding of health and social care funding criteria. We will also look at using pooled budgets to deliver better integrated care. High cost placements will also be reviewed to ensure they provide value for money by delivering high quality outcomes.

Improving Support for Carers and Providers

People caring for a family member who has challenging behaviour are a vital and valued part of the support available. We need to ensure carers are properly supported. We also need to look at how better to support providers and customers. In this respect workforce development initiatives through training, advice and peer support networks will be developed.

Background

Transforming care: A National Response to Winterbourne View Hospital (The DH final report into the abuse at Winterbourne View) stated that:

> "By April 2014 each area will have a locally agreed joint plan to ensure high quality care and support services for all children, young people and adults with learning disabilities or autism and mental health conditions or behaviour described as challenging, in line with the model of good care (Page 9 Para 13)
>
> By April 2014: CCGs and local authorities will set out a joint strategic plan to commission the range of local health, housing and care support services to meet the needs of people with challenging behaviour in their area. This could potentially be undertaken through the health and wellbeing board and could be considered as part of the local Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy (JHWS) processes. (Timetable of Actions – 57)

This strategy has been developed in response to the above requirements to ensure that we have a clear and sustainable approach to the provision of care and support to people with challenging behaviour, built on agreed values and principles, and identifying specific actions to ensure all services are planned, commissioned and provided in accordance with the Transforming Care report Model of Care. This strategy draws on a number of other national reports and guidelines in addition to the Transforming Care Report as listed in Appendix 1.

Purpose and Scope

Purpose of the strategy is to set out how best Berkshire West local authorities and the CCGs will ensure that we have the right range of health, social care and housing services to meet the needs of Adults and Children with challenging behaviour to maintain the current position that no persons are inappropriately placed in inpatient settings on a long term basis and ensure that people in this group are supported to have lives that are as full and independent as possible.

The focus of the strategy will be on those people most at risk of admission to hospital or out of area specialist placements and how they will be supported to live as ordinary lives as possible in the community of their choice.

The strategy will set out commissioning principles, aims and actions and will identify the actions we need to take to ensure that assessment, care planning and commissioning activities will enable us to achieve this, together with the steps to be taken to develop the local care market and workforce to ensure the necessary services are available locally.

Values

The strategy is based on the principle that people who have challenging behaviour are entitled to live as "ordinary" lives as possible within their local communities, and should be at the heart of all planning and decisions concerning their housing, care and support. This means our focus will be on community based services which support people to remain in their local communities and services which reduce or prevent the need for higher level clinical and crisis intervention.

Principles, Aims and Intentions

This strategy is built on the Key Principles set out in the Model of Care in the Department of Health's report on Winterbourne View (Transforming Care). This is set out in full in Appendix 2.

The key elements of this model are that the individual and their family are at the centre of all support with the aim of 100% of people living in the community, supported by local services.

Services should be for all, including those individuals presenting the greatest level of challenge and services should plan and intervene early, starting from childhood, and including crisis planning. Services should be integrated and should focus on improving quality of care and quality of life and be provided by skilled workers. Where inpatient services are needed, planning to move people back to community services should start from day one of admission.

Services should deliver outcomes that result in people with challenging behaviour being able to say they are safe, treated with compassion, dignity and respect and be involved in decisions about their care. They should be protected from harm, but also have freedom to make choices and take risks.

People should get the right treatment for their conditions as well as being able to access good quality general healthcare. Where they have additional care needs, they get the support in the most appropriate setting and their care is regularly reviewed.

What do we mean by challenging behaviour?

In this strategy we have adopted the definition of "challenging behaviour" as used as in the Mansell Report which said:

> "The phrase "challenging behaviour" is used in this report to include people whose behaviour presents a significant challenge to services, whatever the presumed cause of the problem. Wherever it is used, it includes behaviour which is attributable to mental health problems.
>
> "As a working definition, that proposed by Emerson et al has been used
>
> > 'Severely challenging behaviour refers to behaviour of such an intensity, frequency or duration that the physical safety of the person or others is likely to be placed in serious jeopardy, or behaviour which is likely to seriously limit or delay access to and use of ordinary community facilities.'
>
> "When the term 'challenging behaviour' was introduced, it was intended to emphasise that problems were often caused as much by the way in which a person was supported as by their own characteristics. In the ensuing years, there has been a drift towards using it as a label for people. This is not appropriate and the term is used in the original sense."

The Royal College of Psychiatrists' Report on Challenging Behaviour (A Unified Approach) also proposed the following modified version of Emerson's definition

> "Behaviour can be described as challenging when it is of such an intensity, frequency or duration as to threaten the quality of life and/or the physical safety of the individual or others and is likely to lead to responses that are restrictive, aversive or result in exclusion".

The National Development Team for Inclusion (NDTI) Commissioning Guide further noted that

> "Some people prefer to use the term 'people who services label as challenging' to make this point about placing the responsibility with services rather than the individual".

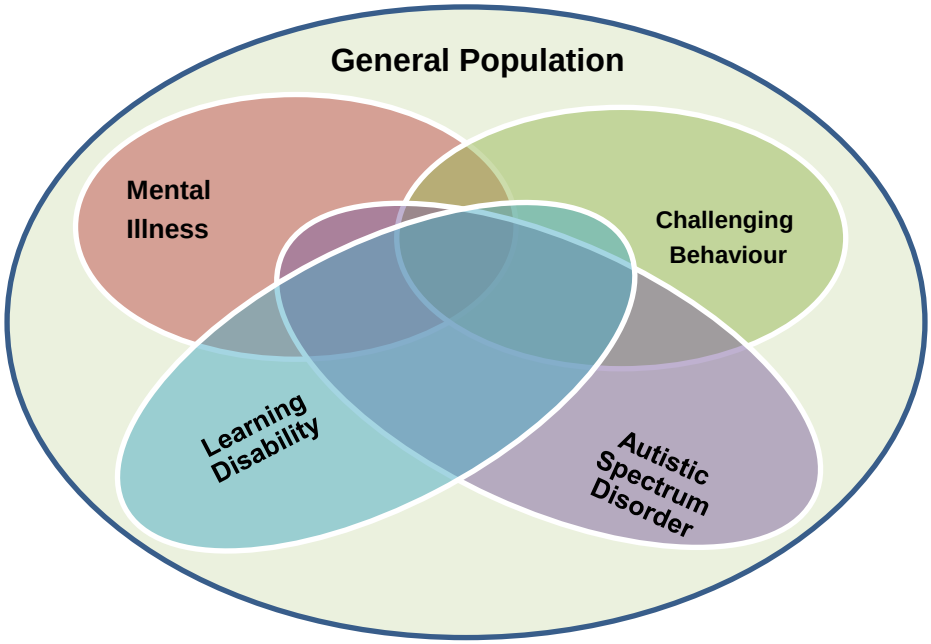
The Royal College of Psychiatrists' Report also noted that

> "..the term 'challenging behaviour' is socially constructed. The term represents the interaction of both individual and environmental factors, and the relationship between them"

The principles and aims of this strategy apply to all clients with learning disabilities but the main focus will be on this smaller group of people with challenging behaviour for whom appropriate services are difficult to find locally and where support needs to be more intensive and multi-disciplinary in nature. People in this group are at greater risk of admission to hospitals and other therapeutic settings, or to be placed in services outside the locality.

The Joint Commissioning Panel for Mental Health Guidance illustrates the relationship between challenging behaviour, learning disabilities and metal health problems as follows

Fig 1 Relationship between Learning Disability, Mental Illness, Autism and Challenging Behaviour



Although people with a learning disability are more likely to suffer mental health problems than the general population the numbers of people exhibiting challenging behaviour remain relatively small and a Royal College of Psychiatrists Report on Challenging Behaviour indicated that only between 10% and 15 % of people with a learning disability exhibit challenging behaviour which is likely to threaten their safety and quality of life and that of others.

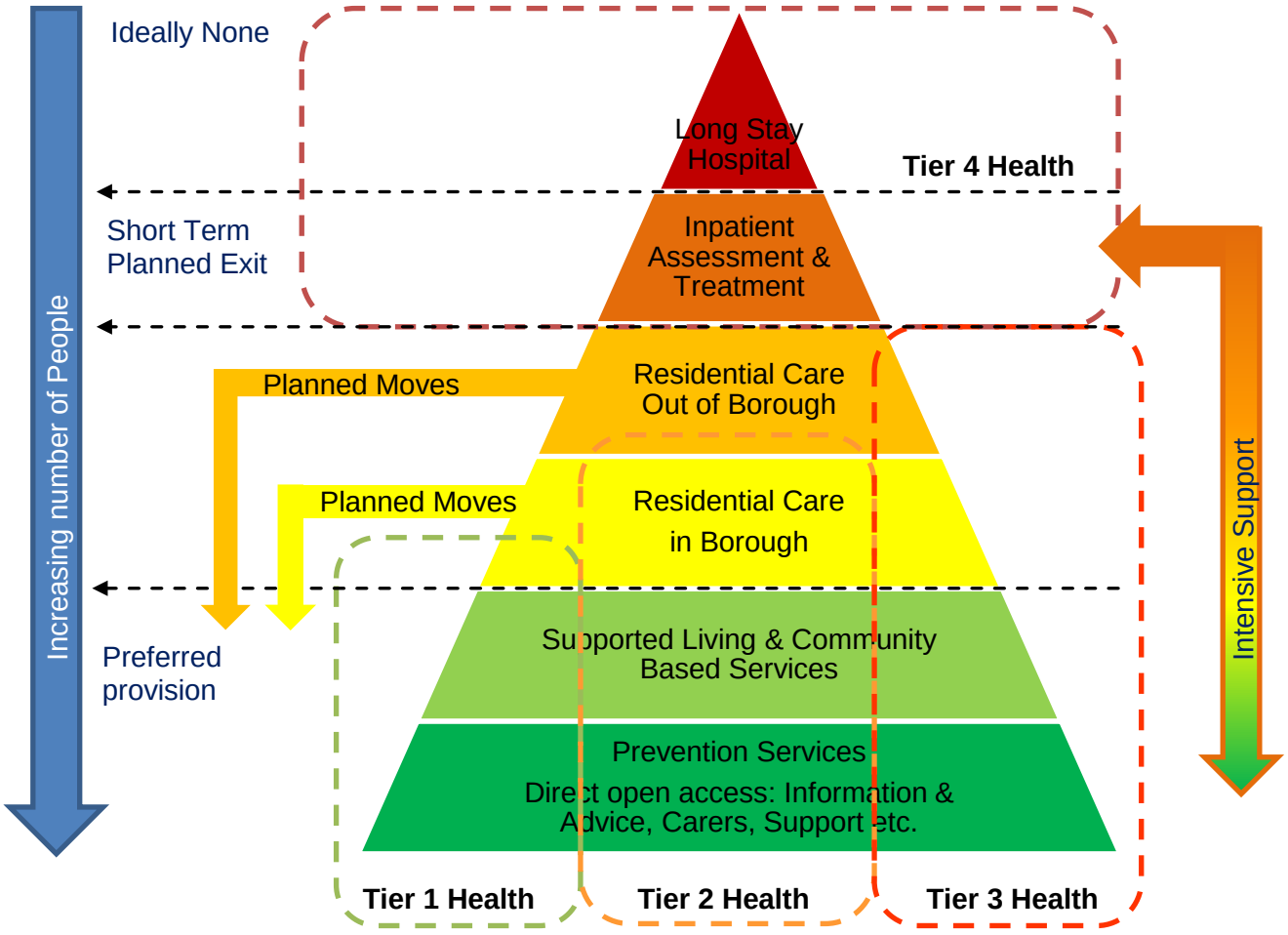
Despite individuals requiring high levels of need there is good evidence that people whose behaviour challenges services can be supported in the community in supported living settings with very good outcomes in terms of enhancing their quality of life and in many cases resulting in reducing the incidence of challenging behaviour. "Be Bold" published by NDTI and Think Local Act Personal (TLAP) includes a number of case studies which demonstrate this.

Accommodation, care and support therefore needs to be planned creatively across a wide range of professional disciplines and to be capable to responding to a wide range of fluctuating needs which may change dramatically at short notice, such as, for example, specialist multi-disciplinary intervention and crisis support to prevent admission or facilitate early discharge.

Accordingly we aim to develop joined up integrated services in which social care, health and independent service providers work closely together to a shared set of values and principles, and to ensure that each person's needs are well understood and that services are appropriate and responsive to those needs.

Local Model of Provision

Fig 2 Berkshire West planned model of provision



Health Services

- **Tier 1**: Primary care and other mainstream services meeting general health, social care and educational needs. There is some limited direct involvement by the community learning disabilities team and the psychiatrist.

- **Tier 2:** General community learning disability services. This includes specialist learning disability services. Services are mostly provided jointly between health and social services.

- **Tier 3**: Highly specialised community learning disability services. This includes areas of specialised needs such as challenging behaviour, pervasive developmental disorders and out-patient forensic services.

- **Tier 4:** Specialist in-patient services. It includes all specialist in-patient services for people with learning disabilities, ranging from local assessment and treatment services to high security forensic services.

Further details of health services in each tier are set out in Appendix 3

Patients who are currently living in the assessment and treatment units have been reviewed by Berkshire healthcare Foundation Trust to plan appropriate care in the community and these reviews have provided information about gaps in service to develop a joint health and social care strategic plan that will be submitted to NHS England in April 2014.

The evidence from the various reports following Winterbourne View indicate that the quality and models of service throughout the country vary widely and there has been an over reliance upon specialist services which may often be out of area, assessment and treatment hospitals.

The overall aim of the joint plan will be to provide better outcomes for people with learning disabilities with an assessed need, including mental health, by facilitating improved access to appropriate accommodation, opportunities for fulfilled and meaningful lives and access to healthcare services.

The plan will address gaps in the current provision of services in Berkshire and will focus towards the development of integrated and community based models of care thus making best use of joint working and networks of provision particularly in respect of supporting people to access mainstream services, including mental health services.

NHS Assessment and Treatment (A&T) units should only be for short term therapeutic needs and MUST not be used as a substitute for a residential provision. Residential care should only be required in a small number of cases and people in residential care should be supported to maintain and regain independent living skills and should be regularly reviewed with a view to moving into community based settings. Residential Care should not be arranged out of the locality except in exceptional circumstances and there should be a plan in place to facilitate relocation to local provision where this is the wish of the individual or the result of a formal Best Interest decision.

Where are we now?

Local Stocktaking

Stocktaking for the "Winterbourne View" review for each of the CCG area was as follows:

Reading

- For Winterbourne reporting purposes the return in September 2013 was **3**. One of these people has since been discharged. Of the 2 remaining people, **1** is placed within Southern Health NHS Foundation Trust assessment and Treatment services, **1** is placed in a rehab service in an independent hospital having been stepped down through the forensic pathway.

- During the period 2012/13, **1** person remained in an out or area independent rehab service (noted to be the responsibility of Wokingham CCG but Reading LA).

- During the period 2012/13, **2** people remained in out of area medium secure placements and 1 person remained in a high secure placement.

- During the period 2012/13, **8** people were treated within BHFT's assessment and treatment services and **5** were discharged. The average length of stay was 219 days which included a person a total stay of 529 days of which 148 days were noted as a "delayed discharge".

West Berkshire

- For Winterbourne reporting purposes the return in September 2013 was **1**. This person is placed within BHFT's assessment and treatment services.

- During 2012/13, **8** people were treated with BHFT's assessment and treatment service. A further person was admitted from the area but the responsibility of Slough LA. **6** people were discharged within 2012/13 and the average length of stay was 155 days. This included one person who was noted to as a "delayed discharge for 54 days.

- During 2012/13, **1** person was placed in an independent hospital out of area rehab placement.

- During 2012/13, **1** person remained in a low secure and **1** person remained in a high secure placement out of area.

Wokingham

- For Winterbourne reporting purposes (i.e. numbers of people who placed in hospital who are **not** receiving active treatment) the return in September 2013 was **nil**.

- During the period 2012/13, **2** people continued in an out of area long term rehabilitation placement remaining under Section 3 of MHA Both are Wokingham CCG's responsibility; the Local Authorities responsible were Hillingdon and Reading.

- During the period 2012/13, **1** person remained out of area in medium secure and **1** person in a low secure setting.

- During the period 2012/13, **6** people were treated within BHFT's assessment and treatment services and **5** were discharged during this time. The average length of stay for Wokingham people was 404 days which included a person with a total stay of 822 days of which 423 days were noted as a "delayed discharge".

Joint Strategic Needs Assessments

The Local JSNAs have little data on prevalence of people with learning disabilities and mental health problems or challenging behaviour. This needs to be addressed. The development of registers as proposed in the Winterbourne Report should help to address this and future JSNAs should look at the needs of this group separately from the larger group of people with learning disabilities as their needs are in many ways significantly different and require higher levels of specialised support.

West Berkshire Council's JSNA for People with Learning Disability 2012/11 indicated that there were 69 people who exhibited behaviour that challenged services and 86 people with complex needs. This document also notes that there were 71 young people in the Transition group (13 -17 yrs) who were placed in schools outside area. (Not all of this group however will exhibit challenging behaviour).

ACTION: Future JSNAs should endeavour to identify people with learning disabilities with challenging behaviour/autism and mental health issues.

Local Health Services

Health Services for Children and Young People

Current commissioning arrangements

There are currently no young people aged 14+ in Berkshire who meet Winterbourne View criteria and are funded by health. There are a number of young people who are placed out of area by Local Authorities whose CAMHs treatment is funded by CCGs under Responsible Commissioner rules and provided in the locality where the child is placed. However none of these young people currently meet the WV criteria.

Looked After Children's teams in Berkshire are responsible for maintaining the health care plan for each Looked After Child, even when a child is placed out of area. BHFT are commissioned to carry out all Looked After Children's reviews within a 20 mile radius of the Berkshire border. Outside this radius, the local community provider is commissioned to carry out the review.

Psychiatric adolescent inpatient care is now commissioned by NHS England. There are no Tier 4 units in Berkshire. Some young people in such provision in the future may meet the WV Criteria. Although the CCGs are no longer statutorily the 'Responsible Commissioner' they continue to maintain an overview of cases via a weekly report provided by BHFT and Specialised Commissioning. BHFT remain involved in cases to ensure efficient repatriation processes across Health, Education and Social Care. Case management sits with NHS England specialised commissioning- this function ensures the placement continues to meet the young person's needs and plans for re integration back into community

In Berkshire, Children's Continuing Healthcare funding is accessed via an assessment process in line with national guidance and a multiagency CHC panel in each area. Applicants are assessed by trained nurse assessors. The team includes Learning Disability Nurses.

How young people are involved in planning services in Berkshire

CAMHs service users are currently being asked to provide feedback as part of the CAMHs review. Engagement tools have been developed by a panel of young people, including those with disabilities, and include Widget and symbol software. A CAMHs service user forum is in place.

Looked After Children took part in a similar engagement exercise 2 years ago. Additionally, health workers meet regularly with Children in Care Councils and Independent reviewing officers. The Looked After Children's service has been heavily modified due to feedback from young people in recent years. Health passports for care leavers have been developed and implemented.

Future plans- SEND reforms

The Children's commissioners are working closely with Education colleagues in order to ensure that we are able to deliver improved and effectively joined up services as part of the proposed SEND Reforms. A key element of this is the implementation of a joint Health, Education and Social Care Plan for every child with learning disability who was formerly the subject of a statement of Special Educational Needs. This will include all children included in the WV criteria.

Future Plans- CAMHs commissioning

A review of CAMHs provision is currently under way in Berkshire. The review seeks to identify options for delivering high quality integrated services that can be delivered within resources available to meet the needs of the Berkshire population, taking into account equality and diversity issues.

This work builds on the Berkshire Tier 3 to Tier 4 pathway work which was undertaken in 2013.

The review considers the question

“Does CAMHS provide timely, effective and efficient services to the population of Berkshire?”

An engagement exercise is underway with service users, families, carers, stakeholders and service providers. This part of the review is being led by an external expert in Children’s Rights and participation.

The review is due to report to CCGs in May 2014 and it will include any recommendations from the Tier 4 review which is currently underway, led by NHS England.

Future Plans- developing technology

CCGs in Berkshire are considering the potential of extending the SHARON (Support Hope and Recovery Online) project to young people. It may be possible for young people who are placed out of area to stay in touch with a local care coordinator through a secure online network, both in hours and outside conventional working hours.

Health Services for Adults

Assessment and Treatment Centres

There are two NHS assessment and treatment centres within the West of Berkshire Area. The Campion Unit based in Prospect Park Hospital, in Reading, which has 9 beds and Little House in Bracknell, which has 7 beds. The physical environment of the Campion Unit enables it to support people with most extreme challenging behaviour but people with challenging behaviour are also supported at Little House when risks can be appropriately managed .The Campion Unit tends to provide for more challenging behaviour. Both units are managed by the Berkshire Healthcare Foundation Trust.

About half of patients in the units are admitted due to a primary presentation of challenging behaviour and the remainder have a complex presentation of mental illness. There is a 12 week assessment period and the average stay in the units for people from the 4 West of Berkshire CCG’s is currently around 192 days, which is below the national average. Delayed discharges are becoming an increasing reason for longer stays. Few patients admitted to these services return for subsequent admission indicating that treatment is effective and individuals are able to hold onto improvements. There are objective measurements of pre and post treatment with a six month post discharge follow up which evidence that significant changes for people are made and maintained.

Community Based Health Services

Joint Community Teams For People With Learning Disabilities (CTPLD). –

LD specialist community services are part of the health and social care systems that support people with LD. Working within a person centred approach, professionals will link into all aspects of a person’s support plan as needed, networking and working across a wide range of agencies.

The teams comprise

- 3.4 fte nurses
- 0.6 Health Team manager
- 0.8 fte support worker
- 1 fte psychologist
- 1 fte OT,
- 0.8 fte OT helper
- 0.8 fte physiotherapist
- 0.4 fte speech and language therapist per week
- 0.2 fte dietician
- 0.8 fte Consultant psychiatrist
- 0.6 fte Specialty Doctor

The team is supported by a consultant psychiatrist.

Learning Disability psychiatry and psychology work as part of the Community Learning Disability Teams to provide specialist health input to service users in their homes. There is a named psychiatrist and psychologist for each CTLD.

The health professionals work with people over 18 with a severe learning disability (IQ under 70).

The team does not however work with people with Asperger's, forensic needs or acquired brain injury. The eligibility criteria ensure the specialist work is correctly targeted and enables support to be focussed on those people who cannot be supported by other services.

The support includes assessments and direct and indirect interventions to understand the function of the behaviour and minimise the impact.

This team provides partnership working for high quality, evidence based services, which promote good, measurable outcomes for service users and their family carers which continuously improve these services through access to joint information systems

- The CTPLD provides specialist assessments and therapeutic interventions and provides direct intervention and support for people with most complex needs. Where there is a need for intensive treatment, this may include support for people in inpatient services but always with least restrictive option being considered first. The intention of the Berkshire CCGs and local authorities is to reduce the need for inpatient admission.

- This team supports partner agencies to ensure smooth transition for young people from children's services into this service

Each CTLD (West Berks, Reading and Wokingham) receives approximately 50 referrals a year between nursing and psychology

It is recognised with the team that some specialism are not fully represented. This includes in particular behavioural specialist and any drama, art or music therapists.

ACTION: The lack of behavioural specialists within CTPLD team will be addressed.

Enhanced Support Service

An enhanced support service (ESS) has been commissioned from Berkshire Healthcare Foundation Trust to provide specialist assessments and interventions as part of a multidisciplinary person centred support to people with learning disability to improve the person's well-being and quality of life. Its key objectives are to

- Work in partnership with service users/families/carers, statutory and independent services to enable a person centred approach to support the individual to maximise the quality of life in the least restrictive environment.
- Provide teaching/education to service users and their supporters to improve their understanding of maintaining good mental health and appropriate interventions.
- Work collaboratively with primary care and secondary care services to raise their understanding of LD specific issues and to support access to mainstream health services.
- Review specialist LD out of area placements to ensure good quality services are provided that meet the needs of the service users and to support agreed transitions to less restrictive environments in a timely manner.
- Participate in the research and audit that contributes to the knowledge of specialist LD services.

The service is part of the pathway for admission to Assessment and Treatment Units to explore options for community based support, and is delivered by a multi-disciplinary team. The service interfaces between the in-patient services and the community teams for people with learning disability. The care management process for the service users is led by the local authority working closely with health professionals to ensure seamless support for the service user. The service is underpinned by a person centred and holistic approach to encompass all aspects of support in daily living, personal development and health and wellbeing with consideration to balancing risk management and providing opportunities/choice.

Protocols are in place to work collaboratively across MH and LD services ensuring that the most appropriate support is provided.

This service area provides a seamless service for the service user, working closely with colleagues in the six CTPLD's, in-patient services family groups/carers and partnership agencies. Protocols are in place to work collaboratively across MH and LD teams.

The care pathways for access to health services are included at appendix 4.

ACTION: Health and Social Care services will work together to develop integrated health and social care pathways to ensure timely access to appropriate services.

Reviews and Contact Monitoring

Case Management and Reviews of Health Cases

Health professionals within the CTPLD's do not case manage or review health funded cases (either CHC, S117, or MHA) which can leave a care management gap. An identified cohort of people are care managed through ESS but people now leaving BHFT's assessment and treatment services with health funding attached do not have a health case manager to support and review the care. This can also impact on service and contract monitoring for this group of people. A specialist health care manager would address this issue and establishing such a post should be considered as part of the development of our services in response to the Transforming Care (Winterbourne View) Report.

i) Block contract reviews – The contract with the main provider is reviewed on a quarterly basis but continuous monitoring is carried out to ensure patient safety.

ii) Clinical reviews – BHFT case manager reviews all out of area placements. The Enhanced Support Service have a case load of 25 people maintaining links with all people placed in forensic services and an identified cohort of people with health funding (MHA/ S117) . The capacity of the case manager is under review due to an increased demand.

ACTION: NHS Berkshire West CCGs to examine need for and resourcing of case management and reviews for health funded placements.

Social Care Services

Children's, Young People's and Transitions services

Transitions teams within the local authorities work closely with children's services to identity and track young people from the age of 16 who may need services on becoming 18. This includes children with learning and physical disabilities as well as vulnerable care leavers.

Reading

Reading has recently established a Children and Young Peoples Team (0-25). It brings together the children and adult social care support function. This allows for better planning and preparation of young people as they approach adult hood and a more seamless transition. The Team has a transitions coordinator who gathers data on future needs of young people and also supports social workers in their planning and support of the young person. Currently the Team have identified 6 young people between the ages of 14 and 18 who present with challenging behaviour.

West Berks

In West Berkshire 395 young people were in Transition in 2012/13. Not all will be eligible for Adult services and only a small number will present with challenging behaviour. Within CTPLD in West Berkshire, there is a specialist transition social worker and there is also assistant SEN Manager with specific responsibility for transition in children's services. Children's and adults service work together via a virtual transition team.

Wokingham

WBC currently manages commissioning for young people transferring from children's to adults' services within a dedicated transitions team comprising 2.5 fte social workers.

Each term any children with Special Educational Needs who will become 16 that term will be assessed to establish whether they are likely to have needs as adults to enable longer term planning of services. At any one time there are around 30 young people allocated to the transitions waiting list for assessment of these, between 5 and 10 are likely to be aged 17-18.

There are relatively few out of area placements in the 16-18 group, generally around 4-5 and historically most of these have been happy to return to the borough for ongoing long term support.

In many cases a direct payment is taken so that families can take more control of the support provided.

ACTION: The local authorities and CCGs will collect information about services provided to children with challenging behaviour to inform planning and commissioning of services

Adult services

Assessment and Support Planning

Good services for individuals start with a good understanding of their needs and their capabilities and aspirations. This requires careful, sensitive and comprehensive assessment of needs and a good, co–produced person centred support plan. All three Councils use person centred planning approaches and allocate personal budgets to allow maximum choice and control for individuals over the services they require.

For people with challenging needs we must ensure that Individuals and their families are supported through this process by clear information and open and honest communication families should be fully involved in the assessment and support planning process. Families' expertise and knowledge of the individual should be understood and respected and should inform the process. Advocacy should also be provided where requested or appropriate to ensure that the individual's voice is heard throughout the process.

ACTION: Social services will ensure that all people who show challenging behaviour have appropriate support plans with clear outcomes, and that services provided are appropriate to meet and achieve these and enable them to live "as normal a life as possible".

General situation in relation to people with a learning disability supported by the three local authorities

The findings of the Winterbourne View stocktake are, however, no reason to be complacent. The three councils still fund a significant number of people in residential care outside the borough. Many of these are in services in each other's or neighbouring authorities, with whom the three local authorities have links dating back to when the six Berkshire Unitaries were a single County Council. Nevertheless the information suggests there is clearly a need for greater provision within or close to the three authorities' areas.

Residential Placements

Table 2 Current Local Authority funded learning disability placements as at January 2014

Local Authority	Service	Within borough	Out of borough	Out of borough placements in neighbouring authorities
Reading	Residential	47	78	45
	Supported Living	140	2	1
	Total	**187**	**80**	**46**
West Berks	Residential	36	58	10
	Supported Living	180	2	3
	Total	**216**	**60**	**13**
Wokingham	Residential	27	60	33

	Supported Living	81	2	2
	Total	**108**	**62**	**31**

In addition the following residential placements are fully funded with Continuing Health Care (CHC) funding:

Table 3 Current 100% health funded learning disability placements as at January 2014

Local Authority	Within borough	Out of borough	Out of borough placements in neighbouring authorities
Reading	0	3	1
West Berks	5	8	1
Wokingham	2	7	3

Action: Health and social care will collaborate to review the interpretation to the national eligibility criteria. Berkshire West is one of the lowest numbers of CHC funded patients with learning disabilities and challenging behaviour.

Out of Area Residential Provision

Overview

The main reason for out of area placements was the perceived lack of local provision deemed appropriate when registered residential care homes providing high levels of support were seen as the most appropriate service. The success of supported living as an option was not as well established as it is now. Moving people back into their local communities however can prove difficult to arrange for a number of reasons, including, lack of suitable registered provision or supported living accommodation, individuals becoming used to the existing provision and the establishment of local links by the individual and/or their families.

Many out of area placements are highly successful and provide good services that people benefit from. Many families have relocated to be nearer to these services. However we need to ensure that each such placement is appropriate given the general preference for provision of services close to each individual's community.

Reading

Reading Borough Council has 80 people placed out of area and 18 of these people are considered to have challenging behaviour. One of these 18 placements is a specialist mental health/learning disability supported living placement made in 2011 with the remainder all being residential care and having been made prior to 2006.

RBC undertook a comprehensive review of all residential service placements in 2011 with a view to bringing people back to Reading. It was clear then that the majority of the people had lived in the residential care homes upwards of 5 years and in several cases their family is living locally. Therefore Reading concluded it was not in people's best interests to return to the Reading area. However, the authority remains concerned that distant placements reduce the ability to robustly monitor the quality and outcomes of these out of area placements. Therefore Reading are introducing a protocol for comprehensive out of area reviews which will include consideration of return to Reading.

Reading are in the process of building 10 new supported living flats and will be considering whether this provision can meet the needs of those who are considered to challenge services.

West Berkshire

Of the 68 people from West Berkshire Council currently placed in residential care out of area 33 are known to have challenging behaviour.

The people in out of area placements tend to be historical Section 28a transfer placements or young people who have been placed out of area into residential schools and colleges and for whom there has been no local placement. The younger group tend to be people with challenging behaviour but a number of the older ex-long stay hospital group are also challenging. Two years ago West Berkshire Council opened a 4 unit bespoke supported living service in Newbury for this younger group who either were or were at risk of being placed in expensive out of area specialist residential care. This service with a good care provider has worked well but it was very resource intensive to set up.

West Berkshire reviewed all its out of area placements in the year up to September 2013. These were reviews of the quality of the placement as well as the needs of the individual and a recommendation was made that either confirmed that the placement continued to appropriately meet the needs of the individual, or that the person needed different care. We are currently working actively with 9 people to move them on to supported living either back in West Berkshire or in the area where they are currently placed and have established networks. We have also worked over the past year with BHFT to bring one young man back from an out of area hospital to his own bespoke supported living accommodation locally.

Wokingham

The main reason for out of area placements is a legacy one; such placements were made due to lack of local provision for the services deemed appropriate at that time. This was generally in residential homes offering high levels of support as the success of supported living as an option was not as well established as it is now. Whilst the Council has sought to find local accommodation of a suitable type it can sometimes prove difficult to arrange moves back to the borough or the local area as individuals have become used to the existing provision.

Of the 27 people currently placed outside the immediate locality (Wokingham and neighbouring authorities) 10 have been identified as having both learning disability and mental health needs or challenging behaviour. A further 9 people in placements in authorities bordering on Wokingham but outside Berkshire have been identifies a having challenging behaviour.

Action: Each local authority commits to reviewing all out of borough placements with a view to understanding if people wish to come back into the Berkshire area.

Local Residential Provision

Currently the number of CQC registered residential homes within each of the three local authorities specialising in learning disability or mental health is as follows

Table 4: Registered Residential Care Provision within the area

Local Authority	Number of CQC Registered Care Homes	Number of Beds
Reading	23	153
West Berks	29	195
Wokingham	42	384
Total	**94**	**732**

The registered provision in Wokingham includes a large complex at Ravenswood village, providing services to around 130 people. Very few are funded by Wokingham Council, most are self-funded or not Borough residents.

Local residential homes are able to support many people with challenging behaviour but there is no collated or systematic review or understanding of each services capacity to do this and what their needs might be in terms of additional support.

Local Community Based Services Including Supported Living.

Table 5: Accommodation type for people supported in the community

People supported 2012/13 (source: HSCIC ASC-CAR L2)	**Living independently (inc supported living schemes)**	**Settled accommodation with family or friends**	**Total**
Reading	175	145	**320**
West Berkshire	185	130	**315**
Wokingham	165	170	**335**
Total	**525**	**445**	**970**

People living in the community receive a range of community based services including professional support, home care, and day opportunities which can offer support to people with a range of needs.

Reading Council has a mix of in house provision where a dedicated 1:1 worker is provided for a small number of people who are able to be supported in a day centre environment, There are 2 main providers of external day care building based and then a number of people who are supported during the day as part of their supported living or residential support package.

West Berkshire Council has 3 pan disability Day Service resource centres. These can work with a small number of people with challenging behaviour on specific days. We purchase a small number of day care places from independent sector day care and residential providers but generally for people who challenge services we need to commission additional staffing to support the individual.

Specialist learning disability day support in Wokingham is commissioned from Optalis, the Council's social care trading company and operates in 3 locations across the borough. In the last year the service has invested in two proact scip trainers. This allows the organisation to train support workers not only in

the principles but on a customer by customer basis to deliver a person centred whole approach to people management. By using proact scip it gives staff the skills to use a less restrictive approach and allows those who challenge to be supported in a much more positive way and to lead a fulfilling life.

Despite his however, it is recognised that there are gaps in our knowledge about people with challenging behaviour supported in the community and what services they receiving.

ACTION: The local authorities and CCGs will identify and collate information about people with challenging behaviour supported in the community to inform service provision and development.

Social Care Services Reviews and Contract monitoring

Regular reviews should take place but there is a gap in aggregating the information to inform commissioning in both local authority and CCGs.

It is acknowledged that contract monitoring and reviews have not to date enabled us to systematically evaluate which services best deliver the required outcomes for the individual. Anecdotally we are aware that that services which work well for some do not work well for others even within the same placement of provider.

As a part of our service development we will undertake more structured approach to monitoring service performance. This will include clear guidance on scheduling reviews, especially out of area placements, assessing services against placements and actions to be taken where services appear not to be delivered according to service specifications or meeting the individual's needs or achieving the desired outcomes.

ACTION: We will undertake more structured co-ordinated and integrated contract monitoring and service review process will be established to ensure services are meeting individual needs and outcomes and to inform wider commissioning activities.

Commissioning

Developing a Commissioning Pathway

NHS Berkshire West CCG and local authorities can develop opportunities to develop an integrated health and social care team with delegated lead responsibilities for commissioning, safeguarding, performance managing and reviewing all Berkshire West health and social care spot commissioned out of borough placements for adults with global learning disabilities (Global learning disabilities is defined as a person who has an IQ below 70).

Meeting needs in a joined up and integrated way would involve commissioning "wrap around" services to support the person to remain in the community. It is important that we clarify how these services are planned and commissioned and how they are funded. Some may be commissioned by and based in individual authorities and others Berkshire wide and Thames Valley wide.

An integrated Berkshire West commissioning team approach would help to ensure that gaps and overlaps between services provided or funded by different agencies are removed and that a holistic view can be taken of each individual's needs. **A joint health and social care integrated team approach can ensure that people with learning disabilities have more choice and control over their lives. This can be achieved through the roll out of personalised budgets.**

ACTION: An integrated Berkshire West commissioning team will be established to ensure that gaps and overlaps between services are removed and to can ensure that people with learning disabilities have more choice and control over their lives.

Given the nature of services required it is inevitable that most services will be commissioned on an individual level based on personalised care plans, and commissioners will need to develop skills that enable them to identify and secure services to meet needs on an individual level whilst also delivering value for money. This will include co-production, awareness and understanding of local provision and best practice, as well as the ability to work closely with individuals and their families.

We therefore see a need to establish clear commissioning pathways covering all elements of the commissioning cycle and which identify responsibilities in relation to service planning, finance, procurement routes, outcomes and service monitoring.

ACTION: Local Health and Social Care services will work together to develop clear joint health and social care commissioning pathways to ensure that appropriate services are commissioned to meet the needs of people with challenging behaviour.

Commissioning Children's and Transitions services

Each local authority has established processes by which it manages the planning and commissioning of services for children transitioning from children's to adults' services.

As indicated above all three local authorities' Adult Care services work closely with Children's Services to identity and track young people from the age of 14 who may need services on reaching 18. This includes children with learning and physical disabilities as well as vulnerable care leavers. Each term any children with Special Educational Needs who will become 16 that term will be assessed to establish whether they are likely to have needs as adults to enable longer term planning of services. Those who are likely to need services are allocated to a worker.

The Children and Families Bill will place requirements on Social Care Health and Education services to work together to jointly plan and commission service for young people with Special Educational Needs and work is currently being done across social care, health and education to enable us to fulfil this duty.

- Support to individuals to continue in education and training or find employment
- Support to access services in the community
- Building independence
- Support to carers including supporting carers so that they can continue to work as well as more tradition support such as short respite breaks

There are a small number of transitions cases that pose problems for services due to lack of any formal diagnosis or clear understanding of the underlying issues. Appropriate services to support individuals in this category after the age of 18 can be difficult to find and individuals are often unwilling or unable to engage with services, which can give rise to problems such as homelessness and offending behaviour.

Transition arrangements between adults and children's services will be reviewed to ensure that challenging behaviour is clearly identified to inform future commissioning.

Commissioning Adults Services

Out of Locality Placements

As a matter of principle our view is that supported living should be the first choice option even for those with challenging behaviour. Only in extremely rare cases should it be necessary to commission registered residential care, and where it is there should be a plan in place which identifies steps towards supporting transfer to supported living and community based alternatives. Support in the home is a preferred option for many but may not promote the independence of the individual and may also place a strain on carers.

As three relatively small authorities it may be unrealistic and unnecessary to insist on all provision being within each of the boroughs. Historical links with other parts of what was Berkshire County, and the proximity of population centres in the neighbouring boroughs coupled with good transport links together, with the boundaries of the main NHS provider of specialist health care (the Berkshire Healthcare Foundation Trust) being based on the old county boundary, suggest that placements in neighbouring authorities would in most cases be sufficient to meet the underlying principle of placements being close to each individual's own community.

The question of out of area placements needs to be addressed by each authority as a matter of policy. There are issues in terms of whether to preserve individual choice and allow people to stay where they are if they choose to do so, irrespective of location or cost effectiveness and accept that this may result in many such placements continuing, or commit to the model of support within the individuals locality and arrange appropriate transfers. In order to take account of each individual's preferences and balance choice against location of provision, it would seem appropriate for each local authority to consider whether to offer every person currently placed out of the locality the opportunity to moving back to the local authority area or a nearby location.

It is recognised however that there are significant barriers to achieving the aim of supporting people within or close to the borough, especially for those with a high level of need or who require specialist support. Many people currently being supported outside the immediate locality are likely to be genuinely happy and settled in their current placements, which achieve good outcomes for them and it may not be apparent what they would gain from a move. Others may be less happy or receiving services that fail to meet their needs and outcomes but be unable to make an informed decision about moving to an alternative service even if this would be to similar or better provision.

In order to address these issues clear criteria are needed to identify when remaining in an out of locality placement is appropriate. This will include quality of care, achievement of outcomes, the individual's links with the locality and their personal preferences. Where a person indicates a preference to remain but it appears that services are not meeting the individuals needs the service will be regularly reviewed against clear outcomes and should there be no improvement in provision a decision may be made to re-commission a more appropriate service closer to the local authority area.

For those who wish to and stay in their current locality but who are in registered care settings we should also assess suitability for transfer supported living within that locality. This may be particularly appropriate for those people whose families have moved out of the borough in order to live near to their residential placements. This would have the effect of transferring responsibility for funding support to the local authority under Ordinary Residence arrangements. Local authorities are bound by Ordinary Residence regulations which require them to take on financial responsibility for people moving into their areas. This does not apply to residential care placement arranged and funded by the local authority but does apply to supported living provision. This can make it difficult to commission supported living in other areas

Individuals and their carers would be fully involved in any reviews and planned transfers with advocacy support where necessary.

ACTION: Each Local authority and CCG will adopt clear criteria to identify when it is appropriate for an individual to remain in an out of locality placement. For those who wish to stay in that locality but who are in registered care settings we should also assess suitability for transfer supported living within that locality.

In order to fulfil the ideal of support being provided in supported living (as opposed to registered care) accommodation in the locality, sufficient additional provision within or close to each of the three boroughs will need to be commissioned (see Action below)

Local Registered Residential Provision

Given the significant level of registered residential provision within the three boroughs as recorded above, it is not anticipated that additional residential is required. Generally the preferred option will in future be for supported living placements and it is likely that some existing registered provision will be de-regulated to offer supported living provision.

As mentioned above on page 14, CCGs and social care will review how much of the existing local residential provision has the capacity to support people with challenging behaviour.

Each local authority has access to specialist capacity to support people with challenging behaviour. However, it is recognised that a number of people returning from out of area will require enhanced services through joint working**.**

All the local authorities have addressed the need for local residential provision to have capacity to support people with challenging behaviour. This has included seeking specilaised training from staff based at Prospect Park hospital and training in PROACT SCIP.

Supported Living Services and Community Based Services

All clients are allocated a personal budget and supported to develop person centred support plans detailing how this will be spent. Plans and final budget amounts are moderated and signed off before services are commissioned ensuring that both the support plan and the budget amount are sufficient to meet the identified eligible needs.

Commissioning supported living arrangements is dependent on three key factors

1. Finding compatible tenants
2. Finding suitable housing
3. Finding suitable support

These can be especially difficult to meet when commissioning services for people who demonstrate challenging behaviour. For this reason such placements tend to be on an individual basis with bespoke care packages involving high levels one to one support.

The main requirement therefore is the availability of skilled staff to support individuals in a community setting. Care staff providing such support require specialised training and close management support. There must be good relations with statutory agencies and additional support should be readily available when needed to prevent escalation of incident of challenging behaviour.

Where people are supported in community settings such as supported living it is also important that we also have in place appropriate care and opportunities in the community provision to meet their needs and this should include support to access mainstream services whether to meet health or social care needs. Such services are important to ensure people are supported to be a visible and accepted part of their local communities and are able to engage fully in local community life.

ACTION: The local authorities and health services will work together on a joint plan for increasing capacity in the locality to meet increased need for supported living for people with challenging behaviour including availability of appropriately skilled staff.

Intensive Support and Crisis Intervention

The provision of ongoing intensive support is likely to result in decreases in the number of crises resulting in hospital admission. There are known hot spots for recurring crises and most patients involved are well known to services. This means that preventative specialist support can be targeted and over time will assist both the individual and care staff to better cope with potential crisis situations.

It is inevitable that there will be a need for intervention in crisis situation and good rapidly available crisis support will enable both families caring for someone at home and services such as supported living and residential care schemes to better manage crises and so prevent unnecessary escalation of support or hospital admission. Support should be multi-disciplinary involving clinical psychology, behavioural specialists, and speech and language therapists, with access to OT and psychiatry and social care professionals and should be able to respond rapidly. However the size of each borough and numbers of potential people may be too small to justify a dedicated service for each authority. A Berkshire wide service would offer a more viable solution whilst retaining local links enabling staff to become familiar with and work more closely with local families and people. More remote services, operating on a regional basis would be unlikely to achieve this.

ACTION: The CCG will aim to review the current arrangements to support the development of a multi-disciplinary team able to respond rapidly to provide crisis support in residential, supported living and domestic settings to reduce the need for hospital admissions.

Managing crises in domestic or supported living settings can however be difficult as the environment is not always appropriate especially where violent behaviour may be an issue. However it is also recognised that hospital admission (in some cases under the MHA) for what might be a short lived episode may not be the most appropriate option.

Where a hospital admission is required it can sometimes be difficult to arrange timely discharge, especially for those admitted under the MHA as providers are sometimes unwilling to take such referrals. An intermediate service would also be able to take people ready for discharge and provide a more appropriate setting that the hospital until a more permanent placement can be found.

A small intermediate unit specially adapted or designed for short term support in such cases would therefore fill an identified gap in current provision. To help preserve continuity of care support into the unit should ideally be provided by the community team with some additional resources.

Capacity for around 6 beds and this could be funded by having fewer short term funded beds. Further consideration will therefore be given to the possibility of commissioning such provision.

ACTION: The local authorities and CCGs will investigate commissioning of small, short term intermediate unit as a way of reducing hospital admissions and delayed discharges across the Berkshire health and social care economy.

Open Access (Prevention) Services

The CCGs and the local authorities fund a range of services which individuals and their families and carers can access directly. These services are generally provided by the third sector and are free. Although no statutory social care need or assessment is required the services may operate their own criteria and will of course want to ensure that services are targeted where they are most needed. Services include drop in day services and advice and support for individuals and families with a child or adult with Autistic Spectrum Condition.

Direct Payments

The Council supports a number of families to have direct payments to employ personal assistants to support adults and children with very profound needs. Many families find using direct payments for this a good way of being in control of their support and tailoring it to meet their individual needs. The money is used to fund a variety of services including personal assistants to help with personal care as well as community based support to access the community and respite.

All three local authorities are keen to increase the take up of direct payments generally and we should establish whether there is specific additional support which would enable more people with challenging behaviour and their families to use these.

Support for Carers

Caring for someone with challenging behaviour is highly time consuming and stressful and we are committed to supporting carers in this situation. Social Care Institute of Excellence has produced a guide for family carers on getting the right support to cope with challenging behaviour which indicates the need for a range of information, advice and practical support to be available, and providing these services is a key part of our overall approach.

The Care Bill will change the statutory definition of a carer and will also place a duty on Councils to provide carers with services to meet their eligible needs. Each Council already commissions a range of services for carers including respite breaks, information, training, support groups and practical help into the home to support carers in their caring role. Access to third sector support services provided by organisations with specific expertise is also an important part of the wider support networks which families and carers need. It is however recognised that more capacity for respite and short break options within the borough are required.

As part of our service development we will engage with carers of people who have challenging behaviour to establish what additional support services support services would most benefit them in continuing in their role. This can be linked in to development of carers' services resulting from the proposed changes in the Care Bill.

ACTION: The local authorities and health services will seek a better understanding of carers supporting people with challenging behaviour through reviews and engagement and explore the availability of intensive community health input for carers support.

Market Development

Model of Local Provision

The Mansell Report suggested the model of provision should include 4 key elements

Fig 3 Model of Local Provision for People with Challenging Behaviour

To achieve this we will need to take active steps to develop both the local market for services and the local workforce.

Developing Local Provision

It will continue to be the aim to commission services for individuals from a wide range of providers based on co-produced and person centred plans using focused procurement exercises in which the individual and their family is fully engaged. We know that one size fits all services block purchased from a small group of providers does not deliver the variety and choice required. Commissioning services from more providers including small scale enterprises not only increases choice but reduces the potential impact if a provider should fail.

The overall aim of the joint plan will be to provide better outcomes for people with learning disabilities with an assessed need, including mental health, by facilitating improved access to appropriate accommodation, opportunities for fulfilled and meaningful lives and access to healthcare services

Outcomes and Performance Indicators

All support plans must include clear outcomes agreed with the individual and their families where appropriate indicating what the service is aiming to achieve and it should be clear how this will be achieved.

Outcomes should be co-produced with the individual and where appropriate their families and agreed with the service provider through clear service specifications and support plans. They should be based on the principles and aims of the Winterbourne Report model of care and SMART principles to ensure that they are deliverable in way that all involved can see and understand. They should be regularly monitored and action taken to adjust services where outcomes are not being achieved.

Contract Monitoring

It is important that we regularly review the performance of providers against the terms and outcomes of the contacts and service specifications. Lack of monitoring by commissioners was highlighted in the Transforming Care Report. Commissioners should ensure that contracts and specifications include clear and readily understood monitoring requirements and performance indicators which are relevant to the service and the outcomes to be achieved. This should involve at least an annual visit to the service. This has to go beyond simple inputs and outputs such as support hours and should focus on the quality of provision and the impact the service is making on the wellbeing of the customer.

As indicated above this has not always happened in a planned and co-ordinated way and this has sometimes hindered evaluation of the quality of cost effectiveness of individual services and our overall understanding of what services work best and finding good examples of sustained where best practice. This will be addressed through a more structured, co-ordinated and integrated contract monitoring review process as indicated on page 20.

Monitoring provides an opportunity to collate and feedback on services from a range of sources and to agree where services are performing well or need to improve. It should be based on an open and honest partnership between the commissioner and provider. Where action is agreed it is important that this should result in clear action plans and commissioners should provide appropriate support where this may be required to help a provider address particular issues.

It is recognised that people with challenging behaviour often need high levels of support in specialised environments. This can lead to high costs. We do however need to make sure that these costs are linked to high quality services which deliver the right outcomes for people and high cost is not in itself seen as a the solution to high needs. Some high cost placements may no longer reflect best practice in supporting people with challenging behaviour. And resources might be better used to deliver more appropriate services to meet the individual's needs and outcomes. Such will therefore need to be reviewed.

ACTION: High cost placements which do not achieve worthwhile outcomes for the individuals concerned should be identified and reviewed and, where necessary re-commissioned.

Workforce Development

We need to ensure that appropriate training is provided to support people who display challenging behaviour to minimise escalation into the crisis pathway. There is a need staff skilled in both LD and MH

Employers and staff should be aware of the Guidance issued by Skills for Care and the NDTI on supporting staff who work with people who challenge services and should have in place appropriate training, support and management to ensure that staff are properly skilled, trained and supported to carry out this work.

Local Authorities and Health Services will work with professionals and providers in their areas to identify workforce development issues.

Commissioners will take into account the level and training of support staff when commissioning services and where this needs to be specified or enhanced to meet needs this will be highlighted.

Information about skills and training in the workforce will be collected and collated to ensure that the right skills are available.

ACTION: Health and social care services will collaborate to understand the need for workforce development highlighting any recruitment, retention, training support and development issues.

User Audits and Customer/Carer Feedback

Customer and carers' feedback on individual services is routinely recorded during individual service reviews and reviewing officers will raise issues with providers directly and will also report concerns both through safeguarding and Care Governance Procedures.

It is also recognised that involving service users in more formal and structured reviews of services offers a uniquely powerful insight into the value and performance of those services.

Attempts have been made to establish user audits of services but these have not so far been successful in establishing a sustainable service. This an area in which we will continue to look to develop in the future, alongside user and carers groups in the borough.

ACTION: Each local authority and CCG will support the further development of service user led reviews and audits of services in their areas.

Safeguarding

We seek to ensure the safety and wellbeing of customers through a double handed approach using a Berkshire wide safeguarding protocol that provides a clear structure and process for concerns to be reported, recorded and investigated, and escalated where appropriate.

Regular training sessions are provided on the safeguarding process and providers are contractually required to ensure they have their own safeguarding procedures which comply with the Berkshire protocol and also have whistleblowing policies and procedures.

Each authority has quality assurance or care governance process aimed at identifying issues with providers and supporting providers to address these and information from these is shared across the authorities as well as with a range of official agencies including CQC, local health services and neighbouring authorities to enable those organisations to contribute to any investigations and be part of any co-ordinated response. Where the issues are serious this may also involve a suspension of new placements while action is taken to address the issues.

All health and social care staff and staff employed by providers to support customers will be expected to have an understanding of Deprivation of Liberty Safeguards and the purpose and process for making Best Interest decisions.

Advocacy

Independent advocacy is available from a locally based specialist third sector advocacy services which provides individual issue based advocacy to all vulnerable people and their cares. Commissioners of advocacy services will ensure that such services are able to support people with challenging behaviour and will advise and support advocacy services where appropriate to enable this.

IMCA & IMHA Services are commissioned across Berkshire to ensure appropriate access to these statutory advocacy services. All staff involved in supporting people with challenging behaviour should be aware of these services and the role they lay. Information about the services should be readily available to staff, customers and carers and customers should be supported to access these services as required.

Provider support

In order to ensure that all services meet the aims expectations of this strategy it is important that commissioners and other professionals actively engage with independent and third sector providers involved in supporting people with challenging behaviour. Providers will equally be able to provide feedback on the effectiveness and capacity of services in dealing with challenging behaviour, where there are gaps and scope for improvement and what works well and might be further developed. Providers can also form an important peer support group to share good practice.

It is therefore acknowledged that a structured setting in which providers can come together with commissioners, other health and social care professionals and stakeholders including carers and customers could provide a valuable opportunity to share ideas for the improvement and development of services.

ACTION: A Provider engagement/forum/network will be established to enable providers, commissioners and other stakeholders to share good practice.

Funding and Finances

The Transforming Care Report stated that “the strong presumption will be in favour of pooled budget arrangements with local commissioners offering justification where this is not done. The NHSCB, ADASS and ADCS will promote and facilitate joint commissioning arrangements”.

ACTION: We will explore the possibility of developing the use of pooled budgets to enable easier commissioning of integrated packages of care which ensure that health and social care elements are co-ordinated to achieve agreed outcomes and deliver value for money.

Identifying and Understanding Costs

Adult Social Care

A recent costs analysis undertaken by each of the three local authorities indicated that the 5 most expensive learning disability placements commissioned by each one was as follows

Table 6: Highest cost LD placements for each local authority

Reading	Weekly Cost	Service type
1	**£4,618**	Residential - out of Reading but in Berkshire
2	**£2,869**	Residential - out of Reading but in Berkshire
3	**£2,405**	Residential - out of Reading but in Berkshire
4	**£2,358**	Residential - in Reading
5	**£2,260**	Residential - out of Reading but in Berkshire
West Berks		
1	**£5,073**	
2	**£3,548**	
3	**£2,856**	
4	**£2,844**	
5	**£2,415**	
Wokingham		
1	**£3,360**	Residential - in Wokingham
2	**£2,851**	Residential - out of Wokingham but in neighbouring authority
3	**£2,698**	Supported Living - out of Wokingham but in Berkshire
4	**£2,415**	Residential College - out of Wokingham
5		TBC

Governance

A Steering Group will be established including senior representatives of the three local authorities and local health services to oversee the delivery of the action plan.

The Steering Group will meet at least quarterly and will report regularly to the local Health and wellbeing Boards.

ACTION: Establish Steering Group to oversee delivery of action plan. The steering group will include representatives of key stakeholder groups (customers, carers, health, social care, providers and third sector organisations) and will report to the relevant health and Wellbeing Boards on the delivery of this strategy.

Action Plan

Action	Lead	Deadline
Future JSNAs should separately identify people with learning disabilities with challenging behaviour/autism and mental health issues.		
The lack of behavioural specialists within CTPLD team will be addressed		
Health and Social Care services will work together to develop integrated health and social care pathways to ensure timely access to appropriate services.		
NHS Berkshire West CCGs to examine need for and resourcing of case management for health funded placements.		
The local authorities and CCGs will collect information about services provided to children with challenging behaviour to inform planning and commissioning of services		
Social services will ensure that all people who show challenging behaviour have appropriate support plans with clear outcomes, and that services provided are appropriate to meet and achieve these and enable them to live "as normal a life as possible".		
Health and social care will collaborate to review the interpretation to the national eligibility criteria. Berkshire West has the lowest number of CHC funded patients with learning disabilities and challenging behaviour.		
Each local authority commits to reviewing all out of borough placements with a view to understanding if people wish to come back into the Berkshire area.		
The local authorities and CCGs will identify and collate information about people with challenging behaviour supported in the community to inform service provision and development.		
We will undertake more structured co-ordinated and integrated contract monitoring and service review process will be established to ensure services are meeting individual needs and outcomes and to inform wider commissioning activities.		
An integrated Berkshire West commissioning approach with a view to setting a team will be initiated to ensure that gaps and overlaps between services are removed and to can ensure that people with learning disabilities have more choice and control over their lives.		
Local Health and Social Care services will work together to develop clear joint health and social care commissioning pathways to ensure that appropriate services are commissioned to meet the needs of people with challenging behaviour		
Transition arrangements between adults and children's services will be reviewed to ensure that challenging behaviour is clearly identified to inform future commissioning.		

Each Local authority and CCG will adopt clear criteria to identify when it is appropriate for an individual to remain in an out of locality placement. For those who wish to stay in that locality but who are in registered care settings we should also assess suitability for transfer supported living within that locality.		
The local authorities and health services will work together on a joint plan establish a project for increasing capacity in the locality to meet increased need for supported living for people with challenging behaviour including availability of appropriately skilled staff.		
The CCG will aim to develop a multi-disciplinary team able to respond rapidly to provide crisis support in residential, supported living and domestic settings to reduce the need for hospital admissions.		
The local authorities and CCGs will investigate commissioning of small, short term intermediate unit as a way of reducing hospital admissions and delayed discharges across the Berkshire health and social care economy.		
The local authorities and health services will seek a better understanding of carers supporting people with challenging behaviour through reviews and engagement and explore the availability of intensive community health input for carers support.		
High cost placements which do not achieve worthwhile outcomes for the individuals concerned should be identified and reviewed and, where necessary re-commissioned.		
Health and social care services will collaborate to understand the need for workforce development highlighting any recruitment, retention, training support and development issues.		
Each local authority and CCG will support the further development of service user led reviews and audits of services in their areas.		
A Provider engagement/forum/network will be established to enable providers, commissioners and other stakeholders to share good practice.		
We will explore the possibility of developing the use of pooled budgets to enable easier commissioning of integrated packages of care which ensure that health and social care elements are co-ordinated to achieve agreed outcomes and deliver value for money.		
Establish Steering Group to oversee delivery of action plan. The steering group will include representatives of key stakeholder groups (customers, carers, health, social care, providers and third sector organisations) and will report to the relevant health and Wellbeing Boards on the delivery of this strategy.		

Appendix 1

Selection of Relevant Policies, Guidance, Reports and Resources

ADASS: Finding Common Purpose - Developing strategic commissioning relationships to support people with learning disabilities

Challenging Behaviour Foundation: Guidance and Fact sheets

Challenging Behaviour National Strategy Group: Challenging Behaviour Charter

DH: Transforming care: A national response to Winterbourne View Hospital Department of Health Review: Final Report

DH: Winterbourne View -Transforming Care One Year On

DH: Services For People With Learning Disabilities And Challenging Behaviour or Mental Health Needs, Revised Edition 2007 (Mansell Report)

DH: Learning Disabilities Good Practice Project

Driving Up Quality Alliance: Driving Up Quality Code

Improving Health and Lives, RCGP and RCPsych: Improving the Health and Wellbeing of People with Learning Disabilities: An Evidence-Based Commissioning Guide for Clinical Commissioning Groups (CCGs)

Joint Commissioning Panel for Mental Health: Guidance for commissioners of mental health services for people with learning disabilities

Mencap: Charter for Clinical Commissioning Groups

Mencap: Out of Sight; Stopping the neglect and abuse of people with a learning disability

NDTI: Guide for commissioners of services for people with learning disabilities who challenge services

NDTI, SCIE: Be Bold - developing the market for the small numbers of people who have very complex needs

NDTI, Skills For Care – Supporting Staff Working With People Who Challenge Services

Public Health England: Wokingham Learning Disabilities Profile 2013

Raising our Sights: Services for adults with profound intellectual and multiple disabilities; Professor Jim Mansell

The Royal College of Psychiatrists - Challenging behaviour: a unified approach - Clinical and service guidelines for supporting people with learning disabilities who are at risk of receiving abusive or restrictive practices.

The model of care

There are too many people challenging behaviour living in inpatient services for assessment and treatment and they are staying there for too long.

The closure of most long-stay hospitals in the 1980s and 1990s, and the recent closure of NHS campuses, means most people with learning disabilities, including those with behaviours that challenge now live in the community with support. But some still live (for short or longer periods) in NHS funded settings. Assessment and treatment units emerged as the most likely solution to meeting the needs of people with learning disabilities and complex mental health/behavioural issues post-institutional closure. However, there were opposing views between 'building based' services and increasing support to people in their natural communities as the preferred option.

Good practice guidance on supporting people with learning disabilities, autism and those with behaviour which challenge includes the 1993 Mansell report, updated and revised in 2007. Both emphasise:

- the responsibility of commissioners to ensure that services meet the needs of individuals, their families and carers;
- a focus on personalisation and prevention in social care;
- that commissioners should ensure services can deliver a high level of support and care to people with complex needs/challenging behaviour; and
- that services/support should be provided locally where possible.

Evidence shows that community-based housing enables greater independence, inclusion and choice and that challenging behaviour lessens with the right support. The Association of Supported Living's report *There is an Alternative* describes how 10 people with learning disabilities and challenging behaviour moved from institutional settings to community services providing better lives and savings of around £900,000 a year in total.

The CQC *Count me in* 2010 census showed only 2 learning disabled patients on Community Treatment Orders compared to over 3,000 mental health patients – suggesting a greater reliance on inpatient solutions for people with learning disabilities than for other people needing mental health support.

CQC found some people were staying many years in assessment and treatment units. Annex B estimates that, in March 2010, at least 660 people were in A&T in Learning Disability wards for more than 6 months.

This report sets out how the model of care set out in the Mansell reports fits with the new health and care system architecture focusing on key principles, desired outcomes for individuals, and a description of how the model should work in practice.

Key principles

The key principles of high quality services for people with learning disabilities and behaviour which challenges are set out below:

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.

Outcomes

A high quality service means that people with learning disabilities or autism and behaviour which challenges will be able to say:

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.

This is about personalisation, starting with the individual at the centre, living in the community. The first level of support for that individual includes the people, activities and support all people need in their everyday lives – family, friends, circles of support, housing, employment and leisure.

Most people with learning disabilities or autism will need more support from a range of sources: their GP or other primary care services, advocacy, a care manager or support worker and could include short breaks. That support may change as needs change, and this will involve assessments of physical or mental health needs or environmental needs (such as loss of a parent, a relationship breakdown, unemployment) to identify what support should be provided.

For people who need further support – including where they have behaviour which challenges – the intensity of support should increase to match need. That should include intensive support services in the community, assessment and treatment services (which could be provided in a safe community setting), and, where appropriate, secure services. But the aim should always be to look to improvement, recovery, and returning a person to their home setting wherever possible.

Responsibility for safety and quality of care depends on all parts of the system working together:

i. **providers** have a duty of care to each individual they are responsible for, ensuring that services meet their individual needs and putting systems and processes in place to provide effective, efficient and high quality care;

ii. **commissioners** (NHS and local authorities) are responsible for planning for local needs, purchasing care that meets people's needs and building into contracts clear requirements about the quality and effectiveness of that care;
iii. **workforce,** including health and care professional and staff who have a duty of care to each individual they are responsible for; and
iv. **system and professional regulators** who are responsible for assuring the quality of care through the discharge of their duties and functions.

To achieve these outcomes a revised model of care as set out below needs to be delivered.

Roles and responsibilities Good services meeting the needs of everybody must include:

Information

- **Councils, elected councillors, health bodies and all care providers, whether from the public, for-profit or not-for-profit sectors** should provide good quality, transparent, information, advice and advocacy support for individuals, families and carers.

Community based support

- **Councils and health commissioners** should ensure that general services (GPs, hospitals, libraries, leisure centres etc.) are user-friendly and accessible to people with learning disabilities/autism so they can access what everyone else can access.
- **Community based mental health services** for this group should offer assertive outreach, 24-hour crisis resolution, a temporary place to go in crisis and general support to deal with the majority of additional support needs at home.
- **Housing** authorities should include a wide range of community housing options - shared, individual, extra care, shared lives scheme, domiciliary care, keyring, respite.
- **Social care commissioners** should ensure the availability of small-scale residential care for those who would benefit from it (e.g. because they have profound and multiple disabilities).
- **Councils and employment services** should offer support into employment.
- **Councils and providers of services** should enable a range of daytime activities.
- **Councils** should roll out personal budgets for all those who are eligible for care and support including those with profound and multiple disabilities and/or behaviours seen as challenging. Where appropriate, **health commissioners** should fund continuing health care.
- **Health and social care commissioners** should focus on early intervention and preventive support to seek to avoid crises (e.g. behavioural strategies). Where crises occur, they should have rapid response and crisis support on which they can call quickly.

Commissioning, assessment and care planning

- **Health and social care commissioners** should develop personalised services that meet people's needs. Key factors include;
- involving individuals - with support where needed - and families at all stages;
- planning for the whole life course, from birth to old age, starting with children's services; ☐ developing expertise in challenging behaviour;
- developing partnerships and pooling resources to work together on joint planning and support with integrated services – including:

    - multi-disciplinary teams to perform assessments, care planning, care assessment, care management and review
    - joint commissioning – ideally with pooled budgets, and
    - shared risk management;

- **Health and social care commissioners** should use all available information from joint strategic needs assessments (JSNAs) and local health and wellbeing strategies to commission strategically **for innovation** and to develop person-centred community based services;
- **Health and social care commissioners** should commission personalised services tailored to the needs of individuals, ensuring a focus on improving that individual's health and well-being and agreed outcomes. Progress towards delivering outcomes should be regularly reviewed;
- **Health and social care commissioners** should start to plan from day one of admission to inpatient services for the move back to community;
- **Health and social care commissioners** should ensure close coordination between the commissioning of specialised services including secure services, and other health and care services;
- **Social care bodies** have ongoing responsibility for individuals, even where they are in NHS-funded acute or mental health services, including working with all partners to develop and work towards delivering a discharge plan;
- **Health and social care commissioners** should audit provision to assess which services are good at supporting people with challenging behaviour (the Health Self-Assessment Framework is an effective way to monitor outcomes);
- **Health and social care commissioners** should develop effective links with children's services to ensure early planning at transition and joint services. The SEND Green Paper proposal for an integrated health, education and care plan from 0-25 will also help to ensure that children's services are similarly thinking about a young person's transition to adult services at an early stage.

Service Providers

- **All service providers** (community, residential, health, care, housing – public, for-profit and not-for-profit providers) have a duty of care to the individuals for whom they provide services and a legal duty to refer. This includes ensuring that:
    - people are safe and protected from harm;
    - their health and well-being are supported;
    - their care needs are met;
    - people are supported to make decisions about their daily lives;
    - people are supported to maintain friendships and family links.

Providers should:

- provide effective and appropriate leadership, management, mentoring and supervision. Good leadership is essential in setting the culture and values;
- have a whole organisation approach to Positive Behaviour Support training;
- recruit for values and ensure that staff have training for skills - mandatory training which can include training on value bases when working with people with learning disabilities, positive behaviour support, types of communication including non-verbal communication, active support and engaging in meaningful activities and Mental Capacity requirements. Best practice includes involving people with learning disabilities and families in the training;
- operate good clinical governance arrangements;
- monitor quality and safety of care;
- work with commissioners to promote innovation – new and different ideas, especially for the most challenging.

Assessment and treatment services

- **Health and care commissioners** are responsible for commissioning assessment and treatment services where these are needed. The focus should be on services (which can be

community based) rather than units**.** Where a person is at risk (or is putting others at risk) in a way that community support cannot help and needs to be moved to a safe place, **commissioners** should focus on this being provided close to home.

- **Health and care commissioners** should look to review any placement in assessment and treatment services regularly, and focus on moving the individual on into more appropriate community based services as soon as it is safe for the individual to do so.
- **Social care services** should be closely involved in decisions to admit to assessment and treatment services.
- All **assessment and treatment services providers** must comply with statutory guidance on the use of physical restraint.

Prisons and secure services

- **Social care services** should work closely with prison and secure services to ensure person centred planning and health action planning and to plan for appropriate provision when people move on from prison or secure services.
- **Offender management processes** should include health screening programmes that identify an offender's learning disability and any physical and/or mental health issues.

Workforce should demonstrate that they are providing quality care and support which includes:

- personal and professional accountability;
- training in working with people with complex needs and behaviour which challenges;
- developing good communication and involving advocates and families'
- monitoring an individual's progress and reviewing plans; and good understanding of the legislative framework and human rights;
- Taking action to report any concerns identified.

System and professional regulators

As a regulator, the Care Quality Commission (CQC) should:

- monitor whether services are meeting essential standards;
- take enforcement action if a provider is not compliant;
- monitor the operation of the Mental Health Act 1983.

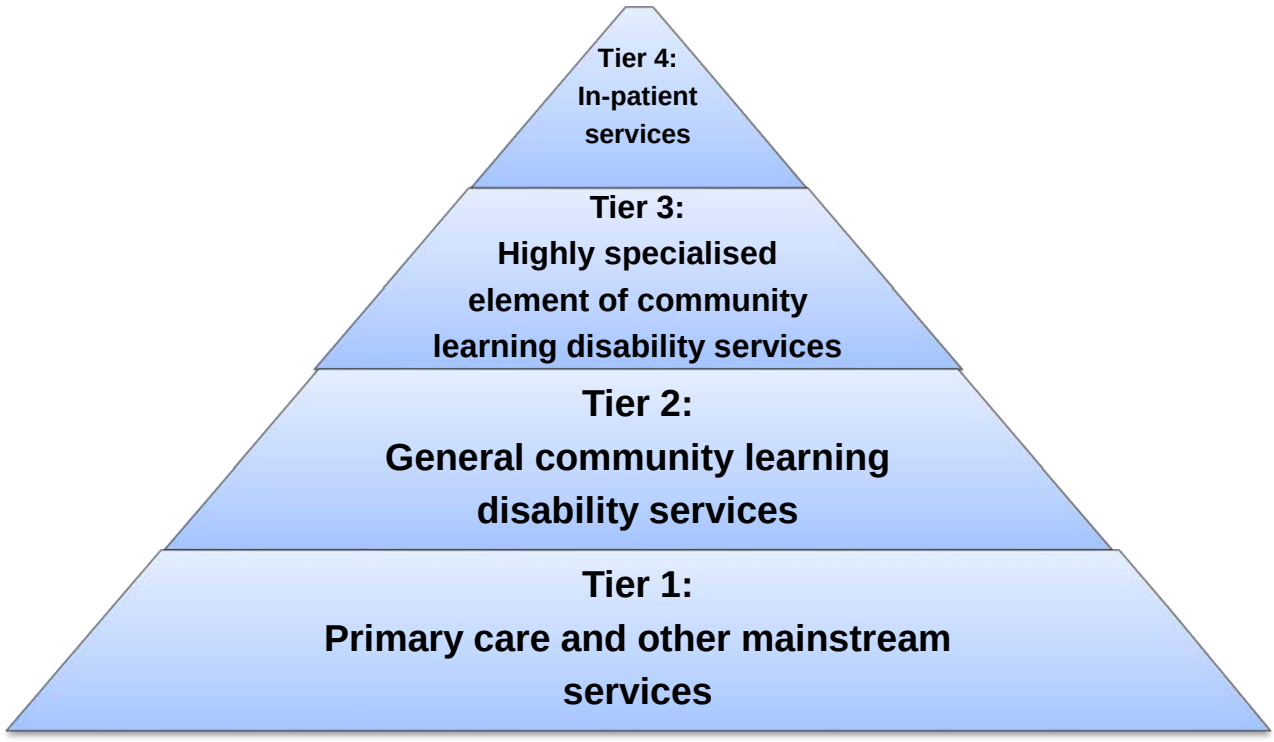
Professional regulators such as the Nursing and Midwifery Council (NMC) and General Medical Council (GMC), have a role to play to protect and promote public safety. They do this by:

- setting and maintaining professional standards; and
- investigating and taking appropriate action where concerns are raised about registrants, which can include the registrant being removed from the register and where appropriate being referred to the Independent Safeguarding Authority (ISA).

The professional regulators have produced a leaflet to help the public to ensure that they receive the care and treatment from professionals who meet the right standards.

Appendix 3

Tiered/stepped model of care for learning disability services (adapted from Royal College of Psychiatrists)



Tier 1 encompasses primary care and other mainstream services. It is the tier of service provision that serves the general health, social care and educational needs of people with learning disability and their families. The community learning disabilities team and the psychiatrist have limited direct clinical contact in this tier. Nevertheless, they are involved in activities which may influence patients' care and interacting with this tier is essential to the training of learning disability psychiatrists.

Tier 2 is general community learning disability services. At this level the person with learning disability starts to use specialist learning disability services. Most specialist services are provided jointly between health and social services or are moving towards such a model.

Tier 3 is a highly specialised element of community learning disability service. This includes areas of specialised needs such as epilepsy, dementia, challenging behaviour, pervasive developmental disorders and out-patient forensic services.

Tier 4 is specialist in-patient services. It includes all specialist in-patient services for people with learning disabilities, ranging from local assessment and treatment services to high secure forensic services.

Campion Ward and Little House Care Pathway