



**Integrated Care Fund 2018/19
Project Brief**

Project Title	<p>Positive Behavioural Intervention Service for Children and Young People who have Learning Disabilities and behaviour that challenges.</p> <p>Support will also be provided to families, carers and other professionals in the form of support, advice and training.</p> <p>CPBIS</p>
Is this a new project or continuation?	It is an extension of an existing service within Adult Learning Disabilities and a continuation of the project supported last year with ICF monies.
What alternative delivery concept is being tested?	A gap in services for this client group was identified hence the need to develop this service.
In which financial year will the project complete testing of concept?	2019/2020
Which ICF theme does it align with?	<p><i>Staying well and independent in the community</i></p> <ul style="list-style-type: none"> • Provision of information, advice and assistance • Provision of care closer to home • Manage and improve health and well-being <p><i>Measures:</i></p> <ul style="list-style-type: none"> • Number of enquires per month <p><i>Promoting independence – preventing admission to hospital</i></p> <ul style="list-style-type: none"> • Assess, treat and support children and families at home, school and other locations if necessary. • Help to avoid/prevent an admission/placement breakdown. <p><i>Measures:</i></p> <ul style="list-style-type: none"> • Number of people (children and families) supported in the community • Number of Positive Behaviour Support Plans in place

Regional Project Lead/Link Representative	Kim Neyland
Local Authority Project Lead/Leads and/or Link Representative/ Representatives	Linda Roberts
HDUHB Project Lead/ Link Representative	Melanie Evans, Head of Learning Disabilities and Older Adult Mental Health
Third Sector Project Lead/ Link Representative	

1. **Background/Rationale:** *(No more than 300 words, including how your proposal (1) tests alternative delivery concepts (2) links with local strategies and plans such as **Transforming Clinical Services; Integrated Medium Term Plan; Well Being Plans etc.** (3) contributes to regional priorities and (4) supports delivery of objectives within the West Wales Area Plan.)*

Behaviours that challenge is common in children with a Learning Disability and can have a considerable impact on them, and the physical and emotional health and quality of life of their family members and/or carers. It is a common reason for residential placement with associated high costs for Health and Social Care services. A high percentage of commissioned placements in residential settings are funded jointly by Health and Social Care. This situation is compounded through transition into adulthood, where over the longer term, the failure to provide specialist behavioural intervention in children results in challenging behaviours in adulthood, where long term residential care is then the outcome for many.

Principally this investment would help reduce the need for care outside Wales, and enable children and young people to remain within their local communities which would in turn support people with Learning Disabilities to live in non-institutional settings and at home, or closer to home.

The project will provide a consistent framework for meeting the needs of those with complex behavioural needs and will concur with the NICE guidance 11 “Challenging Behaviour and Learning Disabilities”. Families, service users, and multidisciplinary professionals will help to shape this service.

The project supports the vision for people with a Learning Disability based on the key principles of rights, inclusion, choice and independence. In line with human rights legislation Health & Social Care services are required, as public bodies, to promote disability equality (Office for Disability Issues, 2006). The policy exists to give people real choice and control over the services they receive.

The project will reduce the inequity of service for children and young people who have Learning Disabilities and who exhibit or are at risk of exhibiting behaviour that challenges across the region (three counties). They are often stigmatised and excluded from services due to their complex needs.

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2. Purpose: What will you do and how will you do it? *The proposal should support at least one of the aims identified within the Welsh Government Guidance for use of the ICF. Please outline how your service would meet a particular Aim (or Aims).*

ICF Aim	Description of how your proposal will meet the Aim(s)
Integration	<p>This project will provide a service for children and young people who have Learning Disabilities and their carers including young carers.</p> <p>This will be achieved by working together with Health, Education, Social Care and Third Sector providers to ensure that the service compliments, supplements and maximises these services rather than duplicates.</p> <p>This project will also enable a smoother transition between child and adult services.</p> <p>Examples of how this will be achieved include providing training and consultation clinics in addition to attending complex needs panels.</p>
Prevention	<p>The very nature of the work is to address and reduce (prevent) the need for the children and young people to exhibit behaviour that challenges.</p> <p>This in turn will help prevent family breakdown and out of county placements.</p> <p>This will also help prevent and reduce the need for intensive support from Adults Learning Disability Services.</p>

3. Outcomes: *Please list which of the outcomes from the regional outcomes framework attached will your proposal contribute towards and how it will do so (minimum of 1, maximum of 3.)*

Regional Outcome(s)	Description of how your proposal will meet the Outcomes(s)
Citizen's individual circumstances are considered	<i>Each child will have a person centred positive behaviour support plan where their individual needs will be considered.</i>

Citizen's speak for themselves and contribute to the decisions that affect their life, or have someone who can do it for them	<i>It is imperative that the children and young people contribute to the service, and they or someone else ensures the positive behaviour plans are implemented in their best interest.</i>
Citizens get the right care and support, as early as possible.	<i>The service is an early intervention to ensure people get the help and support they need as soon as possible.</i> <i>For example training will be offered to parents/families/care staff/professionals from all sectors in order to prevent the need to refer to a specialist service.</i>

4. Implementation Timescales – please indicate the following:

When will project development commence?	This is a continuation from April 2017
When will initial expenditure commence?	Commenced April 2017
When will staff recruitment commence (if required)?	All staff have been recruited
When will project delivery commence?	Commenced April 2017
Expected date of completion of project concept testing.	2019/2020
Expected date of project review/embedding learning into mainstream practice or termination.	2020

5. **Amount Requested** (include detailed breakdown of costs and if revenue or capital)

This has yet to be checked by finance.

PROPOSED REVENUE COSTS			
Region Wide post 8b: Lead Clinical Psychologist = £65,526			
1 day of band 4 admin = £5,184 (proposed)			
Carmarthenshire	Pembrokeshire	Ceredigion	
1 x Band 7 £45,775	1 x Band 6 £38,310	1 x Band 8a (0.3) £55,754x0.30 = £16,726 (make this 0.4?) = £22,302 (proposed)	
1 x band 4 £25,917	<i>Band 5 in Pembrokeshire =</i> £35,529 <i>(proposed)</i>	1 x band 4 £25,917	
Full Year cost £71,692	Full Year Cost £73,839	Full Year Cost £48,219	
			COST FOR 2018/19 = £264, 460
<p>Mileage also need to be incorporated in to this. Plus laptops and phones still need to be obtained.</p>			

6. **Proposed Performance Indicators:** (What will it enable you to achieve in addition to what you are doing now. i.e. how many additional participants/outcomes? Please refer to ICF 17/18 C)

Performance Indicators	
How much will you do? (Quantity)	How well will you do it? (Quality)
<p><i>A reduction in behaviour that challenges</i> <i>If we are able to prevent one family breakdown that saves £250,000 p.a.</i></p>	<p><i>The service will be utilising Positive Behaviour Support Approaches based upon Level 5 of the BTEC (highest standard). All staff will commence this at the point of recruitment.</i></p>

<p><i>It is envisaged that each member of staff will have 10 families at any one time = so as many as 100 families may have some level of support from this service within a year.</i></p> <p><i>Support can include:</i></p> <ul style="list-style-type: none"> • <i>Telephone call</i> • <i>Face to Face Contact</i> • <i>Consultation with other professionals involved</i> • <i>Positive Behaviour Support Plan</i> <p><i>Number of staff members trained by the service in Positive Behaviour Support.</i></p>	<p><i>This will ensure a high quality and effective service.</i></p> <p><i>In addition once qualified this will enable staff to mentor other staff in health and other organisations in level 3 – 5 of the PBS BTEC. Thus offering a sustainable shared learning experience.</i></p>
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How will people be better off as a result? (Quality and Quantity of effect)

Families, carers and professionals' knowledge of Positive Behaviour Support will increase through training which will increase their ability and confidence to understand and reduce the need for the child to exhibit behaviour that has been defined as challenging, due to unmet needs. This will be measured by a questionnaire after the implementation of the service.

This will span across both children and adult services for Learning Disabilities.

The staff in the team will undertake the highest level of training in Positive Behaviour Support – level 5

Reduced need for out of county placements. Number being paid for now will be compared with the number paid for after 18 months.

This service aims to help create a seamless service across the life span for people with learning disabilities. The hope is that this service will help improve the transition for children into adult services and reduce the need for costly adult placements.

- 7. Sustainability:** *After testing and review, how will successful concepts be incorporated into either mainstream delivery, IMTP, TCS, Area Plan or Well-Being developments and what is the exit strategy? (no more than 100 words)*

It is recognised that this service needs to be part of a wider organisational structure that will incorporate 'an across life service' for children, young people and adults who have Learning Disabilities.

It is also recognised that Health, Social Care and Education need to invest in this service to reduce the need for services in adulthood.

9. What are the implications if this business case isn't supported?

Without this service there is an increased probability that the needs of children and young people who have Learning Disabilities will continue to be overlooked, stigmatised and marginalised. This is because the people who are looking after them struggle to understand the behaviour that they exhibit and view this as challenging rather than a sign of unmet need. This can often result in their basic human rights not being met. For example, being excluded from school and their local community. It can also lead to family breakdown, and expensive out of county placements being required. These might begin in childhood, but often continue into lengthy/permanent adult out of county placements with resultant financial and human cost. This has a ripple effect upon not just the child but also the quality of life of their family, who may as a result experience mental health issues.

10. Please provide supporting evidence of engagement with key stakeholders, in the development or delivery of the project, particularly 3rd sector and community partners when alternative delivery concepts are being tested.

Health colleagues

- Dr Martin Simmons, Lead Consultant Paediatrician.
- Margaret Devonald-Morris, Service Delivery Manager/, Senior Nurse Children's Community, Women & Children's Directorate
- Dr Andrea Mowthorpe, Consultant Clinical Psychologist, CAMHS
- Sally Waters-Foster – Clinical Lead Occupational Therapist - Neonatal Care
- Dr Cath Govan, Consultant Child and Adolescent Psychiatrist
- Dr Helen Jones, Clinical Psychologist for Children's Continuing Care Service in Specialist CAMHS
- Dr Annette Murphy, Clinical Psychologist, CAMHS
- Sue Carter, Lead Occupational Therapist, Lead for ASD
- Kathy Lowe and Edwin Jones from ABMUHB regarding training options

Social Care/Local Authority

- Kelvin Barlow, *Service Manager*, Carmarthenshire County Council
- Ian Davies, Manager of Garreglwyd, Residential Unit for children with learning disabilities.
- Sharon Frewin, Senior Manager - Community Inclusion
- Kelly Witts, Manager of Little Steps service for children and young people
- Tanya Breeze, Llys Caradog, Respite Unit, Carmarthenshire

- Claire James, Manager of Children with Disabilities Team in Ceredigion
- Leonie Rayner, Children with Disabilities Team and Inclusion in Pembrokeshire

Education

- Helen Etherington, Educational Psychologist, Carmarthenshire
- Nikki Symmons, Head teacher of Heol Goffa, Llanelli
- Mrs Harper, Head teacher of Portfield School, Pembrokeshire
- Ceredigion Comprehensive School (Ceredigion - Aberaeron)
- Debroah Lloyd, Manager of Canolfan Cothi, Carmarthen

Third Sector

- The Caldwell Autism Foundation – Rorie Fulton
www.thecaldwellautismfoundation.org.uk
- Carmarthenshire People First.

Parents and Carers

- I have met with parents of children/young people who have Learning Disabilities and who also exhibit behaviour that challenges. A number have agreed to join the project's steering group.

11. Please ensure a completed 12 month budget profile is attached.

XXX needs to be attached XXX