Improving life for local people

Southern Derbyshire Clinical Commissioning Group
North Derbyshire Clinical Commissioning Group
Erewash Clinical Commissioning Group
Hardwick Clinical Commissioning Group

Derbyshire and Derby City - Transforming Care Partnership

Supporting people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition

SELF – ASSESSMENT

Key actions for health and social care commissioners based on October 2015 service model

Refer to Appendix 1 for a visual diagram of the service model

Key action/s (What)	Current position (RAG status)	Evidence	Comments
1 – I have a good and meaningful everyday life (p 13)			
1a) Strategic learning disability commissioners should work with those that commission and manage mainstream activities/services to find ways to make them accessible, in line with Equality Act duties.	TBC		Linked to 1.1 - Children, young people and adults… should be included in **activities and services (such as early years services, education, employment, social and sports/leisure) that enable them to lead a good and meaningful everyday life**. They should have choice and control over the activities in which they participate, facilitated through person-centred care and support plans/ Education, Health and Care (EHC) plans and personal budgets/personal health budgets (see principles 2 and 3) – any restrictions imposed (Ministry of Justice/MAPPA) footnote 11, will need to be considered but should not adversely affect the individual experiencing, where possible and under appropriate supervision, a fulfilling and purposeful everyday life.

Key action/s (What)	Current position (RAG status)	Evidence	Comments
1b) Operational commissioners will need to work with mainstream services to enable people with a learning disability and/or autism who display behaviour that challenges to be included.	TBC		See comment above, linked to 1.1.
1c) Local authorities should commission supported employment services that can meet the needs of this group.	TBC		Linked to 1.2 - Everyone should have access to **education, training and employment (including supported internships)** which they can access within their local area. To enable this, support providers and multi-disciplinary specialist health and social care teams (see principle 7) should provide training and support to mainstream service staff and/or provide support to individuals and their families/carers that enables them to participate in mainstream services, and to access education and training within local schools and colleges. Commissioners should also seek to ensure that supported employment/ training services meet the needs of this group.

Key action/s (What)	Current position (RAG status)	Evidence	Comments
1d) Commissioners should ensure that service specifications are based on person-centred outcomes.	TBC		Linked to 1.3 - Everyone should have the opportunity to **develop and maintain good relationships** with people. Commissioners should be mindful of the importance of relationships to keep people safe and well, and should therefore seek to offer good support to families/ carers, friends and others (see principle 4). This should form a key part of people's person-centred care and support plans (see principle 2).
2 - My care and support is person-centred, planned, proactive and coordinated (p 14)			
2) Relevant guidance and standards: • NHS England guidance on personalised care and support planning. • Think Local Act Personal (TLAP) guidance on personalised care and support planning. • National Institute for Health and Care Excellence (NICE) guidance on challenging behaviour and learning disabilities, section on understanding the risks of developing behaviour that challenges. • Preparing for adulthood programme, including information and guidance on EHC plans.			

Key action/s (What)	Current position (RAG status)	Evidence	Comments
2a) Strategic learning disability commissioners should risk stratify their local population of people with a learning disability and/or autism see Annex C.	TBC		Linked to 2.1 - Local health and care services should develop a **dynamic register** based on sophisticated risk stratification of their local populations. This will enable local services to anticipate and meet the needs of those people with a learning disability and/or autism.
2b) Micro-commissioners should ensure that the person they are supporting has a single person-centred care and support plan, not just those on the Care Programme Approach (CPA).	TBC		Linked to 2.2 - Everyone should have a **single person centred care and support plan**, incorporating a range of other plans, including behaviour support plans where appropriate, as well as crisis and contingency plans, which they have been involved in drawing up and which they have a copy of. Plans should focus on what is important to the individual. For children and young people up to the age of 25 with a special educational need (SEN), this should take the form of an Education, Health and Care (EHC) plan.

Key action/s (What)	Current position (RAG status)	Evidence	Comments
2c) Commissioners should ensure that everyone is offered a local care and support navigator or key worker.	TBC		Linked to 2.3 - Everyone should be offered a named **local care and support navigator or keyworker** to coordinate and ensure timely delivery of a wide range of services set out in the person centred care and support plan, working closely with the person and their families/carers where appropriate and ensuring a consistent point of contact.
2d) Commissioners should ensure a multi-disciplinary approach to EHC plans, not leaving this only to education.	TBC		

3 - I have choice and control over how my health and care needs are met (p 15)

NOTE: Sections 3.1 and part of 3.2 are not directly linked to the key actions but need to be considered:

3.1 Everyone should receive information about their care and support in formats that they can understand and should receive appropriate support to help them communicate, in keeping with the new Accessible Information Standard.

3.2 Individuals, and where appropriate families/carers, should be integral partners in care and support planning discussions (see principle 2). Even where people lack capacity to make specific decisions, they should be involved in care and support planning discussions wherever possible and any decisions taken on their behalf should be made in their best interests. These discussions and the final plan should be person-centred and focused on what is important to the individual.

3) Relevant guidance and standards: • NHS England's Accessible Information Standard. • NHS planning guidance, section on Personal Health Budgets: Forward view into action: Planning for 2015/16. • NHS England's Personal Health Budgets Right to Have guidance. • TLAP guide to personal health budgets for people with learning disabilities.			
Key action/s (What)	**Current position (RAG status)**	**Evidence**	**Comments**
3a) Commissioners should be planning for, and delivering the offer of, personal budgets, personal health budgets and integrated personal budgets beyond rights guaranteed in law.	TBC		Linked to 3.2 - Increasingly, people should expect to be offered a **personal budget, personal health budget, or integrated personal budget** across health and social care, and should have access to information advice and support to help them understand the choices available to them, exercise these choices and to help them plan how to use and manage their budget. Many will already have a right by law to personal budgets or personal health budgets, but commissioners should be rapidly and ambitiously extending this offer beyond rights guaranteed in law.
3b) By April 2016, every CCG will be expected to have a 'local offer' for how to expand the use of personal health budgets; this must include people with a learning disability.	TBC		

Key action/s (What)	Current position (RAG status)	Evidence	Comments
3c) Commissioners should work with the local voluntary sector to consider what additional or different local services are needed to ensure that people with personal budgets have a range of services to choose from.	TBC		
3d) Commissioners should be extending the offer of advocacy through investment in non-statutory advocacy services and should ensure statutory and non-statutory advocacy is available to people who are leaving a hospital setting.	TBC		Linked to 3.3 - At key points in their interaction with health, education and care services, people should have access to different types of **independent advocacy**. In addition to the legal right to advocacy, people should also be offered non-statutory advocacy, which should be available to them either at key transition points and/or for as long as they require at other times in their lives. This will include in preparation for and on leaving a specialist hospital.
3e) Commissioners should ensure that advocacy services are independent and provided separately from care and support providers.	TBC		Linked to 3.3 - Both statutory and non-statutory advocacy should be delivered by services that are independent of the organisations providing the person's care and support.

Key action/s (What)	Current position (RAG status)	Evidence	Comments
4 - My family and paid support and care staff get the help they need to support me to live in the community (p 17)			
4) Relevant guidance and standards • NICE guidance on challenging behaviour and learning disabilities, sections on parent-training programmes and proactive and reactive strategies. • Positive Behaviour Support (PBS) competency framework. • Health Education England's learning disability skills and competency framework. • Department of Education guidance on short breaks for carers of disabled children.			
4a) Children's and strategic learning disability commissioners should ensure availability of early intervention programmes, including evidence-based parent training programmes.	TBC		Linked to 4.1 - All families or carers who are providing care and support for people who display behaviour that challenges should be offered **practical and emotional support** and access to **early intervention programmes**….and other skills training, in line with NICE guidance and which is targeted to meet their specific strengths, challenges and needs.

Key action/s (What)	Current position (RAG status)	Evidence	Comments
4b) Children's and strategic learning disability commissioners should ensure availability of a range of support and training for families and carers.	TBC		Linked to 4.2 - All families or carers who are providing care and support for people who display behaviour that challenges should be offered information about a **carers assessment and advocacy support** in their own right, **access to short breaks/respite** suitable for people whose behaviour challenges and which meets their own needs, and support to care for the person from specialist multi-disciplinary health and social care teams (see principle 7).
4c) Children's and strategic learning disability commissioners should provide flexible and creative short break/respite options.	TBC		Linked to 4.3 **- Alternative short term accommodation** (available for a few weeks) should be available to people, as and when it is needed, to be used in times of crisis or potential crisis as a place where they can go for a short period, preventing an avoidable admission into a hospital setting. It might also provide a setting for assessment from teams providing intensive multi-disciplinary health and care support (see principle 7) where that assessment cannot be carried out in the individual's home.

Key action/s (What)	Current position (RAG status)	Evidence	Comments
4d) Children's and strategic learning disability commissioners should work with their local providers to develop models of alternative short-term accommodation.	TBC		
4e) Commissioners should develop a group of social care preferred providers that meet the needs of people with a learning disability and/or autism.	TBC		Linked to 4.4 - Everyone who is getting a social care package should have access to paid support and care staff **trained and experienced** in supporting people who display behaviour that challenges, and those who may have come into contact with or are at risk of coming into contact with the criminal justice system. These staff should be able to deliver proactive and reactive strategies to reduce the risk of behaviour that challenges, in line with NICE guidelines.

Key action/s (What)	Current position (RAG status)	Evidence	Comments
4f) Local authorities should develop Market Position Statements with an explicit focus on this group.	TBC		Linked to 4.5 - Local authorities **should** …. **identify a group of preferred providers**, which can demonstrate minimum quality standards and competencies. These providers should be seen as genuine partners of specialist multi-disciplinary health and social care teams (see principles 7 and 8.3) as part of multi-agency working. Commissioners, along with the providers, should develop competency frameworks, such as that provided by Health Education England. These competency frameworks need to include requirements for staff training, for example person-centred approaches, communication and Positive Behaviour Support (PBS), in line with the PBS competency framework.
5 - I have a choice about where I live and who I live with (p 18)			
NOTE: Section 5.1 is not directly linked to the key actions but needs to be considered: **5.1** People should be offered a **choice of housing, including small-scale supported living**. This choice may be circumscribed by the Ministry of Justice (MOJ) in some instances if the individual is on an offender pathway.			

Choice about housing should be offered early in any planning processes (e.g. in transition from childhood to adulthood, or in hospital discharge planning) and should be based on individual need and be an integral component of a person's person-centred care and support plan (see principle 2). Where people live, who they live with, the location, the community and the built environment need to be understood from the individual perspective and at the outset of planning.			
5) Relevant guidance and standards: • Communities and local government guidance on Disabled Facilities Grants			
Key action/s (What)	**Current position (RAG status)**	**Evidence**	**Comments**
5a) Commissioners should co-produce local housing solutions leading to security of tenure, that enable people to live as independently as possible, rather than in institutionalised settings.	TBC		Linked to 5.2 - Everyone should be offered **settled accommodation**. This should include exploring home ownership, or ensuring security of tenure.
5b) CCGs could consider allowing individuals with a personal health budget to use some of their budget to contribute to housing costs if this meets a health need and is agreed as part of the individual's care and support plan.	TBC		
5c) Strategic commissioners need to work with housing strategy colleagues to ensure strategic housing planning.	TBC		Linked to 5.3 - Commissioners need to work closely with housing strategy colleagues to ensure that the future needs of this group are understood, considered and planned for strategically and form part of **local housing strategies**.

Key action/s (What)	Current position (RAG status)	Evidence	Comments
6 – I get good care and support from mainstream health services (p 20)			
NOTE: Section 6.3 is not directly linked to the key actions but needs to be considered: **6.3** Everyone should expect **'quality checker'** schemes to be in place ensuring that mainstream services serve them appropriately.			
6) Relevant guidance and standards: • Green Light toolkit: reasonable adjustments in mental health services. • Improving Health and Lives (IHAL) resources on making reasonable adjustments for people who need mental health services and support. • IHAL Working Together guidance for improving support for people with learning disabilities in hospital. • NHS England Quality Checkers initiative. • IAPT Positive Practice guidance for people with learning disabilities. • 2015 Directions on Annual Health Checks.			
6a) Health commissioners should ensure that people with a learning disability are offered Annual Health Checks.	TBC		Linked to 6.1 - Everyone with a learning disability over the age of 14, should be offered an **Annual Health Check**. This is particularly important for those with communication difficulties.

Key action/s (What)	Current position (RAG status)	Evidence	Comments
6b) Health commissioners should ensure that everyone has the option of a Health Action Plan, and are promoting the use of Hospital Passports.	TBC		Linked to 6.1 - Everyone should have **a Health Action Plan**, which identifies how any physical and mental health needs will be met, and this should form an integral component of a person's person-centred care and support plan (see principle 2). Where appropriate it should include a **'Hospital Passport'** to help mainstream NHS services make the reasonable adjustments required by law (including meeting the needs of people who display behaviour that challenges) and ensure equity of health outcomes for people.

Key action/s (What)	Current position (RAG status)	Evidence	Comments
6c) Mental Health commissioners should ensure that the Green Light Toolkit audit is completed annually, and an action plan developed.	TBC		Linked to 6. 4 - Everyone should expect mainstream mental health services to regularly audit how effective they are at meeting the needs of people with a learning disability and/or autism. The Green Light Toolkit should be used to both **evaluate services and to agree local actions** to deliver real improvements. In many instances this will require investment in mainstream mental health services (such as Child and Adult Mental Health (CAMHS) Services, Improving Access to Psychological Therapies (IAPT) and services that are helping to deliver against the Crisis Care Concordat). In other instances there will be new initiatives to support mainstream mental health services to make reasonable adjustments to their pathways of care and support, and to improve access to those services.

Key action/s (What)	Current position (RAG status)	Evidence	Comments
6d)Commissioners should ensure that practices and care and support pathways within mainstream primary and secondary NHS services are 'reasonably adjusted' to meet the needs of this group, in line with Equality Act duties, and are routinely monitoring equality of outcomes.	TBC		Linked to 6.2 - Everyone should expect universal NHS services to employ clearly identified and readily accessible primary and secondary healthcare **'liaison' workers** who have specialist knowledge and specific skills in working with people with a learning disability and/or autism which enable them to advise those services on how to make effective adjustments.

Key action/s (What)	Current position (RAG status)	Evidence	Comments
7 – I can access specialist health and social care support in the community (p 22)			
7) Relevant guidance and standards: • Mansell Report: Services for people with learning disabilities and challenging behaviour or mental health needs report of a project group. • Royal College of Psychiatrists: Challenging Behaviour a Unified Approach.			
7a) Commissioners should ensure the availability of specialist integrated multi-disciplinary health and social care support in the community for people with a learning disability and/or autism, covering all ages.	TBC		Linked to 7.1 - Everyone should have access to **integrated, community-based, specialist multidisciplinary health and social care support for people with a learning disability and/or autism in their community** that is readily accessible, when needed, by children, young people and adults with a learning disability and/or autism, including those who may have come into contact with or are at risk of coming into contact with the criminal justice system (see principle 8). Key functions of this specialist support should include: support to enable people to access mainstream health and social care services, work with mainstream services to develop their ability to deliver individualised reasonable adjustments, support to commissioners in service

			development and quality monitoring, and the delivery of direct assessment and therapeutic support.
Key action/s (What)	**Current position (RAG status)**	**Evidence**	**Comments**
7b) Commissioners should ensure this specialist health and social care support includes an intensive 24/7 support function.	TBC		Linked to 7.3 - Anyone who requires additional support to prevent or manage a crisis should have access to hands-on **intensive 24/7 multi-disciplinary health and social care support** at home, or in other appropriate community settings, including schools and short break/respite settings. This support should be delivered by members of highly-skilled and experienced multi-disciplinary/agency teams with specialist knowledge in managing behaviours that challenge. The interface between specialist routine multi-disciplinary support services (described above) and this type of intensive support service should be seamless.

Key action/s (What)	Current position (RAG status)	Evidence	Comments
7c) Commissioners should ensure inter-agency collaborative working, including between specialist and mainstream services.	TBC		Linked to 7.2 - Specialist support might be provided by a range of services, and often across services (e.g. children's services, Child and Adult Mental Health Services (CAMHS), learning disability CAMHS teams and specialist community learning disability teams). Support should be built around the needs of the individual through a **'Collaborative Care' model, or by combined teams** (e.g. all age, learning disability and autism). Individuals should expect continuity of care and support through close collaboration between services/agencies, including between specialist and mainstream services. Access to and provision of support should be based on need.
8 – If I need it, I get support to stay out of trouble (p 24)			
NOTE: Section 8.2 is not directly linked to the key actions but needs to be considered: **8.2** Liaison and diversion schemes should seek to support people through the youth or criminal justice system 'pathway' enabling people to exercise their rights and/or where appropriate, diverting people to appropriate support from health and social care services. Clear pathways for diversion to appropriate health and social care services should be established through local multi-agency protocols.			

8) Relevant guidance and standards: • NHS England - Liaison and Diversion Services			
Key action/s (What)	**Current position (RAG status)**	**Evidence**	**Comments**
8a) Commissioners should ensure that mainstream services aimed at preventing or reducing anti-social or 'offending' behaviour are making reasonable adjustments to meet the needs of people with a learning disability and/or autism, in line with Equality Act duties, and are routinely monitoring equality of outcomes.	TBC		Linked to 8.1 -...(People) … should expect services (including those provided by youth offending teams, liaison and diversion schemes, as well as troubled family schemes and programmes such as those for drug and alcohol misuse) to identify people with a learning disability and/or autism amongst the people they support, and to make reasonable adjustments so they can effectively support those people. This should be achieved through collaboration with specialist multi-disciplinary health and social care services for people with a learning disability and/or autism (see principle 7, and 8.3 below).

Key action/s (What)	Current position (RAG status)	Evidence	Comments
8b) Commissioners should ensure the availability of specialist health and social care support for people with a learning disability and/or autism who may be at risk of or have come into contact with the criminal justice system, offering a community forensic function for this group.	TBC		Linked to 8.3 - …It is likely that some people will be best served by mainstream forensic services able to work with people with a learning disability and/or autism, and some by specialist multi-disciplinary health and social care services for people with a learning disability and/or autism. In some areas, specialist community forensic learning disability and autism teams or hospital outreach teams work with small numbers of people who pose a more significant risk to others, usually spanning several localities.
9 - If I am admitted for assessment and treatment in a hospital [1] setting because my health needs can't be met in the community, it is high-quality and I don't stay there longer than I need to (p 26)			
NOTE: Sections 9.1, 9.3, 9.4 and 9.6 are not directly linked to the key actions but need to be considered: **9.1** Everyone who is admitted to a hospital setting for assessment and treatment should expect this to be **integrated into their broader care and support pathway**, with hospitals working closely with community mental health, learning disability/autism and other services, including those providing intensive community and/or forensic support (see principles 7 and 8). **9.3** People who present an immediate risk to those around them and/or to themselves may require admission to a hospital setting when their behaviour			

[1] Refers to footnote 14, page 26 - 'Hospital' in this context refers to those hospital facilities (registered by the CQC) which are providing mental or behavioural healthcare in England for people with a learning disability and/or autism, or the equivalent organisations in Wales and Scotland for English commissioned patients

and/or mental state is such that assessment and/or treatment is temporarily required that cannot be provided safely and effectively in the community.

They should have access to high quality assessment and treatment in **non-secure hospital services** with the clear goal of returning them to live in their home.

Sometimes people will be detained under the Mental Health Act if the necessary conditions are met. People with a learning disability and/or autism should be assessed and treated in mainstream inpatient services where this is the most appropriate option. This is likely to be the case for people with a mild learning disability and/or autism who have a mental health problem of a type and severity that warrants inpatient care.

Providers should make the reasonable adjustments to enable this (e.g. liaison nurses and collaborative working with learning disability and/or autism specialists). This might require providers to designate particular wards as suitable for this purpose.

People whose learning disability and/or autism is more significant and who require an adapted environment and/or intensive specialist treatment and care should be admitted to a specialist unit if they require inpatient care.

These specialist beds should be increasingly co-located within mainstream hospital settings as part of integrated specialist inpatient services, rather than in isolated stand-alone units. With the right support at the right time in the community, use of inpatient services should be rare and only for clearly defined purposes.

9.4 Admission to **secure inpatient services** should only occur when a patient is assessed as posing a significant risk to others. Often they will be detained under Part III of the Mental Health Act ('patients concerned in criminal proceedings or under sentence') and in contact with the criminal justice system, with or without restrictions from the Ministry of Justice.

Some patients, however, may be detained in secure settings under Part II of the Mental Health Act where they pose an equivalent level of risk to others and this risk cannot be managed safely in less secure settings. For example, those who have been diverted away from the criminal justice system as a result of criminal justice agencies not taking the case through the courts, or discontinuing proceedings once it is seen that the person is already in hospital. In line with the Mental Health Code of Practice, only patients who require a combination of enhanced physical, procedural and relational security should be placed in secure services.

9.6 For all inpatient provision (secure or not) children admitted to hospital should be placed in an environment suitable for their age and must have access to education. For adults, provision of single-sex accommodation is essential.

Relevant guidance and standards

• NHS England Care and Treatment Review (CTR) guidance.

• NICE guidance on challenging behaviour and learning disabilities.

Key action/s (What)	Current position (RAG status)	Evidence	Comments
9a) Health commissioners should ensure that hospital admissions are supported by a clear rationale of assessment and treatment, and desired outcomes, and that services are as close to home as possible.	TBC		Linked to 9.2 - When people are admitted for assessment and treatment in a hospital setting they should expect support to focus on **proactively encouraging independence and recovery**. Services should seek to minimise patients' length of stay … Hospitals should not become de facto homes… Care and treatment should be regularly reviewed, in line with NHS England Care and Treatment Review guidance and CPA requirements. Services should be as close to home as possible and provide care and treatment in the least restrictive setting.
9b) Micro-commissioners should be working with individuals, families/carers, clinicians and local community services to ensure that the discharge planning process starts from the point of admission, or before.	TBC		Linked to 9.2 - ….discharge planning should start from the point of admission - or earlier for a planned admission.

Key action/s (What)	Current position (RAG status)	Evidence	Comments
9c) Health commissioners should be ensuring the appropriate CTR are taking place and are of a high quality, in line with NHS England policy.	TBC		Linked to 9.5 - Everyone, other than those following diversion or direction from the criminal justice system, should expect a **community (pre-admission) CTR**. In urgent situations where there is not time to convene a CTR then there should be a 'Blue Light' meeting, in line with NHS England policy and guidance. Admissions should always be with a clear stated purpose and set of expected outcomes. In the event of an urgent admission, where a CTR has not been carried out, then this should take place within 10 working days of their admission. After six months they should expect a mandatory CTR. Additionally, at any stage in hospital, should there be concerns about care and treatment, the person themselves, their family, advocate, commissioner or clinical team have a 'right to request' a CTR.

Key action/s (What)	Current position (RAG status)	Evidence	Comments
9d) Commissioners should ensure that support for families and carers are part of any commissioning framework.	TBC		

Service Model

Commissioners understand their local population now and in the future