

Appendix Five: Joint Plan on a Page 2014-2017 to commission the range of local health, housing and care support services to meet the needs of people with a learning disability of all ages with behaviour that is challenging - based on the principle of an ordinary life for all

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What is Challenging behaviour	How many people do we need to plan and buy housing and support for?	What we will do	What we will do	What it will mean for the future
<ul style="list-style-type: none"> •Challenging Behaviour is behaviour “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”. (Challenging behaviour – a unified approach; RCPsych, BPS, RCSLT, 200 •The term “challenging behaviour” has been used to refer to the “difficult” or “problem” behaviours which may be shown by children or adults with a learning disability including: 	<ul style="list-style-type: none"> •Behaviour that challenges: is displayed by 10 to 15 per cent of adults who have a learning disability (see Emerson & Einfeld, 2011) • In Derbyshire there are estimated to be xx children and 210 adults with a LD who display significant challenging behaviour. •In Derby City there are estimated to be xx children and 70 adults with a LD who display significant challenging behaviour •We will work with Children and Young peoples services including CAMHs to more accurately identify the number of people with 	<ul style="list-style-type: none"> •Sign up across adult and childrens Health and Social Care commissioners to the Challenging Behaviour Charter •Promote delivery of care/support at home or as close to home and provide more reliable support for families and carers •Provide high quality person centred approaches, prevention and early intervention services . •Promote and prioritise joint investment in positive behaviour training to provide positive behaviour support for all ages •Offer Personal Budgets and Personal Health Budgets •Provide joint solutions to individual funding and risk sharing. 	<ul style="list-style-type: none"> •The new pathways / offer will be defined to ensure that any inpatient services commissioned by the CCG's are only utilised after responsive intensive community interventions have been delivered and agreed jointly with Adult social care •Introduce a Care coordination process for individuals who have complex needs. •Design individual community approaches that deliver; • - a reduction in the prevalence and incidence of behaviour that challenges amongst people of all ages who have learning disabilities and / or autism • - a reduction in the number of individuals placed in more restrictive settings which are 	<ul style="list-style-type: none"> •People with a learning disability or autism and behaviour which challenges will be able to say: •1. My home is in the community; •2. I am treated with compassion, dignity and respect; •3. I am involved in decisions about my care and support; •4. I am safe and protected from avoidable harm, but also have my own freedom to take risks; •5. I am helped to live with my family or helped to keep in touch with my family and friends;

The joint plan will provide greater personalisation and a focus on community support that promotes independence from early childhood and throughout adult life. This will be achieved collaboratively across education, health, social care and housing with involvement of providers, partnership boards, families, carers, and self-advocacy groups.

ng Behaviour - National Strategy Group (CB-NSG) Charter Published 2009, Re-published 2013

Rights and Values:

- 1) People will be supported to exercise their human rights (which are the same as everyone else's) to be healthy, full and valued members of their community with respect for their culture, ethnic origin, religion, age, gender, sexuality and disability.
- 2) All children who are at risk of presenting behavioural challenges have the right to have their needs identified at an early stage, leading to co-ordinated early intervention and support.
- 3) All families have the right to be supported to maintain the physical and emotional wellbeing of the family unit.
- 4) All individuals have the right to receive person centred support and services that are developed on the basis of a detailed understanding of their support needs including their communication needs. This will be individually-tailored, flexible, responsive to changes in individual circumstances and delivered in the most appropriate local situation.
- 5) People have the right to a healthy life, and be given the appropriate support to achieve this.
- 6) People have the same rights as everyone else to a family and social life, relationships, housing, education, employment and leisure.
- 7) People have the right to supports and services that create capable environments. These should be developed on the principles of positive behavioural support and other evidence based approaches. They should also draw from additional specialist input as needed and respond to all the needs of the individual.
- 8) People have the right not to be hurt or damaged or humiliated in any way by interventions. Support and services must strive to achieve this.
- 9) People have the right to receive support and care based on good and up to date evidence.

Action to be taken:

- 1) Children's and adults' services will construct long term collaborative plans across education, social and health services and jointly develop and commission support and services to meet the needs of children and adults with learning disabilities, their families and carers.
- 2) Local Authorities and the NHS will develop and co-ordinate plans to:
 - Reduce the exposure of young children with learning disabilities to environmental conditions that may lead to behavioural challenges.
 - Promote the resilience of young children with learning disabilities who face such environmental conditions.
 - Provide early intervention, support and services that will meet the individual needs (including communication needs) of young children who are showing early signs of developing behavioural challenges.
- 3) Active listening to the needs of the family will lead to the provision of appropriate and timely support, information and training.
- 4) People will be supported to have a good quality of life by individuals with the right values, attitudes, training and experience.
- 5) The NHS and services will proactively plan to ensure that people receive the same range, quality and standard of healthcare as everyone else, making reasonable adjustments when required. People will have an individualised health action plan and be supported to have access to annual health checks to ensure all health needs are met.
- 6) People and their family carers will receive support and services that are timely, safe, of good quality, co-ordinated and seamless. They will be proactively involved in the planning, commissioning and monitoring of support and services including both specialist and general services.
- 7) A person-centred approach that enables and manages the taking of risk will be used to ensure that people have access to family and social life, relationships, housing, education, employment and leisure.
- 8) Local authorities and the NHS will know how many children and adults live in their area and how many they have placed out of area. On the basis of information from person-centred plans all agencies will plan and deliver local support and services.

9) Services will seek to reduce the use of physical intervention, seclusion, mechanical restraint and the inappropriate or harmful use of medication with the clear aim of eliminating them for each individual.

10) All services and agencies will strive to improve continually, using up to date evidence to provide