

Learning disabilities and challenging behaviour: the commissioning process

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Overview

- Challenging behaviour and social care
- High cost placements
- Interviews with commissioners
- A research and development agenda?

Challenging behaviour and social care

- Recent return to policy prominence
 - Revised Mansell Report
 - National strategy group
 - Emphasis in Valuing People Now on complex needs
- Increased understanding that challenging behaviour not just a healthcare issue - “the central independent variable in positive behaviour support is systems change” (Carr, 2007, p.4)

High cost placements

- Initiated by discussions within Challenging Behaviour-National Strategy Group
- Mansell report commented on the need to redirect resources from expensive out of area placements
- Current financial climate
- Awareness that cost and quality do not always correlate
- Little previous research

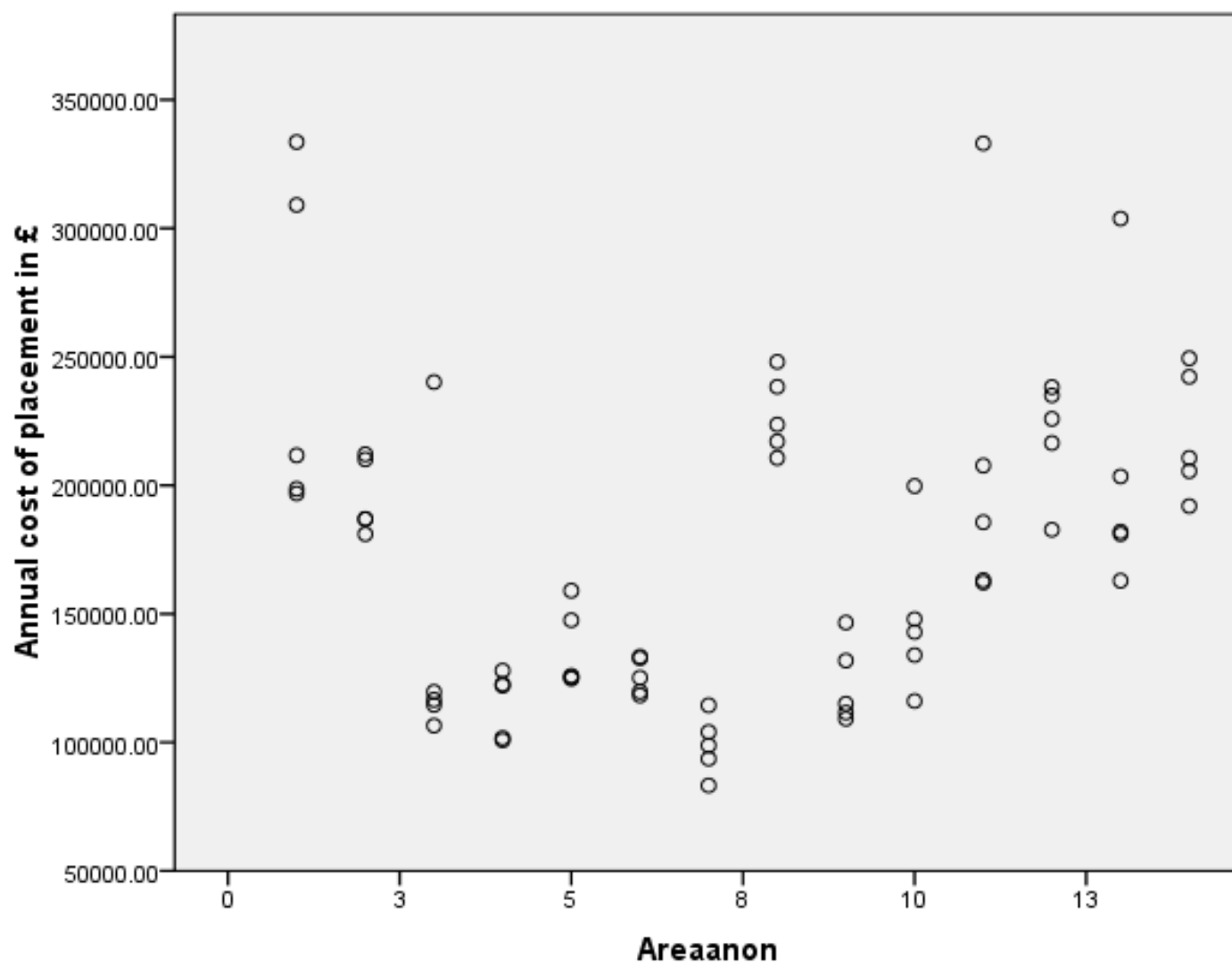
What we did

- Valuing People regional advisor contacted all local authority commissioners in SE Region
- Asked for information about their 5 highest cost placements
- 14 (out of 19) areas provided information about 70 placements
- Quick and dirty survey!

Findings - cost

- Mean £172k, Range £83-£333k
- Substantial variation in mean cost across authorities from £98k to £250k
- Some evidence of clustering of costs within authorities

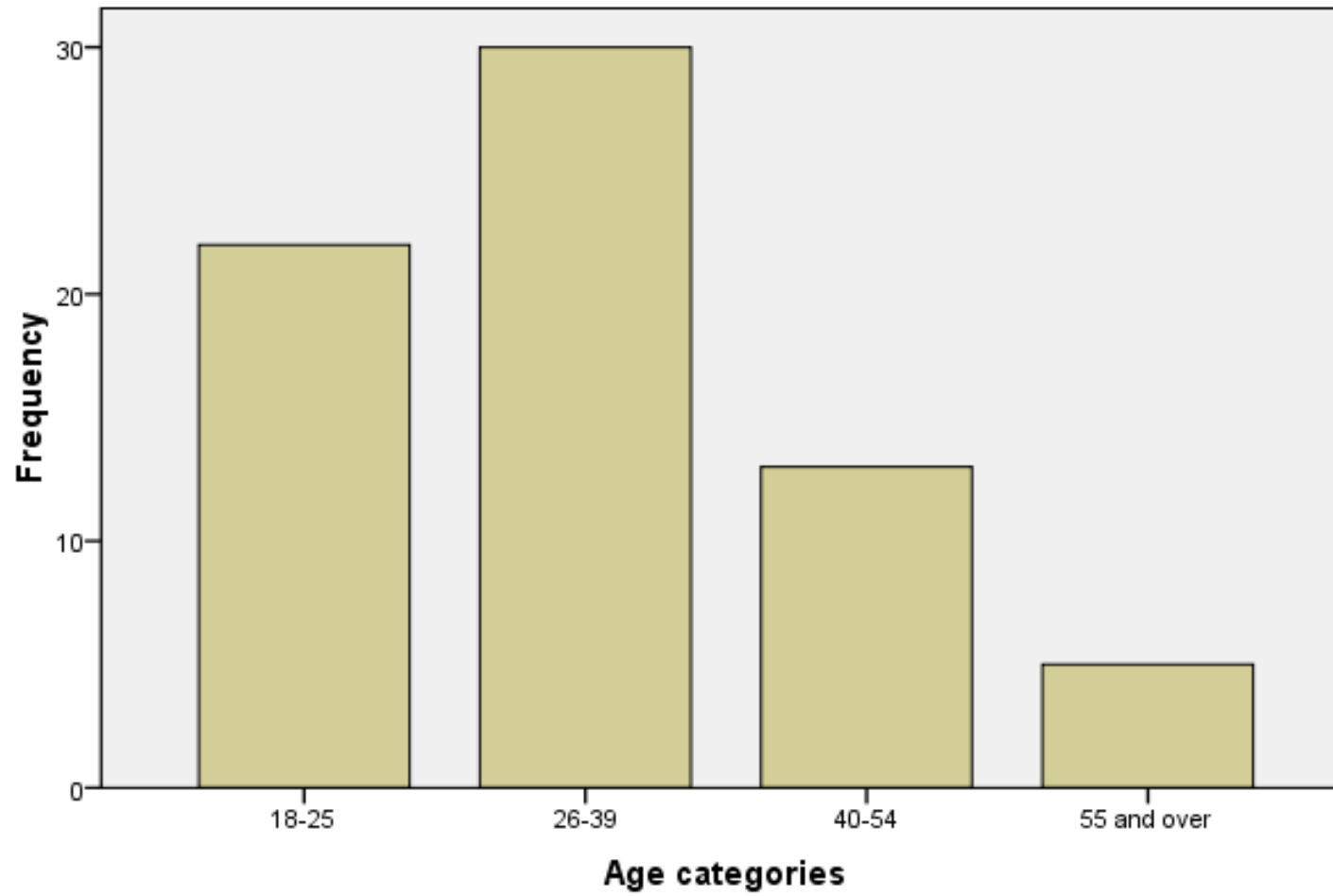
Placement cost across areas



Findings – gender, age

- Gender – 51 male, 19 female
- Age – mean of 33 years, range 18-60

Age categories



Findings – nature of disability

- Note well, limited data and local authority bias
- Challenging behaviour – 46%
- Mild/moderate Id – 27%
- Autism – 23%
- Severe Id – 16%
- Physical/health needs – 13%
- Mental health needs – 11%
- Offending behaviour – 7%
- Specific syndrome – 7%

Findings – nature of placements

Type of placement	Percentage
Hospital or other secure/treatment	20%
Residential care	61%
Residential college	4%
Supported living or similar	14%

Findings – plan, discharge date, in/out area

- Plans for individuals were reported in 54% of cases
- Discharge dates were reported in 3% of cases
- 71% of placements were out of area

Points of note

- Lots of money being spent, wide variation
- Individuals are mainly male, young with high prevalence of challenging behaviour and autism (reflecting local service deficits?)
- Mixture of people with mild vs severe Id
- Mainly “traditional” placements
- Most placements out of area with limited evidence of planned changes

What next?

- Further, more detailed survey?
- Extend survey to health, children's services, other regions?
- Look at pathways into these placements?
- Look at value for money?

Commissioner perspectives

- Scoping exercise identified in Valuing People Now
- What stops local service development?
- Extended interviews with 8 commissioners across SE Region and London
- Main findings:
 - No evidence of significant, ongoing work in this area
 - Many barriers to local service development

Lack of coordination between adult and child services

“I can tell you who my children’s commissioner is but I don’t see him very often... when I do I don’t understand what he is talking about because we use completely different sets of language and data and jargon”

“So what I have got is from 8 different teams including education, leaving care, learn to live team, children with disabilities team, out of borough education, respite, carers and the learning disability team is a whole cohort that I’ve have had to bring together and double check against one and other and come up with what I believe is a definitive list and it’s ever changing”

Lack of a systematic commissioning framework

services have been *“commissioned on the basis of demand rather than on need”*

care managers *“usually looking for placements in crisis which means that you don’t have time to plan properly. You just place in what’s available and hope. And what’s available? Residential care is available”*

Lack of confidence in local providers

“on their lovely glossy website they have challenging behaviour specialist and autism and you name it, they’re specialists in it...there must be a very, very, very small percentage of providers who are actually able to do what they say they can do”

“we need to develop a better contract for individuals that have challenging behaviour ... so when we place them in the service that says they are a “challenging behaviour” service then there is a contractual obligation that says staff will have had training ... in these approaches”

Additional barriers

- Wide variation in the application of NHS continuing care criteria and associated inter-agency perverse incentives
- (With exceptions) continuing difficulties between local authorities and the NHS in coordinated and integrated working
- Lack of specification of the commissioner role so that wide variation in the nature and quality of commissioning practice
- Family preferences (sometimes) for specialist, out-of-area placements perhaps in the context of earlier, local placement failures
- Lack of collaboration and understanding (in some areas) between commissioners and clinical support services

What next?

- Supporting commissioners to develop local services for individuals
- Provider development
- Particular focus on transition (and before)
- Developing a strategic approach

To follow up

- McGill, P. & Poynter, J. (2011) How much will it cost? Characteristics of the most expensive residential placements for adults with learning disabilities. *Tizard Learning Disability Review*, 16, 54-57
- McGill, P., Cooper, V. & Honeyman, G. (2010) *Developing Better Commissioning for Individuals with Behaviour that Challenges Services – A Scoping Exercise*. Canterbury/Chatham: Tizard Centre/Challenging Behaviour Foundation
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