APPENDIX A

Joint Framework Tender approach for highly complex Autism needs
STAGE ONE

NASS
Northamptonshire
Adult Social Services

Children First
Northamptonshire
The new name for Children, Families and Education.
Please make a note of my new email address.
Northamptonshire County Council

NHS
Corby Clinical Commissioning Group

NHS
Nene Clinical Commissioning Group

Approval to progress - Joint Tender for highly complex Autism Services

On the 22nd November representatives from CYP services and Adults Services; Health, Social Care and SEND, convened a workshop to look at a solution to supporting the complex needs of an identifiable cohort of individuals with autism and attachment disorder who present with the following system wide challenges:

- **Criminal behaviours**
- **High Risk behaviours – substance misuse**
- **Self harm**
- **Histories of disengagement**
- **Self neglect**
- **Vulnerabilities associated with cuckooing/gangs/exploitation**
- **Family/parental chaos and dysfunction**
- **Hoarding and OCD**
- **Child inpatient – adult inpatient**

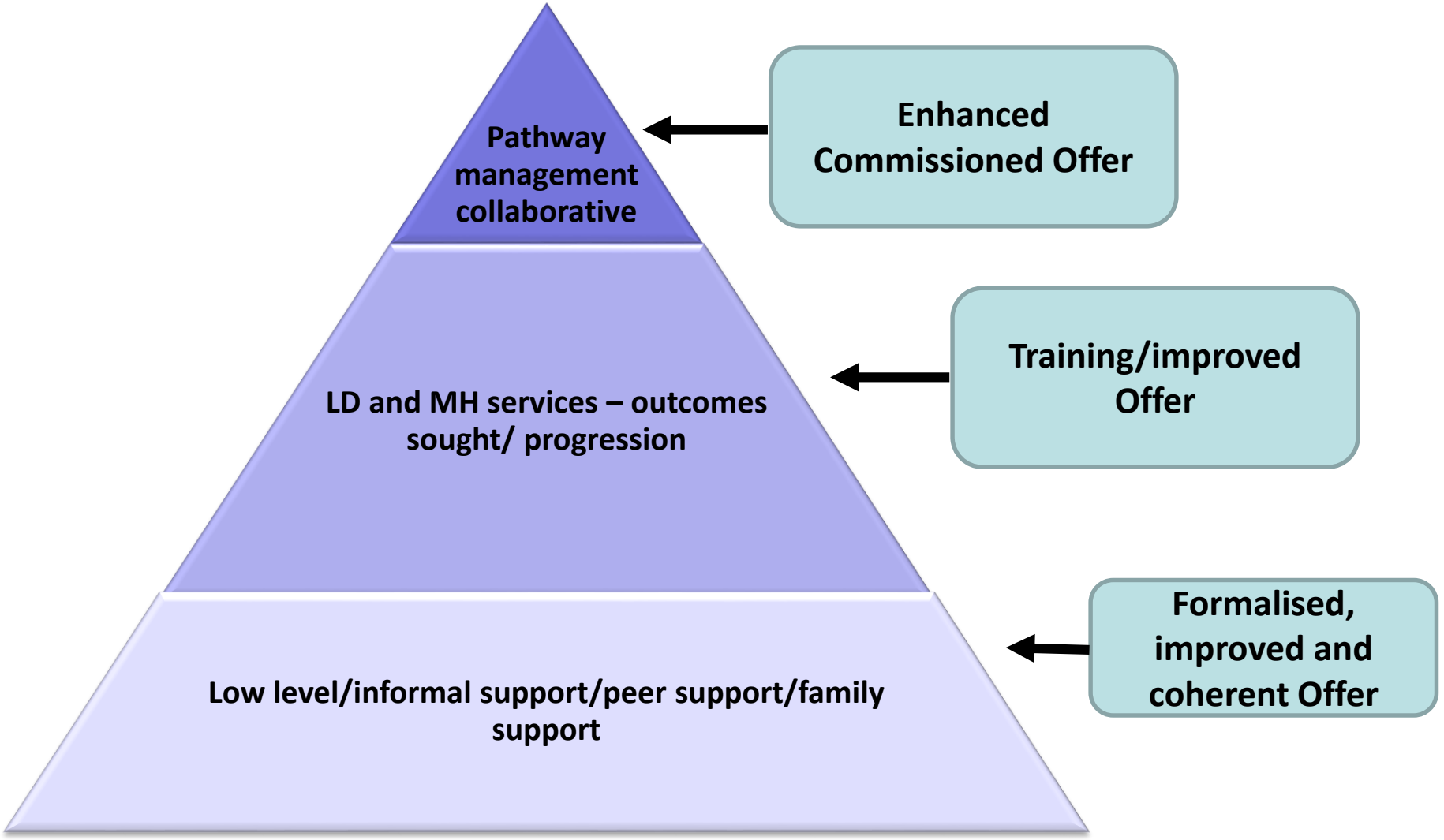
These individuals:

- **Are known to all statutory services**
- **Have frequent engagement and then disengagement**
- **Are frequently referred/known to all teams**
- **Have sensory needs fulfilled by regular contact and use of emergency services and which are soothed by self harm**
- **Are difficult to place appropriately**
- **Have a history of failed support arrangements**
- **Have a history of the wrong support arrangements which can escalate risk and cause further problems**
- **Have challenges that increase as they enter adulthood**
- **Have families/parents who may inadvertently perpetuate**
- **Are exceptionally vulnerable to sexual exploitation and gang influence**
- **Are likely to have childhood traumas that have been inadequately supported or are untreated therapeutically**

Commonality:

- **All are assessed under our statutory frameworks**
- **All have failed support arrangements**
- **All have had expensive support arrangements (containment/minder)**
- **Unmet need as a child becomes an unmet need as an adult – with serious consequences**
- **Do not fit into MH services**
- **Do not fit into LD services**
- **All Partners recognise the need to 'do something different '**

To be - LA commissioned/developed Autism Provision



Real People accounts

15 years old male, complex ASD, anxiety, challenging behaviour, difficulties with peer relationships, was living at home with mum step dad and 3 siblings, attending mainstream college. Family support from LA support worker. Average to higher IQ and vocabulary. Spent yr. 9 home schooled due to bullying and refusal of EHCP. Moved to college aged 14 doing catering course. Dad lives in New Zealand.

Family struggling with very challenging behaviour and 3 siblings at risk. Excluded from college following reports of sexual harassment of a female student (showed her lots of condoms in his bag and asked for sex). Challenging behaviour escalated, saying he wants to end his life and tying ligatures, mum took him to A&E (14 hours), LAEP - admitted to adult MH unit, transferred to adolescent unit a few days later where he was assaulted by another inpatient, transferred 2 weeks later to another adolescent unit. Is now more settled and accessing inpatient education and therapy sessions. Is enjoying learning Russian and badminton.

Is now fit for discharge but mum has said she can't have him home as it's not safe for her or the siblings, X is of the belief that now he's 16 he should be living independently. Parents want a residential special school (Cambian) but without an EHCP this isn't possible. Parents have asked LA to accommodate but didn't realise that as they both work they would have to financially contribute. X is considered too vulnerable for supported accommodation.

Parents haven't accessed any 3rd sector support groups or ASD courses. X does not fit criteria for LD services in health or social care. X finds CAMHS difficult due to concrete thinking and extent of ASD. There are concerns that he may enter the criminal justice system, become disaffected, not achieve academic potential or access employment.

We now have X who is fit for discharge but without suitable accommodation or education. The plan on admission 9 weeks ago was for him to return home. College had not at that point turned the suspension into a permanent exclusion although this was a risk.

23 Yr old male. Was living at home with Mother. Had attended mainstream school but no ASD diagnosis. Excluded from school – no engagement, 'didn't fit' – perpetual problems. After School mixed with gangs – stealing, drugs, trouble with law.

Initial MH assessment- not met criteria. YA team placed in OCS Davinci. Continued lack of engagement- lots of barriers, risky behaviours, wouldn't let staff in. Advised of eviction. Continued association with 'wrong people' – sofa surfing. Arrested for stealing cars. Transferred to specialist hospital for 18 months. Given diagnosis of ASD.

Discharged on CTO. Placed in Bedford supported living with providers with ASD skills. Inconsistent staffing, poor levels of engagement, not letting staff in. Cuckooing began. Mother took him home.

MH assessed again. Mother complained about continued trauma of insufficient services to meet or recognise needs- multiple services commissioned. Lack of understanding of person- on paper 'minimal needs'.

16 year old female with ASD and history trauma currently in St Andrew's hospital under Section 3 of the Mental Health Act and has been there for nearly 3 years. This is a high profile case locally and within NHSE.

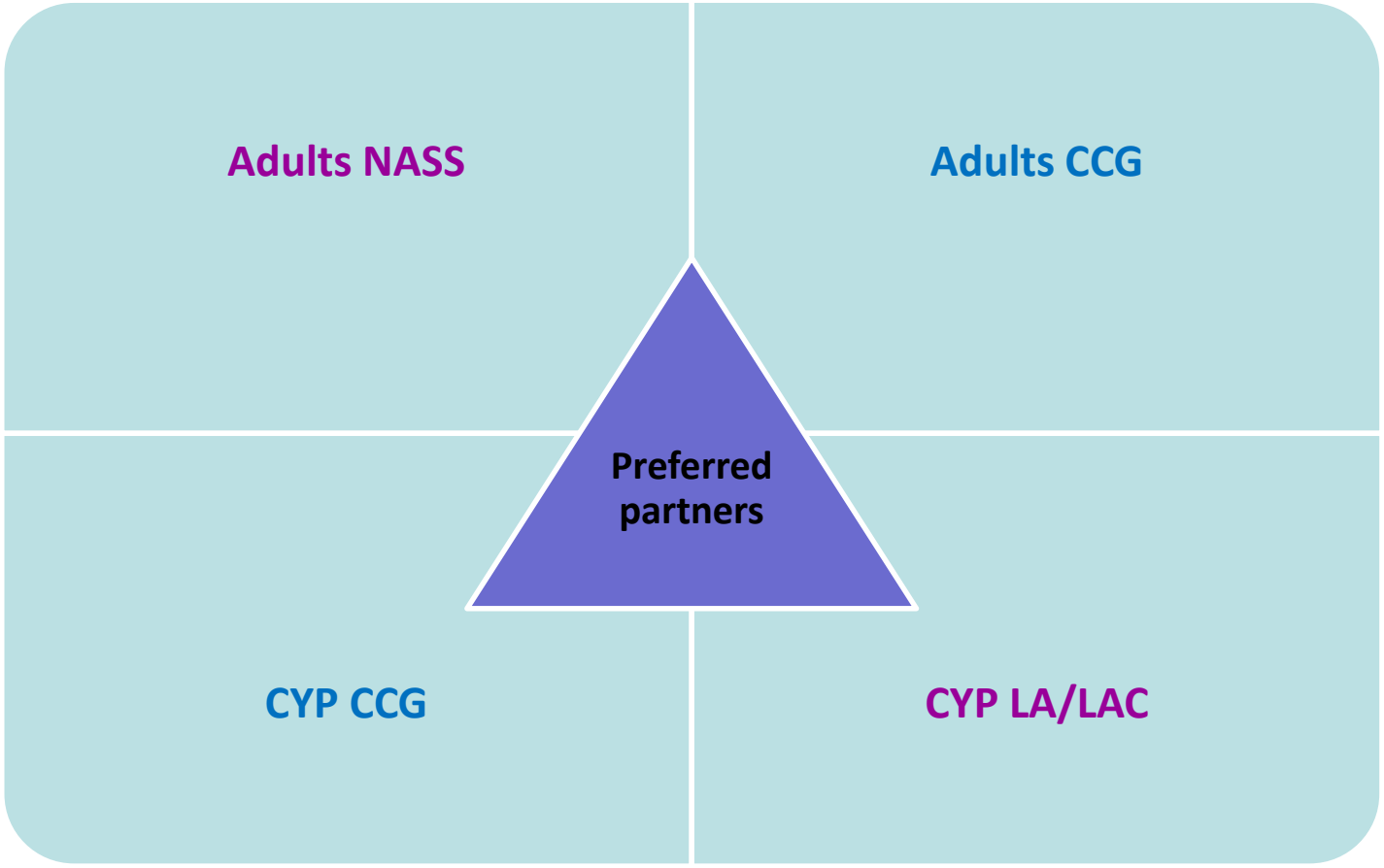
Following numerous MDT meetings, all professionals involved feel that this is not the least restrictive environment for the young person. Her trauma and ASD impact on her presentation significantly in terms of self-harming behaviours. The young person has periods of being stable when she is able to access the community and periods of being unwell in presentation requiring the hospital environment. Due to the complexity of the young person it has been difficult to source a provider that is able to meet of both her ASD and MH needs as each time she has a stable period the time scales to follow the appropriate processes have been too lengthy. This includes process such as placement team exhausting their placement framework before being able to look at a bespoke package of care with health and assessments/legal frameworks that the young person will be discharged under. Currently we are trying to get the appropriate provision with a wraparound service to be able to meet all young person's needs in the community although this is proving extremely challenging.

NHSE have commissioned a service called 'Changing Our Lives' to work with the young person to complete a person centred plan for the future so that all professionals involved can be implementing their process so that when the young person is next in a stable period, she can be discharged from hospital to the community with a smooth transition. This would be a least restrictive option for the young person going forward. A service specification was completed in August 2019 when the young person was in a stable period which lasted approximately 10 weeks and she is currently in an unwell period but we are still try to progress for the best outcome for the young person.

Case for change

- Costs of current/failing/containment support arrangements are likely to be an average of £4-£7k per week per individual
- Cohort estimates are between 20-30 for CYP
- Cohort estimates are between 20-30 for adults
- Current recording is too fragile/inconsistent to be precise – practitioner consideration is required
- Transition into adulthood is costly and problematic – cycles continue with higher risks
- Inter-directorate and inter-agency processes can be disabling

- **The workshop attendees agreed we should seek to progress a joint tender for CP and adults, health and social care**
- **LA the lead – joint CYP and Adults**



The Model

- Small collection of providers who can work in partnership/pathways
- Expectations of outcomes focus and progression/step down
- High level of skill and trained expertise in:
  - Autism
  - Sensory needs
  - Trauma
  - Substance misuse
  - Progression and outcomes
  - Risk identification and management
  - Adaptability of interventions and approaches
  - Managing active chaos
  - Connecting to peer support
- Can facilitate a multidisciplinary approach/wrap around
- Can support family therapy
- Provision is Ofsted and CQC regulated

The Tender

- Between 4 and 6 providers - collaborative
- Expectations of outcomes focus and progression/step down
- High level of skill and trained expertise - stated
- Short term and long term savings
- Improved outcomes – short and long term
- Step down and transfer
- Market prep/market interest statement – invitation to information session
- Statutory agencies will need to invest in training the providers
- KPIs

- Consideration of pooled budget for PoC – lead budget manager
- Savings equally disaggregated according to % contribution

We are requesting approval to proceed.

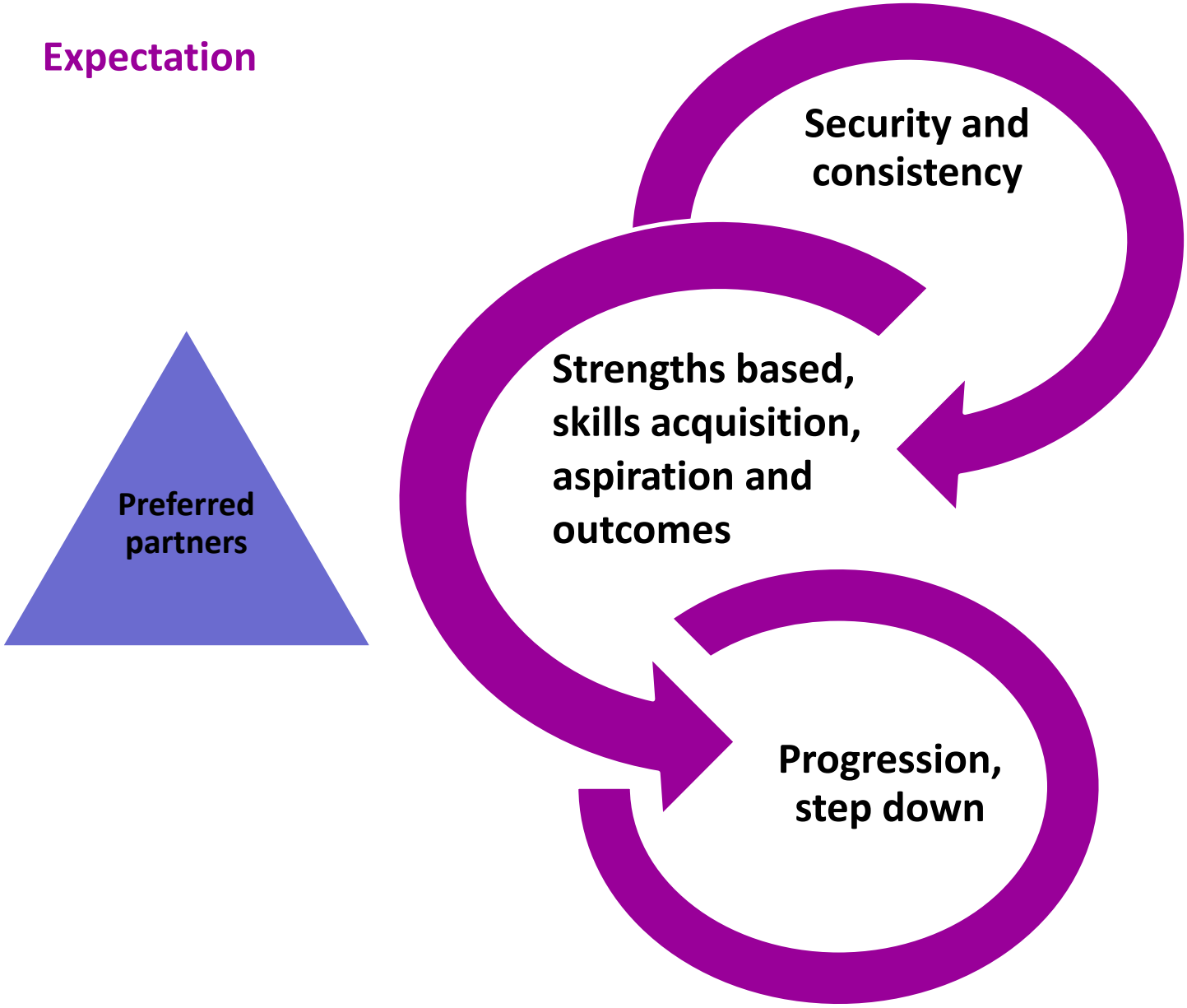
We will continue to meet as a group to work though details:

- **Confirm specifics on cohort – current and potential**
- **Specifications**
- **Outcomes and KPI Framework**
- **Profiling of Preferred Providers/Skills**
- **Potential pooled budget configurations**

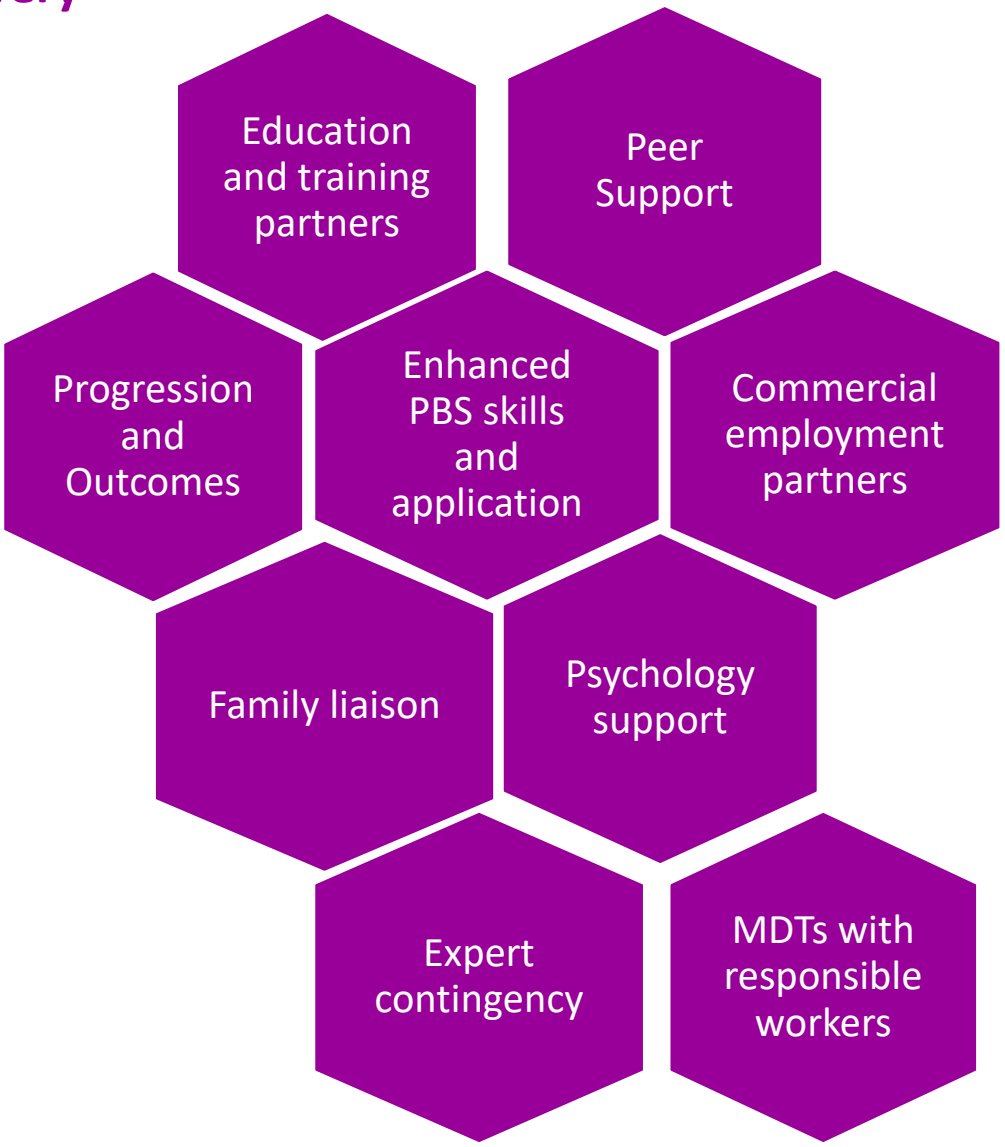
Approval to proceed given

6th January 2020 meeting

Expectation



Skills and delivery



Deliverables and Key Performance Indicators:

Evidence of working in partnership for:

- **Progression/step down**
- **Achievement of personal outcomes & Measures of wellbeing**
- **Management of Crisis/Evidence of effective Contingency**
- **Reduction in dependency (cost/outcomes)**
- **Numbers into employment**
- **Numbers into training**
- **Reduction in episodes of self harm (benchmarks required)**
- **Numbers stepping down into standard services**
- **Length of stay**

Who are the key organisations/agencies the Providers will need to have a relationship with?

- Probation service
- Youth offending service
- Police (RISE- based with MASH)
- LA Adolescent team
- DWP and Access to employment
- LIVE/EADS
- Education: FE colleges, Post 16 plans, Schools – LAC/virtual schools
- S2S
- Housing
- SW services
- NHFT services

Market Testing

Interest statement and market interest event