

## System Transformation Reserve & Section 256 Funding – Business Case

**Table 1**

To be completed in all cases of STR and S256 funding

<b>Business case reference:</b>	MHLDAIS1	<b>Date:</b>	30/07/21
<b>Business Case title</b>	Autism Intensive Service (previously Intensive Positive Behavioural Support Service-Autism (IPBS-A))		
<b>Author &amp; job title</b>	Victoria Bleazard, Head of Mental Health, Learning Disabilities and Autism (Transformation) Anna Norris, Senior Contract Manager – Non-Acute		
<b>Outcome:</b> <i>To be signed once approval is granted</i>	<b>Approval/requirement for further information</b>		
	Section to be completed by finance/business planning following decision by 'sign off' authority		
<b>Funding Source</b>	S256 funding		
<b>Financial summary</b>	<b>Y1 in year spend<sup>1</sup></b>	<b>Y2 in year spend</b>	<b>Recurrent cost implications</b>
<b>Cost of delivery – Non - recurrent revenue requirement (£):</b>	£395,000	N/A (will continue to be funded through LA contributions and new, recurrent NHSE investment: 22-24)	N/A (will continue to be funded through LA contributions and new, recurrent NHSE investment: 22-24)
<b>Financial Benefits</b>	Total service cost: £490,000  Savings: £800,000 Year 1  Three year accumulated gain £3,240,000	N/A	
<b>Non-Financial Benefits</b>	<u>Improved Outcomes:</u> The intensive PBS service model, as represented by the Autism Intensive Service and other services across the country, consistently delivers high quality outcomes for the young people and families leading to reduced likelihood of residential placement. This enables more young people to stay at home and be treated in the local area.		

<sup>1</sup> Note STR funding should have Y1 in year spend only

Table 2

<p><b>BRIEF SCHEME OVERVIEW</b></p>	<p>We seek non-recurrent funding to continue to provide the Autism Intensive Service, and to provide availability across BNSSG (extending into North Somerset). This will enable the service to continue in 2021-22 whilst permanent funding solutions are agreed (through LA and new NHSE investments).</p> <p>The Autism Intensive Service would support 9 children intensively (3 in each LA area) and 13.5 children with consultation per year. This equates to 15% of need identified in BNSSG (i.e. 60 children). It is expected that 3.5 children/per year would stay in local community and avoid residential/Tier 4 placement.</p> <p>The Autism Intensive Service is building upon a pilot that delivered an intensive Positive Behaviour Support (PBS) programme to children and young people who have a diagnosis of autism and who do not have a moderate or severe learning disability.</p> <p>Support is provided where a young person's behaviour is causing significant problems in their life and for people around them, such that they are at high risk of home breakdown and/or social exclusion resulting in a Tier4 admission or out of area residential referral (OOA). Typical behaviours at referral include aggression, self-harm, eating disorders or extreme avoidance. Each young person receives several hours per week of direct support over a period of up to 12 months.</p> <p>As noted below, the outcomes from this pilot were very significant for individuals, their families, and in turn a range of partners across BNSSG (including health, education and social care). We seek short-term funding to enable this service to continue as we finalise on-going investment.</p>
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**SYSTEM  
TRANSFORMATION  
BENEFITS**

The Autism Intensive Service was piloted in Bristol and South Gloucestershire and secured exceptional outcomes, as noted below:

- **There were no admissions to Tier4, transfer to OOA, or breakdowns in school placements for the young people within the service during the period of intensive iPBS-A support.**
- **Successful transition to home or education setting**  
Referral to iPBS-A was linked to a specific transition for six out of the ten young people, either as part of support for a young person returning home following a Tier4 inpatient referral or OOA placement, or as support for a planned transition to a new education or home setting. At the point of step-down from intensive support, parents and professionals were of the opinion that risk of future readmission had been significantly reduced. At the follow-up for Year1 cases, there had been no readmissions.
- **Reduced frequency and/or intensity of behaviour that challenges**  
In nine out of ten cases, parents and professionals reported a reduction in the behaviour that had led to referral. This was attributed to young people and their support network having an increased understanding of behaviour following iPBS-A support, and as a consequence a consistent response being provided by the young person's family and their support network. Follow-up for Year1 cases showed sustained improvement for two young people; others had shown an increase in behaviour that challenges since step-down, but not to the levels prior to referral.
- **Increased self-awareness and ability to respond more positively to emotions**
- **Increased engagement with positive activities**
- **Improved wellbeing**
- **Increased control and calm in the family home**
- **Improved management of demands on the family**
- **Strengthened family support network**
- **Offering a realistic alternative to Tier 4 admissions; improving professional practice and increasing capacity**

<p><b>IMPLICATIONS ON OTHER FUNCTIONS</b></p>	<p>Below outlines the impact this project will have on the following functions:</p> <p><b>Providers</b> This would enable more young people to have access to an appropriate service which could reduce pressures on the acute trust and local community CAMHS teams. Children and Young People with higher levels of acuity may require more intensive resources which can lead to less capacity and resource for those who are less acute, if they remain held in community CAMHS services. Additionally, it would enable more young people to be seen in the community, reducing the impact on residential providers and Tier 4 units.</p> <p><b>IT</b> The service would expand into North Somerset and would require access to the appropriate clinical systems.</p> <p><b>Workforce</b> The service would need to recruit 2.6 WTEs to ensure capacity to expand into North Somerset.</p> <p><b>Facilities</b> Premises in the 3 areas of BNSSG would need to be discussed with the service to ensure they are able to see CYP closer to home.</p>	
<p><b>PRIORITISATION ASSESSMENT:</b></p>	<p>Please score each facet below <b>and</b> provide a narrative justification for the score. These will be used to prioritise spending.</p>	
	<p><b>Score</b></p>	<p><b>Narrative</b></p>
<p><b>Alignment with system priorities</b></p>	<p>1 Strong alignment To 5 no alignment</p>	<p>1  Due to the lifetime impact on the child, their family and the significant costs associated with not providing an effective intervention at this stage (and preventing admissions to Tier4, transfer to OOA, or breakdowns in school placements) this is a very high priority.</p>
<p><b>Risk of recurrent/ capital costs</b></p>	<p>1 Negligible risk To 5 very high risk</p>	<p>1  NHS and Local Authority partners are currently seeking to confirm shared funding arrangements for 22-23 onwards. This funding is bridging the gap between the pilot finishing and a permanent funding solution.</p>

<p><b>Impact on health inequalities</b></p>	<p>1 Significant positive impact To 5 negligible positive impact</p>	<p>1</p> <p>This service is focusing on supporting extremely vulnerable young people. By intervening at this stage, and preventing Tier4 admissions, transfer to OOA, or breakdowns in school placements then life-long inequalities in healthcare are likely to be prevented (e.g. people with a severe and enduring mental illness are at risk of dying 15 years prematurely).</p> <p>Furthermore, vulnerable groups are more likely to face exclusion. As noted in the Government commissioned <a href="#">Timpson's Review of Exclusions</a>, more than three in four (up to 78 per cent) of permanent exclusions involve children with special educational needs (SEN), or who are classed as in need or eligible for free school meals. Also, certain ethnic groups, such as black and mixed-race children, experience a higher rate of exclusion.</p>
<p><b>Measure of project risk/ maturity/ uncertainty</b></p>	<p>1 Risks well defined &amp; managed To 5 Significant risks &amp; uncertainties</p>	<p>1</p> <p>This will continue to fund an existing service whilst longer-term funding is established.</p>
<p><b>TOTAL</b></p>	<p>Insert total</p>	<p>4</p>

**VALUE ASSESSMENT**

This would enable children and young people to be supported closer to home by an appropriate community service and reduce the costs of residential placements, Out of Area placements and Tier 4. The evaluation of the pilot clearly highlights better outcomes for young people such as:

- No admissions to Tier 4; transfer to OOA, or breakdowns in school placements for any young people during the period of intensive iPBS-A support.
- No readmissions for the young people that had transitioned from placements and transferred to the service (this was 6 out of the 10 young people in the service).
- Identifying and improving the outcomes and experience that matter to people.
- Improved management of demands on the family.
- Control and calm within the family home.
- Validation and confidence in parenting abilities.
- A strengthened family support network.
- Improved family wellbeing.
- Reduced frequency or intensity of behaviours that challenges.
- Increased self-awareness and ability to respond more positively to emotions.
- Improved wellbeing.
- Commissioning and delivering effective services that avoiding overuse of low value interventions (unwanted or not cost-effective) and underuse of high value interventions (deemed cost-effective but not taken up by those who would benefit)

If the service was provided across BNSSG, the likely cost effectiveness would be:

- Service cost: £490,000 PA 7.7 wte clinical team
- Savings: £800,000 Year 1
- Three year accumulated gain £3,240,000.