

4th February 2013**Agenda Item: 6****REPORT OF THE SERVICE DIRECTOR, PERSONAL CARE AND SUPPORT
(YOUNGER ADULTS)****TRANSFORMING CARE – NOTTINGHAMSHIRE'S RESPONSE TO
WINTERBOURNE VIEW HOSPITAL, GLOUCESTERSHIRE****Purpose of the Report**

1. To inform Members about the local action being taken to respond to the national concerns rising from the abuse perpetrated at the Winterbourne View Hospital in Gloucestershire.

Information and Advice

2. Winterbourne View hospital was part of an independent health care organisation and as such was commissioned by NHS commissioners. The County Council is not responsible for commissioning or funding care within hospital or healthcare settings.
3. In response to the BBC Panorama programme of May 2011, the Government established an inquiry to consider the abuse that occurred at Winterbourne View Hospital and make recommendations to prevent similar abuse from occurring in any other establishment.
4. In addition, the Care Quality Commission (CQC) undertook a national programme of inspections which included visits to 150 learning disability hospitals and registered care homes.
5. The CQC report found that:
 - a. too many people were in hospital and they stayed there too long
 - b. there was insufficient care planning and person centered approaches to care
 - c. people did not have access to care and support locally, close to their families and friends.
6. The Government also considered the Mansell report which asserted that commissioners needed to take responsibility for ensuring that services were meeting the needs of people; that services should focus on personalised care and preventative social care; that services should be provided locally and that services should specifically meet the needs of people who have complex or challenging needs.
7. The Government published their findings in December 2012 in a report entitled, 'Transforming Care: A National Response to Winterbourne View Hospital'.

8. The review found that people placed at Winterbourne View were:

- Often placed far from their homes and families
- Stayed far too long in Hospital with average stays of 19 months
- Experienced a very high number of physical interventions
- Experienced poor quality physical healthcare
- Did not have their concerns picked up by other agencies such as local authorities, Police and Hospitals
- Often did not have access to families and other visitors.

9. The report sets out a programme of 63 actions to be carried out by Central Government, the NHS, the CQC, local government and various other statutory bodies.

10. The Government's mandate to the NHS Commissioning Board says;

"The NHS Commissioning Boards objective is to ensure that CCGs work with local authorities to ensure that vulnerable people, particularly those with learning disabilities, and autism, receive safe, appropriate, high quality care. The presumption should always be that services are local and that people remain in their communities; we expect to see a substantial reduction in reliance on in patient care for these groups of people".

11. In summary the main measures which the Government have determined are:

- **An end to all inappropriate placements by 2014.** To this end, all specialist hospital placements of people with a learning disability or autism must be reviewed by June 2013, and if people would be better supported in the community they must be moved out of hospital by 1st June 2014.
- **There should be stronger accountability and responsibility for owners and directors of private hospitals and care homes.** The Government will set out how Boards of Directors and organisations can be held to account later this year.
- **There must be tighter regulation and inspection of providers.** The CQC will undertake more inspections and unannounced inspections of providers and will be more vigorous in holding organisations to account for poor quality care.
- **There should be improved quality through staff training and better leadership.** A new code of ethics will be published in 2013 with guidance on training standards and commissioning practices. Local authorities responsibilities in relation to safeguarding will be strengthened through the Care and Support Bill and Government will work with providers to reduce the amount of physical restraint used in care settings.
- **There should be better local planning with national support.** Local authorities and the NHS will be expected to work more closely on joint plans with pooled budgets to ensure people get the support they need. A new national joint NHS and local government led joint improvement team is to be established to provide support to local planning teams.

- **There will be greater transparency and monitoring.** Government will publish a range of key performance measures to help local councils assess the standard of care in their areas and the Learning Disability Programme Board, chaired by the Minister for Care and Support will monitor progress against milestones.
12. In Nottinghamshire the Strategic Commissioning Group for Mental Health, Learning Disability and Autism (which reports to the Shadow Health and Wellbeing Board) are overseeing the development of an action plan to address the key findings and actions required. It is proposed to establish a joint Project Board to oversee the implementation of the action plan over the next 15 months.
13. The NHS in Nottinghamshire currently commission around 50 placements for people in specialist hospitals and other accommodations. Some of these people will be appropriately placed in hospital, either as an alternative to prison (e.g. some of those in high secure at Rampton) or receiving treatment or rehabilitation services. However, for others they are only in hospital because of a lack of alternatives. It is these individuals who the authority will be looking to ensure move out of hospital into more appropriate settings for people to live.
14. In addition the local authority and health have around 100 people placed out of the county in residential and nursing home placements. All of these individuals are being reviewed to see who could return to Nottinghamshire.
15. In many cases people have lived out of county for many years and the original reason for them moving is unclear. However, the reason for the initial placement in over 50% of cases was 'no suitable local service available'. Other reasons included family choice e.g. where an individual had gone to residential school out of area and the family wanted that provider to continue to deliver services, this may be due to lack of confidence in local services or unwillingness to face change. In other cases there was a genuine reason for living out of area, for example because family had moved or because the service was just over the boarder but nearer to the individual's family and community than an in county service. In these cases the authority would not be seeking to bring someone back to Nottinghamshire.
16. Overall the kinds of issues which arise from Out of Area placements include:
- Difficulty for patient's family/friends to visit
 - Lack of input/contact from staff in home authority
 - Problems with communication and coordination across authorities and with settings and families
 - Increased cost for authority of dealing with reviews/problem that may arise/safeguarding issues
 - Difficulty of monitoring the quality of provision from a distance
 - The cost of the placement at the setting. Out of area placements are on average higher cost than those in area - however, account should be taken of the fact that many out of area placements were made due to the complexity of the care needs of the individual which could not be met by local providers and therefore moving individuals back into area may not reduce the cost of a care package. It does, however, mean that the local authority will have a clearer idea of what it is paying for and the quality of the service which makes it easier to prevent over commissioning.
 - Lack of identification and engagement between the service user and with the new local community.

17. Locally, the joint project board with Health colleagues will ensure that the deadlines set by the Department of Health are met which will include:

- All individuals currently living out of county or in hospital settings will have a person centred review by June 2013, which will consider the reasons they are living out of county or in hospital and whether they would benefit from moving back into the authority or whether the hospital setting is no longer appropriate.
- Where appropriate people will be moved to more independent living arrangements by June 2014. In all cases, Supported Living or Shared Lives (where an individual lives with a family who are paid to support them) will be considered above residential care as it is considered that these settings best promote independence and the engagement of an individual within their community. Residential care, will, however be used in circumstances where it is felt the individual is not yet ready for more independent living or where there would be a long delay in finding the right accommodation and support.
- Where an individual is admitted to (or remains in) hospital, a clear plan will be in place to review their progress and ensure they are moved back into the community as soon as is possible.
- The development of a variety of alternative services including intermediate care and 'step down' accommodation intended to be temporary rather than a home for life which helps people get used to the idea of living back in the community, as well as supported living, self-contained accommodation developed to allow people to live as independently as possible but because the accommodation is together (e.g. flats in a house or small block) the right levels of staffing can be put in to ensure people are properly supported.

18. As a **Statement of general principle**, only where there are clear benefits for the individual to remain in an out of area placement, or where it can be evidenced that there is a genuine reason why the individual needs to remain in hospital plans will not be put in place to enable that person to move. These benefits will be documented and reviewed annually to ensure they remain relevant reasons for an individual continuing to live outside of Nottinghamshire or within a hospital setting.

19. Excepting for personal circumstances where an out of county placement has been deemed appropriate (e.g. to be near family who have moved away, or because that individual is at risk if they remain in Nottinghamshire) new out of area placements will only be made where there is no viable alternative. However, a plan will be put in place to develop an appropriate local service, which will allow the individual to return to Nottinghamshire within an agreed timeframe.

20. The exception to this is where the needs of the individual are only able to be met by a specialist service and there are not sufficient other people with similar needs to make the development of a local very specialist service viable. In these circumstances, wherever possible, work will be undertaken with neighbouring authorities to develop a service regionally to keep people as close to home as is feasible. Individuals within hospital settings will have a joint health and social care formal face-to-face review every year, but contact will

be made at least every 6 months by a case manager from Health and the 'annual' joint review brought forward if appropriate.

21. Funding responsibility for the project delivery is being negotiated between the local authority and NHS partners. The initial project delivery costs and transformational funding associated with individual reviews and service development is likely to be funded by the NHS. This cost is estimated to be in the region of £800,000 – £900,000.
22. As the assessments of people in hospital placements needs to be completed by 1st June 2013 there is an immediate need to establish temporary capacity to undertake these assessments, and in the medium term to commission services for any people found to be inappropriately placed. The following temporary posts are, therefore, required with immediate effect for a period of 18 months:
- a. 0.5 fte Team Manager post at Pay Band D
 - b. 2 fte Care Manager posts at Pay Band B
 - c. 1 fte Occupational Therapy post at Pay Band B
 - d. 0.5 fte Business Support post at Grade 3.

The costs of these posts will be met by S.256 transfer of funding from the NHS to the authority (NHS Fund for Social Care).

23. However, the ongoing care management and support package costs will be a shared responsibility between the NHS and the local authority. Whilst the current expenditure on people placed in inpatient care is held by the NHS, as people move into independent living environments, the local authority will become responsible to meet their needs either wholly or partly in conjunction with NHS continuing care requirements.
24. It is not possible to accurately estimate the ongoing revenue implications until the initial reviews have taken place to assess the level of support required by people currently placed inappropriately. However, the current average expenditure of the NHS on individual placements is £2,500 per week per person. It is unlikely that these costs will reduce significantly on discharge, and therefore if the local authority were to become responsible for 50% of the future cost of provision for people requiring new placements (estimated at half the current cohort) the additional costs placed on the authority would amount to £1.6m per annum.
25. As the additional cost of providing this care results from a national policy shift which transfers responsibility from the NHS to local authorities, discussions are currently taking place with local NHS colleagues to agree how these costs should be met in the longer term.

Reason/s for Recommendations

26. This report details the actions required to ensure the County Council is compliant with national policy guidance.

Statutory and Policy Implications

27. This report has been compiled after consideration of implications in respect of finance, equal opportunities, human resources, crime and disorder, human rights, the safeguarding of

children, sustainability and the environment and those using the service and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Human Resource Implications

28. The report recommends the temporary posts for a period of 18 months as follows: :

- a. ½ x FTE Team Manager post at Pay Band D
- b. 2 x FTE Care Manager posts at Pay Band B
- c. 1 x FTE OT post at Pay Band B
- d. ½ x FT E Business Support post at Grade 3.

29. These posts will be allocated authorised car user status (except for the Business Support post). It is anticipated that existing staff on temporary contracts within the New Lifestyles Team will be offered extensions to their contracts whilst additional temporary staff will be recruited in the short-term.

30. The Trade Unions have been consulted and UNISON welcomes the implementation of a review of out of area placements following the enquiry in abuse of residents at Winterbourne View Hospital, and the recruitment of staff to implement this. We are in favour of local placements if it meets the needs of residents and we assume that it will mean a better monitoring process.

Financial Implications

31. The full financial implications arising out of this report are to be determined once all individual assessments have been completed in June 2013. However it is estimated that the full financial impact on the authority could be in the region of £1.6m recurrently. Negotiations are underway with NHS colleagues to determine the appropriate financial responsibility for meeting these costs.

32. In addition there is an amount of non-recurrent start-up funding required to meet the initial cost of assessment and care management over the course of the next 18 months. These costs will be met by S.256 transfer from the NHS (NHS Funding for Social Care).

RECOMMENDATION/S

It is recommended that the Committee

- 1) notes the content of the report and agrees to the local actions proposed to meet the requirements set out in the **Transforming care: A national response to Winterbourne View Hospital** *Department of Health Review: Final Report* document; and specifically:
 - a. The assessment of all people placed out of the local area in hospital settings and care home environments
 - b. The resettlement of any persons assessed as being placed inappropriately
 - c. The development of local intermediate care services to prevent future inappropriate placements and reduce the length of hospital stays

- d. The commissioning and provision of locally based accommodation and care for people placed out of the local area.
- 2) Approves the establishment of the following temporary posts with effect from 5th February 2013 for a period of 18 months until 4th August 2014:
 - a. 0.5 fte (18.5 hours) Team Manager post, Pay Band D, scp 42-47 (£35,430 - £39,855 pro rata per annum) and the post be allocated authorised car user status
 - b. 2 fte (74 hours) Care Manager posts, Pay Band B, scp 34-39 (£28,636 - £32,800 pro rata per annum) and the post be allocated authorised car user status
 - c. 1 fte (37 hours) Occupational Therapy post, Pay Band B, scp 34-39 (£28,636 - £32,800 pro rata per annum) and the post be allocated authorised car user status
 - d. 0.5 fte (18.5 hours) Business Support Administrator post, Grade 3, scp 14-18 (£15,725 - £17,161 pro rata per annum).
- 3) receives a progress report in six month.

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Constitutional Comments (LMc 17/01/2013)

33. The Adult Social Care and Health Committee has delegated authority within the Constitution to approve the recommendations in the report.

Financial Comments (KAS 22/01/2013)

34. The financial implications are set out in paragraphs 31 and 32 of the report.

Background Papers

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972:

- a. [Raising our sights: services for adults with profound intellectual and multiple disabilities](#) - A report by Professor Jim Mansell - March 2012.
- b. [Transforming care: A national response to Winterbourne View Hospital Department of Health Review: Final Report](#) - December 2012.

Electoral Division(s) and Member(s) Affected

All.

ASCH95