

**2 March 2015:**

**Agenda Item: 6**

## **REPORT OF THE SERVICE DIRECTOR FOR SOUTH NOTTINGHAMSHIRE ADULT SOCIAL CARE, HEALTH AND PUBLIC PROTECTION**

### **REPORT ON TRANSFORMING CARE: A NATIONAL RESPONSE TO WINTERBOURNE VIEW HOSPITAL**

#### **Purpose of the Report**

1. To inform Committee members of the progress made towards the local response to the Department of Health report, 'Transforming Care; A National Response to Winterbourne View Hospital'.
2. To approve the spending of £415,000 capital funding from the Department of Health.

#### **Information and Advice**

3. In December 2012, the Department of Health (DH) report Transforming Care: 'A National Response to Winterbourne View Hospital' was published. The report identified a range of actions required at a national and local level to drive up the quality of support provided to people with learning disabilities, particularly those that are identified as having challenging behaviour so they can receive high quality healthcare and be supported to live in the community. At the same time a national Concordat Programme of Action was published backed up by a joint improvement programme led by the Local Government Association (LGA) and NHS England.

#### **Progress in Nottinghamshire**

4. In March 2013 Nottinghamshire identified 58 people in hospital settings. This included people in The Nottinghamshire NHS Trust Assessment and Treatment Unit (ATU), people in locked rehabilitation services and people in secure hospital (low, medium and high).
5. Since then Nottinghamshire County Council has facilitated 24 moves out of hospital, not including people who have had a short stay in ATU and returned to their previous accommodation.
6. 15 people have moved into supported living and nine people have moved to residential care.

7. A further seven people have plans to move before the end of March 2015.
8. Further reviews are being undertaken in line with Government guidelines and ten reviews have taken place in December and January identifying a further five people who are ready to leave hospital within the next 6-9 months.
9. This review process is on-going and it is expected that there will continue to be discharges at the same rate over the next two years.
10. Since April 2013 there have only been five new admissions to locked rehabilitation. Of these, one was from out of County (and is unlikely to become Nottinghamshire's responsibility due to changes made in the Care Act) and one was a placement by the Ministry of Justice. The other three were admitted from the community and previously known to social care in 13/14 due to mental ill health.
11. There have been 20 admissions to ATU in 2014 with five people in ATU at year end. The average length of stay (which includes city patients of which there were a further 18) was 94 days.
12. It is recognised that there are times when people need to go into hospital. However, we also wish to ensure that people are only in hospital for as long as they need to be. We will, therefore, be concentrating going forward on ensuring regular robust reviews of people going into both ATU and into locked rehabilitation with the aim of reducing the amount of time a person stays in hospital.
13. There is a large amount of development going on currently in terms of developing supported living, in partnership with housing providers and our four core supported living providers which will meet the needs of people who challenge services. We have recently been successful in a bid to the Department of Health for some capital funding (£450,000) which will be used to develop single person bungalows for people with very complex needs, as well as extending our provision around 'step down' accommodation to enable people to move out of hospital settings whilst awaiting suitable longer term accommodation and support.
14. Discussion is taking place with health colleagues about the resource required going forward in terms of both community support staff (social workers and clinical teams) and on-going cost of providing support packages. A pooled budget is being developed and will ensure that in 2015/16 resources are aligned and monitored to better inform pooling arrangements which we hope to be fully in place by April 2016.
15. There continues to be challenges to moving people out of hospital
  - 15.1. Staff recruitment for care support and enablement providers. This is an issue across the whole of the care sector in Nottinghamshire presently. Providers are holding regular recruitment events and Supported Living plus (used for people with very complex needs such as those leaving hospital) pays a higher wage than standard supported living. So far Winterbourne projects have not been delayed due to the inability to recruit but it is an area of concern due to the high levels of staffing required when new supported living services are set up.

15.2. The development of housing has been a delaying factor in moving people out of hospital. 23 new supported living plus services have been developed in Ollerton, Hucknall, Huthwaite, Worksop and Stapleford to date with plans for three more flats in Ruddington and, supported by £415,000 from a bid put into the Department of Health, a single person service and four bungalows to house five people in Mansfield. Further developments are being explored alongside the development of standard supported living accommodation in other districts. We have developed a residential step down service in Rainworth which has already been used as an interim step for 5 people moving out of hospital, four of whom have since moved onto supported living. Further DH capital funding is enabling us to make alterations to another 4 bed unit which will also give us the capacity to have a 'step up' property which could prevent people having to go into hospital in the first place. The remaining DH capital is being used to undertake surveys, draw up plans and start development of a further 12 bungalows in Mansfield. The condition of this DH funding is that it was spent before the financial year end on properties to help people leave hospital. We were successful in our application because we had projects started where we could deploy the capital. This has prevented the use of Nottinghamshire County Council capital which would have been the alternative.

15.3. The overall cost of service provision is increasing. While the actual cost of community placements so far have tended to be lower cost than hospital placements, this is partly because the 'less complex' people have already moved out and packages of support for the more complex service users can be significantly more expensive than hospital placements. This, however, is only part of the cost as the provision of appropriate levels of community support is stretching current resources. The community resource, for example psychologists, psychiatrists, social workers and learning disability nurses required to manage complex people in the community and prevent new admissions is currently stretched and an exercise to predict the additional resource required is being carried out currently.

16. The next report to committee will identify the full costs of developing alternatives to hospital care, including the share of Health and Social Care funding, and the resources which have been made available to support this.

### **Statutory and Policy Implications**

17. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the public sector equality duty, safeguarding of children and vulnerable adults, service users, sustainability and the environment and ways of working and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

### **Financial Implications**

18. Capital expenditure of £415,000 would be required for the building of the single person service and the bungalows in Mansfield. This is funded by a capital grant from Department

of Health, which has already been received by the Council. The next report to committee will include a full breakdown on spend since April 2013 as detailed in paragraph 15. A variation to the capital programme will be reported to Finance and Property Committee as part of the Period 10 Financial Monitoring Report.

## **RECOMMENDATION/S**

It is recommended that the Committee:

- 1) Notes the content of the report and progress being made to commission suitable care and accommodation for people currently placed in hospital settings.
- 2) Subject to the approval of Finance and Property Committee, approve the spending of the Department of Health capital funding as set out in the bid attached as appendix 1 and outlined in paragraph 15.2.

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### **Constitutional Comments (CEH 20/02/15)**

19. The recommendations fall within the remit of the Adult Social Care and Health Committee by virtue of its terms of reference. The necessary legal agreements will need to be put into place for the payment of the funding out to third parties to deliver the schemes and ensure the Council's compliance with the grant funding conditions.

### **Financial Comments (AGW 20/02/15)**

20. The financial implications are contained within paragraph 18 of the report.

### **Background Papers available for Inspection**

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.

None

### **Electoral Division(s) and Member(s) Affected**

All