

**6<sup>th</sup> January 2014**

**Agenda Item: 7**

**REPORT OF THE CORPORATE DIRECTOR FOR ADULT SOCIAL CARE,  
HEALTH AND PUBLIC PROTECTION**

**WINTERBOURNE PROJECT UPDATE REPORT**

**Purpose of the Report**

1. To inform members of the progress made towards the local response to the Department of Health report, 'Transforming Care; A National Response to Winterbourne View Hospital'.

**Information and Advice**

2. 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.

**Stocktake Report**

3. The LGA and NHS England asked local areas to complete a stocktake of progress in July 2013. The outcome of this was published in December 2013 covering three key areas; finance, commissioning and meeting the 1 June 2014 deadline. In all areas Nottinghamshire has been scored as partially met as described below.
4. The finance area covers the pooling of budgets and identification of the costs of individual placements. Nottinghamshire have a good understanding of the costs of individual placements in different settings and meetings have taken place regarding pooled budgets. The initial scope will include anyone currently in locked rehab hospitals or living in the community with Section 117 funding (this is health and social care funding designed to meet the needs of individuals who have been sectioned under the Mental Health Act when they leave hospital). This could include people who have been in Assessment and Treatment Units (ATUs) as well as within secure hospitals. At this stage pooling budgets with

Children's Services has not been looked at, although work is being undertaken to ensure more joined up commissioning is taking place for children aged 16 plus who are likely to need adult services.

5. The commissioning area comments on advocacy as a strength, where there are currently joint contracts in place and additional resources have been identified to meet the requirements of a large number of people needing to make decisions at the same time. The areas identified for development are identifying the future commissioning priorities and overcoming the issues where people may need Deprivation of Liberty Safeguards. In residential care homes, these safeguards can be used following a best interest decision where professionals and people who know the individual well decide on the individual's behalf that a certain level of restriction is needed to keep them safe from harm. This can happen very quickly.
6. If a person is moving into a supported living service then a court order needs to be obtained before a person can lawfully be deprived of their liberty. This is because the person has a tenancy and therefore has control of their own front door. Deprivation of Liberty can include things such as locking a door to prevent someone running off on their own if there is a likelihood that the person may come to some harm if they do this. Taking a case to the Court of Protection can take up to a year before permission is granted to take steps which deprive an individual of their liberty.
7. A joint strategy for meeting the needs of people with challenging behaviours is in the process of being written and a first draft will be available by the end of January 2014. It will address future accommodation and provider development; resources required and early intervention to prevent admission where possible, including the development of a trigger system to identify people who may be most at risk from admission to hospital, including people coming through transitions from Children's Services.
8. Some individuals have a number of restrictions to their care and support which are currently monitored and reviewed as part of the Mental Health Act, or Deprivation of Liberty Safeguards processes. It has therefore been decided in the first instance to explore registered care settings for people who are likely to require Deprivation of Liberty Safeguards upon discharge. This is likely to affect at least five people and possibly a further three of the original people identified as ready to leave hospital by June 2014.
9. In respect to meeting the June 2014 time scale, of the 25 people identified at review as ready to leave hospital by June, six people have already moved out, four of whom have gone to supported living and two to residential care.
10. There are now 18 people who need to move from ATUs or locked rehabilitation before June 2014 and a further individual who is currently in a low security setting. There are also seven further people who may or may not be ready to move within timescale, but are likely to need moving within six to twelve months of the deadline, as they are still in active treatment or are on a Home Office restricted section of the Mental Health Act.

11. It is Nottinghamshire's aim to move as many people into supported living as possible. This offers greater capacity for promotion of independence and choice and control for the service user and helps people to engage with their community. For people with very complex needs, including challenging behaviours, an enhanced 'Supported Living Plus' service has been developed with a small number of providers. This service enables the employment of more experienced and qualified staff and offers higher levels of training and elements of specialist input such as behavioural support.
12. The housing model is core and cluster, i.e. a number of single person accommodation units within a scheme. This allows the use of shared support and offers a level of community, whilst allowing people the privacy of their own space.
13. There are currently 6-7 schemes in progress with up to 33 individual flats being developed.
14. The development of specialist accommodation in the community is not a straight forward process due to the need for bespoke accommodation adapted to meet the individual needs of people with complex behaviours and disabilities. There are a number of risk factors involved with the development of these properties including delays in planning permission; concern by a housing developer about welfare reforms affecting housing benefit levels in future and the increasing demand on supported living services by people with challenging behaviours, in addition to those leaving hospital.
15. Currently, three schemes, with twelve units of accommodation, will definitely be open by June 2014. Two of these services are already open and four people have moved in leaving four vacancies. The third property is due to open early in 2015 offering another four bed spaces.
16. A further five people are exploring residential options.
17. To meet the June 2014 deadline it would be necessary to move some patients to an interim placement due to the timescales for developing supported living as described above. Social Workers are carrying out assessments to determine whether an interim move would be in the best interests of individual patients. Where it is not, there may be a delay in meeting the June 2014 deadline, however firm plans are in place for these people with moves anticipated to be September 2014 for a small number of people.

### **Services going forward to prevent new hospital admissions**

18. Options for a supported living and a residential step up/step down provision are being considered which would allow people to make an interim move from hospital or offer an alternative to hospital admission for people who have no other suitable care and accommodation within the community.
19. As well as appropriate care and accommodation, there is also a need for increased community capacity from health and social care professionals. Work is

being undertaken to map the needs of the individuals coming out of hospital and those who are 'at risk of going into hospital' against the amount of expected professional support they will require. Because the plan is to help prevent people going into hospital in the first place as well as discharging people as quickly as possible there will need to be an emergency resource which can work alongside residential or supported living providers to offer increased support in times of crisis.

20. Early indications are that there would need to be some additional resource in the form of learning disability nurses and psychology support in particular.
21. Knowledge of autism tends to be mainly within learning disability health services and access to psychology and speech and language therapy for people without a learning disability is rare. Within mainstream mental health services there needs to be a greater understanding of autism.
22. There is also more work to do with providers around key skills and knowledge for those working with people with challenging behaviours and complex needs. This will be addressed as part of the care support and enablement tender in 2014 and within residential care through the accredited list process.

## **Statutory and Policy Implications**

23. 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**

24. The current cost of providing care to people accommodated in locked rehabilitation hospitals is approximately £2,600 per week.
25. The average cost of the package for the people who have moved out to date is £1,911 per week.
26. It is anticipated that some of the remaining service users will need packages of a higher cost as they have more complex needs.
27. It is also anticipated that there will be additional cost in terms of the health and social care community resource required to ensure individuals are appropriately supported when they come out of hospital and also to help prevent admission in the first place. The cost of this is not yet known.
28. There is the need to identify commissioning resource to take forward the strategy after September 2014 when the current Project Manager post comes to an end. Work will be undertaken in the next few months to scope the amount of work and ability to manage this within current resources.

## **RECOMMENDATION/S**

It is recommended that the Adult Social Care and Health 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) agrees to receive an update report in May 2014 focussing on the pooled budget scope, individual accommodation arrangements and resource requirements going forward.

### **DAVID PEARSON**

**Corporate Director, Adult Social Care, Health and Public Protection**

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#### **Constitutional Comments (SG 17/12/13)**

29. The Committee is the appropriate body to decide the issues set out in this report.

#### **Financial Comments (KAS 18/12/13)**

30. The financial implications are contained within paragraphs 24-28 of the report.

#### **Background Papers and Published Documents**

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