# Committee: Health and Wellbeing Board

## Date: 25 November 2014

Wards: All

## Subject: Winterbourne View Update

Lead officer: Simon Williams

Lead member: Caroline Cooper-Marbiah, Cabinet Member for Adult Social Care and Health

Forward Plan reference number: n/a

Contact officer: Jonathan Brown

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**Recommendations:**

A. Health and Wellbeing Board to confirm receipt of Winterbourne View update

B. Further update of progress against Winterbourne View action plan to be submitted to Health and Wellbeing Board in mid 2015

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1. Purpose of report and executive summary

   To update the Health and Wellbeing Board on action undertaken against the Winterbourne View action plan published in the wake of the findings of abuse within a registered hospital setting for people with learning disabilities.

2. Background

   ‘Transforming Care’, The Department of Health’s 2012 response to the Winterbourne View scandal outlined along with a Joint Improvement Plan, actions that must be taken by Local Authorities, Clinical Commissioning Groups and other partners to ensure that people with learning disabilities who currently live in hospital settings have their care needs reviewed and are supported to move to community placements where appropriate.

   ‘Transforming Care’ also places a requirement on Local Authorities and Clinical Commissioning Groups to have a locally agreed joint plan to ensure high quality care and support services for all children, young people and adults with learning disabilities or autism and mental health conditions or behaviour described as challenging. It is expected that this action will reduce the need for hospital placements in the future.

3. Details

   The previous Winterbourne update to the Health and Wellbeing Board (09/2013) reported that LB Merton Learning Disability service at that time had responsibility for the care management of 3 people with learning disabilities whose current placements are considered to be in-patient hospital settings.

   There has been movement within this cohort with the status of one setting changing, one discharge into community residential care taking place, with the

remaining individual staying within an in-patient setting. There has also been a further admission into an assessment and treatment unit for a Merton resident as a result of a breakdown in her community placement and a mental health assessment leading to admission. The Merton Learning Disability service therefore currently has care management responsibility for 2 people within in-patient settings. Both individuals live in such settings due to the nature and intensity of their challenging behaviour. Both are on Section 3 of the Mental Health Act.

Merton CCG have reported on 2 individuals known to their services who are currently in such settings and have provided the following information:

There are 2 individuals who are funded by Merton CCG Mental Health in locked hospital registered rehabilitation services – both are currently detained under Sec 3 of the Mental Health Act and are considered to be "dual diagnosis". The hospital provision they currently reside in is a specialist service for individuals with this profile. One of the individuals concerned has both a learning disability and a co-morbid mental health problem (schizophrenia) and the other is additionally considered to be on the autistic spectrum. Due to the level of their needs, the nature of their challenging behaviour and their potential risk to others, which includes in the latter case an identified sexual risk specifically to children, there is no doubt that they will require on-going support in the form of 24 hour staffed care services for the foreseeable future.

4. Alternative options

For the 2 people known to the Merton LD service, community placements will be actively considered. For one individual this planning process is relatively advanced. An assessment has been carried out by a community residential care provider which has confirmed very recently that it can potentially offer a placement. Plans now need finalising in terms of discharge from her section and funding arrangements require confirmation between Merton and the CCG.

Plans are not as advanced for the other individual known to Merton as his behaviour is currently unsettled and difficult to manage in his in-patient setting.

Merton CCG report the following on the 2 individuals known to them:

Discharge planning from their current inpatient service is actively taking place in both cases. The RC (Consultant Psychiatrist) however has indicated that both need to remain subject to detainment at the current time. To date a provision has only been identified for the individual with LD/ASD/MH, and whilst a step-down this is again into a hospital registered service but within the residential community. The other individual's primary need has been identified as being in relation to his mental health however to date a suitable facility which can also support his relatively mild LD has not felt able to offer him a service. A further CPA is planned for 1st December 2014 in relation to his discharge planning.

Whilst these two individuals remain in hospital registered services, Merton CCG mental health will continue to fully fund their care – on discharge into a non-hospital setting it is likely that they will be joint funded between the CCG and LBM under Sec 117.

5. Consultation undertaken or proposed

   Reviews of current care arrangements are undertaken with all individuals and their informal support networks on a regular basis.

6. Timetable

   NHS England has recently established further targets for discharge for people currently in in-patient settings. It has set out that half of those people who were in an in-patient setting on 1st April 2014 should be discharged by April 2015. This is a challenging target given the nature and intensity of the challenging behaviour exhibited by those within the cohort known to Merton and the CCG.

   To assist with meeting this target, NHS England plan to implement care and treatment reviews which will have the aim of supporting commissioners to consider the care that the individuals that they have responsibility for from an alternative perspective. NHS England are developing processes and recruiting staff to assist with this.

7. Financial, resource and property implications

   Due to the level of need and the nature of the challenging behaviour exhibited by all individuals as outlined above, there is no doubt that they will require on-going support in the form of 24 hour staffed residential care or supported living based care and support following any discharge.

   The financial implications of commissioning appropriate community settings will need to be carefully considered with the aim of identifying value for money, cost effective community based alternatives.

8. Legal and statutory implications

   The needs of the affected individuals will need to continue to be met within appropriate provision which takes into account the nature and intensity of their challenging behaviour and does not put them or others at inappropriate levels of risk.

9. Human rights, equalities and community cohesion implications

   These elements are intrinsic to the reviews already carried out with the individuals affected by this work and to the consideration of future placements appropriate to the level of their need and the assessment of risk to themselves and others.

10. Crime and Disorder implications

    None.

11. Risk management and health and safety implications

Risk assessments will be completed which will evaluate the health and safety implications and risk management considerations of the individuals leaving their current care settings and being accommodated within alternative care and support environments.

These risk assessments will need to include an appraisal of risks not only to the people directly involved in such potential moves, but to others who may subsequently be affected by the challenging behaviour of these individuals in potential community placements.

12. Appendices – the following documents are to be published with this report and form part of the report

None.

13. Background papers

As above.