A Place I Call Home: Winterbourne View Status Report May 2014

Outline Progress

Surrey has had an active programme of work overseen by the Learning Disability Partnership Board, which has been presented to the Health and Well-being Board, the CCG Collaborative, and the Surrey Adults Safeguarding Board. This work programme includes:

- Production of the Surrey Safeguarding Adults Board Winterbourne View Action plan
- Created register of individuals in 3 phases

1. People with learning disabilities or autism and mental health conditions or behaviours described as challenging within in-patient NHS funded services
    - In area and out of area
2. People with learning disabilities or autism and mental health conditions or behaviours described as challenging NHS funded within the community
3. People with learning disabilities or autism and mental health conditions or behaviours described as challenging LA funded

- The development of the Winterbourne View, Francis Report and Confidential Inquiry oversight board (sub group of adult safeguarding board)
- The introduction of the Health Care Planners team within Surrey Downs CCG working across all CCGs to complete the joint reviews and develop the Individualised care and support plans
- The development of the Health Care Planning Team reference group which is co-chaired by a gentleman with a learning disability and is inclusive of families
- There has been an integration scoping exercise led by the CCG MH & LD collaborative
- A planned review of current service provision and strategic commissioning to meet the needs of children and young people, especially moving from children to adult services, including health, housing and care support planning.
- We have completed a stocktake and a refresh for the National Joint Improvement Board.
- Supported the development of and completed the framework for the NHS England Area Team along with other reports.

Individuals progress

CCG	Numbers of individuals within inpatient services June 2013			Numbers of individuals within inpatient services April 2014			Numbers of individuals to move on by June 2014 or have transition plan/date dependent on individuals readiness to move.	Not moved by June 2014
	In Surrey	Out of Surrey	**Total**	In Surrey	Out of Surrey	**Total**		
NHS North West Surrey CCG	11	6	**17**	4	4	**8**	**3**	**5**
NHS Surrey Downs CCG	7	1	**8**	2	0	**2**	**2**	**0**
NHS East Surrey CCG	12	4	**16**	6	5	**11**	**5**	**6**
NHS Guildford and Waverley CCG	0	2	**2**	0	1	**1**	**1**	**0**
NHS Surrey Heath CCG	0	1	**1**	0	1	**1**	**1**	**0**
NHS North East Hampshire and Farnham CCG	0	0	**0**	0	0	**0**	**0**	**0**
NHS England	unknown			0	3	**3**	**0**	**3**
Total	30	14	**44**	12	14	**26**	**12**	**14**

Nature of packages of care CCG	SL: Supported living			BPC: Bespoke individualized package of care			R: Residential			Deceased
	In Surrey	Out of Surrey	Total	In Surrey	Out of Surrey	Total	In Surrey	Out of Surrey	Total	
NHS North West Surrey CCG					2	**2**				
NHS Surrey Downs CCG	1		**1**				6		**6**	**1**
NHS East Surrey CCG				1	2	**3**	3		**3**	
NHS Guildford and Waverley CCG					1	**1**				
NHS Surrey Heath CCG										
NHS North East Hampshire and Farnham CCG										
NHS England				1		**1**				
14 Non- Health people on original WBV list										**1**

*All out of area placements are closer to Surrey or their families, with the individuals and families wishes met

The remaining 14 people have been assessed, of these 5 are still receiving treatment, of the remaining 9 the delay is mainly due two main issues:

1. The development of suitable provision; ranging from safe bespoke designed accommodation, housing and support, cost and availability of property and land to develop appropriate housing in Surrey.
2. The redesign of new models of service in partnership with local providers and Specialist Mental Health trust , for 24hr home response team, pop up services for 24/7 assessment and treatment, development of low secure and specialist provision for young adults.

There are still financial implications regarding individuals who will return to Surrey from NHS England Specialist Commissioning, whose funding will cease becoming a cost pressure to CCG's once they are discharged or section 117 ends.

What does good look like for those who have moved.

Pen portrait 1

P is a 60ish year old man he had lived in institutions since he was a child, due to his behaviour he has been subject to a section 3 of the Mental Health Act.

He was very clear about what he wanted in terms of leaving the hospital setting, health care planners worked closely with Social Services, who approached several organisations within the private and voluntary sector, who did not feel they had the skills/environment to meet this man's needs. Eventually P had a choice of services one in a residential road in surrey one run by an NHS trust which was close to his current inpatient accommodation.

P chose the private accommodation and service. At his six week review things were very positive, there had been some behaviours that challenged, however he was supported with this with risk assessments and keeping safe plans. His physical health was being reviewed, markedly was P's gait he walked unaided without the use of a Zimmer frame, he answered his own front door, and he has his own mobile and was proud to show that off.

More noticeable was Ps appearance he was taking more time with his grooming his skin looked brighter.

At the initial meeting a plate of biscuits was placed on the table; P consumed a vast amount of these and took the others, in a very short space of time this has changed to him taking one or two and sharing.

Pen portrait 2

S is a 55 year old lady who has a history of challenging behaviour, mild learning disability, emotionally unstable personality disorder and somatisation disorder. She also has complex physical health problems including heart disease, epilepsy and diabetes. She has a forensic history, posing risks when out in the community.

Prior to her move into a community setting, S was detained under Section 3 of the Mental Health Act for 12 years in private hospital settings, including a low secure setting. During some of this time she was the only female in an all male hospital unit. S's access to community settings was limited due to risks to herself and others. Her behaviours included self-harm, making untrue allegations against staff and tearing her clothes whilst out.

S moved to a community setting in November 2013, initially on Section 17 leave. The hospital and community service worked closely together during the transition period and she was eventually formally discharged under a Community Treatment Order in March 2014. She has her own bungalow and is supported by two staff. The move has been successful due to the innovative approach of the organisation. The restrictions placed upon her are significantly less than in hospital settings and she accesses the community when she feels she wants to do so rather than when dictated by her activities programme. The new organisation is risk aware rather than risk averse, enabling S to do more. S has gained confidence and says that she is extremely happy with her new home. She has commented that she never thought that she would be able to move out of hospital and is really pleased that this has finally happened.

Innovative Practise

1. Development and implementation of the Health care planning team
2. Development of new Service Strategy for local metal health and learning disability NHS Foundation Trust
3. Development of Joint co-commissioning group
4. Development of county wide Positive Behavioural Support network
5. Development of Strategic Providers consortia producing new innovative models of care including those in transition (see below)
6. Implementation of Public Value Review (PVR)

Strategic provider example

There is a local organisation that specialises in meeting the needs of people with learning disabilities whose behaviours can be challenging. It provides flexible residential and supported living services in various models of accommodation.

The organisation is currently developing a new service for people with profound disabilities and behaviours that severely challenge. Amongst others, this service will accommodate J, a man for whom the organisation already provides support at home.

J is an autistic man with severe learning disabilities. He presents a range of complex behaviours which tend to be self-injurious and are often obsessional. His behaviours can be extreme, and change from time to time with little discernible pattern. They have the potential to cause him significant harm, even death, if he is not in receipt of appropriate support. J is supported by a dedicated team of staff who work with him on a two to one basis.

J currently lives in an aging house owned by his parents. This has served him well for many years, but the environment is now deteriorating and his parents are keen to sell the property. Over a period of some years the organisation has been working with J's parents and the CCG which funds his support to identify and acquire a new home for him.

In the summer of 2013 the organisation acquired a new property site. The property is being developed specifically for J. The environment is being tailored precisely to his needs. There is concern about the impact of the change on his behaviour so the organisation is doing all it can to minimise this. In part this requires staff to maintain familiarity. J's new bedroom will be the same as his current bedroom – down to wall-coverings and materials. Staff are planning to bring his bedroom door from his old house to re-hang in the new proprty. Most significantly of all, J's support team will remain unchanged.

The new property has the potential to enhance J's life. He will have free access to safe outside space. He loves water and likes to swim, so the on-site pool will be fabulous for him. Management of the support team will be tighter, and J and his support team will be more integrated into the community. There will be greater interaction between the support team and others. Safeguards will be strengthened.

The buildings on the site are being redesigned to give people excellent personal space and facilities, and there will be great communal space too, with a large kitchen, separate dining room, media room and a quiet lounge. The space will be fit for purpose, modern without sacrificing character, resilient but homely. Externally the site will be secure to enable people to access the grounds without intrusive supervision.

Assessments are being completed for people who may live in this property. People being referred are typically school-leavers, people whose placements are breaking down or people who live out of county and have expressed a desire to return. Work is being undertaken to complete detailed assessments with people, their families and others in their lives to ensure their needs can be met whilst paying great attention to establishing a coherent mix of people who can co-exist well.

Not much more exciting than developing a new service with the potential to enhance people's lives…

Areas still to progress

- Integration between CCG and social care commissioning
- Development of joint financial plan
- CTPLD and provider workforce review
- Development/integration of local responsive contingency service
- Review of current service provision and strategic commissioning to meet the needs of children and young people

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