

# Challenging Behaviour National Strategy Group Transforming Care – the social care contribution

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# Where are we now?



- Dec 2012 – Transforming Care: A National Response to Winterbourne View Hospital and national Concordat Programme of Action
- We have made progress, but much more needs to be done - numbers of people in ATUs and locked rehabilitation about the same as when programme started
- Bubb report Nov 2014 - how to accelerate the transformation of care

## Where are we now? (cont'd)

- NHS England, Department of Health, Local Government Association, Association of Directors of Adult Social Care, Care Quality Commission and Health Education England - confirming commitment to strengthen the Transforming Care delivery programme by creating a new delivery board, bringing together the senior responsible owners from all organisations
- Work of programme will be wide-ranging, and we will continue to co-design and co-produce it in partnership with people with learning disabilities and/or autism, their families, clinicians, commissioners, providers, and other national organisations and stakeholders in the health and care system

# Next steps



- 1) Empowering people and giving them the means to change their admission – care and treatment reviews to reduce admissions and speed up transfers of care
- 2) Right care in right place – high quality community services. DoH and NHS England - £7m capital funding to stimulate housing development
- 3) Tightening registration and inspection – ensuring CQC are involved in inspections and services are safe, caring, effective, responsive to people’s needs and well-led

## Next steps (cont'd)

- 4) Ensuring contracts for services promote the right skills, best practice and staff awareness – staff require an extensive set of skills for complex range of needs
- 5) Improving data and information - underlying all the workstreams will be a focus on making sure the right information is available at the right time to the people who need it
- 4) Making sure that in order to do this there is as much co-production as possible with people who use services and their carers

**We need cultural change and understanding about what is possible and clear national and local focus with barriers to progress removed**

# The role of social care

- We assess people's needs and arrange and review packages of care in accordance with identified needs
- We arrange person-centred care and support in communities with Personal Budgets and Direct Payments (although the Health Service is responsible for 'continuing health care')
- We assess the needs of carers and provide care and support
- We connect with other community services such as Housing and Leisure
- We have overarching responsibility for safeguarding with other agencies

# Social care locally

- Part of joint arrangements with clinical commissioning groups for buying the right care and ensuring other provision is in place e.g. housing
- With CCG's link with specialised commissioning who purchase some places
- Usually part of multidisciplinary learning disability teams
- Plan for individual people's needs and ensure that they services are appropriate
- Need to work with organisations to ensure that people have the right skills and understanding

# Adult Safeguarding responsibilities

Safeguarding is not a substitute for:

- providers' responsibilities to provide safe and high quality care and support;
- commissioners regularly assuring themselves of the safety and effectiveness of commissioned services;
- the Care Quality Commission (CQC) ensuring that regulated providers comply with the fundamental standards of care or by taking enforcement action; and
- the core duties of the police to prevent and detect crime and protect life and property





# Why are we here?

- Clinicians decided there were less people ready to move than expected
- Complications resulting from a quarter of people under a court order
- Availability of services in community – need for sufficient quantity and quality of bespoke housing and skilled care and support plus community health provision
- Issues about information-sharing
- Commissioning in one place across organisations
- Ensuring funding in the right place
- Ensuring whatever provision is good enough quality (role of Care Quality Commission)

# Concerns expressed by CDC & CBF

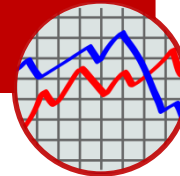
236 children and young people with learning disabilities in ATUs. At least 1360 in 52 week schools

**Children's welfare**



Lack of meaningful and reliable data about these vulnerable children

**Data**



Minimal use of evidence-based interventions, especially when children are young

**Intervention**



# Children and young people

Commitment by DoH, NHS England, DfE and ADCS, following discussion with CBF and CDC:

1. To share current data on all children in ATUs with Directors of Children's Services and to support a local review of the plan by all the right agencies, including education
2. To ensure that planning for children in 52 week residential school placements has appropriate health and safeguarding input, particularly around transition planning
3. Work in longer term with CBF and other organisations to improve practice in terms of early identification of these children and meeting their needs in a better, more cost-effective way through into adulthood.

# Children's Health and Wellbeing Partnership commitment

## Step 1: Take action to tackle the urgent issue of children with learning disabilities currently living in ATUs

- Oversee a deeper analysis of all children with learning disabilities living in ATUs. Who are they? Where are they located? How long have they been there? Why were they admitted?
- Clarify who is responsible for reviewing the children currently living in ATUs and for implementing the reviews. Who is the Government lead? What is the legal status of reviews? What are the next steps?

# Children's Health and Wellbeing Partnership commitment

## Step 2: Implement change in order to prevent future admission of children with learning disabilities to ATUs

- Provide national support for local implementation of services which currently prevent admission to ATUs. Use the opportunity provided by the SEND reforms and child mental health and wellbeing taskforce
- Take a co-ordinated approach across Departments (to be reflected in guidance), which recognises that the same factors reduce the need for crisis admission to 52 week residential special schools

# Summary

- No one organisation can make necessary changes – NHS have the lead
- Care for individuals and families needs to be co-ordinated
- Services need to be person-centred, with as much choice and control as possible
- Services need to be helped to keep people safe as much as possible

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