A Croydon Adult Safeguarding board response to the national recommendations from Winterbourne View Hospital

No	Recommendation	Key actions	Evidence	Key outcome	Lead officer	Date
		Actions needed to achieve expected outcomes	Evidence to show actions taken are being achieved	What improvements in service and safeguarding adults should result	Who will lead this action	Date for action to be completed
1	All current hospital placements to be reviewed by 1 June 2013 and people inappropriately placed in hospital to be moved to community settings by **no later than 1 June 2014**	All clients in long stay hospital provision to have an allocated case manager to review and ensure long term planning. An overarching updated review of each person's current situation is needed to ensure there is no drift	Currently all LD clients who are the funding responsibility of Croydon NHS are allocated to case workers and active planning is underway to review their long term arrangements. All clients are held either under the MHA, via a DOLS when appropriate or under continuing health care. All clients in assessment and treatment provision are being actively reviewed and some	To ensure that there is no drift in planning for these clients and to enable their reintegration into community accommodation and support at the earliest opportunity. To ensure that each client has an up to treatment plan and that current arrangements for these clients remain able to meet individual outcomes in the interim.	Mike Corrigan Head of Joint Commissioning Learning Disability.	Completed by April 2013

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			clients have since being moved into community settings. Some previous small A and T units have been registered as care homes with nursing. There is active discharge planning for all SLAM patients. Six weekly meetings are in place between the LD Commissioner, the Head of Social Care in SLaM, the Community Psychiatrist and the Unit Manager for the inpatient LD beds to constantly review all inpatients and ensure discharge planning.			
2.	By 1 April 2013 Croydon NHS/	To ensure that a register is in	LD commissioning already maintains a	A comprehensive list of all clients that are	Mike Corrigan Commissioning	Completed and operational

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	CCG will develop and maintain a local register of all people with challenging behaviour in NHS funded care.	place for all LD clients in NHS funded accommodation. This will include both those people who are funded in hospital provision and those who are funded under continuing health care but are supported in alternative accommodation (at home, supported living etc).	list of all clients in receipt of NHS funding. This list includes all clients who have a Learning Disability who present with behaviour that challenges. The register includes details of CPA dates, review dates and date of health action plan. Clients who move into short term acute hospital provision are added to the list.	funded by NHS Croydon is in place identifying those in longer term hospital provision, those in acute hospital provision and those living in alternative accommodation and nursing homes. The list includes the dates of planned reviews and CPAs and health action plans. NHS England has recently commended Croydon for its current processes for monitoring and reviewing cases.		February 2013
3.	By April 2014 Croydon will have a locally agreed plan to ensure high quality care and upport for young people and adults with a learning disability or autism and mental health/	Currently a business case has been agreed to establish a support team to work across Transition and adult Learning Disability services.	A challenging behaviour specialist team will be in operation. Posts have now been ratified and are being recruited to. The post holders will be a mix of psychologists and	Families and their children with LD and challenging behaviour will be supported to manage and reduce behaviours. Children will be better able to remain at home in the care of their	Mike Corrigan Commissioning	Approved by DMT August 2013, the service will be operational December 2013.

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	behavioural needs in line with the DH Concordat.	Posts in this team are currently being recruited to.	psychology assistants or other behavioural specialists. It is anticipated that all post holders will be in place by April 2014 at the latest. The team will work with children through to young adult hood. The team will complement the existing joint learning disability team which already includes psychiatric and other health specialists.	parents rather than requiring specialist support outside the family home. As adults these young adults will be able to remain at home or move into supported accommodation or similar in Croydon, reducing the need for hospital stays. Behavioural needs will continue to be supported by the Croydon joint team of special health professionals.		
4.	To improve the general healthcare and physical health of people with a LD and that people in specialist hospital services will have a health	To review all clients and ensure that their physical health needs have been assessed and that each person has a health	Each person has their physical health needs assessed and identified with a plan of action.	People with Learning Disability, autism and challenging behaviour have their physical health needs clearly identified and met.	Mike Corrigan Commissioning Sharon Holden Personal Support	Verified 100% compliance May 2013

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	check and health action plan	action plan in place. To ensure that arrangements for physical health care are made clear at admission and throughout the person's stay. To ensure that this is written into the review checklist and register and forms part of regular review arrangements.	Basic health needs are kept under regular review – including dental and eye care and all normal routine health checks such as blood pressure, mammography will be actioned. A written health action plan is regularly reviewed. Dates of HAPs are included on the register. .	Diagnostic over shadowing is avoided i.e. behaviours may be linked to pain or ill health and physical health will always be considered as part of understanding behavioural communications.		
5.	People placed in hospital assessment and treatment provision should have the full protection of either the Mental Health Act or the Mental Capacity Act and MCA/DOLS	Ensure compliance for each person with relevant legislation - either MHA or MCA/DOLS	Each person placed in a hospital setting is there either under the provisions of the mental health act (formal detention) , or has capacity to consent to the placement, or is subject to a deprivation of liberty	For every client there is a clear legal framework, as needed, to ensure that their needs are being lawfully met and that their care arrangements are reviewed and remain appropriate. For clients detained	Mike Corrigan Commissioning Sharon Holden Personal Support	This is the standard practice being operated to.

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			Or safeguarding under the Mental Capacity Act (if the terms of their stay amount to a deprivation of their liberty) and are reviewed accordingly or receive regular reviews. .	under the MHA, they have automatic access to 6 monthly tribunal hearings supported by a solicitor and IMHA in addition to care management reviews. For clients under DOLS, they will regular reviews of their status by a BIA and have an appointed patient representative in addition to care management involvement. Some clients will be placed in hospital provision under either continuing health care or under best interest and receive regular reviews. All these clients are listed on the register and periodic updates of numbers of people moving into/ out of hospital provision will		

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				be provided to the SAB and/ or project group		
6.	Clients must have access to IMCA's or an independent advocate (if they lack capacity, do not have a family representative and key decisions are being made or IMHA's (if detained under the Mental health Act), or a BIA(to review any deprivation of liberty under Deprivation of Liberty Safeguards) and allocated social workers	As above – to ensure that all clients who are the responsibility of NHS Croydon have a clear legal status that ensures access to representation by either an IMHA, IMCA, BIA, patient representative, or has active care management involvement. Ensure that voluntary patients also have access to independent advocacy if they do not have close family involvement.	Each person has case management and family involvement or advocacy arrangements in place. This is kept under review art regular review meetings.	Each person has someone to independently review the quality of their provision and take account of their wishes and views. Each person has an advocate included in their reviews, if they do not have close family representation, to ensure that the identified outcomes in their care plan are being met.	Sharon Holden Personal Support	Current operating practice. March 2013

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		Advocacy arrangements for each client must be written into the care plans. Access to advocacy will be included as part of the checklist when making a placement.				
7.	Commissioners making use of A and T units must be fully aware of the quality and outcomes of those services and have systems in place to review this.	The development of SLAM admission criteria for admission to acute SLAM beds which specifies reason for admission and treatment plan. To develop a similar criteria and checklist for people moving into any longer term private or NHS specialist hospital facility.	A clear SLAM admission criterion is in place. A similar admission criterion to other NHS funded hospital provision includes: Reasons for admission, treatment plan including discharge planning. There is now a system in place or a 6 weekly commissioning led review of all in	Any client placed in either short term acute provision or longer term hospital provision for treatment has a clear admission and treatment plan with outcomes that also includes discharge planning. All clients have the assurance of careful review and monitoring to maximise the opportunity for a safe service that can meet their needs and support	Mike Corrigan Commissioning in conjunction with Sharon Holden Personal Support.	Achieved and being operated to since March 2013

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			patient admissions to South London and Maudsley beds with discharge planning to the fore. The review involves the Community Psychiatrist, Commissioner, Unit Manager and Head of Social Work for SLaM. For any out of area placements, there is a checklist is in place for all care managers to follow, in discussion with commissioners, to ensure positive outcomes – this includes checks with the safeguarding team, CQC inspection reports, intelligence from other commissioning authorities, current knowledge of the Provider.	their identified outcomes and discharge planning.		

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8.	The use of restraint for people with behaviours that challenge must be supported by clears policies and training for staff. Service providers must meet the requirements of CQC outcome from standards **7 f and 7h** of the CQC Essential Standards section on restraint and physical interventions and this will be built into contracts. The use of restraint must form part of an approved care plan, agreed by the multi-disciplinary team, for the individual	Guidance on the use of restraint to form part of contracts with providers. This to include a requirement to maintain records of incidents involving restraint that can be inspected by commissioners and care managers. The maintenance of clear record keeping will also enable analysis of incidents (triggers and responses) for each person and how to best reduce and manage such incidents in the future.	Procedure and guidance documents held by each provider. Evidence that staff are aware of and trained in use of restraint and how to avoid restraint. Eg training records Commissioning contracts specify quality standards and best practice guidance on use of restraint which forms part of quality monitoring . Incident sheets sent to the commissioner/ case manager. Guidance refers to the use of isolation and de-escalation techniques.	The commissioner/ case manager will be able to monitor use of restraint and review the welfare of the client in the light of this information. Regular use of restraint should trigger a review for the client. Clear recording of incident of restraint will enable patterns to be observed and concerns identified. Staff will be well trained to support clients who may challenge and to be able to deescalate incidents. Guidance is available from Social Care institute for excellence and the British Institute for Learning Disability.	Mike Corrigan Commissioner Care Providers Community Psychiatry Commissioning for Older People and Physical Disability	Completed March 2014

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	service user with a clear rationale for its use. There must be clear recording and monitoring of the use of restraint and analysis of events to extract learning. The use of seclusion to manage behaviour must be recognised as a form of restraint and be subject to agreed guidelines as above. The use of medication to treat mood and behaviour, including use of PRN, must also be recognised for its potential to be	Each person's care plan, when it is relevant, must include clear and agreed guidance on any use of seclusion to ensure this is in their best interest. Medication must form part of a clearly documented care plan which is regularly reviewed by the GP/ consultant	Restraint issues are raised at the Care Forums. Staff are well trained in the use of deprivation of liberty safeguards (DOLS) and make appropriate referrals. Each person's care plan will clearly document an agreed plan to meet their needs which is regularly reviewed. .	Clients will experience fewer incidents of restraint and improved behavioural interventions.		

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	used as a form of restraint. Medication must form part of an agreed treatment plan authorised by a GP or consultant and be subject to clear and recorded administration and care plan arrangements and consent or best interest decision making. The use of deprivation of liberty and the safeguards needed (DOLS) must be well understood by providers and the process used appropriately.	and will contribute to annual case management reviews and health action planning. To ensure providers make provision for their staff to have training and access multi-agency partner training.				
9.	Hospital patients must have access to complaints systems	To ensure that all patients in a hospital setting have access to	On admission there will be a clear plan for how people can complaint and that	People placed in hospital provision and/or their representative will know	Mike Corrigan Commissioning Sharon Holden	"Easy Read" support for those with a Learning Disability is

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		an accessible complaints system. To ensure that this system is clearly indicated in the checklist for placement and each person or their representative has written accessible information about how to access support with complaints and be enabled to access complaints system..	each person or their representative has written details of whom to contact. This information will be refreshed at each review.	how to complain and who to contact.	Personal Support	operated to.
10.	Croydon Health Services must have a robust system in place to ensure that information about vulnerable visitors to A and E is coordinated to	On each shift in A&E there must be someone trained in safeguarding. Specialist arrangements must be put in	As at April 2013 75.2% of all in CUH have been trained in LD awareness within the last 12 months. 70% of staff have been trained in safeguarding	A specialist LD liaison nurse is in post to advise staff and identify LD patients and liaise with community teams. The nurse also provides training on LD and safeguarding awareness.	Lead officers Pat Leigh, CHS Safeguarding Lead in partnership with Susan Dunn Liaison Nurse	May 2013 and ongoing

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	identify patterns indicative of abuse and that staff are trained to recognise abuse. This should include developing a system to aggregate information if there are repeated concerns from the same location or about the same person.	place with regards to people with LD presenting at A and E A and E staff to have training in LD awareness The new IT data recording system to flag people with LD The LD liaison nurse will check on all patients presenting to A and E or admitted to identify any	awareness in the last 12 months. . Staff regularly makes safeguarding alerts. A new data system, Cerner, has a flag for LD. Once this system is up and running it is planned that the LD liaison nurse will check the Cerner system on a monthly basis for all LD patients at A and E or admitted and	Hospital staff are alert to the needs of people with a LD and regularly seek advice from the LD liaison nurse if needed, including the identification of people with LD. Staff in A and E regularly makes safeguarding reports and are trained to raise alerts whenever they have suspicions arising from injuries. Patients with LD will have their admission notes referenced with community notes and any further action taken as required.	Mike Corrigan Commissioning David Feakes & Susan Dunn Johnny Wells , Modern Matron manager for A and E Susan Dunn, Liaison Nurse	October 2013

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		patterns of concern. To ensure those with a Learning Disability have access to additional support arrangements they need this. Patients with a Learning Disability should have specialist support available to them in A and E from someone they know and who can provide accurate information to hospital staff.	match with the community teams data bases. The A and T modern matron is currently arranging for a special area for patients in A and E who are vulnerable. This will be made to look less clinical and with beds sited together will enable closer supervision. LD contracts with care providers should be reviewed to ensure an expectation that a staff member who knows the person attends A and E with them. This point to be raised with providers at the Care Forum.	The basic support needs of vulnerable patients in A and E will be better met and risks managed better. Patients with LD and other vulnerable patients will have improved support from someone they know well and who can speak with doctors and nursing staff on their behalf.	Johnny Wells A and E manager	

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		Every patient with a LD should have a hospital passport for staff to access as well as an annual health action plan. For patients with dementia this should be a 'This is me' book. To ensure that any pressure ulcers that arises from poor care and identified and appropriate care put in place.	This is raised as an expectation for all providers to have in place for vulnerable service users Any patient presenting with a pressure ulcer of grade 3 or above is subject to an SI datex entry. These entries are monitored regularly to pick up any safeguarding concerns.	Once a patient is admitted to a ward, a scheme is now in place for the hospital to pay for extra care support using a care provider's staff member who knows the patient well. Remedial action will be taken to ensure the patient receives the care they need and concerns about care providers alerted to commissioners.	CCG to ensure enhanced directive on health action planning for GP's. Mike Corrigan, Commissioner to ensure passport is an expected outcome for providers. Director of nursing.	
10.	Local authorities and host	Croydon adult safeguarding	A discreet safeguarding team	All safeguarding allegations will be	Sharon Holden Personal	Achieved as current operating

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	authorities must have clear systems in place to respond to safeguarding referrals and to see the aggregated picture emerging from one establishment and to work with placing authorities.	teams already have robust systems in place to investigate abuse. These arrangements include specific arrangements agreement with SLAM for both older and younger adults and inpatients about the process for investigation and lead. Croydon already adopts a low threshold for investigation. If concerns arise about a provider due to high number of referrals of seriousness of the issues, a	for clients with a LD that cover both clients placed in borough and out of borough working with other LA safeguarding teams as necessary. A low threshold for abuse investigations. A clear process for managing serious concerns about a provider due to either frequency of referrals of seriousness of the referral. When making any new placements care managers will check with the host safeguarding team if there are any concerns about the	investigated. Information about repeat allegations will be shared with professional standards team as part of a service level concern (if in borough) Care managers will engage fully with out of borough investigations. Patients will be listened to and kept safe.	Support.	practice 2013

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		service level concerns process is implemented that involved other placing authorities/ PCT/s. Croydon adult safeguarding teams engage in safeguarding investigations led by other host authorities.	provider. Care managers will engage fully with any safeguarding investigations led by another host LA if a Croydon client is placed in their area.			
11.	CCG's , local authorities and commissioners should have regard to needs identified in the JSNA and develop good quality local facilities	Ensure that public health include LD and challenging behaviour as a specific group as part of the JSNA. Liaison with Mike Robinson for public health. Ensure that people with LD are included as part of the	Public health and JNSA will have the needs of people with LD, autism and CB clearly on the map. This group will also feature as part of the housing and employment strategy. Framework agreement and robust contracts in	People with LD, autism and CB will be able to remain in the area in either residential or supported tenancies or at home via robust support arrangements and a strong housing and employment and day time activity service.	Mike Corrigan Commissioning.	March 2014

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		housing strategy to develop suitable local accommodation. Liaison with David Morris – housing strategy. Ensure that employment opportunities for PWLD and CB form part of the employment strategy. Liaison with Alan Wood. Considerable work has already been occurring to meet the needs of this client group locally by provision of supported housing with support providers who have specific skills in meeting the needs of people with challenging	place with local care and support providers. Good day time support provision.			

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		behaviour and autism. The LATC delivering day time activities for people with LD is developing resources to meet the needs of people whose behaviour can challenge.				
	Robust arrangements should be in place to ensure that children and young people with a learning disability/ needs that challenge and their families are both identified at an early stage and receive support to enable them to remain at home and that clear	A transition team in the adult learning disability service works jointly with children's services to identify and assess young people who will be in need of community care services before the age of 18.	Young people are assessed for community care services before they reach 18 so that early care planning can commence.	More young people will be able to remain at home with their families and those that do leave home will be supported to remain in the local community.	D Macauley Transitions Manager.	

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	planning is made with regard to their transition to adult services. Local provision to be developed to support young people.	A team of psychologists/ behavioural specialists is currently being established to support young people and their family prior to and during transition to adulthood.	There will be a fully functioning team of specialists to support young people and their families.			
12.	CCG's should require generic health services to support people with learning disabilities in their local communities.	Health staff to receive training in supporting the health needs of people with a learning disability. Review of public health information to ensure it is accessible. Make provision for specialist support for people with a learning disability who are admitted to hospital on either a planned	All people with a learning disability registered with GPs should have a health action plan and an annual health check. An enhanced service is in place with GP practices. Specialist training has been delivered to GPs and other health specialists (dentists) on an on-going basis.	People with a LD will have improved health care. Providers skilled to ensure that healthcare needs are monitored and met as part of commissioned placement packages People with a LD will have access to the usual health screening and interventions available to the general population. Fewer conditions will remain undiagnosed. Treatment will be given	Mike Corrigan and the CCG to ensure DES payments and annual health checks are integral to GP contracting in Croydon to enhance the 65% sign up in Croydon presently	Liaison nurse post in place since 2010 Training for GPs ongoing

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		or emergency basis.	A specialist liaison nurse for people with a LD is in post within the Learning Disability Team working with CUH to support the care of people both pre admission and during their stay and discharge.	in a timely way.		
13.	There must be robust whistle blowing policies in place for their staff by all registered health and social care providers.	Ensure that all commissioned services have whistle blowing policies in place. Ensure that local providers of health and social care have whistle blowing policies in place. Ensure that the LA and CHS and CCG has whistle blowing policies in force for staff and that all staff	Evidence of a whistle blowing policy to be included in the pre placement check list. Also to be included in contracts with providers.	Incidents of safeguarding and ill treatment will not go unreported.	Mike Corrigan Commissioning	August 2013

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		know how to recognise and report abuse.				
14.	Local Adult safeguarding boards, CQC and all stakeholders should view hospital for people with LD as high risks and provide more than the standard level of monitoring and inspections.	Review all people with a LD in hospital provision and ensure that there is active discharge planning processes in place. Ensure that all people with a LD in hospital have an allocated case worker and are not left to review only.	All people in hospital provision have an allocated/ named case worker. All people will also have access to an advocate, IMCA or IMHA.	There will be no risk that any person in hospital provision will be forgotten. People will have access to an independent person to advocate for their needs especially if they do not have close family contacts.	Mike Corrigan Commissioning Sharon Holden Personal Support	All these clients already have an allocated case worker and advocacy arrangements – to continue
15.	DH will revise guidance regarding Safeguarding adults boards to be placed on a statutory footing, to carry out safeguarding adults reviews,	Ensure independent chairing of SAB and core membership of board to include NHS, LA and police. Ensure SCR procedure in	Croydon SAB already works as if on a statutory footing. Police, NHS and LA are core membership with other partner agencies. Independent chair appointed from	The safeguarding board will play a role in monitoring the plans for reducing the numbers of people with a learning disability and challenging behaviour who are in hospital provision.	Jane Lawson	Ongoing

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	publish and annual report and have NHS,. LA, police as core members. .	place. Ensure annual safeguarding report published. The safeguarding board to be provided with periodic anonymised and overview updates on people in long term hospital provision and progress in reducing these incidents .	January 2012. Published annual report in place. Revised procedure for SCR and 3 SCR's carried out over past 5 years. The board monitors progress in discharging people from hospital provision.			
16.	The police must develop robust systems for responding to safeguarding alerts from people with a learning disability or from their carers. This should include ability to identify patterns indicative of abuse and that police staff are trained to	The MPS has adopted the vulnerable adults onto the MERLIN system. Further work is being developed with the training of the Vulnerability assessment framework	All vulnerable adult referrals now placed on the MERLIN. Investigations involving vulnerable adults are dealt with by the community Safety unit.	This now enables the MPS to record all incidents within care / residential settings involving a vulnerable adult at risk. It is anticipated that an assessment framework from the MPS will develop from this.	DCI Sian Thomas	

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	recognise abuse and respond appropriately even if the concern may not constitute a crime. This should include developing a system to aggregate information if there are repeated concerns from the same location or about the same person.					