



Northern, Eastern and Western Devon
Clinical Commissioning Group

Winterbourne view position report.

Plymouth Health and Wellbeing Board.

1. Introduction

1.1 This paper outlines our current progress relating to Winterbourne View. It focuses on the number of people we are seeking to return to appropriate community placements and the current actions steps and issues we are engaged in.

2. Pathway

2.1 We have designed a pathway that supports effective “Returning home” of individuals. It follows seven simple steps that care managers and commissioners have to complete to help the person move out of institutional care.

2.2 The seven step model is being used to monitor the people who are moving through the pathway and the performance of the services responsible. In short, it helps us understand our position at any moment in time.

2.3 The pathway is attached as Appendix 1.

3. Monitoring our position.

3.1 Each month we are monitoring the people on our register to see how we have progressed against the pathway. The position for people placed by Plymouth at the end of December 2013 is as follows.

Step 1- 2 People

Step 2 – 3 People.

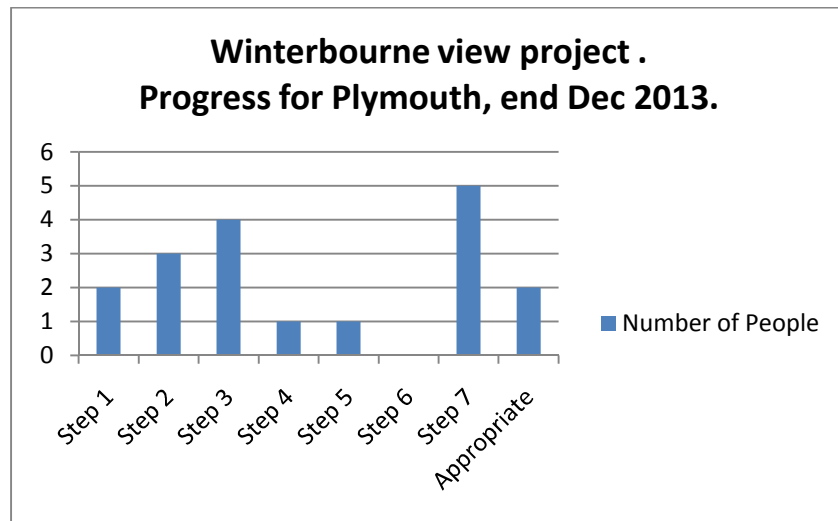
Step 3- 4 People

Step 4- 1 person

Step 5 – 1 person

Step 6- 0

Step 7- 5 People



The goal of moving people into appropriate community placements by 1st June 2014 was set out in the Concordat Action plan following the numerous reports regarding Winterbourne view.

There is however a small number of people that we deem to be currently appropriately placed, who are not in a position to return home as yet given their needs at the moment. For example two people are under a Ministry of Justice Sections in secure care. These clients will be reviewed in accordance with Ministry of Justice requirements.

Very good progress is being made with the Plymouth placed individuals with those moving through the steps.

4. Key Themes.

Below is a list of issues we have encountered in enabling people to return home.

- Getting people discharged off sections from their current provider is often very difficult; this is the single biggest delaying factor we have.
- Finding appropriate housing that meets the needs of this particular group has been challenging; due to their personal histories the majority of people returning from secure provision may have anti-social behaviour and/or acute communication difficulties. For many people supported slotting into ordinary social housing is hard as properties need to consider the needs and risks of the individuals. There have been difficulties with some communities around misunderstanding the journey that people returning from secure provision have

been on and learning around the right level of awareness raising and information sharing at a neighbourhood level.

- We have to work with the secure services commissioners and the Ministry of Justice to move on some people.
- The seven step model works very well and enables us to track progress.
- Since the start of this work no-one has been placed out of area in an independent hospital for people who have a learning disability by Plymouth.
- The resource taken out of the community learning disability team has been significant regarding this cohort of people in order to plan safely and effectively to meet their needs. Sustaining the person in the community is as important as them returning home.
- Working closely with families and advocates has significantly improved the quality of planning and the implementation of the plans when the person moves into their own home.

5. Recommendation.

The Board is requested to note the position statement.

Helen Toker-Lester.

Joint Commissioner for Learning Disability.

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