A new approach to managing challenging behaviour in vulnerable adults: Lessons for commissioning from Winterbourne View

Speakers

- Chaired by Professor Sheila the Baroness Hollins of Wimbledon and Grenoside, and President of the British Medical Association
- Mr Ian Biggs, Deputy Director Operations, South Region, Care Quality Commission
- Dr Margaret Flynn

In attendance

- Dr Naeem Ahmed, National Clinical Fellowship Programme
- Professor Sue Bailey, President, Royal College of Psychiatrists
- Mr Geoff Baines, Associate Director, NHS South of England
- Dr Roger Banks, Consultant in the psychiatry of learning disability, Betsi Cadwaladr University Health Board, North Wales
- Dr Noelle Blackman, Chief Executive, RESPOND
- Baroness Browning
- Dr Laurence Buckman, Chairman, General Practitioners Committee, BMA
- Ms Christine Burke, Senior Development Manager, Mental Health Foundation
- Dr Tony Calland, Chair of Ethics, BMA
- Mr Paddy Cooney, Acting Director of the NHS Confederation’s Mental Health Network
- Ms Viv Cooper, Chief Executive, Challenging Behaviour Foundation
- Ms Beverley Dawkins, National Officer for PMLD, Mencap
- Mr Tony Delamothe, Deputy Editor, BMJ Editorial
- Professor Nigel Eastman, Professor of Law and Ethics in Psychiatry, Honorary Consultant Forensic Psychiatry, St George’s University of London
- Mr Rob Greig, Chief Executive, National Development Team for Inclusion (NDTi)
- Dr Steve Hajioff, Chairman of Representative Body, BMA
- Professor Chris Hatton, Centre for Disability Research, Lancaster University
- Dr Paul Hodgkin, Founder and Chief Executive, Patient Opinion Ltd
- Baroness Jolly
- Mr Guy L’Etang, Research Assistant, Office of the Baroness Campbell of Surbiton
- Professor Vivienne Nathanson, Director of Professional Activities, BMA
- Mr Robert Okunnu, Head of Parliamentary Relations, BMA
- Dr Ashok Roy, Intellectual Disability Faculty, Royal College of Psychiatry
- Dame Philippa Russell, Chair, Standing Commission on Carers
- Mr Julian Sheather, Deputy Head of Ethics, Ethics Department, BMA
- Dr Philip Steadman, Member, Board of Science, BMA
Introduction

The expert roundtable was brought together to look specifically at lessons for commissioning emerging from the abuse of adults with serious learning disabilities and autism at Winterbourne View Hospital in South Gloucestershire. This note explores a number of the themes that emerged during the discussion. The fact that these themes were discussed does not imply there was unanimity: the goal of the roundtable was to encourage wide-ranging reflection. As the ultimate focus of the roundtable is to improve the wellbeing of very vulnerable adults, this note is loosely structured around the journey of these patients.

Why were these very vulnerable people in Winterbourne View?

Hospitals like Winterbourne View were widely regarded as unsuitable for supporting vulnerable adults. The journey of each of these patients began before, often long before, they arrived at the hospital. Throughout that journey there were lost opportunities to provide better, more personalised and local care. The existence of Winterbourne View and hospitals of its kind therefore represents a kind of commissioning failure.

A long way from home?

The best safeguard for adults with autism and severe learning disabilities are the people who know them and care about them. Vulnerable adults with challenging behaviour are frequently placed in hospital at short notice often several hundred miles from those who know them. Many of these adults have had traumatic lives and such dislocation can further disturb and re-traumatise them. These distances make it difficult for families and carers to provide oversight and protection. Commissioning needs to better reflect the individual’s needs and relationships. It must be more local and less institutional. Containment must give way to personalised care.

The critical importance of carers and advocates

What sort of care would service-users commission if they were able to? This is the question that those who actually commission need to ask. Of course adults with severe learning disabilities cannot commission their own care. Carers and advocates therefore have a vital role to play in identifying their needs and in helping to co-ordinate and supervise their care. Too often those close to vulnerable adults, many of whom wish to help, are excluded from decision making by professionals. Commissioners need to consider micro-commissioning focussed on the needs of the whole person, within the individual’s geographic area.

Responsibilities of hospitals

Winterbourne View was a hospital – as such, it should have had specialist medical treatment available to meet all an adult’s general health needs. Despite being a hospital, however, patients at Winterbourne View were expected to have their physical health support provided by local GPs, even though many would have earlier been registered with their own GPs. GPs should not be asked to provide health care to hospital residents. Statute needs clearly to distinguish between hospitals and residential accommodation.

The quality of care

On entering hospital, a vulnerable adult is largely dependent on their immediate carers. This was the site of systematic abuse at Winterbourne View and, following the Panorama programme, the ‘public’ face of its failure. Without a strong, patient-oriented management structure, poorly paid and untrained staff are unable to understand the communicative function of their patient’s behaviour, and can experience the behaviour as challenging – whilst also
lacking the skills to support them in a respectful and safe manner. But this is about more than a few abusive individuals in one hospital. This is institutional failure. And it is endemic. According to a Care Quality Commission review of 150 assessment and treatment hospitals, only 68% of those provided by the NHS and a shocking 38% of those provided independently were compliant with key care and safeguarding indicators. In the case of Winterbourne View, final responsibility must rest with the senior management of Castlebeck Ltd. Further thought needs to be given to exploring corporate liability for abuse.

_Accountability and oversight_

Should a vulnerable adult find himself or herself the recipient of substandard or even abusive care, who should his or her carers turn to? Who is providing oversight? Those responsible for commissioning care to individual patients must seek far more information about the services they are purchasing and the benefits they are providing to individual patients. They must hold providers accountable for the care they provide. Provider statements of purpose must be rigorous and comprehensive and the managers of hospitals – and care homes – must be approved and held to account. At Winterbourne View places were spot purchased – not commissioned. There was a failure by commissioners to commission and of the provider to provide the appropriate services.

_The role of the Care Quality Commission_

The Care Quality Commission has acknowledged that it had a role in the problems arising from Winterbourne View. It is essential that the Care Quality Commission properly understands its purpose and better differentiates in the way it regulates. Critically, it needs to look at how it can work with commissioners, professional bodies and regulators in order to ensure that models of care fit the needs of users.

_Some final points for commissioners_

Winterbourne View hospital failed catastrophically to meet the needs of the extremely vulnerable adults entrusted to its care. Health and social care is being restructured and there is much for the commissioners of the future to learn from Winterbourne View. This includes:

- To tackle the widespread culture of ‘therapeutic disdain’ for learning disabled people
- To re-focus commissioning on the person with disabilities, structured around a shared understanding of his or her needs
- To expect the highest professional standards from clinicians working with such vulnerable patients
- To identify and properly manage conflicts of interest arising from commercial provision of services
- To hold senior management responsible for institutional failure
- To ensure that institutional memory of best practice in commissioning survives the current restructuring

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