



**NORFOLK
AUTISM
PARTNERSHIP**

Notes of the Cawston Park Hospital discussion with James Bullion, Cath Byford, and Heather Roach

Held on: Wednesday 06 January 2021, 11:00 – 13:00

Venue: Zoom Online Meeting

Please note: These notes represent an overview summary of this meeting rather than a verbatim transcript.

Name of Panel Member	Organisation and/or Role
James Bullion	Executive Director of Adult Social Services at Norfolk County Council. Member of the Association of Directors of Adult Social Services (ADASS) and Co-Chair for the Adass Care and Justice Network.
Cath Byford	Chief Nurse at the NHS Norfolk and Waveney Clinical Commissioning Group. Her portfolio includes oversight of infection, prevention and control, nursing and quality, communication and engagement, medicines optimisation, NHS Continuing Healthcare, care provider support, personalisation and children, young people and maternity commissioning.
Heather Roach	Independent Chair for Lincolnshire Safeguarding Adult's Board and Norfolk Safeguarding Adult's Board. Deputy Chief Constable at Lincolnshire Police.

This meeting took the form of a question-and-answer session with members of the panel taking questions from the public. As well as providing an opportunity for people to ask questions at the meeting, members of both partnerships were able to put forward questions ahead of time. Support was also provided before and after the meeting for attendees.

People with learning disabilities are very worried about what happened at Cawston Park Hospital, as it could have been them or their friends who were affected.

What is being done to make sure this doesn't happen to them, and how are you going to learn from the mistakes?

Both Norfolk County Council (NCC) and the NHS Clinical Care Commissioning Group (CCG) understand how worrying this must be. They are working hard to make sure it will not happen again.

The CCG are working to improve the quality and availability of community support for people with learning disabilities, their families/advocates and carers. This will stop as many people needing to go into hospital in the first place. Alongside improving intensive support in the community, work is being done to improve annual health checks, health passports and support for people with learning disabilities, their families/advocates, and carers to make sure care is meeting their needs.

For people with learning disabilities currently in hospital, an **enhanced safe and wellbeing review** is being completed. This review will make sure patients are having their care needs met, their mental health and medication, and will look in more detail at their daily activities, physical health. The wellbeing reviews will be completed by the end of **January 2022**. The people doing the reviews will be working closely with the patients, families, and advocates to make sure their views are listened to.

At the moment, every patient in hospital gets visited once every eight weeks to as well as Care and Treatment Reviews every six months to check the quality of their treatment. These will continue, which will make sure the care they receive in hospital is good enough. Discharge Planning has been improved as well – this means that good plans will be made to help people move out of hospital and back into the community as soon as possible.

These changes will improve the safety and quality of life for anyone who must stay in hospital.

If people see something wrong at a hospital or care home, they need to talk to someone. This is called whistleblowing.

Who can people go to if they need to whistleblow or they think there is a problem they need to report?

If anyone has any concerns, NCC and the NHS want to hear about it.

People can say what they think about the care they are receiving at their quality check visits, their Care and Treatment Reviews and their enhanced safe and wellbeing review.

If anyone wants to talk about a problem outside of the reviews, they can contact the following organisations:

Care Quality Commission (CQC)

Phone: 03000 61 61 61

Email: enquiries@cqc.org.uk

Norfolk and Waveney CCG

Phone: 01603 595857

Email: nwccg.complaintsservice@nhs.net

Norfolk County Council, Multi-agency safeguarding hub (MASH)

Phone: 0344 800 8020

After scandals like Winterbourne and now Cawston Park, how can anyone trust services like these again?

Everyone involved understands that it will be very difficult to trust services again; the Cawston Park scandal is the most serious safeguarding issue in at least five years. Norfolk County Council and the NHS have a **statutory duty** to ensure they have the best interests of people living in Norfolk in mind, but James Bullion and Cath Byford acknowledged that this can be hard to believe when it takes a long time to address problems.

All of the organisations involved have committed to being more proactive about telling people about what they are doing and getting involved at an earlier stage, as well as being honest about problems. There will be more opportunities for members of organisations to speak to people in the wider community, and for members of the community to give feedback before major problems emerge. This could involve more meetings like this one, but could also involve the Learning Disability and Autism Partnerships. The Partnerships are independent from local authority and have people with lived experience in leadership positions.

A **Coalition for Change** is being put together. It will involve people with lived experience, their families and advocates along with people from many different organisations. It is meeting in February to agree finance and goals.

The practical changes to the way reviews are done also mean that quality monitoring will be much more robust. There will be more emphasis on listening to patients, their families/advocates, and their carers. The processes will be more trustworthy in future.

Norfolk County Council and the NHS hope to build trusted relationships and make sure that when concerns are raised that they are dealt with quickly.

Did the people who wrote the Learning Disability Strategy listen to the experiences of those currently living in secure services, like Cawston Park Hospital used to be?

As part of the engagement and coproduction plan for the LD Strategy, representatives from Opening Doors were consulted to get the views of people with learning disabilities. Some members of Opening Doors have personal experience of being detained in secure hospitals. Unfortunately, we cannot be completely sure that the people with direct experience shared their views.

To address this problem, directly hearing from people who have experienced a stay in a secure service will form part of a future review of the LD Strategy.

Is what happened at Cawston Park Hospital happening elsewhere in the country?

Unfortunately, the panel do not know the answer to this, but they sincerely hope not.

As a result of what happened at Cawston Park Hospital, reviews of services are happening elsewhere in the country to identify any problems that have been missed. Specifically, conducting safe and wellbeing reviews is a **mandatory** national project, which will highlight any concerns in any other hospitals in the country. NHS England has heavily committed to keeping people safe.

As part of her job, Heather Roach is committed to ensuring similar problems do not happen elsewhere. Heather sits on the national Safeguarding Adults Board chairs network and has shared details of The Safeguarding Adults Review with all of the other Chairs across the country. They have used this work to ask questions of their local CCGs. James Bullion also sits on the national Building the Right Support Board, which is considering how to improve the Transforming Care model across the country. He confirmed that additional reviews are being performed by social services in addition to those arranged by the CCGs.

The company which ran Cawston Park Hospital was named Jeestal Group.

What was the process that led to them being paid to take care of people?

People were admitted to Cawston Park following a Local Area Emergency Protocol (LAEP) or a Care and Treatment Review (CTR) that identified that they needed support in a secure hospital. There were set costs for this, and they were agreed at contract meetings. Any additional costs would be agreed at an early assessment of clinical need. As a hospital, the funding for this would come from the health service.

Norfolk had one set of agreements with Cawston Park Hospital, but there were patients from across the country – these included some of the people who died there. CCGs in other parts of the country would make their own arrangements with Cawston Park Hospitals. Unfortunately, the reporting for this wasn't as good as it could have been. The system involved in this has been significantly improved to prevent similar problems from occurring in future.

What is happening to the other homes and hospitals that are run by Jeestal Group?

Jeestal Group is no longer running a secure hospital or other hospital services. They are currently still involved in caring for people in other ways, but are looking to sell their residential care services to another provider. In the meantime, Norfolk County Council is working with Jeestal and the Care Quality Commission (CQC) to make the care homes they own as good as they can be.

Norfolk County Council and Norfolk and Waveney CCG are also closely monitoring and reviewing all patients living in residential homes under Jeestal Group since the closure of Cawston Park Hospital.

How was Cawston Park Hospital watched to make sure that the staff were doing a good job? Were things like contract monitoring and Quality Assurance done?

Cawston Park Hospital was the responsibility of the health service. The CQC visited Cawston Park regularly, as did Norfolk and Waveney CCG representatives. There were monthly contract meetings to review any CQC actions and make any quality improvements that were needed. The required quality visits every eight weeks and the 6-monthly care and treatment reviews for all patients also took place.

The Covid-19 pandemic made doing good assessments more difficult. When one of the patients died in 2020, vaccinations were not yet available, so in-person visits were stopped to prevent the virus from spreading. This allowed Cawston Park to hide problems from the people who were sent to check on them. Now that vaccinations and other effective tools are in place, frontline visits have resumed so this cannot happen again.

The CCG recognises that this was not enough and have made the reviews more robust to make the improvements needed to try to prevent this happening again.

Safeguarding teams in the local authorities and CCG investigate whenever a death or other serious issue is discovered. This is how the problems at Cawston Park were found. They remain involved and are watching carefully for improvements. Questions to understand similar problems in future have also been identified.

The STOMP Project stands for Stopping Over Medication of People with a learning disability, autism or both with psychotropic medicines. It is a national project involving many different organisations which are helping to stop the over-use of these medicines.

Why were the people at Cawston Park over medicated if the STOMP Project is in place? Were the staff who gave out medicines properly trained?

Cawston Park had medical staff and registered nurses who were trained to give medicines to patients and to review the doses. It was their responsibility to make sure medicines were used correctly. The safeguarding reviews found that while some checks were in place, staff did not follow the STOMP agenda properly.

The medicines people are prescribed, and their doses, are reviewed every six months as part of their Care and Treatment Reviews. Any concerns around the STOMP agenda are raised at this time. Checks are now more thorough, with charts more visible and inspectors talking to family and friends if necessary.

The Safeguarding report commissioned by the Norfolk Safeguarding Board said that staff did not interact with patients enough.

What were the staff doing all day if they were not with patients?

The Jeesal Group was paid significant sums to provide support, treatment and do activities which were relevant and meaningful for patients. It was the responsibility of Jeesal Group leadership to ensure this work was completed, and it is still unclear why it was not. When CCG visits were completed, it was reported that the staff were seen to be interacting and engaged with the patients. Unfortunately, the panel cannot comment on what happened when other witnesses were not present.

The more detailed reviews being developed as a response to Cawston Park will challenge staff in institutions about the activities they do with patients more strongly.

Cawston Park Hospital has now been closed.

What happened to the staff who worked there?

Unfortunately, the panel could not answer this question as they did not know.

Was anyone charged with anything to do with Cawston Park?

The Crown Prosecution service are still involved and that one individual involved in Bens care was helping police with inquiries. The threshold for corporate criminal liability is very high, which could prevent prosecutions of senior staff and management of Cawston Park. As noted above, the Law Commission are considering changes to the law, but there is no decision at this time about how this will progress.

Who is working with Norfolk to make things better?

Norfolk work closely with NHS England to oversee LD hospitals. The lessons learned from Cawston Park Hospital are being spread throughout the country, and experienced Norfolk staff are influencing key decisions.

Aside from Cawston Park Hospital, Norfolk is also home to Astley Court at Little Plumstead Hospital (rated 'Outstanding' by CQC) and

the Priory Hospital (rated 'Good' by the CQC). These are being monitored and reviewed. CCG staff have also spoken to members of the National Team for the CQC, and it seems likely that the CQC will not approve the creation of new hospital settings like Cawston Park. As there will be no more inpatient hospitals created, this means that community-based care will be improved and people will be released as soon as possible from hospital to compensate. The CQC feel that not having settings like Cawston Park open will help make things better.

Alongside statutory organisations like the CQC and NHS England, local and national advocacy and Partnership groups are providing their experiences. They include the Safeguarding, Autism and Learning Disability Partnerships. These allow local people using services, families and providers to interact and advise one another. Community Commissioning efforts inform service commissioners about local needs and will allow improvements to be made. A good example of the work has been done around housing for people with complex individual needs, with more houses with additional support being commissioned – 11 new homes, with plans in place for around 20 more in the future.

The Law Commission has been asked by NSAB to look at whether a change in law is required so that the owners of places like Cawston Park can be prosecuted. Jerome Mayhew is supporting this effort.

A lot of improvements are planned to involve monitoring and reviewing places that care for people to stop something like Cawston Park happening again.

Are there enough staff to do these reviews?

Despite the ongoing problems with staff retention and sick leave, it is hoped so. In particular, the Norfolk and Waveney CCG, who will be doing most of the review work, now have more LD nurses than ever. CCG nurses are also working closely with NCC social care workers in Jeasal Group care homes to oversee care.

There are problems across the entire social care sector, and the Covid-19 pandemic has increased workforce pressures because of high levels of staff sickness. While many staff are continuing to work while isolating, there is up to 60% absences from sick leave in some

teams. The panel stresses that it is essential for families, advocacy groups and other interested parties to raise awareness of problems and that these interventions will be welcomed by staff. The panel also emphasised the importance of advertising who to report problems to, so that people with concerns know where to go.

Why can't public bodies provide care directly to patients, rather than through private companies?

Since the Home Care and Community Services Act (1994) social care in England has been part of a mixed economy as a matter of policy, where local authorities do not provide everything. It is the view of the panel that private companies providing services are not necessarily bad, but it is important that they use profits or surpluses in a good way. Local authorities still have an important part to play in care.

Cath Byford added that her personal view is that wherever possible the NHS should deliver specialist services. This is particularly appropriate in Norfolk, given the strengths of Astley Court Hospital and the successful partnership with Hertfordshire Partnership Foundation Trust.

In a crisis, it can be helpful to have a specific named individual that a patient, family member/friend or carer can go to for advice.

In future, will there be a named individual that people can go to in a crisis?

This is part of the improvements planned for social care. As part of an agreement with the company Newton Europe and changes to the way the **Front Door** service works, people who receive social care in Norfolk will have one primary person who they will work with. This person will not necessarily be a social worker. Staff turnover issues mean that this person may have to change over time, but the idea of having a single primary contact will remain.

This change has been agreed as part of recent NCC's cabinet meeting, with an end date for completion in 18 months' time. The panel hopes that it will be completed ahead of schedule and that people will be kept informed about progress throughout this time.