

## **Case Study 2 for Health and Wellbeing Board Transforming Care update May 2022**

Mr C has a mild learning disability and ADHD which is controlled with prescribed medication. He is a very affable, articulate, likeable young man. He has a caring nature, when presenting in an emotionally regulated state, and a great work ethic for manual outdoor work/activities such as gardening and farm labour, taking pride in his achievements. He benefits from having robust and consistent support, intervention, direction and advice from professionals involved in his care.

He has a forensic history involving impulsive and aggressive behaviours which have been directed towards a variety of people including family, police and peers, also property damage and inappropriate behaviour. This resulted in a 2 year hospital admission as a teenager over 10 years ago before he was discharged into a community placement

Unfortunately, this quickly broke down following an increase in antisocial offending related behaviours and resulted in a Section 2 MHA inpatient admission on a rehabilitation ward. A period of hospital stabilisation followed, and he was discharged to a new community setting under the conditions of a Community Treatment Order in 2012.

However, Mr C was recalled to hospital in 2014 following an allegation of serious sexually inappropriate behaviours, which resulted in an out of area low secure detention, due to bed availability. This detention quickly escalated to Mr C requiring a medium secure bed and treatment programmes due to increased risk behaviours to himself and others. Contact with his family was compromised due to geography and logistics and preceded the era of smartphone technology.

During his time within the medium secure hospital environment significant progress was achieved with Mr C gaining increased independence within the grounds and developing a range of skills and talents to carry forward in his life beyond hospital. However, there were many varied challenges and difficulties demonstrated by Mr C during the 6 years he spent in medium security. Risks to himself and others meant that he required 2:1 support and supervision. He also required frequent episodes of physical restraint and seclusion during this time.

Robust management and consistent boundary setting over a sustained period of time resulted in a decrease in the above behaviours. Mr C subsequently gained incremental independence which enabled him to demonstrate a greater degree of trust and responsibility with the Multi Disciplinary team (MDT) through activities and roles undertaken in a variety of on-site settings. Mr C's potential to progress towards a successful life outside hospital was becoming more apparent at every review meeting.

In keeping with the ethos of Transforming Care, professional discussions focused on the benefit for Mr C to move from his current medium secure environment. Mr C had reached his potential in respect to what he could achieve in this particular environment. It was agreed a smaller setting would best suit him and that he had the skills and degree of independence sufficient to justify a transfer to rehab services, bypassing low secure wards.

Active discussions and plans were set in motion to facilitate a transfer to a rehab hospital environment in Co Durham, this would allow time for an appropriate community property to be sourced for him. Collaborative working arrangements were forged between the Secure Outreach & Transitions Teams (SOTT) from the NHS Trusts. Regular professional meetings were facilitated by his Care Coordinator, inpatient MDT and Community teams in consultation with family and Mr C.

Mr C expressed his anxieties about bypassing low security and having a potentially short period of time in rehab services before embarking on a new and more independent life in a local community.

Mr C was assured that he would have ongoing support and intervention from a host of community professionals along his discharge journey. Weekly SOTT contact was sustained and developed, this included orientation to local areas in Co Durham and supporting Mr C to become involved with local groups and activities, enabling him to have a sense of purpose and belonging to the area.

These anxieties were also expressed by his family concerned that increased independence would facilitate increased impulsivity and reckless/risk behaviours. They were also concerned about the robustness of the care provider in managing his holistic needs due to his vulnerabilities to exploitation and abuse from others. Assurances were provided in respect to her concerns, care provider staff training would be comprehensive and emphasising the need for robust and consistent boundaries with Mr C. Professional support would be provided to the care provider team to facilitate supervision and role model risk management.

Following his transfer to Rehab services, Mr C undertook a graded plan working towards increased independence through a variety of Section 17 leave opportunities. On-site independence initially progressed to shadowed leave accompanied by staff on public transport routes. Trust and responsibility was demonstrated by Mr C through good time keeping as per his prescribed Section 17 leave plan and regular communication with the ward via mobile phone.

Mr C spent an extended period in the Rehab ward, partly due to the impact of Covid-19 and national lockdown restrictions, which curtailed the pace of his discharge plans and opportunities to utilise regular unescorted Section 17 leave. Staff utilised approaches that were informed by his Positive Behaviour Support plan and coping strategies, ensuring that the frequency and intensity of incidents were reduced significantly. Physical restraint was never required while he was on the rehab ward. Regular 1:1 conversations helped Mr C to have greater perspective on difficult situations he found himself in and how to problem solve these. They also provided him with the reassurance that staff believed in his potential to live a positive and meaningful life in the community.

Further preparation for life in the community was achieved by Mr C completing a 10 week Internet Safety and Risk Awareness course as well as a 12 week Citizenship course while on the Rehab ward. He was supported to develop effective problem solving skills when accessing the internet and living a more independent life in the local community.

His hospital discharge to a local community care provider has required a great deal of planning and hard work from the MDT. However, Mr C has not required a hospital readmission nor has he relapsed in respect to his offending history. He has continued to engage with the community-based groups and activities which he commenced while an inpatient. There has been a continuity of consistent care provided to him by services such as TEWV SOTT who have been involved in his discharge pathway from medium secure to the community. Mr C has benefited from having a busy and meaningful weekly schedule of activity supported by facilitators who understand how to help him realise his potential through skill development. Some of these were established while he was an inpatient, highlighting the importance of maintaining a continuous thread of support and engagement with the individual through services and community placements. Mr C continues to present with a degree of impulsive behaviour in some aspects of his decision making and life choices, primarily associated with his ADHD. However he is no longer on the Dynamic Support Register, indicative that risk management concerns are effectively managed.

Funds from the Community Discharge Grant were used to pay for Mr C to attend an allotment & woodwork focused day placement 3 days per week and contributed towards the cost of his rent on

his new accommodation while he was on extended Section 17 overnight leave from Hospital to the property prior to his complete hospital discharge taking place.

Mr C's case study is an example of positive risk management at a medium secure level, undertaken in collaboration with relevant stakeholders who have had the collective view on how a successful community discharge can be achieved. A key learning point from this case study is the unnecessary longevity of some individual's detention in secure services, particularly those detained under Section 3 of the Mental Health Act.