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To whom it may concern

Royal College of Nursing response:

Department of Health Consultation: _‘No voice unheard, no right ignored- a consultation for people with learning disabilities, autism and mental health conditions.’(6th March- 29 May 2015)

The Royal College of Nursing is pleased to have the opportunity to offer a response through its membership to this consultation.

With a membership of around 420,000 registered nurses, midwives, health visitors, nursing students, health care assistants and nurse cadets, the Royal College of Nursing (RCN) is the voice of nursing across the U.K and the largest professional union of nursing staff in the world. RCN members work in a variety of hospital and community settings in the NHS and in the independent sector. The RCN promotes patient and nursing interests on a wide range of issues by working closely with the Government, the U.K parliaments and other national and European political institutions.

This is an important consultation which sets out people’s rights around inclusion, health and well- being.

The RCN have had an opportunity to consult with members. It was generally felt by our membership that it was disappointing to see such a consultation was needed and was not based upon any new rights. It was felt that many of the recommendations should be required under current and existing legislation.

Member’s feedback highlighted concerns regarding heavily reliance upon detention in hospitals for care, support and treatment when skills and support can often be more effective in more mainstream community settings. It was accepted that some MAY require a legal framework of the Mental Health Act but should not be restricted to a detainment in a hospital.

We agree with the proposals within this consultation that NHS communities should have the same duties as local authorities- that is to put people’s wellbeing at the heart of what they do. This includes making sure that people are helped and supported to stay as close to home for their care, support and treatment- in the least restrictive setting as a first option wherever possible.

It was felt by our responding members that the Mental Health Act is primarily designed to protect the public and the Mental Capacity Act- to protect the person.

Generally it was felt that still people remain isolated. There was widespread concern over limited funding and more emphasis should be placed upon building people's confidence. It was felt that emphasis should not only be focussed on IMCA's.

It was recognised that there is a greater connection between CCG's and Local Authorities developing and this was felt to be very positive.

There is a great deal of attention upon costs of services as opposed to potential cost saving of delivering good services. It is our view that greater investment should be given to preventative care and support and that is commonly delivered by nursing staff. The RCN has raised its concerns regarding cuts to essential nursing posts and this is detrimental to the needs of the people highlighted within tis consultation.

Much of the difficulty that comes with current legislation is articulated by people with a learning disability, autism or a mental health condition and is very much to do with them understanding their rights within existing legal frameworks. We support the Department of Health view that easy read and accessible information is critically important.

We support the view that when someone is hospitalised, there should be (from initial admission) a very clear care and discharge plan with built in regular review. We recognise that this does not happen in all services. This should certainly be patient and family/ carer focussed to ensure rights and choices are understood.

We note (Question 30) that your proposal for a named social worker could act as a link with a person and their family. We have a view that nursing staff can also fulfil a role as a pivotal link. We see evidence of liaison nurses demonstrating their effectiveness and a key contact. It is important to ensure that any link worker takes greater responsibility and is provided with the right support and infrastructure to carry out this role safely and effectively.

Criminal Justice

There is a clear recognition that people who have poor mental health, autism or a learning disability are more likely to come into contact with the criminal justice system.

The RCN have forged strong links with the Prison Reform Trust and the National Federation of Women's Institute 'Care not Custody' work and with which the RCN are a coalition member. We are very concerned about the upward trend of placing people who have health needs in what is perceived the only option- a police cell or in a prison. Much good work is now taking place and is being driven by nursing staff to support earlier intervention and we see stronger partnerships between health, nursing and the police.

At RCN Congress in June 2015 our members will debate a resolution which relates to custodial care and better diversion. There is general concern that the existing provision of mental health services are insufficient to meet people's needs. This debate was stimulated by media attention on young people detained in police cells and will generate work beyond 2015 primarily led by our members and specialist forums. We look forward to developing opportunities to work with the Department of Health on ways of resolving some of these challenges. We recognise that under 18's under a section should not be detained in a police cell, they should be supported and

taken to a more appropriate place of safety. We welcome the recent government announcement by the Home Secretary Teresa May that additional investment will be in place for this purpose. See RCN Congress debate: <http://www.rcn.org.uk/newsevents/congress/2015/agenda/debates>

Personal budgets and pooled budgets

We are keen to raise members concerns that where people have personal budgets they have the necessary safeguards to protect them and the level of quality of care they rightly deserve. We support the idea of pooled budgets and have raised this a number of times. We would see this as an effective way to collaborate effectively with health, justice and social care providers.

Information sharing

It is very clear from a number of cases including the lessons from Winterbourne View, that sharing certain information with partner agencies and services is essential to protect people from harm. Current work across health and justice IT is being developed but wider application will be helpful to enable nursing staff to raise and share concerns. This should be done in line with support from professional regulators.

When things go wrong, we agree that accountability needs to be strengthened in order that there is a timely response and action plan to put things right.

RCN learning disability forum members have also contributed directly with more detailed comments from the learning disability consultant nurses group and this has been submitted separately.

Yours sincerely



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