

**Muckamore Abbey Hospital Inquiry  
Witness Statement**

**Statement of Mrs Lyn Preece**

**Date: 24 January 2023**

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I, Lyn Preece make the following statement for the purpose of the Muckamore Abbey Hospital (MAH) Inquiry.

The statement is made on behalf of South Eastern Health and Social Care Trust in response to a request for evidence by the Inquiry Panel.

This is my first statement to the Inquiry.

There are no documents produced with my statement.

**Section 1: Qualifications and Position**

**1.1 Qualifications**

Dip Social Work with Commendation (1996)

Master's Degree in Public Administration (2009)

**1.2 Position**

I am currently employed in the role of Director of Children's Services and Executive Director of Social Work in the South Eastern Trust. I have held this position since 1<sup>st</sup> September 2022. Prior to taking up this post, I held the position of Assistant Director for Adult Disability Services.

## **Section 2: Modules to be addressed**

Module 2: Health Care Structures and Governance

- g. Interrelationship between Trusts re: patients admitted to Muckamore.
- i. Outline of provision for community based services.

## **Section 3: Module 2g – Interrelationship between Trust re: patients admitted to Muckamore**

### **3.1**

In 2007 the legacy Down Lisburn Trust and Ulster Community and Hospital Trust merged to form the South Eastern Health and Social Care Trust (SEHSCT). This statement is made on behalf of SEHSCT.

### **3.2**

Care Management has been a longstanding procedure and process utilised for individuals with learning disabilities known to the SEHSCT. Individuals are allocated a key worker within the Community Learning Disability Team who is responsible for the key functions of assessing need, care planning, managing, coordinating and reviewing services. The care management process is designed to maintain and promote the independence and wellbeing of the individual to enable them to live as full a life as possible, in whatever setting best meets their needs. A person centred approach is adopted within the care management process to ensure that the individual is placed at the centre of the process to ensure their care and support matches their needs and preferences. The key worker role is predominantly but not solely fulfilled by a professionally qualified social worker. This process continued to be utilised when individuals were admitted to Muckamore Abbey Hospital (MAH).

Following an individual's admission, MAH staff arranged a post admission meeting and would invite the keyworker to attend. The focus of these meetings was to share and discuss precipitating factors to the admission. Subsequent to this MAH would facilitate a range of meetings to include multi-disciplinary discussions in relation to ongoing assessment, care and treatment, safeguarding issues / concerns and pre discharge meetings to plan the ongoing care and support required for the individual on return to the community.

During this process the SEHSCT keyworker was responsible for coordinating the attendance and input of other community services to the MAH meetings. Based on

identified need this involved a range of staff including, Psychology, Behavioural Support Service, Day Service staff, Occupational Therapy, Speech and Language Therapy, Community Learning Disability Nursing and representatives from the Independent Sector as appropriate. Throughout the period of admission, the SEHSCT key worker continued to have contact with the individual and liaised directly with ward staff to monitor progress outside of the formal meetings.

### **3.3**

In 2011 SEHSCT appointed a dedicated Liaison Officer for MAH patients to support discharge of individuals identified as resettlement. The Liaison Officer had a specific focus on the Primary Targeting List (patients living in a long stay hospital for more than a year at 1 April 2007). This was reflective of the more complex needs of long stay patients and to be consistent with the strategy to reduce hospital beds as long stay patients were re-settled. The Liaison Officer continued to follow care management procedures and processes and took over responsibility from the SEHSCT community keyworker at the point an individual became classified as Delayed Discharge. The Liaison Officer had a significant presence within the hospital setting and their role was to link with the identified individual, their family, MAH multi-disciplinary team and SEHSCT multi-disciplinary team to source appropriate community accommodation and support to enable discharge from hospital.

### **3.4**

In 2012 an Assistant Care Manager was released from the Community Learning Disability Team resource to work alongside the Liaison Officer. This was to further enhance the Person Centred approach to hospital discharge and community planning via the completion of an Essential Lifestyle Plan (ELP). An ELP is an individualised and personalised plan to assist others to understand what is important in a person's life, whilst considering health and safety issues. The individual, their family, hospital and community staff input to the ELP to provide in-depth information on the support the individual requires and their preference for how that support is provided.

### 3.5

Members of SEHSCT senior management team attended regional adult resettlement meetings held by MAH within the hospital. The focus of these meetings was to review the progress of all Trust's in relation to resettlement and delayed discharge patients.

Members of the senior management team also attended performance management meetings held by the Department of Health Social Services & Public Safety (DHSSPS) to review progress against Priorities for Action (PFA) targets.

### 3.6

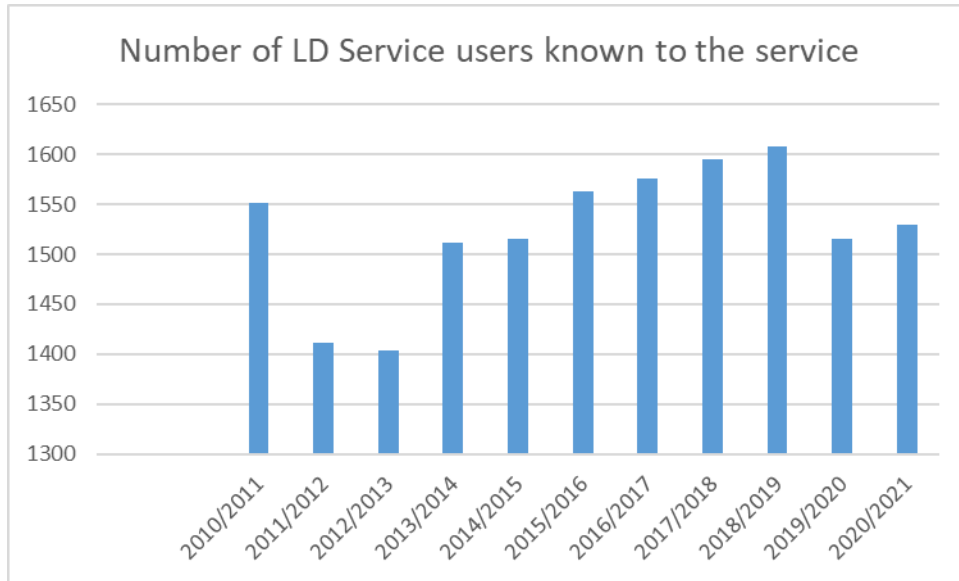
Prior to the Iveagh Centre in Belfast opening in July 2010, children with a Learning Disability who required Assessment and Treatment were routinely placed in Muckamore Abbey Hospital which was considered a suitable hospital placement to meet their needs. At the point of admission, the Trust invoked the looked after Children (LAC) procedures to ensure a robust monitoring arrangement was in place to review the placement and to consider post placement supports to families and facilities. LAC procedures have been in place since the implementation of the Children (NI) 1995 and children become looked after by virtue of the provision of a placement by the HSC Trusts.

Throughout the duration of the hospital stay, the child or young person was supported by a community Social Worker whose primary role and function was to support the hospital admission and to plan for discharge in line with the young person's treatment plan and wishes and views of the child and parents. Their role was to ensure a smooth transition from hospital to the community and to liaise with a range of professionals including Community Nursing, Psychology, Behaviour Support, Occupational Therapy, Speech & Language Therapy and Education.

**Section 4: Module 2i – Outline of provision for community based services**

**4.1**

**Community Learning Disability Teams**



**Source: SEHSCT Department Statutory Function Annual Reports**

Over the period 2010 – 2021 there has been an average of 1500 individuals with Learning Disabilities known to SEHSCT each year. From 2007 Adult Disability Services were divided into three geographical sectors to deliver community services to meet the needs of identified service users. A Community Adult Learning Disability Team consisting of Social Workers and Community Learning Disability Nurses was based in each sector. Each team was allocated a Team Leader who reported to a Community Services Manager allocated to the sector. All identified individuals were allocated a key worker from within the team. This locality model of provision continued until 2022.

**4.1.1**

In 2011 an additional WTE Assistant Care Manager post was recruited in the Down Sector to redress disproportionately higher caseloads.

In recognition of the ageing population of individuals with learning disability and their carers, an additional 0.8 WTE was appointed to each Community LD Team in 2018 to work specifically with older carers to assess need and develop futures plans for their family members.

In 2021 the Community Learning Disability Team in the North Down and Ards Sector was reconfigured into two and an additional Team Leader appointed.

By 2021 the SEHSCT Community Learning Disability Service consisted of 4 WTE Band 7 Team Leaders, 3 Band 7 Social Workers, 15.4 WTE Band 6 Social Workers, 4.3 WTE Band 5 Assistant Care Managers, 3 WTE Band 7 Community Nurses and 7.5 WTE Band 5 Community Nurses.

#### **4.1.2**

Access to allied health professions such as Speech and Language Therapy (SALT), Occupational Therapy (OT) and Physiotherapy were accessed via individual referral from the Community Adult Learning Disability Team. SALT operate a dedicated team of therapists specialised in Learning Disability, whilst OT and Physiotherapy operate generic teams with a small number of therapists specialised in Learning Disability.

#### **4.2**

##### **Behaviour Support Services**

Behaviour Support Service's (BSS) were implemented by the legacy Trust's and SEHSCT continued with this model. A team was based in each of the three sectors within SEHSCT. Each team consisted of nurses, behaviour practitioners and psychology staff, who were trained in applied behaviour techniques.

The aim of the service was to provide assessment and treatment for individuals with learning disability within the community, who were displaying behaviours of concern. As the resettlement programme progressed, SEHSCT increased capacity within that model to respond to the numbers of individuals within the community requiring intervention.

#### **4.2.1**

In 2015 there was a recognition of the need to further develop infrastructure within the community to reduce the risk of placement breakdown and / or hospital

admission. As a result, the BSS was developed into the Intensive Support Service (ISS), led by a Consultant Clinical Psychologist. Each of the three teams was augmented with further behaviour practitioners and assistants. The Service also incorporated a multi-disciplinary approach and included a specialist Speech and Language Therapist and Occupational Therapist to work across the three sectors. The ISS utilises a Positive Behaviour Support Framework to guide assessment and intervention.

#### **4.2.2**

2017 saw further development within the ISS to offer a specialist Forensic Psychology service to people with a Learning Disability who are considered to present a significant risk of engaging in offending behaviour. The team consists of a Consultant Forensic Psychologist and a Forensic Practitioner.

The Forensic Service operates at Tier 3 Level to provide the least invasive and most appropriate intervention necessary to reduce the risk and/or impact of offending behaviour and increase capacity for service users to live meaningful prosocial lives. The service is person centred, accessible and flexible in its response to individual needs. This is achieved by providing both direct and indirect input including:

- Structured specialist assessment, formulation and advice on management of risk
- Therapeutic work – individual and/or group treatment to target criminogenic needs
- Training, education, and consultation to staff who work with those who have forensic needs
- Support to care staff to contribute to relational security

### **4.3**

#### **Psychology**

The learning disability specific psychology service is long established from the legacy Trusts. The service is led by 2 Consultant Psychologists with a range of professionally qualified, Associate and Assistant Psychologists. The remit of the service is to maintain and promote the psychological and emotional wellbeing of

children and adults with Learning Disability by providing a wide range of evidence based psychological interventions.

#### 4.3.1

In 2019 following structural changes within the Trust and a scoping exercise of the needs of the psychology service, children and adults were separated with each team led by a Consultant Clinical Psychologist. Whilst Clinical Psychology and ISS are distinct services they often work in partnership to best meet the identified needs of the service user.

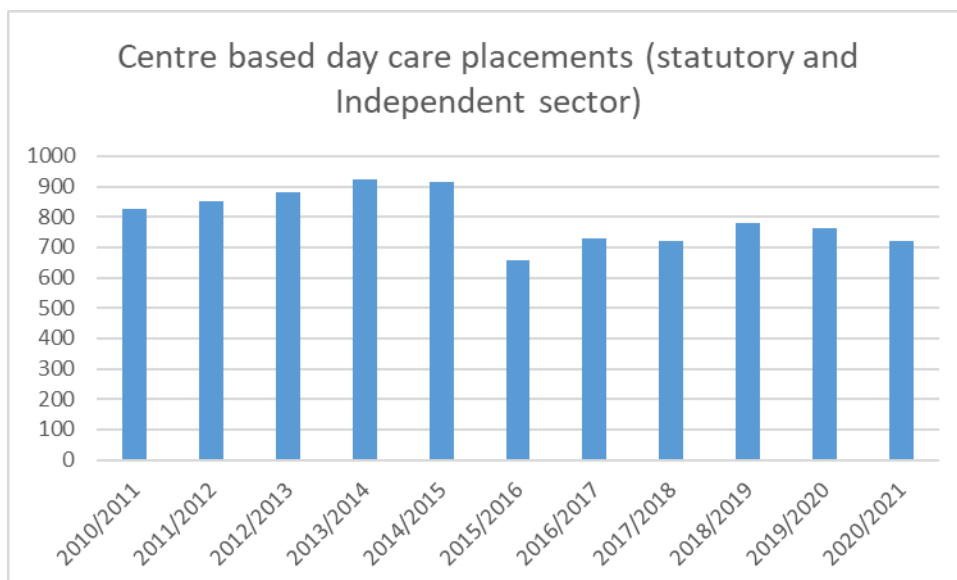
#### 4.4

##### Psychiatry

Historically all Learning Disability Psychiatry services have been provided by the Belfast Health and Social Care Trust based within MAH. Psychiatrists are hospital based and provide a service to SEHSCT services users via community based clinics. There is ongoing work to progress the transfer of psychiatry resource from BHSC to SEHSCT to provide a locally based service.

#### 4.5

##### Day Centre Provision

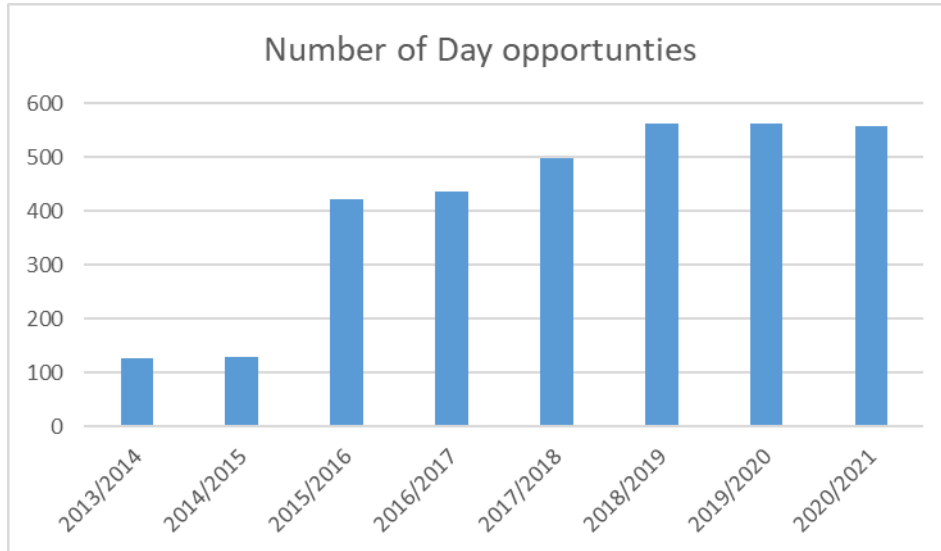


SEHSCT operates 10 statutory day centres across the three sectors, currently providing 539 places. SEHSCT also commission the Independent Sector to provide



centre based day care which extends the number of combined statutory and independent centred based places to 720 in 2021.

#### 4.5.1 Day Opportunity Provision



**Source: SEHSCT Delegated Statutory Function Reports**

Equal Lives: Review of Policy and Services for People with a Learning Disability in Northern Ireland (September 2005) is the report published following the completion of an independent review of Mental Health and Learning Disability.

The Equal Lives Review identified five core values which should underpin, all service developments: Citizenship, Social inclusion, Empowerment, Working Together and Individual Support. The report highlighted that the needs of individuals with learning disabilities could not be met solely by health and social services and support was required from education, housing, leisure, employment agencies and others. Agencies working in partnership would support individuals with learning disabilities to participate in their communities and be offered opportunities for meaningful day-activities, friendships, employment and leisure.

Working in partnership with the independent sector enabled a reduction in centred based day care and an incremental rise in the number of community based day opportunity places available to SEHSCT service users.

#### **4.5.2**

The DHSSPS Service Framework for Learning Disability (2015), highlighted the need for adults with a learning disability to access support in order that they can achieve and maintain employment opportunities in productive work. The framework also stipulated that a range of meaningful day opportunities should be available to meet the needs of those with a severe or profound learning disability.

The Framework alongside a regional review of day opportunities prompted a major review of day opportunity and day care services within SEHSCT to broaden and modernise the range of options available to service users. The SEHSCT worked with a wide range of partners in the independent sector to further develop community based day opportunities for adults with learning disabilities.

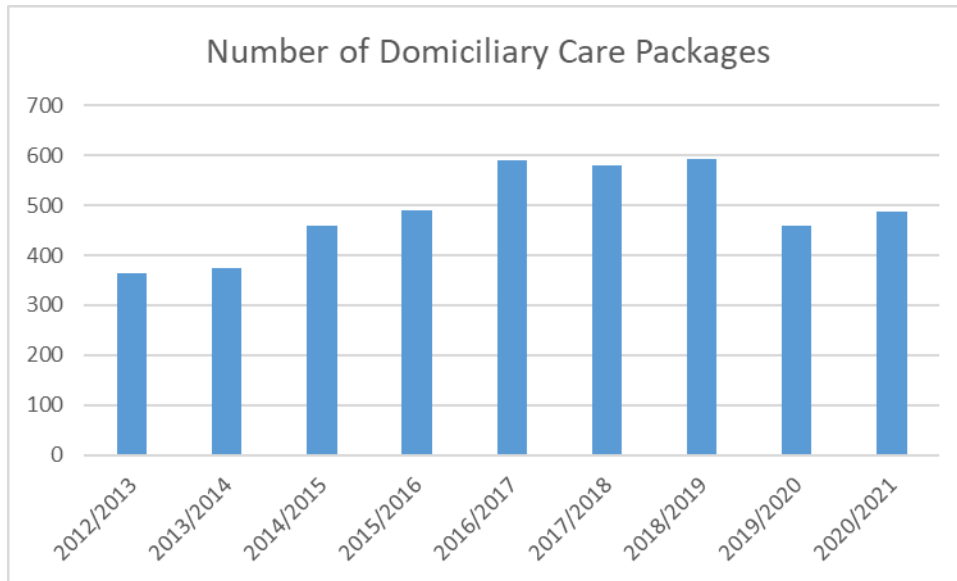
Sector based panels, which included independent providers were also introduced to manage the allocation of day opportunity placements to address identified need, manage resources effectively and plan strategically. This resulted in the increase of approximately 300 places over the period of 2015 to 2017. This has continued to grow with currently 557 community based day opportunities places available.

#### **4.5.3**

In addition to these services, the implementation of Self Directed Support has also provided individuals with the opportunity to purchase community day opportunities of their choice and preference.

## 4.6

### Domiciliary Care Packages



**Source: SEHSCT Delegated Statutory Function Annual Reports**

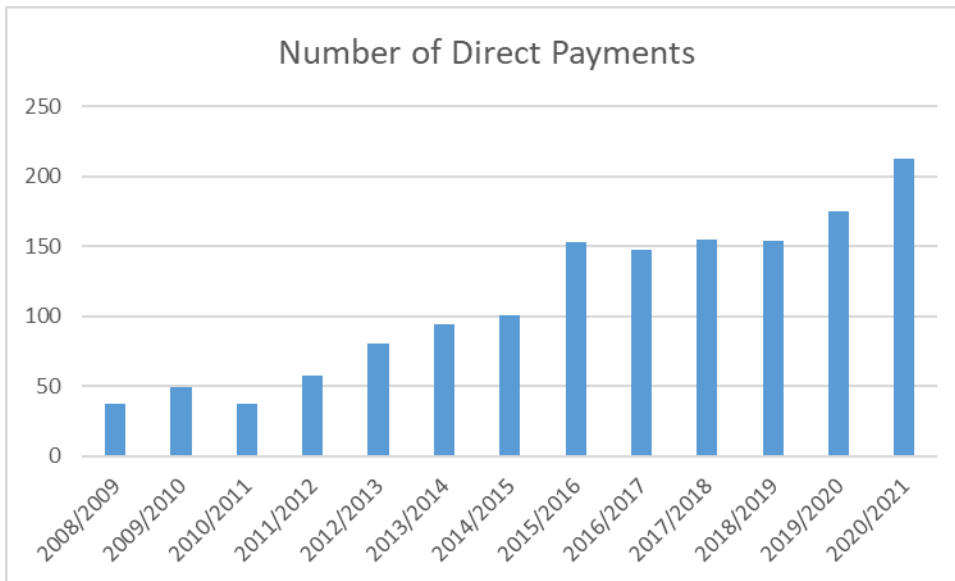
Domiciliary care is the provision of personal care and associated domestic services that are necessary to maintain an individual's health, hygiene, dignity and safety within their own home.

Domiciliary care is based on the principle that people should be helped wherever possible to live independent lives with safety and dignity in their own home. Services should be rehabilitative in nature, enabling people to help themselves, maintaining existing skills and developing appropriate new ones.

In more recent years the numbers of domiciliary care packages in place has reduced in line with the statutory duty to offer a Direct Payment in place of traditional services and the implementation of Self Directed Support. In 2021 SEHSCT had 487 domiciliary care packages in place for individuals with learning disabilities.

### 4.7 Direct Payments

The introduction of the Carers and Direct Payments Act in 2002, enabled individuals who have been assessed as eligible for services to arrange and pay for their own care and support instead of receiving them directly from the Trust. This provided a greater degree of control for individuals in relation to service provision for their identified needs. This resulted in an incremental rise in the uptake of direct payments by individuals with learning disability from 37 in 2008 / 2009 to 101 in 2014 / 2015.



**Source: SEHSCT Delegated Statutory Annual Function Reports and information provided by SEHSCT Finance Department**

#### **4.7.1 Self Directed Support**

In line with the DHSSPS Service Framework for Learning Disability (2015), SEHSCT introduced a Self-Directed Support approach in responding to assessed needs. This fundamental shift in approach provided greater personalisation and flexibility to give individuals more control and choice over the type of care and support they receive. All service users and carers were assessed or reassessed at review under the Self-Directed Support approach. This approach offered the choice to access direct payments, a managed budget, Trust arranged services, or a mix of those options, to meet any eligible needs identified. This resulted in an exponential rise of individuals receiving a direct payment to 224.

#### **4.7.2**

By 2021, 48 individuals with a Learning Disability were in receipt of a managed budget in order to access community services.

## **4.8**

### **Short Breaks**

SEHSCT operates one 7 bedded residential facility to support short breaks and commissions the independent sector to provide 4 nursing beds and 13 residential beds for short breaks.

1 SEHSCT day centre operates extended opening hours Monday to Thursday to provide additional short breaks for a small number of individuals with complex needs. SEHSCT also spot purchase short breaks within the independent sector based on assessed need as required.

Two independent providers are commissioned to provide community based short breaks.

Self-Directed Support is also utilised to enable service users and their cares to purchase individualised short breaks of their choice and preference within the community.

## **4.9 Accommodation**

### **4.9.1 Nursing placements**

The SEHSCT provides nursing placements to adults with learning disabilities via the independent sector. In 2008 / 2009 there were 63 nursing home placements. This figure rose incrementally to 93 in 2020 / 2021.

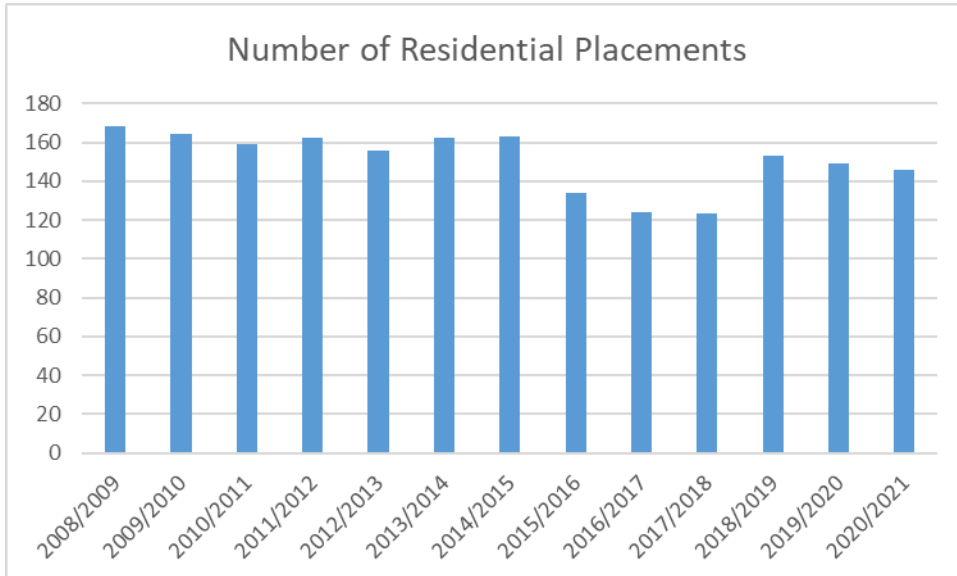
### **4.9.2**

#### **Residential placements**

SEHSCT commission residential placements on the basis of assessed need.

Equal Lives: Review of Policy and Services for People with a Learning Disability in Northern Ireland (September 2005) influenced the move away from large, residential facilities in the community. SEHSCT has reconfigured its residential care provision in line with this policy and currently operates one statutory residential service for permanent placements. This service has been reconfigured on a number of occasions in order to provide care and support based on individual needs. The service currently provides care and support for 7 individuals with presentations which

are complex and challenging. The remaining residential placements are commissioned in partnership with a variety of providers from within the private and voluntary sector.

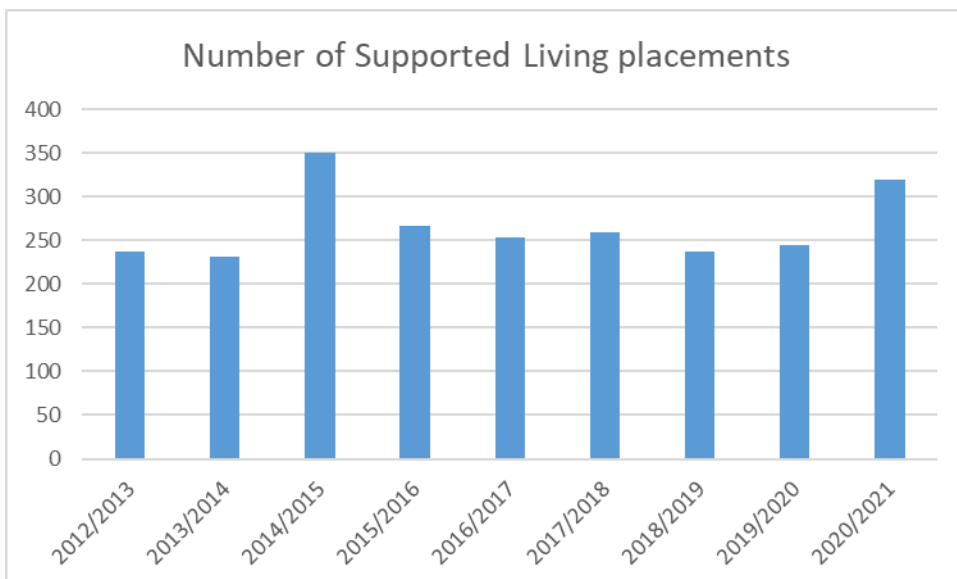


**Source: SEHSCT Delegated Statutory Annual Function Reports**

In line with regional policy the number of residential placements commissioned by the SEHSCT with the independent sector has reduced from 168 to 146 over the last 10 years.

### 4.9.3

#### Supported living placements



**Source: SEHSCT Delegated Statutory Annual Function Reports**

The Supporting People policy and funding framework for housing support services was introduced in 2003.

Supported Living Services enable individuals with learning disabilities to have a tenancy for their own home and receive personalised care and support with a focus on maintaining and increasing independence.

SEHSCT operates supported living services across the three sectors over 7 sites as well as a number of individual community houses in the North Down and Ards sector. These services have been reconfigured and extended over the last 10 years to support the reconfiguration of residential places and currently provides 69 places.

**4.9.4**

SEHSCT also commission the independent sector to provide supported living accommodation and support for learning disability service users. This has included the provision of two new services specifically to support the resettlement of MAH patients.

The SEHSCT currently commissions 250 supported living places with the independent sector, bringing the combined statutory and independent supported living places to 319.

**Section 5:**

**Declaration of Truth**

The contents of this witness statement are true to the best of my knowledge and belief. I can produce all the documents which I have access to and which I believe are necessary to address the matters on which the Inquiry Panel has requested me to give evidence.

Signed:



Date: 24.01.23