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Committee of Public Accounts

Care services for people with learning disabilities and challenging behaviour

Fifty-first Report of Session 2014–15

Report, together with formal minutes relating to the report

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Committee of Public Accounts

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Summary

Following the Winterbourne View scandal in 2011, the Government committed to discharging inpatients with learning difficulties and challenging behaviour back to their homes and communities, where appropriate. However, during the four years since then, children and adults have continued to go into mental health hospitals, and to stay there unnecessarily, because of the lack of community alternatives. The number of people with learning disabilities remaining in hospital has not fallen, and has been broadly stable at around 3,200. We welcome the acknowledgement from NHS England that it was indefensible to make so little progress against the commitment, as a result of which people had been badly let down.

We recognise the complexity of the task in designing and commissioning a model of community based care and we are encouraged by the commitment to set out, within the next six months, a closure programme for large mental health hospitals, and to provide us with a transition plan for people within these hospitals, from 2016–17. It is essential that the patient is at the centre of the redesign. Proper consideration must, therefore, be given not just to building capacity in the community, but also to enshrining in law patients', and their families', right to challenge the decisions taken, whether they are about treatment, admission to mental health hospital, or community care services provided. Mindful of the way previous commitments have not been delivered, we urge our successors to examine progress again, in 18 months' time.

Introduction

The Department of Health has lead responsibility for delivering the commitments made by Government, following the Winterbourne View scandal in 2011. In December 2012, the Government made a commitment that, if a person with a learning disability and challenging behaviour would be better off supported in the community, then they should be moved out of hospital by 1 June 2014. The Department sets the strategy to meet the Government's commitment, improve quality and safety, enable change and measure and monitor progress. In line with the Health and Social Care Act 2012, NHS England, mental health hospitals, and local health and social care commissioners determined how to meet the commitment. However, the Government failed to meet its pledge and the number of patients in hospital has been broadly stable over the last year (3,250 in September 2013 and 3,230 in September 2014). The NAO estimated that the NHS spent £557 million in 2012–13 on services for inpatients in mental health hospitals with learning disabilities and challenging behaviour. In addition, local authorities with adult social services responsibilities spent £5.3 billion (2013–14) on services for adults with learning disabilities.

Conclusions and Recommendations

1. **The continued operation of large mental health hospitals is incompatible with the Department's model of care for people with learning disabilities and challenging behaviour.** Despite the agreed aim that people with learning disabilities should live and receive care in the community, there has been no closure programme for large mental health hospitals. The availability of places in mental health hospitals has reduced the pressure on local commissioners to revise their commissioning strategies to expand the capacity and capability of local community services. We were pleased to hear NHS England's commitment to a closure programme for large NHS mental health hospitals, along with a transition plan for the people with learning disabilities within these hospitals, from 2016–17. All the witnesses recognised that a closure programme required careful planning, management and consultation with all relevant stakeholders, and the expansion of community services before people with learning disabilities and challenging behaviour were discharged and hospitals closed. It is, therefore, vital that the proposed closure programme for mental health hospitals is matched by the necessary growth in high-quality community services. We look forward to receiving details of the closure programme, and a transition plan, within six months. Our recommendations below are designed to support this transition.

2. **It is a fundamental failing that the Department currently lacks the data it needs to deliver its policy objectives for people with learning disabilities**. Without an overall dataset on the population with learning disabilities and challenging behaviour, the Department is unable to oversee effectively a co-ordinated programme of care for people with learning disabilities and challenging behaviour. There are currently two separate measures for counting the number of people with learning disabilities in mental health hospitals which give different figures and which

the Department cannot reconcile. The Department accepts that its data on the number of people with learning disabilities in mental health hospitals is not good enough. It believes the quality of the data has improved since 2011–12, when its data was "absolutely non-existent". It still lacks up-to-date information and it does not collect data on those who are receiving treatment services in community placements, those who are in prison, those who have other contacts with the criminal justice system, or those readmitted to hospital.

Recommendation: ***The Department should mandate the timely collection of a consistent dataset on people with learning disabilities and challenging behaviour, to inform effective planning and management of their care, and to monitor their movements through health services, social services, and the criminal justice system.***

3. **Current commissioning practice for people with learning disabilities is not delivering the high-quality community-based care envisioned by the Department in its model of care.** The old model was one of institutional care. However this is no longer what NHS England, working with the Care Quality Commission, will accept. Although there will still be the need for some inpatient provision, the Department and NHS England now consider the institutional model of care to be completely inappropriate. The new model will have a much greater focus on community services provision and building the capacity in the community to support people, as well as preventing the need for admission in the first place. NHS England needs a fundamental redesign of the way that services are commissioned to move away from institutional care. Local commissioners continue to place people with learning disabilities in mental health hospitals. Over a third of patients are in hospitals more than 50 kilometres from their homes and too many people stay in hospital for too long. A fifth of people in in-patient settings had been there for more than five years. NHS England knows that many patients and families want to be closer to home, cared for in the community and supported to live as normal a life as possible. Delaying discharge also has the effect of institutionalising people, making their reintegration to the community more difficult.

   Recommendation: ***NHS England should use its commissioning framework to require local commissioners to comply fully with the Department's stated aim to promote community based services rather than hospital admissions for people with learning disabilities.***

   Recommendation: ***The Department should set out the responsibilities on local health and social care commissioners to put in place commissioning strategies which ensure an adequate provision of the range of community services and housing required by people with learning disabilities and challenging behaviour.***

4. **The lack of pooled health and social care budgets exacerbates the inadequate levels of community services, resulting in unnecessary admissions of people with learning disabilities to mental health hospitals, and delays in their discharge back to their community.** Local commissioners have not yet developed health, social and

housing services of good enough quality to meet the needs of people with learning disabilities and challenging behaviour, if they are to be properly supported in the community. Without this capacity in the community there may often be no alternative to admission to a mental health hospital. In Salford, often cited as a beacon of good practice, a pooled budget supports integrated health and social care management, with a team committed to keeping people out of mental health hospitals by supporting them in the community. The Winterbourne View Concordat set out a strong presumption in favour of the use of pooled budgets to minimise health and social service overlaps and save money. However only 27% of local areas have voluntarily pooled budgets. This is why it is right that the NAO and Sir Stephen Bubb recommended that pooled budgets should be mandated. The Department could do so through the annual NHS Mandate, which would not be revised for implementation until April 2016. This would require greater joint planning and provision from local commissioners.

Recommendation: ***The Department should mandate the use of pooled budgets for people with learning disabilities and challenging behaviour from April 2016, to build improved community services through joint working by local health and social care commissioners.***

5. **Discharges are being delayed because funding does not follow the patient.** The NHS meets the cost of most people with learning disabilities in mental health hospitals. However the funding to meet a patient's cost of care does not follow them when they are discharged from hospital. Local commissioners face the cost of planning and commissioning bespoke community services each person will require when discharged. This financial disincentive results in delays to people's discharge from hospital, while complex negotiations take place between NHS England, clinical commissioning groups and local authorities, to develop a joint-funding arrangement for a person's community placement. Some local authorities' reluctance to accept and fund individuals in the community will be exacerbated by current financial constraints. Unlike previous moves to support care in the community, there is no 'dowry-type' payment that goes with the individual to support transfer to the community.

   Recommendation: ***The Department should identify how funding can follow the patient to meet the costs of new community services to keep people out of hospital. It should also set out the arrangements for its proposed 'dowry-type' payments to local commissioners from NHS England to meet the costs of supporting people discharged from hospital.***

6. **People with learning disabilities, and their families, have too little influence on decisions affecting their admission to mental health hospital, their treatment and care and their discharge.** We heard about the importance of strengthening the rights of people with learning disabilities and their families to challenge decisions made about their treatment and care. Unfortunately, it is still too difficult to challenge the decision by medical and mental health professionals to Section a

patient under the Mental Health Act, to challenge a decision to admit the patient to a mental health hospital which is a long way from their family, or to propose alternative treatment and care arrangements. The Department and NHS England both accepted the need for a more rights-based system. The Department said that, because of the inequity in power between institutions and families of people with a learning disability, the next step would be to enshrine rights in law, and that this would be covered in a Green Paper.

Recommendation: ***The Department should strengthen the legal rights of people with learning disabilities and their families, to enable them to challenge decisions on the location and nature of their treatment and to ensure that they receive advocacy support in doing so.***

1 The Winterbourne View Concordat commitments

1. On the basis of a report by the Comptroller and Auditor General, we took evidence from the Department of Health (the Department) and NHS England about care services for people with learning disabilities and challenging behaviour. We also took evidence from the Challenging Behaviour Foundation, the Association of Chief Executives of Voluntary Organisations, and the former head of campaigns and policy at Mencap.[1]

2. A learning disability is a reduced intellectual ability and difficulty with everyday activities, which affects someone for their whole life. A minority of people with learning disabilities show challenging behaviour. They can present a risk to themselves, and others such as their families and the public. Treatment programmes for people with learning disabilities are not a cure, but help the person to understand and manage their behaviour and relationships, improve their communication skills, increase their independence levels and reduce any risks they pose.[2]

3. In May 2011, a *BBC Panorama* television programme showed staff abusing inpatients with learning disabilities at Winterbourne View, a private mental health hospital. In June 2011, the hospital closed and its patients were transferred to alternative services. The police investigation resulted in 11 criminal convictions of staff at the hospital. In the Government's response, it gave as a central commitment that, by 1 June 2014, if anyone with a learning disability and challenging behaviour would be better off supported in the community, then they should be discharged back to their homes and community care. As a consequence, the Government expected to see a dramatic reduction in hospital placements and large mental health hospitals closed, so that a new generation of inpatients did not take the place of people then in hospital.[3]

4. The Department has lead responsibility for delivering the commitments the Government made following the Winterbourne View scandal. The Department sets the strategy to meet the Government's commitments and to enable changes and measure and monitor progress. In line with the Health and Social Care Act 2012, NHS England, mental health hospitals, and local health and social care commissioners determined how to meet the commitments. The NAO estimated that, in 2012–13, the NHS spent £557 million on services for inpatients in mental health hospitals with learning disabilities and challenging behaviour. In addition, in 2013–14, local authorities with adult social services responsibilities spent £5.3 billion on services for adults with learning disabilities.[4]

1 C&AG's Report, *Care services for people with learning disabilities and challenging behaviour* Session 2014–15, HC 1028, 4 February 2015

2 C&AG's Report, paras 1.1–1.2

3 C&AG's Report, paras 1.7, 1.9, 1.13

4 C&AG's Report, paras 4–5, 1.5

5. Despite the Government's expectation of a dramatic reduction in the number of people with learning disabilities in hospital, the number has not fallen but has been broadly stable over the last year (3,250 in September 2013 and 3,230 in September 2014). The Department told us that, in December 2012, when agreeing the Concordat, it underestimated the scale of the task involved in moving people with learning disabilities out of mental health hospitals, how difficult it would be for commissioners to adjust their decision making, and how long it would take to achieve its objectives.[5]

6. In March 2014, the Department realised that its governance structure for supporting local areas and local commissioners to improve services was not effective, and that it was not making progress, as local commissioners were still commissioning hospital services for people with learning disabilities, and the number of people in hospital was not falling as it had intended. Consequently, the Department developed a new accountability framework, which it intended would bring about the desired change to the commissioning of local rather than hospital services.[6]

The need to improve data

7. The Department told us that in 2011–12, its data on patient numbers had been "absolutely non-existent". It considered that it has since made significant progress on improving its data, while recognising that it is still not good enough, and that data remained one of the biggest issues on which it needed to improve. The Department explained that if it had waited until it had perfect data on people with learning disabilities, it would have lost at least another year in its efforts to transform their care.[7]

8. There are currently two different sets of data for the number of people with learning disabilities in mental health hospitals.[8] One is the annual census of mental health hospitals by the Health and Social Care Information Centre. The other is NHS England's quarterly survey of commissioners. The 2014 census reported that 3,230 people with learning disabilities were in mental health hospitals at 30 September 2014. The quarterly data reported that 2,600 hospital places for people with learning disabilities had been commissioned by the NHS in England in September 2014. The Department explained that it could not completely reconcile the two population figures. The Department told us that it was moving both methods of data collection to the Health and Social Care Information Centre and considered that doing so would provide it with greater clarity on the reasons for the discrepancies between the two figures.[9]

9. The Department and NHS England still, however, lack real-time data on the number of people with learning disabilities and challenging behaviour in mental health hospitals. In addition, it also lacks information on those who are receiving treatment services in

5 Qq 17–18, 26; C&AG's Report, para 2.9

6 Q 34

7 Qq 17–19, 24

8 Q 20

9 Qq 25–27

community settings, those who have contacts with the criminal justice system, or those transferred between or readmitted to hospital. The gaps in the Department's data on the people with learning disabilities are in sharp contrast to the quality of its data on other activities, where it is able to keep an accurate count of inpatient admissions and interventions, such as heart operations.[10]

2 Commissioning services for people with learning disabilities and challenging behaviour

10. NHS England and the Department told us that the current commissioning behaviour for people with learning disabilities and challenging behaviour is not delivering the model of care they wish to secure. The model of commissioning they were working to was one of institutional care. However this is no longer what NHS England will accept and on this basis, the Care Quality Commission will therefore not register new hospital provision. Although there will still be the need for some inpatient provision, the Department and NHS England now consider the institutional model of care to be completely inappropriate. In line with the commitments in the Concordat, the new commissioning approach will have a much greater focus on community provision and building the capacity in the community to support people, as well as preventing the need for admission in the first place. We also heard from a sector expert that investing in community provision could improve the care provided to people with learning disabilities and be more cost-effective.[11]

11. Further consequences of the continuing dependency on inpatient care, are that over a third of people with learning disabilities are cared for in mental health hospitals more than 50 kilometres from their homes, family and community support, and that people stay in hospital too long. A fifth of people in in-patient settings had been there for more than five years.[12]

Improving commissioning behaviour

12. We heard from NHS England that work has to be done within the next six months to build up local community services.[13] Without capacity in the local community, people with learning disabilities can be subject to inappropriate admissions and people can also stay in hospital too long, with the risk of becoming institutionalised. Mencap and the Challenging Behaviour Foundation told us that some admissions and readmissions to mental health hospitals were made when a crisis occurred in the condition or behaviour of a person with learning disabilities, and their family or carer asked for additional support. If there was a

10 Qq 19–21, 24, 30–32; C&AG's Report, paras 26, 1.3, 2.19–2.21

11 Qq 3, 8, 13, 22, 35, 84 and 86

12 Qq 7, 12, 47, 63, 66

13 Q 45

lack of experienced staff or facilities to manage the crisis, there was a risk that the patient would be admitted to hospital, even if this were not in their long-term interests. The Challenging Behaviour Foundation explained that taking a person with learning disabilities out of their home when they were suffering from a crisis, and admitting them to hospital, placed them in a strange environment, with staff whom they did not know, regimes with which they were not familiar, and alongside other patients who were suffering from a crisis of their own. As a consequence, their behaviour could rapidly deteriorate and result in a downward spiral from which it was difficult to recover.[14]

13. The levels of community services also resulted in people with learning disabilities experiencing delays in their discharge. The patient's responsible clinician might decide not to discharge due to concerns about the quality of local care packages, housing and support. David Congdon, former head of campaigns and policy at Mencap, accepted this was a reasonable caution, and argued that the challenge was to build up the level of community services to break this inertia. The limited availability of appropriate local housing was also identified as a key factor in delayed discharges. Providing appropriate accommodation involved joint-planning by land use planners, the local authority housing team, adult social care, and housing associations. The Department told us that some local authorities had been working with housing associations to plan accommodation needed for people with learning disabilities, but others had not. The Department highlighted that housing requirements could be expensive, due to the requirement for bespoke conversions, purchases or new builds. It said that it had made £7 million of capital available this year, specifically to enable people to be discharged into appropriate accommodation. The Department considered that this had helped about 180 people move into their own accommodation.[15]

14. As part of the response to missing the Government's key commitment, the Department had placed a requirement within the Mandate governing its relationship with NHS England, that NHS England should make progress on the Concordat's commitments. NHS England told us that it would meet with clinical commissioning groups, and its regional teams, to impress upon commissioners the need for joint action on restructuring services for people with learning disabilities away from long-stay mental health hospitals, and towards local community care. NHS England considered that this would help drive changes in their commissioning behaviour, away from using large mental health hospitals. It believed this would result in these hospitals becoming no longer viable in their current form. NHS England felt that it had the necessary powers to make the decisions about whether mental health hospitals would continue to be funded by local and specialised commissioners, based on its model of care.[16]

14 Qq 4, 12, 14; C&AG's Report Figure 4

15 Qq 8, 67–69

16 Qq 35, 41, 48, 50

A closure programme for mental health hospitals

15. At our evidence session, NHS England announced that there would now be a planned closure programme for NHS mental health hospitals and a change in commissioning practices for NHS inpatients within the independent sector. NHS England confirmed that the commitment to move people with learning disabilities out of mental health hospitals applied to the higher figure of all people in hospitals, where they would be better cared for the community, whether they were paid for by local authorities, or the NHS in England, Scotland or Wales or Northern Ireland. It emphasised that, therefore, links with the home countries were crucial in planning discharges from hospital. NHS England emphasised that a hospital closure programme needed to be carefully planned, following alternative investments, retraining for staff, and the development of more community-based facilities and transition plans.[17]

16. NHS England told us that they are not, therefore, only concerned about discharging patients, but have made it an absolute priority to prevent people from needing to be admitted in the first place.[18] NHS England recognised that mental health hospitals provided intensive levels of care, and dedicated staff, for people with particularly high risks and challenging behaviour and that the closure programme would require urgent capital investment and revenue expenditure to build up suitable locally based services within the next six months. NHS England said it would plan how to continue provision of services, including the necessary retraining for staff.[19]

17. NHS England told us that it would develop, through consultation, a planned transition programme to map out the process and changes for the hospitals affected, working with Monitor and the NHS Trust Development Authority to determine the necessary elements of the transition path for NHS hospitals. It expected to have developed the plan within six months.[20] For independent hospitals, NHS England planned to take a different approach, by ensuring that patients received care and treatment reviews at the point at which they were about to be, or risked being, admitted. This would aim to accelerate patients' progress to discharge, or prevent admission in the first place. NHS England considered that this would prevent any reduction in the number of NHS mental health beds being matched by a respective growth in the independent sector. NHS England also considered that the Care Quality Commission had a role to play in stemming any growth in independent hospital provision. NHS England pointed out that the Care Quality Commission had, for example, been asked to register an additional inpatient service by a independent sector provider. The Care Quality Commission specifically asked NHS England whether they would want to commission inpatient services from this hospital and as it did not want to do so, the service was not registered and did not open.[21]

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17 Qq 28–29, 35–36, 38, 44, 48–49, 70

18 Qq 22–23

19 Qq 38, 44–45

20 Qq 35–38, 44, 48–49, 83

21 Qq 38, 48, 50, 52

3 Improving care for people with learning disabilities and challenging behaviour

Improving the funding arrangements for local services

18. The Winterbourne View Concordat set out a strong presumption in favour of the local use of pooled budgets to minimise health and social service overlaps, reduce bureaucracy and improve productivity. This was to cover the additional costs of increasing local service capacity, as more people with learning disabilities and challenging behaviour were cared for in the community. However, only 27% of health and social care learning disability related budgets were pooled. The Department was disappointed that so few areas had done so. It confirmed that it would now look at mechanisms in the Care Act to use the Better Care Fund as a way to mandate pooled budgets and present its recommendations to the next Government at the earliest possible opportunity, and certainly by the Summer of 2015. The Department said that this would include working through whether a statutory mechanism was the right approach, whether it would achieve the intended objectives, or whether it would have unintended consequences.[22]

19. The Department considered that giving people with learning disabilities individual health and social care budgets would also strengthen its actions to improve community services. NHS England agreed that personal budgets for people with learning difficulties would make a difference, as their choices and those of their families, would be a driver to expand community based services. NHS England told us that there were about 6,000 people with learning disabilities who were in receipt of NHS-funded continuing health care and who, as of now, had a right to a personal health budget. Over 90,000 people with learning disabilities were already receiving personal budgets for social care from community providers. NHS England would also pilot, from April 2015, integrated personal commissioning, which would bring together health and social care budgets and which would also include people with learning disabilities. NHS England expected that, following evaluation of the pilots, the right to personal budgets for health and social care would be embedded in learning disabilities services from 2016–17.[23]

20. At June 2014, for around half of people with learning disabilities commissioned by the NHS in mental health hospitals, their local authority did not know that they might transfer to their area on discharge from hospital. Despite this, the Department's considered that, for patients other than those who had been in mental health hospitals for a long time, the responsibility for meeting the costs of community services for people with learning disabilities remained with local authorities on their discharge. It believed that it should not be a local authority's expectation that when a person was admitted to a mental health

22 Qq 60–62, 71–81

23 Qq 18, 38–40, 82

hospital, the person was 'somehow off their books', or that it no longer had a responsibility for them. The Department assumed that the local authority would probably have previously met the costs of the patient's community care before their admission to hospital.[24]

21. We were concerned about the Department's assumption that local authorities would simply take on responsibility for additional very expensive community care for those of whom they had no knowledge, and for whom the local authorities received no compensatory funding. We considered that passing funding responsibility to local government could result in a further failure to discharge people with learning disabilities from mental health hospitals.[25]

22. NHS England did, however, recognise that for people with learning disabilities who had been in mental health hospitals for a very long time, it would need to provide a 'dowry' or 'funding endowment', which moved with the patient on their discharge, to enable the clinical commissioning group and local authority to commission appropriate and sustainable community based care. NHS England considered this could be needed for around 20% of people in mental health hospitals–those who had been inpatients for more than five years. It felt that for patients who had been in mental health hospitals for six months or fewer, the costs of their community based care following discharge from hospital, would be borne directly by the clinical commissioning group and local authority to which the patient was discharged.[26]

Improved rights for people with learning disabilities and their families

23. Our preliminary panel witnesses told us that people with learning disabilities, and their families, had too little influence on decisions affecting the patient's admission to hospital, their treatment and care, and their discharge. They considered that measures to transform care services for people with learning disabilities should begin with a patients' rights based approach. We heard that families of people with learning disabilities had been horrified at being told that their relative was being sent to a mental health hospital, which could be a great distance away. Families might have very little ability to secure their relative's discharge from hospital, especially if the patient has been Sectioned under the Mental Health Act, and the patient might then remain in hospital for several years. This is despite the right under the Mental Health Act, to appeal a Section, and the right to receive help from an independent mental health advocate.[27]

24. We also heard that that the process of Sectioning a person under the Mental Health Act could occur during a crisis situation for the person and their family and carers. The process could be stressful, distressing and confusing. Witnesses told us that the Act was being used to Section people with learning disabilities when a community place for them, such as

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24 Qq 45, 47, 63; C&AG's Report, Figure 4

25 Q 47

26 Qq 63–65

27 Qq 5, 7–8, 10–11; Detention under the Mental Health Act, Factsheet, 'Rethink Mental Illness', NHS England, February 2014

residential care or supported living, had failed. Sectioning was then used as an easier route to admit them to mental health hospitals. However, once a person was admitted under a Section of the Mental Health Act, we again heard that they could stay as an inpatient for a very long time. We heard that a review of how the Mental Health Act was being used in practice, for Sectioning people with learning disabilities, would be a necessary part of examining and strengthening patients', and their families', rights to challenge decisions on their treatment and care.[28]

25. Families clearly need better support in finding out about their rights and how to exercise them, particularly when they were facing a stressful situation, including if their relative is being inappropriately admitted to hospital.[29] Sir Stephen Bubb proposed that providers of community based care services for people with learning disabilities should also have the right to propose alternatives to a patient's admission to a mental health hospital. He considered that this would then help a patient's family offer their preferred alternative to their relative's admission to hospital, and to drive changes in how treatment for people with learning disabilities was provided.[30]

26. The Department and NHS England agreed that a more rights-based system was needed. They told us that the next step in transforming the care of people with learning disabilities was to enshrine their rights in law. The Department considered that there was also an inequity in power between mental health hospitals and the families of people with a learning disability, and that this had to be rebalanced. The Department and NHS England recognised that people with learning disabilities wanted a right to work, a right to education, a right to make their own decisions, and a right to have somewhere that they could call their own home. The Department believed that further progress in transforming care would be made only when it combined the range of managerial actions, with giving people with learning disabilities more rights to challenge decisions on their treatment and care. It intended to address this within a Green Paper.[31]

28 Qq 4, 7–8, 12

29 Q 8

30 Q 10

31 Qq 17, 38, 46, 66

Formal Minutes

Monday 23 March 2015

Members present:

Mrs Margaret Hodge, in the Chair

Mr Richard Bacon	Stewart Jackson
Mr David Burrowes	Dame Anne McGuire
Stephen Hammond	Austin Mitchell
Chris Heaton Harris	Nick Smith
Meg Hillier	

Draft Report (*Care services for people with learning disabilities and challenging behaviour*), proposed by the Chair, brought up and read.

Ordered, That the draft Report be read a second time, paragraph by paragraph.

Paragraphs 1 to 26 read and agreed to.

Conclusions and recommendations agreed to.

Summary agreed to.

Resolved, That the Report be the Fifty-first Report of the Committee to the House.

Ordered, That the Chair make the Report to the House.

Ordered, That embargoed copies of the Report be made available, in accordance with the provisions of Standing Order No. 134.

[Adjourned.

Witnesses

The following witnesses gave evidence. Transcripts can be viewed on the Committee's inquiry page at www.parliament.uk/pac.

Monday 9 February 2015

Question number

Sir Stephen Bubb, Chief Executive, ACEVO; **David Congdon**, Advisor to Challenging Behaviour Foundation and former Head of Campaigns and Policy, Mencap; **Vivien Cooper**, Chief Executive, Challenging Behaviour Foundation — Q1–16

Una O'Brien, Permanent Secretary, Department of Health; **Jon Rouse**, Director General, Social Care, Local Government and Care Partnerships, Department of Health; **Simon Stevens**, Chief Executive, NHS England; and **Jane Cummings**, Chief Nursing Officer, NHS England — Q17–86

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The reference number of the Government's response to each Report is printed in brackets after the HC printing number.

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