



Making Social Care
Better for People

INSPECTION OF SERVICES FOR PEOPLE WITH LEARNING DISABILITIES

Herefordshire Council

January/February 2007

COMMISSION FOR SOCIAL CARE INSPECTION

Launched in April 2004, the Commission for Social Care Inspection (CSCI) is the single inspectorate for social care in England.

The role of CSCI is to:

- Promote improvement in social care
- Inspect all social care for adults in the public, private and voluntary sectors
- Publish annual reports to Parliament on the performance of social care and on the state of the social care market
- Inspect and assess 'Value for Money' of council social services
- Hold performance statistics on social care
- Publish the 'star ratings' for council social services
- Register and inspect services against national standards

INSPECTION OF SERVICES FOR PEOPLE WITH LEARNING DISABILITIES

Herefordshire Council

January/February 2007

Commission for Social Care Inspection

South West Regional Office
4th floor, Colston 33
33 Colston Avenue
Bristol
BS1 4UA

Telephone number:
0117 930 7110

Service Inspection Team

Lead Inspector: Silu Pascoe
Team Inspector: Sue Talbot

Expert by Experience:
Jeff Osborne supported by
Gemma Brown, from Bristol and
South Glos. People First

Project Assistants: Christine Page
and Vanessa Honeyghan

Project Title: Inspection of Services for People with Learning Disabilities
Work Year: April 2006 to March 2007
Inspection Programme: Further information about inspections of similar services in other councils is available from: <http://www.csci.org.uk>
National Lead Inspector: Silu Pascoe
© Commission for Social Care Inspection
This material may be reproduced without formal permission or charge for personal or in-house use.
First Published: 11 June, 2007
Enquiries about this report should be addressed to: Silu Pascoe, Local Lead Inspector
Further copies: This report and an easy-read summary of the report are available from our CSCI website: <http://www.csci.org.uk>

Acknowledgements

The Inspectors would like to thank all the staff, service users, carers and everyone else who participated in the inspection.

CONTENTS

| Section | Page |
|--|-------------|
| Introduction and Summary | 6 |
| Judgement Matrix | 12 |
| Recommendations | 13 |
| Inspection Findings: | |
| - National Priorities and Strategic Objectives | 16 |
| - Cost and Efficiency | 21 |
| - Effectiveness of Service Delivery and Outcomes for Service Users | 26 |
| - Quality of Services for Users and Carers | 35 |
| - Fair Access | 40 |
| - Capacity for Improvement | 47 |
| Appendices | |
| A. Standards and Criteria | 56 |
| B. Inspection Background and Method | 60 |
| C. Results of Carers' Questionnaires | 61 |

INTRODUCTION AND SUMMARY

Background

The purpose of the inspection was to evaluate social services' implementation of the national and local objectives relating to the social care needs of people with learning disabilities, and the quality of outcomes for service users and carers. The inspection team was particularly concerned to see how the council was responding to the *Valuing People* policy agenda. The fieldwork for this inspection took place between 22nd January and 2nd February 2007.

Herefordshire is a county with a population of approximately 177,800 and has one of the lowest population densities in England. Approximately one third of the population lives in Hereford City, just under a fifth in its five market towns, and the remainder in villages and hamlets dispersed across the rural areas. There was increasing diversity in the population with the largest single minority being Romany Travellers.

There were 531 adults with learning disabilities known to the council. In 2006, council research found that the national prevalence rate suggested that the council could expect there to be a further 91 adults with learning disabilities resident in the county who were currently not in contact with services.

SUMMARY

Overall we judged that people were not being served well.

There had been insufficient focus on services for people with learning disabilities in Herefordshire until the year before this inspection. We found that the majority of service users had not had their needs reviewed for some time and as a consequence the council could not be assured that these service users' needs were being appropriately met.

The council had been slow to fully implement the *Valuing People Strategy* at a local level and some key national requirements had not yet been shaped into effective strategies or programmes to support service delivery.

However, the council identified in early 2006, the need to develop a clear strategic direction for learning disability services. The subsequent production of the Learning Disability Needs Analysis Report and the council's Scrutiny Committee Review of learning disability services were key levers in raising the profile of this service user group. In December 2006, the council Executive agreed a programme of strategic change and additional investment for the service.

There was no coherent overarching strategy document for learning disability services but strategic priorities were set out in the Joint Commissioning Plan developed within the past year. The council was now engaged in a major change agenda to modernise services for people with learning disabilities.

Although there was an integrated model of service, there was a lack of local performance targets which demonstrated improved outcomes for service users and carers. There were no separate annual service or team plans for learning disability services and the Adult Social Care Plan for 2006/07 lacked much detail about this service area.

There had been inadequate work across all departments of the council to increase the social inclusion of people with learning disabilities. Service users and carers were not fully involved in strategic service planning, development and evaluation except on a very limited basis.

The Valuing People Partnership Board was not operating as an effective decision-making body and strategic driver of service improvement. Partnership working between the council and Primary Care Trust [PCT] and with the voluntary sector was well established but effective strategic relationships with the independent sector were under-developed.

Some building blocks to support improved commissioning had been put in place but not all the key elements of effective commissioning were yet developed. Commissioning and contracting capacity was limited and there was a need to clarify roles and responsibilities in relation to the cycle of planning, commissioning and procurement of learning disability services.

The council and its partners were only just starting to move away from a traditional pattern of service provision. Financial investment was heavily weighted towards funding residential care and day centre placements and consequently the current pattern of expenditure did not reflect either national priorities or more recent local strategic intentions.

Some work had been completed to both understand and improve Value For Money regarding learning disability services. However, insufficient attention had been given to maximising external funding streams for this service area.

Insufficient opportunities were available to promote the independence of people with learning disabilities. The range of services lacked both breadth and depth and much more work was required to enable people to have choice and availability of services, especially for those with profound and multiple learning disabilities and people whose behaviour challenged services. There was also an under-development of service provision to meet the needs of those people with learning disabilities in transition, both into adulthood and into old age.

There was evidence of some effective service delivery in relation to housing with support, and increasing the range of housing options was one of the key strategic objectives. Modernisation of day services had been slow but there were some new day and work opportunities established within the past year. Employment and work-based training opportunities were significantly underdeveloped. The council had not taken proactive steps to lead this work and had a poor track record of employing people with learning disabilities.

The council was committed to developing self-directed support and the number of Direct Payments had increased but from a low base and the building blocks had been put in place for the *In Control* Project.

The council did not provide a sufficient range of services to support carers in their caring role.

There was much work to do to improve organisational capacity, at both strategic and operational levels, to effectively address the needs of people with learning disabilities who were at risk of harm.

Implementation of person-centred planning had been uncoordinated and the development of person-centred plans was extremely slow. People with learning disabilities were not receiving a timely and responsive Assessment and Care Management Service. In particular, there was an unacceptably large backlog of reviews to be completed. There were few individually-tailored packages of care focused on outcomes for service users.

The council and its partners had recognised the need to improve the transitions process for young people with learning disabilities and this work was starting to be addressed at both strategic and operational levels.

Access to and the range of user-friendly information about services for people with learning disabilities were inadequate. Information for both existing and potential service users and carers about how people with learning disabilities qualify for what types of services was not clear.

There was neither a set of quality standards nor a systematic quality assurance framework for learning disability services. The outdated Information Communications Technology system for adult social care services was hindering efforts to improve data quality and management information.

The council was working to address equality and diversity issues but this was not well embedded in learning disability services. Equality impact assessments were underdeveloped and there were no specific equality and diversity targets integrated into the Adult Social Plan 2006/07.

The council and its PCT partner were making inadequate progress in addressing the healthcare needs of people with learning disabilities and tackling health inequalities although both organisations were working to improve access to primary care services.

The council and its partners had appropriately used the Learning Disability Development fund to invest in independent advocacy services. There was evidence of the effective use of skilled advocacy and facilitation on a group basis but access to individual advocacy was severely limited.

Overall we judged that capacity for improvement was uncertain

Until very recently there had been a lack of leadership in the council for learning disability services and overall there was little evidence of a track record of implementing and sustaining improved performance. In late 2006, the council had taken major decisions about the vision and strategic direction for this service area and subsequently additional capacity and resources had been committed to modernising the service.

Communication about the council's vision and strategic intentions was now underway with key stakeholders. There was a need to ensure that the main stakeholders who would be affected by the huge change agenda were fully involved at an early stage and kept engaged throughout in order to achieve positive outcomes for people with learning disabilities and their carers.

There were significant plans to modernise the service but it was too early to judge their effectiveness in terms of outcomes for people with learning disabilities and carers. The Joint Commissioning Plan for learning disability services was not yet supported by detailed plans for action for all three of the identified strategic objectives. Business planning needed further development to ensure that all relevant plans were consistently specific, measurable, achievable, realistic and time-limited and had identified resources where required.

There was considerable business change for the council. The current Adult Social Care Improvement Plan was focused on improving performance management, workforce development and planning, market management, fair access to care and charging policy. Four Implementation Action Plans had yet to be finalised at the time of the inspection. All of the five work-streams were of direct relevance to improving learning disability services and further progress in this specific service area depended on the effective implementation of the Improvement Plan. The council required an effective exit strategy to secure sustained service improvements once the external support currently in place was withdrawn.

Learning disability services lacked an integrated performance management and quality assurance framework and this was a key area for improvement to enable the council to achieve its strategic objectives.

Workforce planning and workforce development needed to be more strategic to support the modernisation of learning disability services. The council was taking steps to improve access, assessment and care management but the Community Learning Disability Team had not yet had opportunities to formally shape the planning and priorities of this work.

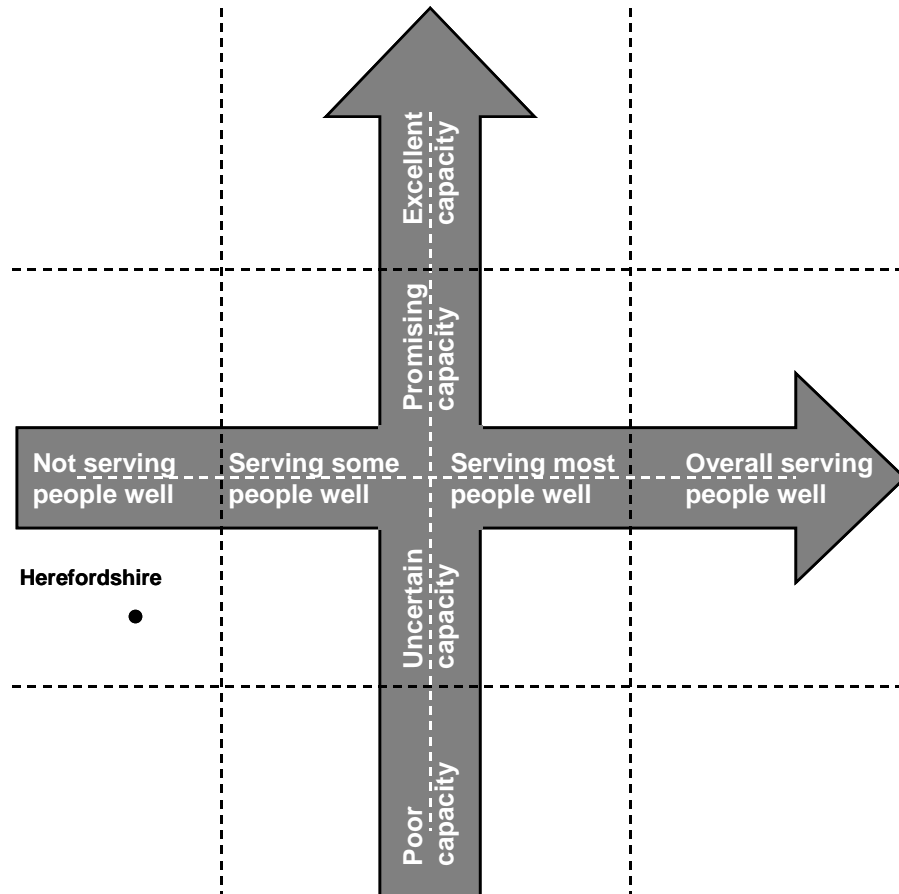
Strategic partnership working was not robust enough to ensure an appropriate supply of local service providers who could both manage and deliver the services required by the council in line with its newly agreed strategic objectives for the service. In particular, there was a need to develop and deliver preventative and universal services to promote the social inclusion of people with learning disabilities.

Many necessary improvements were still at the 'intent' stage and there was very considerable work to undertake before the new vision and strategic objectives for the service could have real impact on the lives of people with learning disabilities and carers. The council faced the additional challenge of a bigger strategic change as it progressed plans to create full integration of council and PCT functions in the form of a Public Service Trust. This change would have implications for the current partnership agreement between the council and PCT for learning disabilities services.

The huge programme of change and improvement was within a context of mounting budgetary pressures and the need to make efficiency savings. The capacity of management and staff to continue to arrange and deliver services, while implementing the improvement priorities and respond to the modernisation agenda needed to be closely risk managed.

These judgements are summarised on the matrix overleaf.

JUDGEMENT MATRIX



RECOMMENDATIONS

National Priorities and Strategic Objectives

1. The council and its partners should ensure that the Valuing People Partnership Board and its sub-groups operate more effectively and inclusively to support the delivery of key outcomes for service users and carers.
2. The council should ensure that service users and carers are fully involved in strategic service planning, development and evaluation to promote their active involvement in the modernisation agenda.

Cost and Efficiency

3. The council with its PCT partner should continue to improve the economy, efficiency and effectiveness of learning disability services.
4. The council should ensure that commissioning and contracting processes are used to improve the quality of services commissioned.
5. The council with its partners should develop a strategy to access resources from outside the adult social care budget.

Effectiveness of Service Delivery and Outcomes for Service Users

6. The council should ensure that people with learning disabilities maximise their independence and choice through a broader range of services.
7. The council should routinely seek feedback from people with learning disabilities and their carers about the quality of services and act on this information.
8. The council should continue to promote self-directed support by increasing the take-up of Direct Payments and individualised budgets.

9. The council should work with carers to develop a better range of and access to services to support them in their caring role.
10. The council, with its partner agencies, should ensure that adult protection arrangements are more effectively managed at both strategic and operational levels.

Quality of Services for Users and Carers

11. The council should address the huge backlog of annual reviews to ensure that service users have their needs appropriately met.
12. The council should strengthen the Assessment and Care Management Service with regard to improving management oversight, processes, practice and recording.
13. The council should ensure a co-ordinated strategic approach to support the development and delivery of person-centred plans to people with learning disabilities.
14. The council should ensure that young people with learning disabilities reliably and consistently experience a seamless transition between Children's and Adult Services and that all relevant agencies are fully engaged in the process.
15. The council should develop a comprehensive quality assurance strategy to underpin all aspects of learning disability services.
16. The council should ensure that comprehensive, accessible information is available to people with learning disabilities about the nature, range, and types of services provided and how to access them.

Fair Access

17. The council should ensure that the Fair Access to Care Services eligibility criteria are clear to people with learning disabilities and their carers.

18. The council should ensure that equality and diversity issues are embedded at both strategic and individual levels in learning disability services.
19. The council should develop a programme of equality impact assessments for learning disability services and implement the changes necessary to address any adverse impact identified.
20. The council with its PCT partner should tackle the health inequalities experienced by people with learning disabilities and ensure that their health care needs are met.
21. The council should ensure that independent advocacy services are accessible on an individual basis.

Capacity for Improvement

22. The council should ensure the management capacity to implement, in a timely manner, the actions required in the five work-streams of the Improvement Plan for Adult Social Care Services in order to improve service delivery.
23. The council with its PCT partner should implement robust business planning arrangements for learning disability services.
24. The council should ensure that all its departments are responsive to the needs of people with learning disabilities and promote their social inclusion.
25. The council should lead by example by actively promoting the recruitment and retention of people with learning disabilities in both its own workforce and in the wider community.
26. The council with the PCT should ensure that it has a workforce that is of sufficient size, skill mix, and competency in learning disability services.
27. The council should update the manual of policies and procedures including the development of written protocols covering interfaces with Children's Services and within Adult Social Care Services.

STANDARD 1: NATIONAL PRIORITIES AND STRATEGIC OBJECTIVES

Strategy for Responding to National Priorities

- 1.1 The council and its partners had developed a new *Herefordshire Community Strategy 2006-2020* which was in line with the key national priorities of supporting people to live independently and having better access to local community services. The Strategy had four priorities for better outcomes, which were of direct relevance to promoting the social inclusion of people with learning disabilities, in particular the priority regarding “ *improving public health, quality of life and promoting independence and well being for disadvantaged groups and older people*”. The council’s Corporate Plan included a specific performance indicator related to increasing the number of people with learning disabilities helped to live at home.
- 1.2 The council and its partners had not yet fully implemented the requirements of the *Valuing People Strategy* guidance. The Valuing People Partnership Board [VPPB] was supported by the council but it was not operating as an effective decision-making body and strategic driver of service improvement. The modernisation of learning disability services had only recently begun having become a council priority within the past 12 to 18 months.
- 1.3 There was no coherent overall strategy document for responding to national priorities regarding learning disability services. A number of strategic statements were contained in the Joint Commissioning Plan produced in November 2006. Three local strategic priorities had been identified as Accommodation and Support, Day Opportunities and Assessment and Care Management. However, these priority areas had yet to be all shaped into SMART project plans.
- 1.4 There was no carers’ strategy and the recently developed Joint Commissioning Plan for Carers was not

supported by an effective action plan nor resourced. The council did not have a Carers' Lead with responsibilities for taking forward the implementation of the Carers (Equal Opportunities) Act 2004.

- 1.5 People with learning disabilities were one of the priority groups for using the national Preventative Technology Grant [Telecare] as part of the development of Integrated Community Equipment Services [ICES]. Approximately 12 per cent of people with learning disabilities known to the council currently have equipment on loan from ICES.

Local Strategic Objectives, Priorities and Targets

- 1.6 Until the past year, the council and its partners had developed few local strategic objectives and targets for learning disability services. The VPPB had set its own annual local objectives but it was not clear how these systematically linked to the strategic objectives of the Learning Disability Programme Board.
- 1.7 There was not a strong enduring infrastructure of sub-groups to support the Partnership Board work programme and not all of its targets had been met. The sub-groups had only recently been fully constituted to take forward action plans. The performance management role of the VPPB was weak.
- 1.8 The Adult and Community Services Directorate [A&CS] had an Adult Social Care Plan for 2006/07 and a few targets for learning disability services were included in this service plan. The priorities set out in the Adult Social Care Plan were expected to inform the development of an individual action plan for the five service areas. There was no individual service plan or team plan for learning disability services.
- 1.9 The A&CS Directorate faced significant challenges in relation to the quality of existing data. Confidence in the performance data being produced had been relatively low which impacted on the council's ability to set realistic and meaningful targets.

Continuous Improvement

- 1.10 The council's Scrutiny Committee had completed a review of learning disability services during 2006. This review together with a Needs Analysis Report had helped inform the future strategic direction of the service.
- 1.11 There was a lack of an integrated performance management and quality assurance system in place for the service and management information systems needed improving in order for the council to be able to effectively demonstrate continuous improvement.
- 1.12 A Travel Strategic Review had recently been completed but its impact on people with learning disabilities was not yet evident. As transport plays a vital part in supporting social inclusion, it is important that the needs of people with learning disabilities are considered in any action plan being developed as a result of this review.

Involvement of Service Users and Carers

- 1.13 The council had not fully involved service users and carers in strategic planning, development and evaluation of learning disability services. Service user and carer representation on the VPPB was small although until very recently, a service user had been co-chair. Some members felt that their voices were not heard and despite some efforts, Partnership Board business processes were viewed as complex and not very user-sensitive.
- 1.14 There was no involvement of people from black and minority ethnic groups nor people with profound and multiple learning disabilities at strategic levels of decision-making.
- 1.15 The council's engagement with service users tended to be on the basis of information giving and consultation rather than involving them at an early stage to actively inform proposals affecting their lives. Within the past

year there had been a number of consultation events to inform the modernisation programmes relating to housing and support and day opportunities. Their potential to influence service developments, however, had not yet been maximised.

- 1.16 Carer involvement at a strategic level was not well developed. There were two carers on the VPPB but not all the sub-groups had carer representation.
- 1.17 The People's Union, a countywide self-advocacy group, was working effectively to connect with and promote the views of service users through its network of locality- based groups.

Joint Working Arrangements

- 1.18 There was close partnership working between Adult Social Care and the Primary Care Trust [PCT] expressed in the form of an integrated service model for learning disability services through a Health Act Flexibilities Section 31 agreement set up in 2002. The council had a lead commissioning role, and there was joint provision and a pooled budget. There were also well established joint working relationships at an operational level in the integrated Community Learning Disability Team [CLDT].
- 1.19 Partnership working with the voluntary sector was well developed through the Alliance of third sector providers. Effective partnership relationships with the Independent sector were, however, underdeveloped and this limited their contribution to the strategic agenda for learning disability services. The council was addressing this through its Market Management Improvement work-stream which was part of the Improvement Plan for Adult Social Care. The council needed to ensure that both current and potential service providers became fully engaged in strategic planning at an early stage in order to develop appropriate local services as part of its modernisation programme.

- 1.20 There had not been either awareness or high engagement across all departments of the council in the *Valuing People* agenda. There were individual examples of positive corporate partnership working such as Strategic Housing and more recently the Corporate Diversity Team. The manager of the Herefordshire Partnership had also recently taken over the role of VPPB chairperson in order to enhance strategic links with the council's wider corporate agenda. It was evident that more of the council's departments needed to know about people with learning disabilities so that all corporate plans took account of their needs.
- 1.21 Planning and strategic links between Children's Services and A&CS had not been robust. This had resulted in inadequate strategic transitions planning and a lack of a strategic framework for supporting parents with learning disabilities in their parenting role. There was no representation from Children's Services on the VPPB and no transitions sub-group. The implementation of recommendations from the Joint Area Review, however, had led to the establishment of a strategic Transitions Steering group comprised of senior staff of both Directorates during 2006.

RECOMMENDATIONS

1. The council and its partners should ensure that the Valuing People Partnership Board and its sub-groups operate effectively and inclusively to support the delivery of key outcomes for service users and carers.
2. The council should ensure that service users and carers are fully involved in strategic service planning, development and evaluation to promote their active involvement in the modernisation agenda.

STANDARD 2: COST AND EFFICIENCY

Costs for Services

- 2.1 Significant finances were tied up in a legacy of traditional residential and day services where lack of quality assurance processes meant that Value For Money [VFM] had not been systematically ensured.
- 2.2 Work had been completed in 2006 to examine and analyse costs of existing accommodation and support services. A tendering exercise was currently underway for a number of residential services to be managed and developed by an independent organisation. The intention of the tendering exercise was to secure services that are both VFM and produce improved outcomes for service users.
- 2.3 The council had started to manage and develop the market on a sub-regional basis for particular specialist services to ensure more consistency in cost and quality.

Expenditure on National Priorities

- 2.4 The current pattern of expenditure did not reflect national priorities or more recent local strategic intentions. The Needs Analysis Report had identified that Herefordshire placed higher numbers of people with learning disabilities in residential care, and supported fewer people to live in their own homes with limited support for family carers than high performing comparator authorities.
- 2.5 The council was committed to implementing individualised budgets and had become one of the national pilots for *In Control* in 2006. Over the last year there had also been a small increase in the uptake of Direct Payments but from a low base.

- 2.6 The Medium Term Financial Strategy was being reviewed to take account of the projected funding requirements for the modernisation programme.

Improved Efficiency

- 2.7 Some work had been completed in terms of gaining an understanding and improving VFM with regard to learning disability services. The Needs Analysis recommendations emphasised the need for VFM by changing the model of service. The recent review of the Care Management process for adult services was designed to inform the *Herefordshire Connects* process with the intention of driving out inefficiencies. However, the CLDT had not yet had opportunities to formally shape the planning and priorities of this work. It is critical that the council addresses this issue given the high number of cases which were not care managed in learning disability services.
- 2.8 There was no set of quality standards for this service and no quality assurance systems in place for monitoring all learning disability services to ensure VFM. At the time of inspection, we were informed that a quality assurance officer had been recently appointed to co-ordinate the development of such systems for adult social care services.
- 2.9 The Information and Communications Technology systems [ICT] were recognised as needing modernisation. The outdated ICT system for adult social care was hindering efforts to improve data quality and management information. The electronic social care record was a stated priority for early implementation and new systems were currently being procured with the intention of being in place in 2008.

Joint Financial Arrangements

- 2.10 There was a pooled budget in operation for learning disability services between the council and PCT although this budget was under great pressure. The risk sharing agreement was rescinded in September

2006 and further work was required to adopt a joint approach to reduce the ongoing risk of overspend. The interpretation and application of the Continuing Healthcare Criteria to people with learning disabilities had not been fully agreed between the council and the PCT.

- 2.11 The Learning Disability Development Fund revenue [LDDF] was managed by the council and PCT and allocations against the government's priorities were guided by the Valuing People Partnership Board [VPPB]. Concerns were expressed by some members of the VPPB that although the LDDF was fully allocated to the pooled budget it had been reduced in real terms in 2006/07 and not fully allocated to government priorities.
- 2.12 Insufficient attention had been given to maximising external funding streams for learning disability services. The council had no strategy for systematically accessing resources from outside the adult social care budget. More recently the Cabinet had confirmed funding for a dedicated time-limited post for Adult Social Care in order to generate additional income for capital and non-recurrent developments for both older people and adults with learning disabilities.

Budget Management

- 2.13 The council had worked to build managers' understanding and competence in managing budgets through the introduction of monthly budget clinics and the development of financial management training courses.
- 2.14 Mechanisms were in place to both manage and monitor the budget. A Learning Disability Funding Panel had been established in February 2006, with support from finance, to ensure resource allocation was more aligned to service priorities and tighter control was exercised on expenditure and commissioning activity.
- 2.15 There had been additional resources invested in learning disability services during 2006-07 but the

increased investment had largely secured existing commitments in response to increasing costs and demands.

- 2.16 The council had recognised that it did not maximise income sufficiently in relation to people with learning disabilities. The Improvement Work-stream on Fairer Charging planned to produce a new charging policy in 2007/08 to include increasing income from service users, in line with comparable authorities.

Commissioning

- 2.17 Market management was underdeveloped in learning disability services. Some independent sector providers reported that they did not have a sufficiently clear view of the council's commissioning intentions which limited them from being able to plan ahead in response to potential and changing needs of people with learning disabilities funded by Herefordshire council. The Market Management Implementation Plan sought to develop more active partnership working with independent sector providers.
- 2.18 A service level agreement between the council, PCT and the Alliance had been agreed on a COMPACT Code of Good Practice on funding and procurement. This agreement was to be implemented from April 2007 with the aim of increasing the range and quality of third sector provision in the county as there had been a limited choice of such providers in learning disability services in the past.
- 2.19 Contract monitoring was not strong and there was an over reliance on care management to oversee the effectiveness and quality of placements. Poor performance on completing annual reviews meant that VFM of many residential placements could not be secured.
- 2.20 The Corporate Asset Management Plan 2005 in terms of helping to deliver social care improvement priorities provided no direction to the modernisation programme for learning disability services.

RECOMMENDATIONS

1. The council with its PCT partner should continue to improve the economy, efficiency and effectiveness of learning disability services.
2. The council should ensure that commissioning and contracting processes are used to improve the quality of services commissioned.
3. The council with its partners should develop a strategy to access resources from outside the adult social care budget.

STANDARD 3: EFFECTIVENESS OF SERVICE DELIVERY AND OUTCOMES FOR SERVICE USERS

Promoting Independence

- 3.1 Insufficient opportunities were available to promote the independence of service users in the current pattern of service provision. There was also a legacy of weaknesses and gaps in the Assessment and Care Management Service which had resulted in a limited and reactive response to people in need.
- 3.2 The Person-Centred Planning Service was developing but had not yet had a real impact on people's lives. The development of Person-Centred Plans was a key objective of *Valuing People* but in Herefordshire the priority groups who should have benefited from person-centred planning had not done so.
- 3.3 The inspection team saw a number of people who had the potential to become more independent. This potential was being limited partly by a matter of resources but also related to some services needing to become more service user-centred and flexible. A person-centred approach was evident through the case-tracking and file reading with regard to a few services users but in most of the cases, however, the response was more service-led than needs-led and reactive in approach.
- 3.4 Employment and work-based training opportunities were significantly under-developed. The council had not taken proactive steps to lead this work and they themselves did not have a good track record of employing people with learning disabilities. Few people with learning disabilities were in paid employment in Herefordshire. Building blocks were being put in place to provide additional opportunities for both voluntary and paid work.

- 3.5 There had been a number of changes in college courses in consultation with partner organisations to ensure better targeting of Further Education capacity. There were further educational opportunities available but on a limited scale for people with complex needs. Increased strategic links between day services and colleges to agree expectations for the future would ensure service users have a more seamless transfer between services.
- 3.6 There was scope for promoting greater social inclusion of service users in their local communities. Formal links between the council and a major leisure provider had only just begun in relation to increasing the participation of people with learning disabilities in leisure and sports activities.
- 3.7 There were few placements made outside the council area and 14 people with learning disabilities currently lived outside Herefordshire in order to receive an appropriate service to meet their needs. All had been reviewed during 2006.
- 3.8 The council was committed to implementing more self-directed approaches to promote people's independence and choice. At the time of the inspection, 13 people with learning disabilities were in receipt of Direct Payments, many of whom were supported by a Direct Payments Support Service. Only one carer of a person with learning disabilities was in receipt of a Direct Payment.
- 3.9 The Direct Payments policy, guidance and leaflet were all being updated. People with learning disabilities had not been involved in the Direct Payments Scheme design, implementation and ongoing practice but there were plans to seek service user representation on the Direct Payments Reference Group.
- 3.10 The take-up of Direct Payments by parents/carers of disabled children had been actively encouraged by the Children with Disabilities Team. This would have financial implications for the A&CS Directorate when those young people made the transition into adult

services but this forecast was not reflected in the Joint Commissioning Plan.

- 3.11 The council was part of the national *In Control Project* and within the past year had laid the foundations for establishing the pilot project. Five people had secured some form of individualised budget and one person had a fully working individual budget. An independent brokerage service was being piloted alongside the *In Control Project*. Finance had also been secured to employ a worker to promote the use of the Independent Living Fund.
- 3.12 There was evidence of the effective use of skilled advocacy and facilitation on a group basis. The People's Union, Herefordshire People's Advocacy Network and ECHO were leading some important developments to maximise the range of opportunities for people with learning disabilities.
- 3.13 Support to people with learning disabilities with their parenting role was limited and lacked a strategic framework. There was neither a protocol nor an infrastructure for joint working between the two Directorates. At operational level, however, there was joint work on an individual case basis.

Range of Services

- 3.14 The range of services was not sufficiently broad and varied so there was limited choice and flexibility for service users and their carers. There was an acknowledged over reliance on residential care placements both on a long term and short-term basis. The modernisation of day services was an identified strategic priority with substantial LDDF funding allocated to progress the work. Some day services were making progress in developing more responsive and community-based services. The Pavilion Café was a good example of the development of a local social enterprise which provided both employment and work-based training.

- 3.15 A short-term breaks service was provided, much of which was a traditional building based model. Just under half of all service users living with family carers received some type of short-term break service. Capacity problems on occasions had led to people in crisis being admitted to short-term residential provision and staying longer than planned due to lack of alternative services. These situations had resulted in reduced opportunities and increased pressure on other service users and their family carers who were unable to access their planned stays.
- 3.16 The council's own provision was undergoing change with one building due to close when alternative provision was found and the other two residential respite services subject to externalisation to an independent organisation.
- 3.17 The Adult Placement Scheme [APS] was person-centred and well valued by both service users and carers. There were waiting lists in terms of both matching people to Adult Placement Carers and for completing the assessment and approval of carers in a timely manner. This was due to some APS staff having to cover for gaps in the Assessment and Care Management Service thus limiting their capacity to further develop this service. There were plans to create two new posts to address both the capacity and service development issues in this service.
- 3.18 Increasing the range of housing options was recognised by the council as a strategic area for development in order to focus more explicitly on the promotion of independence. Some people with learning disabilities had benefited from the *Supporting People* Programme. Twelve people had benefited from a shared-ownership scheme.
- 3.19 There were few outreach services available to promote the independence of service users living with family carers. Staff in the CLDT needed to be more imaginative and flexible in helping people participate in their local communities.

- 3.20 Small voluntary sector organisations such as ECHO provided some people with learning disabilities with community-based activities but were constantly fundraising to secure ongoing viability.
- 3.21 Access to health professional therapies such as speech and language therapy and physiotherapy was extremely limited. This meant work to meet the communication needs of service users was small-scale. There had been a small increase in capacity in the psychology service during 2006 but there was currently a small waiting list for some psychology services. Community nurses in the CLDT team had difficulties in balancing their care management role with providing the ongoing health input that some people required.
- 3.22 The CLDT identified service capacity issues too, especially the lack of appropriate day opportunities for service users with complex needs and those with profound and multiple learning disabilities. The team also identified limited residential provision for those with behaviour which challenged.
- 3.23 Progress on developing Health Action Plans was slow with community nursing input not secure on a regular basis.

Support for Carers

- 3.24 The council did not provide a sufficient range of services to support carers in their caring role. Whilst some carers were positive about the services and support which they received, many carers were critical of services for them in terms of availability and reliability. Carers reported that they did not have access to relevant, timely information, advice and support. The various comments which many carers made were summed up in one carer's response, *"The staff at the centres are very good but otherwise, no social workers, not heard from link workers in 3 years, no help, no information, and any information we might get written in language no-one understands."*

- 3.25 Carers of people with learning disabilities were allocated the smallest proportion of the Carers' Grant. Carers reported that there was limited flexibility as most of the grant was tied up in funding respite, day and home-care with very little surplus that carers could apply for.
- 3.26 The Carers' Network was still relatively underdeveloped and was currently reaching a very small number of carers. Carers appreciated short-term breaks services. Carers of people with complex needs felt that there was insufficient service provision to support them and this shortfall included both residential respite and home-based services. There was insufficient support given to carers to assist them into and to maintain employment. This was of particular concern to parents whose children were in transition as some were single carers and needed to work.
- 3.27 Carer Assessments were not having a demonstrable impact on carers' lives. The council had recently appointed a member of staff in the CLDT to undertake carer assessments but the number of completed assessments was low. Some carers reported that even though they had had an assessment it had not resulted in the provision of specific support or a change to their current situations. They were particularly concerned about the lack of contingency planning.
- 3.28 Planning to meet the needs of those living with older carers was at an early stage of development. There was no specific support for carers from black and minority ethnic communities.

Safeguarding Against Abuse

- 3.29 Adult Protection was not given a high enough priority within the wider council. Adult Protection training was largely dependent on the goodwill and capacity of the Adult Protection Coordinator and was not perceived as a corporate responsibility. This training was not seen as mandatory in Adult Social Care and councillors had not attended training. Access to training resources to

support awareness raising and specialist training had been insufficient.

- 3.30 There was a dedicated full time Adult Protection Coordinator. A great deal of the Coordinator's time, however, had been concentrated on supporting operational management shortfalls with insufficient attention being able to be given to strategic and wider partnership issues.
- 3.31 The work of the Multi-Agency Adult Protection Committee had an insufficient profile. The Committee was too focused on operational issues to the detriment of both its developmental and quality assurance roles. Further work was needed to ensure the active engagement of all stakeholders. Some key stakeholders such as further education were not represented on the Committee. The views of service users and carers had not yet been sufficiently integrated into safeguarding vulnerable adults' service developments.
- 3.32 There was much to do to improve organisational capacity to effectively address the needs of people with learning disabilities who were at risk of harm. Frontline capacity gaps in the CLDT had led to poor management information and reporting. The recording and monitoring of incidents was not always timely, consistent or efficient. The volume of Adult Protection work was also taking care managers away from other work when they were already under pressure coping with existing caseloads.
- 3.33 There was not a consistent shared approach to safeguarding people with learning disabilities by frontline assessment and care management staff and contracts staff. Adult Protection processes were sometimes used to address shortfalls in other parts of the organisation, especially with regard to contract monitoring.
- 3.34 Some improvements had been recently made to strengthen the response to managing incidences of adult protection but not all key players were yet

involved and there was more to do to raise awareness across all partners. There was insufficient capacity to undertake preventative work regarding adult protection.

- 3.35 There was not a robust quality assurance framework in place to monitor adult protection referrals and outcomes. This meant vital management information was lost and little critical incident learning was taking place.
- 3.36 There was no demonstrable link between the current protection procedures of Children's Services and those of Adult Services. The Adult Protection Coordinator, however, had recently contributed to the draft update of the Safeguarding Children's Procedures and had made the appropriate links with Adult Protection procedures.
- 3.37 The People's Union were doing some positive preventative work with self-advocates in terms of promoting safeguarding practice. This organisation was also planning courses to address bullying as service users had identified this experience as a major concern to them.

Using Feedback from Service Users and Carers

- 3.38 The council did not routinely seek feedback from service users and carers about the quality of the services which they received. Within the past year, however, some efforts had been made to seek formal feedback about current day services and accommodation and support services.

RECOMMENDATIONS

1. The council should ensure that people with learning disabilities maximise their independence and choice through a broader range of services.
2. The council should routinely seek feedback from people with learning disabilities and their carers about the quality of services and act on this information.
3. The council should continue to promote self-directed support by increasing the take-up of Direct Payments and individualised budgets.
4. The council should work with carers to develop a better range of and access to services to support them in their caring role.
5. The council, with its partner agencies, should ensure that adult protection arrangements are more effectively managed at both strategic and operational levels.

STANDARD 4: QUALITY OF SERVICES FOR USERS AND CARERS

Referral, Assessment, Care Planning and Review

- 4.1 All initial referrals went through a daytime duty system. Duty staff then forwarded details to the CLDT if it appeared that a service was required from the team. An immediate allocation was made in emergency situations.
- 4.2 There had been significant delays in both allocation and ongoing contact for a large number of people with learning disabilities and their carers. This was mainly due to staff recruitment difficulties within the CLDT.
- 4.3 The council funded a PCP Coordinator and two part-time facilitators and a number of cross-sector facilitators had been trained. Given the post-holder's span of responsibilities there was scope to develop a more strategic approach in order to focus on what the priorities for action should be and to embed person-centred planning in the organisation. There was a lack of clarity as to the relationship between Person-Centred Plans [PCPs] and the Assessment and Care Management Service.
- 4.4 There were also difficulties in accessing specialist assessments on occasions. The OT and OT assistant post were both vacant, the former post for 18 months. In our case file recording analysis, we found very limited evidence of multi-disciplinary assessments. Although the CLDT was an integrated team health and social care case files were held separately.
- 4.5 There were no written protocols in place to address transitions/joint working arrangements between user group specialisms. Joint working arrangements between learning disability services and mental health services were in need of particular attention.

- 4.6 In the case files examined, case file recording was generally of a poor standard. Most assessments, care plans and reviews if they existed, were either out of date, incomplete, not holistic or lacked an outcomes focused approach. The views and wishes of service users were not well recorded and it was not always clear from the case files that assessments, care plans and reviews were routinely copied to service users and where appropriate to carers. These documents were not in accessible formats.
- 4.7 A draft Support Needs Assessment form had been recently developed in conjunction with service users. This documentation was being piloted and had not yet been evaluated so it was difficult to assess its impact.
- 4.8 We saw a number of case files where risks and vulnerabilities were evident but there was no detailed risk assessments completed with appropriate action plans to safeguard service users. A person-centred risk assessment pro-forma had been designed and was to be introduced in 2007. There was also a marked absence of contingency planning details on case files.
- 4.9 There was no Exclusions Policy in place as required by the *Valuing People* implementation guidance. The council reported that no one had been excluded from services so did not consider the development of such a policy as a priority.
- 4.10 Annual reviews had not taken place for the large majority of service users known to the CLDT. Lack of a systematic review service meant that the CLDT could not be sure whether care plans had been fully implemented and were meeting people's needs or if service user needs had changed. Inspectors were informed that an action plan to address this major deficiency was in place but it was unclear what impact this plan would have as some people had been waiting many years to have their needs re-assessed.
- 4.11 Some in-house and external providers held their own service reviews but too often these reviews concentrated on existing service provision rather than

a holistic re-assessment of a service user's needs and an exploration of other options.

Quality Assurance

- 4.12 An inter-agency Quality Assurance Framework had not been developed for learning disability services.
- 4.13 Commissioning and contracting processes were not consistently monitoring that the independence of all service users was being actively promoted and that services were effective, of good quality and responsive to need.
- 4.14 Although staff receive regular supervision of their work, there was no evidence of management oversight recorded in case files examined. We also found no evidence of a systematic audit of case files by operational line managers in the case files examined during the inspection.
- 4.15 An accreditation scheme [ACQUA] was being introduced from April 2007 which had been jointly developed between the council and the Alliance of third sector providers.
- 4.16 There was a lack of alignment of Supporting People and social care commissioning in some schemes and work was needed to ensure a shared approach to quality assurance and VFM. Service reviews and casework identified some care tasks being funded by Supporting People which should have been addressed as social care issues.
- 4.17 There was recognition of the need to improve the quality of the transitions process for young people with learning disabilities and this work was starting to be addressed. Two new Transitions worker posts had been jointly funded to improve support pathways for disabled young people in transition into adult services.
- 4.18 Some service users reported that they found it difficult to access their social workers if they had one. Their feelings were reflected in the comment of one service

user who said, *"They don't have time for us."* Carers reported in the survey that they were generally treated with respect and courtesy.

Privacy and Confidentiality

- 4.19 All contracts held between the council and adult social care providers included an expectation that privacy and confidentiality would be maintained for service users.
- 4.20 The current Section 31 agreement contained an information sharing protocol between the council and the PCT.
- 4.21 There was no accessible information for service users about privacy and confidentiality. Many service users and carers did not know about the access to records policy.

Information about Services

- 4.22 The council with its partners had not produced and distributed comprehensive and accessible information to people with learning disabilities and their carers. There was no comprehensive accessible directory of what services were available. Some service users reported that they would like information in other formats such as video, tapes and CDs to enable more people with learning disabilities to access information.
- 4.23 The range of printed leaflets was limited although new and more accessible printed information was in draft. The 'News and Views' Team was working effectively to produce and deliver good quality accessible information, including the VPPB website which was available through the council's website.
- 4.24 ECHO was strongly rated by service users and carers for the information and advice that it provided.

- 4.25 The newly created Public Contact Team was working to ensure that information was available in formats that met the needs of the local population.

RECOMMENDATIONS

1. The council should address the huge backlog of annual reviews to ensure that service users have their needs appropriately met.
2. The council should strengthen the Assessment and Care Management Service with regard to improving management oversight, processes, practice and recording.
3. The council should ensure a co-ordinated strategic approach to support the development and delivery of person-centred plans to people with learning disabilities.
4. The council should ensure that young people with learning disabilities reliably and consistently experience a seamless transition between Children's and Adult Services.
5. The council should develop a comprehensive quality assurance strategy to underpin all aspects of learning disability services.
6. The council should ensure that comprehensive, accessible information is available to people with learning disabilities about the nature, range, and types of services provided and how to access them.

STANDARD 5: FAIR ACCESS

Eligibility Criteria

- 5.1 The council had published eligibility criteria based on Fair Access to Care Services [FACS] but the information was not available in an accessible format for people with learning disabilities.
- 5.2 Herefordshire had set its eligibility criteria at the 'critical' and 'substantial' categories of FACS. The CLDT operated eligibility criteria which while based on FACS, also included a functional IQ definition of learning disabilities which did not reflect a more holistic approach. Some service users and carers said that they were not clear about the eligibility criteria for services.
- 5.3 There was no evident linkage between the eligibility criteria of Children's Services and A&CS for young people with learning disabilities in transition. Some examples were given where young people with learning disabilities who received services from Children's Services were accessed as ineligible for services from A&CS. This decision-making may have been appropriate but parents did not understand the reasons for the change.
- 5.4 The Directors of Adult and Children's Services and senior staff responsible for transitions were due to meet in March 2007 to undertake joint appraisals of local arrangements. As part of the overall social care Improvement Plan, an external review of the county's FACS criteria would inform future policy. The council needed to give clearer direction to how people with learning disabilities who did not meet the eligibility criteria would have their needs met.

Demonstrating Fair Access

- 5.5 Some monitoring of the social care needs of people with learning disabilities and the take up of services

had been undertaken which had informed the development of the Joint Commissioning Plan and in particular the Accommodation and Support Commissioning Plan.

- 5.6 Ethnic monitoring was undertaken and although numbers were small, the council perceived that black and minority ethnic service users were slightly under-represented in the service in proportion to the local black and minority ethnic population in the council area. There may also have been an under reporting as Romany Travellers, until 2006, had not been systematically monitored as a specific minority group.
- 5.7 Rurality issues were creating service access and uptake difficulties in some parts of the council area. Those with similar needs could not be assured of similar access and outcomes regardless of where they lived. The council had recognised the need to address issues of equity in service provision and the modernisation of day services plan aimed to create a locality focus.
- 5.8 The council acknowledged that they could not currently claim that all people with learning disabilities had consistently fair and equitable access to generic services. There was commitment to promoting people's rights to access universal services which was reflected in the corporate Comprehensive Equality Policy and the Partnership Board's work programme.
- 5.9 Transport was a major area for development in order to increase the social inclusion of people with learning disabilities and promote their independence. Issues to be addressed included:
 - The council transport service was not user-centred. Some service users were spending long periods travelling to and from services.
 - Current transport arrangements were not providing sufficient opportunities for promoting independence.
 - Financial arrangements for transport limited the creation of flexible, individualised transport options.

- 5.10 Access to public transport was limited in some of the rural areas, especially for wheelchair users, and this restricted use of local community facilities.
- 5.11 The Community Learning Disability Team and the Supporting People team were developing a travel training programme to promote service user independence.
- 5.12 Some people with multiple and/or complex needs were not receiving a consistent multi-disciplinary response. This included people with mental health needs, those with additional sensory loss and those with autistic spectrum disorder.
- 5.13 The council and PCT were performing poorly in addressing the healthcare needs of people with learning disabilities and tackling health inequalities although both organisations were working to improve access to primary care services. Targets had been set in the Local Delivery Plan for 2007/08 to improve performance.

24-Hour Access

- 5.14 Fieldwork services could be accessed through the CLDT during office hours. Some service users and carers reported difficulties in accessing social workers during office hours.
- 5.15 The council contracted a neighbouring authority to provide an out of hours service. At the time of inspection fieldwork, the current CLDT team leaflet did not include contact details for the out of hours emergency service. As part of the review of assessment and care management activity, there is a need to ensure that people with learning disabilities and their carers have clear information about the out of hours service.
- 5.16 Day centres operated on a five days per week basis. The residential respite service had designated beds for use in emergencies.

Valuing Diversity and Social Inclusion

- 5.17 The Corporate Race Equality Scheme had been reviewed and an annual action plan produced.
- 5.18 The Corporate Disability Equality Scheme and Action Plan had been produced within the required timescale and people with learning disabilities had been consulted on it. There were specific objectives in the action plan to increase the role of the council in employing people with disabilities and providing more work experience opportunities.
- 5.19 The council had assessed itself as being at Level 1 of the Equality Standard for Local Government but was aiming to successfully declare itself as having reached Level 2 by March 2007.
- 5.20 The council had been working to establish a coherent and co-ordinated approach to equality and diversity issues with the formation of a Corporate Diversity Team. There was an infrastructure of equality and diversity groups which focused on policy, service delivery and employment. Each Directorate had a diversity lead although there had been changes of personnel in the A&CS diversity lead.
- 5.21 Equality and diversity issues were not yet addressed on a systematic basis throughout the A&CS Directorate. There was little evidence of specific equality and diversity activity or targets integrated into either adult social care service plans or service specific strategies.
- 5.22 Equality impact assessments were underdeveloped for learning disability services with regard to policies and service delivery. Therefore, the service could not evidence whether existing and new policies and service delivery were having an adverse impact or not.
- 5.23 The learning disability service had developed a framework to support service users who had issues about personal relationships and/or sexuality.

Culturally Appropriate Access

- 5.24 People with learning disabilities and their carers had access to an independent advocacy service. The LDDF funded independent advocacy on a group basis which was available across the council area. People with learning disabilities and their carers, however, reported that they had limited access to independent advocacy on an individual basis.
- 5.25 As part of Transition planning from 2007 and beyond, the council was specifically identifying people from black and minority ethnic communities to ensure that their cultural needs were being addressed.
- 5.26 The council had a network of interpreters for the most commonly requested languages. Signer support was available when required by Aspire, a local provider service.
- 5.27 Insufficient attention was paid to addressing service users spiritual and religious needs in assessments and care plans. A number of service users said that they would like support to meet these needs.

Charging Policy

- 5.28 The council was reviewing its charging policy and allied procedures as part of the overall Improvement Plan for A&CS.
- 5.29 Information about the council's charging policy was not readily available nor in accessible formats to potential and actual service users and carers. Just over half of carers surveyed responded that they did not know how charges were worked out.
- 5.30 The council's Fairer Charging team had very recently integrated with local Department of Work and Pensions personnel which should ensure a more coherent approach to this aspect of the council's work.

Complaints

- 5.31 The Complaints policy and procedure had been updated and was signed off in February 2007.
- 5.32 Complaints recorded for learning disability services were few. There was no evidence on case files examined, except one, that service users were provided with information about the Complaints Service or Access to Records policy.
- 5.33 Half the carers surveyed said that they knew how to make a complaint. Some service users had an awareness of the formal complaints procedure but there was a lack of confidence in using it. There was little independent advocacy to support people with learning disabilities to make a complaint. There is scope for improving the profile of the complaints process, particularly for service users who had been receiving services for a long time.
- 5.34 An updated draft leaflet, for the public, explaining the Complaints Service had just been developed and approved for publishing. This draft leaflet stated that it would be available in other languages and formats.
- 5.35 The link between the outcomes of complaints and continuous service improvement was not strong and there was a need for more systematic tracking and analysis of all stages of the complaints procedure.
- 5.36 There was no written protocol for addressing complaints received by the integrated learning disability service provided by social care and health.

RECOMMENDATIONS

1. The council should ensure that the Fair Access to Care Services eligibility criteria are clear to people with learning disabilities and their carers.
2. The council should ensure that equality and diversity issues are more embedded at both strategic and individual levels in learning disability services.
3. The council should develop a programme of equality impact assessments for learning disability services and implement the changes necessary to address any adverse impact identified.
4. The council with its PCT partner should tackle the health inequalities experienced by people with learning disabilities and ensure that their health care needs are met.
5. The council should ensure that independent advocacy services are more accessible on an individual basis.

STANDARD 6: CAPACITY FOR IMPROVEMENT

Vision and Strategic Direction

- 6.1 There was cross party political consensus on decisions made in December 2006 when the future vision and strategic direction of learning disability services was formally agreed.
- 6.2 Work was in progress to communicate the vision and strategic priorities amongst staff and other key stakeholders. Risk and contingency planning needed a stronger focus regarding the capacity and resources available to support the significant organisational restructuring proposals. Learning Disability Services faced significant challenges in the next few years as the council sought to increase the pace of change on a number of fronts. The modernisation programme would mean substantial changes for in-house residential and day-centre staff and their current service users
- 6.3 A corporate Leadership Development Programme had been put in place to assist managers to develop the skills and competencies required to support the modernisation agenda.

Sustained Recent Progress

- 6.4 In response to the recognised problem of achieving sustained progress, the council had taken steps to develop and deliver a comprehensive Improvement Plan for Adult Social Care Services. The Adult Services Transformation Board was overseeing three major areas for improvement which were of direct relevance to learning disability services:
 - an Improvement Plan with five work-streams – performance management and data, market management, workforce development, Fair Access to Care Review and Charging Policy Review.

- Business processes re-engineering for access, assessment and care management.
 - Implementation of the recommendations of the recent report on the future care needs of older people and adults with learning disabilities.
- 6.5 Each of the work-streams had a plan which was being translated into action plans with timescales, responsibilities, objectives and targets. The Market Management Improvement Plan was agreed in January 2007. The real challenge facing the council was to ensure successful implementation of the Improvement Plan and to have an effective exit strategy to secure sustainability once external support was withdrawn.
- 6.6 There was not yet a coherent approach to strategic action planning for learning disability services. In order to avoid the danger of a silo approach to service planning, more explicit links were required between the various plans in this service area. Plans also needed to become consistently SMART and to have identified resources where required.
- 6.7 Some key stakeholders felt that the council did not have a track record of successfully implementing its plans and that management of change had not always been handled well in learning disability services. Examples given were the removal of day centre places for those living in voluntary or independent sector residential care, and the mixed messages given about the future of the council's residential respite services and day service provision. Improvements were required in developing greater stakeholder involvement in the modernisation plans if the legacy of some mistrust and lack of effective communications were to be overcome.
- 6.8 The consultation events regarding modernising day services and accommodation and support were welcomed by service users but they were not yet assured that their contributions had made a difference. Frontline staff reported that communication with them was slowly improving, but they felt that they needed

more opportunities to actively inform and influence the wider work of the A&CS Directorate and the council.

- 6.9 The Improvement Plan had a risk log that outlined some of the risks that the council might face in managing change. This needed review to more specifically incorporate joint working issues, to strengthen the focus on services users and to put in place contingency planning arrangements.
- 6.10 The council had recognised that the manual of policies and procedures required updating. There were no jointly agreed written protocols covering the interfaces and joint working arrangements within adult social care services. A Transitions protocol between Children's Services and A&CS was being drafted.

Performance Management

- 6.11 Work was underway through the Performance Management and Data work-stream to improve the quality and use of social care performance data and to embed performance and quality assurance management within A&CS. Performance and quality management information was not routinely disaggregated for learning disability services which made it difficult to inform and guide decisions relating to operational practice and to manage performance in this service area. Learning disability services lacked both a performance management framework and an overarching quality assurance system. The performance management role of the VPPB was weak and not aligned to wider corporate performance management activity.
- 6.12 Councillors had become more actively involved in improving learning disability services since those members with lead responsibility for social care and scrutiny had commissioned and completed a review of the service in 2006.

Organisational Structure

- 6.13 A new management structure for learning disability services had been put in place within the last year with increased capacity to project manage the three strategic priorities. The current span of control of the Head of Adult Social Care provided insufficient capacity to implement the modernisation agenda for this service. The council had recognised this issue and from April 2007, dedicated senior management capacity had been agreed for learning disability services.
- 6.14 There had been some recent work undertaken to review the CLDT. This had resulted in the appointment of a senior practitioner post to provide additional social care capacity. Further work was needed with regard to team roles and responsibilities and workload management.
- 6.15 Over the previous 18 months there had been vacancies in key management and operational posts in the CLDT which had severely impacted on the effectiveness of its service delivery. Further additional capacity had been recently funded for the CLDT in the form of a care management post. At the time of the inspection all but two of the vacancies had been filled which was resulting in improved staff morale and an opportunity to realign workloads.
- 6.16 Further organisational re-structuring was planned to create full integration of council and PCT functions in the form of a Public Service Trust. This would have implications for the current Section 31 agreement for learning disabilities services.

Workforce Development and Workforce Planning

- 6.17 Workforce development and workforce planning for learning disability services lacked sufficient strategic attention. There was no joint workforce development strategy and no workforce planning strategy with health. There had been no Learning and Development

Plan produced for A&CS for 2006/07 but the Workforce Development Manager and Service Manager for learning disability services were currently working on the staff development and training needs for next year's plan.

- 6.18 The council had not met the *Valuing People* target that 50% of front-line staff had achieved at least NVQ Level 2.
- 6.19 Service users were to be involved in the delivery of learning disability awareness workshops for Learning Disability Awards Framework and Common Induction training in 2007.
- 6.20 The council and other provider organisations were not consistently involving service users with learning disabilities in the recruitment of staff.
- 6.21 Third sector providers and private providers had access to some training opportunities arranged by the council's Learning and Development Division and they valued this.
- 6.22 Annual staff review and development processes had become mandatory within the past year. All staff in learning disability services had had their annual staff review and development. Staff supervision was regular.
- 6.23 Analysis of fieldwork questionnaires revealed that staff had not received much training within the past three years in relation to new ways of working such as PCPs, Direct Payments and in the requirements of equality and diversity legislation. Staff spoke of training as being on a 'self select' or voluntary basis. There seemed some confusion as to what training was mandatory.
- 6.24 There appeared to be no quality assurance framework in place to ensure staff were meeting the A&CS Directorate's standards and expectations regarding competencies to undertake the role and responsibilities of their posts in learning disability services.

- 6.25 Work was in progress to develop an integrated workforce strategy with health across all Adult Services as part of the Improvement Plan. This work should assist the identification of workforce levels and staff skill mix and competency requirements across social care and its partners in learning disability services.
- 6.26 The council also had work to do reform organisational recruitment and staff support systems. Sickness absence had been a particular problem in three of the council's directly provided learning disability services.
- 6.27 The workforce in learning disability services would benefit from a comprehensive learning and development plan in order to achieve changes in attitudes, approaches and support required for the modernisation of the service and the social inclusion of people with learning disabilities.
- 6.28 People with learning disabilities were not currently represented in the council's workforce. The council was developing a positive action programme to promote the employment of disabled people, as they were under-represented in the workforce.

Work with External and Corporate Partners

- 6.29 Stronger partnership working with external organisations would be needed to ensure the development of a broader range of services required by the council to meet its strategic objectives for people with learning disabilities.
- 6.30 Adult Services and Community Services had recently been reconfigured to be in the same council directorate. This structural change was starting to realise the potential to add value to service developments for people with learning disabilities. Strategic discussions between A&CS and Economic and Community Services had recently started.
- 6.31 Some positive housing with support developments were in place with plans to increase provision. Strategic housing had given a commitment to support

learning disability services to acquire tenancies in new developments funded by the Housing Corporation.

- 6.32 The council needed to act upon its corporate responsibilities to develop a 'whole council' approach to its learning disabled citizens and more actively promote their social inclusion.

Strategic Commissioning

- 6.33 A Joint Commissioning Plan had been produced in 2006 following a needs analysis undertaken by the council's Policy and Research Team with relevant staff in Health and Adult Social Care. Procurement plans were being developed to implement commissioning intentions and were most advanced in the Accommodation and Support Commissioning Plan. Strategic plans needed to become consistently SMART and to be linked to resource management. The planning process would have been strengthened by a clearer focus on outcomes for service users and carers.
- 6.34 Preventative services need to be commissioned and resourced to support people with learning disabilities who do not meet council thresholds of either existing or future eligibility criteria for care services.
- 6.35 Commissioning and contracting capacity were limited. The existing processes and structures did not lend themselves to making the cycle of planning, commissioning, and procurement of learning disability services work effectively. There was a need to clarify roles and responsibilities in relation to this cycle.

Managing Social Care Budgets

- 6.36 The council's audit letter for 2006 indicated sound corporate financial management. The Audit Commission did, however, report some issues relating to the pooled budget for learning disability services as a matter of governance interest. The council and PCT were addressing these issues as part of the pooled budget review.

- 6.37 Adult Social Care and learning disability services in particular, had a track record of overspending on budget. Budgetary overspending was a major factor in commissioning the Needs Analysis Survey for learning disability services in 2006.
- 6.38 Additional corporate financial resources had been committed to learning disability services to progress the modernisation agenda from 2007/08. The Adult Social Care budget and that of learning disability services needed re-configuration to match future commissioning intentions and activity levels to available resources and to support the integration of more complex funding streams.
- 6.39 Future budget management of learning disability services would be demanding as large-scale change processes were worked through. This reinforced the need for rigorous focus on the identification and delivery of milestones in the commissioning strategies, effective monitoring of budget performance and active management of risks.

RECOMMENDATIONS

1. The council should ensure the management capacity to implement, in a timely manner, the actions required in the five work-streams of the Improvement Plan for Adult Social Care Services in order to improve service delivery.
2. The council with its PCT partner should implement robust business planning arrangements for learning disability services.
3. The council should ensure that all its departments are responsive to the needs of people with learning disabilities and promote their social inclusion.
4. The council should lead by example by actively promoting the recruitment and retention of people with learning disabilities in both its own workforce and in the wider community.
5. The council with the PCT should ensure that it has a workforce that is of sufficient size, skill mix, and competency in learning disability services.
6. The council should update the manual of policies and procedures including the development of written protocols covering interfaces with Children's Services and within Adult Social Care Services.

APPENDIX A: STANDARDS AND CRITERIA¹

STANDARD 1: National Priorities and Strategic Objectives

The council is working corporately and with partners to deliver national priorities and objectives for adult social care, relevant National Service Frameworks and local strategic objectives to serve the needs of diverse local communities.

1. The council has implemented a coherent overall strategy for responding to national priorities for social care generally and for services to people with learning disabilities in particular.
2. The council has developed local strategic objectives, priorities and targets for learning disability services which complement the national ones and serve the whole community.
3. The council is consistent in implementing a strategy for improving cost and quality of its services and can demonstrate Best Value principles in learning disability services.
4. All learning disability services actively involve services users and carers in development and improvement work. This includes all groups within the community, fully reflecting local diversity.
5. The council has well-developed joint working with relevant partner agencies that operate effectively in all service areas.

STANDARD 2: Cost and Efficiency

Adult social care commission and deliver services to clear standards of both quality and cost, by the most effective, economic and efficient means available.

1. The council secures services for people with learning disabilities at a justifiable cost, having identified the range of options available and made explicit comparisons in terms of quality and cost.
2. Expenditure on social care services for people with learning disabilities reflects national and local priorities and is fairly allocated to meet the needs of diverse communities.

¹ A full set of descriptors for these standards and criteria was given to the council and is available from CSCI

3. The council demonstrates improved efficiency across all aspects of social services operations and consistently monitors the efficiency of services involving people who use services.
4. The council makes optimum use of the potential for joint commissioning and partnership working to improve the economy, efficiency and effectiveness of local services.
5. The council has sound financial management systems, which provide the foundation for good planning and commissioning in social care.
6. The council uses effective procurement processes that are designed to further the strategic aims of the council, and reflect local social care market conditions.

STANDARD 3: Effectiveness of Service Delivery and Outcomes for Service Users

Services promote independence, protect from harm and support people to make the most of their capacity and potential and achieve the best possible outcomes.

1. The independence of service users and carers is promoted actively and consistently to minimise the impact of any disabilities, and to avoid family stress and breakdown.
2. The range of services available is broad and varied to meet the needs, offer choices to many and take account of individual preferences. This includes sensitivity to the needs and preferences of diverse communities.
3. The council provides a good range of services to support and encourage all carers in their caring role.
4. Service users are effectively safeguarded against abuse, neglect or poor treatment when using services. Incidents of this kind are rare.
5. The council actively seeks feedback from service users and carers; acts on this feedback, and can demonstrate that they value services.

STANDARD 4: Quality of Services for Users and Carers

Service users, their families and other supporters, benefit from convenient and good quality services, which are responsive to individual needs and preferences.

1. All referral, assessment, care planning; and review processes are convenient, timely and tailored to individual needs and preferences including diverse groups.
2. The service has effective quality assurance systems in place and service quality is consistent across all sectors, services and communities.
3. Privacy and confidentiality are assured in all contacts supported by appropriate policies and procedures.
4. Good quality information about services and standards is readily accessible to all, including diverse groups in the community.

STANDARD 5: Fair Access

Adult social care services act fairly and consistently in allocating services and applying charges.

1. Clear eligibility criteria for learning disability services are published, easy to understand and fair to all.
2. Social Services are effective in monitoring the social care needs of the local population and the take-up of services. Fair access can be demonstrated in all areas and action is taken to increase the take-up of services from under-represented groups.
3. There are clear routes to access all key social services 24 hours a day, 7 days a week, as needed.
4. The range of services available reflects the needs of the community, promotes equality to comply with all relevant legislation and demonstrates that diversity and social inclusion are valued.
5. Access to services is culturally appropriate, and inclusive. Advocacy and Interpreting services are promoted and used appropriately.
6. A fair and transparent charging policy has been agreed with stakeholders, and income is collected efficiently.

7. Complaints are handled promptly and courteously. The complaints/comments procedure is well-publicised and service user friendly and effective in improving services.

STANDARD 6: Capacity for Improvement

The council has corporate arrangements and capacity to achieve consistent, sustainable and effective improvement in Adult Social Services.

1. The council's leaders have a clear vision and strategic direction for adult social services, communicate this effectively, and organise the necessary resources required to deliver it.
2. The council's improvement strategy for adult social care has resulted in sustained recent progress. Relevant policies, plans, objectives, targets and risk assessments are in place to support ongoing improvement.
3. Performance management, quality assurance and scrutiny arrangements are in place and effective: performance improvement can be demonstrably linked to management action.
4. The council's organisational structure and management arrangements promote improvements for adult social services and promote the wider modernisation agenda for social care.
5. The social care workforce is well trained and reflects local diversity. Local partnerships across all sectors have produced a human resources strategy that effectively trains, recruits and retains staff.
6. The council works effectively with external and corporate partners to improve the range, quality and coordination of adult social care services.
7. The council has effective commissioning processes, encompassing robust needs analysis, market analysis, and clear improvement targets. These are designed to improve economy, efficiency and effectiveness of services over time.
8. The council has a track record of competently managing its social care budgets, in the context of sound corporate performance in this area.

APPENDIX B – INSPECTION BACKGROUND AND METHOD

The White Paper *Valuing People: A New Strategy for Learning Disability for the 21st Century* sets out the Government's commitment to improve life chances for people with learning disabilities. It has a particular focus on partnership working, with an emphasis on people with a learning disability and their families. It is concerned with the ambition to provide new opportunities for those with a learning disability to lead full and active lives.

The objective of the inspection was to evaluate the implementation of national and local objectives relating to the social care needs of people with a learning disability and the quality of outcomes for themselves and their family carers.

The overall performance assessment standards and criteria were used to evaluate services within the context of CSCI's performance assessment of the council.

The inspection team consisted of two inspectors, and for part of the time an Expert by Experience and supporter. We visited a range of projects and interviewed people who use services and their carers. We also met with advocacy groups. The team interviewed managers at different levels both within the council and with representatives from the council's partner organisations. We also met with Councillors and the Chief Executive of the council.

In addition we attended a Partnership Board meeting and had access to a range of case files, background papers and information provided by the council. We also conducted two surveys. We sent questionnaires to a sample of carers. A different questionnaire was completed by a sample of fieldworkers involved in assessment and care planning for people using these services.

APPENDIX C – CARERS' QUESTIONNAIRES

One hundred questionnaires were sent out, and 42 were completed and returned. Not all carers answered every question.

Making contact

21 carers said social services staff were always or usually easy to contact

24 carers said social services were always or usually easy for their relative to talk to

Involving you

30 carers said social services staff always or usually listened to them

16 carers said social services always or usually give them choices about what happened

12 carers said social services always or usually asked them what they thought of services

22 carers said they were always or usually invited to meetings

10 carers said they were always or usually involved in discussions

Informing you

11 carers said social services always or usually gave them written information

9 carers said they were always or usually told what was happening

21 carers said they knew how to make a complaint

4 carers said they had been told that they could see their records

13 carers had been told they could have an interpreter/translator

23 carers had been told they could have a friend/advisor/advocate

12 carers said they know how charges were worked out

15 carers said they thought the charges were fair

Services to meet your own needs

26 carers said they had been told of their right to assessment of needs

23 carers said they had had an assessment of their needs in the past 12 months

7 carers said they had their own written care plan

16 carers said they always or usually received services that supported them

15 carers said the reasons for the decisions were always or usually explained

How satisfied are you?

25 carers said they were always or usually treated with courtesy/respect

19 carers said their cultural needs were always or usually met

24 carers said social services staff were always or usually well informed

17 carers said they were always or usually satisfied with the quality of services

What's changed?

20 carers said they had always or usually received the services they had wanted

14 carers said they always or usually waited for services

20 carers said they had always or usually been helped by services

13 carers said their situation had become better

About you

2 carers were aged under 18

26 carers were aged between 18 and 64

13 carers were aged between 65 and 84

10 carers were aged over 85

3 carers were male

39 carers were female

42 carers were white

0 carers were from a minority ethnic group

38 carers lived with the people who use services