

National inspection of care and support for people with learning disabilities

Bridgend County Borough Council

June 2016



This report is also available in Welsh. If you would like a copy in an alternative language or format, please contact us.

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Introduction

This report of an inspection of Bridgend County Borough Council is part of a national inspection of care and support for people with learning disabilities. The purpose of the inspection is to assess the success of local authority social services in achieving the outcomes that matter to people. It will do this by assessing the efficiency, quality and safety of the care and support provided for adult people with learning disabilities. It will identify those factors that drive good outcomes for people as well as the barriers to progress

The national inspection includes detailed fieldwork in six local authorities in Wales, including Bridgend, and an individual report for each of the six authorities will be published at the same time. We have also produced an overview report for Wales that draws on all the information available to the inspectorate, including a national survey of all 22 local authorities in Wales. The reports can be found on our [website](#).

We have worked closely with All Wales People First and the All Wales Forum of Parents and Carers throughout the national inspection in an effort to engage productively with people and with carers who are affected by the issues discussed. Further detail about our engagement with people and carers can be found in the overview report.

Inspectors from Healthcare Inspectorate Wales (HIW) joined us for part of the inspection to assist with the consideration of the efficacy of the partnership between social services and health. HIW have outlined their findings at page 32 and will also report their findings directly to the Health Board.

The report that follows sets out our findings and recommendations for Bridgend County Borough Council. Our intention is firstly, to provide information to the public about the performance of local authority social services; and secondly, to support improvement in the care and support provided for people with learning disabilities.

Context

The Local Authority

Bridgend County Borough Council has a population of approximately 141,000 (2014 mid year estimate). Since the 2011 census there has been a slight increase in the total population with a larger proportionate increase in people aged 65 and over.

The local authority, using the Daffodil web based social care needs projection system developed for the Welsh Government, estimates that there are 2650 adults with learning disabilities living in the County Borough. There are 522 adults with learning disabilities known to the local authority. There are 47 people with a learning disability aged 65 or over who are noted as receiving services.

In September 2015 of the 522 people known to the local authority, 455 were 'active cases'; that is open to a case manager. 67 cases were described as 'review only or open to review', there were no closed cases and 47 cases were waiting allocation.

The local authority estimates that its average expenditure per person per year for people with learning disabilities receiving a service during the period April 1 2014 to 31 March 2015 was £24,597.

The Health Board

Community health learning disability services in Bridgend are provided through Abertawe Bro Morgannwg University Health Board. There was a multidisciplinary health team which consisted of a health team leader, speech and language therapists, nurse care managers, physiotherapists and physiotherapist technicians, a clinical psychologist and specialist psychologist practitioner, occupational therapists (OT) and an OT technician, five community nurses, a consultant psychiatrist and specialist doctor (one session per week). The health team were co-located with local authority staff to form the community learning disability team (CLDT). The health team could also access learning disability dieticians and a Specialist Behaviour Team (SBT) when needed. The learning disabilities and mental health directorate

had just merged into one unit within the health board. An interim structure was in place while a larger reorganisation and restructure of the unit took place.

Summary of Findings – The Local Authority

1.1. An awareness of the Social Services and Wellbeing (Wales) Act 2014 was evident throughout the local authority's work. The local authority commissioned an external assessment from Alder Consultants and has made significant use of the findings to map need, redesign and develop services. Furthermore, it used this work to identify savings and to shape its structure to work with the community and deliver services in the future. This has been overseen by the local authority's learning disability service development project established in 2012.

1.2. There are examples of good work, including the development and implementation of a 'progression model' applied in relation to accommodation, day opportunities, and work skills opportunities.

There is good partnership work with providers resulting in flexibility to meet outcomes for individual people. Partnership working has included seeking the views of people regarding the quality of services and the proposed changes to service provision. There was strong evidence for the local authority's commitment to hearing the voice of people and their carers. Staff have shown good leadership supporting people to speak up for themselves through the use of a contract for the provision of advocacy and self advocacy services with Bridgend People First. People spoken to during the inspection told us People First were well known in the borough and very active. The organisation had reached out to people using day opportunities facilitating regular 'having your say' sessions and supporting people on individual matters. It was also used to encourage people to express views, get involved and contribute to the planning of care and support.

- 1.3. While the local authority has good partnership working with providers, it recognises there is a need to strengthen its partnership working with the third sector in order to progress the remodelling of services and approaches already underway.
- 1.4. Inspectors found that people working in the local authority adopted a person centred approach and exhibited strong positive values when talking about their work. People with learning disabilities and carers who spoke to inspectors were positive about their experience of receiving care and support.
- 1.5. While the case sample examined by inspectors was small it provided evidence of good assessment and there were some examples of excellent practice of care plans carefully tailored or adapted to meet complex individual need. However, some plans did not include specific detail of how personal development and independence could be promoted to improve outcomes for individual people. The local authority will need to ensure the principles of the progression approach it promotes are consistently applied to care and support plans.
- 1.6. Quality assurance of case files was insufficient with no performance reporting in place; supervision had not been undertaken for some time for two staff carrying complex cases. A revised supervision policy is currently in draft but now needs to be effectively implemented. Two cases were not documented sufficiently for inspectors to determine whether safeguarding in relation to a potential referral for abuse and a deprivation of liberty safeguarding assessment had been undertaken. It should be noted that the sample of cases examined was relatively small and the area for improvement is in the context of generally good care management. The local authority should keep its arrangements for quality assurance of case work, including the management of applications for Deprivations of Liberty Safeguards (DoLS) under close review and ensure governance arrangements are sufficient.

- 1.7. There were generally good working arrangements between health and social services at the front line, however at a senior level the joint team operating model has not progressed and opportunities for development of combined initiatives may have been missed. For example the evaluation of a health intervention rather than the evaluation of health and social care interventions at the point of case closure. The health board has recently undergone a management restructure and a merger of learning disability and mental health directorates, which may present opportunities to confirm and implement the proposed joint team operating model.
- 1.8. The Director of Social Services expresses a strong commitment to partnership working for both local developments and the Western Bay Collaborative and is committed to advancing joint working to ensure improvements in outcomes for people in the borough.
- 1.9. The remodelling of services and transformation of approach to providing care and support to people with learning disabilities is ambitious, requiring significant resource of key staff. Much progress has been made however the local authority will want to assure itself that its good core business of working with people is not unduly affected by the demands placed upon its capacity. This will be imperative in order to achieve both local and regional developments required and desired.

Summary of findings - The Health Board

- 1.10. There are good examples of how the health team promotes preventative health services for people with learning disabilities. Joint planning and commissioning are beginning to happen on a more strategic level with the aim of improving services for people with learning disabilities. However, the health board did not formally gather data and monitor the needs of the learning disability population. This, along with the service being in the middle of a large restructuring process, meant that the stability was not yet in place to proactively develop health services to meet the challenges faced by the service.
- 1.11. Overall, health and social care staff work well together in providing information, advice, assistance, assessment and care planning to people with learning disabilities. Inspectors saw examples of good outcomes for people with learning disabilities. This work is not effectively supported by suitable shared IT systems, meaning that an overall view of a person's needs is not available.
- 1.12. Inspectors found good examples of services that were designed around peoples' individual needs. Senior health staff expressed commitment to further improving service provision in the area so that people could live closer to home. However, staff face continued challenges in meeting the needs of people with learning disabilities who are on the mental health, forensic, transition and secondary care pathways. The health board needs to make sure there are clear plans in place to address this. Inspectors found that the communication between health board management staff and frontline staff also needs to be improved.
- 1.13. Although there were good examples of joint working, this was not supported by a clear vision for care and support for people with

learning disabilities. Due to a recent restructure of senior staff, Inspectors could not be assured that the directorate had the stability and structure in place to set a clear direction, vision and strategy for learning disability health services. The health board needs to engage with people with learning disabilities and their families as well as staff, in setting a direction for future services.

Recommendations – The Local Authority

- 2.1. The local authority should expedite its plan for strengthening partnership arrangements with the third sector in order to progress the remodelling of services and approaches already underway.
- 2.2. The local authority should review its use of the progression approach to care planning ensuring that plans are outcome focussed and include specific steps to maximise development, growth and independence.
- 2.3. The local authority should audit the supervision practice within the learning disability team, implement the revised supervision policy and monitor effectiveness across all teams.
- 2.4. The local authority should monitor the effectiveness of the arrangements for the management of Deprivation of Liberty Safeguards. A written action plan for the management of the waiting list for authorisations, including the use of a prioritisation tool, should be prepared.
- 2.5. The local authority should agree a learning disability team operating model and implementation date with the health board in order to implement an integrated approach building upon the success of front line joint working.

Recommendations - The Health Board

- 2.6. The health board must ensure that they plan resources and prioritise, develop clear roles, responsibilities and delivery models and manage performance and value for money for learning disability services. Specifically that the IMTP and other service plans have clear priorities and targets that can be monitored so that progress in making improvements can be measured.
- 2.7. The health board must ensure that plans outline how they will improve and build upon:
- Pathways with mental health, transitions, secondary care and forensics.
 - Preventative services and health liaison roles.
- 2.8 The health board should ensure there is a plan in place around how service provision can be developed to meet the needs of people with complex needs and challenging behaviour.
- 2.9 The health board should ensure there is a clear process in place for community teams to report safeguarding concerns through the health board so that concerns and themes can be monitored.
- 2.10 The health board should ensure that staff on the frontline feel connected and engaged with the health board's vision by improving communication and information flow.
- 2.11. The health board should ensure that records management systems for health staff are fit for purpose and support staff to effectively carry out their roles, with a view to developing a joint records management system with the local authority.
- 2.12. The health board must ensure that they engage with service users and carers as well as staff in setting the vision and direction of the service.

Findings – The Local Authority

Key Question 1

How well does the local authority understand the need for care and support for people with learning disabilities, including support for carers and the development of preventative services, in its area?

- 3.1. People get help that is well coordinated by social services and its partners and which makes sense to them. People have community presence and the local authority has promoted and delivered a person centred approach.

- 3.2. The local authority has implemented a transformation programme, remodelling services including enabling some people to move from managed care and providing access to unmanaged care as an alternative, developing day opportunities and community enterprise. The local authority has started with shaping the practice first and then intends to redesign organisational structures to support the future delivery of services. Alder Advice, commissioned regionally through collaboration monies, will facilitate this development work scheduled for early 2016. The next steps for the local authority to realise the vision will be to put a delivery plan in place. This plan should include the development of a timetable for the completion of preparatory work undertaken and implementation of the joint learning disability team operating model and the transition team. Mechanisms now need to be designed to evaluate the impact of change and outcomes for people with learning disabilities, for example in relation to the role of the local community coordinators.

- 3.3. People who use services, carers and providers gave positive feedback about the professionalism and the joint working both internally within local authority teams and departments and externally with others such as providers, advocacy services and health staff.

- 3.4. Inspectors observed enthusiasm and strong positive values in all staff during the inspection. These features ensured that service development and review remained focused on improving outcomes for people through the local authority's transformation plans.
- 3.5. The local authority currently commission three independent providers to deliver supported living services to 100 people. The partnership has led to a joint review of staffing arrangements and targeted support to enable people to move to lower levels of support where possible. Savings have been realised. The importance of securing a 'real' tenancy for people with learning disabilities is recognised and reinforced by the local authority through the standards in the new service specification in the current retendering exercise. Care managers use a 'moving home' process to support people to fully engage in the next phase of their life.
- 3.6. Partnership work around day activities has resulted in providers working together, responding positively to the local authority's encouragement to work flexibly. There were examples where providers have made arrangements to jointly provide care and transport for people who want to attend new community groups. These arrangements offer an alternative to separately providing activity for an individual person in their own home. This has enabled cost savings for individual providers and the council and flexibility for people who no longer wish to attend a more traditional day centre. However the local authority will be aware that the forthcoming tendering process for new contracts may present some risks to these collaborative arrangements. The transformation programme included an aim to encourage members of the broader community and volunteers to join the new learning disability activity groups. This has proved difficult and the local authority will need to consider different approaches to achieve its ambition of community integrated services. Day opportunities include traditional day centres offering a balance between enabling people to express choice, relaxing and less structured activities with visits and taster sessions at the new community groups. The local authority recognises that through the work of its new local

community coordinators it will need to develop partnerships with the third sector which it aims to commence following a scheduled workshop.

3.7. The local authority's corporate plan sets out its improvement priorities 'working together to help vulnerable people to stay independent' and 'working together to make best use of our resources' and these were evident throughout the learning disability plans and discussion undertaken as part of the inspection. Good progress has been made against some objectives in the local authority's learning disability commissioning plan 2014-16 and the local authority should now evaluate the effectiveness of the strategy. For example, the priority 'development of community networks and support systems' has been addressed through the introduction of local community coordinators, the local authority recognises that it must now evaluate the success of this model of access for people with learning disabilities particularly those who have moved from managed to unmanaged care.

3.8. Other priorities identified in the commissioning plan need more specific implementation for example the 'progression approach'. The local authority adopts this term to describe the approach used to provide opportunities for greater independence through service redesign and development or individual care and support plans. Overall the progression approach was embedded in service development: inspectors found a progression approach relation to accommodation and services and a positive approach to risk taking. However as the local authority intends for this progression approach to reach further to individual people, the next steps will be for some of the maintenance goals seen in individual case records to be replaced with smart goals. This will help to ensure outcome focussed care planning advances independence wherever possible, however small the gains may be. Some people using the 'having a say' discussion indicated they would like to be less reliant on services. People said they would need more support from the council "to be more independent", "get out and about",

“use travel training”, and attend services that are “for everyone in the community e.g. sport”.

- 3.9. Opportunities for work exist at B’Leaf and Wood’B projects which have developed and moved into the Awen Cultural Trust. Some people told us their friends had paid work and commented that they would like work experience or paid work. Staff were aware there were challenges in developing people’s skills particularly as most participants are dependent on community transport and the new skills centre is not on a bus route. The local authority could use the forthcoming review of the service level agreement with a supported employment agency as an opportunity to refresh its approach to developing peoples’ independent travel skills.
- 3.10. Remodelling of learning disability services had reduced costs; £947,000 in 2014/15 and an anticipated £625,000 in 2015/16. Other projects such as using the new ‘change agent’ team to review packages of care to ensure they provide good quality at the best cost had not yet produced intended savings. However the work of this team was contributing to changing the culture in readiness for the implementation of Social Services and Wellbeing (Wales) Act 2014 alongside the organisational change already underway. The local authority aims for all staff to increase their understanding of ‘what matters’ and individual need rather than offering a menu of prescribed services.
- 3.11. The learning disability team plans seen by inspectors set out actions to respond to the opportunities highlighted by the Alder Advice report, for example mapping and planning contingencies for people at risk of accommodation breakdown. However actions appear to have rolled on from last year to this financial year and have not been consistently implemented, for example proposed proformas had not been completed and attached to case files.

- 3.12. The local authority is part of a Western Bay Collaborative that developed a regional transition model. While the model has been proposed and a project brief prepared, the local authority's task groups are now challenged to work with health and education to progress the implementation of a multi agency team in Bridgend. The local authority will need to advance its work if the model is to be ready to operate, as suggested, from July 2016. This will be imperative to support the 46 children identified between ages 14-18 years who have a learning disability. Co-locating the children's disability and adult learning disability team was reported to have increased joint working between staff involved in transition work.
- 3.13. It was reported by some families and staff that the further education colleges have concentrated on arrangements for people with physical rather than learning disabilities. The local authority should consider maximising the use of its own education partner to increase engagement with and opportunities within further education colleges for adults commencing transition and moving on through a careers pathway.
- 3.14. The local authority has commissioned Tros Gynnal Plant to support children with disabilities through the transition process. Bridgend People First were also utilised. There is an active Parents Forum however members are a long established group and it was suggested to inspectors that there may be benefit in a new network for parents who are about to start the transition process.
- 3.15. The local authority is aware of transitions that may take place in later life for example the people living with parents or other family members over the age of 50 or turning 50 in the next 5 years who may require a different level of support in the future. This mapping exercise informs its accommodation strategy.
- 3.16. The local authority has a range of mechanisms to ensure they gather the views of people who use services. A range of documents in the

series 'my views about Bridgend' were seen including 'going into hospital' and 'my care manager'. Frequent reference was made by staff, people and carers to the 'having a say' method of talking with people about their views. The local authority assessed its remodelling of day services as more of a 'consultation' approach rather than co production. However they have ensured that people with learning disabilities are involved in retendering exercises, staff recruitment and supported living tenants groups.

3.17. Bridgend has one of the lowest proportions of Welsh speakers in Wales, and demand for services in Welsh is negligible. The local authority is aware of the need to further raise awareness of their responsibilities to promote the Welsh language with staff - impact mapping is underway. Training courses are offered but take up is not high. There is more demand for other languages and other forms of communications (BSL, Makaton, braille etc.) and interpreters and trained staff are available. The necessity of the local authority to provide for the communication needs of people with learning disabilities is included in tender requirements and contracts.

Key Question 2

How effective is the local authority in providing information, advice, assistance, assessment and care planning that achieves positive outcomes and which respects people with learning disabilities as full citizens, equal in status and value to other citizens of the same age?

- 4.1. Inspectors examined 20 case files and followed through with a detailed examination of the experience of eight people from that sample. The evidence from this activity was considered alongside performance information and evidence from interviews and documentation.
- 4.2. The evidence suggests that the local authority mostly does well in ensuring that people know and understand what care and support opportunities are available and get help that is designed around their individual circumstances.
- 4.3. The local authority is responding to the implications of the Social Services and Wellbeing (Wales) Act 2014 and has ensured that there is easy access to information, advice and assistance. Providers report they experience good communication with the local authority. People with learning disabilities and their carers report that they get effective access to information and advice through the duty service provided directly by the learning disability team, although the single point of access is also available to them. Inspectors received positive comments regarding the support given by the care managers and despite some comments on the frequent change of care manager, access to information, advice and assistance was good.
- 4.4. There is some room for improvement in communication with people who use services and other stakeholders to ensure messages are clear. A number of people with learning disabilities using the 'having a say' group described some inconsistency in the quality of information they received

from the council and whether they could understand it. Some people did not know how to get information from Bridgend council although they stated they would use People First or their paid staff to access information. A small number of people were unclear about whether they could return to traditional day centre following the opportunity to sample taster sessions of new community groups.

4.5. The authority has reconfigured staff arrangements and developed new local community coordinators to provide information to assist people with learning disabilities to access universal services in the community. The coordinator currently uses a General Practitioner surgery for a drop in session and whilst this publicises the coordinator role it is likely to increase access for all members of the community, particularly when the local authority implement their plans to extend the drop in sessions at other surgeries. Approximately 40 cases have been assessed as suitable for closure and redirection to the local community coordinator. The local authority will need to monitor the extent to which contact is made by people with learning disabilities whose cases have been closed to managed care. Consideration will need to be given to the capacity of the local community coordinator where enquiries, signposting and support for members of the general community increases as the service becomes more established.

4.6. The local authority is shaping culture of the organisation to promote alternative responses to traditional managed care in line with Social Services and Wellbeing (Wales) Act 2014. By introducing an interdisciplinary 'change agent' team, consisting of an analyst, accountant and two case managers the local authority aims to "right size" packages. This process involves a review of the quality and cost of care provided by a commissioned service. Whilst anticipated savings of £300,000 this year and £350,000 next year have not yet been realised, the local authority wants learning from the experience to be shared across the service. It wants staff to move away from talking about eligibility to having a 'what matters' conversation with people that

develops a co-produced response to assessed need. Corporate funding for the 'change agent' team will be reviewed after 18 months.

4.7. The local authority seeks regular feedback through surveys of adult social care services and through "having your say" sessions in day centres. The local authority will wish to ensure communication to seek feedback is coordinated as some people spoken with indicated they received questionnaires from different sources. The local authority records compliments and noted 5 complaints were resolved at an informal stage during the last financial year. While there is no easy read complaint leaflet, the local authority offers support from People First if needed. The local authority would benefit from ensuring complaints and their outcomes are consistently recorded within case notes to ensure information is readily available to staff on duty and that people's experience is recorded. Complaint officers reported their awareness of safeguarding matters through training and joint working.

4.8. Involvement of carers in assessment and review processes for people with learning disabilities was clearly evidenced in case files. Carers reported that assessments were offered but declined and this was reflected in the case files seen. Offers of carer's assessments were also made as part of annual letter (last sent out 02.03.15) but despite this only 17.7% carers assessments had been carried out by October 2015.

Case Example

The main carer states that she promised her mother she would look after her sister and intends to do so as long as she is able. She is highly appreciative of the support provided through social services to enable her to do this. The carers' assessment is sensitive to their situation and anticipates future needs.

4.9. The Bridgend Carers centre was recommended by a number of parents as a source of information and support. The local authority recognises it needs to develop partnerships with the third sector however the 2014-15 team plan action for a learning disability team member to be identified to link directly with the carers centre has not yet been achieved. The local authority's plans to engage with carers about the impact of the Social Services and Wellbeing (Wales) Act 2014, attend carer's forum meetings and progress the regional carers strategy, should now be complimented by securing continuity and identifying this link.

4.10. The Safeguarding Team is responsible for the protection of adults at risk and supports staff that coordinate the response to a safeguarding referral. In addition the team manages the Deprivation of Liberty Safeguards, contract and quality monitoring and the 'escalating concerns in care homes' process. Providers indicated there were clear routes for safeguarding referrals and that they are involved in the process and invited to complex case review meetings to share lessons learned. There is confidence in the safeguarding process; staff and managers made reference to regular safeguarding training and appeared confident about their responsibilities. There are links between the regional Safeguarding Adults Board chaired by the Director of Social Services, the operational group in this local authority and the safeguarding team. The team has taken account of recommendations in the Jasmine Review - In Search of Accountability – and has developed a quality monitoring tool and a questionnaire for families in order to address issues of quality and safety with providers in a timely manner. Collation, appraisal and analysis of information were managed via a risk data base.

4.11. In the main, safeguarding information viewed indicated referrals were responded to appropriately. However, one case was seen where the records did not clarify the response to a potential safeguarding matter. It was of concern that the local authority had not telephoned the service to check the safeguarding arrangements or spoken with the person using the service who self reported the concern. This was referred back to the

local authority during the inspection and subsequent clarification was received 4 weeks later. In another case an IMCA had been engaged to support the best interest decision making for a person having a change of placement and an advocate had been involved to provide additional support. It had not been identified however that a Deprivation of Liberty Safeguards application was required despite two protection of vulnerable adult referrals and a review having occurred. The case was referred back to the local authority during the inspection and following their challenge to the provider a referral was received some 4 weeks later.

4.12. Bridgend has seen a significant increase in applications to authorise Deprivation of Liberty Safeguards following the 'Cheshire West' judgement in March 2014 which determined if a person is subject to both continuous supervision and control and not free to leave they are deprived of their liberty. Prior to the judgement the local authority had 14 requests, this has now increased to an overall waiting list of 385 people at the time of the inspection. There were 174 people with a learning disability using supported living for whom the local authority needs to submit a court of protection application.

4.13. A report in November 2015 to inform the Health and Wellbeing Overview and Scrutiny Committee of work undertaken to safeguard vulnerable people did not detail how this or the capacity to complete annual reviews of standard authorisations already granted will be managed, including the remaining 10 people using out of county placements who require a review. The verbal proposal to work through the waiting list by premises did not suggest an individual, needs, or risk based approach to prioritising the response. The local authority may wish to consider the appropriateness of its approach. The local authority has been proactive in training 28 Best Interest Assessors and has a longer term aim for all social workers to be trained. The safeguarding team has been proactive in contacting families to advise them of new directions from the Coroner regarding people who die while subject to a deprivation of liberty

safeguard. Further information and support was provided for those who sought assurance regarding these directions.

4.14. Positive feedback received from people and their carers, providers and professionals indicated good joint work between health and social care staff. Decision making and development activity is undertaken separately and this is replicated at more senior levels in the organisation reportedly due to structural changes and interim positions. The local authority should progress the good work seen between front line health and social care staff by working to understand the different perspectives in relation to the level and type of integrated service provision. This includes coordinating cases, referrals and allocation, record management, team standards and governance arrangements in order for progress to be made on implementing a joint team operating model. The Western Bay Collaborative progress report aimed for 'go live' in September 2016 however it appears there is much to do to achieve this.

4.15. Social workers stated they have an annual appraisal complemented by good opportunities for training and development. The ability of the investment in staff to contribute to the maintenance of a skilled stable workforce is impacted upon by the frequency of interim arrangements and temporary contracts that have been brought about by service remodelling. The local authority will wish to ensure progress for people who engage with care managers is not affected by frequent changes, where the building of rapport and subsequent relationships to address challenging issues is imperative. One example was seen of a person who had been supported by three social workers in two years and who was anticipating a further possible delay in reallocation given there were 47 cases waiting to be reallocated at the time of the inspection. The joint working of the team supported some people as gaps in relationships between people and care managers were held over by community nurses involved. The local authority will wish to maintain the quality of care management work and the clear enthusiasm of staff by managing any instability that may arise with the extent of service change.

4.16. The help people get was designed around people's individual circumstances and needs. Social workers spoke warmly of their clients and knew them well. Assessments and reviews seen were thorough and formed the basis of well-coordinated care.

Case Example

Multi agency planning was outcome focused with care plans from an early age taking into account **A**'s individual outcomes and planning was undertaken in partnership with parents and **A** at appropriate times. There was evidence within plans of collaborative and integrated working between education, health and social services. Throughout the transition process both parents felt able to express their feelings and wishes for **A**'s long term future planning. Although **A** is unable to verbally communicate, views are taken into account through inclusion in reviews where parents, education staff and the social worker can interpret body language, facial expressions and used limited pictorial symbols. Throughout the process parents felt included, provided with accurate and timely information to manage future expectations and ensure that there are commissioned services that meet **A**'s needs. Parents and **A** were invited to attend all reviews feeling that they were listened to, especially with the plan for attendance at the Day Centre.

4.17. Case files reviewed demonstrated people contribute in the review of their care and observations during the fieldwork showed that people with learning disabilities were encouraged to fully participate in conversations and activities. Sensitivity was evident when recording people's views in case records, attention to detail was seen when describing family dynamics ensuring the wording was acceptable and accurately represented their views on their family.

Case Example

The assessments and review comprehensively described the needs of **B** and formed a good basis for the services provided through a package of care which was individualised and varied to suit changing needs and opportunities. The views of **B** were taken into account by the social worker and provider staff who sought to extend **B**'s experience and encourage positive change. Positive interaction was observed between the social worker, provider and **B**, characterised by care and respect and a wish to achieve the best for **B**, including encouragement and challenge. There was a clear focus on maximising life opportunities, improving skills and functioning and responding to the individual personality of **B** and not letting things just carry on as they were without exploring other options.

4.18. Good assessments were seen, along with documentation for reviews and support plans. Some support plans were not written in a plain language – care managers have already identified this as a concern and have developed a draft easy read care plan to increase participation, using the health and social care accessible information resource database.

4.19. Assessments contained detailed information and reflected a person centred approach, ensuring choices, views and options are valued and included in future care and support.

Case Example

C has a wide ranging support package adapted and varied to meet **C**'s particular needs. **C** was regularly attending a day centre, became dissatisfied and more difficult to handle in the afternoons and would not get into the minibus to return home. Arrangements were made for **C** to be taken out from the centre each day from lunchtime and returned directly home at the end of the afternoon. **C** enjoyed the one to one activity and was more content.

- 4.20. Cases seen showed an awareness of risk and a readiness to manage risk in a positive way, to allow individuals greater opportunities and variety of experience. Examples were seen of carefully compiled risk management plans to cover a variety of activities or behaviours that were challenging of others.
- 4.21. Positive relationships and good coordination between those involved in supporting people were seen: for example, staff in home accommodation, day centre and health specialist services generally worked well together and the introduction of personal behavioural support methods at a day centre had led to significant reductions in incidents of challenging behaviour. There were examples of early response to problems and plans to aid longer term stability and changes were regularly made between reviews as individual circumstances changed. Evidence on files showed efforts to aid communication and participation such as communication passports and picture exchange communication systems. These positive initiatives would benefit from further promotion and implementation along with the traffic light information systems to support a hospital admission process.
- 4.22. The inspection identified that the team had experienced some instability arising from interim posts and temporary arrangements brought about by the remodelling and project development work. The local authority needs to review its arrangements to monitor the quality of core business whilst the remodelling programme continues. For example supervision had not taken place for some time by two senior care managers. Of care plans that were due to be reviewed, 76% had been reviewed, and 89% of care and treatment plans had been reviewed. The plan for managing the deprivation of liberty safeguards assessments, court of protection applications and renewals was not robust. It appears previous quality assurance mechanisms, for example case file audit, ceased as interim arrangements brought about by the remodelling commenced. Whilst the programme for change is ambitious, core business must also be supported

Key Question 3

To what extent have the arrangements for leadership and governance in the local authority delivered a clear vision for care and support for people with learning disabilities, aimed at improving outcomes, and which has the support an involvement of partners – including people with learning disabilities and carers?

5.1. There is strong leadership and longstanding commitment to helping people with learning disabilities to secure their rights and entitlements at all levels within the directorate, supported at corporate and political levels.

5.2. There was good awareness of the Social Services and Wellbeing (Wales) Act 2014 and strategic plans were developed to respond to the changing policy, legislative and financial landscape in order to deliver sustainable services. The local authority state their core vision leads their practice and this is values driven not cost driven: "*improvements are made first and the savings follow*".

5.3. Financial information is regularly provided and clearly presented. Finance staff confirmed the positive ethos of working with people reinforcing a focus on delivering a service first and then financial management. There was recognition that the plans to further devolve delegated budgets will require some skills development for team managers in order to achieve the requirements within the current financial environment where proposals for efficiencies are required. The local authority informed inspectors that a saving of 6.45% was anticipated from next years 12.77 million net learning disability budget and that this will be subject to further discussion.

5.4. The local authority faces similar pressures to others in Wales, and has put plans for projected savings in place. For example the 'change agent'

team reviewing quality and costs of care and reviewing the organisational structure to ensure it adapts with the changing role of social services. The local authority will shrink by 30% in future, use more fixed term contracts, reduce the use of agency and vacant posts. In addition the local authority intends to continue to use the Director of Social Services, head of human resources and finance approval mechanism for recruitment whereby each vacant post is considered in the context of requirement, adaptation and replacement. There was evidence during the inspection of a real awareness of the need for wholesale change in thinking alongside maximising the opportunities identified during and since the Alders assessment. Major cost savings have already been achieved through service reconfigurations and greater efficiency, such as the review of the in house supported living service undertaken resulting in a revised management structure.

5.5. Elected members were informed about the remodelling of the learning disability service. Some concerns were expressed that they were unable to scrutinise the work of the Western Bay Collaborative but there were effective arrangements in place for the Director of Social Services to brief members about this regional work. The local authority's 2014/15 annual complaints report indicated that constituents rights were assisted by 71 member concerns raised on their behalf. Councillors cited B'Leaf and Wood'B as examples of projects where equal citizenship was promoted effectively by the local authority. Members highlighted the importance of their rota visits and felt the identification of an elected member learning disability champion would be beneficial.

5.6. The local authority is committed to a vision evolving towards real citizenship with financial efficiencies as the bi-product. The local authority participated in a Western Bay Collaborative development session to plan how partners can assist in the development of social enterprises on a regional basis. The local authority has commenced its financial remodelling with the transfer of assets for Wood'B and B'Leaf to the Community Awen Cultural Trust with placement charge for each

attendee and a management fee paid that should reduce as they become more established. No savings have yet been realised from this project however over time sources of funding from grants-lottery opportunities should assist the service to become sustainable.

5.7. The Western Bay Collaborative is addressing the strategic objective of providing 'closer to home' services. This means helping people who may be living outside of the Bridgend County Borough to move back nearer family and friends. One project has been established and one further project is planned to open in the spring 2016. The projects are also designed to avoid people going into out of county placements. Other collaborative projects include a specialist behavioural team to improve outcomes for people with more complex needs. The Western Bay Collaborative seeks to achieve greater co-ordination and efficiencies at a broader level between NHS bodies and local authorities, but progress with some projects has been limited such as transition and joint team models. The Director of Social Services is clear that local implementation must be appropriate to meet local need and cites the example of adapting the proposed model of the local community coordinators to avoid delay and to ensure that the needs of people in Bridgend would be met.

5.8. On a strategic level the council seeks to have a positive relationship with health although this can be challenging at times. The provision of services is very well co-ordinated at individual case level and is supported by availability of specialist services. The social services and wellbeing directorate business plan 2015-16 *Working Together to Improve Lives* sets out a commitment to establishing an integrated operational model for the learning disability community support team. Progress in its implementation is slow. Recent changes to the Abertawe Bro Morgannwg University Health Board (ABMUHB) management structure and their merger of learning disability and mental health directorates have resulted in no timeframe for implementation of any

joint model. The Director of Social Services faces a challenge to move this forward.

5.9 . Views about service development and delivery are sought directly from people - mediated by People First and carers through the Parents' Forum who were well aware of current service changes. There are established consultation meetings led by People's First both on a routine basis to gain feedback about the quality of services and bespoke consultations about service developments such as changes to the way day services are delivered. Consultations about services for people with complex needs have been undertaken using different methods according to the ability of the people being consulted.

5.10. The local authority has been generally good in communicating its vision and managing change coherently. The Director of Social Services gives clear leadership and is visible - this was noted frequently with staff and providers feeling informed and involved. The local authority uses a range of mechanisms to communicate with staff who report an open and transparent approach. The 'changing the culture meetings' provide opportunity for transparent monthly opportunities to talk to all adult services team managers about the developments and current practice. This model could be expanded/replicated for 'all staff' or across the service as meetings are currently service specific e.g. day services. Staff have an opportunity at the STEP meeting to meet with their line managers' manager without their line manager being present. Some minor inconsistency occurred where confusion arose amongst staff who were encouraging people to try community-based activities or 'taster' sessions mistakenly thought that when people had transferred they could not return to their original day service. This reinforces the importance of ensuring staff understand the vision and message given the amount of change and its pace.

5.11. The council demonstrates a clear commitment to partnership working with statutory partners and local independent providers are closely involved

in developments and work well together. However providers stated that despite having highlighted the difficulty in recruiting social care staff, they were not aware of any strategic plans to increase the capacity of social care staff to deliver the services required.

5.12. The long-term evolutionary view of the development of services is supported by the Council as a whole - from centralised standard services, to devolved and more tailored services aimed towards 'normalisation' and their current model of community integration. The local authority foresees this progressing to less reliance on public services, with activities and services directly purchased (or otherwise secured) from community-based organisations. This progression has already led to the decentralisation of day services and more use of local community activities; a tender process is under way to reconfigure supported accommodation services. Some of these changes, together with greater efficiencies, have already brought about substantial cost reductions. Future developments carry some questions, tensions and risks; care will be needed to ensure that stakeholders, including staff, are fully engaged in the process and that existing good practice is not put at risk. There is some current threat to the core business of the social work team with evidence that increased turnover, insecure tenure, recent lapses in regularity of professional supervision, and uncertainty about future role and composition has had an impact on the quality of service.

5.13. The Director of Social Services leads an approachable and supportive staff group. There was a commitment to partnership working and leadership and strategic governance was strong with some attention required to operational governance. The strong value base that was evident in all staff spoken with and observed during the inspection, alongside an enthusiasm and commitment to people with learning disabilities means that the local authority is well placed to move forward with its transformation. These positive values were confirmed by people, carers and providers.

Next steps

The local authority is required to produce an improvement plan in response to the recommendations from the inspection. While the plan is the responsibility of the local authority, it should be available to CSSIW as soon as possible after the publication of the report.

We will monitor progress with the improvement plan through our usual programme of business meetings and engagement activity in the local authority. Where necessary, additional follow-up activity will be discussed and arranged with the local authority.

Findings - The Health Board

Health Inspectorate Wales (HIW) undertook fieldwork in order to form a view of the role of the health board in the effective provision of services for people with learning disabilities.

Summary of inspection

We tracked four cases that were either jointly funded between health and social care or solely funded by health, by reviewing case records, interviewing key professionals involved and meeting with people and their families. We interviewed health staff both on the frontline and management staff within the health board, including the safeguarding lead. We held a focus group attended by the multidisciplinary team. The health board and local authority also carried out a presentation on how they worked together to achieve positive outcomes for people.

Key Question 1

How well does the health board understand the need for care and support for people with learning disabilities, including support for carers and the development of preventative services in its area?

6.1. Overall, we found a health team that was extremely proactive. For example, they had a number of preventative work streams running alongside their clinical work, such as, training in the use of positive behaviour support, working with carers and secondary care to improve the secondary care pathway and a number of initiatives around improving transition. This was an area of noteworthy practice. Strategically, however, there was a need to commit to the excellent work the team were already involved in. The health board told us they were considering the option of funding health liaison nurses

6.2. In the four cases we reviewed, we found that people received help that was well coordinated and anticipated people's future needs. For example, in one case, a bespoke accommodation and support package had been created. In one case we reviewed, with regard to the transition pathway, however, we identified that this could have been planned better and the team acknowledged that this was an area which needed better coordination. They were working on improving this and had focused on transition at an away day. They also provided us with examples of how they had implemented plans to improve the pathway, such as building up further links with education. At present, two transition workers in the local authority notified the health team of transition cases requiring health input. The team leader was working on clarifying team operations and was exploring whether further resources could be used solely on transition. Staff told us the secondary care pathway, forensic pathway and links with mental health could also be improved to make the help people received as well coordinated as possible. There was a need, on a strategic level, to commit to driving forward the excellent work that the health team were already building on.

- 6.3. In terms of the health board's plans for the service, there was an Integrated Medium Term Plan (IMTP) in place but this was lacking clear aims and targets to meet the challenges and needs of the learning disability population. Health staff told us there was not a system in place for overall monitoring of needs and outcomes of the adult learning disability population to support future planning and commissioning within health, although some data was being gathered in terms of transition.
- 6.4. Within health, the learning disability service had only very recently merged with mental health and an interim structure was in place until a wider restructure of the whole service could be implemented over the next year. There was a good understanding of the challenges facing health services for people with learning disabilities and joint work was happening through the Western Bay collaborative (The Western Bay programme focuses as a collaborative in the area of health and social care with third sector and independent sector partners). Despite this, the health board were not in a stable enough position to proactively plan or to strategically commit to preventative and planning work on the ground at present.
- 6.5. Staff told us that service users' views would be taken into account within governance arrangements but clear, established and trusted methods of communication were not yet in place. Within health, the team leader was a Welsh speaker and this was offered to people using the service alongside the use of health board translation and interpreting services.
- 6.6. In terms of joint future planning, the Western Bay collaborative provided some examples where joint planning was happening on the ground. For example, through the 'Closer to Home' initiative to bring people with complex needs back into the local area. Joint working was also seen with the health commissioner sitting on the Accommodation Action Group. There was a joint commissioning plan in place and a joint commissioning board was planned to take joint planning forwards.
- 6.7. Overall, this meant that there were excellent examples of how the health team on the ground were driving forward preventative work and we saw

that joint planning and commissioning were beginning to happen on a more strategic level. However, health did not formally gather data and monitor the needs of the learning disability population. This, along with the service being in the middle of a large restructuring process, meant that the stability was not yet in place to commit to driving forward preventative work and proactive planning on a wider strategic level.

Key Question 2

How effective is the health board in providing information, advice, assistance, assessment and care planning that achieves positive outcomes and which respects people with learning disabilities as full citizens, equal in status and value to other citizens of the same age?

7.1. Overall, in the cases we tracked, we found that health and social care staff worked well together in providing information, advice, assistance, assessment and care planning to people with learning disabilities. The health team were well established which provided consistency to people with learning disabilities, were person centred and dedicated in their approach and we found good examples of multidisciplinary working. People we spoke with and their families made positive comments about health staff.

7.2. We saw examples where services were being designed around people's individual needs. In all the cases we tracked, health team staff had been involved in linking with social care agencies and training staff to help deliver a service that would meet the person's individual needs. Two cases we reviewed were people who were living out of county due to emergency situations around six years ago when there was no service provision within county that would meet peoples' needs. The 'Closer to Home' initiative meant that one service within Bridgend had been designed to meet people's complex behaviours within the area and a second property was in the planning stages. The two cases we tracked had been reviewed and people were settled so there were no plans for the people to move back to the area at present, although we were told that services could now be designed to meet people's needs. This meant there was a view to improve service provision to better meet people's individual needs, although staff acknowledged continued challenges in the mental health, forensic, transition and secondary care pathways.

7.3. The health team had adapted questionnaires to support them in monitoring satisfaction with services. The health team manager carried out regular audits of questionnaires in order to monitor people's views and to consider making improvements. The health team also worked in partnership with carers around improvements to the secondary care pathway. We saw that the team worked effectively with both the local authority and with the health board safeguarding lead around safeguarding concerns both on an individual and service specific level. In terms of reporting safeguarding concerns we found that health staff reported through the local authority rather than the health board. This meant that although we were assured appropriate procedures were in place in terms of safeguarding people, we could not be assured that the health board were getting an accurate picture of the number of safeguarding concerns coming from community teams, or were able to monitor this in terms of patterns and themes.

7.4. We identified that improvements were needed in the communication between health board management and frontline staff to ensure they felt valued in their roles and engaged with the health board's direction and priorities.

Key Question 3

To what extent have the arrangements for leadership and governance in the Health board delivered a clear vision for care and support for people with learning disabilities, aimed at improving outcomes, and which has the support and involvement of partners – including people with learning disabilities and carers?

8.1. The health and local authority team were based within the same location, held whole team meetings as well as service specific meetings, had worked on joint initiatives together and in the cases we reviewed we found people had experienced care and support across health and social care that was well coordinated. However, this was not backed-up by an effective shared records management system to assist with joint working and significant improvements were needed in this respect. The health team still used paper records with each discipline having a separate file and the health team were not able to access social care records independently. This meant that the records system did not provide an accessible overall view of the person's needs without further investigation by health and social care staff and therefore did not help to facilitate joint working. There was the risk that this could impact on the coordination of care and understanding of a person's holistic needs.

8.2. We found, in terms of community learning disability health services, there was not a clear vision in place due to the unit being in the middle of a complete restructure with an interim structure currently overseeing services. The unit was in the early stages of putting a strategy in place, with an event planned for February 2016 when, staff told us, they planned to engage with relevant stakeholders. Work on the IMTP was ongoing with the need for clear priorities and targets to be set. The unit had also developed additional governance arrangements in the form of a learning disabilities steering group that had just met for the first time,

with the aim of providing communication and an overview to all existing learning disability governance groups. At the same time, health team staff on the ground shared a vision and values base with very clear ideas about the direction of the service in terms of what they felt were the challenges and what was important to the services they delivered. We suggested the health board engage as much as possible with staff in setting direction under the new unit.

8.3. Clear, trusted and established channels of communication were not yet in place to listen to people with learning disabilities and carers about objectives and plans. Although we saw that there was a user group involved in governance and there was planned engagement through the strategy event in early 2016. We saw that the Western Bay collaborative provided a forum under which joint work such as the joint commissioning strategy and the proposed joint commissioning board could be taken forward. However, staff told us they did not feel particularly well informed about this.

8.4. This meant there was a need for the health board to actively engage with both staff on the ground and service users and carers in a more strategic way to ensure they were moving forward together, to set a direction for the service and in order to commit fully to the joint work across the area.

Next steps

The health board is required to complete an improvement plan to address the key findings from the inspection and submit this to HIW within two weeks of the publication of this report.

The health board improvement plan should clearly state when and how the findings identified will be addressed, including timescales. The health board should ensure that the findings from this inspection are not systemic across other departments/units within the wider organisation.

The actions taken by the health board in response to the issues identified within the improvement plan need to be specific, measureable, achievable, realistic and timed. Overall, the plan should be detailed enough to provide HIW with sufficient assurance concerning the matters therein.

Where actions within the health board's improvement plan remain outstanding and/or in progress, the health board should provide HIW with updates, to confirm when these have been addressed.

Methodology

Survey and Self Assessment

The local authority completed a data survey and self assessment in advance of the fieldwork stage of the inspection. The information from both was used to shape the detailed lines of enquiry for the inspection. It will also be used to inform the national overview report for Wales.

Routine inspections of regulated services

These included additional lines of enquiry linked to the key questions for the national inspection.

Contribution from All Wales People First and the All Wales Forum of Parents and Carers

Both organisations undertook work with their members and others to consider the key questions for the inspection and report back to the inspectorate.

Fieldwork

The inspection team were on site in Bridgend for seven days spread across two weeks in December 2015. The first week focussed on the experiences of people and their carers and of staff working in the delivery of care and support. The second week considered issues of leadership and governance (including partnership work) and the success of the local authority in shaping services to achieve good outcomes for people. Activities during the fieldwork included:

- Case tracking – inspectors considered 20 selected cases and explored 8 of those in further detail with people, carers, care managers and others.
- Interviews – inspectors conducted a number of group and individual interviews with staff, elected members and partners.
- Observation - CSSIW inspectors attended the Resource centre, work related projects, emergency accommodation and day opportunity services within Bridgend County Borough and together with HIW listened to a presentation by the local authority and the health board on their work together in support of people with learning disabilities.

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