

National inspection of care and support for people with learning disabilities

Merthyr Tydfil County Council

June 2016



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Introduction

This report of an inspection of Merthyr Tydfil County Borough Council is part of a national inspection of care and support for adults 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 adults 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 Merthyr Tydfil, 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 Wales 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 24 and will also report their findings directly to the Health Board.

The report that follows sets out our findings and recommendations for Merthyr Tydfil 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

Merthyr Tydfil County Borough Council has a population of approximately 59,000 (2014 mid-year estimate). Since the 2011 census there has been a slight increase in the total population with a larger proportionate increase in those aged 65 and over.

A consultant's report prepared for the Council in 2011, using the Daffodil web based social care needs projection system developed for the Welsh Government, estimated that there would be 1,095 adults with learning disabilities living in the County Borough in 2016. There are 222 adults with learning disabilities known to the authority, of whom 18 are aged 65 or over. On 31 March 2015, of the 222 people known to the authority, 91 were 'active cases' – that is open to a case manager – 62 were described as 'review only or open to review' and there were 69 closed cases.

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 £30,638.

The Health Board

Community health learning disability services are the responsibility of Cwm Taf University Health Board (Cwm Taf UHB). However, Cwm Taf UHB does not provide learning disability services directly and commissions Abertawe Bro Morgannwg University Health Board (ABM UHB) to provide these services. There was a multidisciplinary health team which consisted of a health team leader, secretary, speech and language therapists, community nurses, physiotherapist and physiotherapy technicians, occupational therapist, a clinical psychologist, a consultant psychiatrist and specialist doctor.

The health team were located on a health park and not co-located with local authority staff.

The health team could also access the following dedicated services for people with learning disabilities:

- A Specialist Behaviour Team
- Specialist learning disability dieticians.

Learning disability services sit under a newly merged Mental Health and Learning Disabilities Division of ABM UHB. Cwm Taf UHB Mental Health Directorate is responsible for overseeing learning disability services as the commissioning health board.

Summary of Findings – The Local Authority

- 1.1. The local authority's understanding of need rests largely on knowledge of individual cases. In general those people who need and receive services are well known by staff, a high proportion of whom have worked in the area for a long time. This individual knowledge reaches up through the organisation to senior management levels where, in an informal way, it undoubtedly helps to shape views as to how services should develop. It has also been used to inform medium-term financial planning, which is soundly based on current and predicted costs of individual cases, with special attention to young people coming through the transition process. Some significant changes have been successfully accomplished, involving engagement with people who use services, their parents and carers, and service providers.
- 1.2. There is, however, as yet no formal vision or strategy for service development, based on an analysis of need that can take into account the requirements of the Social Services and Well-being (Wales) Act 2014. A start was made in 2011, with a report commissioned from consultants (entitled *Learning Disability Commissioning Strategy*) but this has not been effectively pursued. Together with Rhondda Cynon Taf County Borough Council and Cwm Taf University Health Board, the authority has now begun to develop a joint commissioning strategy. This will require rigorous project management and leadership to ensure it achieves its purpose.
- 1.3. The provision of information, advice, assistance, assessment, care and support is based on sound practice in the social work team and elsewhere. Inspectors concur with the Director's assessment that staff "work hard and care about the people they work with". The formal processes of assessment, care planning and review have in general been carried out. Although the social services and health service teams are no longer co-located, there is effective co-operation between them.

- 1.4. Inspectors saw much good practice, with examples of excellence and relatively few areas requiring improvement. The continuity of service within the social work team, however, had recently been affected by staff changes and sickness absences. In day centres there were good examples of person-centred planning. The Ty Gwyn facility is well located, though could benefit from more structured activities. Inspectors were concerned that the physical layout of the day centre at Keir Hardie Health Park was not suited to its purpose and no health and safety risk assessment was in place.
- 1.5. Procedures and practice in safeguarding vulnerable people and dealing with particular incidents appeared sound and effective (although past risks were not always immediately evident in the current case file).
- 1.6. There were gaps in the provision of information and advice to the public at large about available services and also in opportunities for people to engage in community activities. Both these areas will require attention in the light of expectations of the new Act.
- 1.7. The senior management of social services has been subject to significant changes in personnel and in the management arrangements within the Council as a whole. Overall management capacity has been reduced. The Director has frequent access to the Chief Executive, through regular planned sessions and as need may arise, and to the Cabinet Member and Chair of Scrutiny.
- 1.8. Senior managers know their staff well and people with whom they work. They have a good record of working with their counterparts in Rhondda Cynon Taf County Borough Council and Cwm Taf University Health Board, and with relevant managers in the Abertawe Bro Morgannwg University Health Board. They have not yet provided a clear vision or pathway for the future development of services for people with learning disabilities. In helping staff adapt to new requirements, managers will need to provide some challenge, alongside continuing care and professional nurturing, particularly through reflective supervision and regular appraisal. There are no established

arrangements for working in partnership with people who need services and their carers in developing such a vision.

- 1.9. Financial management within social services appears sound. Workforce development programmes for staff within local authority social services and the wider social care workforce are well established and successful. A new corporate appraisal system has been introduced for the authority as a whole, starting at the top and working down. This will need to be effectively implemented among social services staff. The performance of services is actively managed at a corporate level, with a hierarchy of outcome and success measures.

- 1.10. The size of the authority has advantages and disadvantages. The advantages are seen in the close personal knowledge of people who need services and in strong local working relationships. The drawbacks are in the lack of capacity for analytical and developmental work, particularly in specialist areas. Senior managers will need to focus more attention to the latter, without losing the benefits of the former, if they are to respond effectively to the requirements of the Act and achieve even better outcomes for people with learning disabilities.

Summary of Findings – The Health Board

- 1.11. There are good examples of how the health team promotes preventative health services for people with learning disabilities. Joint planning and commissioning is beginning to happen on a more strategic level with the aim of improving services for people with learning disabilities, for example, through work on a joint commissioning strategy, with relevant partners. Health professionals have a good understanding of the challenges they face in meeting the needs of people with learning disabilities through the current service provision available. However, the health board did not formally gather data and monitor the needs of the learning disability population as a whole. There is a need for the health board to engage with partners to further plan and develop services to meet people's needs.
- 1.12. Overall, health and social care staff work well together in providing information, advice, assistance, assessment and care planning to people with learning disabilities. The health team had strong links with wider health services due to their location on a health park and inspectors saw good examples of teams of health professionals working together to achieve positive outcomes for people. There were barriers to joint working with the local authority because teams were not co-located and information about people's needs was not always routinely shared with the health team. Despite this, 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.
- 1.13. Health staff involved people and their families in decisions about their care and support, therefore ensuring care and support was designed around people's individual needs. Inspectors heard about challenges in people accessing as much hydrotherapy as was assessed as being needed, accessing specific equipment in a timely way and challenges around the

application of the continuing health care (CHC) funding process. Inspectors found that the communication between health board management staff and frontline staff also needs to be improved.

1.14. 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. Cwm Taf University Health Board (CT UHB) commissioned Abertawe Bro Morgannwg University Health Board (ABM UHB) to provide learning disability services in the area and there was a lack of formal governance procedures to ensure ABM UHB were providing services that met the needs of the local adult population of people with learning disabilities. However, both health boards were beginning to work on putting a clear strategy in place and in improving commissioning arrangements. 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 develop a clear vision for future care and support for people with learning disabilities, based on its existing vision for improving well-being and the requirements of the Social Services and Well-being (Wales) Act 2014.
- 2.2. In developing this vision, the local authority should engage actively and systematically with people requiring services and those who care for them, its own staff, and with others involved in providing services.
- 2.3. The local authority, together with its partners, should set a clear framework for the development of the proposed commissioning strategy for learning disability services, with effective project planning and reporting frameworks.
- 2.4. The local authority should provide information about services in clear, user-friendly formats and ensure this is readily available at appropriate points in the referral network, as well as to the public at large.
- 2.5. The local authority, together with the local health board, should review the safety and appropriateness of the day centre accommodation at the Kier Hardie Health Park as a matter of urgency.
- 2.6. The local authority should promote the development of community and voluntary organisation activities able to provide support and development opportunities for people with learning disabilities and, in particular, opportunities for carers to meet for mutual support and exchange of information.
- 2.7. The local authority should pursue and monitor the implementation of its staff appraisal scheme.

Recommendations – The Health Board

- 2.8. Cwm Taf UHB must ensure that they plan resources and manage performance and value for money for learning disability services. Specifically, both health boards should ensure they are gathering relevant data and information with a view to planning service provision that can clearly demonstrate how it is meeting the needs of the current learning disability population. Cwm Taf UHB must also be assured that current hydrotherapy provision meets people's needs.
- 2.9. Cwm Taf UHB must ensure they are working jointly with ABM UHB and the local authority on a strategic level to plan services.
- 2.10. Both health boards must work with the local authority team to ensure that on an individual case level, the health team are involved in the holistic assessment and planning of people's care and support.
- 2.11. Both health boards should ensure there is a clear process in place for community teams to report safeguarding concerns through the health board(s), so that concerns and themes can be monitored.
- 2.12. Both health boards should ensure that staff on the frontline feel connected and engaged with the health board's vision by improving communication and information flow.
- 2.13. Both health boards should work with the local authority to ensure, where appropriate, that people are offered equipment that meets their assessed needs in a timely way.
- 2.14. Cwm Taf UHB must work with ABM UHB and the local authority to ensure there is a clear strategy in place for learning disability services. The strategy should clearly set out how the health board plans to meet the needs of people with learning disabilities in the area.

- 2.15. Both health boards must ensure they engage with service users and carers, as well as staff, in setting the vision and direction of the service.
- 2.16. Both health boards should work with the local authority to identify better ways of working with a view to improving CHC processes, where appropriate. Cwm Taf UHB should ensure that staff teams have sufficient training and have consistent, clear information about making CHC applications.
- 2.17. Both health boards must ensure they engage with the local authority at all levels to promote joint working.
- 2.18. Both health boards should work with the local authority to ensure there is effective communication and sharing of information between health and local authority teams.

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. Most people receiving services have done so for many years and are well known to those who work with them. This personal knowledge is enhanced by a tradition of long service within the authority. At an individual level, therefore, the authority knows well the need for care and support for people with learning disabilities. This personal knowledge is shared by people in senior manager positions and, in informal ways, has undoubtedly helped shape views on the way in which services have been developed. In a similar but more formal fashion, the budget provision for services to adults with learning disabilities is based on current and predicted costs of individual cases, with special attention to those coming through the process of transition from children's to adult services.
- 3.2. There is, however, as yet no formal vision or strategy for service development, based on an analysis of need, that can take into account the requirements of the Social Services and Well-being (Wales) Act 2014. A start was made in 2011, with a report commissioned from consultants (entitled *Learning Disability Commissioning Strategy*) but this has not been effectively pursued. Much of that report is still relevant. The authority does have a good general record of working with Rhondda Cynon Taf County Borough Council and Cwm Taf University Health Board. These three bodies have now begun to develop a joint commissioning strategy, with a scoping document produced in September 2015. Rigorous project management and leadership will be required to ensure that this new strategy achieves its purpose and is more successful than its predecessor.

3.3. A total of 222 adults with learning disabilities are known to the local authority. Of this number 153 people are described as 'active cases' or 'open to review'. Sixty five of these live with families, 18 in supported accommodation and 28 in care homes. Seven are placed outside the local authority area. Seventy-eight people receive day services and 47 receive domiciliary care.

A well managed change

In the process of replacing two former group homes with supported accommodation, social services and health services staff worked closely with residents and their advocates, their families and staff. Where necessary they undertook capacity assessments and option analyses to inform best interest decisions. They organised site visits to support an ethos of continuity of the care and stability of the existing home environment.

3.4. The authority lacks systematic arrangements for enlisting the collective views and experience of people who receive services and their carers in shaping the future development of services, although managers have found ways of consulting them over specific service changes. There is a more general project, based in Voluntary Action Merthyr Tydfil, to improve services for carers, but no group specifically for those who care for people with learning disabilities.

3.5. Merthyr Tydfil has one of the lowest proportions of Welsh speakers in Wales, and demand for services in Welsh is negligible. There are around 10 staff in social services able to speak Welsh and tuition is offered. Training is also provided as required in British Sign Language and English as a second language. In one case seen by inspectors, arrangements – informal but effective – had been made to provide for someone whose first language was Cantonese.

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. The great majority of people receiving services have been known to the authority a long time, some since birth. Most people entering adult services do so through transition from children's services, with others emerging when family caring arrangements come under strain later in life or when people move into the authority area from elsewhere. In the cases seen by inspectors, it was difficult to trace the original routes of referral or the means by which people first knew of the help available.
- 4.2. There is little information readily available to the public about social services for people with learning disabilities. There is a *Cwm Taf Carers A-Z Guide* on the internet; it is attractive and comprehensive, but the only directly relevant information is the contact details for the social work teams. The health service learning disability team has some leaflets but the social services team does not.
- 4.3. The social work team remains for many the primary source of advice and assistance. Carers reported that they are able to telephone when they need, usually to someone they know, and receive helpful responses. This appears true whether cases are classed as 'active', 'open to review' or 'closed to review'. (Inspectors found it hard to distinguish between the latter two categories.)
- 4.4. Carers reported that they and, as far as practical, the person for whom they care are fully involved in the formal processes and decisions about care. Indeed, carers often appeared the primary directors of care, supported by the resources available through social services. Most carers feel well supported. Inspectors saw some good carer's assessments, though these were present only in a

minority of cases examined. There is currently no carers' network, through which carers could be given general information and advice and give and receive mutual support.

- 4.5. The evidence from individual cases showed efforts to hear the views of people using services and to respect their wishes and feelings.

The care plan and also the case file held within the [residential service] indicates a good understanding of [Person A's] style of learning, how he makes sense of his world, and how best to encourage engagement and communication with him. I also met and observed him in placement and saw that augmentative communication was used to assist. (Inspector's comments)

People's ability to express their views is supported when needed by advocates.

There is very clear, well documented input from an advocate on significant aspects on [Person B's] changing needs, in relation to her well-being as she approaches end of life care, funeral planning, and the drawing up of a will. Previously, an independent mental capacity advocate had been involved in considering options and making decisions in relation to a hospital discharge in 2012. While the local authority retains overall financial responsibility, a capacity assessment in 2013 concluded that [Person B] had the ability to make decisions affecting her day-to-day life; instructions for someone to act for her when this changed had also been clearly anticipated and appropriately set out.

- 4.6. Social work practice is generally good. The basic disciplines of assessment, care management and review are carried out in timely and conscientious fashion, with few exceptions. Inspectors saw many examples of good practice, in some cases excellent. There is a need, however, for more emphasis on progressive planning – looking to enhance skills and opportunities for independence, with managed risk taking – and on planning for future eventualities. This is particularly the case in respect of those people who live

with older family carers who will eventually be unable to continue with their caring role. The number of people living with family carers (65), may be a relatively small proportion of the 222 people known to the authority, but it amounts to almost half of the people who are described as active cases or open to review. For this reason local authority staff need to be particularly mindful of the need for contingency planning in their work with people and their carers.

- 4.7. In day centres there were good examples of person-centred planning. Inspectors saw caring and warm relationships between staff and people using services. Day centre staff had involved people using services in agreeing and designing programmes of activities. The outcome of the day service restructuring is mixed; there is positive development at the Bothy (greenhouses with horticultural activities) and the Ty Gwyn facility is well located, though could benefit from more structured activities. The physical layout of the day centre at Keir Hardie Health Park was not suited to its purpose – some people are not able to get out of their wheelchairs because of inadequate space to park them. When inspectors visited the service, several wheelchairs were stored in the corridor that is the main thoroughfare; this is a hazard for both the people using the service and the staff who support them. The authority was not able to produce a health and safety risk assessment for the service, either when inspectors were on site or subsequently.
- 4.8. In general the help that people get is designed around individual circumstances and needs. Staff know well the people with whom they deal and work closely with them. There is good co-ordination with others involved in care, including the health service team, specialist professionals and organisations providing care services. Inspectors saw examples of arrangements made to meet specific needs or deal with particular problems.

There is evidence of good continuity of support for [Person C] particularly since 2011. This lady has medical difficulties in addition to learning disabilities. It is likely also that her condition of Down's Syndrome will lead to additional health-related problems as she gets older. The case file demonstrates that whilst social care is the primary input, through regular review and assessment physical adaptations, and regular review at a hospital of her sclerosis of the liver implies that the help she gets is well-coordinated.

Arrangements to protect vulnerable people from abuse and neglect appear sound. In cases seen by inspectors, referrals to adult protection procedures had been appropriately dealt with.

[Person D] is described as being "at high risk of abuse and exploitation" and requiring support and supervision. There have been two formal adult protection referrals, respectively concerning possible sexual exploitation by a fellow resident and complaints that she been harassed by youths while in town. Both were properly investigated and dealt with through discussion and monitoring, with an approach of helping her develop her own coping strategies with appropriate support.

4.9. It was not immediately evident from case files (paper and electronic) whether someone had been subject of such procedures. While there is an alert system in place, a review of its effectiveness would be beneficial.

4.10. The local authority reports that 10 people are safeguarded through the Court of Protection and that four have been subject to formal Deprivation of Liberty safeguards (DoLS) procedures. Training is provided to staff on the Mental Capacity Act and on DoLS. Inspectors saw one case in which a DoLS authorisation was in place and several in which mental capacity assessments had taken place.

Key Question 3

To what extent have the arrangements for leadership and governance in the authority 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?

- 5.1. The authority's overall vision includes the aspiration that 'people learn and develop skills to fulfil their ambitions' and that 'people live, work, have a safe, healthy and fulfilled life.' For social services, within an overall aim of 'improving wellbeing' and the aspiration that 'people will be able to lead independent and fulfilled lives', there are sets of desired outcomes and strategic aims for adult services. There is no specific set of outcomes or measures for learning disability services and no clear and trusted lines of communication with people with learning disabilities and parents and carers, beyond the care management process, to discuss what those outcomes should be.

- 5.2. Senior managers spoke of aspirations that people might live as independently as possible, in the least restrictive conditions, and be enabled to do things; this should mean more people living independently of the local authority and fewer people receiving packages of care, and an increase in direct payments enabling more people and families to direct their own care.

- 5.3. Among practitioners there is a strong culture of caring for and about the people with whom they work. The social work team, which has been characterised by considerable continuity of service, has been subject to some pressure due to staff changes and absences. This is coupled by concern that they may no longer be able to provide lower levels of advice and assistance, which practitioners believe reduce the risk of greater problems at a later stage, when it is not clear how these will be provided from elsewhere.

- 5.4 A reduced reliance on local authority social services resources will require a strengthening of resources available elsewhere in the community – through social regeneration and through encouragement and support for third sector development. Crucially it will require a strengthening of support for carers, through voluntary organisations and carers’ networks, and providing the means through which carers and people who use services can more systematically contribute to thinking about service development. Internal changes will also require active management, including involvement and nurturing as well as challenge.
- 5.5. Merthyr Tydfil is a compact local authority, and reductions in funding have led among other things to reductions in management capacity in social services. There have been changes at senior management level in the last year and changes in the corporate management structure. While the new arrangements are relatively untested, inspectors found that management has been largely effective in overseeing generally sound care and support for people with learning disabilities. Members and senior officers expect the structures for leadership and governance to deliver a more corporate approach to the business of social services, moving away from a perceived ‘silo’ based approach in the past. A test for the success of this structure will be the extent to which it delivers what is currently missing in its approach to the leadership and governance of care and support for people with learning disabilities; namely a vision and strategy for those services that is built in partnership with stakeholders.
- 5.6. The performance of social services is managed through a hierarchy of outcome measures and targets, with regular reporting arrangements and systems of focussing on any areas of concern. For the most part learning disability services are not separated out as a distinct entity. Similarly there has been no specific focus on them at political scrutiny level and there is no ‘member champion’ (formal or informal) as is sometimes the case. This is understandable given the structure of the local authority but does leave an onus on managers to ensure that particular needs do not go overlooked. The ability

to make progress with the proposed learning disability commissioning strategy will be a test in this regard.

- 5.7. Financial management of social services appears sound. As mentioned previously, financial planning is based on close knowledge of individual cases and services have remained within budgets.
- 5.8. Aspects of workforce planning appear strong. There is an active programme of training and workforce development, across the whole social care sector and involving partner agencies. The training programme within social services is determined partly by external requirements (such as new legislation) and partly by need highlighted by analysis of need at team level. This latter process has not worked universally well, partly because of the lack of effective staff appraisal. Annual appraisals, which had largely lapsed, are now being reintroduced as a corporate initiative, starting at the top of the organisation and working down. This should remedy a marked defect and aid other aspects of workforce management.
- 5.9. Among the staff groups inspectors saw formal supervision was taking place, though somewhat variably. In the social work team there was a heavy emphasis on checking through cases ('performance management'), with less room for reflective discussion, 'learning and development' and 'support'.
- 5.10. Formal partnership arrangements between the authority, its neighbouring authority Rhondda Cynon Taf County Borough Council and Cwm Taf UHB are well developed – at corporate level through the local service board, and at social services level through a partnership board which oversees various workstreams. For learning disability services, health services are commissioned from the Abertawe Bro Morgannwg UHB. The partnership arrangements that exist have not, to date, delivered any pooled budgets (with the exception of the joint equipment store); integrated services; or shared detailed planning between health and social services to shape care and support for people with learning disabilities. The authority also has partnership arrangements with a wider group of local authorities in South East Wales.

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

Healthcare 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 with learning disabilities and their families. We interviewed frontline and management staff within both health boards. 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 that the health team on the ground was proactive in working on a number of preventative work streams alongside its clinical work and there were good examples of staff supporting people with learning disabilities on an individual basis in health liaison roles. For example, we saw evidence of the health team supporting people with learning disabilities to access annual health checks, have regular blood checks (where needed) through working to reduce people's anxieties, and promoting hospital passports. On a strategic level, we found that Cwm Taf UHB was working to improve awareness and implement best practice with people with learning disabilities in both secondary and primary care. For example, there was a focus on implementing the 1000+ Lives guidance for improving general hospital care for people with learning disabilities as one of their priorities under the Quality Strategy 2014-17. However, on the ground, community health staff told us they still faced challenges in terms of engagement and at times, attitudes and lack of understanding of learning disabilities, with secondary and primary care health colleagues.

6.2. We found that because the health team were located on the same health park as the Profound and Multiple Learning Disability (PMLD) day service, links to wider health professionals and the day service were excellent and we saw examples of excellent multidisciplinary working within health to ensure well coordinated care and planning for individuals' future needs. For example, in one case, the health team had worked with one person who was due to undergo a planned minor operation. The health team liaised with secondary care colleagues to ensure the person received the support they needed whilst in hospital and worked with the person to reduce their anxieties and ensure they had all the information they needed.

- 6.3. We found barriers in terms of joint working and planning for people's future needs between health and social care both on an individual case level, (particularly with routine cases as opposed to urgent cases), and on a strategic level. We found that because the health team and the social work team were no longer located on the same site, joint working was not as effective as it used to be. The local authority team was generic so did not include specialist learning disability social workers and this led to an inconsistency in how confident social workers felt in referring to health. We also found that health staff were not routinely invited along to people's review meetings and were therefore not always routinely involved in discussions around people's holistic needs and future planning. We saw this in practice in one case we tracked where we found that not all health professionals had been invited to attend a multi-professional meeting about the person's current and future needs.
- 6.4. On a strategic level, Cwm Taf UHB commissioned ABM UHB to provide learning disability services, and staff from both health boards acknowledged that joint planning between the two health boards was an area of weakness. We found there was no service specification in place to set out what Cwm Taf UHB expected ABM UHB to provide in terms of learning disability services. Although there was knowledge about the specific challenges in meeting the needs of the learning disability population in the area (for example, a lack of nursing homes to meet the needs of older people with learning disabilities) this data wasn't gathered within health to enable future planning and service provision to develop. It also meant we could not be assured that current service provision, at a community level, met the needs of the current learning disability population as a whole. Staff and carers raised concerns with us about access to hydrotherapy and respite and we saw evidence that people's access to hydrotherapy was limited due to limited facilities. Staff told us there were plans to work on joint commissioning between health and the local authority and a strategy event, led by ABM UHB and attended by Cwm Taf UHB, was imminently planned to start working on joint planning.
- 6.5. In terms of service users and carers having a voice in planning, staff told us that carers had been involved in the set up of several day services and that service user involvement in the upcoming strategy event had been planned. However,

we found there was not a focus on ensuring service users and carers were at the centre of future planning and commissioning. How people's views would be incorporated on a strategic level, in planning, had not been fully thought through or developed.

6.6. Overall this meant that we could see that the health team understood people's needs on an individual level and we saw excellent examples of multidisciplinary working and health liaison work to anticipate people's future needs. However, there were barriers to joint working with the local authority which had the potential to impact on the holistic assessment, coordination and future planning of people's individual care and support. On a strategic level there was a need to focus on joint planning between Cwm Taf UHB, ABM UHB and the local authority, both to evidence current service provision and to ensure that the development of services could be moved forward in partnership with service users and carers.

6.7. Following the inspection, Cwm Taf UHB submitted further information, which elaborated on the focus of planning and future direction for learning disability services within the health board. For example, Cwm Taf UHB have appointed a new Assistant Head of Planning for Primary, Community & Mental Health Services which will provide dedicated planning support to learning disabilities. A commissioning strategy for learning disabilities was started in November 2015 and the Integrated Medium Term Plan 2016-19 also outlines key strategic priorities for learning disabilities. This meant that, although findings of this report remain the same, we were assured that Cwm Taf UHB was engaged in some planning activity around the future of learning disability services.

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, we found a staff team who were passionate and committed to achieving the best outcomes for people. In the cases we tracked, we found that health staff worked well together in providing information, advice, assistance, assessment and care planning to people with learning disabilities. People we spoke with made positive comments about their relationships with health staff.
- 7.2. The cases we reviewed were all people with Profound and Multiple Learning Disabilities (PMLD) and the health team had excellent links in particular with the PMLD day service. The health team were person centred in their approach and we found good examples of multidisciplinary working. For example psychiatry and nursing held joint clinics and physiotherapy and the Occupational Therapist worked closely with the PMLD day service. We saw this working in practice for one person whose case we tracked. The person's joint review had meant that day services changed aspects of the way they worked with the person, to meet needs that had been identified by both the dysphagia (swallowing difficulties) clinic and nursing/psychiatry clinic, for example, around support with weight loss. We also saw examples where health staff worked with other services and teams to provide training and ensure services met people's individual needs.
- 7.3. Staff told us they received referrals from the local authority early enough to be effective in their approach and that particularly in complex cases, felt they worked well with the local authority in a joint way. However, there were barriers to health and social care staff working jointly in care planning and provision on the ground, particularly around joint assessment and planning of people's needs. We saw that although the health team copied their local authority colleagues into all health assessments, this was not reciprocated and the local authority did not consistently invite health staff along to people's review meetings of their care and support. Although we did not see evidence that the

challenges around joint working had impacted on people's care and support in the cases we reviewed, there was the potential for this and teams should consider how to promote joint working, to ensure health and social care staff work together to achieve the best, holistic outcomes for people with learning disabilities.

- 7.4. There were challenges in people being able to access as much hydrotherapy as was assessed as being needed due to a lack of service provision in the area. At times there were also challenges in accessing specific pieces of equipment in a timely way, due to funding disputes. We could not be assured that current service provision on a wider level was based upon evidence of the needs of the learning disability population as a whole, as discussed in Key Question 1.
- 7.5. Through case tracking we saw that health staff involved people with learning disabilities and their families in decisions about their care and support and staff documented how they obtained consent and involved people with PMLD in decisions around their care. We saw the team was beginning to implement accessible goal planning across the disciplines and we saw good use of accessible information in people's files. We saw that the health team had developed questionnaires to seek people's views and were beginning to use these systematically, with the health team manager collating the feedback on a monthly basis with a view to making improvements. It was not always clearly documented in the files we saw which different communication methods the team used to gain the views of people with PMLD, but on speaking with staff there was a good awareness and they were able to give examples of how they did this in practice.
- 7.6. Health staff told us they felt valued by the health team manager and each other. However, we identified that the team felt isolated, particularly because the current arrangements meant that they felt unclear about the direction of travel for learning disability services within both Cwm Taf UHB and ABM UHB. ABM UHB learning disability services had recently merged with mental health and staff felt that they had not been kept well informed about changes. Staff did not feel connected or affiliated to Cwm Taf UHB as a health board at all. Staff told us there had been some consultation in the past about changes but they never

found out what happened to the feedback they provided. Improvements were needed in the communication between health board management staff and frontline staff to ensure staff felt valued in their roles and engaged with the service's direction and priorities.

- 7.7. The team reported safeguarding concerns solely through the local authority meaning that the health board was not getting an accurate picture of the safeguarding work being done by the community health team. However, staff were clear about their roles in safeguarding people from abuse.

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. Overall we found the vision for learning disability services to be unclear within health and based upon trust and informal arrangements. There was no current strategy for learning disability services. There was a lack of ownership of learning disability services by Cwm Taf UHB, with no service specification in place or governance arrangements to monitor the services being provided by ABM UHB to ensure they were meeting the needs of the population.

- 8.2. Staff representing Cwm Taf UHB told us they were planning to draft a service specification and that they planned to work more jointly with ABM UHB and the local authority in moving forward with planning. However this was all in its infancy and it was unclear how, when and who would take this work forward, with only the upcoming ABM UHB strategy event in place as the start of this work. ABM UHB had recently undergone a large structural reorganisation with learning disabilities and mental health merging and interim arrangements were in place until key individuals could be recruited to give stability. ABM UHB had very recently put together an Integrated Medium Term Plan which set the context for the service and was clear about the challenges. However, there were a lack of specific targets being set to meet these challenges and a lack of direction and clear vision filtering down from both health boards.

- 8.3. The health team on the ground shared a clear vision and set of values in their work on the frontline. However, the team felt particularly isolated due to their position, effectively working under two health boards, and felt disengaged from

changes that were happening on a strategic level, with a lack of faith in communication channels.

- 8.4. There was no strategy or established system in place to ensure people with learning disabilities and carers' views were consistently and regularly taken into account around health service provision and future direction. Representatives from ABM UHB told us the strategy event planned for February 2016 would involve service users but we were not assured that this work had been planned with service users and carers' needs and views at the centre of it. Within ABM UHB, staff told us there was a user involvement group in the Directorate which fed up to the Learning Disability Steering Group, which had been recently formed to ensure all governance groups were communicating with each other. However, there was a lack of information and evidence-gathering by both health boards to inform future service provision and direction to ensure services were meeting the needs of residents with learning disabilities within the Merthyr area. We could therefore not be assured that services were being planned with service users and carers' voices at the centre or that outcomes for people with learning disabilities were being measured on a strategic level.
- 8.5. On the ground we saw that the health team and local authority worked together as jointly as they could within the restrictions of not working from the same site and there were some well established relationships with some of the local authority team. However, there was a need to build on this to promote the health team to social workers who may not have a background in learning disabilities and to promote joint attendance at meetings where joint challenges and priorities could be discussed for both teams.
- 8.6. 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 or vice versa. 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, particularly with teams not being co-located to facilitate informal discussions of people's current holistic needs.

- 8.7. Staff told us about the challenges and pressures placed on the team of increasing numbers of Continuing Health Care (CHC) applications which was not a challenge only in this area, although, particularly for this health team, staff were unclear about the process due to CHC sitting within Cwm Taf UHB, whereas they were employees of ABM UHB. In the funding examples we saw, this did not affect outcomes for people with learning disabilities but the process of reaching these outcomes left the team feeling demoralised and created difficulties in managing families' expectations of services.
- 8.8. Overall we found that the arrangements for leadership and governance in health were not delivering a clear vision for people with learning disabilities.

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 raised.

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 Merthyr for seven days spread across two weeks in January 2016. The first week focused on the experiences of people receiving services 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 eight 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.
- Presentation – inspectors together with HIW listened to a presentation by the authority and the health board on their work together in support of people with learning disabilities.
- Site visits – inspectors visited day centres and various residential services.

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