

National inspection of care and support for people with learning disabilities

Torfaen 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.

Copies of all reports, when published, are available on our website or by contacting us:

In writing:

**CSSIW National Office
Government Buildings
Rhydycar
Merthyr Tydfil
CF48 1UZ**

**Communications Manager
Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ**

Or via

Phone: 0300 7900 126
Email: cssiw@wales.gsi.gov.uk
Website: www.cssiw.org.uk
Joint Inspectorate Website: www.inspectionwales.com

Phone: 0300 062 8163
Email: hiw@wales.gsi.gov.uk
Website: www.hiw.org.uk

Contents

Introduction.....	2
Context.....	4
Summary of Findings.....	6
Recommendations.....	12
Findings – The Local Authority.....	14
Findings – The Health Board.....	30
Methodology.....	40
Acknowledgements.....	42

Introduction

This report of an inspection of Torfaen 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 Torfaen, 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 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 30 and will also report their findings directly to the Health Board.

The report that follows sets out our findings and recommendations for Torfaen 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

Torfaen County Borough Council has a population of approximately 91,000 (2014 mid year estimate). The proportion of the population within each age range in the Borough mirrors the average for Wales, that is 20% are aged 0-17 years; 60% aged 18-64 years, and 20% aged 65 years and over.

The local authority, using the Daffodil web based social care needs projection system developed for the Welsh Government, estimates that there are 1,671 adults with learning disabilities living in the County Borough. There are 301 adults with learning disabilities known to the authority, with 274 receiving services, 37 of whom are people aged 65 and over. The number includes 29 people with a learning disability receiving services in care homes.

In September 2015, of the 345 people known to the authority, 27 were carers, 276 were 'active cases', that is open to a case manager; 17 were described as open for the protection of vulnerable adults (PoVA) only; 54 as 'review only or open to review'. Of this number, 31 were new cases, referred to the local authority (not including transition) from April 2014 to March 2015.

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 £27,964 per open case.

The Health Board

Community health learning disability services in Torfaen are provided by Aneurin Bevan University Health Board. At the time of our review, there was a multidisciplinary health team which consisted of a health team leader, community nurses, a clinical psychologist, occupational therapist (OT) and an OT technician, a consultant psychiatrist and speech and language therapist. The health team were co-located with local authority staff to form the Community Learning Disability Team.

The health team could also access dedicated services for people with learning disabilities which were available to all community learning disability teams in the Aneurin Bevan University Health Board area - the Intensive Community Intervention Service (ICIS) for the most severe behaviours that challenge; a specialist family therapy service; arts therapy service; specialist learning disability physiotherapy; and a health liaison service.

The Learning Disabilities Directorate sits within the Mental Health and Learning Disabilities Division of the health board.

Summary of findings – The Local Authority

- 1.1. Torfaen County Borough Council has been engaged in a transformation programme over a number of years designed to modernise its approach to services for people with learning disabilities. Torfaen joined with other stakeholders (people who use or need services, four other local authorities and the Aneurin Bevan University Health Board (ABUHB) and third sector partners) to create the Gwent Learning Disability Strategy 2012-2017. This integrated strategy contains a joint statement of priorities based on the voices of people with learning disabilities. Service transformation has sought to ensure that people get the help they need by “right-sizing” packages of care, widening the scope of day opportunities and responding to the people who have made clear requests to have their own front door rather than living in shared tenancies.

- 1.2. The authority has identified young people with complex needs and supported individuals and their families through transition arrangements which are timely and bring good outcomes. The corporate emphasis on greater independence for all has included a re-focus on who is eligible for specialist learning disability services, prioritising people with greater assessed need and directing or re-directing people with moderate needs to universal support services. The process of change was carried out systematically with appropriate re-assessment and consultation. People who had benefitted from change were positive about the improvements to the quality of their lives. However, many people whose services changed were still coming to terms with what it meant for them and remained unconvinced of the fairness of the processes employed. Torfaen now needs to look at the impact on individuals of re-modelling services to see if further adjustments should be made. This is particularly relevant where people no longer receive social services. Although the commissioning service has started the work of mapping the needs of older carers and the people they support, there is more to do to ensure

that robust individual contingency plans are in place that will ensure continued or increased well-being.

1.3. Senior managers acknowledged that they are still working to achieve the vision for care and support for people with learning disabilities, particularly through working with the third sector to extend its range of support. They need to ensure that awareness of the implications of the Social Services and Wellbeing (Wales) Act 2014 is embedded within learning disability services at all levels. Currently there are lead managers who champion the required approaches while the majority of staff have yet to understand its full effects. As key partners, Health Board staff also need to be included in awareness raising. The Community Learning Disability Team (CLDT) should be well placed to promote its principles because of their existing value-base. There is considerable good multi-disciplinary work with health partners already in place.

1.4. People with learning disabilities who spoke to inspectors were generally positive about their experience of care and support. Some gave the view that more could be done to ensure that they have friendships and relationships, which is the first priority of nine agreed priorities in the Gwent Strategy. The local authority's work with Torfaen People First, the Day Opportunities Committee and the Gwent Learning Disability Strategy Planners Forum provides strong evidence for its commitment to hearing people's voices. Similarly, the staff supporting people (including those who work for the independent or third sector) were largely positive about working with or for the Council. Providers were generally appreciative of the authority's willingness to work in partnership with them and appreciate the flexibility they have been given to respond innovatively to individual needs. Inspectors found that people working in learning disability services aspire to a person centred approach and treat people with dignity and respect. Day opportunities provide a range of activities for people and offered a flexible approach to the way help is delivered. The idea that people will progress, become increasingly

independent and may not always require specialist services is encouraged from the transition process onwards.

- 1.5. While the case sample examined by inspectors was small it provided evidence of a systematic approach to assessment, planning and review in which care managers tried to speak from the person's perspective. Inspectors saw examples of good practice where care managers focussed on supporting individuals to identify and achieve their goals in life and helped them to reach good outcomes. Service delivery plans set out person centred outcomes but this can be developed further, for example making them more measurable. Some carers were less satisfied with the response to their requests for advice and support while others appreciated the support they were offered. This may reflect the challenges that many parents face while their adult offspring try to attain greater independence.
- 1.6. Quality assurance of case information was variable with no performance reporting in place. There appeared to be little overt quality assurance of plans including those with safeguarding concerns outside of the supervision process. The requirements in the Adult Services Practice Handbook alone are not sufficient to guarantee the quality of service. Managers can do more to ensure that a quality assurance culture is embedded within all layers of the service.
- 1.7. There was evidence of an increasing awareness and appropriate use of the Mental Capacity Act 2005, with decision-specific mental capacity assessments in place for some individuals. This has been accompanied by an increase in the support to the Gwent-wide joint Deprivation of Liberty Safeguards (DoLS) Team to ensure that people are safeguarded lawfully in a timely way. There is more to do. A number of people in supported accommodation are waiting to be assessed despite being identified as potentially requiring referral to the Court of Protection. Discussion about mental capacity is not routinely included in care

management reviews, even where concerns have been identified. The local authority should keep its arrangements for safeguarding adults under review and consider whether they consistently deliver the intended outcomes.

- 1.8. Overall inspectors concluded that there are significant examples of good and excellent support which improve outcomes for most people. The local authority encourages people to express views, get involved and contribute to the planning and the delivery of care and support. The strong operational partnership between health and social services at the front line is replicated by effective joint planning at a senior level. To achieve continuous improvement and support its strategic aims for early intervention and prevention, Torfaen needs to press on with further needs analysis, service mapping and the development of specific, measurable and timed objectives. This will enable the local authority to monitor the outcomes from its plans with confidence.

Summary of findings – The Health Board

1.9. People received support that was person centred and well coordinated.

Inspectors saw clear assessments and timely, appropriate interventions which met peoples' identified needs. There are good examples of joint work and planning around transition. Preventative health services for people with learning disabilities are well established and the health team is engaged in innovative development work, through their involvement in research projects. There is a need for the health board on a strategic level to further consider the service provision available and its learning disability population to ensure the sustainability of the excellent work currently being done for the future.

1.10. Health and social care staff work well together in providing information, advice, assistance, assessment and care planning to people with learning disabilities. Inspectors saw excellent examples of multidisciplinary working involving the community learning disability health team, social services, care providers and wider health professionals in primary and secondary care. Health staff involve people and their families in decisions about their care and support, therefore ensuring care and support is designed around people's individual needs. We heard about challenges in accessing specialist equipment for physical needs, and challenges around the application of the continuing health care (CHC) funding process.

1.11. Overall, the health team on the ground and those in the management structure have a clear vision for the care and support they were providing for people with learning disabilities, aimed at improving outcomes. There is a 'Strategy for Adults with a Learning Disability', which was devised by the health board and each of the five local authorities in the geographical area, with meaningful input from people with learning disabilities and carers. All members of the health team are

aware of the Strategy and how their work fits in. However, there did not appear to be any strategic future planning taking place on a joint level with the local authority to identify what will happen at the end of the current joint strategy period in 2017.

Recommendations – The Local Authority

- 2.1. The local authority should continue to engage with people and carers to involve them in planning the shape of future service models, using individual advocacy where required. Where change has occurred, the impact on those affected needs to be monitored and evaluated.
- 2.2. The local authority should continue to support the third sector to strengthen its contribution to learning disability services and build on the development of preventative and universal services.
- 2.3. The local authority needs to consider with its partners the findings of the review of the Gwent Learning Disability Strategy.
- 2.4. The local authority should ensure that there is robust quality assurance in place at all levels within the learning disability service with regular performance reporting.
- 2.5. The local authority should consider maximising corporate support for people with a learning disability by acting as an exemplar employer providing work opportunities and apprenticeships.

Recommendations – The Health Board

- 2.6. The health board must ensure that they plan resources and manage performance and value for money for learning disability services. Specifically the health board 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.
- 2.7. 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.
- 2.8. The health board should work with the local authority where appropriate to ensure people are offered equipment that meets their assessed needs in a timely way.
- 2.9. The health board should urgently work with the local authority to find an appropriate, person centred solution for individuals currently living in health board residential provision.
- 2.10. The health board should work with the local authority to develop a strategic plan for people with learning disabilities beyond the end of the current strategy in 2017.
- 2.11. The health board should work with the local authority to identify better ways of working with a view to improving the CHC process where possible.

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 mostly well coordinated by social services and its partners which makes sense to them. People have community presence and the local authority has promoted and delivered an approach that aspires to be person centred. Those who help people work well together, anticipate what people might need in the future and jointly plan ahead to meet needs. The co-location of health and social services staff in the Community Learning Disability Team (CLDT) has driven progress.

3.2. The Director models a commitment to partnership working giving priority to regional partnership boards. Within the directorate, managers responsible for social services, commissioning and housing strategy work closely together to ensure that planning for the future is based on known need. This is evidenced through processes such as the Transition master-list through which relevant agencies including social services, education, careers and health, identify young people with complex needs well before they leave education. Similarly, joint working between the team manager of the CLDT and the housing strategy manager has resulted in single tenancy accommodation such as the recent award-winning housing development.

3.3. Torfaen County Borough Council joined with other stakeholders – people who use services, four other local authorities, the Aneurin Bevan University Health Board and third sector partners - to create the Gwent Learning Disability Strategy 2012-2017. The Strategy contains a joint statement of priorities based on the voices and choices of people with learning disabilities. The local authority and its partners undertake,

publish and make use of comprehensive assessments of the current and future care and support needs in the local area, which have the voices of service users at the centre. The Gwent Strategy Planners meetings continue to provide a forum for people with learning disabilities to evaluate progress regularly. From the Gwent Strategy, regional and local commissioning plans flow, including the Torfaen Locality Strategy Delivery Plan 2012-2017 and the Torfaen Learning Disability Annual Plan for 2015/16. In addition the local authority published a Market Position Statement 2013-2018 for all of its adult services. This includes ambitions for developing a coordinated and systematic approach to understanding need, shaping the market and improving services, including learning disability services, for all eligible Torfaen citizens.

3.4. Although the authority has some way to go with the overall implementation of the Social Services and Well-being (Wales) Act, many of the values behind the Gwent Learning Disability Strategy and the local Delivery Plan embody the Act's principles. The Delivery Plan states its vision is "to enable adults with a learning disability living within Gwent to lead fulfilling lives and have the same opportunities as other people in society. Adults with a learning disability and their carers should have access to the full range of public services and receive support from specialist services when required". The authority has developed Community Connectors who are individuals working in the community to link existing activities and resources, and to facilitate the creation of new opportunities for all citizens including people with learning disabilities. The local authority has placed great emphasis on their role and there is a waiting list for their services. There has been a limited evaluation of progress which suggests that more investment may be needed to meet the demand for meaningful activities and support from the scheme.

3.5. The local authority has included the voice of people with learning disabilities in transforming its services in a number of ways, such as the 'My day, My Way' consultation, the Day Opportunities Committee and the involvement of people in interviewing staff to work in learning

disability services. However, inspectors heard expressions of concern from people who have received services for some time and who have been affected by changes. This applied to aspects that were decided some years ago such as the removal of incentive payments as well as the recent reduction of access to structured day activities. The local authority gave evidence of consultation with those affected, including input from Torfaen People First self-advocacy service, individual support from advocates and the provision of information about any changes. Managers were aware that some people had not accepted the changes. However, they have not systematically evaluated the impact on individuals, particularly those who no longer receive any specialist services, and now need to do so. The Day Opportunities Satisfaction Survey which took place early in 2015 did not address this aspect.

3.6. The local authority's Transformation Board continues to function, chaired by the Head of Adult Services. The group considers key delivery areas looking ahead over the next 12 months, pulling different people in to achieve specific goals. While senior managers consider that much progress has been made through the transformation process, they acknowledge that there is more to do in order to realise the vision for care and support for people with learning disabilities. Although the work of mapping the needs of older carers and the people they support has started within the commissioning service, the local authority cannot yet be sure that robust contingency plans have been made that will ensure their future well-being.

3.7. Carers in general do not routinely take up the offer of assessment of their own needs, and carers of people with learning disabilities have been even less inclined to do so. The local authority could use mechanisms such as the annual Gwent Carers' Conference to promote the benefits of these assessments. Although managers highlight direct payments as a route for carers of people with learning disabilities to obtain support in their own right, fewer than 10 carers have taken up this offer in any of the past few years.

- 3.8. Although Torfaen has a low proportion of Welsh speakers and demand for services in Welsh is reported to be negligible, the local authority is aware of their responsibilities under the Welsh Language Act; Welsh language training courses are offered for staff but take-up has been low. The local authority should continue with preparation to meet requirements and will need to raise staff awareness of their responsibilities to make an active offer and promote the use of the Welsh language across all services. There is more demand for other languages and other forms of communications (BSL, Makaton and Braille etc). Interpreters and trained staff are available when required.
- 3.9. The benefits of advocacy are recognised by staff and managers. Torfaen People First is regularly and routinely involved in consultation. Referrals are made to statutory advocacy as required by the Mental Capacity Act 2005, though this service is under pressure because of rising demand. The local authority contracts with an independent advocate, who provides 10 hours a week to individuals for specific issue-by-issue, outcome-based support. This service does not extend to carers, although the advocate spoke meaningfully of the relationships created with families when supporting individuals to greater independence. Generic advocacy input from other third sector organisations is available in some circumstances. Social workers suggested there is a need for greater availability of advocacy for individuals and at least one case file demonstrated the need for on-going independent advocacy for individuals without families to support them.
- 3.10. The personal commitment, professionalism and skills of individual staff, including those at a senior level, have helped to create a service that has a strong value base and demonstrates a commitment to the voice of people with learning disabilities. The CLDT revealed good morale and team work with mechanisms for appropriate challenge and support. They were positive about visible, approachable managers. Staff in the team receive regular supervision, support and learning opportunities. Torfaen has given training on Person Centred Planning high priority for staff in a

variety of settings. The local authority's staff have good access to training opportunities and much of this is extended to the wider social care workforce. Evaluating its impact on the overall competence of the workforce is underdeveloped. The views of people with learning disabilities do not yet strongly influence training and development.

3.11. Historically, the learning disability service budget was heavily overspent and its use was out of step with the local authority's ethos of promoting independence. Care packages in learning disability services were reviewed in a "right-sizing" exercise which saw many support hours reduced in recognition that people had progressed and could do more for themselves. Where necessary a minority of care packages were increased. The money saved was retained within adult services to support other adults with needs that had not been receiving comparable levels of support. This pattern continues to be reflected in changes such as reducing planned respite care, where the six weeks' entitlement has been reduced to 28 days. Inspectors viewed a carer's complaint about this change and found the parent remained unclear why respite had been reduced from 72 to 28 days despite communication from the CLDT. Some activity groups such as the "Wednesday Warriors" have benefitted from re-investment of resources from savings.

3.12. Efficiency savings are being made in staffing with examination of the ratio of qualified to unqualified staff and vacancy targets which build in delays in filling posts. Social services have been protected relative to other services in the local authority, seeing 2% savings targets compared with 10% for others. The directorate continues to trim back-office costs while protecting front line services where it can. Senior managers accept that people with learning disabilities continue to have high expectations of available services; the priority is now to ensure that people coming into the service have realistic perceptions of what is available and their own levels of achievable independence.

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 nine people from that sample. The evidence from this activity was considered alongside performance information and evidence from interviews and documentation.

4.2. Most of the people whose circumstances were reviewed know and understand what care, support and opportunities are available and get the help they need, when they need it, in the way that they want it. The transition arrangements for young people have ensured good outcomes, with flexible, creative packages of care that recognise the importance of individual progression and achieving potential. Some parents and carers were less happy. Sometimes this was because the individual was being helped to gain more independence away from the family, and this brought emotional conflict. At other times, carers thought more should be done for their family members or for themselves. Residential services to meet the needs of people whose behaviour challenges others can be hard to find in the Torfaen area. Some people are accommodated within the larger Gwent area, but others have to be placed further away, often in an emergency. Torfaen works with the South East Wales Improvement Collaboration (SEWIC) Adults Brokerage Service to find the most suitable and cost-effective placements and to commission alternative services.

4.3. The Social Services and Well-being (Wales) Act has specific requirements, for example Part 7 of the Act in respect of safeguarding, that Torfaen will need to take forward with health partners. A local

authority must also promote well-being for people who need care and support and for carers who need support, when carrying out any of its functions. This includes people who do not have needs that meet the eligibility criteria, but who do have needs for care and support that may be met in other ways. Torfaen must do this through the provision of Information, Advice and Assistance and through preventative well-being services.

4.4. The local authority's general approach is to provide web based information and to seek views from the general public on-line which is cost effective. Managers within learning disability services often working with Torfaen People First have already taken some steps to ensure that people and their carers get equal and effective access to information and advice. These include the development of Health Passports and a handbook explaining how to stay safe and avoid abuse. Nevertheless, people and professionals (for example elected members, strategy planners, People First) commented to inspectors on the need for improvement so that it is intelligible and accessible to people with learning disabilities. People often access information through support workers as they find the authority's systems hard to access. Even where messages are clear they may not be accepted, for example, some people asked inspectors why they are now receiving reduced Day Opportunities despite significant discussion through People First, individual review by the Fair Access to Care Team and input from care managers.

4.5. Where people require assessment, care management and help to plan their lives, care managers recognise and value people's individual identities and routines. Most people feel that they matter, that staff listen to them and talk to them in a way that they understand. People's interests have been understood and promoted with independence maximised. People have been helped to do things for themselves and to maintain, recover and develop their skills and capacity.

Case example

Person 'A' is a young woman with strong determination alongside behaviour that can challenge others and problems in making herself understood. When she left school, she wanted to work rather than attend college or take up day activities. She achieved this with help from a project worker who set up a work placement. 'A' did so well that she was given a contract for part-time work where the hours can be increased. 'A' continues to live at home, which is what she wants. She still sees a community nurse but no longer has services through social services.

4.6. While the case sample examined by inspectors was small it provided evidence of a systematic approach to assessment, planning and review in which care managers tried to speak from the person's perspective, although rarely quoting them directly. Some files contained alternative methods of communication such as Makaton, Picture Exchange Communication and TEACCH communication system for people with autism and ASD. However, this did not apply in all cases where it could have been useful. Inspectors saw examples of good practice where care managers effectively highlighted individual strengths, needs and potential. Service delivery plans set out person centred outcomes but this can be developed further, for example making them more measurable. Some people gave feedback that they thought the care plans were for their support workers' purposes rather than for themselves. Some carers were dissatisfied with the response to their requests for advice and support while others appreciated the support they were offered. This may reflect the challenges that many parents face while their adult offspring strive for greater independence. There was evidence that care managers try to balance the needs of the people who are moving on and their carers. Care plans contained examples of positive risk taking with multi-agency joint working to help individuals achieve the outcomes they wanted.

- 4.7. Quality assurance of case information was variable with some gaps in performance reporting evident. Care managers make good use of the providers' feedback forms, which are sent to the commissioning team for collation and action where required. There is some quality assurance of case information outside of the supervision process, including those with safeguarding concerns. This includes additional audits undertaken by senior managers as well as the post of practice coordinator. Whilst the requirements in the comprehensive Adult Services Practice Handbook contributes to assuring the quality of service (each chapter contains a section headed 'Quality Assurance' which sets out expectations of practice) the local authority needs to do more to ensure that a quality assurance culture is embedded within all layers of the service.
- 4.8. There was evidence of an increasing awareness and appropriate use of the Mental Capacity Act 2005, with decision-specific mental capacity assessments in place for some individuals. There is room for improvement as identified mental capacity concerns are not routinely included in care management reviews, and inspectors saw capacity assessment decisions left to stand for long periods even where changes had been identified. The local authority has seen a significant increase in applications to authorise Deprivations of Liberty following the 'Cheshire West' judgement in March 2014. This determined that if a person lacks mental capacity to consent to care arrangements, is subject to both continuous supervision and control and is not free to leave, they are deprived of their liberty. Since the judgement the authority received increased applications from care homes where the Deprivation of Liberty Safeguards are likely to apply. There is a further prioritised list of 124 people with a learning disability using supported living for whom the authority needs to submit a Court of Protection application. Torfaen has trained 10 social work staff as Best Interests Assessors to work with the Gwent-wide joint Deprivation of Liberty Safeguards (DoLS) team to ensure that people are safeguarded lawfully in a timely way. Most retain their core care management responsibilities so are unlikely to be able to

provide sufficient input to meet the current level of demand. The local authority should monitor its progress.

- 4.9. The local authority recognises that safeguarding is 'everyone's business' and assessments generally demonstrated a consideration of risk and approaches to respond to them. Staff across the services were confident that they knew what to do when safeguarding concerns arose and acknowledged the benefit of regular training up-dates. However, the authority should keep its arrangements for managing adult safeguarding under review and consider whether they are consistently delivering the intended outcomes. Inspectors saw examples of cases where diligent examination of allegations took place, but there were very few adult protection plans in place over and above general individual care plans. There is scope to give further consideration to the quality of the service, for example, seeking feedback from people who have been safeguarded and engaging in analysis of trends.

Case example

Person B lived in a care home for older people for many years before it closed. Attention was given to meeting her needs in another service, including the involvement of the staff who had known her longest to plan for her future. The new placement is outside Torfaen though within the Gwent area. Advocacy was made available to help her make the necessary choices as she had no family.

Although **B** was assessed as having mental capacity to make this decision, she was not considered to have the mental capacity to manage her own finances. A specialist third sector organisation was engaged to oversee the necessary arrangements. They work with **B** and care staff to enable her to use her money to improve her quality of life while providing appropriate safeguards.

4.10. There is a good awareness of the need to provide young people with education, training and employment. Transition planning is used effectively and in partnership with the young person, their families and professionals in education, careers and health services. There is agreement that employment opportunities need to be strengthened so people can be paid to work as well as participating in community opportunities such as Muddy Glove (domestic garden clearance) as volunteers. Torfaen and third sector providers are working to develop further social enterprises in a wider range of activities. Housing options for single tenancies are also being developed, building on the success of the award-winning core and cluster single tenancy accommodation.

4.11. However carefully transition plans are made, the reality of achieving independence is challenging and people need time and space for discussion to find solutions that are right for them.

Case example - Transition

Person C has behaviour that challenges others and lives at home. She attended residential college for a brief period then returned home as she did not like it. She was involved with the 'Your life, Your choice' transition process and was offered her own tenancy with support in a flat. In the end she decided that she was not ready to leave home. Alternative accommodation continues to be discussed and **C** has again expressed an interest in moving away from her family. C's parents are not in favour of their daughter being given help to move out of the family home despite some difficulties in getting on with each other. An advocate has been engaged to enable **C** to communicate her wishes.

4.12. Overall, care and support is well planned, proactive and coordinated. Although individual cases were identified where more could have been done, there were many where good outcomes were achieved and people were happy with their support.

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 and involvement of partners – including people with learning disabilities and carers?

5.1. Consultation and discussion with people is embedded in Torfaen's way of working. Views about service development and delivery are sought directly from people supported by People First and carers through the All Wales Forum of Parents and Carers. There have been consultation meetings led by People First both on a routine basis to gain feedback about the quality of services, and bespoke consultations about service developments such as changes to day opportunities. Feedback during the inspection suggests that more can be done to help a larger number of people to understand how their views have been used to inform strategic and operational decisions, especially when the impact on individuals calls for significant change. Innovative communication channels such as Able Radio already exist. The experience gained from making the 'My Own Front Door' DVD might be put to good use in publicising other new activities to support understanding. Discussion with staff who work in the learning disability service suggests that they would also welcome further opportunities to use their experience and expertise to shape future developments.

5.2. The Director of Social Services leads an approachable and supportive staff group. There is strong leadership within the directorate and longstanding commitment to helping people with learning disabilities to secure their rights and entitlements at all levels including corporate and political. Supporting all vulnerable people in Torfaen is a corporate priority. Members noted that they receive regular briefings on developments in learning disability services. They have identified that

they should have meaningful face-to-face contact with people who use learning disability services. The authority could also do more to offer employment opportunities to people with learning disabilities in an area where they are an influential employer with a range of employee skill requirements.

- 5.3. The Gwent Strategy for Adults with a Learning Disability 2012-2017 is well embedded with nine agreed priorities. It is supported by a number of multi-agency or stakeholder sub-groups both regionally and in Torfaen which take forward its objectives. The value gained from having a clear regional integrated strategy has been demonstrated. The strategy is currently being reviewed by the Gwent Strategy Planners Group.
- 5.4. More flexible universal services and increased independence are seen as the way forward for the majority of people. People who use services varied in their understanding of the strategy's impact on their lives, but those who are involved in its planning and review are committed to its priorities. There was evidence that Torfaen has given attention to all of the priorities in its local activities, though some are harder to achieve. The locality plan in place would benefit from timed objectives and milestones. People consistently identified the importance of friendships and relationships and there is more to be done to promote this aspect of well-being.
- 5.5. The local authority's partnership with the Aneurin Bevan University Health Board (ABUHB) is well developed at all levels. There are challenges to be resolved but there are mechanisms in place to do so. Practitioners within the Community Learning Disability Team demonstrated their commitment to working jointly for the benefit of people who use services. They are often united in frustration at structures which do not adequately recognise the needs and circumstances of people with learning disabilities. Continuing Health Care (CHC) funding and the way it is interpreted is a potentially divisive issue. Inspectors heard that getting agreement for funding packages for people with high levels of need can

be time-consuming and difficult, although joint funding packages exist. A large proportion (40%) of the health board's learning disability budget is still tied up in providing care to 26 people from the Llanfrechfa Grange Hospital Resettlement programme, six of whom live in Torfaen. This matter is considered more fully by Healthcare Inspectorate Wales (HIW) at page 37.

5.6. Torfaen works cooperatively with the other four local authorities in the Gwent area, and there are examples of close joint working that benefit people and provide care and support. Some progress has been made through the SEWIC arrangements to help people who were placed 'out of county' to return closer to home. The local authority demonstrates a clear commitment to partnership working with statutory partners, and local independent providers are closely involved in developments and work well together. Any commissioning strategy should ideally be constructed and implemented in partnership with people and their carers. The authority has demonstrated that it has the skills to engage with people effectively and should now involve them further in their commissioning strategy.

5.7. Along with other local authorities in Wales, Torfaen is facing severe pressure on its resources. To date, every effort has been made to manage the impact on front line services and to continue the transformation of learning disability services. These pressures are only likely to become more acute in the future.

The vision for care and support for people with learning disabilities is described in the integrated Gwent Strategy for People with a learning disability. Its core principles have been fundamental to planning and delivering services over the past four years. Although Torfaen is well placed to continue this work, it will be stronger and its services more sustainable if the Gwent-wide partnerships continue. The collective voice of people with learning disabilities will be louder and therefore more likely to be heard.

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 its usual programme of business meetings and engagement activity in the authority. Where necessary, additional follow up activity will be discussed and arranged with the authority.

Findings – The Health Board

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 all jointly funded between health and social care, 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 gave a joint 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 were extremely proactive and worked on a number of preventative initiatives alongside their clinical work, including leading on research projects and developing easy read information. For example, they were the only team in Wales to work on an education and research project for people with learning disabilities who have type 2 Diabetes, known as the Desmond project. This development and preventative work was an area of noteworthy practice.
- 6.2. In the four cases we reviewed in detail, we found people received support that was person centred, well coordinated and planned to meet needs. We saw clear assessments of need which led to timely, appropriate interventions which met people's identified needs.
- 6.3. We saw examples of excellent joint work between the health team and the local authority. One case we tracked involved a person with severe health anxiety. We found that all members of the Community Learning Disability health team, together with the individual, the social worker and the GP worked together to agree a consistent process to follow across teams and disciplines, which meant that the individual was settled and less anxious.
- 6.4. We saw evidence of effective planning when a person was in transition between children's services and adult services. In two cases we looked at in detail, community nurses became involved with the individual when they were in their teenage years in order to identify what health input was required by them from adult services. This meant that the individual and their family felt supported by the team.

- 6.5. We could see that individuals with learning disabilities and their families were encouraged to express their views and played an active role in planning the service they or their family member received on an individual level. We found there was a strong emphasis on person centred planning throughout the work of the team, which ensured the voice of the person was heard. For example, staff told us how person centred planning was used in a housing project called 'In One Place', which provided accommodation for individuals with complex needs who were previously living out of the county.
- 6.6. We found that individuals with learning disabilities and their families were also given the opportunity to express their views about planning on a more strategic level. For example, we heard about a listening event which took place when the current learning disability strategy was devised, which included individuals with learning disabilities.
- 6.7. Strategically, there was a need for the health board to consider the service provision available and its learning disability population. This would ensure the sustainability of the excellent work currently being done for the future. In terms of joint and future planning with the local authority, there was a current 'Strategy for Adults with a Learning Disability' which ran to 2017. However, during our visit we were not told about ways in which the health board monitored the needs and outcomes of their learning disability population as a whole to support future planning and commissioning.

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. Staff told us they felt valued by each other and by management. 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 CLDT was well established, which provided consistency to people with learning disabilities. People and their carers told us they were very happy with the care and support they had received over the years and confirmed they had received the help they needed, in the way they wanted it.

7.2. We saw evidence of timely and appropriate referrals by health and social care staff working together on shared outcomes for people. We saw that 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. We confirmed that people with learning disabilities were invited to meetings about their care and support, and if they chose not to attend, the information was fed back to them in an appropriate way. We saw examples of accessible plans which had clearly been completed with people with learning disabilities and their carers. For example we saw person centred Positive Behaviour Support plans and risk assessment and management plans, which were specific to the individual and completed with input from health and social care professionals.

- 7.3. We saw examples where the provision of health technology had helped to ensure people were involved in decisions about their care, even where people's verbal communication was limited. For example, we saw an example of a programme on an iPad being used to help an individual in hospital, who had limited verbal communication, to manage her anxieties and tell staff how she was feeling so that they could respond appropriately.
- 7.4. Whilst we found good examples of equipment being used to help people communicate, we heard about challenges in accessing specialist equipment for physical needs, such as specific chairs. We were told, for example, that people could experience delays in the provision of equipment due to disagreements between the local authority and the health board concerning the funding for some specialist equipment.
- 7.5. The health board had two dedicated health liaison nurses who worked mainly in acute hospitals to identify and respond effectively to the needs of people with a learning disability. We were told about a number of examples where community health staff worked with wider health colleagues to ensure help was provided in the best way for the individual. One example was a person who had a new diagnosis of cancer, so the health liaison nurse, community nurse, social worker, consultant in general health, and the clinical psychologist worked together to ensure the person was provided with the right information, advice and assistance.
- 7.6. The health team was beginning to monitor people's views and satisfaction with services. We saw examples of a feedback questionnaire which people with learning disabilities were encouraged to complete giving their views when being discharged from a health team member. Staff told us the health team administrator also telephoned individuals after the health intervention was complete to enable verbal feedback to be given, if this was more appropriate. On a wider health board level, we were told that the Intensive Community Intervention Service (ICIS) team and health liaison service had systems in place to ensure they always

obtained patient feedback. The health team manager did not yet conduct regular audits of questionnaires in order to monitor people's views and consider if any required improvements but this was planned.

- 7.7. We saw that the team worked effectively with the local authority around safeguarding concerns. 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 was getting an accurate picture of the number of safeguarding concerns coming from community teams, or was able to monitor this in terms of patterns and themes.

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 health team on the ground and those in the management structure had a clear vision for the care and support they were providing for people with learning disabilities, aimed at improving outcomes. For example, the team had been a pilot site for the Health Equalities Framework project which sought to measure the efficacy of health interventions. By measuring scores across a range of domains including housing and social issues in a multidisciplinary way, the framework helped the team to target their interventions in the best way. This meant that the team were involved in some innovative initiatives to ensure their work was aimed at improving outcomes for people with learning disabilities.

8.2. The health and local authority team were based within the same location, held whole team meetings as well as service specific meetings, 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, there was no shared records management system to assist with joint working. The health team used paper records whereas the local authority used an entirely electronic system. It was positive that the health team all used the same file for an individual, meaning all information was in one place if the social worker needed to access health information. However, the health team were not able to access social care records independently and there was the risk that this could impact on the coordination of care and understanding of a person's holistic needs. We could see that relationships between health and social care staff on the ground meant that informal discussions could happen around a person's holistic needs, which safeguarded

against this risk. 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 unique to this area. In three of the four funding examples we saw, the CHC funding process had been in dispute. This did not affect outcomes for people with learning disabilities but the process of reaching these outcomes took time for staff to resolve, and we heard that it can result in robust discussions and disagreements between health and social services staff on the ground, although we heard that this does not affect effective partnership working.

- 8.3. On a strategic level, the health board had a current 'Strategy for Adults with a Learning Disability' which was devised through consultation in 2011 and ran from 2012 to 2017. This was a joint strategy between the health board and each of the five local authorities in the geographical area. We saw evidence of how this strategy was developed with the meaningful input of people with learning disabilities and carers. Staff appeared to be clear about how their work related to the Strategy, indicating that communication between staff on the ground and those in strategic management positions was effective.
- 8.4. Staff told us they were concerned about the sustainability of the service in terms of staff succession planning. Senior managers told us they were aware of the issues and described the steps they had taken to help to address the issues. We were assured the health board was taking appropriate steps to try to ensure the sustainability of the health service at ground level.
- 8.5. We were also assured that the views of people with learning disabilities would be heard through the Strategy Planning Group, which aimed to gather the views of people with learning disabilities on the future direction for the learning disability service, and was led by the head of occupational therapy.
- 8.6. Despite this, and although the health board had a three year Integrated Medium Term Plan, there did not appear to be any strategic future planning actually taking place on a joint level with the local authority. For

example, there was no clear plan about what will happen at the end of the current joint strategy period in 2017.

8.7. During interviews with senior staff we learned about concerns relating to individuals who lived in health board residential provision following the closure of wards at Llanfrechfa Grange. We were told that due to the complexities associated with the situation, slow progress had been made in moving these people on to more appropriate, less restrictive provision. As we were concerned about the Deprivation of Liberty Safeguards (DoLS) implications of the current situation, we arranged to visit the two residential services within Torfaen. Although we did not identify significant concerns in relation to DoLS, there were some issues with dates on the paperwork and the late appointment of Independent Mental Capacity Advocates in some cases. We also identified some issues relating to individual risk management. We therefore issued an immediate assurance letter to the health board in respect of these issues in accordance with HIW processes. The health board's response provided us with sufficient assurance that the improvements identified had been addressed, or there was evidence to demonstrate that progress was being made by the health board in response to those matters.

8.8. We were assured that the community team worked to uphold and protect individual rights. However, we could not be assured that on a strategic level, specifically in terms of those people currently living in health board residential provision, that the health board and local authority were working together in the most timely and effective way to secure people's rights.

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 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 Torfaen for seven days spread across two weeks in January 2016. The first week focused on the experience 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 9 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 - inspectors attended the Gwent Strategy Planners Meeting where service users considered progress of the Strategy and 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.

Acknowledgements

We would like to thank the people with learning disabilities who contributed to the inspection; parents and carers, staff and managers of Torfaen County Borough Council, staff and managers of the health board and service providers and partner organisations (including the third sector) for their time, cooperation and contributions to this inspection.