

# National inspection of care and support for people with learning disabilities

## Conwy County Borough Council

June 2016



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## Introduction

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

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

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

Inspectors from Healthcare Inspectorate Wales (HIW) joined us for part of the inspection to assist with the consideration of the efficacy of the partnership between social services and health. HIW have outlined their findings at page 8 and will also report their findings directly to the Health Board.

The report that follows sets out our findings and recommendations for Conwy 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**

Conwy County Borough Council has a population of approximately 116,000 (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.

The local authority, using the Daffodil web based social care needs projection system developed for the Welsh Government, estimates that there are 2169 adults with learning disabilities living in the County Borough. There are 518 adults with learning disabilities known to the local authority, of whom 449 are receiving services. There are 49 people with a learning disability aged 65 or over who are noted as receiving services.

In September 2015 of the 518 people known to the local authority, 268 were 'active cases', that is open to a case manager; 184 were described as 'review only or open to review'; 64 were closed and two were 'awaiting assessment'.

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 £28,000.

## **The Health Board**

Community health learning disability services in Conwy were provided through Betsi Cadwaladr University Health Board and fitted into tiers one and two of their learning disability service model. At tier one, the Health Liaison Team were involved with health promotion. At tier two, health staff (including community nurses, psychiatry, psychology and support workers) worked alongside local authority staff within the community learning disability team (CLDT). Specialist behavioural support and crisis intervention services were also provided through the CLDT and the Complex Needs Service. Therapies (including speech and language therapy, occupational therapy and physiotherapy) could also be accessed by people with learning disabilities but only speech and language therapy sat within the CLDT. Health services focussed on four priority areas of forensics, profound and multiple learning disabilities, challenging behaviour and mental health. Learning disability health services fell under the Mental Health and Learning Disability Directorate within the health board.

## **Summary of Findings – The Local Authority**

- 1.1. The local authority is coming to the conclusion of an ambitious ‘transformation programme’ designed to modernise its approach to social services and create a lifespan service for people with disabilities. This programme has at its heart a focus on improving the quality of care and support for people and, by building a seamless service across age groups, aspires to support early intervention and prevention. In practice, changes to organisational structures in support of this transformation have consumed much time and energy and more needs to be done to realise the vision for care and support for people with learning disabilities.
- 1.2. A commissioning strategy developed in 2009 – 10 set out to provide an indication of service need and development in Conwy over the following ten years. This strategy contained a joint statement of purpose with Denbighshire County Council and the then Local Health Board. It also includes a reasonable overview of demographic factors and the pattern of service provision at the time. The resulting action plan, however, has not resulted in a coordinated and systematic approach to understanding need, shaping the market and developing preventative services. There are significant examples of good and excellent work, including the development and implementation of an accommodation strategy for people with learning disabilities and the impressive partnership work with people and carers through ‘Conwy Connect’. The local authority also reached out to people with learning disabilities to inform the development of the transformation programme. This now needs to be backed up by a renewed emphasis on needs analysis, service mapping and the development of a new commissioning strategy with specific, measurable and timed objectives.
- 1.3. People with learning disabilities who spoke to inspectors were generally positive about their experience of care and support. Similarly, the staff supporting them (including those who work for the independent or third sector) were largely positive about working with or for the local authority. The local authority’s work with Conwy Connect and its genuine support for advocacy provide strong evidence for its commitment to hearing the voice of people and their carers. Inspectors found that people working in the service aspired to a person centred approach – including recognition of the importance of the Welsh language - and tried hard to treat people with dignity and respect. Day services provided a wide range of opportunities for people and described a flexible approach to the way help is delivered.

There is considerable good multi disciplinary work with health partners at the front line.

- 1.4. There is a pressing need, however, to build on this valued based approach and deliver a service that is focussed on active support, development and enablement for people, including those people who are most profoundly disabled and present the most significant challenges to those who arrange and deliver care and support. This is the way to achieve a better focus on outcomes for individuals. It is also the way to realise the local authority's strategic aims for early intervention and prevention. To do this the local authority will need to make significant improvements to the way it delivers the essential disciplines of assessment, planning and review. While the case sample examined by inspectors was small it provided evidence of a routine approach to assessment, planning and review in which there was insufficient emphasis on service delivery plans focussed on outcomes. There appeared to be little, recent, overt quality assurance of case files. Those people in 'stable' and safe placements – including the more profoundly disabled people who are less likely to be represented through Conwy Connect – were not receiving the attention from the local authority that their needs merited. Similarly, some carers were dissatisfied with the response to their requests for advice and support – particularly when they are passed from one member of staff to another. Overall inspectors concluded that the local authority cannot be confident that people are consistently getting the help they need in the right place and at the right time. Neither can it be sure that it is achieving value for money from the care and support that it commissions.
- 1.5. Care managers do, generally, focus on individual need and inspectors did see examples of good practice with individuals. The local authority needs to do more to identify these, promote them and incorporate the learning in its revamped approach to quality assurance. It should also keep its arrangements for managing applications for Deprivations of Liberty Safeguards (DoLS) and Adult Protection referrals under close review and consider whether the relevant leadership and governance arrangements for both in the new structure are delivering the intended outcomes.
- 1.6. Managers and staff have shown excellent leadership skills in the development and support of Conwy Connect. This organisation has a broad reach, with a mailing list well beyond the people who regularly turn up for meetings and other events. It is used to encourage people to express views, get involved and contribute to the planning and even the delivery of care and support. Similarly, providers were generally appreciative of the authority's willingness to work in partnership with them and cited as evidence its readiness to delay filling vacancies until confident



of the right fit for the new tenant or resident. This is positive, but needs to be coupled with a determined effort to focus on outcomes and value for money once an individual has been placed in a 'stable' placement.

- 1.7. The good work between health and social services at the front line is not replicated by effective joint planning at a more senior level. Senior officers of the local authority noted the absence of a senior health official responsible for learning disability services for the last four years. This has made strategic planning very difficult. Regional learning disability partnership members have very recently produced a draft paper, *Going Forward Together*, drafted on their behalf by an operational manager from the health board. This sets out shared aspirations, but is not supported by a joint needs analysis, commissioning model, pooled budget arrangements or integrated service delivery. While there was a plan for the next steps with this document, there appeared little confidence in the prospects of signing it off as a final draft, let alone with implementing it. All the partners in the region, including Ministers and officials in Welsh Government, will have a part to play in supporting and encouraging health colleagues to achieve the partnership with the local authority that is so crucial to providing even better care and support for people with learning disabilities.

## Summary of findings - The Health Board

- 1.8. There are good examples of preventative health services for people with learning disabilities. However, the health board did not have stable and consistent management in place or a sufficient understanding of the current needs of people with learning disabilities, to proactively develop health services to meet the challenges faced by the service.
- 1.9. Overall, health and social care staff work well together in providing information, advice, assistance, assessment and care planning to people with learning disabilities. Inspectors found timely and appropriate health and multidisciplinary interventions, assessments and referrals by health and social care staff working together on shared outcomes for people.
- 1.10. However, staff face challenges in meeting individuals' complex needs and challenging behaviour through the current service provision available. The health board needs to develop a plan to ensure that service provision meets the needs of these people. Inspectors found that the communication between the health board management staff and frontline staff also needed to be improved.
- 1.11. There are examples where health, social care and the third sector worked well together to achieve good outcomes for people on the frontline. This is not effectively supported by suitable shared IT systems, meaning that an overall view of a person's needs is not available.
- 1.12. 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. Inspectors could not be assured that the health board had the stability and structure in place to set a clear direction, vision and strategy for learning disability health services.

## **Recommendations – The Local Authority**

- 2.1. The local authority should use its evident skills in engaging with people and carers to involve them in a conversation about the shape of future service models.
- 2.2. A commissioning strategy for care and support for people with learning disabilities should be developed in partnership with health colleagues, based on a wide ranging analysis of need and focused on collaborative and innovative solutions.
- 2.3. The local authority should review its approach to assessment, planning and review to ensure that people with learning disabilities, at the point of service delivery, receive help that is focussed on development and growth as well as dignity and respect.
- 2.4. The local authority should monitor closely the success of the arrangements for the leadership and governance of DoLS and Adult Protection. In relation to the former a written action plan for the management of the waiting list for authorisations, including the use of a prioritisation tool, should be drawn up as soon as possible.

## **Recommendations - The Health Board**

- 2.6. The health board must ensure that they plan resources and prioritise, develop clear roles, responsibilities and delivery models and manage performance and value for money for learning disability services.
- 2.7. The health board should ensure there is a plan in place around how service provision can be developed to meet the needs of people with complex needs and challenging behaviour.
- 2.8. The health board should ensure that staff on the frontline feel connected and engaged with the health board's vision by improving communication and information flow.
- 2.9. The health board should urgently identify a named senior manager with responsibility for working closely with the authority to develop an integrated approach to meeting the needs of people with learning disabilities and their carers.
- 2.10. The health board should ensure that IT systems for health staff are fit for purpose and support staff to effectively carry out their roles.

## **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 and which makes sense to them. People have community presence and the local authority has delivered and promoted an approach that aspires to be person centred. The co location of health and social services staff, coupled with the ability of community nurses to use the social services case recording system, is one factor that has driven progress.
- 3.2. The local authority has implemented a transformation programme which has included the development of a 'lifespan' disability service for assessment, care planning and review. The research phase of this programme included a consideration of the learning from a review undertaken by consultants. It was clear to inspectors that the transformation programme is intended to improve the quality of outcomes for people. It should facilitate better transition to adulthood for younger people with learning disabilities and has the potential to assist the promotion of preventative services. There are some positive early indications of success, with for example, good instances of transition planning in the case sample. In addition, the authority has recently created an Early Intervention and Prevention team with objectives that include an improved multi disciplinary approach to support people to develop skills.
- 3.3. The personal commitment, professionalism and skills of individual staff, including 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. Currently, this is not coupled with a systematic approach to understanding need that draws on experience at the front line and which informs joint planning with key partners. This is the major area for improvement for the local authority. The commissioning strategy that was produced in 2009-10 presaged notable progress in planning to meet individuals' accommodation needs. It did not, however, herald a more wide ranging strategy to test the capacity and capability of organisations to deliver the service model that is implied in the action plan. Rather, much time and energy has been expended in delivering the changes to the local

authority's organisational structures needed to underpin the transformation programme. Inspectors accept that this reflects a conscious decision about priorities, took longer than was envisaged, and that the goal of the changes is better outcomes for people with disabilities. The 'One Conwy' three year corporate plan produced in 2012 has, at objective four, the following statement:

*People with disabilities and chronic conditions, have the best quality of life possible.*

- 3.4. Staff in the disability service have worked with people with learning disabilities and their carers to agree priorities for development in response to this overarching objective. Now the local authority needs to move on quickly to specify the shape and structure of the care and support needed in the future, the practice it expects to see within it, and the plan for achieving that new service model.

## Key Question 2

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

- 4.1. Inspectors examined 20 case files and followed through with a detailed examination of the experience of eight people from that sample. The evidence from this activity was considered alongside performance information and evidence from interviews and documentation.
- 4.2. The local authority is responding to the implications of the Social Services and Wellbeing (Wales) Act 2014 and staff in the Disability Service are considering how to ensure that people with learning disabilities and their carers get equal and effective access to information and advice. While many people will have been known to the local authority for some time, people with learning disabilities, like other people, can make use of the 'Conwy Access Team (Single Point of Access) and, if that team is not able to offer a solution through advice, information or signposting the referral would be passed to the relevant team within the Disability Service. More specialist advice and assistance might come from through some of the opportunities provided by Conwy Connect, e.g. a befriending, 'buddy' scheme. The evidence strongly suggests that the local authority mostly does a good job in ensuring that people know and understand what care and support opportunities are available and get help that is designed around their individual circumstances.

### **Case Example**

**Person A** received a range of support while at home and her carer also received respite services and support to help her care for her. She was provided with support to access community facilities such as swimming and also using public transport. Person A and her family were given a choice of residential care options for the future and their request to have respite provision in a service that could provide permanent care in the future was explored. This helped prepare for a smoother transition from living in the community to a very recent move to residential care. It was clear that the social worker and the learning disability nurse worked collaboratively to make the best of their combined knowledge of resources and options. There was a good Positive Behavioural Support plan in place for person A. Following a carers' assessment, the carer had been provided with effective help.

- 4.3. Morale and motivation of staff working for the local authority and in commissioned services was largely good. Staff had a strong value base, clearly cared for people and wanted to do a good job. The senior leadership team for the disability service was well regarded both within and outside of the authority. As might be expected there were some pressure points associated with the recent restructuring. Team managers were under pressure to take on new responsibilities, adjust to new structures, and show leadership for their staff. These are reasonable expectations, but need to be coupled with support for team managers as they grow into the role.
- 4.4. The local authority recognises that safeguarding is ‘everyone’s business’ and assessments generally demonstrated a consideration of risk and strategies to respond to them. In some of the examples examined by inspectors the quality of adult protection practice needed to be improved. In one case, risk reduction strategies following a series of adult protection referrals had not been shared with a respite service used monthly by the person at risk. In a second example, involving potential financial abuse, the quality of recording was poor with no statement taken from the alleged perpetrator by the investigating officer. While inspectors did not conclude that there were current serious concerns about an individual’s safety in these or any other examples, the local authority should still review its arrangements for the quality assurance of adult protection. The responsibility for adult protection at strategic level rests with the Safeguarding and Quality Assurance Service. The responsibilities of this service include safeguarding for children and adults; the quality and engagement strategy; DoLS; and escalating concerns in care homes. This arrangement has the potential to facilitate good collation, cross referencing and analysis of information from a range of sources to secure better safeguarding practice. At the moment those links and that learning is not being consistently made and delivered. There is a vision for how this will be achieved. This needs to be turned into action in the near future and then monitored for its success in promoting safety and protecting vulnerable people.
- 4.5. Along with other authorities in Wales, Conwy is under severe pressure from a dramatic rise in applications to authorise deprivation of liberty safeguards. This is largely a consequence of the ‘Cheshire West’ judgement which gave clarity about the definition of a deprivation of liberty. At the time of the inspection the authority had over 400 people on its waiting list for an assessment in respect of a potential deprivation. Those with responsibility for overseeing this list did not know how many of this number were people with learning disabilities without conducting a manual interrogation of the PARIS care file recording system. The



increase in referrals was described to inspectors as hitting the local authority “like a tsunami”. Extra staff have recently been drafted to assist with the task and others are being trained to help. They will, however, retain their core care management responsibilities and are unlikely to be sufficient to meet the current level of demand. There are no easy answers to the challenge posed by the increase in applications for DoLS. It is encouraging that this issue features on the corporate risk register for the local authority and that the Chief Executive has taken an active interest. Nevertheless, inspectors concluded that the local authority needed to produce a more multi faceted plan to respond to the challenge, considering and making use of a prioritisation tool for those on the waiting list; reaching out beyond the boundaries of the local authority for advice and assistance; and making use of all available Welsh Government resources (which include a prioritisation tool).

- 4.6. The local authority is doing well with the timeliness of its assessments, plans and reviews or reassessment. Out of the 268 people described as active cases at the time of the inspection, fourteen had reviews that were outstanding for more than a year (5%). Care managers generally do a good job in carrying out assessments using the Unified Assessment Process (UAP) and in constructing plans that show an awareness of the need for a person centred approach.

**Case example**

The length and depth of the information provided in the Unified Assessment for **person B** showed an holistic approach towards identifying needs as well as the elements of risk surrounding the process of meeting those needs. For example, person B’s condition is deteriorating with age and frailty, but despite his wish to remain home and live independently, the risk of returning home without adequate or appropriate support is not neglected. Work begins to arrange suitable services and in the language of choice in the hope that he can again return home.

- 4.7. Some of carers who met with inspectors expressed frustration with the contact arrangements with the care management teams. The volume of work needing to be managed by the disability service, coupled with a strategy which sees 184 of the 449 people receiving services categorised as review only, means that it is not possible for some carers to have a consistent, named, person to contact for advice. Contrastingly, the evidence from the case sample showed appreciation of the work of the care managers and, it should be stressed, some of the carers who

expressed frustration with the contact arrangements were positive about the direct work of the case managers. This suggests that improvements to the customer service dimension of the operation of the disability teams – even within the confines of the current workload management system – could be beneficial to all.

- 4.8. In relation to people needing care and support, the local authority needs to do better in turning an approach focused on individual need into forward focussed, enabling, plans for people at the point of service delivery. This seemed to be particularly the case for people in 'stable' placements in care homes or supported living schemes. Care plans examined were often characterised by a preponderance or 'Maintenance' goals and a lack of focus on change and there was an absence of service delivery plans. Evidence from discussions with staff and with carers suggested that planning with those people who are not presenting an immediate challenge to the local authority in terms of need, safety or risk can be less comprehensive than with others. To a degree this may be an understandable response to the need to prioritise the use of scarce care management time and expertise. An unintended consequence, however, is a sense of 'drift' in planning with people. This can also contribute to a vicious circle where a lack of aspiration with and for individual residents or tenants leads to a lack of challenge to providers which fuels a culture of complacency, which in turn means that value for money is neglected. This is not a sound basis for responding to the immediate and future pressures on resources in social care and health or for the development of preventative services.

#### Case examples

**Person C** is a middle aged person with profound needs living in an older persons nursing care home that is also registered to provide a small number of places for people with learning disabilities. His carer is very happy with his placement and staff in the home were clearly fond of person C and provided a warm and caring environment. Inspectors were not able to identify a day to day plan for the care for of person C that conveyed a sense of enablement and progression (however small or incremental) either in writing or as explained by staff. When inspectors visited, person C was asleep in front of the TV in a lounge at 11am. The total cost of this joint funded package with Health was £1,223 per week.

**Person D** is an older person with challenging behaviour living in a supported accommodation scheme run by an independent provider. While staff in the home spoke confidently about having a 'plan' for the management of his challenging behaviour when inspectors asked to see the plan it could not be found. There were old behaviour recording sheets on file, but no detailed support plan. The approach to the management of person D's behaviour, as described to inspectors, was reactive (and passive) rather than preventative, e.g. there was no sense of a positive behaviour support plan. Recent community nurse involvement had resulted in a specialist assessment in June which included a goal of producing a 'positive behaviour support plan'. This had not materialised as at November 2015. The delay was explained as a consequence of the need to rule out the impact of health factors, but there had also been a delay in doing this. While person D's care plan had been reviewed within the last year, there was not a copy on file in his home and staff thought (mistakenly) that the review was overdue. The cost of this placement was approximately £1,320 per week.

4.9. It should be stressed that the sample of cases examined was relatively small and the area for improvement described above is in the context of generally good performance. The analysis above, however, has some resonance with the findings of the 'Alder's Review' carried out in the local authority in 2012 which considered a larger case sample. It is positive that the authority could produce detailed information about the way in which it responded to that review in terms of action in support of people in that case sample. It is also positive that staff recognised the emerging analysis from the inspection team during the fieldwork. The local authority has plans, at an early stage of development, to review all 24/7 supported living schemes and the individual care and support plans for those within them using a specialist, multi disciplinary team. This should provide a sound basis for improvement.

### Key Question 3

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

5.1. The local authority has worked hard and effectively to involve people with learning disabilities and carers in the development of a wide range of options for support for people. As already noted, the 2009 commissioning strategy did not result in the systematic approach to commissioning and procurement that might be expected. A number of positive service developments did, however, follow its publication. Most notable of these is the approach to identifying needs for accommodation and supporting family carers to understand and discuss the future options for their relatives.

#### **Planning for the Future**

Each year, since 2011, the local authority has run two events designed to help parents, carers and their relatives think about and plan for their future accommodation needs. People with learning disabilities have the opportunity to attend a 'Key to my Future' day event in the summer, while parents and carers can participate in a 'Let's Plan Together' day in the autumn. Staff involved were able to describe to inspectors the way in which the outcomes from these events links to the accommodation strategy and the planning of housing options. Care managers showed good familiarisation with 'Planning for the Future' and the way that it could assist them in their work.

5.2. Efforts to use the Conwy Connect project to lead on the production of person centred plans for individuals (following the publication of the commissioning strategy) proved less successful. The relative failure of this initiative may have some relevance to some of the areas for improvement found in relation to key question 2. Even so it is to the local authority's credit that it recognised the importance of this dimension and sought to develop a creative solution in partnership with people.

5.3. At the moment, the vision for care and support for people with learning disabilities is not supported by an approach that specifies impacts in terms of outcomes and takes a longer term view. There was good awareness of the Social Services and Wellbeing (Wales) Act by care managers and, clearly, the one Conwy corporate plan is designed to deliver sustainable

services. More needs to be done, however, to translate the corporate overview into detailed plans, strategies and processes for care and support with people with learning disabilities. The same providers, who praised the partnership approach from the authority in operational matters, reported little or no systematic involvement in planning for future capacity of staff to deliver the services required despite having highlighted the difficulty in recruiting staff into social care. There is good availability of training opportunities for the authority's staff and much of this is extended to the wider social care workforce. There was an acknowledgment that more needs to be done to take a strategic approach to training: moving beyond a 'wish list' to a clearer sense of priorities linked to the outcomes required from care and support. There was also a recognition that training and development is not yet strongly influenced by the views of people with learning disabilities and that the monitoring of its success is underdeveloped.

- 5.4. Along with other local authorities in Wales, Conwy is facing severe pressure on its resources. The restructuring associated with the transformation programme created efficiencies at senior management level, but it was not clear to inspectors whether it had reduced the overall headcount of staff. Social services are facing a likely 7% reduction in budget in 2016-17 with a possible 10% reduction in 2017-18. The Disability service is likely to need to make savings of approximately £400,000 in 2016-17. To date, every effort has been made to minimise the impact on front line services. Even so, there was some evidence during the inspection of a real or perceived problem with the capacity of care management teams to respond to the volume of demand. These difficulties are only likely to become more challenging in the future. For this reason an incremental approach to the problem of shrinking budgets is unlikely to suffice. Developing a financial and resources plan that is underpinned by a new commissioning strategy for learning disability services should be a key goal for the authority in the near future.
- 5.5. Any commissioning strategy should ideally be constructed and implemented in partnership with people and their carers. The good work already evident with Conwy Connect and in the Participation Strategy shows the authority has the skills to engage with people effectively about complex issues. But it also needs to engage effectively with partners in Health and this has proved difficult and frustrating for senior officers and members of the local authority.
- 5.6. Much good work and operational planning between health and social services is found at the point of service delivery. This is most obvious in the co location of some key staff and in the sharing of case information.

Inspectors noted several examples of joint funded packages of care in the case sample. It has also delivered some good service innovations, including, for example, a crisis prevention pathway for individuals and a complex needs service offering specialist health assessment, support and intervention. What is missing is a strong sense of shared objectives over the longer term with a joint plan for how, together, health and social care are going to meet them. Some progress was made through the former 'North Wales Commissioning Hub', which began with a focus on helping people who were placed 'out of county' to return closer to home. But the absence of a shared service model, joint commissioning, pooled budgets, or integrated services, show just how much more need to be done. While the existence of joint funded packages of care is positive, the amount of time and energy that can be expended on agreeing those packages is itself a drain on resources and motivation. Senior officers in the local authority report at least four years of difficulties in securing a consistent and reliable involvement from health colleagues in strategic planning.

### **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**

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 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. We held a focus group attended by community nurses, speech and language therapy, health team management and safeguarding representative. 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. We found good examples of preventative health services working in practice for people with learning disabilities. For example, the Complex Needs Service and initiatives such as the crisis intervention pathway were used to prevent hospital admissions and the Health Liaison Team worked on health promotion and awareness.
- 6.2. However, although there was understanding amongst key health staff about the challenges facing learning disability health services, such as a lack of service provision for people with complex needs and challenging behaviour, and changes to the way the CLDT was structured and ways of working, we found that planning was not proactive.
- 6.3. Staff told us there was not a system in place for overall monitoring of needs and outcomes of the adult learning disability population to support future planning and commissioning. A joint commissioning strategy had been drawn up but there was no clear plan around how this would be agreed upon or implemented. There had also been a lack of management stability within the directorate to take planning forward due to key posts within the service, such as Director and Community Service Manager being interim.
- 6.4. Overall this meant that although there were good examples of preventative work with people with learning disabilities, we could not be assured that the health board had the stability and consistency of management in place or the depth of understanding of current needs, to be proactive in developing health services to meet current challenges facing the service.



## 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 that health and social care staff worked well together in providing information, advice, assistance, assessment and care planning to people with learning disabilities and joint working was assisted by the co-location of the teams. The health team were a dedicated, well established team which provided consistency to people with learning disabilities. People and their families told us that health staff had known them many years and made positive comments about the help provided, for example, in one case through transition from child to adult services and ongoing.
- 7.2. We saw evidence of timely and appropriate health and multidisciplinary interventions, assessments and referrals by health and social care staff working together on shared outcomes for people. We saw that interventions were based on people's individual needs, for example, the Complex Needs Service were involved in putting positive behaviour management plans in place and training the staff supporting people in using these, to tailor support to the person's needs. However, in all the cases we reviewed staff had faced challenges in meeting individuals' complex needs and challenging behaviour needs through the current service provision available, particularly in day services and respite. There had also been a reduction in the provision of therapies. This meant that there were challenges facing staff in meeting people's individual needs.
- 7.3. We saw that people were encouraged to express their views and preferences and in one case an advocate was used to ensure a decision around medication was in the best interests of the person. The health board had recently invested in resources for the safeguarding team and health staff were clear about their responsibilities in reporting potential harm or abuse. People had access to Welsh language provision within the health team.
- 7.4. Following a focus group and further discussions with staff we identified that improvements were needed in the communication between health board management staff and frontline staff to ensure staff felt valued in their roles and felt engaged with the health board's priorities.

### Key Question 3

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

- 8.1. We found examples where health, social care and the third sector worked well together to achieve good outcomes for people on the frontline and the CLDT health team were experienced and well established with a clear value base. However this was not backed up by a clear vision for care and support for people with learning disabilities filtering down from the health board.
- 8.2. There were examples whereby people were consulted and involved in service development such as through involvement in the strategy group. There were also joint funded groups such as the North Wales LD Regional Partnership and Regional Participation Group which enabled people to have a voice. However most service user involvement happened through the local authority and within health there was not a formalised system in place for consulting with service users on an ongoing basis.
- 8.3. We found there was a lack of a clear vision for the future of learning disability health services at a time when there were significant changes happening to local authority services and a number of challenges facing the service. Staff felt unclear about the vision of the service and although some consultation had taken place around strategy, they felt disconnected from higher levels of management within the health board. Management staff within the health board had ideas about how services could be restructured but there was not a clear plan in place about whether, how or when changes would be made in the future. A number of interim key health posts meant that there had been a lack of consistency in management and in therefore taking joint proposals forward and setting the direction of the service. A strategy group had recently been disbanded and was in the process of being reformed so that the necessary time and resources could be used to put a clear strategy in place.
- 8.4. We found significant issues in relation to health IT systems which meant that joint working was not supported by an effective shared IT system. For example we saw that staff were saving documents in different places on the PARIS system, health did not have a printer, health staff were sharing PARIS computers and there was sometimes a delay in uploading paper notes onto the system. This meant that the joint IT system did not provide

an accessible overall view of the person's needs without further investigation.

- 8.5. Overall we could not be assured that the good practice we saw on the frontline in joint working and in achieving good outcomes for people was supported by a clear vision for care and support for people with learning disabilities or that there was currently the stability and structure in place to set a clear direction, vision and strategy for learning disability health services.

## **Next steps**

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

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

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

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

## **Methodology**

### **Survey and Self Assessment**

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

### **Routine inspections of regulated services**

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

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

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

### **Fieldwork**

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

- Case tracking – inspectors considered 20 selected cases and explored 8 of those in further detail with people, carers, care managers and others.
- Interviews – inspectors conducted a number of group and individual interviews with staff, elected members and partners.
- Observation - inspectors attended the AGM of Conwy Connect 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 Conwy County Borough Council, staff and managers of the health board, the service providers and partner organisations (including the third sector) for their time, cooperation and contributions to this inspection.