

# Multi-Agency Inspection of Services for People with Learning Disabilities in Ayrshire

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## Foreword

This is the report of the pilot multi-agency inspection of services for people with learning disabilities in Ayrshire. We are very grateful to the three Ayrshire local authorities and NHS Ayrshire & Arran for agreeing to host this pilot multi-agency inspection. A multi-agency inspection team carried out the inspection. The fieldwork for the inspection took place in June 2006. We will use the learning from the Ayrshire multi-agency inspection of services for people with learning disabilities to take forward multi-agency inspections of services for learning disabilities in Scotland. We would like to thank all of the people with learning disabilities, carers, staff and others from Ayrshire whom we met during the inspection.



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Social Work Inspection Agency (SWIA)  
Ladywell House  
Ladywell Road  
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EH12 7TB

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## Introduction with summary of the evaluation gradings

### Pan Ayrshire

<i>Quality outcome indicator</i>	<i>Evaluation</i>
<i>Meeting health needs</i>	GOOD

### North Ayrshire Partnership

<i>Quality outcome indicator</i>	<i>Evaluation</i>
<i>Enabling and sustaining independence</i>	GOOD
<i>Promoting inclusion</i>	GOOD
<i>Safety and protection</i>	GOOD
<i>Record keeping and communication</i>	GOOD
<i>Meeting staff needs</i>	GOOD
<i>Developing partnership working</i>	GOOD
<i>Leadership and direction</i>	ADEQUATE
<i>Financial resource and information management</i>	GOOD
<i>Lifelong learning</i>	VERY GOOD
<i>Capacity for improvement</i>	GOOD

### East Ayrshire Partnership

<i>Quality outcome indicator</i>	<i>Evaluation</i>
<i>Enabling and sustaining independence</i>	VERY GOOD
<i>Promoting inclusion</i>	GOOD
<i>Safety and protection</i>	GOOD
<i>Record keeping and communication</i>	GOOD
<i>Meeting staff needs</i>	VERY GOOD
<i>Developing partnership working</i>	GOOD
<i>Leadership and direction</i>	GOOD
<i>Financial resource and information management</i>	GOOD
<i>Lifelong learning</i>	GOOD
<i>Capacity for improvement</i>	VERY GOOD

## Introduction with summary of the evaluation gradings (contd.)

### South Ayrshire Partnership

<i>Quality outcome indicator</i>	<i>Evaluation</i>
<i>Enabling and sustaining independence</i>	EXCELLENT
<i>Promoting inclusion</i>	VERY GOOD
<i>Safety and protection</i>	GOOD
<i>Record keeping and communication</i>	GOOD
<i>Meeting staff needs</i>	GOOD
<i>Developing partnership working</i>	GOOD
<i>Leadership and direction</i>	GOOD
<i>Financial resource and information management</i>	GOOD
<i>Lifelong learning</i>	GOOD
<i>Capacity for improvement</i>	VERY GOOD

### Number of recommendations

<i>Partnership</i>	<i>Number of Recommendations</i>
<i>All Partnerships</i>	10
<i>North Ayrshire</i>	8
<i>East Ayrshire</i>	5
<i>South Ayrshire</i>	6
<i>NHS Ayrshire &amp; Arran specific</i>	6
<i>Total</i>	35

### The evaluation scale

Level	Definition	Description
Level 6	Excellent	Excellent or outstanding
Level 5	Very good	Major strengths
Level 4	Good	Important strengths with some areas for improvement
Level 3	Adequate	Strengths just outweigh weaknesses
Level 2	Weak	Important weaknesses
Level 1	Unsatisfactory	Major weaknesses

We have evaluated each of the three Ayrshire partnerships using the above standard six-point scale. This is the way the three Ayrshire councils and NHS Ayrshire & Arran wanted to be evaluated. The three partnerships are:

- **North Ayrshire Council, NHS Ayrshire & Arran**
- **East Ayrshire Council, NHS Ayrshire & Arran**
- **South Ayrshire Council, NHS Ayrshire & Arran**

There are 31 evaluations in the report. The key points are:

- We have one Ayrshire score for the chapter on meeting health needs. This is because the majority of the services we discuss are pan Ayrshire services
- Where we have evaluated each partnership, we have assumed a baseline evaluation level for the health component of the partnership as this is the same for each partnership. We then evaluated the local authority component of the partnership in terms of its added value. We think this approach offers the best fit in terms of evaluating each partnership's performance on the majority of the quality outcome indicators in the inspection model. We identify differences in the health component of each partnership. For example, East Ayrshire had community learning disability nurses acting as care managers. The other two partnerships did not have this.

### *A word about tense, terminology and proportion*

This report mainly uses the past tense – for example, ‘...there was a huge effort’. We state the position at the time of the inspection. This does not mean that the stated position is no longer the case. So when we say there was a huge effort (at the time of the inspection), we do not mean that there is no longer a huge effort. If something was happening but is not happening now, we say so.

In the report, we use the following words to describe numbers and proportions:

almost all	over 90%
most	75-90%
majority	50-74%
less than half	15-49%
few	up to 15%



# Recommendations

## Recommendations for all partnerships

### Recommendation 1

The partnerships should ensure that all action plans aimed at promoting inclusion and enabling and sustaining independence are SMART (specific, measurable, achievable, relevant and time bound). There should be specific timescales for implementation and named lead officials responsible for actions.

### Recommendation 2

All partnerships should improve the way they publicise their services so that people with learning disabilities and carers better understand what is on offer. This particularly applies to direct payments and carers assessments. This should also take into account the needs of people from black and ethnic minorities. Particular attention should be paid to how services are advertised and information should continue to be made available in easy-read formats.

### Recommendation 3

The Ayrshire protection of vulnerable adults procedure should be amended. It should say that the local authorities and the NHS should contact the police if they get any information that suggests that a crime has been committed against an adult with learning disabilities (abuse, neglect or exploitation). The amended procedure should reflect that the local authorities, the NHS and other agencies have a duty of care towards vulnerable adults with learning disabilities.

### Recommendation 4

The three Ayrshire councils and their partners should review the operation of the Appropriate Adult Scheme. Training and refresher training should be put in place for appropriate adults. Consideration should be given to forming an appropriate adults network.

### Recommendation 5

Each partnership should quickly put measures in place to improve practice in protection of vulnerable adults with learning disabilities cases. Team leaders and their equivalent need to ensure that practice in protection of vulnerable adults with learning disabilities cases is of a high standard. For example they need to make sure that all cases have an up to date risk assessment.

#### Recommendation 6

Each partnership should review its IT systems in terms of their ability to flag concerns in regard to abuse or neglect of vulnerable adults.

#### Recommendation 7

All partnerships should introduce or improve advocacy services for children and young people with learning disabilities.

#### Recommendation 8

People with learning disabilities and family carers should be involved in the delivery of all staff training about learning disability matters.

#### Recommendation 9

NHS Ayrshire & Arran and the three Ayrshire councils should review the strategy for learning disability services to be hosted by the North Ayrshire CHP. The concerns about over centralisation, expressed by social work senior managers in all three councils, should be addressed.

#### Recommendation 10

The three Ayrshire Councils should further develop opportunities offered by the efficient government agenda in joint commissioning of services where appropriate.

### Recommendations for North Ayrshire partnership

#### Recommendation 11

North Ayrshire council should implement its strategic review of learning disability services.

### Recommendation 12

The North Ayrshire partnership should do more to help people with learning disabilities to get employment opportunities, particularly open employment opportunities.

### Recommendation 13

The North Ayrshire partnership should increase the number of people with learning disabilities who get direct payments.

### Recommendation 14

North Ayrshire Council should have a rolling programme of disability awareness training for all its staff which mirrors or shares the work done by NHS Ayrshire & Arran.

### Recommendation 15

The North Ayrshire partnership should ensure there are more toilet and changing facilities available in ordinary community settings, which can be accessed by people who need to be transferred from wheelchairs or have restricted mobility.

### Recommendation 16

The North Ayrshire partnership should develop a more detailed training course on the protection of vulnerable adults with learning disabilities. This would be for staff who do the detailed work protecting vulnerable adults with learning disabilities.

### Recommendation 17

Senior managers in North Ayrshire Council should improve communication with all staff about the implementation of the strategic review of learning disability services and the restructuring of learning disability services.

### Recommendation 18

Service level agreements should be written and signed off with all significant providers of services for people with learning disabilities as a matter of urgency.

## Recommendations for East Ayrshire partnership

### Recommendation 19

The East Ayrshire partnership should help more people with learning disabilities to get employment opportunities, particularly open employment opportunities.

### Recommendation 20

The East Ayrshire partnership should increase the number of people with learning disabilities who get direct payments.

### Recommendation 21

The East Ayrshire partnership should roll out their local area co-ordination service across East Ayrshire.

### Recommendation 22

The East Ayrshire partnership should ensure that the service it commissions from the independent East Ayrshire Advocacy Service Ltd operates in line with Scottish Executive policy.

### Recommendation 23

The East Ayrshire partnership should ensure there are more toileting and adult changing facilities available in ordinary community settings, which can be accessed by people who need to be transferred from wheelchairs or have restricted mobility.

## Recommendations for South Ayrshire partnership

### Recommendation 24

The South Ayrshire partnership should increase the number of people with learning disabilities who get direct payments.

## Recommendations

### Recommendation 25

The South Ayrshire partnership should roll out the local area co-ordination service across South Ayrshire.

### Recommendation 26

The South Ayrshire partnership should increase the number of carers assessments it does for carers who care for a person with learning disabilities.

### Recommendation 27

The South Ayrshire partnership should periodically do an audit of adults with learning disabilities cases (both social work and health files) to ensure compliance with the recommendations of the SWSI and Mental Welfare Commission Borders enquiries.

### Recommendation 28

South Ayrshire Council should put in place a system of continuing professional development plans for staff.

### Recommendation 29

The South Ayrshire partnership should develop a more detailed training course on the protection of vulnerable adults with learning disabilities. This would be for staff who do the detailed work protecting vulnerable adults with leaning disabilities.

## Recommendations for NHS Ayrshire & Arran

### Recommendation 30

NHS Ayrshire & Arran should complete its health needs assessment which should be used to inform and shape its health improvement strategy for children with learning difficulties and adults with a learning disability.

### Recommendation 31

NHS Ayrshire & Arran should undertake a review of the local impact of out-of-area placements and identify resource implications to ensure health services can respond appropriately to the needs of people moving into the area.

### Recommendation 32

The health screening programme initiated in North Ayrshire should be evaluated and implemented across Ayrshire & Arran for all adults with learning disabilities.

### Recommendation 33

Care co-ordination and key working for children and young people needs to be developed and multi-disciplinary care planning and care pathways formalised.

### Recommendation 34

The assessment and treatment service model within specialist learning disability health services should be further developed and implemented.

### Recommendation 35

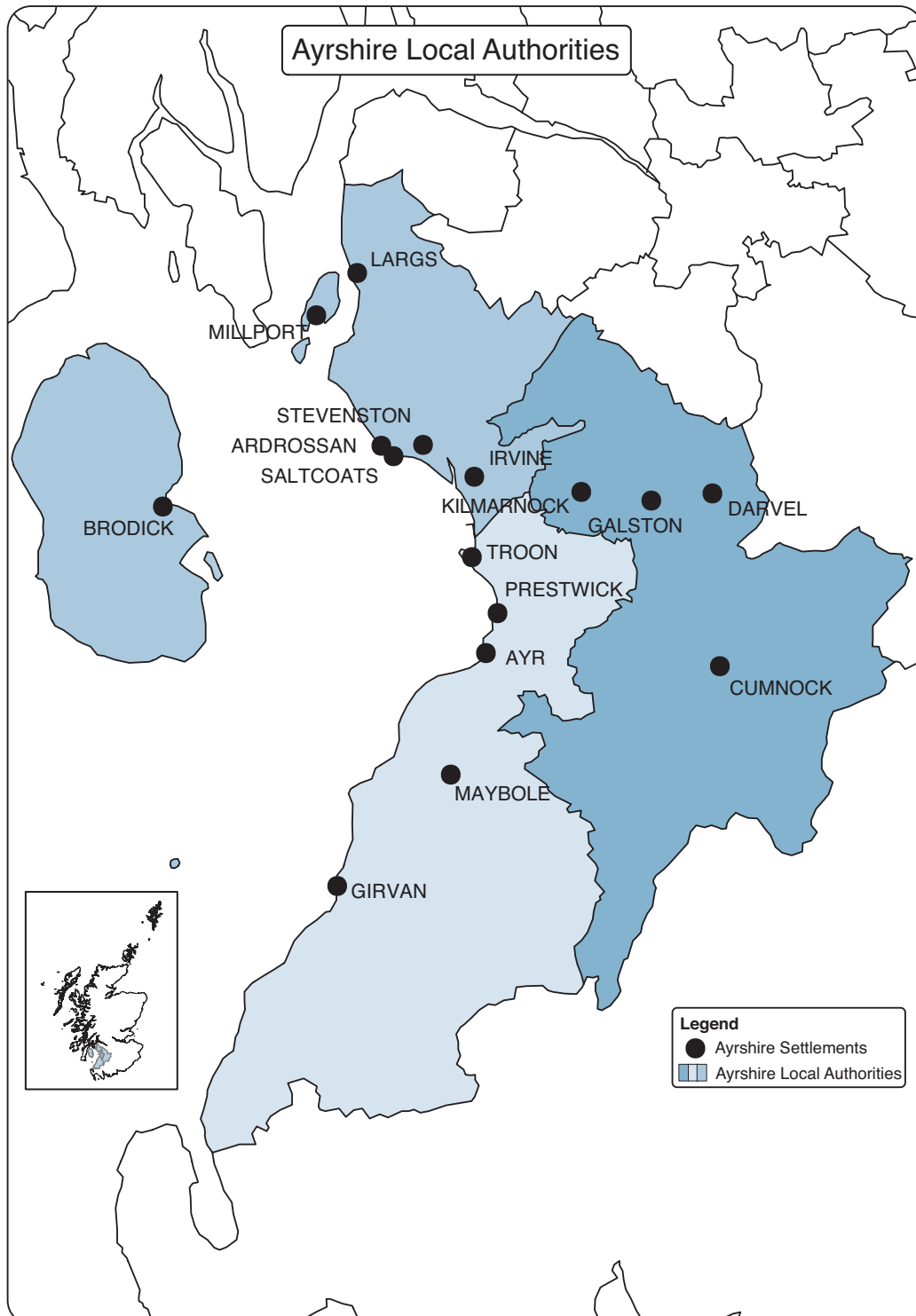
#### Recommendation for NHS Ayrshire & Arran learning disability health records

- A. A significant number of single shared assessments have been undertaken and there should be a focus on developing this fully across professionals groups.
- B. Risk assessments have been undertaken where indicated and this should be developed to ensure consistency across professional groups.
- C. Details of the next of kin and main carer should be clearly recorded in all case files.
- D. All entries in case files should be signed and include the author's designation.
- E. The use of abbreviations should be kept to a minimum in all case files and across professional groups.
- F. Evidence of referrals and cross-team referrals details should be contained within all case files.
- G. Evidence of a referral letter or details obtained from the referrer should be contained within all case files.
- H. Carers assessments should be offered by all professional groups and detailed in the case file.
- I. Copies of reports should be sent to relevant parties involved in patient care.
- J. Evidence of person-centred plans should be contained within the case files.
- K. Adult with Incapacity Certificates should be contained within the case files for patients with a capacity issue.

## Profile of the three Ayrshire local authorities

The pilot multi-agency inspection of services for people with learning disabilities in Ayrshire took place between February and June 2006.

### Map of Ayrshire





## North Ayrshire

North Ayrshire is situated around 25 miles south-west of Glasgow. Its total area is some 340 square miles, almost equally divided between the mainland and the islands of Arran and Cumbrae. It has a total coastline of 140 miles (42 on mainland, 98 on islands). 92% of the area is classified as countryside, ranging from 85% on the mainland to 99% on Arran. North Ayrshire has a total population of 135,000.

At 5.5% the claimant count unemployment rate for North Ayrshire is greater than that for Scotland as a whole (3.3%). Of the total population in North Ayrshire people of working age account for 61% compared with 63% nationally. Those above working age currently account for 20% of the population and this is projected to grow to 45% by 2024. Over the same period the population of working age is projected to fall by 16% and by 2024 the total population is projected to have fallen by 5% overall. Compared to Scotland, there is a higher percentage of jobs in manufacturing, and a lower percentage in finance and business.

### Organisation of Learning Disability Services in North Ayrshire

There is a chart in appendix 5.

## East Ayrshire

East Ayrshire covers an area of 490 square miles from Lugton in the north to Loch Doon in the south. It has a population of approximately 120,000 people in a mixture of urban, rural and isolated communities. Kilmarnock is the major urban area with a population of around 44,000. The remainder of the population live in smaller communities ranging from a few hundred people to around 9,000 in Cumnock.

At 4.8%, the claimant count unemployment rate for East Ayrshire is greater than that for Scotland as a whole (3.3%). Of the total population in East Ayrshire people of working age account for 62% of the total population compared with 63% nationally. Those above working age currently account for 20% of the population and this is projected to grow to 35% by 2024. Over the same period the population of working age is projected to fall by 11% and by 2024 the total population is projected to have fallen by 3% overall. Compared to Scotland, there is a higher percentage of jobs in production and construction, and a lower percentage in finance and business.

### Organisation of Learning Disability Services in East Ayrshire

There is a chart in appendix 5.

## South Ayrshire

South Ayrshire has an extensive coast line. It is located in the southern west region of Scotland. South Ayrshire's borders are North Ayrshire to the north, East Ayrshire to the east, & Dumfries and Galloway to the south and south east. The north west part of South Ayrshire is most densely populated. South Ayrshire has a total population of 112,000. Ayr is the largest town with a

population of 46,000 or 40% of the total population of South Ayrshire. Ayr's neighbouring towns of Prestwick and Troon each have an approximate population of 15,000. Girvan with approximately 7,000 people is the most populated rural town. The main towns of South Ayrshire are situated on the sea with the exception of Maybole whose population is approximately 5,000. The five main towns of South Ayrshire make up approximately 80% of the total population.

At 3.5% the claimant count unemployment rate for South Ayrshire is greater than that for Scotland as a whole (3.3%). Of the total population in South Ayrshire people of working age account for 60% of the total compared with 63% nationally. Those above working age currently account for 23% of the population and this is projected to grow to 33% by 2024. Over the same period the population of working age is projected to fall by 14% and by 2024 the total population is projected to have fallen by 2% overall. Compared to Scotland, there is a higher percentage of jobs in retail and wholesale, and hotels, and a lower percentage in finance and business.

### Organisation of Learning Disability Services in South Ayrshire

There is a chart in appendix 5.

### Organisation of NHS Ayrshire & Arran learning disability services

There is a chart in appendix 5.

## Accessible summary of our findings

This is a report about services for people with learning disabilities in North Ayrshire, East Ayrshire and South Ayrshire. We looked at services for people with learning disabilities and their families in each of the three areas. We looked at services provided by

- The local council, particularly social work and education
- The NHS
- Others, such as Strathclyde Police

A team of people came to Ayrshire to check up on how good services were for people with learning disabilities.

Our team included people with learning disabilities and family carers.



**We had 4 inspectors with learning disabilities on our team.**

Our team included people from:

People First Scotland  
Quality Action Group  
Carers Scotland  
PAMIS  
Social Work Inspection Agency  
NHS Quality Improvement Scotland  
HM Inspectorate of Education  
HM Inspectorate of Constabulary  
The Care Commission



We did a lot of work to get ready for the visit.

- We read a lot about services for people with learning disabilities in North Ayrshire, East Ayrshire and South Ayrshire.
- We read social work and education files for adults and children with learning disabilities.
- NHS staff checked some health records for people with learning disabilities. This is the first time any inspection agency has reported on a check on the health records of adults with learning disabilities.
- We sent a list of questions to some people with learning disabilities, family carers, and staff to find out what they thought.

You helped us by

- Filling in questionnaires
- Talking to us at meetings

This report tells you what we found out.

## *Being independent*



We wanted to know if people get the help they need to live an independent life.

### **North Ayrshire**

In North Ayrshire there were lots of good ideas but more has to happen.

One in four adults with learning disabilities were living in their own tenancies.

Some people have had help to get a job. A lot of people need help to get a job.

People who got direct payments have more choices about what they did, but only a few people got direct payments.

People with learning disabilities and their families liked the local area co-ordination service. Social work need to tell more people about it.

North Ayrshire needs to do more to help people go to college and have holidays.

One in four people with learning disabilities had personal life plans. The plans were mostly excellent or very good.

## East Ayrshire

In East Ayrshire they have a good plan for improving services. The plan talked about giving people with learning disabilities more choices.

We think the East Ayrshire partnership should make sure that the advocacy services they commission for people with learning disabilities should operate in line with Scottish Executive policy.

Some people have had help to move into their own homes. We heard about seven older women who had good support to move to their own home after their care home closed.

Just over a quarter of people with learning disabilities had personal life plans. The plans were mostly excellent or very good.

There were two part-time local area co-ordinators in East Ayrshire. People liked this service. There should be more local area co-ordinators.

More people should get direct payments.

## South Ayrshire

In South Ayrshire they have a very good plan for services.

There was good support for people with learning disabilities to make friends.

There was good support for people with learning disabilities to get jobs. We think it is good that 31 adults with learning disabilities had real jobs. Fourteen adults with learning disabilities had got a job with the council.

They had good services to help carers get a break in South Ayrshire. Some of these services were so good they had won prizes.

Lots of people with learning disabilities had their own tenancy. We talked to ten people who all had their own house or were about to get one.

There were lots of examples of good, flexible services based on personal life plans. We were impressed that a little under half of the people with learning disabilities in South Ayrshire had personal life plans. The plans were mostly excellent or very good.

Things could be even better though.

There was only one local area co-ordinator in South Ayrshire. There should be more.

More people should get direct payments.

More family carers should get their own assessment for services.

### *Being included*



### **North Ayrshire**

There was some good work being done in North Ayrshire to include people with learning disabilities in more things.

### **Disability equality training**

Disability equality training means teaching people to give disabled people the same opportunities as everyone else by meeting their individual needs. All council staff should get disability equality training. We were told that all health staff will get disability equality training.

### Access to services

Some people can get the help they need to use services in North Ayrshire but some people cannot. We heard about an outdoor centre on Arran that has special wheelchairs so that people who use wheelchairs can get into the hills.

### Transport

Transport was a problem for people with learning disabilities. Some people can use public transport but a lot of people spent too much time on special buses. We think that more people should get support to learn how to travel on their own.

### Health

There was a good plan for improving the health of everyone who has learning disabilities in North Ayrshire. People with learning disabilities should be able to get a copy of the plan that is easy to read.

### Information

The council should make their information easy to read.

### East Ayrshire

There was also some good work being done in East Ayrshire to include people with learning disabilities in more things.

### Disability equality training

Council staff and health staff get disability equality training. This could be developed to include people with learning disabilities and carers as trainers.

### Access to services

Some people could not go to college because they could not get into the building.

### Transport

The council had new minibuses that people like using. The schools and social work were training people with learning disabilities to travel on their own and talking bus stops may help with this.



### Health

There was good work being done to train staff to help people with learning disabilities to have better health.

### Information

A lot of carers thought it was hard to get information about services for people with learning disabilities in East Ayrshire.

### South Ayrshire

There was some very good work being done in South Ayrshire to include people with learning disabilities in more things.

### Disability Awareness Training

People with learning disabilities and carers should help to train staff.

### Access to services

There had been some work done to make sure there are toilets in community settings that can be used by adults who need to use changing facilities.

### Transport

Forty-four people were learning to travel on their own. People with learning disabilities had been asked how public transport could be made better.

## *Being healthy*



### **Keeping people with learning disabilities healthy**

The three councils and NHS Ayrshire & Arran worked well together to look after the health of people with learning disabilities.

### **Going to the doctor**

Not all doctors surgeries were fully accessible to disabled people and not all of them had accessible toilets. The community learning disability teams worked well with doctors. Some doctors were running special surgeries for people with learning disabilities. People got more time to talk to their doctor at these surgeries.

### **Special health services**

We looked at special health services for people with learning disabilities. We thought the dentists were very good.

Some people who have learning disabilities and epilepsy could see special learning disability nurses. These nurses could visit people in their own homes.

There had been a lot of work done in South Ayrshire to improve things for people who have autism.

There were excellent services for people with learning disabilities who have problems hearing or seeing.

People who need wheelchairs could get them. People who needed special wheelchairs sometimes had to wait longer.

### Going into hospital

There had been a lot of work done to make things better for people with learning disabilities who have to go into hospital. We really liked the service at Crosshouse Hospital.

### Children and young people

There were good health services for children and young people who have learning disabilities. We think that staff worked well with families, but this could be even better.

### *What people with learning disabilities said about keeping healthy*

The Scottish Consortium for Learning Disabilities (SCLD) asked people about their health. This is what people told them.

Only some people said they got information about living a healthy life.

People do not seem to get information about health that is easy to read.

Most people had someone they could talk to if they were worried about their health.

Almost everybody was happy with their doctor. They said things like *“I do like him”*, *“she’s good, really good”* and *“I’m a lot better than I used to be”*.

The Scottish Consortium for Learning Disabilities also asked people about going into hospital. This was okay for most people but not okay for one or two people.

## *Being safe*



The three councils and NHS Ayrshire & Arran have rules to help protect people with learning disabilities from abuse. We think these rules should change a bit. The rules should say that a member of staff must always contact the police if they think that a person with learning disabilities has been harmed.

Strathclyde Police agreed with this. They think it is very important to make sure that people with learning disabilities are safe. Everyone needs to work together to help keep people with learning disabilities safe.

SCLD asked people with learning disabilities if they feel safe at home. Almost all said they feel safe at home. Most people said they feel safe when they are out and about. Most people said they had someone to talk to if they were frightened.

## **Strathclyde Police**

Strathclyde Police were training their staff to work better with people with learning disabilities. This included all their staff who meet the public in police stations. Ayrshire is the only place covered by Strathclyde Police that this is happening.

We thought that the three councils and the health board did good work to keep people with learning disabilities safe.

## *Keeping files*



We looked at some files kept by the three councils and NHS Ayrshire & Arran. They keep a file for every person with learning disabilities that they know about. This is the first time that health files for adults with learning disabilities have been inspected. We found that the file for most people was up to date and had all the right information.

### **North Ayrshire**

They need to find better ways to make sure young people get the right services when they move into adult services.

### **East Ayrshire**

There was a transition team in East Ayrshire. Their job is to work with families when children have to move into adult services. The transition team was set up a year ago and was working very well.

### **South Ayrshire**

They had a transition team, too, who work very well.

## *Staff*



We wanted to know if staff were well trained for working with people with learning disabilities.

We thought all three councils and NHS Ayrshire & Arran did the right things to make sure their staff are properly trained.

We thought that staff training was very good in East Ayrshire.

People with learning disabilities and carers should be more involved in training staff.

## *Working together*



NHS Ayrshire & Arran said it works well with the three councils. Some health services for people with learning disabilities in North, East and South Ayrshire were run from North Ayrshire. NHS Ayrshire & Arran needs to think if this is the best way to do things.

### **North Ayrshire**

We found council and health staff worked well together. In emergencies everyone worked well together. Most people with learning disabilities said they thought they had enough say in big decisions.

## East Ayrshire

We found council and health staff worked well together. We found social work and leisure department staff running activities for people with learning disabilities that were very popular. Most people with learning disabilities said they thought they had enough say in big decisions. A lot of people with learning disabilities had helped to choose their support staff. Carers said they sometimes found it hard to have their say.

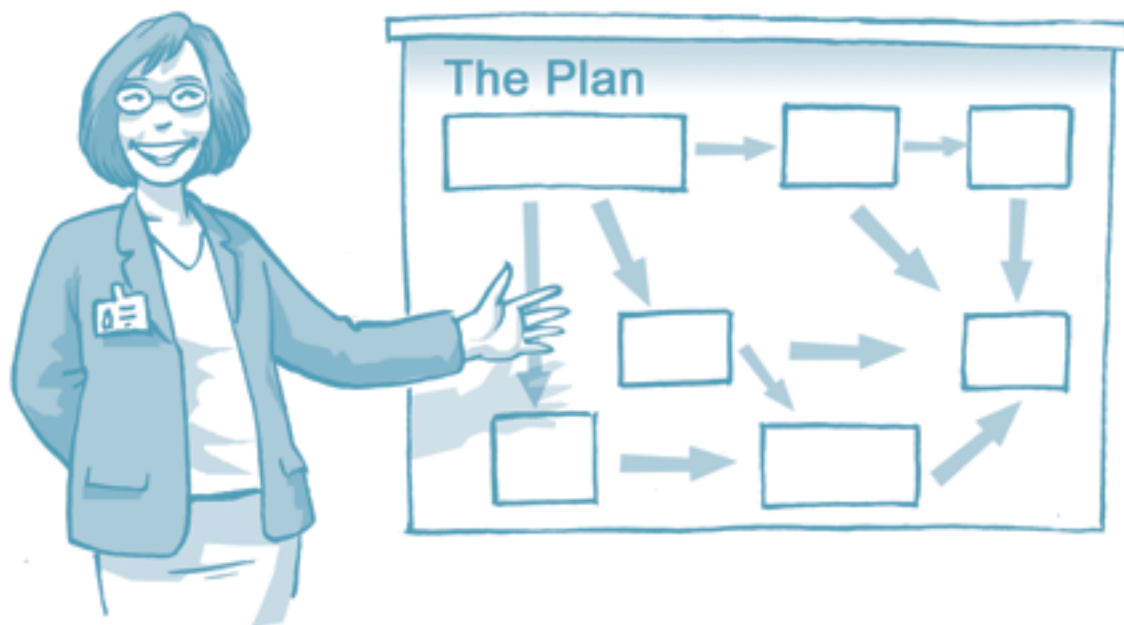
## South Ayrshire

We found that council and health staff worked well together. Most people with learning disabilities said they thought they had enough say in big decisions. Some people with learning disabilities said they thought they did not have enough say in big decisions. Some people with learning disabilities had helped to choose their support staff.

There has been good work done with carers of children with very high support needs.



## Leadership



### All of Ayrshire & Arran

The managers of NHS Ayrshire & Arran were very keen to improve health services for people with learning disabilities.

### North Ayrshire

Senior managers in North Ayrshire had good plans for people with learning disabilities. But some staff did not seem to be very sure about what was happening. The managers need to make sure that all the staff know about the way that services are changing.

### East Ayrshire

Senior managers in East Ayrshire had good plans for people with learning disabilities. Most of the staff agreed with this.

### South Ayrshire

The council in South Ayrshire made sure, in the past, that they did not cut back on services for people with learning disabilities. They have now had to cut back some services. They said they were not happy but they needed to save money.

Some health services for people with learning disabilities in South Ayrshire were run from North Ayrshire. This makes things complicated.

## Money



### All of Ayrshire & Arran

NHS Ayrshire & Arran had paid money to the three local councils. This was to pay for the care of the people who used to live in Arrol Park and Strathlea Hospital.

NHS Ayrshire & Arran also paid money to the three councils for respite care for children with learning disabilities.

### North Ayrshire

North Ayrshire thought they needed more money to pay for services for all the people with learning disabilities that they care for. But everyone in urgent need of a service got it.

North Ayrshire had a good way of keeping track of looked after children. These are children who are looked after by the council, not their own family.

### East Ayrshire

Staff in East Ayrshire made good use of computers to keep track of the money that is spent on services for people with learning disabilities.

### South Ayrshire

A lot of extra money had been put into services for people with learning disabilities, but even more will be needed. The council tried to plan ahead so that people could get the services they need.

### *Lifelong learning*



### **All of Ayrshire & Arran**

The Scottish Consortium for Learning Disabilities talked to a lot of people with learning disabilities. They asked them about what had happened when they left school. Most people had been at a special school and most people were at college or had been at college. Some people said they had had some say in what they did after school. But most people with learning disabilities who needed a lot of support did not get a choice about what they did after school. People who needed a lot of support were less likely to get the chance to go to college or get a job.

People were asked what would make their lives better. They said:

- Work and education
- Mainstream education and college
- To be welcomed in the community and not be on the outside of things
- More to do

We thought that all three councils did some good work in education. They have to try harder to improve things for young people with learning disabilities when they leave school. Young people who need a lot of support needed more help to get jobs.

## North Ayrshire

Young people with learning disabilities could join the school band at Stanecastle School. They could do drama or music or join a youth theatre. The outreach service ran things after school and during the holidays for children with learning disabilities.

Kilmarnock College ran courses for people with a wide range of needs.

## East Ayrshire

Park School was going to move to the Grange School campus. This should give pupils more chances to do things together.

Pupils at Hillside School enjoyed doing cookery, gardening and music.

Parents and school staff said it would be helpful to work with social work right through school.

## South Ayrshire

Young people with learning disabilities were running a café with help from community learning and development staff. This may help them get jobs. Young people with learning disabilities got good help to do sports and use libraries. Pupils at South Park and Craig Park Schools were learning to speak up in the children's parliament.

Ayr College ran courses for people with a wide range of needs.

It was not clear who paid for the transport and the help needed by young people who need a lot of support when they go to college.

## *Doing things better*



### **North Ayrshire**

People with learning disabilities and their families got good services in North Ayrshire. But we think there are some things they need to do to make sure that people are more included.

### **East Ayrshire**

We were pleased with the way East Ayrshire used personal life planning. We think this is one reason why people with learning disabilities got good services.

### **South Ayrshire**

People with learning disabilities and their families got very good services in South Ayrshire. They did personal life planning and it worked very well.

### **Personal life plans**

This was the first time anyone has ever checked the personal life plans of people with learning disabilities. We thought the plans that we saw were very good.

# Inspection methodology and inspection activities

## Our Methodology

### Multi-agency inspection model

We commissioned Martin Campbell from St Andrew's University to develop a multi-agency inspection model for services for people with learning disabilities. We held a consultation event about the model and we took people's comments into account. A number of people with learning disabilities and family carers attended the event. We specifically designed the model for multi-agency inspections of learning disability services. The model is congruent with the SWIA performance inspection model and HMle's performance inspection model. A graphic summary of the learning disability inspection model can be found in appendix 1.

### Pre-fieldwork inspection activity

#### Surveys

We surveyed family carers, local authority and NHS staff who work in learning disability services and other stakeholders. The numbers of staff surveyed and the response rates are in the table below. We use the results of our surveys throughout this report.

#### Staff survey:

Authority	Number of responses	Sample size	Response rate	Confidence interval
East Ayrshire	97	114	85%	3.9
North Ayrshire	73	113	65%	6.9
South Ayrshire	45	101	45%	10.9
NHS Ayrshire & Arran	114	249	46%	6.8
Total	329	607	49%	3.7

#### Carers survey

Where possible, carers of people with learning disabilities were identified by the local authorities. North and East Ayrshire both supplied carer lists from which the sample for the carers survey was selected. In South Ayrshire, it was decided that as a carer list could not be provided, carers questionnaires would be sent to parents/carers of all children and young people in receipt of learning disability services. In addition, the Princes Royal Trust for Carers in Ayrshire distributed further carers questionnaires to carers in South Ayrshire, identified from their own mailing list.

### *Carer survey response rate*

Authority	Number of responses	Sample size	Response rate	Confidence interval(1)
East Ayrshire	79	370	21%	9.5%
North Ayrshire	89	245	36%	8.3%
South Ayrshire	72	421	17%	10.5%
Total	240	1036	23%	5.6%

(1) This is based on a 95% confidence level. For example, 53% of all carers who responded agreed they were satisfied with the services they receive. This means that for the population of carers of people with learning disabilities, between 47.4 and 58.6 are satisfied with the services they receive.

### *Stakeholders and partners survey*

We received 31 responses from the stakeholders and partners.

Because of the small number of stakeholders that responded, the results of this survey are not statistically significant but they may be indicative.

The **confidence interval** is the plus-or minus- figure that gives the percentage range that the true percentage for the population will fall into. For example, if you use a confidence interval of 3.7 and 49% percent of your sample picks an answer you can be “sure” that if you had asked the question of the entire relevant population between 45.3% (49-3.7) and 52.7% (49+3.7) would have picked that answer. The confidence level tells you how sure you can be. It is expressed as a percentage and represents how often the true percentage of the population who would pick an answer lies within the confidence interval. The surveys used in this inspection use a 95% **confidence level**. When you put the confidence level and the confidence interval together, you can say that you are 95% sure that the true percentage of the population is between 45.3% and 52.7% for all staff who work in learning disabilities services.

### *Interviews with people with learning disabilities*

We commissioned the Scottish Consortium for Learning Disability (SCLD) to do interviews with 92 people with learning disabilities in the three Ayrshire partnership areas. Details of the sample of people interviewed are in the table below. SCLD did the interviews before the inspection fieldwork (April 2006). We decided one to one interviews were a better approach to gathering the views of people with learning disabilities.

*Sample of people with learning disabilities interviewed*

	South	East	North	Totals
Adult protection	2	0	2	4 (4)
At risk	2	5	1	8 (9)
Transition	7	0	5	12 (13)
Complex disabilities and high support needs	3	14	14	31 (34)
Other	15	7	15	37 (40)
ALL	29	26	37	92 (100)

**File reading***Social work files*

We read 246 social work files in the three councils (82 from each council). The sample size means that results are statistically significant at a local authority level. Local file readers and SWIA inspectors did the file reading. We chose a stratified random sample of files to read. We made sure we included files from a range of people with learning disabilities such as:

- Children with learning disabilities
- Young people in transition
- People with complex disabilities and high support needs
- People with autistic spectrum disorder
- Adults with learning disabilities subject to the adult protection procedure (*all files read*)
- Adults with learning disabilities, who have had concerns expressed about them being abused, neglected or exploited (*all files read*)

We read all of the files of adults with learning disabilities who were subject to adult protection procedures. We read of the files of adults with learning disabilities who have had concerns expressed about them being abused, neglected or exploited. The latter group had not been subject to adult protection procedures.

*Health files*

In total, 44 files were read covering 14 people with learning disabilities. NHS Ayrshire & Arran's clinical effectiveness unit did the file scrutiny and SWIA analysed the results. For legal reasons the inspection team could not scrutinise health records. We developed a self-audit system. This is the first time any inspection has obtained aggregate data from the scrutiny of individual adults' health records.



## Chapter 2

File type	Number read
Nursing	13
Psychiatry	7
Psychology	7
Occupational Therapy	7
Speech and language	4
Physiotherapy	5
Music therapy	1
<b>Total</b>	<b>44</b>

These samples were too small to provide statistically robust results. The results may be indicative of where there may be good and poor practice.

### *Education records*

HMIE inspectors scrutinised a small number of education records.

### *Self-evaluation questionnaire (SEQ) and supporting documents*

We asked each of the partnerships to complete an SEQ. The SEQ is based on the 11 outcome indicators of the multi-agency inspection model. Each partnership decided on an evaluation (using our six-point scale detailed below) for each outcome indicator. The partnerships submitted many documents in support of their SEQ. We analysed these documents and the results of the analysis were made available to all members of the inspection team.

### *The inspection team*

The team had representatives from:

- People First Scotland
- Quality Action Group
- Carers Scotland
- PAMIS
- Social Work Inspection Agency
- NHS Quality Improvement Scotland
- HM Inspectorate of Education
- HM Inspectorate of Constabulary
- Care Commission

We had four people with disabilities and two family carers on the inspection team.

### Fieldwork

The multi-agency inspection team spent two weeks in Ayrshire doing the fieldwork for the inspection. Most of the team were not present for the whole of the fieldwork. Details of everything we did are in the appendices.

### Hospital closure

The NHS Quality Improvement Scotland review of October 2004 looked at NHS Ayrshire & Arran and their partnership's progress with the closure of long stay hospital beds for people with learning disabilities. We did not look in depth at the hospital closure position for this inspection, as this would have duplicated the work of the NHS QIS review. NHS Ayrshire & Arran and their local authority partners had made good progress since the NHS QIS review. Sixty people with learning disabilities had been discharged from hospital. At the time of our inspection, there were 21 people with learning disabilities still in long stay beds in Arrol Park. Some of the last group to be resettled had very complex disabilities and high support needs. Some were waiting for their new build houses to be finished. The hospital closure programme should be completed by the end of March 2007. NHS Ayrshire & Arran will have 16 assessment and treatment beds for people with learning disabilities. This is in line with The same as you?<sup>1</sup> recommendation of four beds per hundred thousand population.

### Progress with hospital closure

Long stay beds at October 2004	Long stay beds at December 2005	Long stay beds at June 2006
81	31	21

### Next steps

We will ask each partnership to prepare an action plan. The action plans will set out how the partnerships will implement the recommendations of this report.

<sup>1</sup> *The same as you? – A review of services for people with learning disabilities*, Scottish Executive, 2000.

## Enabling and sustaining independence

### North Ayrshire partnership - Enabling and sustaining independence

We found that the North Ayrshire partnership performed to a good standard - important strengths with some areas for improvement. The council needed to implement its strategic review of learning disability services.

#### Vision

The partnership in practice (PIP) agreement is a strategic document where both the NHS and the local authority set out their plans for people with learning disabilities or autistic spectrum disorder in response to The same as you?. The PIP looked at a wide range of supports which people with learning disabilities might need to be able to lead inclusive lives in their community. The PIP was linked to a strategic review of learning disability services in 2003 (still to be implemented and referred to elsewhere). The PIP and the strategic review looked at how the council and NHS board could best support people with learning disabilities.

#### Recommendation 11 North Ayrshire partnership

North Ayrshire council should implement its strategic review of learning disability services.

#### Leisure, learning and employment

Traditional (buildings-based) day services still existed in North Ayrshire as they do elsewhere. Some staff we spoke to were negative about their service provision, which they saw as not being flexible or person centred.

Social services trained staff in 'circles of support' for people with learning disabilities, which meant that friendships, relationships and activities were not dependent on paid staff. Social services is to be commended for this work.

The number of people with learning disabilities in employment in North Ayrshire had reduced from 8% in 2003 to 6% in 2005.<sup>1</sup> Over the same period, the numbers in further education had reduced from 23% to 8%.

Community based services was a project linked across several units in an industrial estate. A reliance on council transport significantly shortened the working day for some attendees. Those who travelled independently worked for longer.

People with learning disabilities were paid £1 a week to learn a range of skills, including ceramics, piñatas, woodwork and undertaking desktop publishing for local businesses. We

<sup>1</sup> Implementation of The same as you? Statistics Release, Scottish Executive 2006.

asked if there was a link between these activities and vocational learning. Staff told us that people with learning disabilities only attend separate non-vocational classes at Kilmarnock college and that the issue of mainstream or vocational training ‘needed to be discussed at a higher level’.

Staff also said that people with learning disabilities seldom moved into paid employment because of concerns about losing their benefits. There were only two job coaches in North Ayrshire to help people with learning disabilities to get jobs.

### Recommendation 12 North Ayrshire partnership

The North Ayrshire partnership should do more to help people with learning disabilities to get employment opportunities, particularly open employment<sup>2</sup> opportunities.

### Direct payments

Three adults with learning disabilities (of a total of 32 people) got direct payments. Six children with learning disabilities got direct payments. All the adults and one child also got Independent Living Fund money.

Requests for direct payments went through the local resource group for financial approval. The council would hope to have the direct payment available within 3 weeks.

The pan Ayrshire single shared assessment form had a section on informing people about direct payments. Offering people direct payments was part of single shared assessment training.

Direct payments were publicised by word of mouth. Our carers survey found that 59% of carers in North Ayrshire knew about direct payments, and 50% agreed their council supports their use. It is encouraging that the council’s promotion and use of direct payments was generally well-received by carers. This could be improved further if the council finds other means to publicise them other than ‘word of mouth’.

### Recommendation 13 North Ayrshire partnership

The North Ayrshire partnership should increase the number of people with learning disabilities who get direct payments.

<sup>2</sup> The person with learning disabilities gets the national minimum wage or above. The workplace has people who do not have learning disabilities working there.

### Local area co-ordination

We found the local area co-ordination service served people with learning disabilities and families very well. Social services recognised there are four areas which families say are important. These are respite and short breaks, transition, day services and employment. We thought social services were innovative allocating a local area co-ordinator for each of these. North Ayrshire local area co-ordinators worked with 135 service users in 2005, and 171 service users in 2006. It is unfortunate then that 73% of carers we surveyed said they did not know what the local area co-ordinator did and only 30% said they knew how to contact them. Social services should look at how it publicises this service.

### Respite and short breaks

The local area co-ordinator for respite and short breaks worked with families to explore respite options. These ranged from the traditional unit-based breaks to more flexible and inclusive choices in holiday destinations at home and abroad. We were given an outline of respite services in North Ayrshire. These included detailed plans for a new residential respite unit. The council was commissioning this unit from the independent sector. There was a genuine enthusiasm for developing a broad range of respite services, in partnership with people with learning disabilities and carers.

There were still 15 North Ayrshire people receiving respite in Arrol Park hospital because existing respite facilities were physically unsuited to meeting their needs. Some carers were anxious about the prospect of providing this respite elsewhere. This was the impetus for a new build development. The new service will not be operational in time for the planned closure of the respite facility at Arrol Park. Since social services had already selected a provider, and will have the budget to run the new service, it was hoped there might be scope for an interim partnership arrangement which delivers a stop gap service. It is commendable that users and carers were directly involved in the planning of the new service and in provider selection. We felt these plans were imaginative and well thought through.

North Ayrshire had developed a short breaks/holiday service as an alternative to residential respite for people who do not have high support needs. Run by Oneplus, this has been successful and cost effective. People with learning disabilities went on holiday as a group. We think more individual holidays should be explored.

Carers who care for children with learning disabilities got respite when their children went to the Muirfield respite unit.

### Carers assessments

Forty six per cent of carers in North Ayrshire said that they were aware of carers assessments and 24% of respondents actually had one. Encouragingly, only 8% of carers in North Ayrshire said services they received did not meet their needs. All other respondents (from a sample of 85) said that their needs were met to varying degrees.

### A place to live

Many people with learning disabilities had been able to make choices about living in their own tenancies, often with help from supporting people funds. In 2005, 24% of adults with learning disabilities lived in their own tenancies (the Scottish average is 28%). Some people with learning disabilities we met said they had no say in choosing their support staff.

### Assessment and care management

These services worked well for people leaving long-stay hospital, particularly in the initial year after resettlement. However some providers stated that they were less consistent after this.

Although numbers were not available, many people with learning disabilities did not have a care manager. They had to access social work through the duty system.

A day care provider said they had problems on three occasions when they tried to get social work help in a crisis. They had to step in to help at evenings and weekends because social work were unable to help.

The evidence from our scrutiny of social work records was very positive. We were interested as to whether the level of social worker contact was keeping with the requirements set out in the person's care plan. In 94% of the cases we looked at in North Ayrshire, we agreed that it was. We also found that of people receiving services, 95% had an assessment on file, 74% of the most recent assessments had been completed in the preceding 12 months and file readers felt that 88% of these were in keeping with the needs of the service user. Care management, for those who got it in North Ayrshire, was of a high standard.

Providers told us they had to make contact at a senior level in North Ayrshire social services to get problems resolved when there was a breakdown in supports provided by social work fieldwork teams.

Some NHS and social work staff told us that as a result of reductions to supporting people monies, people's packages of care were being reduced. The impact of the reduction in supporting people monies was being evaluated.

Providers saw a number of positives in North Ayrshire. These included:

- A high level of commitment of staff in services (social work, nurses, staff employed by providers)
- Willingness of staff in different agencies to work together. This is evident at a high level of management as well as at the front line
- Strong informal networking which helps services to work well together
- Good quality advocacy for adults.

Some providers we spoke to said transition planning was not working well and “*those who shout loudest get a service*”. Transition planning now starts at 16 and involves a multi-agency forum. We observed this forum and it was an effective way of working. Transition will be looked at in more detail in a later chapter.

### Advocacy

The advocacy organisation we met with had concerns about the shortage of advocacy. In 2005 19% of adults with learning disabilities in North Ayrshire had an independent advocate. This compared favourably with the Scottish average of 11%. There was very limited advocacy for children and young people with learning disabilities in North Ayrshire. The local advocacy service was developing an externally validated quality assurance system. There were issues about funding and sustainability of advocacy as funds ran out at the end of 2006.

### Personal life plans

Our file readers found that 22% of people with learning disabilities had personal life plans (just below the national average). The majority of these were rated either as ‘excellent’ or ‘very good’.

## East Ayrshire partnership – Enabling and sustaining independence

**The East Ayrshire partnership performed to a very good standard - major strengths with a few areas for improvement. The partnership helped many people with learning disabilities to be independent. More people with learning disabilities should get the chance to work.**

### Vision

East Ayrshire published a partnership in practice Agreement (PIP) for 2004-2007. We think this is a good document. It stressed improving choices, increasing independence for people with learning disabilities and autistic spectrum disorder and improving access to community health services.

According to the 'PIP' East Ayrshire managed to complete 84% of 'milestones' in the previous plan. The current plan could be improved if the targets in its action plan had named people or posts responsible for ensuring they are met. Specific timescales for actions would have been helpful. This is still a very far-reaching plan with good finance and resource information.

The PIP stated the East Ayrshire Partnership's commitment to enabling people to be included in their communities with the right supports available. We saw evidence of this during our file scrutiny and when we met staff and people with learning disabilities.

### Leisure, learning and employment

Some carers we spoke to expressed concern about an absence of opportunities to do things outside of day centres. They said that individuals with less complex needs had more opportunities. They felt that there was an inequality of service for those with more complex needs.

In East Ayrshire there were increasing numbers of alternative leisure and learning initiatives such as The Irky Pirky project.

#### Good practice example

The Irky Pirky project was a dance group for people with learning disabilities. Irky Pirky performed with Scottish Opera and the Scottish National Orchestra at the Tramway Theatre Glasgow in 2005.

There were limited opportunities for people who wanted to work. In 2005 East Ayrshire had 10% of adults with learning disabilities getting some sort of employment opportunity (the Scottish average is 14%). There was a pan-Ayrshire network for supported employment which included various agencies, for example, Enable and Hansel, as well as the different councils. There was not enough support to cope with the demands on this service as there were only two job coaches. There was also a supported employment co-ordinator. Sixteen people were being helped to get open employment.



### Recommendation 19 East Ayrshire partnership

The East Ayrshire partnership should help more people with learning disabilities to get employment opportunities, particularly open employment opportunities.

### Direct payments

We asked some carers about direct payments. They felt direct payments were an unattractive proposition. A representative from a carers forum told us the council did little to publicise direct payments. In 2006 nine people with learning disabilities got direct payments (total number of people who got direct payments was 32).

Some of these comments were mirrored by East Ayrshire Council's own managers when we met them. They told us that there had been a slow uptake of direct payments in learning disability and autistic spectrum disorder services. Direct payments were promoted in the single shared assessment and there was a trigger in this for staff. There was a dedicated support worker working across Ayrshire.

### Recommendation 20 East Ayrshire partnership

The East Ayrshire partnership should increase the number of people with learning disabilities who get direct payments.

### Local area co-ordination

East Ayrshire decided to pilot local area co-ordination in Cumnock and Doon Valley. We met with the two part-time local area co-ordinators. They had had a comprehensive nine-month induction from the Scottish Consortium for Learning Disability. There was extensive consultation with people with learning disabilities and their carers on how local area co-ordination should be run. People with learning disabilities and carers said they wanted the council to employ people with experience of caring. They wanted the service to be available outwith normal working hours.

The co-ordinators told us they felt the service had been of real value and had helped to include people in their communities. They believed they had worked with about 50 individuals and their families since the service began.

Both staff said that social activities, benefits checks and emotional support were their three main activity areas. A lot of their work was giving advice and information.

Our carers survey found that 'advice and information' was in the top-three services which carers valued across Ayrshire as a whole.

The council had recently done a review of local area co-ordination. It had proposals for rolling out local area co-ordination across East Ayrshire.

### Recommendation 21 East Ayrshire partnership

The East Ayrshire partnership should roll out their local area co-ordination service across East Ayrshire.

### Respite and short breaks

Respite and short breaks were arranged based on need and were overseen by a group of council and health officers and respite providers. Service users led the development of a respite caravan in a local holiday park. East Ayrshire had contractual arrangements with independent providers to provide high quality respite care to both adults and children with learning disabilities. After the hospital respite facilities closed, 28 people who received hospital respite got short breaks in the community.

### Carers assessments

We surveyed carers from East Ayrshire and found that around half were aware of carers assessments and 29% of all respondents had actually had one. East Ayrshire Council were working in partnership with Carers Scotland and East Ayrshire Carers Centre to pilot person centred carers assessments.

### A place to live

We visited supported accommodation for people with learning disabilities run by the West of Scotland Housing Association. People with learning disabilities had their own tenancies. The staff supported them to be as independent as possible and to do lots of things in the local community.

We were impressed by the work done with seven women near or at retirement age who used to live together in Dunlop House. It closed and they all moved to a private care home. While in this home, they started to meet as a group with the support of East Ayrshire Advocacy. This home then closed as well and the advocacy project and others supported the women to move to individual or shared tenancies in their local area.

### Good practice example

We met a service user with dual diagnosis (learning disabilities and mental health problems) who was very low on self-confidence and self-esteem. She moved away from her abusing carer and into her own temporary accommodation via the homelessness service. She said social work staff worked hard to make this happen. They worked well with staff from the Richmond Fellowship and housing. The social work staff used the protection of vulnerable adults procedure initially and then obtained a guardianship order (Adults with Incapacity Act). She was on the waiting list for a home of her own. She told us that her life had been transformed.

East Ayrshire Council and Communities Scotland were working in partnership to develop accessible housing throughout East Ayrshire in order to meet anticipated needs.

A group of providers told us when people are in their own tenancies, they can do far more than expected. One said, *“people with learning disabilities blossom and develop”*.

These comments by providers were tempered by their belief that not everyone with a learning disability or autistic spectrum disorder had the same opportunities. They said that the quality of assessments was variable. They felt services should be adapted for the person but this ideal is some way off for a significant number.

This contrasts with our findings. We found 83% of the assessments were either excellent, very good or good.

### Assessment and care management

At our file reading exercise we found 73% of East Ayrshire files contained an initial assessment. Eighty-five percent of the assessments that were on file were completed in the last 12 months and the majority of them we rated as good or very good. Half of the files where the person was at the transition stage did not contain any assessment, despite this being a crucial point in their lives.

The establishment of a transition team in 2005 had resulted in significant improvement in the quality of assessments and further development of person-centred planning. The East Ayrshire transition team were working with an independent sector provider to develop support services for young men with learning disabilities who have sexually harmful behaviour. We were impressed by the quality of this work. Staff were working in a very person centred way.

We saw a number of examples of good practice working with individuals with learning disabilities. For example, day centre staff had worked with a community learning disabilities nurse to provide a day service for a young person with challenging behaviour, complex disabilities and high support needs. The young person previously went to the learning disability hospital to get a day service. Her parents said, *“We are sorry that this did not happen years ago”*. Day centre staff said, *“She is not being shut away anymore”*. The community learning disability nurse, who is also a care manager, said, *“This is a fantastic example of joint working”*.

### Advocacy

East Ayrshire Advocacy Services Ltd is an independent organisation. Advocacy staff told us that direct payments, employment and a choice of where to live were *“Not relevant for people with learning disabilities who are not living independently”*. We were concerned about staff from an advocacy service expressing such views.

Colleagues visited Carrick View, a 10 place building that will be replaced by another 10 place new built unit. Residents will continue to live as a large group. Users of the service, carers, staff, other agencies and trade unions were consulted as part of a best value review. Some people with learning disabilities from Carrick View had the same advocate.

We appreciate that comments made by individual staff from East Ayrshire Advocacy may not be representative of the organisation as a whole. From the evidence from our inspection, we think some East Ayrshire advocates need more training on working with people with learning disabilities.

### Recommendation 22 East Ayrshire partnership

The East Ayrshire partnership should ensure that the service it commissions from the independent East Ayrshire Advocacy Service Ltd operates in line with Scottish Executive policy.

Numerically, the East Ayrshire advocacy service supported more people than anywhere else in Scotland. They also had good links with the council. East Ayrshire Advocacy Service Ltd ran awareness raising sessions for a wide range of organisations and services, including GP practices. The chair of the CHP attended one session.

### Personal life plans

In East Ayrshire 30% of people with learning disabilities had a personal life plan. This is above the national average of around 25%. We found that 92% were either excellent, very good or good.

The council produced a very good accessible document to consult with people with learning disabilities, carers and staff about the value of person-centred planning.

### South Ayrshire partnership – Enabling and sustaining independence

**We found the South Ayrshire partnership performed to an excellent standard - a model of its type.**

**The South Ayrshire partnership had a sound, well-financed strategy for people with learning disabilities. The partnership had delivered the objectives in the strategy, thereby improving the quality of life for many people with learning disabilities and their families.**

**The partnership delivered very positive outcomes for people with learning disabilities and their families. The excellent evaluation does not mean services cannot continuously improve, as there is always potential for improvement. We were highly impressed with South Ayrshire's work on personal life planning and the associated delivery of excellent outcomes for people with learning disabilities. Some of the individual files we read evidenced outstanding practice. This conclusion was supported by our observed practice visits, where we saw excellent practice. We thought there was excellent practice in the areas of employment opportunities for people with learning disabilities and the scheme to enable children with learning disabilities to use mainstream day care services.**

**The partnership needs to maintain the quality of its services. It should increase the numbers of carers assessments it completes.**

#### Vision

The South Ayrshire PIP (2004-2007) had five areas of priority which reflect the priorities in The same as you?. They were hospital closure, development of respite services, development of day opportunities, development of transitions services and development of local area co-ordination.

#### Leisure, learning and employment

South Ayrshire provided us with many examples of good practice. An example of this was a project run by Turning Point which ran a service to provide inclusive leisure opportunities for people who were at day centres. Viewpoint encouraged natural friendships for people with learning disabilities, rather than them having to rely on paid staff to undertake leisure activities.

Personal life plans were drawn up to find out what people wanted to do and to enable them to move on to new things. We were told about one person who attended a day centre five days a week. They now travel independently, have three part time jobs and go to college. Another person had extensive support friendships by virtue of attending a regular tea dance. One to one supports were available, where required. Some parents resisted the new services initially due to loss of their dependable nine to three service but they were won over when they saw the benefits of the new services for their sons and daughters.

*“Ever since our son has become involved with Turning Point Scotland (Viewpoint) he has been much happier and more extrovert. Family, friends, neighbours have noticed a great change”*  
(Parent)

We also spoke to staff from a service offering leisure and activity supports to young people with challenging behaviour. We were impressed by the use of risk assessments, including learning from near-misses.

The quality of these services reflects that day opportunities are one of the South Ayrshire partnership’s priorities.

The PIP says:

*During the period 2001 – 2004 South Ayrshire Council invested change fund monies in two areas:*

- Development of a community support team to work with young people leaving school to identify community based leisure activities instead of admission to traditional day centre activities. This team also supports adults attending the day centre to achieve the outcomes identified above; and
- Development of a social opportunities service “Viewpoint” (described above).

We visited staff to talk about alternative day opportunities. This service was very inclusive and also worked with school leavers who did not need support from traditional (buildings-based) day services. In this way it stopped the day service population from growing. The service was flexible and operated outwith office hours.

We were later told that a decision had been made to reduce spending on the service by £200k to make savings. This resulted in the loss of eight part-time temporary posts. Other savings meant that People First advocacy service also had to close. Senior managers told us that this had been a very difficult decision which they hoped could be re-visited in the future.

We came across examples where social workers were helping people to get a job, even where they had very high support needs or had displayed challenging behaviour. We spoke to a group of people with learning disabilities and several had either paid or voluntary work. South Ayrshire had done some work with Unity Enterprise to help people with learning disabilities to get paid work, for example at Prestwick Airport.

In South Ayrshire in 2005, 18% of adults with learning disabilities got some sort of employment opportunity. We think it is commendable that thirty one adults with learning disabilities were in open employment.

## Chapter 3

The chief executive of the council stressed their commitment to employment opportunities. South Ayrshire Council employed 14 people with learning disabilities. We think this is a very positive development.

Most of the services to do with leisure, learning and employment impressed us with their commitment to the principles of enabling and sustaining independence. We found lots of individual examples of good practice.

In 2005 in South Ayrshire, 20% of adults with learning disabilities attended a day centre full time (the Scottish average is 27%). For some, college can be an alternative to going to a day centre. It is good if courses are mainstream or linked to getting a job. We heard of some examples where this was the case for people who went to Ayr College. The council had also done some work around installing suitable changing facilities for people with complex needs. We got the impression however, that most people with learning disabilities who went to college were in separate classes.

### Direct payments

In South Ayrshire, seven people with learning disabilities got direct payments. Some carers had direct payments as well as Independent Living Fund money. In some cases money accumulated for holidays and 'rainy day' extra supports was reclaimed by the council. This may be a communication issue in that carers may not have understood how direct payments work. We think the council should review how it communicates with users and carers about direct payments.

#### Recommendation 24 South Ayrshire partnership

The South Ayrshire partnership should increase the number of people with learning disabilities who get direct payments.

### Local area co-ordination

South Ayrshire Council appointed one local area co-ordinator in March 2002, funded from the change fund. This post was located in Girvan. The council employed Scottish Human Services Trust to do a comprehensive evaluation of local area co-ordination. The council hoped to extend local area co-ordination to other parts of South Ayrshire.

#### Recommendation 25 South Ayrshire partnership

The South Ayrshire partnership should roll out the local area co-ordination service across South Ayrshire.



## Respite and short breaks

Respite and short breaks were rated by carers as one of the most important services to them.

### Good practice example

Chalmers Road adult respite unit served 57 people a year, most of whom got 5 or 6 weeks of respite service. The service benefited both family carers as well as people with learning disabilities themselves. They were encouraged to make choices about food and activities as well as what time to go to bed. The service was complemented by seasonal availability of a caravan in a local holiday park. Many people with learning disabilities who went to Chalmers Road had personal life plans.

We were impressed by the adult respite unit, which was an excellent example of its type. We visited the purpose built children's respite facility run by Aberlour. This project was jointly funded by the NHS and social work. It won a best practice quality service development award.

### Good practice example

The day care link project was an imaginative community respite scheme which provided regular short breaks in mainstream day care services (registered childminders, nurseries, playgroups and out of school groups). The project was believed to be unique in Scotland. It recruited and trained mainstream providers who were willing to develop experience and skills in working with disabled children and children who are affected by the disability of a sibling. There was a strong focus on the needs and preferences of individual children, a good commitment to parent choice and a successful approach to multi-agency working between social work, health, education and independent sector providers.

## Carers assessments

Eleven percent of carer respondents in South Ayrshire agreed they had their needs assessed. Seventy five percent stated they had not had their needs assessed.

We got some negative comments when we spoke to individual carers but our survey revealed that 60% of carers in South Ayrshire felt satisfied with the services they received.

We asked carers about their experience of services. We met some who were quite negative about services, particularly about the supports which people with autistic spectrum disorder get. Some thought that staff supporting these individuals had not had sufficient training and that mainstream services were provided without the specialist supports they needed.



Other carers told us they were pleased that their son or daughter had been able to increase their independence, for example through travel-training.

### Recommendation 26 South Ayrshire partnership

The South Ayrshire partnership should increase the number of carers assessments it does for carers who care for a person with learning disabilities.

### A place to live

The council had a great deal of commitment to choice and inclusion in the way it had used supporting people money. It had worked with housing partners to enable adults with learning disabilities to have their own tenancies. In 2005, South Ayrshire had 38% of known adults with learning disabilities living in their own tenancies (the Scottish average was 28%).

We met with a group of ten people with learning disabilities. Most told us that they were either living in their own tenancy or in the process of getting one. Elsewhere we heard about individual cases where people with very high support needs had their own tenancy. Some of the people with learning disabilities said they had a say in choosing their support staff.

We saw an example of excellent practice and partnership working by social work and NHS staff and an independent sector provider. The service user had mild learning disabilities. They had been detained under the Mental Health Act. We read the very thorough risk assessment. We met the service user who was living in their own tenancy. They had an extensive package of support. They said their quality of life had greatly improved since they came out of hospital.

We saw some excellent practice and partnership working done by community paediatric nursing, social work and British Red Cross Options for Independence. All provided support for a young man with a deteriorating and life threatening condition. He lived a very full life in the community and chose his activities. He maintained contact with his family and had thriving friendships with schoolmates. The NHS provided continuing care funding despite him not technically meeting the criteria for this.

The above cases were just two of the many examples of excellent practice we saw in the South Ayrshire partnership.

### Assessment and care management

We found from our file reading that 93% of records had an initial assessment. 94% of the assessments were completed in the last 12 months and 82% were rated as excellent, very good or good.

### Advocacy

Advocates had been widely used to obtain the views of people with learning disabilities. The South Ayrshire advocacy forum looked at how advocates could best be used.

### Personal life plans

Forty two percent of people with learning disabilities receiving services across South Ayrshire had personal life plans, according to our file reading exercise. The national average is 25%. Of the South Ayrshire sample, 97% were rated as either excellent, very good or good. We think this is very impressive.

## Promoting inclusion

### North Ayrshire partnership - Promoting inclusion

**For promoting inclusion the North Ayrshire Partnership is rated as good -important strengths with some areas for improvement.**

**We found there was some good work in North Ayrshire. We felt that disability awareness training needed to be extended, information about services improved and timescales for improvements made more specific.**

#### Disability awareness strategy

The North Ayrshire PIP says staff should be suitably trained and qualified to work with people with learning disabilities and autistic spectrum disorder. Some day service staff told us that they had not been offered disability awareness training. Transport staff were prioritised for disability awareness training. We think this training should be rolled out to all council staff.

#### Recommendation 14 North Ayrshire partnership

North Ayrshire Council should have a rolling programme of disability awareness training for all its staff which mirrors or shares the work done by NHS Ayrshire and Arran.

Day services staff we spoke to thought people with autistic spectrum disorder were poorly served by present day services.

A group of social services and NHS staff said that learning disability services were failing to identify and plan for unmet needs. People with autistic spectrum disorder were considered to be especially disadvantaged.

Disability awareness training was available for staff across council services including in schools. People with disabilities were not involved in delivering the training, but they were asked their opinion about it. NHS Ayrshire & Arran had a rolling programme of training on disability awareness for all staff.

Overall, the PIP is a good document and covers the majority of issues people with learning disabilities have told us are important. Delivery timescales could have been more specific with named individuals or posts responsible carrying out actions.

#### Recommendation 1 all partnerships

The partnerships should ensure that all action plans aimed at promoting inclusion and enabling and sustaining independence are SMART (specific, measurable, achievable, relevant and time bound). There should be specific timescales for implementation and named lead officials responsible for actions.

### Safe access to services

We found people with learning disabilities could not always safely access services in North Ayrshire. We met with some young people with disabilities. We were given an example by one young person who uses a wheelchair. She was told by James Watt college staff that in order to attend college she had to wear incontinence pads rather than be assisted to go to the toilet.

An organisation called Dare helped the council with consultation on leisure facilities. They formed groups of young people with various disabilities and tested out a range of leisure facilities. They wrote a report which they gave to the leisure centres. There was an education outdoor centre on Arran where they had modified wheelchairs so that people with disabilities could use the service.

We found there was some good work in this area but more needed to be done to provide changing facilities for people who need them.

#### Recommendation 15 North Ayrshire partnership

The North Ayrshire partnership should seek to ensure there are more toilet and changing facilities available in ordinary community settings, which can be accessed by people who need to be transferred from wheelchairs or have restricted mobility.

### Transport

We read the consultation report (February 2004).. *It states, “the inflexible nature of transport systems means that people spend long periods of time on buses. Flexible systems of transport are required in order for people to have individualised lifestyles”.*

We found the quality of transport was still very variable. A few people who attended one centre were able to use public transport but none at Fergushill were able to do so.

We found people with learning disabilities were getting ready to leave for home at 2pm from Fergushill, because of the inflexibility of transport. A flexible transport budget would enable more individualised arrangements to better meet needs.

When we attended a meeting to talk about these issues we were told that council vehicles have had a “facelift” and people, including wheelchair users, had more space on buses and could choose where to sit. There was still a problem with people spending too much time on special buses going to day centres. A review of transport had just started.

Council transport went to rural areas but public transport was still relatively scarce for people, whether they have a disability or not. All public buses were low level and bus stops had raised platforms except for those in rural areas.

Resource centres did travel training with those who had potential to travel independently. We identified an inability to travel independently as a barrier for some students going to college.

### Good practice example

An organisation called Playback was funded by the council to work with a group of young people in North Ayrshire about their transition to adulthood and their experiences as disabled young people. We saw a DVD in which the young people spoke about their experiences.

One young person who used a wheelchair said his independence was affected by transport that did not take account of his disability.

### Health and well-being

North Ayrshire made an important contribution to Ayrshire-wide initiatives on health improvement for people with learning disabilities, some of which are described in detail elsewhere. These were often led by the community team for learning disabilities.

A number of perspectives were provided by North Ayrshire providers. Some said that community services were not prepared for the scale and complexity of needs of people with learning disabilities who were part of the hospital closure programme. Examples given were the lack of preparation of GPs, community pharmacists and crucially the community learning disability team. This team had not grown in line with the increase in the numbers of people with learning disabilities living in the community. The team operated from 9-5.

The North Ayrshire PIP contained a plan to improve health and ensure people with learning disabilities and autistic spectrum disorder have better access to health services.

The plan sets out some objectives with quite specific timescales but does not tell us who is going to be responsible for carrying them out. A healthy living initiative ran in the last two years when NHS staff visited council services for people with learning disabilities. Easy-read information on healthy lifestyles was provided.

We read the draft health improvement plan for 2006-2009. There were some very good objectives in it. It should be available to people with learning disabilities in an easy-read format.

### Accessible information

The council's complaints procedure was in an accessible format. There seemed to be good use of pictorial and other forms of communication in education and social services, but this was not council-wide.

The council recognised there is more work to be done in this area and produced an action plan. There were sound objectives in the action plan.

Council staff said that information about direct payments was provided during the assessment process or at reviews. People can phone up to ask for different formats – for example tape or CD. Scottish Consortium for Learning Disability information on direct payments was available. People could get information in different languages and Braille.

There was a corporate communication strategy that was under review. We hope this review looks at accessible information for people with learning disabilities and carers across all council services.

### Recommendation 2 all partnerships

All partnerships should improve the way they publicise their services so that people with learning disabilities and carers better understand what is on offer. This particularly applies to direct payments and carers assessments. This should also take into account the needs of people from black and ethnic minorities. Particular attention should be paid to how services are advertised and information should continue to be made available in easy-read formats.

### Cultural issues

The council's Corporate Equality Action Plan 2006-2009 stated that it needed to:

*Consult and involve disadvantaged groups in discussing council proposals to adapt services and make them more accessible for everyone.*

We welcome the publication of this plan and we hope that it will deliver on its wide-ranging objectives.

## East Ayrshire partnership – Promoting inclusion

**For promoting inclusion the East Ayrshire partnership is rated as good - important strengths with some areas for improvement.**

**We found that there was some good work in East Ayrshire, particularly around staff training, but information about services needs to be improved and timescales for improvements made more specific.**

### Disability awareness strategy

Aside from the Partnership in Practice Agreement, the East Ayrshire Community Plan is the main source of statements on inclusion.

On training its staff, the council told us:

*“East Ayrshire Council’s key values of quality, equality, access and partnership are the commitment towards all residents of East Ayrshire. We continue to target staff’s awareness of their responsibilities under the DDA. An audit of DDA compliance has been completed corporately within East Ayrshire. The training section has been targeted and attached to the operational service units within social work to facilitate the development of more service specific training programmes.”*

We discussed staff training and development at three meetings with front line staff. Training programmes were informed by individual service needs identified through the Eager (East Ayrshire General Employee Review) process. Most staff spoke positively about training and mentioned benefits, circles of support, direct payments, counselling skills, Adults with Incapacity Act, and the Disability Discrimination Act among a wide range of training opportunities.

NHS Ayrshire and Arran had a rolling programme of training on disability awareness for their own staff and also ran multi-agency health improvement training.

Overall, we found there was extensive training on disability awareness in East Ayrshire. We think people with learning disabilities and carers should be involved in the delivery of this training.

### Safe access to services

Day services staff said there were no adult changing facilities in the community. When people with learning disabilities with high support needs spent time in the community, they had to be brought back to the day centre for personal care. Some people had problems accessing mainstream college courses because courses or buildings were not inclusive or accessible. Sometimes a person’s challenging behaviour or health condition restricted where they could go. In most cases we found that risk assessments were done.

### Recommendation 23 East Ayrshire partnership

The East Ayrshire partnership should ensure there are more toileting and adult changing facilities available in ordinary community settings, which can be accessed by people who need to be transferred from wheelchairs or have restricted mobility.

### Transport

We found that transport was a problem for many people across East Ayrshire, despite some good work on this.

### Good practice example

The Council had purchased some innovative new minibuses. They got feedback from people with learning disabilities and carers and disability groups before purchasing the new buses. The new minibuses had a single entry at the front for everyone including wheelchair users. People could choose where to sit. They were planning to phase out the old buses.

There was some good individual work on travel training in education and in social work. We found positive use of risk assessments.

The council transport managers were not sure how far local taxis were wheelchair accessible. They were unable to tell us if accessibility targets had been met. New taxi drivers got disability awareness training.

A lot of people attending day services still travelled by centre transport. They sometimes spent too long on it.

There was a transport comments/complaints form at all centres. The transport manager attended quarterly transport meetings with staff.

The council was also piloting “talking bus stops” for visually impaired people. People with learning disabilities who have difficulty reading information will benefit too.

### Health and well-being

The North Ayrshire community health partnership (CHP) had the lead on learning disability services. CHPs had lead to more joint objectives. This was evident in the development of some hospital services which were accessible for patients who have learning disabilities. Examples included day surgery and accident and emergency.



## Chapter 4

The East Ayrshire community learning disability team worked on a range of initiatives to improve healthcare for people with learning disabilities. Learning disability nurses were care managers (NB community learning disability nurses operated as care managers only in East Ayrshire).

The community learning disabilities team had set up a process for doing health assessments for people with learning disabilities in East Ayrshire. They used a health assessment tool to generate a health profile for individuals with learning disabilities. Carers' views were sought and as a result the health assessment process was being revised.

Work was underway involving the East community learning disability team and community dental services to improve access to dental care for people with learning disabilities.

The East community mental health team and community learning disability team were developing an integrated care pathway for people with learning disabilities. This had followed on from the joint implementation of a mental health screening tool for people with learning disabilities.

### Good practice example

Promoting health improvement was a course on the council's corporate training agenda. Leisure and development services worked closely with social work services and community planning to reduce health inequalities. There was a wide range of projects and initiatives including mobile health and advice centres, one to one work with individuals and numerous clubs and projects.

### Accessible information

Young people involved in transition planning had a DVD and other accessible formats available to them. Accessible leaflets about the transition team were available.

Social work staff said that information for reviews and the minutes were put into pictorial format if required. People with learning disabilities were encouraged to attach their own contribution to the materials for the review.

### Cultural issues

The East Ayrshire PIP said:

*"Figures from the 2001 national census indicate that culturally East Ayrshire is an extremely homogeneous area. It has already been stated that East Ayrshire has had very little in migration from outwith the authority and particularly from outwith the UK... Given this overall homogeneity, it will be important for service providers to recognise and be able to address cultural diversity where it occurs."*

East Ayrshire Council had a race equality scheme that ensured race equality was included in all policy development. It ensured services were accessible to minority ethnic groups.

## South Ayrshire partnership – Promoting inclusion

**We rated the South Ayrshire partnership as very good - major strengths with few areas for improvement.**

**We found there was some good work in South Ayrshire, particularly around inclusive adult changing facilities, staff training and travel training for young people with learning disabilities. Information about services needed to be improved and timescales for improvements made more specific.**

### Disability awareness strategy

South Ayrshire Council provided disability equality training and training on the Disability Discrimination Act to all staff as part of their four week induction. People with disabilities were not involved in delivering this training. They recognised this as a shortfall and said they would talk to users and carers to see how they could be more involved. We have described elsewhere how NHS Ayrshire and Arran have a rolling programme of disability awareness training. A corporate council audit of Disability Discrimination Act compliance was in progress.

### Safe access to services

Like other parts of Ayrshire, South faces a significant challenge in providing a range of care provision in rural areas. We did discover that providers like the Red Cross had at times been willing to be flexible in order to provide a service to people with learning disabilities.

The South Ayrshire Partnership had developed some accessible changing facilities.

#### Good practice example

The Council has set up a group to look at access to all council premises and had drawn up a list of priorities for work to improve accessibility. It had worked with local businesses and community facilities to install changing facilities including hoists.

### Transport

There were 44 people being trained to travel independently. They were able to tell us about lots of good outcomes for people with learning disabilities. Being able to travel independently had enabled young people to go and meet friends without staff or carers being present. We met some of the young people who had benefited from the travel training project. One said:

*“It is about going out and letting people see what we do.”*

## Chapter 4

Another young person said:

*"I have got the train from Ayr to Glasgow, my auntie meets me in Glasgow."*

A member of staff said:

*"We have had mums going out and shadowing the young people. This is one of the ways of dealing with it if they have reservations for son or daughter."*

The project did comprehensive risk assessments on all of the service users. A member of staff said:

*"We are trying to keep everyone as safe as possible."*

and

*"Some of the staff were freaking out when they first saw the risk assessments."*

Money was made available from the public transport fund to do adaptations such as raised kerbs in rural areas and towns. There was less public transport and consequently limited access to services and facilities in rural South Ayrshire.

Students from seven rural villages were able to attend college courses through the rural community transport scheme Travel Connections.

Some people with disabilities had been involved in checking out new council buses. People with learning disabilities and carers had given their views on a range of issues, including transport, at stakeholder conferences in South Ayrshire.

### Health and well-being

People with learning disabilities in South Ayrshire benefited from NHS Ayrshire & Arran's health improvement initiatives. We say more about this later in this report.

### Accessible information

Accessible information on the range of health and social work services was available. One carer told us, *"once we found the right people, the support we received was good but the information was not all in one place. If it had been maybe my son would have been diagnosed earlier."*

### Cultural issues

People from black or ethnic minority backgrounds represented 1% of the population of South Ayrshire and less than 0.7% of the population of Ayrshire as a whole. However, efforts still need to be made to include this minority.

*Because of the small size of the black and minority ethnic population, there are few formal organisations catering for the needs of this segment of the community. This is especially a problem in South Ayrshire where there are no known ethnic organisations.*

(Source - NHS Ayrshire & Arran Race Equality Scheme 2005-2008)

The Race Equality Scheme has been described elsewhere and is the NHS Ayrshire and Arran's response to making health services culturally inclusive. In June 2004, it was announced that the Ayrshire Race Equality Partnership, working across Ayrshire, was awarded £15,000 by the Commission for Racial Equality. The partnership was one of a network of independent organisations funded by the CRE to promote racial equality and tackle racial discrimination in local communities.

This is an ongoing issue which needs to be addressed across Ayrshire. It is crucial that all partnerships can evidence efforts to make services welcoming and accessible to people from different cultural backgrounds.

## Meeting Health Needs

**We have not evaluated each partnership, as most of the services discussed in this chapter are pan Ayrshire services. Overall, we thought NHS Ayrshire & Arran and its partners performed to a good standard on meeting the health needs of people with learning disabilities - important strengths with some areas for improvement.**

### Strategic improvement of health and well-being

NHS Ayrshire & Arran had good links with their partners in the three local authorities. The three community health partnerships were working on a number of things to improve the health of people with learning disabilities.

Strategically, there were a range of systems that take account of the needs of people with learning disabilities. NHS Ayrshire & Arran had begun to complete a health needs assessment. Work was ongoing and it was anticipated that this would be published in 2007. The report will inform the health contribution to improving the health and well-being of people with learning disabilities. The data available will be used in the East Ayrshire local health needs assessment. Following evaluation the model will be used in North and South Ayrshire and the findings collated into an Ayrshire & Arran health needs assessment.

Work had been ongoing prior to the publication of the health needs assessment and a health improvement group had been established. Membership of the group comprised key stakeholders from community health partnerships, learning disability services, health promotion, dental services and others. The health improvement group showed a clear commitment from “mainstream” health services to health improvement. The group was initiated by the lead clinician for learning disability services in collaboration with the associate director of health promotion and equalities who jointly chaired the health improvement strategy development group.

Within the three Ayrshire community health partnerships, there was a commitment to meeting the health needs of people with learning disabilities. Specialist learning disability health services were hosted by the North community health partnership. There were separate discussions with the three community health partnership management teams, which included general managers, public health practitioners, and professional nurse advisors. All highlighted the collaborative working relationships that had been developed over a number of years with specialist learning disability health services and their local authority partners. As the role of the community health partnership evolves and becomes more established they would wish to see full integration of specialist learning disability health services within their structure. The view was given that this would assist with community planning and health improvement in keeping with the local approach to meeting health needs. The current hosting arrangement was therefore seen by the community health partnerships as a temporary situation that would need to be reviewed in due course.

In South Ayrshire there were links between the community health partnership and the community learning disability team. The community health partnership recognised its responsibility to ensure the needs of people with learning disabilities are in their local health plan.

Community learning disability nurses in the South Ayrshire community learning disability team did individual health needs assessments that formed the care plan of each individual. Physiotherapists in the team had developed close links with the orthopaedic department and offered twice-yearly clinics for people with special needs. Because of this, the team had focused on improving breast screening for women with learning disabilities and had developed various leaflets on issues such as breast and testicular examination. They were able to provide individualised support to assist people with learning disabilities attending for screening.

Within South Ayrshire community learning disability team, although there was clear evidence of systematic assessment of the needs of individuals with learning disabilities referred to the team, waiting times varied from discipline to discipline. From the perspective of a multi-disciplinary care plan, the team suggested that this was achieved through the annual social work review that included those involved in the person's care. At this time single shared assessment processes were completed and brought together. The team met formally on a fortnightly basis and reviews were done when needed. It was anticipated that all cases currently active would be reviewed at least annually. Community learning disability nurses in the South Ayrshire team were co-located with social work colleagues and there was the view that this led to an increase in informal discussion and collaboration.

East Ayrshire community learning disability team had been piloting the FACE (functional analysis of care environment) database which was being used across mental health sites. FACE provided good information sharing across the team and it was easy to operate. The database has the added advantage of allowing all team members to see who is involved in a specific case and access progress records. This can help speed up the availability of accurate and up to date information. However, FACE was not compatible with local authority electronic systems. On completion of the FACE pilot and subsequent evaluation in East Ayrshire it will be rolled out across all learning disability services within NHS Ayrshire & Arran.

The North community learning disability team worked well with colleagues both within the CHP and social services. While there were examples of good joint working there were still no joint teams. It was noted that the recent closure of Strathlea Resource Centre and the pending re-provisioning in Arrol Park Resource Centre had a significant impact on specialist learning disability health services. Staff developments were linked to service redeployment and delays in resident movement had a negative impact on community team developments and the potential for practice initiatives.

### Good practice example

NHS Ayrshire & Arran had invested specifically in a research and development officer post for learning disability services. This allowed for a significant investment in developing a range of projects involving specific research, service audit and extensive literature reviews.

### Inward migration

An issue that was frequently raised at meetings with practitioners was the increasing number of people with learning disabilities moving into Ayrshire. This had an impact on primary, secondary and specialist health care services. Issues were raised about the significant number of people with learning disabilities, many of whom have complex disabilities and high support needs, receiving appropriate care management. Many of the arrangements for inward migration did not involve the care manager visiting the person with learning disabilities. An example was given where 12 older people with learning disabilities moved into a unit. There was an expectation that the local specialist learning disability team would be able to provide dietary advice and support, hydrotherapy and speech and language therapy. There had been no discussion or planning with local health services prior to the move.

The impact of inward migration was discussed from the perspective of the implementation of the new Mental Health Act. The assessment and treatment unit within Arrol Park will meet The same as you? recommendation of 4 beds per 100,000 population. Within Ayrshire, this is 16 beds. This figure does not take into account the needs of people with learning disabilities moving into Ayrshire & Arran requiring access to specialist assessment and treatment. This is particularly problematic when people with learning disabilities move into Ayrshire & Arran and there is a limited past medical history.

Particular concerns were expressed about the development of services at Daldorch special school in East Ayrshire for children and young people on the autism spectrum. Recent developments included a senior campus with provision of 27 further residential places and eight day places for people with autism and complex needs. Concerns were expressed about the lack of involvement and planning in relation to health services and capacity to meet the needs of an increasing population of people on the autism spectrum. Many of these people have complex needs that may include mental health problems. The capacity of the East Ayrshire community learning disability team to respond to referrals was questioned as well as the capacity of Arrol Park. This was considered to be an issue that required to be addressed by the Scottish Executive.

### Good practice example

The Health Improvement Strategy Development Group for Children with Learning Difficulties and Adults with a Learning Disability.



On the island of Arran we had the opportunity to meet with social work staff and care providers. community learning disability nursing, though not based on the island, was provided through the North Ayrshire CLDT. Arran had a small population of people with a learning disability. Previous detailed health assessments will require to be updated. As part of the development of registers within GP services linked to the enhanced service level agreement an updated profile of the population needs to be carried out.

### Carers assessments

Carers assessments were offered as a part of wider assessment process and referrals could be made to the social work team. Close relationships also existed with the Princess Royal Trust for Carers, and the team thought they provided a good service of support of carers locally.

In the South Ayrshire community learning disability team the physiotherapist and occupational therapist had been doing joint visits to carers to discuss moving and handling. In South Ayrshire, the community learning disability team had limited input into carers assessments. These tended to be done by the local social work team. It was estimated that the percentage of people requesting assessments was low and there was recognition of the important role of team members in making carers aware of their right to an assessment.

### Primary care partnerships

We found considerable developments in partnership working across primary care services and specialist learning disability health services in NHS Ayrshire & Arran. Meetings were held with representatives from the three community health partnerships.

We looked at compliance with the Disability Discrimination Act to allow people with learning disabilities to access health facilities. We noted that across Ayrshire & Arran there was pressure on accommodation; however, audits had been done across the service. Additional resources had been made available to upgrade facilities to make them compliant with the Act. There were still areas that needed to be addressed. We noted that while many meeting rooms were on the ground floor in NHS buildings, not all buildings had ramp access. The issue was raised of accessible toilets and the availability of equipment for people with severe physical disabilities. It was acknowledged that while considerable work had been done to make toilets accessible in NHS premises, more needed to be done.

The model of enhanced health reviews developed in North Ayrshire appeared, from the practitioner's perspective, to have been more successful when additional time was set aside for a dedicated clinic within primary care. This allowed additional time to prepare people with learning disabilities for their appointment. The Millport general practice had a system of yearly checks in place. There was the opportunity as part of a patient focused public involvement forum to ensure that the positive experiences of people with learning disabilities were identified and



included. We found there was limited involvement of people with learning disabilities in patient public forums across NHS Ayrshire & Arran. There was acceptance from the community health partnerships that this was an area that needed to be addressed.

In South Ayrshire, the community learning disability team felt that the responsiveness towards the needs of people with learning disabilities in primary care services could vary from practice to practice. There had been a concerted focus on improving communication and relationships with primary care services across South Ayrshire. It was acknowledged by South Ayrshire CHP that where there were examples of good practice this should be evaluated and shared across other practices to ensure shared learning and equity in access to primary care services.

Community learning disability nurses had identified particular primary care practices to work with and these practices were aware of the nurse who acted as their point of contact. This was thought to have improved communication and access to specialist health services. There was an innovative collaborative initiative, supported by lottery funding, to develop complimentary therapy for family carers of children with a life limiting condition and complex needs.

In East Ayrshire there were 16 primary care practices. All were well known to the East Ayrshire community learning disability team. There was no named contact owing to resource constraints in the team. Relationships were considered to be good and the majority of practices tended to access specialist learning disability health services through their community learning disability nurse. There was a move in the specialist community learning disability team to offer learning disability awareness programmes for primary care teams. The demands of hospital retraction meant this had not developed at a pace the team would wish. The East Ayrshire community learning disability team had reviewed their referral rates and they said that primary care practices were increasingly aware of people with learning disabilities registered with them and were more responsive to their needs.

### Good practice example

The health screening programme in North Ayrshire was an example of collaboration between primary care and specialist health services for people with learning disabilities. There is scope to develop the model and implement it across Ayrshire & Arran.

### Screening programmes

In North Ayrshire there had been a focus on developing a health screening programme. The programme had been developed in partnership with the North Ayrshire community learning disability team and primary care practices. The work had met with positive responses overall. Liaison work had been done with individual primary care practices, and of the 24 practices, 21 participated in the project. Two of the practices were due to amalgamate and it was hoped to start development work with the new integrated practice.

In relation to ensuring that people with learning disabilities access national screening programmes, work had been done to support the health screening by practice nurses. The team thought health improvement for people with learning disabilities was gathering momentum.

As part of the initiative to improve screening uptake, a CD Rom had been developed for people with learning disabilities to explain the importance of attending for mammography. This was produced through partnerships between Ayrshire & Arran NOF project to enhance breast care services in primary care the healthy living initiative project and East Ayrshire Council. There was some dialogue with learning disability service staff at the very outset for advice and comments on completion. The project was co-ordinated and directed by the breast Cancer Care Programme Facilitator for the NOF Project.

### Specific health needs

Protocols were in place between learning disability health services and adult mental health. Ayrshire had two adult general psychiatrists and had sessional input dedicated to people with learning disabilities. A positive development in East Ayrshire CLDT was the creative use of a support worker post to link direct to speech & language therapy service. This post was being evaluated and the initial findings were that it was successful.

The three community learning disability teams had a full range of health professionals, psychiatry, clinical psychology, community learning disability nursing, speech and language therapy, occupational therapy and physiotherapy. Each team was supported by a team co-ordinator. Most disciplines remained managed within their own professional structure. All community nursing learning disability teams were based in their geographical areas and had full secretarial and administrative support. They had a specific focus on developing accessible information. This had released speech and language therapy time to do group work and training that is more appropriate to their roles.

### Good practice example

NHS dental services were praised. They were considered responsive to the oral health needs of people with learning disabilities. In East Ayrshire a multi agency group had been collating baseline information from clients and carers on access to dental services for people with learning disabilities. One of the recommendations from the report was to provide oral health training for both family and paid carers.

Access to epilepsy services, advice and support can be problematic for some people with learning disabilities. There were limited dedicated neurology services in Ayrshire. Visiting services were provided from the Southern General Hospital, Glasgow and some people with learning disabilities were reviewed at these clinics. Investigations such as MRI scanning and EEGs could be done locally.

The South community learning disability team said there was good support from an epilepsy nurse specialist who will do domiciliary visits. Three learning disability service nurses from both the community and residential service had been trained as epilepsy practitioners.

In South Ayrshire, there had been a specific focus on children on the autistic spectrum. The education department with input from social work and health services led a pan-Ayrshire strategy. This allowed for the identification and tracking of people on the autism spectrum. There was also a focus on transitions and the importance of different agencies sharing information at this time.

We met the head of audiology services for NHS Ayrshire & Arran. People with learning disabilities got good access to audiology services. The head of audiology services, as well as the lead clinician in learning disability services, consultant in public health and the associate director of health promotion & equalities, were involved in the national audiology advisory group, which considered the specific needs of adults with learning disabilities. This enabled significant developments to take place locally as well as informing work across Scotland.

The audiology service acknowledged the difficulties experienced by some adults with learning disabilities who required hearing testing. They developed an adult testing format to ensure that the needs of adults with learning disabilities were met. The service offered a walk-in service for hearing aid repair without appointment. We found a flexible approach to appointments and person centred approaches to care.

The head of audiology services was keen to develop NHS Ayrshire & Arran's work nationally. He hoped NHS Quality Improvement Scotland would develop national standards for audiology that would take account of the needs of people with learning disabilities.

We felt that the audiology service was an excellent example of local innovation. It could be rolled out across NHS Scotland, thereby improving patient care. The developments in audiology services should be supported and evaluated to inform and shape improvements across NHS Scotland.

In 2003 NHS Ayrshire & Arran hosted a conference with the Royal National Institute of the Blind (RNIB). This resulted in the project called bridge to vision which was initiated by the lead clinician for learning disability services. NHS Ayrshire & Arran funded the project to employ an RNIB development worker to carry out home-based assessments and accompany the service user to the optometric appointment. Following this a detailed plain language report was prepared for the service users by the RNIB development worker. Twenty three optometrists across NHS Ayrshire and Arran had joined the programme and where necessary they will do domiciliary visits. Seventy-two referrals had been received in the first eight months of the project from voluntary organisations, family carers, optometrists and the community learning disability team.

The project was to be evaluated with the support of a psychology assistant. A questionnaire will be completed by users and optometrists. Focus groups will be held.

### Good practice example

The Bridge to Vision project was a promising example of improving access to appropriate optometry assessment for people with learning disabilities across Ayrshire & Arran.

### Access to wheelchair services

East Ayrshire community learning disability team stated there were few difficulties for their service users. They were unaware of any specific delays in users receiving equipment or in repairs being done.

We met with the North Ayrshire community health partnership and the issues of wheelchair and seating provision were raised. The team said that there was not an issue about provision of wheelchairs. They said there could be difficulties with maintenance and repairs. There were longer waiting list times for specialist wheelchairs where moulds and adaptations were required.

We noted that in children's services a physiotherapist was involved in joint bioengineering clinics. This was important as some children and their families got orthotic services from Yorkhill Hospital, Glasgow. While such an arrangement can be necessary for individual children, there could be communication problems between the Yorkhill service and services in Ayrshire. Local experience of Craigpark staff was that some children and young people might wait for up to 12 months for specially adapted seating. However, the view was that the general provision of equipment for children provided by the local authority for seating and standing was acceptable.

### Education and training

The East Ayrshire community learning disability team had good links with the community mental health team. Joint training had been done on mental health screening for patients with mild learning disabilities. Guidelines had been developed. Mental health issues were the main reason for referral to the community learning disability team.

### Improving care in general hospitals

There had been a specific focus on improving the care and support of people with a learning disability in general hospital services across NHS Ayrshire & Arran. There was no dedicated learning disability liaison nursing service based in general hospital services but there were identified liaison nurses within each CLDT and resource centre who were linked across primary and secondary care services.

We visited the day surgery unit at Crosshouse Hospital. It provided an excellent service for people with learning disabilities. The service was led by the charge nurse in the unit who had taken responsibility for leading developments. These included dedicated surgery time. Fewer patients were booked in for procedures thereby allowing additional staff time and support for people with more complex needs. Examples were given of the benefits to individual patients and their families, who because of the flexibility of the day surgery unit had completed their care journey with a successful outcome. In the general hospital wards in Crosshouse and Ayr Hospital there was a cross-charging system to reimburse learning disability services when they provided specialist nursing care within a general hospital. Nurses in Arrol Park had experience of people with learning disabilities requiring care in general hospitals. They said that the levels of additional support could vary from ward to ward. Sometimes people with the most complex of needs did not always get the levels of additional support they needed.

Referrals were actioned by the community learning disability teams, thereby providing additional support within general hospitals. The community learning disability teams had identified opportunities for shared learning with colleagues in general hospitals. Because of the pressures of the hospital retraction programme, no additional resource had been identified to support these initiatives. All members of the community learning disability teams gave examples where they had worked with general hospital staff.

#### Good practice example

The service developments within the day surgery unit, Crosshouse Hospital promoted access to treatment and investigations for people with learning disabilities. These developments should be evaluated to inform the redesign of general hospital services.

Arrol Park provided the in-patient service for Ayrshire & Arran. There were a number of residents in the unit who were to be transferred to community based services. Plans were in place with the three local authorities to support this. It was anticipated that final reprovisioning would be complete by 2007. Following this Arrol Park will provide an assessment and treatment service. Work had been done to define the health model that needed to be developed to meet the range of assessment and treatment needs. There was no dedicated staff group appointed to assessment and treatment services. The practice was for the one from the community learning disability team to work in Arrol Park.

In Arrol Park, there were a range of dedicated therapy services that included physiotherapy, speech and language therapy, occupational therapy and music therapy. Hydrotherapy was also available. Specific issues were highlighted by adult learning disability health services about the needs of young people with learning disabilities requiring admission for assessment and treatment. Arrol Park had to accommodate young people in their adult services. This was viewed as inappropriate and unsatisfactory and an issue that needed to be addressed strategically across Scotland.

Staff based at Ailsa Hospital provided services for people with learning disabilities with forensic and offending behaviours. People with learning disabilities were referred from a number of services, including criminal justice, community learning disability services and adult mental health services. While the Care Programme Approach was in place, few people with learning disabilities required to use this service. The CPA was available to a range of care groups including mental health, addictions and learning disability as appropriate.

### Access to advocacy

The community learning disability team commented on the benefits of advocacy for service users and carers in East Ayrshire.

### Case notes

In the North Ayrshire community learning disability team, integrated case files were not in place and each professional discipline continued to operate their own case note system. Regular team meetings were the forum for case discussion and reviews. This is an issue that should be addressed across NHS Ayrshire & Arran.

The detailed findings of the audit of health records are in chapter 7 (n=44). Some of the key points are as follows:

- In just over half (23) of the records there was evidence that a risk assessment had been done
- None of the records had any recorded evidence that the family carer had been offered an assessment
- 41 of the 44 files had a profession specific assessment

- 82% of the records had a care and treatment plan
- 41 of the records showed evidence of positive communication between different professionals
- 32% of the files had evidence that a personal life plan had been done
- In 13 case files, the Adults with Incapacity (S) Act 2000 had been used. Five of the cases had the incapacity certificate present in the file, eight did not
- There were small number of cases where adult protection was stated to be an issue. One profession's file stated there were adult protection issues but the other profession files for the same individual did not mention the adult protection concerns.

Overall, we found that the quality of the health records of people with learning disabilities was good, with some areas for improvement.

### Clinical governance

Clinical governance structures were in place across NHS Ayrshire & Arran. In community health partnerships and specialist learning disability health services there were clear clinical governance structures that took account of this management, clinical effectiveness and the implementation of clinical standards. Clinical effectiveness took responsibility for doing local audits and for feeding necessary developments back into the system. The system appeared to work well.

### Improving the health of children and young people

Across Ayrshire & Arran, health services for children with learning disabilities were integrated within child health services. There were paediatric wards in Crosshouse and Ayr Hospital that provided a service to children and young people with learning disabilities. A team of paediatricians, clinical psychologists, nurses, and occupational therapists were based at Rainbow House. This team was supported by speech and language therapists. Children and families sometimes had to access specialist services at Yorkhill Hospital, Glasgow.

We found evidence of links provided via tele-medicine from specialists at Yorkhill Hospital, Glasgow when required. The down's syndrome health surveillance guidelines had been implemented and the service participated in the national special needs system for recording needs of children and young people. Screening was available at Rainbow House for all children with learning disabilities. Neo-natal audiology screening services were also in place.

At Rainbow House, there was a named paediatrician with responsibility for children with complex needs. Nurses within the service took on the role of the link between Rainbow House children and families and other aspects of health services. Therapists worked at Rainbow House, homes, nurseries, and in mainstream and special schools. School nurses acted as the key person in special schools. Public health nurses, school nurses and/or the health visitor could be the named nurse link in primary care for children with learning disabilities. An innovative service, 'Professionals and Carers Together' (PACT) had been developed.



There was no evidence of care co-ordination and key working. The board reported that the formal review meetings which were held were discontinued as it was found to be a less effective use of staff resources. Instead there were more informal reviews. It was recognised that care co-ordination and key working areas could be improved.

In relation to joint planning, parents were involved through a range of fora that involved health professionals, social work, and education staff to assist with the planning for support for learning. We noted that there was limited social work representation at the times of future needs assessment and transition planning.

We found good evidence of planning of documentation about therapy requirements for school-based support. The therapy support team in collaboration with a mainstream primary school in Ayrshire had undertaken a pilot project. This highlighted differences in perception of roles and ways of working by therapy and education staff.

We found a good example of consultation with teenagers with learning disabilities. Project Teenage Talk Time Feedback had been developed with teenagers about the challenges of transition to further education. A skills profile to support transition had been developed.

Professionals at Rainbow House provided good comprehensive assessment and had access to specialist services at Yorkhill Hospital, Glasgow. Early referral was promoted for pre-term babies from special care baby unit. A mother and baby group ran weekly to provide additional support to parents and there are also weekly groups at other geographical locations (Craigpark/Hillside). The community children's nurses provided training for carers about individualised child packages of care.

We visited Craigpark School. We saw a range of services and met with staff. We noted that the school nurse had a background in palliative care nursing and there were good links with the Rainbow House team. The nurse also had good links to the PACT project and the school, thereby providing support for children and families with life-limiting conditions. Within the school, we found evidence of good links between hospital-based paediatric staff, Rainbow House, school nursing and therapists.

The 'Professionals and Carers Together' (PACT) project was an excellent example of home based respite support for children with life-limiting and life-threatening conditions. The project had been evaluated independently by Glasgow Caledonian University. The evaluation was positive. Concerns were expressed that the current funding for the project was short term (new opportunities funding). We were reassured the project would continue.

There were regular education reviews at Craigpark. Within Craigpark there was evidence of good multi-disciplinary communication. Care planning appeared to be a parallel process rather than an integrated model. Communication networks were mainly informal and this appeared to work well.



Planning for the transition from children to adult services was a gradual process. Future care providers were identified and invited into the school to establish relationships with them. We found evidence of the development of care planning at school leaving age and this was supported by a communication passport. Staff in Craigpark also commented positively on the transition link nurse from specialist learning disability health services. We found evidence of good practice in relation to epilepsy. There was limited evidence of an awareness of the need for care co-ordination and named keyworkers for children with complex needs. There was also limited awareness of the need to address adults with incapacity issues, particularly for young people still at school.

Services for children and young people with learning disabilities and mental health needs had significant challenges across NHS Ayrshire & Arran. Links between the existing children and adolescent mental health services and adult learning disability health services were unclear. There was a lack of clarity about how young people with learning disabilities and mental health problems transfer between children’s services and adult services. Concerns were expressed by practitioners at Rainbow House about a loss of support for young people with a learning difficulty when they moved to adult services.

Good practice examples

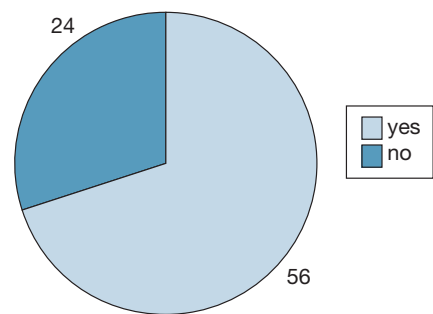
The Teenage Talk Time project was a practice example that supported the needs of young people with learning disabilities at the transition to further education that should be developed in the future.

Professionals and Carers Together (PACT) provided respite care, crisis care, training, on call support and bereavement support for children with palliative care needs and their families.

Results of the SCLD interviews on meeting health needs

The questions we asked related to information about healthy living, primary care (GP) and recent (last two years) stays in hospital.

Responses to the question “do you get any information about living a healthy life?” though good, were not as positive as those to many other questions. About a third said they did not get any information.



This was confirmed by the interviewers. Where people get health information this is usually about diet, often health information is healthy living classes at college. One person said, *“nurse tells me to stay away from the chip shop”*. There was no evidence that the information being provided was appropriate e.g. easy read. The interviewer in East felt that ad hoc comments seemed to suggest that most of the health related information came from either a staff member or group sessions. However, in South one person said they felt they knew a lot about healthy living and said that they go to a gym. *“Everything in moderation.”*

Most people would speak to a family member, staff or their GP if they were worried about their health.

### Healthy living information by partnership

	South	East	North	ALL
yes	19	14	23	56
no	8	8	8	24
<b>ALL</b>	<b>27</b>	<b>22</b>	<b>31</b>	<b>80</b>

n=80

However, it was encouraging that 76 out of 85 (89%) said that there was someone they could talk to if they were worried about their health. However only 79% in North said this. Two of the seven people categorised as ‘at risk’ who answered said ‘no’ to this question.

It is rare for people to say they are dissatisfied with their GP. So we were not surprised to find very strong agreement among the 75 people who answered these questions that ‘your doctor’ gives you all the time you need (89%), allows a supporter to be present (97%), listens to you (96%) and gets you the help you need (94%). This last was consistent across partnership areas. Those in the ‘other’ category were slightly less likely to feel that their doctor gave them all the time they needed (82%). However, one comment (from a person with complex needs) was that the doctor was not always experienced enough in these needs. One person (South) said they didn’t know who their doctor was because it had been a long time since they saw them. Comments were positive in East, including, *“I do like him”*, *“she’s good, really good”* and *“I’m a lot better than I used to be”*.

### Doctor gives you time by partnership area

	South	East	North	ALL
yes	20	18	29	67
no	2	2	1	5
depends	3	0	0	3
<b>ALL</b>	<b>25</b>	<b>20</b>	<b>30</b>	<b>75</b>

n=75

In South there were two examples of proactive healthcare – one person got help with leading a healthy life, especially diet and another had eye checks and got glasses. However, there was also an example of healthcare issues that had not been resolved, causing the person distress.

Forty four people had been in hospital in the last two years. For most the experience was good.

One of our interviewers (North) was told that there always had to be one or two support workers with the person with learning disabilities throughout the hospital stay.

In East those who had been in hospital felt that they were given a satisfactory explanation of what was happening, but problems stated were: *“I didn’t want to stay in hospital”* and a father felt that his daughter had had *“no support”*. However an advocate commented positively, *“We’ve seen a vast improvement over the last couple of years. My colleagues in the advocacy project have commented on him being far more outgoing”*. Another person said that the hospital had been *“awful good to me”*. There were also mixed experiences *“Some were nice, others were not nice at all”* and *“I had to wait 1½ hours, I’m not going back there again ... the doctor was very cheeky.”*

In general, people seemed to be very satisfied with their GP and local health practitioners. There was a more mixed reaction with regard to hospitals, but people also had a great anxiety/fear of going into hospital which might have coloured their views.

### Recommendation 30 for NHS Ayrshire & Arran

NHS Ayrshire & Arran should complete its health needs assessment which should be used to inform and shape its health improvement strategy for children with learning difficulties and adults with a learning disability.

### Recommendation 31 for NHS Ayrshire & Arran

NHS Ayrshire & Arran should undertake a review of the local impact of out-of-area placements and identify resource implications to ensure health services can respond appropriately to the needs of people moving into the area.

### Recommendation 32 for NHS Ayrshire & Arran

The health screening programme initiated in North Ayrshire should be evaluated and implemented across Ayrshire & Arran for all adults with learning disabilities.

**Recommendation 33 for NHS Ayrshire & Arran**

Care co-ordination and key working for children and young people needs to be developed and multidisciplinary care planning and care pathways formalised.

**Recommendation 34 for NHS Ayrshire & Arran**

The assessment and treatment service model within specialist learning disability health services should be further, developed and implemented.

## Safety and protection – Pan Ayrshire issues

### Pan Ayrshire adult protection procedure (applies to all of the partnerships)

We think the pan Ayrshire adult protection procedure should be changed to say that local authority and NHS staff should always contact the police if they have any suspicions that a crime has been committed against an adult with learning disabilities, including abuse, neglect or exploitation.

### Multi-disciplinary group for the protection of vulnerable adults (all partnerships)

There was a pan Ayrshire group for the protection of vulnerable adults. We met with some of the staff who were in this group. The group was chaired by a manager from South Ayrshire Council. The group had been responsible for all of the partners adopting the procedures for the protection of vulnerable adults. The South Ayrshire Council procedures had been adopted by all of the partners. We think it might be helpful if each partnership had its own protection of vulnerable adults group in addition to the pan Ayrshire group. The group could include representatives from front line staff groups and would facilitate discussion about some of the difficult issues in working with and protecting vulnerable adults with learning disabilities. Independent sector providers could be involved in this group.

### Pan Ayrshire protection of vulnerable adults procedure (all partnerships)

A protection of vulnerable adults procedure had been adopted by the three councils, NHS Ayrshire and Arran and the police. Overall the procedure was comprehensive and fit for purpose. However we found a significant issue. The procedure said:

#### Ayrshire procedure

*“If a vulnerable adult is mentally competent they have the right to decide whether or not they wish action to be taken about the abuse. Before the person makes an informed decision, the options for action should be discussed with them, i.e. report to police and/or involve Social Work. If the person decides that no action is to be taken then this view has to be respected, with the appropriate agency providing ongoing support as required. The specific written consent of the individual to the sharing of information between agencies must be obtained.”*

There is variance in vulnerable adult procedures across Scotland. This reflects the difficult balance between the rights of individuals to privacy and the duty of statutory agencies to share information to protect vulnerable adults from abuse. In this respect we found the Ayrshire protection of vulnerable adults procedure inconsistent. The introduction promotes the rights of the individual if they so wish to veto the sharing of information between agencies. The procedure later, however, indicates that police should be informed if there is evidence of a crime being committed.

We think the Ayrshire protection of vulnerable adults procedure should be amended to clearly state that local authorities and the NHS should contact the police if they get any information that suggests that a crime has been committed against an adult with learning disabilities (abuse, neglect or exploitation).

Staff we spoke to in focus groups and one to one interviews said that they had followed the principles set out in the Ayrshire procedure when dealing with concerns about the abuse, neglect or exploitation of adults with learning disabilities (and other groups of vulnerable adults). Various examples were given when the vulnerable adult with learning disabilities was the final arbiter of whether or not the police were contacted. This was because staff felt that the person had the capacity to decide whether to make a complaint to the police.

We spoke to senior officers in Strathclyde Police. They were surprised when we suggested that the local authorities would not contact them if the person with learning disabilities did not want to make a complaint and staff felt the person had the capacity to make this decision. We were referred to the vulnerable adults training where it was stated that if the local authority or health suspect a crime may have been committed they should involve the police at an early stage. The senior officers made the point that the police may have information about any alleged perpetrator that is not known to the local authority or health. Also, if there are subsequent allegations which the police are required to investigate then they need to know about all of the allegations that have been made in the past.

### Recommendation 3 for all partnerships

The Ayrshire protection of vulnerable adults procedure should be amended. It should say that the local authorities and the NHS should contact the police if they get any information that suggests that a crime has been committed against an adult with learning disabilities (abuse, neglect or exploitation). The amended procedure should reflect that the local authorities, the NHS and other agencies have a duty of care towards vulnerable adults with learning disabilities.

Staff should explain to the adult with learning disabilities the reasons why they should co-operate with the police. If the adult with learning disabilities still does want not to involve the police, staff should inform the police of their concerns about the adult with learning disabilities. All of the relevant staff in the local authorities, NHS Ayrshire and Arran and the police should be informed of the change to the procedure. Training programmes should be amended as required.

### People with learning disabilities are provided with information about personal safety (all partnerships).

Some of the people with learning disabilities we spoke to had been provided with information about personal safety. Some people with learning disabilities said they had not been given any information about personal safety. Almost everyone SCLD interviewed said they felt safe at home. There was no difference between the three local authorities. Most people with learning disabilities we interviewed said they felt safe when they were out and about.

One person said they did not feel safe at home or in their community. They said that it was never safe to go out and about in their area. The person did say they could tell their support worker who listens to them. They also said there was someone they could talk to if they were frightened and that the person would listen to them.

Eighty one out of eighty five people (from the SCLD interviews with people with learning disabilities) said that they had someone they could really talk to. We think this is a very positive result.

### Views of family carers (all partnerships)

Overall, 51% of family carer respondents agreed or strongly agreed that services helped the person they care for to feel safer. Only 15% disagreed or strongly disagreed. One family carer said, *“the school regime is a safe one and a happy one where they are in a lovely environment and we feel part of the community”*.

### Appropriate Adult Scheme (all partnerships)

The management of the Appropriate Adult Scheme rotated round each of the three Ayrshire councils. Management of the scheme was due to move to the North Ayrshire. There was a proposal under consideration that the West of Scotland standby service run the scheme.

We found there were some issues with the Appropriate Adult Scheme. These were:

- There had been very limited training for the appropriate adults
- Staff working as appropriate adults said they were isolated. Apart from informal contacts they had no way of knowing what some of the wider issues for appropriate adults were.

We think it would be helpful if a forum for appropriate adults is set up. This would stop appropriate adults feeling isolated and enable them to share issues and concerns.

Our view of the Appropriate Adult Scheme was corroborated by our interview with NHS staff.

#### Recommendation 4 for all partnerships

The three Ayrshire councils and their partners should review the operation of the Appropriate Adult Scheme. Training and refresher training should be put in place for appropriate adults. Consideration should be given to forming an appropriate adults network.

#### Strathclyde Police (relates to all partnerships)

We spoke to two senior officers from the police. We were generally impressed with the police approach. We found they were interested in the protection of vulnerable adults with learning disabilities and had appropriate focus on the issues. Protection of vulnerable adults was mentioned in the community safety and diversity action plans. This was then followed up with training of relevant staff.

The Superintendent sat on the protection of vulnerable adults steering group. The Inspector sat on the training sub group.

All community police officers and station staff who deal with the public at front counters were required to be trained. At the time of our inspection 160 of about 200 had been trained.

Ayrshire was possibly the only division in Strathclyde Police who were training a large number of staff in adult protection.

We saw the Strathclyde Police Mental Health Standard Operating Procedure. Officers and staff could access these policies on the force intranet – relevant updates could be referred to in daily briefings. It was accepted that not all staff would know about this, hence efforts to concentrate on key staff in training. However, police training had good input on inclusion, awareness of diversity and ensuring people in need are looked after.

The police rejected the suggestion they did not attend vulnerable adult case conferences. The Police would wish to be involved in relevant cases. Police certainly attended Care Programme Approach Meetings. This was confirmed with the CPA co-ordinator.

#### Monitoring

There was no system in place to monitor activity on the protection of vulnerable adults with learning disabilities or other vulnerable adults. Police did not monitor the number of crimes against vulnerable adults. There was a system in place to evaluate the training at the end of the training session.



The police said the Ayrshire Appropriate Adult Scheme seemed effective. Ayrshire police division used the Ayrshire council scheme instead of the Strathclyde Police scheme. What the police told us contrasted with what council and NHS staff said. This probably reflects the police perspective that appropriate adults turn up when required and do an effective job.

### Staff skills and general training

The police were auditing staff skills. They were updating a skills database and identifying people who had experience dealing with people with learning disabilities.

All officers received interview training at the Scottish Police College. This included guidance on dealing with different individual needs at interview but not specifically people with learning disabilities.

There was no evidence of significant change in the number of cases involving vulnerable adults in recent months.

There was proactive police activity to inform relevant learning disability and other vulnerable adult groups about community and personal safety matters.

### Staff survey

90% of all surveyed said their team did everything possible to keep people with learning disabilities safe. There was no significant difference between the three Ayrshire councils and NHS Ayrshire and Arran.

## North Ayrshire partnership – Safety and protection

**The North Ayrshire partnership performed to a good standard on safety and protection for adults with learning disabilities - important strengths with some areas for improvement.**

**We found good progress developing multi-agency vulnerable adult protection training. We also found there was good multi-agency working to protect vulnerable adults with learning disabilities. The evidence from scrutiny of vulnerable adults with learning disabilities cases suggests that practice in this area needs to be tightened up**

### Audit of learning disability cases in response to recommendation 7 in the SWSI Borders report

In 2005 North Ayrshire Council social work services did an audit of learning disabilities cases in response to recommendation 7 of the SWSI Borders report<sup>1</sup>. They did not just audit care managers files but they also looked at home care files and some files from independent sector providers. Here are some of the main points from the audit of 384 service users files:

- 25% of all the files scrutinised did not contain any case recording
- a high proportion of the files were “extremely disorganised”
- 29% of the service users had no care plans
- a high proportion of service users had care plans that were out of date.

From our audit in 2006, there seems to have been a big improvement in the quality of care managers files. We did not look at files from independent sector providers. These files were scrutinised by the Care Commission. Our file audit compared very well with the internal audit done a year previously:

- 88% of the NAC case records had a structure that made for easy reference
- 95% of case records had an assessment on file
- 88% of the case records has a care plan on file and in 82% of the records the care plan had been completed in the last 12 months
- in 85% of the cases the care plan had been reviewed regularly.

We asked managers about the reasons for the apparent improvement in the quality of recording in North Ayrshire Council. We were told that new recording guidance had been issued. Managers said some changes to the structure of social work teams had helped staff to prioritise recording. Use of Carefirst client information system produced improvements in case recording. Carefirst support staff provided training on the system for workers. The learning disability team had pictorial software on their laptops. Case records were audited by managers. There was an emphasis on robust case transfer procedures.

<sup>1</sup> SWSI Inspection of Scottish Borders Councils Services for People Affected by Learning Disabilities, Scottish Executive 2004.

### Adult protection training

In addition to the pan Ayrshire training North Ayrshire were starting local training in August 2006. Social work staff will get a full day training. Police and some NHS staff will get a half day training.

### Protection of vulnerable adults with learning disabilities case records

We wanted to find out if North Ayrshire Council and their partners had implemented the recommendations of the SWSI Inspection of Scottish Borders Councils Services for People Affected by Learning Disabilities 2004. We read the files of all North Ayrshire cases of adults with learning disabilities where the adult protection procedure had been applied. We read the files of all of the cases of adults with learning disabilities where there had been investigations of alleged abuse, neglect or exploitation.

#### *Adults with learning disabilities cases where the protection of vulnerable adults procedure had been applied (n=3)*

- Only 1 of the 3 cases had an up to date risk assessment
- Only 1 of the 3 cases had a clear adult protection plan
- In 2 of the 3 cases the multi-agency partners informed the adult protection plan
- In 2 of the 3 cases the views of the service user informed the adult protection plan
- In 2 of the 3 cases the views of the family informed the adult protection plan
- In 2 of the 3 cases all of the concerns about abuse neglect or exploitation were not dealt with in accordance with the protection of vulnerable adults procedure
- In all 3 cases there was evidence of good inter-agency communication
- In 1 of the 3 cases statutory measures to protect the service user were not taken but there were no clearly documented reasons for this stated on file. Also the views of all of the relevant partners were not recorded on file.

#### *Investigations of alleged abuse, neglect or exploitation (n=5)*

- In 3 of the 5 cases the person with learning disabilities was seen within 24 hrs of the referral being made
- In 4 of the 5 cases the person with learning disabilities was seen alone or with appropriate support
- In all 5 cases the workers were clear about the purpose of the visit
- In 4 of the 5 cases the service user's living arrangements were seen during the investigation
- In 4 of the 5 cases social workers checked with other agencies to see if they had any information relevant to the investigation
- In 3 of the 5 cases there was evidence on file that the interview with the service user had been formally planned
- In 4 of the 5 cases the interview with the service users was recorded in the service user's own words.

North Ayrshire (compared to East and South) had the lowest number of cases (3) of adults with learning disabilities where the protection of vulnerable adults procedure had been applied. They also had the lowest number of abuse investigations.

Two of the three cases did not have an up to date risk assessment. Also in two of the three cases there was no clear adult protection plan. In two of the three cases the file reader felt that all of the concerns about abuse, neglect or exploitation had not been dealt with using the protection of vulnerable adults procedure.

Our scrutiny of records showed there were some deficits in how the other two partnerships were handling protection work with vulnerable adults with learning disabilities. We think all of the partnerships should take steps to improve their practice in this area.

### Recommendation 5 for all partnerships

Each partnership should quickly put measures in place to improve practice in protection of vulnerable adults with learning disabilities cases. Team leaders and their equivalent need to ensure that practice in protection of vulnerable adults with learning disabilities cases is of a high standard. For example they need to make sure that all cases have an up to date risk assessment.

### Fieldwork staff focus group

We held a focus group for fieldwork staff (13 staff represented). They said there was a training gap for new staff. They were given child protection training but not adult protection training. Five out of 13 staff we spoke to had done protection of vulnerable adults training. Some staff had clearly studied the SWSI Borders report closely. We were impressed by their detailed knowledge of the report. We were told established members of staff did adult protection investigations. New workers were “buddied” when they started doing adult protection work.

### Focus group with adult day services staff

All the day centre staff we spoke to had had challenging behaviour training (CALM level 3). Staff felt procedures needed to be improved for situations where service users hurt other service users. Some people with learning disabilities were very vulnerable, particularly those with no verbal communication. They continued to be at risk from others despite staff monitoring. Few of the staff present had had protection of vulnerable adults training.

Some staff saw risk assessment as a “*crippling tool*”. Staff said they were confused about the risk assessment process. They saw this as inhibiting effective work with people.

### Focus group for people with learning disabilities

We held a focus group for people with learning disabilities in North Ayrshire. All of the people present said they felt safe where they lived. One gentleman had recently suffered a serious assault by a group of assailants. He said the police were very good. The police did a follow up visit to make sure he was alright. He said the NHS staff who treated him were good. He said they did a very good job treating his injuries. He said he had a social worker but they had not visited in the weeks following the assault.

All of the people in the focus group said they felt safe when they were out and about. Some of them did speak about disturbing incidents that had happened to them when they were out and about. All of the people said that they had someone they could go to if they were frightened or worried about anything.

### Disclosure checks

Local authority and NHS staff got appropriate checks under Disclosure Scotland and Scottish Executive Department guidelines.

### Accident recording and investigation

Both the local authority and the NHS had procedures for reporting and investigating incidents.

### Restraint

The local authority and the NHS had policies on the appropriate use of restraint. There was no accessible version of these policies.

## East Ayrshire partnership – Safety and protection

**The East Ayrshire partnership performed to a good standard on safety and protection for adults with learning disabilities - important strengths with some areas for improvement.**

**We found good progress developing multi-agency vulnerable adult protection training. We also found there was good multi-agency working to protect vulnerable adults with learning disabilities. The evidence from scrutiny of a vulnerable adult with learning disabilities cases suggests that practice in this area needs to be tightened up.**

### Audit of learning disability cases in response to recommendation 7 in the SWSI Borders report

East Ayrshire social work did an audit of adults with learning disabilities cases.

#### Adult protection training

The protection of vulnerable adults training programme had been rolled out since August 2005, starting with one day training for team managers. All staff in service sections and adult community care had protection briefings. Half day training had been given to day centre staff, residential staff and independent sector provider staff. Health, Housing and East Ayrshire Advocacy Services staff were involved in the training. We were unclear how the effect of the training would be evaluated.

#### Protection of vulnerable adults with learning disabilities case records

We wanted to find out if East Ayrshire Council and their partners had implemented the recommendations of the SWSI Inspection of Scottish Borders Councils Services for People Affected by Learning Disabilities 2004. We read the files of **all** East Ayrshire cases of adults with learning disabilities where the adult protection procedure had been applied. We read the files of all of the cases of adults with learning disabilities where there had been investigations of alleged abuse, neglect or exploitation.

#### *Adults with learning disabilities cases where the protection of vulnerable adults procedure had been applied (n=11)*

- 6 of the cases had an up to date risk assessment
- 10 cases had a clear adult protection plan. In all of these cases the views of multi-agency partners informed the adult protection plan. In 7 of the 10 cases the views of the service user informed the adult protection plan
- In 7 out of 10 cases the view of the family informed the adult protection plan
- In all cases all concerns about abuse neglect or exploitation were dealt with in accordance with the protection of vulnerable adults procedure
- In 10 cases there was evidence of good communication with other agencies on adult protection issues

- In 6 of the 11 cases the service user was regularly interviewed alone
- In 9 cases statutory measures had been taken to protect the service user
- In the 2 cases where statutory steps had not been taken, the reasons for this were not clearly documented on file
- In 1 case there appeared to be dissent from another agency about not taking statutory steps. The dissent and the reason for the dissent were not clearly recorded on the file
- In 4 cases there was work being done with the alleged perpetrator of the abuse
- In 6 cases the service user was still living in the same household as the alleged perpetrator of the abuse.

We thought the service user was not adequately protected in one case. We told East Ayrshire Council about the case. They said the circumstances of the person with learning disabilities had changed and they were now safe and protected.

### *Investigations of alleged abuse, neglect or exploitation (n=17)*

- In only 5 of the 17 cases the service user was seen within 24 hours
- In just over a third of the cases where the service user was not seen within 24 hours, the reason for this was recorded on file
- In under a third of cases the service user was seen alone or with appropriate support
- In 9 cases the workers were clear about the purpose of the investigation visit
- In 15 cases the service user's living arrangements were seen during the course of the investigation
- In 13 cases the workers checked with other agencies for relevant information
- In 4 cases there was evidence on file that the workers formally planned the interview with the service user
- In 5 cases the interview with the service user was recorded in the service user's own words.

East Ayrshire had a higher number of cases of adults with learning disabilities where the protection of vulnerable adults procedures have been applied. There were also a higher number of recorded protection of vulnerable adult investigations on adults with learning disabilities. The practice on protection of vulnerable adults with learning disabilities was mixed, as in the other two partnerships. Just over half of the cases where the protection of vulnerable adults procedure had been applied had an up to date risk assessment. In three out of ten cases the views of the service user did not inform the adults protection plan. In only five of the seventeen cases where an abuse investigation was recorded on file did the investigating workers contact other agencies for information that could inform the investigation. In just under half of the investigations the workers did not appear to be clear about the purpose of the investigation.

We think that the evidence for the social work file reading in East Ayrshire and the other partnership areas strongly suggests that practice in protection of vulnerable adults with learning disabilities cases needs to be tightened up.

### Staff focus groups

We met with three groups of staff from the East Ayrshire partnership; NHS staff were included. Almost all staff had attended training or a briefing session on the protection of vulnerable adults procedures. The executive head of social work led the briefings for all social work staff. Staff were impressed by the executive head of social work's commitment and clarity about the importance of making sure vulnerable adults are protected. Most staff felt that the training was good.

Some of the staff we spoke to had used the protection of vulnerable adults procedure. There was flowchart outlining the process and an adult protection AP1 form for alerting management. AP1 forms were all sent to the same person in East Ayrshire. All staff had seen the Borders report and some had seen the Borders follow up inspection report.

### *Two observed practice cases where the vulnerable adult protection procedure had been applied*

In one East Ayrshire observed practice case the adult protection procedures had been followed. We found that appropriate action had been taken to ensure both the person with learning disabilities and their mother's safety.

In another East Ayrshire observed practice case the person with learning disabilities had been subject to protection of vulnerable adults procedures after she had made allegations that she had been sexually assaulted. The protection of vulnerable adults procedures were followed but a case conference was not held as management felt that there were already good supports going in for the person with learning disabilities and that there was evidence of good multi-disciplinary work. The person with learning disabilities had no further contact with the alleged abuser. There was evidence of good communication between the community learning disability team and social work.

### Disclosure checks

Enhanced disclosure checks were done for all staff and were a requirement for all independent organisations contracted to provide supports to people in East Ayrshire.

### Accident recording

All accidents or incidents were recorded and investigated.

### Restraint

A physical intervention policy was in place within social work. Education had a crisis prevention policy. There was no accessible version of these policies.



## South Ayrshire partnership – Safety and protection

**The South Ayrshire partnership performed to a good standard on safety and protection for adults with learning disabilities - important strengths with some areas for improvement. We found good progress developing multi-agency vulnerable adult protection training. We also found there was good multi-agency working to protect vulnerable adults with learning disabilities. The evidence from scrutiny of vulnerable adult with learning disabilities cases suggests that practice in this area needs to be tightened up.**

### Audit of learning disability cases in response to recommendation 7 in the SWSI Borders report

Recommendation 7 of the SWSI Borders report says that all local authorities should do an audit of learning disability cases. The criteria for the audit are set out in the report. South Ayrshire Council had not done an audit of learning disability cases. The first time learning disability cases were audited was when we looked at 82 social work learning disability files in April 2006.

#### Recommendation 27 for South Ayrshire partnership

The South Ayrshire partnership should periodically do an audit of adults with learning disabilities cases (both social work and health files) to ensure compliance with the recommendations of the SWSI and Mental Welfare Commission Borders enquiries.

### Adult protection training

Some of the staff we spoke to from South Ayrshire had done the one day protection of vulnerable adults training. The vast majority of the staff we spoke to were aware of the issues on protection of vulnerable adults with learning disabilities.

### Protection of vulnerable adults with learning disabilities case records

We wanted to find out if South Ayrshire Council and their partners had implemented the recommendations of the SWSI Inspection of Scottish Borders Councils Services for People Affected by Learning Disabilities 2004. We read the files of all South Ayrshire cases of adults with learning disabilities where the adult protection procedure had been applied. We read the files of all of the cases of adults with learning disabilities where there had been investigations of alleged abuse, neglect or exploitation.

#### *Adults with learning disabilities cases where the protection of vulnerable adults procedure had been applied (n=5)*

- 3 of the 5 cases had an up to date risk assessment
- 4 of the 5 cases had a clear adult protection plan
- The views of the person with learning disabilities, carers, and other agencies informed all of the adult protection plans
- In one case there were concerns about abuse neglect or exploitation that were not dealt with in accordance with the adult protection procedure

- In all cases there was evidence of good communication with other agencies on adult protection issues
- In 4 of the 5 cases the social worker regularly interviewed the person with learning disabilities alone
- In 2 of the 5 cases statutory measures had been taken to protect the person with learning disabilities
- In 1 of the 3 cases where statutory measures were not taken, the reasons for this were not clearly recorded in the file
- In 2 of the 3 cases where statutory measures were not taken, there was dissent from another agency about this. The dissent and the reasons for the dissent were not clearly recorded in the file
- In none of the cases was there ongoing work with the alleged perpetrator of the abuse
- In one case the person with learning disabilities was still living in the same household as the alleged perpetrator of the abuse.

*Investigations of alleged abuse, neglect or exploitation (n=7)*

- In 5 cases the person with learning disabilities was seen within 24 hours
- In one case the reason for not seeing the person with learning disabilities within 24 hours was not recorded in the file
- In all the cases the person with learning disabilities was spoken to alone or with appropriate support
- In 6 of the cases the visiting workers were clear about purpose of the investigation visit
- In all of the cases the person with learning disabilities' living arrangements were seen
- In all of the cases the workers checked with other agencies for relevant information
- In 4 of the cases the interview with the person with learning disabilities was formally planned
- In 5 of the cases the interview with the service user was recorded in the service user's own words.

The threshold for applying the protection of vulnerable adults procedure in South Ayrshire was fairly high. South Ayrshire were in the middle in terms of numbers of cases where the protection of vulnerable adults procedure had been applied.

- North Ayrshire 3
- South Ayrshire 5
- East Ayrshire 11

Managers we spoke to in South Ayrshire did not feel the threshold for applying the protection of vulnerable adults procedure was too high.

The evidence from the social work file reading suggested that in South Ayrshire there were some issues with practice on protecting vulnerable adults with learning disabilities. These were high profile, high priority cases and all of them should have had an up to date risk assessment (2 cases had no formal risk assessment). All of the cases should have had a clear adult protection plan and in all cases the views of the service user, the family and multi-agency partners should have informed the adult protection plan.

## Chapter 6

It is good that in all of the South Ayrshire cases the person with learning disabilities was spoken to alone or with appropriate support. Also in all of the cases workers saw the service users' living arrangements and checked with other agencies before doing the investigation. However there were deficits in the areas of:

- Workers being clear about the purpose of the investigation
- Formal planning of the interview with the service user
- Interview recorded using the service user's own words.

### Local authority and NHS staff focus group

Staff we spoke to knew what to do if they had any concerns about the possible abuse, neglect or exploitation of a person with learning disabilities. Some of the staff we spoke to said they were not very confident with the protection of vulnerable adults procedure. They contrasted the developing protection of vulnerable adults procedure with the *“tried and tested child protection procedure”*. One worker said there was a *“policy and practice vacuum for most staff”*.

We were told about plans to set up a focus group on safety and protection that would involve service users. Staff did not know about the timescale for this.

### Adult services staff focus group

We met with a group of 11 adult services staff. Six of the group had not had any training on the protection of vulnerable adults. Some of the staff who had done the training thought it was helpful but others commented that the training was not particularly helpful as in their view it did not inform staff of exactly what they should do if they had concerns about the abuse of a vulnerable adult with learning disabilities. Only two of the 11 staff had read the SWSI Borders report. Staff were unclear about where they could get hold of the protection of vulnerable adult procedures. They said they would contact their manager if they had any concerns about abuse of a person with learning disabilities. Provider staff were not part of protection of vulnerable adult training. One member of staff said, *“protection of vulnerable adults was new to learning disability services”*.

### Disclosure checks

All staff got checks under Disclosure Scotland and Scottish Executive Health Department guidelines.

### Accident recording

All accidents or incidents were recorded and investigated. South Ayrshire Council had an accident reporting procedure. NHS Ayrshire and Arran had an IRAMS procedure.

### Restraint

South Ayrshire Council had no agreed policy on the use of restraint. They said they were developing one.

# Record keeping and communication – Pan Ayrshire issues

## Issues common to all three partnerships

### All case files are up to date and record keeping is of a high standard

During the file reading a total of 82 files were read for each local authority, covering a variety of cases. We found that 60% of files had continuous recording with no significant gaps.

In 74% of files we felt that the level of recording was appropriate. In 95% of files it was clear which agencies and key staff are involved. Eighty six percent of files contained an assessment.

Overall, in 207 of the 225 (92%) relevant files there was a record of all decision making and review meetings.

However, we were concerned that file readers had difficulty in identifying cases where there were concerns of abuse, neglect or exploitation.

The Pan Ayrshire single shared assessment framework and tool was developed and implemented across Ayrshire in March 2002. We found consistency across all organisations on single shared assessments.

NHS Ayrshire & Arran had invested in a person centred planning CD Rom which they hope will be available to all community learning disability teams.

### Information is exchanged appropriately between and amongst services

All the councils and the NHS had written protocols on appropriate exchange of information. For example the NHS and the three councils information sharing protocol (2005) sets out the legal, professional and ethical requirements for sharing health and social care information.

#### Good practice example

##### eCare

This was a practitioner focused project. The three Ayrshire councils and NHS had worked well together to develop one single shared assessment form. Public sector agencies will have a single strategic approach to electronic data sharing. Pilots were being set up.

### Evidence of routine opportunities for children and adults with learning disabilities and families to express views

We interviewed people with learning disabilities and we found that people were able to have a say in the day-to-day decisions. 65 out of 87 (75%) people with disabilities said they knew who to speak to if they had a problem or wanted to change their support, with 80% saying they had reviews that they had attended.

## Chapter 7

From our survey of staff, 76% agreed or strongly agreed that they thought their team supported people with learning disabilities to be actively involved in the planning of their care. Staff in the NHS were less likely to agree with this statement compared with staff in the three local authorities.

We found from our carers survey that 62% of respondents agreed or strongly agreed they had a say in how things were done. There were no significant differences between the authorities.

From our carers survey, 60% of all respondents agreed or strongly agreed that they knew how to make a complaint about services; 31% disagreed or strongly disagreed.

There were additional support for learning posts within health. One result of this about was improved consultation with children and young people with learning disabilities. We heard about excellent examples of consultation with primary aged children about their therapy input. There was good consultation with teenagers about the challenges of therapy and transition to further education.

### Advocacy

Twenty five people with learning disabilities (under a third) we interviewed said that they had an independent advocate and two thirds did not know of any local groups they could join to help them speak up. Only one person subject to adult protection, one at risk and one in transition said they had an advocate. Significantly more people in East Ayrshire said they had an independent advocate. Most of these were people with complex needs. We know from other statistics that there is good access to advocacy in East Ayrshire. People in South Ayrshire were less likely to know of a collective advocacy group (56%) and one person who knew about the groups in the area did not join because their offices were not accessible.

### Local early diagnostic and early intervention services for children with learning disabilities

Rainbow House was a focal point for early assessment for the children with developmental problems for the whole area.

### Transitions

Staff in the health promotions team told us about the limitations in the service for people with mild learning disabilities and associated mental health problems. The child and adolescent mental health service was working to full capacity and it had recently been agreed to appoint a new general manager and lead clinician.

All partnerships acknowledged that future challenges to services include:

- Better meeting of the needs of older people with learning disabilities:
- Meeting the needs of those young people with learning disabilities with sexually harmful behaviour
- Improved advocacy for children and young people.

### Recommendation 6 all partnerships

Each partnership should review its IT systems in terms of their ability to flag concerns in regard to abuse or neglect of vulnerable adults.

### Recommendation 7 all partnerships

All partnerships should introduce or improve advocacy services for children and young people with learning disabilities.

### Multi-agency inspection health file reading findings

As part of the multi agency inspection process 44 health case files were read for 14 patients. The NHS Quality Improvement Scotland learning disability review programme has not in the past read case files. This is the first time that health records have been read and reported on so we have included a lot of detail. The results indicate where there may be good practice in relation to record keeping and where further improvement may be required.

The case files were analysed and read using the following headings:

<ul style="list-style-type: none"> <li>• Record keeping</li> <li>• Referral</li> <li>• Health Assessment</li> <li>• Risk Assessment</li> <li>• Carer Assessment</li> <li>• Admission and Treatment</li> </ul>	<ul style="list-style-type: none"> <li>• Care and Treatment Plan</li> <li>• Communication</li> <li>• Person Centre Plan</li> <li>• Adults with Incapacity</li> <li>• Adult Protection Action</li> <li>• Discharge</li> </ul>
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The table below details the discipline and the number of case files read:

File type	Number read
Nursing	13
Psychiatry	7
Psychology	7
Occupational Therapy	7
Speech & Language Therapy	4
Physiotherapy	5
Music Therapy	1
<b>Total</b>	<b>44</b>

### Record keeping

All case files had clear user identification details recorded. This was less consistent with the use of CHI numbers with half of the 44 case files read detailing this information. This is an area that requires to be addressed as the CHI number is necessary to enable access to patient information. This will be particularly important in the future as a result of e-health records developments.

Dates of birth were recorded in all files, with half indicating gender and six indicating ethnic origin. File readers looked at the prominence of the information detailing that the person had a learning disability. Of the 44 case files read 33 clearly had this information. Clinical psychology had this information in 3 of the 7 case files read. It could be that this reflects the nature of the referrals received by this discipline where a definitive diagnosis of learning disability may be sought.

In 28 of the 44 case files read the next of kin was clearly identified and in 26 of these cases the next of kin contact details were clearly recorded. Clarification is required on the contact details for the main carer when they differ from the next of kin. Of the 44 case files read 13 contained no information regarding next of kin or main carer contact details. This was noted in all 7 clinical psychology files, 2 occupational therapy files, 1 speech and language therapy file, 1 physiotherapy file, 1 nursing file and 1 psychiatry file. This is an area that requires to be addressed. Of the 44 case files read 33 clearly identified the key professionals involved in the care of the patient. Physiotherapy and psychiatry need to record this fully.

In 38 of the 44 case files read entries were made in black ink, were clear and legible and signed and dated by the health professional involved. All entries were made in clear chronological order. In only 11% of cases was the time of the contact recorded and in 48% the designation of the signatory was not provided. This is an issue that needs to be addressed.

The case files were analysed to determine if they were free from abbreviations and jargon as well as “meaningless” phrases irrelevant speculation and offensive subjective statements. Nine of the 44 case files reviewed were free from abbreviation. Forty two of the 44 were free from jargon and meaningless phrases with 43 of the 44 free from irrelevant speculation and offensive subject statement. Consideration therefore needs to be given to the appropriate use of abbreviations within case files and the potential for misinterpretation and error.

Where alterations were required to entries made to case records, in 91% of cases a single line was drawn through the statement. In 62% of cases the change was initialled and in 35% the date of the change was recorded and in 9% the time of the change recorded. In relation to countersigning by a clinical supervisor responsible for the supervision of a student or nursing assistant in all 11 cases analysed entries had been countersigned by the relevant person.



### Referral

In 33 of the 44 files analysed there was an initial referral or cross team referral form evidence. It should be noted however that 4 nursing, 4 psychiatry, 2 clinical psychology and 3 physiotherapy case files did not contain this essential information. This is an issue that requires attention.

In 25 of the 44 case files there was evidence that an appointment was made to discuss the care issues with the referrer and in 9 cases an appointment had been made to discuss the care issues with the care provider. No inappropriate referrals were identified.

### Health assessment

Of the 44 case files analysed 41 contained an assessment pro-forma indicating that a professions specific assessment had been undertaken. 26 out of 41 case files contained a formal assessment letter however this was absent in 4 nursing, 2 clinical psychology, 1 occupational therapy, 3 speech and language therapy, 4 physiotherapy and the music therapy files. Of the assessment letters present within the case files, 21 had been copied to the general practitioner. This is an area requiring attention across professional discipline to ensure that up to date and appropriate information is available to GPs and the primary care team on the health needs of people with learning disability receiving a service from specialist learning disability health services.

It is positive to note that in all case files full assessment details were evident and the information from previous assessment was included in 40 of the 44 case files. In relation to evidence of a single shared assessment being undertaken, the nursing case files scored 92%, clinical psychology 71%, occupational therapy 67%, speech and language therapy 75%, physiotherapy 25% and psychiatry 17%. This finding is encouraging and it is positive to note the high percentage of single shared assessments completed, particularly by nursing and clinical psychology.

### Risk assessment

Central to the purpose of the multi-agency inspection process is ensuring systems are in place to support people with learning disabilities to lead inclusive lives within their community. Where necessary in order to provide appropriate protection it may be necessary undertake a risk assessment. In the case files reviewed, 23 included evidence that a risk assessment had been undertaken as part of the assessment process.

### Carers assessment

In 27 of the 44 case files reviewed the needs of carers were recorded and taken into account. However, it is significant to note that there was no recorded evidence of carers being offered a carers assessment. This is an area requiring attention as there is considerable scope across the professional disciplines to ensure that where appropriate carers are offered and referred for a carer assessment.



### Admission and treatment

In 18 of the 44 case files reviewed the patient had been admitted for assessment and treatment. Eleven were subsequently discharged. For 12 of the 18 clear reasons for admission were recorded along with the date of admission. In 7 of the relevant files the date of discharge was also recorded.

### Care and treatment plan

Eighty two percent of the case files reviewed held a care plan in the case files. It should be noted that 2 psychiatry, 4 clinical psychology, 1 occupational therapy and 1 speech and language therapy case file did not contain a care plan. Of the care plans present all showed evidence of being updated and in all files these updates were dated and in 34 cases signed. Reviews of the care plans were held in 38 out of 43 case files that were reviewed. Eighty nine percent across discipline showed evidence of the reviews being dated with 66% being signed. Ninety two percent included a record of those who had participated in the review and 76% demonstrated action points, agreed time scales and identified the professional responsible for taking forward action. An area requiring attention is ensuring the copies of reviews along with agreed actions are forwarded to all relevant parties.

### Communication

The case files were reviewed for evidence of communication between professionals that went beyond that undertaken at the initial assessment and at subsequent reviews. In 41 out of the 43 case files there was evidence of communication between professionals and case files contained letters between professionals, records of meetings and records of telephone conversations. Entries were made in the case file for contact with patients at least once during each patient contact in all relevant 33 case files reviewed.

### Person centred plans

Thirty two percent of the case files contained evidence that a person centred plan of care had been developed and was in place. Of the 41 files reviewed in this area 28 did not contain a person centred plan. This is an area that requires to be reviewed to ensure that care is person centred and individualised.

### Adults with incapacity

Thirteen case files were reviewed in relation to the presence of an adult with incapacity certificate. Five incapacity certificates were contained within case files while 8 were not. This is an issue requiring attention as practitioners appear unclear whether incapacity certificates should be held within the specialist learning disability health notes or within the primary care health records. Where there was evidence of the incapacity certificate within the patient's case record it was clear from the assessment report that there was a capacity issue for the patient and as a consequence an incapacity certificate issued.

### Adult protection

Three case files were identified where there was a need for adult protection, 2 psychiatry and 1 speech and language therapy. From the perspective of cross discipline working, in adult protection case number 1 there was nursing and clinical psychology involvement, however their case file did not contain any reference to adult protection action issues. In adult protection case number 2 there were nursing and clinical psychology case files and these did not contain details of adult protection action. In adult protection case number 3 the nursing and physiotherapy case files did not contain adult protection action, despite case files being open. In relation to the 3 adult protection cases there was evidence contained in the case files of notes and discussion all of which had been dated. However within the speech and language therapy case file the notes had not been signed by the therapist involved.

It is encouraging to observe that notes included a record of all participants and there was a list of action points with time scales and responsible individuals. In the two case files with psychiatry involvement there was a record of discussions which had been sent to all relevant parties irrespective of whether they had attended the adult protection meeting. It is also relevant to note that in the psychiatric case file where review had not been held the reason why was recorded.

### Discharge

Five case records were identified where the patient was discharged from the service and in all cases a discharge letter and report had been written and a copy placed within the Specialist Learning Disability Health Service case files. Four copies were sent to the patient's GP although in 1 occupational therapy file no evidence was found of this.

### Recommendation 35 NHS Ayrshire & Arran-learning disability health records

- A. A significant number of single shared assessments have been undertaken and there should be a focus on developing this fully across professional groups.
- B. Risk assessments have been undertaken where indicated and this should be developed to ensure consistency across professional groups.
- C. Details of the next of kin and main carer should be clearly recorded in all case files.
- D. All entries in case files should be signed and include the author's designation.
- E. The use of abbreviations should be kept to a minimum in all case files and across professional groups.
- F. Evidence of referrals and cross-team referral details should be contained within all case files.
- G. Evidence of a referral letter or details obtained from the referrer should be contained within all case files.
- H. Carers assessments should be offered by all professional groups and detailed in the case file.
- I. Copies of reports should be sent to relevant parties involved in patient care.
- J. Evidence of person-centred plans should be contained within the case files.
- K. Adult with Incapacity Certificates should be contained within the case files for patients with a capacity issue.

## North Ayrshire partnership – Record keeping and communication

**We found that record keeping and communication in the North Ayrshire partnership was good – important strengths with some areas for improvement**

### All case files are up to date and record keeping is of a high standard

North Ayrshire told us that development work was continuing on electronic recording of single shared assessment and the integrated assessment framework for children. They said that there was regular communication between agencies on complex cases and formal meetings were arranged as required. An accessible version of an individual's personal life plan was produced using symbols and graphics.

Some key points about North Ayrshire's social work records:

- Only 29% of all file entries were signed i.e. it was clear who made the file entry
- 35% of relevant cases had transfer summaries
- In 32% of cases the impact of staff supervision sessions was evident from the case record
- In 35% of cases the first line manager regularly scrutinised and signed off the case record
- In 12% of cases there was evidence that a senior manager periodically scrutinised the file.

### Information is exchanged appropriately between and amongst services

We found evidence of good information exchange between social services, the NHS and front line housing staff involved in hospital closure work in North Ayrshire. We found good informal links, information sharing and collaboration at team level. Some staff said communication was not as good at senior levels.

Staff told us that protocols for transition planning were unclear, and that there could be difficulties in getting a single shared assessment. They said that there was a lack of joint working between children and families and adult services. This was also raised as a major issue by other stakeholders, carers and service users.

### Evidence of routine opportunities for children and adults with learning disabilities and family carers to express views

There was a range of views expressed by carers living in North Ayrshire about the level of involvement and consultation they had. Some parents of younger school aged children we met said they were listened to because of their activity on school boards. Some parents of young people said they were unhappy with the level of service and lack of opportunities to participate in the decision making processes.

Pupils were represented on pupil councils and their views were taken into account by Education Services.

## Chapter 7

When people with learning disabilities were asked whether they had a say in big decisions in North Ayrshire, 22 said yes, 6 said no and 3 said that it depends.

### Advocacy

Some service users we met spoke positively of the service they got from advocacy services. They said there were not enough of these services and there was a waiting list.

### Transitions

North Ayrshire told us that there were joint procedures in place for transitions from pre-school to school and children's services to adult services. There was no dedicated transition team, instead there was a transition forum.

The North Ayrshire transition planning forum planned transitions for children and young people up to two years in advance of them leaving children's services. This was a multi-disciplinary group that discussed individual cases. Housing were invited but we were told that it was difficult to get them to attend. Family carers were not invited although minutes were shared with carers as well as with service users where appropriate. We did not think that this approach was inclusive.

North Ayrshire were planning to replace the transition planning forum with co-ordinated support plan future planning meetings. Parents and young people with learning disabilities will attend these meetings. We think this is a positive development.

Finance was discussed separately at a resource group. One staff member commented, *"In the transition forum we can talk about the person and not get stuck discussing the finance"*.

Some staff said that during the time of transition children and families staff or the referring agency completed the single shared assessment forms and passed these to the community care team who then decided priority for allocation. A few carers and people with learning disabilities we met explained how they could wait lengthy periods before knowing who their new social worker was going to be and if they were going to get a service. The providers we met said transition planning was not working well at all.

During the inspection North Ayrshire social services was going through a restructuring of community care teams. They were creating a learning disability team that will deal with all of the adults with learning disabilities work.

Senior management in education acknowledged that the move from children to adult services was identified as a risk area and they were working closely with social work on this.

Some young people we met said that their move from school to college had been affected by a lack of support for personal care (discussed earlier).

## East Ayrshire partnership – Record keeping and communication

We found that record keeping and communication in the East Ayrshire partnership was good – important strengths with some areas for improvement.

### All case files are up to date and record keeping is of a high standard

East Ayrshire told us they were developing a case file format to be followed by a training programme to ensure record keeping was maintained to a high standard. This work reflects recommendations in the Borders initial report and follow up inspection.

Some key points about East Ayrshire social work records:

- In 49% of cases the recording was continuous with no significant gaps
- 63% of all file entries were signed i.e. it was clear who made the file entry
- 85% of cases had a chronology of key events
- 54% of applicable cases had transfer summaries
- In 26% of cases the impact of staff supervision sessions was evident from the case record
- In 69% of cases the first line manager regularly scrutinised and signed off the case record
- In 9% of cases there was evidence that a senior manager periodically scrutinised the file.

### Information is exchanged appropriately between and amongst services

The community learning disability teams in health and social work met monthly to discuss practice issues. There were regular meetings with service providers and the council commissioning officer. The new North West Kilmarnock office will be the joint operational base. It will provide the opportunity for learning disability health and social work teams to be co-located

We saw good exchange of information and open communication between social work and their partners. There was a learning disability strategy group with a carer representative on it. This group had completed an audit which identified that over 70 people would need care and accommodation over the next three years.

We found the East Ayrshire transition team had good informal networks.

East Ayrshire Advocacy Services Ltd said they had good links with social work, and the community learning disability team.

### Evidence of routine opportunities for children and adults with learning disabilities and families to express views,

We found that East Ayrshire had made very good efforts to provide opportunities for people with learning disabilities and carers to give their views. Every school in East Ayrshire used the 'Have Your Say' leaflet for young people with learning disabilities.

We were impressed by East Ayrshire's efforts to work with Carers Scotland and the Carers Centre to look at person centred plans for carers. They told us that service users and carers were routinely involved in best value and service reviews.

People with learning disabilities and family carers were involved in staff recruitment and in the process of tendering for providers of learning disability services.

When people with learning disabilities were asked whether they had a say in big decisions in East Ayrshire 14 said yes, 1 said no and 6 said that it depends. In one instance the person had the final say moving to a new home and said, *"I like the place"*.

### Advocacy

East Ayrshire told us that they had positive links within Ayrshire between advocacy providers but that there was a lack of national advocacy co-ordination. They said that in both NHS Ayrshire and Arran and East Ayrshire council there was a named person responsible for commissioned independent advocacy services.

East Ayrshire advocacy services said they had good links with statutory and voluntary organisations and the chair of the CHP. Referrals made by the local authority were appropriate in terms of using the Adults with Incapacity (S) Act 2000. Partnership funding from Mental Health Act implementation went to the advocacy project. This funded two full time posts for mental health advocacy services. East Ayrshire Council also provided funding for specialist learning disability advocates. East Ayrshire Council funded an advocacy post that is dedicated to the hospital closure programme for people with learning disabilities. East Ayrshire fieldwork staff spoke positively about the advocacy service.

### Transitions

East Ayrshire used the Pre School Community Assessment Team (Prescat) system. The system ensures that all children from birth upwards who have additional support needs get appropriate support. They had a pre-school home visiting service which provided support to children and their families.

East Ayrshire had a small transition team based in a special school. The team started work in October 2005. The transition manager spoke very enthusiastically about the work of the team. She said communication with partner agencies was very good. This view was confirmed by education and housing staff we met. We also saw accessible leaflets giving information about the transition team.

The team used pictures and symbols to support young people to complete personal life plans. We met people with learning disabilities and carers who were very positive about the transition team.

### Good practice example

A young man with learning disabilities was due to leave school. A personal life plan was completed by the transition team. The young man's income was maximised. A three day placement at college secured and a 31 hour per week support package from an independent provider organised. The young man had made new friends, he travelled on public transport with support. He had his own bank account, helped out with local football clubs and kept in touch with his school friends.



## South Ayrshire partnership – Record keeping and communication

**We found that record keeping and communication in the South Ayrshire partnership was good - important strengths with some areas for improvement**

*All case files are up to date and record keeping is of a high standard*

Some key points about South Ayrshire social work records:

- In 68% of cases the recording was continuous with no significant gaps
- 41% of all file entries were signed i.e. it was clear who made the file entry
- 43% of cases had a chronology of key events
- 56% of applicable cases had transfer summaries
- In 19% of cases the impact of staff supervision sessions was evident from the case record
- In 23% of cases the first line manager regularly scrutinised and signed off the case record
- In 4% of cases there was evidence that a senior manager periodically scrutinised the file.

*Information is exchanged appropriately between and amongst services*

We found evidence of both informal and formal structures in place to enable good communication between different agencies.

*Evidence of routine opportunities for adults and children with learning difficulties to express their views.*

South Ayrshire staff told us that people with learning disabilities were involved in their formal reviews every six months.

South Ayrshire staff said they used pictures and symbols to help some young people. They had also written accessible leaflets about the transition team.

Social work said that all care plans took into account carers' and users' views and they were provided with copies of the plans. Our carers survey revealed 62% of carers had been involved in the care planning process.

There was a three year planning process to introduce personal life plans into special schools. Health, social work and education were involved in this. Protocols were in place and a training provider had been identified.

When people with learning disabilities were asked whether they had a say in big decisions in South Ayrshire, 14 said yes, 4 said no, and 7 said that it depended.

### Advocacy

South Ayrshire acknowledged that because of a savings exercise funding had recently been withdrawn from the People First self advocacy project. There was a local advocacy forum in South Ayrshire chaired by voluntary agency staff. The other advocacy group in South Ayrshire was Citizens Advocacy Support Service. This volunteer advocacy service had a waiting list.

### Transitions

South Ayrshire had a well established, multi-agency transition team. This was developed by a partnership working party that included parent representatives.

We were told South Ayrshire had not placed a young person with learning disabilities outwith the council for over 12 years.

Staff from South Ayrshire said they felt, *“ahead of the game”* as there was a lot of sustainable support to families. Staff told us how once a plan is completed and costed for a young person, the money then moves with the young person through the system.

Updated transition policies were in draft form.

#### Good practice example

South Ayrshire young people’s transition team provided an example of good practice of partnership working with effective parent consultation, extensive range of work experience and further education opportunities, and resources for those with additional support needs. There was early involvement with the transition team prior to young people reaching school leaving age.

South Ayrshire children and families’ disability team told us how young people and parents views inform the development of the service. They had a strong emphasis on a person centred approach. We were impressed by the good leadership of this team. We found staff were motivated, skilled and well qualified.

We were also impressed by an initiative taken by staff to organise sessions for parents. A small group of parents were offered 6 workshops over 6-7 mornings. The purpose of these sessions was to seek parent’s views and tell them about the transition process, welfare rights and other issues.

## Meeting staff needs – Learning disability services – Pan Ayrshire issues

### Results of the staff surveys - these apply to all three partnerships

- 63% of all staff agreed or strongly agreed they get time to do continuous professional development. 24% of staff disagreed or strongly disagreed. There were no significant differences between the three local authorities. NHS Staff were more likely to disagree with the statement
- Almost all staff said that health and safety information was available to them
- 68% of staff agreed or strongly agreed that they felt supported in situations where they may face personal risk. 20% disagreed or strongly disagreed with this statement. There were no statistically significant differences between the three local authorities and the NHS
- 74% of staff agreed or strongly agreed that they had clear guidelines to follow when dealing with risk to/from people who use services. 13% of staff disagreed or strongly disagreed. There were no statistically significant differences between the local authorities and the NHS.

### There is evidence of a joint strategy, secondment opportunities and joint training budgets (all partnerships)

All of the councils and NHS Ayrshire & Arran had agreed a policy on secondment of staff among the four agencies. We don't repeat this statement for the other partnerships.

## North Ayrshire Partnership – Meeting staff needs – Learning disability services

**The North Ayrshire partnership performed to a good standard on meeting staff needs - important strengths with some areas for improvement.**

### Continuous professional development

North Ayrshire Council social services had a staff supervision and staff development system. Staff training and development needs were included in supervision sessions. Information about staff training and development was included in staff supervision notes. We asked to see a sample of staff supervision notes. We were not able to do this in North Ayrshire as the staff training and development information was included in the notes.

All staff had a personal development review and were encouraged to access training in line with identified training needs.

### Training

We read North Ayrshire Council's social services training plan. We thought this was a well structured document. The training plan mentioned adult protection training.

Some staff we met said there was little joint training. They said that the training about protecting vulnerable adults was good but that the programme was just rolling out.

#### Recommendation 16 for North Ayrshire partnership

The North Ayrshire partnership should develop a more detailed training course on the protection of vulnerable adults with learning disabilities. This would be for staff who do the detailed work protecting vulnerable adults with learning disabilities.

Education and social work services had a programme of joint additional support for learning training.

Mentoring and shadowing arrangements were used to complement training programmes. Training issues associated with Scottish Social Services Council requirements were an issue, for example for day care staff just about to be registered. If two team development days were included, staff training might average at around five days per year.

We observed a staff training session in North Ayrshire Council. Some of the sessions in this training were about working with people with learning disabilities.

We found a limited evidence of people with learning disabilities and family carers being involved in the delivery of training. We found the same in the other two partnerships. People with learning disabilities and family carers had been involved in the person centred planning training for staff. Parents and young people with learning disabilities helped with sleep system training and carers training.

### Recommendation 8 for all partnerships

People with learning disabilities and family carers should be involved in the delivery of all staff training about learning disability matters.

### Staff focus groups

Almost all staff we spoke to were motivated to achieve good standards of practice. The learning disability team was to be enlarged. Staffing details had not been finalised.

There was good collaboration between social work, health, housing and education at team/operational levels. The learning disability team was on the Carefirst system. There was good IT training and support. Training generally was said to be good. Induction training was in place.

Some staff told us their morale was low as a result of ongoing organisational change and frustrations regarding budget cuts and lack of resources to meet service users' needs. Some staff said they were concerned about the impact of restructuring as people moved to new responsibilities. Staff complained that teams were under-resourced.

Some staff said they were worried about people's vulnerability because of a lack of access to services and reductions in support to individuals.

There was no shared base for the NHS community learning disability team and the social work learning disability teams. People had to work around the communication difficulties.

Day services staff complained about lack of management response to staff needs, such as serious assaults. In response North Ayrshire managers said all reported incidents were noted and reviewed by senior managers. Appropriate action was taken if needed.

Day services staff also told us:

- Supervision seldom happens – the view of many staff
- Day service staff had little access to SVQ training
- *“The good managers were overwhelmed by vast workloads”*
- Pressure of inspection by different agencies with different methodologies, demands and standards
- Staff felt unable to influence change and get things done differently e.g. more flexible transport for day services.

### Induction

North Ayrshire Council had a corporate programme of induction for staff. There was a social services induction course for all staff that covered staff working in learning disability services.

### Health and safety and lone working

North Ayrshire Council had guidelines about health & safety for staff and these referred to lone working. NHS Ayrshire & Arran had a lone working policy for their staff. North and South Ayrshire councils were participating in a pilot project to protect lone working staff.

### SSSC registration for residential care home staff

Fifty seven percent of council staff working in residential units for people with learning disabilities met the SSSC registration requirements.

### Mental health officers

We met with a number of MHOs from North Ayrshire. They said that they operated within the Scottish Executive's published standards.

### Specialist training on challenging behaviour and forensic needs

Social services had training about dealing with challenging behaviour. This was then used as the basis for specific work place training for supporting individuals with learning disabilities.

### Mechanisms to measure staff views about the service

The views of council staff were sought for the strategic review of learning disability services.

## East Ayrshire partnership – Meeting staff needs – Learning disability services

**The East Ayrshire partnership performed to a very good standard on meeting staff needs - major strengths with few areas for improvement. We were impressed with the council's staff development programme and the overall quality of the partnerships staff training programme.**

### Continuous professional development

EAGER is East Ayrshire Council's staff development programme. Staff we spoke to said they thought EAGER was a positive development.

All social work staff had an annual review/appraisal which looked at professional and personal development. Training needs were sent to the training department so that training needs across the service could be identified. There was a specific training officer for community care. The executive head of social work regularly held briefings for staff to keep them up to date.

### Training

Training was provided by three departments/services in the council:

- Corporate provided human resource training
- Health & safety provided training on risk management and violence to staff
- Social work provided training on supervision, performance management and other topics

The training team had been disaggregated following a strategic review of training. Training staff were attached to specific service units.

174 staff had adult protection training. Training was devised to meet the needs of:

- Managers
- Staff who investigate abuse allegations
- Staff who may be in a position to identify signs of abuse.

There was an adult with incapacity forum where staff could receive advice.

Evaluation of training did influence the future training strategy. Training was structured around national priorities, e.g. the SWSI Borders Report. There was a mixture of multi-disciplinary and multi-agency training.

We found little evidence that people with learning disabilities and family carers had been involved in staff training programmes. Family carers had been involved in mental health awareness training.

There was training on joint budgeting with the NHS.

There were some general awareness raising events on community safety issues.

### Staff focus groups

We held three staff focus groups in East Ayrshire. We spoke to groups of staff from the children with disabilities team, the community learning disability team and adult day services staff. Most staff had adult protection training. Staff said they had had a wide range of training including autism, epilepsy, person centred planning, moving and handling, transport training, safety in service challenging behaviour and breakaway techniques, circles of support, direct payments and counselling skills. Staff said they had had training in the new Mental Health Act, the Adults with Incapacity Act, and the role of mental health officers. Most staff spoke very positively about training.

Home care workers felt that home care support wasn't as valued as other areas of social work. They support very challenging individuals and didn't feel that they got recognition or support that they need.

A team of home care workers with a background in learning disability had been established. This team, managed by a home care manager, provided a responsive service for adults with learning disabilities.

Most staff were enthusiastic about their work. Staff felt that they had good inter-professional links which led to good integrated working.

The day centre workers felt that they had the right support to do their job. They felt supported by management and each other and always had someone to phone if they needed advice. There had been a lot more work with social workers and care managers than in the past and the workers felt that communication was good at all levels. The workers said they needed more training in the areas of challenging behaviour, values training and training about specific conditions.

### Induction

All staff did a corporate induction programme. The nature of this programme depended on the service the member of staff worked in.

### Health and safety and lone working

East Ayrshire had a range of policies to ensure staff safety, including a lone working policy.

### SSSC registration for residential care home staff

60% of East Ayrshire residential staff met SSSC requirements. There were training plans to support all staff meeting qualification standards.



### Mental health officers

We met with a number of MHOs from East Ayrshire. They said that they operated within the Scottish Executive's published standards.

Two of East Ayrshire's 19 mental health officers worked specifically in learning disability services. Mental Health Officers contributed to the assessment of risk and vulnerability of people with learning disabilities subject to statutory measures or for whom statutory measures were being considered. All MHOs were trained to do statutory work with people with learning disabilities.

### Specialist training on challenging behaviour and forensic needs

Some staff had training in working with people who have challenging behaviour.

The East Ayrshire community learning disability team were doing a pilot of the FACE electronic database, which allows the members involved to log all activities and specialist assessments. This will be rolled out across Ayrshire.

### Mechanisms to measure staff views about the service

East Ayrshire Council had conducted a staff survey for all staff in the council; this included social work and education staff. The results of the survey are for council staff:

- 89.3% of staff would know with whom to address a training, coaching or development need
- 47.3% report the routine use of EAGER to review their training needs
- 57.7% believe they could perform better at work if they had access to more relevant training and development.

## South Ayrshire partnership – Meeting staff needs – Learning disability services

**The South Ayrshire partnership performed to a good standard on meeting staff needs - important strengths with some areas for improvement.**

### Continuing professional development

South Ayrshire Council staff did not have continuing professional development plans. Professional development was dealt with through staff supervision.

South Ayrshire Council relied on the staff supervision systems to measure staff views about the learning disability service. We looked at some staff supervision notes. Most of the material in the supervision notes was about the day to day work with people with learning disabilities. There did not appear to be any system for aggregating the views of staff and feeding this information to senior managers.

#### Recommendation 28 for South Ayrshire partnership

South Ayrshire Council should put in place a system of continuing professional development plans for staff.

### Training

This partnership had put an extensive training programme in place on the protection of vulnerable adults. This included vulnerable adults who have learning disabilities. The vulnerable adults training was either a one day course or a half day course. The purpose of the training was to raise awareness among staff of protection of vulnerable adults issues. A part of the training focused on the Borders enquiry reports and their recommendations.

We spoke to lots of staff who had done the training. Most said they found the training helpful. Some members of staff we spoke to said the training was not so helpful as it was not specific enough about what you should actually do in protection of vulnerable adults cases. Apart from the short awareness raising training there were no more detailed training courses available on the protection of vulnerable adults. Such courses would be for staff who are involved in the detailed work of protecting vulnerable adults with learning disabilities and other vulnerable adults.

#### Recommendation 29 for South Ayrshire partnership

The partnership should develop a more detailed training course on the protection of vulnerable adults with learning disabilities. This would be for staff who do the detailed work protecting vulnerable adults with learning disabilities.

There was training on the Mental Health Care and Treatment Act 2003. There was also training on the Adults with Incapacity Act 2000. There was basic level training available and more advanced training for mental health officers.

We saw little evidence that people with learning disabilities were involved in staff training. Family carers had been involved in clinical workshops. They had been involved in a range of awareness/training sessions.

The training managers we spoke to said they had plans to involve people with learning disabilities and family carers in their staff training programmes.

### Staff focus groups

Front line staff we spoke to from social work and from the NHS all said that they had attended a number of training events over the past 18 months. Many of the staff we spoke to had attended the one day training on the protection of vulnerable adults. Many of the training events were joint local authority, NHS events.

Some of the South Ayrshire providers we spoke to said they had taken part in some staff training programmes.

Staff in the South Ayrshire learning disability team told us that they ran multi-agency workshops when they were developing complex care packages for people with learning disabilities. Independent sector providers were invited to these workshops.

### Good practice example

South Ayrshire Council social work community learning disability team held workshops when they were planning complex care packages for people with learning disabilities. These workshops were more informal than standard review meetings. The person with learning disabilities was at the centre of the workshop. All of the relevant parties were able to have a say in the development of the care package that was put in place to meet the needs of the person with learning disabilities.

### Induction

We looked at the NHS Ayrshire & Arran induction training and what this covered. Training for some of the staff groups covered protection of vulnerable adults issues but this was not covered in induction courses for other staff groups.

Home care staff in South Ayrshire Council got a four week induction course. Working with people with learning disabilities and the protection of vulnerable adults was included in this induction programme.

We did not come across any induction programmes for newly qualified social workers, either on the protection of vulnerable adults or anything else. Comments from staff in focus groups corroborated this conclusion.

### Health and safety and lone working

We looked at South Ayrshire Council health and safety procedures and their lone working procedures. South Ayrshire Council and North Ayrshire Council had a project that was looking at various ways of protecting lone workers. The Community Alarm Centre was running this initiative. The project was evaluating different ways of protecting lone workers, such as personal alarms, mobile phones and workers logging in when they come on shift. There had been some delay in producing the result of this study but we were told a project report was due in the autumn 2006. We were assured that project recommendations would be acted on.

### SSSC registration for residential care home staff

All staff working in residential settings met the qualification requirements for the Scottish Social Services Council register.

### Mental health officers

Mental health officers in South Ayrshire Council were operating in accordance with the Scottish Executive's published standards.

### Specialist staff working with people with learning disabilities who have forensic needs/challenging behaviour get specialist training

Relevant South Ayrshire Council staff got CALM training on working with people with learning disabilities who have challenging behaviour. The priority for training programmes was to meet the Care Commission requirements.

Staff who managed training in South Ayrshire Council said there was a gap in the range of training for staff. This was in working with people with autistic spectrum disorder. Specialist training programmes were planned for staff working with people with autistic spectrum disorder. Carers who care for a person with autistic spectrum disorder said that there was a lack of specialist training on working with people with autistic spectrum disorder.

### Mechanisms to measure staff views

NHS Ayrshire and Arran had systems to obtain staff views about services for people with learning disabilities. South Ayrshire Council had systems to measure staff views about services for people with learning disabilities.

## Developing Partnership working – Learning disability services – Pan Ayrshire issues

### Developing partnership working (applies to all partnerships)

We report on what all those who took part in the inspection told us about partnership and what we saw in practice. This section on the NHS Board is relevant to each of the three local authorities.

NHS Board senior managers all told us that there were effective partnerships with the three local authorities. They said that they thought these partnerships had been strengthened through the hospital retraction process. The chief operating executive told us that this *“had put learning disability and partnership firmly on the health service agenda...and we have had to learn some hard lessons about the differences between health service plans and user and carer wishes”*. Although there were some additional costs in working with three local authorities, having a single CHP for each authority made coherent and relevant planning easier. Management arrangements and governance prevented the CHPs from going off in inappropriate divergent directions but allowed developments in response to local needs. Strong local authority representation on the CHPs, which included elected members, reinforced partnership, local relevance and ownership. Co-location with other public services in specially designed buildings prompted effective liaison. Furthermore, the new single management structure for acute and primary care meant more coherence for health services and this again strengthened partnerships. There were also a number of pan Ayrshire structures, for example the hospital closure, vulnerable adults and mental health groups and the equipment and resource centre, which promoted effective and economic service delivery.

All the chief social work officers and some other senior managers and elected members said that they thought decision making about health services remained too centralised to ensure local responsive services. While acknowledging the energy and commitment of CHP managers and staff, senior managers also told us that the CHPs had too little administrative infrastructure to promote the development of services. We were also told that some work needed to be done to avoid duplication between health and local authority services, for example in the provision of occupational therapy. There were anxieties about the absence of joint funding and the growing responsibilities of local authority budgets for people with learning disabilities with very high support needs, for whom there was no resource transfer from the health service. CHPs would have very limited funds for joint work.

NHS Board managers believed that joint management structures and protocols were less likely to ensure good joint working than effective local management and the encouragement of a culture of collaboration, *“You can waste a lot of time producing paper which, on its own, will not promote good practice”*. This optimistic perspective was echoed in the positive views of health staff about partnership working. Our survey showed that most of the staff who responded thought their teams had good working relationships with social services and with voluntary and private agencies; slightly fewer thought this about their relationships with housing.

Two significant studies: *NHS Ayrshire and Arran Integrated Working Project (2006)* and *NHS Ayrshire and Arran Report on the Joint Future Learning Disabilities Sub Group (2005)* had reported slow progress in developing a single shared assessment, lack of training and protocols to advance partnership working, and confusion about roles and care management. We were told by managers that these studies referred to the situation in 2004/05 and that much progress had been made since then in establishing partnership work. Our observations at the time of the inspection support this view.

### Recommendation 9 for all partnerships

NHS Ayrshire & Arran and the three Ayrshire councils should review the strategy for learning disability services to be hosted by the North Ayrshire CHP. The concerns about over centralisation, expressed by social work senior managers in all three councils, should be addressed.

## North Ayrshire partnership – Developing partnership working – Learning disability services

**We found North Ayrshire had developed partnership working to a good standard - important strengths with some areas for improvement.**

North Ayrshire Council promoted partnerships in various ways. At strategic level there were joint planning arrangements for children's and community care services. These referred to the community planning partnership board. The CHP was represented at all levels of the joint planning structures. There was a joint health improvement plan produced as part of the community planning arrangements. The strategic review of learning disability services was being implemented at the time of the inspection. This review may explain why many people told us that the organisation of social services learning disability services was being changed.

At operational level people said they worked well together (and our survey showed that most (72%) of North Ayrshire local authority staff thought their team had good working relationships with health and most (76%) thought the same about private and voluntary agencies). We often heard about a lack of an overall strategy; or that if there was a strategy then it had not been communicated to staff. We were told that a clear direction was needed to take things forward. This view was shared by providers and other stakeholders; our survey showed that only 50% of these respondents thought that the management structures for social work services in North Ayrshire worked well; and less than half thought these structures worked well in health services.

Senior managers described to us changes that had recently taken place, or which were planned, which would assist joint working. For example, there was a joint education and social work (but not health) budget for looked after children. We were also told that an integrated children's services plan had been established which would enhance co-operation. The education department had also established two multi-agency groups, the inclusion review group and the accessibility strategy review group which promoted inclusion, access and multi-agency training. We heard that the additional support for learning legislation had also improved partnership working. We were also told that a looked after children group responsible for respite, day opportunities and transitions worked well across the disciplines and helped to promote service development.

The joint community care executive group had a learning disability sub group which worked with health. Although there was no shared health and social work budget there was some joint commissioning. The commissioning was for services to help people who are at the transition stage. Services to implement individual personal life plans were also commissioned.

A social work learning disability team was planned and staff at all levels and in all services said this would promote joint working. However, we were told that so far there was no clear link between this proposed team and planning structures and that so far this team had no protocols or working systems.



Although middle managers and field staff shared anxieties about inadequate partnership arrangements, we were frequently told that on the ground services worked well together. We heard that this was particularly evident in the hospital closure programme that had benefited from a good working relationship with the CHP and with the housing department. We saw some good examples of the hospital closure team's joint working. There were clearly established common goals, shared skills to achieve these and good working relationships with housing and health had clearly led to some excellent care packages.

We heard that single shared assessment was well established and that this was an essential component of joint working in North Ayrshire. Middle managers also said they thought that there were good partnership arrangements and practice when crises arose. Service users, relatives and staff said that overall, because of this joint working, there had been major changes in the lives of some people with learning disabilities who were now integrated in the community "with friends rather than just paid carers".

Not everyone shared this relatively optimistic view of partnership between services on the ground. The Arran social work team told us they felt isolated from the mainstream of the department's and authority's work and said that senior managers rarely visited the island. Providers said there were issues with their links with North Ayrshire. They told us that they were rarely involved in strategic discussions or planning even when they would be largely or wholly responsible for delivering a service, for example advocacy. Although they said they experienced a high level of commitment from individual workers they found that, when things went wrong, problems could only be resolved at a senior level in the organisation. They also felt there was no mechanism for feeding back operational issues to health service managers. However, although the number of respondents was quite small, our survey showed that the majority (73%) of providers who responded to the questionnaire thought that in North Ayrshire there were effective arrangements for partnership working. The majority (63%) also thought that service providers pay a lot of attention to the views of people with learning disabilities and how they would like their needs to be met, although only 54% thought the same was true for carers.

Our survey showed that most of the carers who responded to our questionnaire thought they were consulted and listened to and most felt they had a say in how things were done. Importantly, the survey of people with learning disabilities showed that in North Ayrshire 71% thought they had enough say in big decisions. Some carers had a different view. In focus groups some carers had told us they had no real say in the development of the range or quality of services.

Overall, we found that partnership at operational level produced good outcomes for people with learning disabilities and their carers. Partnership will be further advanced when the strategy and organisation of learning disability services in North Ayrshire has been implemented.



## East Ayrshire partnership – Developing partnership working – Learning disability services

**We found East Ayrshire had developed partnership working to a good standard - important strengths with some areas for improvement.**

In East Ayrshire Social Services, responsibility for most development of learning disability services was located in the service unit for adults. The community planning partners and joint future partnership group included the development of services for people with learning disabilities in all aspects of planning. East Ayrshire said that the learning disability joint future strategy and PIP are developed in this section in partnership with people with learning disabilities, carers, health, housing and other stakeholders.

East Ayrshire prided itself on its strong corporate approach to planning and service delivery. Senior managers told us they had made it a priority to promote collaborative work. They emphasised the strong links with primary care. We were told that community planning partners were fully integrated with the CHP agenda. A joint financial framework was developed to facilitate the hospital closure process.

We saw imaginative examples of this corporate approach, for example, in the close liaison between the social services and leisure development departments in offering popular health related activities for people with learning disabilities. Partnership working will be further advanced through East Ayrshire's planned co-location of all major statutory public services in one building. We were told that the first purpose built premises, to be opened in Kilmarnock in 2007, will be a tangible example of a corporate ethos and joined up care and service delivery.

Senior managers said that the CHP was seen as an asset to Joint Future as it promoted an understanding of 'the whole person' in service delivery. There were joint local authority and CHP chairs of the Joint Future Implementation Group. Work was ongoing towards a learning disability team which is jointly managed, or a joint team under single management.

At operational level, we saw many examples of good joint working. These included observed practice with individuals with very high support needs who required carefully planned, comprehensive and reliable health and social care services. In case records, in discussion with service users and their carers and with the service providers we witnessed good person centred planning and effective joint work from a range of health, social care and education workers from the public and independent sectors.

The transition team also provided us with evidence of good joint working. There were plans to maximise people's education, recreation and employment opportunities. The team regularly met with a wide variety of groups relevant to young people's welfare. The team actively sought the views of service users and carers. The head teacher of the school in which the team was based spoke very positively about the contribution of the team and said education senior managers had recognised this.

Staff from the National Children's Homes respite care resource, which supported 50 East Ayrshire children, told us about their robust working relationship with health, social work and education staff. This promoted strong allied health professional contribution to care plans for children with very complex needs and good links with the transition team in planning for a move into adult services.

Health and social care managers spoke with energy and enthusiasm about their joint work, regular meetings and shared training, for example in relation to single shared assessments. We were also told about strong relationships with housing managers, which assisted in the planning and maintenance of good housing options for people with learning disabilities. Our survey showed that most (88%) of East Ayrshire Council staff thought their team had a good working relationship with health; the majority (74%) also thought this about private and voluntary agencies but only 55% thought this was the case with housing.

Community care providers also said that, despite the authority's avowed corporate approach, they were not involved in any joint development work. They also gave some examples of planning for individuals where it was clear the 'power dynamic' rested completely with the local authority as the purchaser of services. Our survey of stakeholders showed that only a half of providers who responded to the questionnaire thought there were effective arrangements for partnership working in the statutory sector.

East Ayrshire Council told us that providers had been involved in some development work e.g.:

- Services for young people who sexually offend
- The provision of a short break caravan.

Our carers survey showed that the majority (53%) of carers who responded to the questionnaire thought they were consulted and listened to; 58% thought they had a say in how things were done. The majority (58%) of carers who had had a relative in hospital, for whatever reason, said they had not been involved in the discharge process.

Through multi-disciplinary work East Ayrshire were delivering high quality care for people with learning disabilities. These good outcomes could be enhanced through stronger relationships with providers.

## South Ayrshire partnership – Developing partnership working – Learning disability services

**We found South Ayrshire had developed partnership working to good standard - important strengths with some areas for improvement.**

The chief executive and senior managers all told us that South Ayrshire Council had energetically promoted a collaborative approach with the NHS Board. They considered partnership working was now well established. There had been a corporate approach to implementing The same as you? with the education and housing departments being the strongest partners. People with learning disabilities got priority in housing allocations and imaginative employment opportunities had been created through Unity Enterprise.

There had been some difficulties over funding responsibilities with the NHS Board, for example, the establishment of a welfare rights post. There was an effective partnership for the closure arrangements for Arrol Park and Strathlea hospitals. There had been some joint NHS and local authority financing of the children's respite service. The CHP had worked closely with the local authority to develop provision for older people with learning disabilities. There had been concern that there could be some under reporting of their needs.

The CHP public involvement and policy manager had important links with several user groups and with voluntary organisations and the local authority. Learning disability services had agreed protocols and shared care plans for people with high support needs who may need to go into hospital for assessment and treatment. These people were assessed in partnership and there was an agreed recall procedure should crises arise.

Some senior managers told us that, at strategic level, some problems arose from North Ayrshire CHP's responsibility for learning disability. They said this meant that South Ayrshire staff could not give an instruction about services an individual should receive, whereas this was possible for services for which South Ayrshire was responsible. We were also told that it could be hard for managers outside North Ayrshire to get a decision on a policy matter.

Middle managers and fieldworkers spoke positively about, *"the new spirit of working together and excellent networking"*. Most people felt this had been created by the personalities involved rather than formal structures. Our survey of staff showed that most (77%) of those who responded said their team had good working relationships with health; the majority (65%) said the same about relationships with private and voluntary agencies. Relationships with education were also strong and with housing slightly less so. The learning disability team said that co-location with health colleagues helped good multi-agency working although this was hindered by the lack of a joint budget and shared database.

We were also told that too many inappropriate referrals were made to the learning disability team of people who should have received support from mainstream services.

We saw some good partnership work. For example, the transition team had good links with parents, with the local college and with educational psychology. Fieldworkers told us they had ready access by telephone to a psychologist to seek advice. They also described special efforts made by health care colleagues to obtain NHS funding contributions for urgent care packages.

Providers told us that partnership in relation to individual cases worked well, with South Ayrshire care management “being all you could wish for”. They also described a fair amount of consultation but said that it was not properly sustained and that no explanations were given about why decisions had been taken. There was some criticism of South Ayrshire’s lack of strategic liaison with providers. However, our survey of partners and stakeholders showed that nearly three quarters (71%) of those who responded thought there were effective arrangements for partnership working in South Ayrshire. Around the same number (76%) also thought that service providers paid a lot of attention to the views of people with learning disabilities and how they would like their needs to be met.

Our survey of carers showed that the majority (55%) of carers who responded said they were consulted and listened to; the majority (64%) said they had a say in how things were done. Less than half of those whose relatives had been in hospital said they had not been involved in the discharge procedure. The survey of people with learning disabilities also showed the majority (56%) thought they had enough say in big decisions and less than half had been involved in choosing staff to support them. Nevertheless, some carers told us about some good examples of partnership work that had benefited them. This included a scheme to provide complementary therapy and ‘me time’ for carers of children with very high support needs. This scheme was established through lottery money which had gone to the NHS Board but which had then been passed on to the local authority.

Overall, the partnership in South Ayrshire delivered good outcomes for people with learning disabilities. Some people thought that these could be better if there were joint funding and joint management arrangements.

## Leadership and direction – Learning disability services – Pan Ayrshire issues

### Leadership NHS Ayrshire & Arran (all partnerships)

Although there are separate reports for each of the partnerships, the leadership of NHS Board senior managers applies to all of them so this section is relevant to each report.

The chief operating executive of NHS Ayrshire & Arran had a clear vision for learning disability services. This was part of the Board's agenda for the reduction of health inequalities, which had seriously affected the lives of many of the citizens of the Ayrshires, including those with learning disabilities. The Board's aim was to improve the accessibility of mainstream services so making them more inclusive and attractive to those who do not seek out health services. We heard about some excellent current and future plans for the adaptation of acute services to the needs of people with learning disabilities and about the training and other measures to ensure that CHPs provide accessible, holistic and effective services for people with learning disabilities. The chief operating executive's enthusiasm for the new health structures was shared by CHP managers.

The chief operating executive was clearly committed to partnership with local authorities and other service providers. He said that the NHS Board had learned much about this through its participation in the hospital closure programme. This process also improved senior managers' understanding of people with learning disabilities and carers' needs. The chief operating executive strongly believed that the alignment of a CHP with each local authority, and the arrangements for their representation in the CHP management structure would promote a unified approach to assessment and treatment. He believed that joint management and funding arrangements were, at the time, less important than support and training to promote multi-disciplinary working. He believed this is more likely to enhance real partnership working than paper agreements and protocols. The director of community services and partnerships in the NHS Board shared these views.

As we reported in the previous section our survey of staff showed that those in the NHS were not as optimistic as their senior managers, or as local authority staff about the strength of partnerships between health and other providers. For example, just 44% of NHS staff thought there was a clear vision for learning disability services in their area and 40% thought there was effective leadership of change. Less than half of staff thought senior managers communicated well with staff or were open and honest in their communication. We think NHS senior managers need to focus more on how their vision and aims can be communicated and delivered.

## North Ayrshire partnership – Leadership and direction – Learning disability services

**We found leadership in the North Ayrshire partnership was adequate - strengths just outweigh weaknesses. Many of the social services staff we spoke to in focus groups commented adversely on leadership for learning disability services. We think it would help if senior managers improved communication with all staff about the implementation of the strategic review of learning disability services and the restructuring of learning disability services.**

North Ayrshire Council explained that there were joint planning structures for children's services and community care services. The council's positive approach to ensuring good quality services for people with learning disabilities was sustained through strategic planning undertaken with partners and in consultation with people with learning disabilities and carers. Senior managers told us about their vision of equality and inclusion for people with learning disabilities and the importance of encouraging young people to have high expectations. The chief executive and the corporate director of social services told us of their expectations that people with learning disabilities would benefit from the major economic regeneration planned for North Ayrshire. They hoped more employment opportunities would be available for people with learning disabilities.

The strategic review of services for people with learning disabilities had allowed a major critical examination of the needs of people with learning disabilities and their carers and the best ways of responding to these. One outcome will be a dedicated North Ayrshire team for people with learning disabilities. The CHP's strong focus on health inequalities would provide further stimulus and direction.

There were some more cautious views about the potential of the CHP. For example, the council's chief executive expressed concerns about said NHS Board centralisation of CHP funding. Overall, he thought that local authority representation on CHPs would promote some adaptation to local need. We also heard from other managers about their concerns that differing shifts in policy at national and local authority level can make it difficult to provide leadership across both health and social work services. The pace of required change could therefore seem very slow. Staff closely involved with the establishment of the new learning disability team also told us that they thought there was no high level strategic planning mechanism to identify needs and limited links between planning forums.

The leader of the council was positive about the structural relationship between health and social services. There was a growing understanding and trust between these organisations. However, there were real anxieties about inequitable funding for local authorities as they took on more and more responsibilities for health care. This was a particular issue for learning disability services.

The leader of the council and the corporate director of social services emphasised the council's corporate approach to the implementation of The same as you? We were told that elected members gave excellent support to social services. The chair of the social services committee had visited some teams. In the recent round of financial savings social work services only had to make 3% savings – less than other council departments.



The leader of the council explained to inspectors his personal commitment to improving the quality of life for people with learning disabilities. In North Ayrshire, this had in part been connected with the recent unprecedented increases in public expenditure on health and social services. However, the council were reviewing what was affordable for people with learning disabilities who got very expensive packages of care. This could mean fewer people with learning disabilities living in single tenancies. The leader of the council had serious reservations about care arrangements where a person with learning disabilities may never see anyone except paid staff. He thought some review of current perceived best practice would be helpful.

We have reported earlier that health and social service workers in North Ayrshire thought that there was a lack of clear leadership and strategy for learning disability services. This view is reflected in some of the findings of our survey of council staff. Although the great majority of those who responded thought that in general their teams were providing good services for people with learning disabilities there was considerable dissatisfaction with management and evidence of low morale. For example, less than half (46%) of those who responded to the questionnaire disagreed or strongly disagreed with the statement that in the last six months there had been good staff morale in their teams. Less than half (32%) of respondents thought that senior managers communicated well with staff and were open and honest. Less than a fifth of respondents thought there was effective leadership of change; and few (10%) thought their working conditions would improve over the next twelve months. These findings may well be connected with the uncertainties about the future organisation of learning disability services in North Ayrshire. Reductions in funding for learning disability services may have adversely affected staff morale.

We held a number of staff focus groups in North Ayrshire. Most of the staff who attended were from social services. Staff raised concerns about:

- Leadership
- Communication
- Management of change.

### Recommendation 17 for North Ayrshire Partnership

Senior managers in North Ayrshire Council should improve communication with all staff about the implementation of the strategic review of learning disability services and the restructuring of learning disability services.

## East Ayrshire partnership – Leadership and direction – Learning disability services

**Leadership in the East Ayrshire partnership was good - important strengths with some areas for improvement.**

The East Ayrshire community plan describes *‘strong vibrant communities where everyone has a good quality of life and access to opportunities, choices and high quality services which are sustainable, accessible and meet people’s needs’*. This plan focused on inclusion. Senior managers and the chair of the social work committee told us that this vision reinforced the council’s commitment to ensure that people with learning disabilities had meaningful involvement in all decisions affecting their lives. We heard that this commitment was reflected in person centred planning and in the involvement of people with learning disabilities in various consultation and decision making groups. Carers were also members of some staff interview panels.

The joint future partnership board provided joint leadership and direction for learning disability services in East Ayrshire. The chief executive and elected members were advised and consulted about all learning disability service developments. We were told that the post of single executive director for educational and social services reinforced the capacity for clear leadership and direction from childhood onwards.

There were mixed views among senior managers about the leadership and direction of the CHP. The chief executive thought that the co-terminus boundary presented many opportunities to provide quality health and social care services. This was a better context than the local health care cooperatives (LHCCs). As we reported earlier, senior managers in East Ayrshire Council thought CHP management of learning disability services was over centralised. They thought this would present problems for local leadership of the health services. The chair of the social work committee thought that strong local authority presence in the CHP management structure would promote responsiveness to local needs. He did not rule out joint NHS Board and local authority management in the future because he believed this would provide more unified and consistent leadership.

The chair of the social work committee and the executive head of social work told us that in the last few years social work services had achieved a much higher political profile in the council. There had been an unprecedented period of increased funding for social work and other public services, which had benefited learning disability services. Members strongly supported the council’s corporate approach. We were told that the council did not have “a purist view” about what constitutes an ideal package of care for people with learning disabilities. This had to be based on needs and choices. Some single tenancy 24 hour care arrangements may not be sustainable, particularly when there is no NHS contribution.

Staff and middle managers praised the executive head of social work’s clear understanding of the services they provided and her contact with them: *“she walks the floor ... she knows what we are about and she supports us”*. Staff also spoke highly of the executive head of social work’s regular half day briefings for them all: *“we know what is happening and why”*. We were also told that senior management was approachable. Staff said, and senior managers confirmed, that people could pick up the phone to discuss their concerns.



At focus groups and working meetings, we were impressed by the enthusiasm of middle managers and how they described their roles and responsibilities for staff. They and their colleagues believed they provided high quality services. This was confirmed by our survey of local authority staff, which showed that 85% thought their team was successful in helping people lead an independent life. There were similar results for all questions seeking staff's views on the quality of their work.

Given these positive findings, it is rather surprising that only 56% of East Ayrshire respondents said they felt valued by their managers, with a similar proportion getting feedback on the quality of their work. About one fifth disagreed or strongly disagreed that they were valued or given feedback. The survey also showed some low staff morale, with less than half of respondents disagreeing or strongly disagreeing with the statement that morale in their team had been good for the last six months.

Our survey also showed that, compared with the other authorities and the NHS, East Ayrshire Council staff were more likely to agree that there was a clear vision for learning disability services in their area, that senior managers communicated well and were open and honest with staff and that there was effective leadership of change. However, only about a half of the respondents thought this.

Overall, we found well established and respected leadership in the partnership. This is a good basis to tackle the problems of communication and morale.

## South Ayrshire Partnership – Leadership and direction – Learning disability services

**We found leadership in the South Ayrshire partnership was good - important strengths with some areas for improvement.**

Senior managers explained that the council had a corporate approach to The same as you? with education being especially closely linked with social work, housing and health. All elected members had a briefing on The same as you?. The vision for people with learning disabilities in South Ayrshire was *“Like other citizens, they should be able to excel”*. The chief executive of the council told us that mental health and learning disability services were two of the council’s priority areas. They had therefore been protected from the level of reductions in funding which other services had recently experienced. However, after a period of unprecedented spending there had to be some retraction.

The chief executive expressed great confidence in the acting director of social work, housing and health’s ability to work constructively with the NHS, providers and the other council departments. She provided leadership at this time of change and uncertainty about community health services in the new CHP structure. As we have reported elsewhere, senior managers in the council expressed some anxieties about centralised control and funding for CHPs and their lack of administrative infrastructure. They thought this made it difficult for CHPs to lead innovation and change. They thought that leadership for CHP learning disability services in South Ayrshire was complicated and diminished by its location in North Ayrshire.

We spoke with the convenor of the social work, housing and health committee and some other elected members. We were impressed that all of them said they were committed to the goals and values of The same as you?. Many of the elected members said they were concerned about the sustainability of some of the more expensive care packages that the council was funding for people with learning disabilities. They also expressed concerns about equity, whereby some individuals had large packages of care and others with similar needs did not. We felt elected members were well informed about developments in learning disability services. They spoke very positively about the work with Unity Enterprise to help people with learning disabilities to get mainstream jobs.

The elected members we spoke to were committed to joint working with their NHS partners. They said the local authority, NHS partnership was not without tensions, particularly around finances.

Although we were told a good deal about staff’s disappointment at the reductions in funding for learning disability services our survey of council staff showed that most (over 80%) thought their team provided good services for people with learning disabilities. Over 70% of respondents said they felt valued by their managers and nearly as many said they got feedback about the quality of their work. Half of the respondents said that morale in their team had been good for the last six months. However, less than half (31%) thought there was a clear vision for learning disability services in South Ayrshire. A similar proportion thought that senior managers communicated well

with staff, with only 23% saying that these managers were open and honest in their communication. Just one quarter of respondents believed there was effective leadership of change. It is possible that the recent funding reductions had exacerbated feelings of discontent.

## Financial, resource and information management – Learning disability services – Pan Ayrshire issues

### **Areas common to each of the three council partnerships with NHS Ayrshire & Arran (applies to all partnerships)**

Resource transfer funding was provided from NHS Ayrshire & Arran to each of the three Ayrshire councils. This covered the discharge costs for people with learning disabilities following closure of hospital beds and a contribution to the package of care subsequently being provided by the council.

Uniform resource transfer agreements were reached between each council and NHS Ayrshire & Arran. The financial terms of these at the time of our inspection were:

- The first £72k of any package of care provided by the council was funded equally by NHS Ayrshire & Arran and the council
- Care package costs above this were financed 60% by NHS Ayrshire & Arran; 40% by the council
- NHS Ayrshire & Arran payments are in perpetuity (i.e. they continued after the person to whom the initial care package was provided to had died).

There were 107 beds at Arrol Park and Strathlea Hospitals for people with learning disabilities in 2002. All will be discharged over time to the three councils. Estimates showed that 39 will be transferred to South Ayrshire Council, 37 to North Ayrshire Council, and 31 to East Ayrshire Council. At 31 March 2006, 76 beds had been transferred/discharged, with a further 31 planned for transfer during 2006/07.

Each council also received a non-recurring discharge payment of £14k per client from NHS Ayrshire & Arran. This funded the initial support costs for persons with learning disabilities following their immediate discharge from hospital. This covered aids and adaptations, training, furnishings, rent etc.

In addition to the above, each council also received £180k per annum from NHS Ayrshire & Arran to cover respite care for children with learning disabilities.

These were the sole sources of NHS funding provided to each council for people with learning disabilities. Therefore, there was no requirement for joint budgeting between any of the council social work departments and NHS Ayrshire & Arran.

The majority of each council's budget for people with learning disabilities was incurred on services purchased from external bodies. There was a lack of transparency between the councils since rates negotiated by one council were not always shared with the other Ayrshire councils. One council may therefore be paying higher rates than the others to commonly used providers for a similar service.

### Recommendation 10 for all partnerships

The three Ayrshire Councils should further develop opportunities offered by the efficient government agenda in joint commissioning of services where appropriate.

We were satisfied with the level of financial support for each council's social work service. This helped to ensure that an acceptable quality of financial information was provided to budget holders to enable them to manage their budget. It also helped ensure that projected outturn and reasons for all significant under or over spends were known.

None of the three councils had a financial plan specifically for people with learning disabilities. Instead, this service formed an integrated part of the overall social work financial plan.

Each of the three councils had appropriate information management systems and had processes in place to review and update these as required. Information management systems staff, managers and administrative staff praised the efficiency of the systems they were using. They also informed us of the training available to staff to help them to use the systems. Our survey of staff identified the numbers who either strongly agreed or agreed with the statement *"I make good use of IT in undertaking my job"* (South Ayrshire : 52%; East Ayrshire: 73%; North Ayrshire: 67%).

The SWIFT management information system operated by East Ayrshire Council was more advanced than the other two councils at flagging up reminders to staff to take action at appropriate stages in processes such as vulnerable adult procedures. South Ayrshire Council and North Ayrshire Council should address this area.

Senior management within the three local authorities and NHS Ayrshire & Arran via a Project Board supported the Ayrshire Consortium eCare project. The purpose of this was to deliver integrated electronic tools for sharing information. The Ayrshire and Arran Single Shared Assessment Framework had been adopted across each of these bodies. The four eCare partners were contributing to the local "practitioner" working group, which was focused on developing the organisational and operational aspects of the project. There was also a technical working group concentrating on the IT hardware and software requirements.

## North Ayrshire partnership – Financial, resource and information management – Learning disability services

**We found the North Ayrshire partnership's financial, resource and information management was good - important strengths with some areas for improvement.**

### Financial plans

There was one accountant working in social services. There was a corporate finance manager based in social services. We were advised that there were close links between that person and the finance department when preparing the budget and providing monitoring information to service managers.

The social work service plan identified priorities, however it was up to service managers to highlight budget pressures and make requests for additional funding from members. These were identified and prioritised within the boundaries of a budget, which was largely incremental and corporately driven.

Officers told us there was not enough funding to meet all service requirements. For example, 28 people with learning disabilities were identified during 2005/06. Some were cared for by elderly relatives who were no longer able to cope Others were about to become too old for school. It was estimated that the funding of these cases, which would imminently transfer to the learning disability service, would be £2.1m per annum. This was requested in the funding proposals for 2006/07; however, only £0.7m was received. The service was therefore constantly reviewing care plans and trimming services provided where possible.

Supporting people funding will reduce from £14.7m to £12.1m over the three years from 2004/05 to 2007/08 (i.e. an 18% reduction). This was because of treasury imposed efficiency savings. This reduction covers many aspects of social services. Savings relevant to people with learning disabilities of £162k were applied in 2005/06. Further savings of £399k were sought in 2006/07. This will result in the loss of in-house posts. This will be achieved by internal transfer to vacant posts or possibly redundancy. Other reductions will be met by reducing the amount of care purchased from the independent sector.

Efficiency savings of 4% were sought throughout the Council in 2006/07. This amounted to approximately £1.4m of the social services budget, of which £226k related to adult services, which holds most of the budget for people with learning disabilities. Lesser efficiency savings of 3% were sought in social services by members due to the reduction in supporting people funding. It is likely that efficiency savings will require to be attained in 2007/08.

Officers advised us that, despite budget pressures, every person in need of a service had gotten it. However, the optimum package of care may not be provided each time. Budget pressures had triggered a review of eligibility criteria and, consequently, a reduced package of service was provided more often. A report on criteria determination was approved by members. This helped demonstrate transparency to people with learning disabilities, carers, and staff.

Care package information and weekly costs for all people with learning disabilities were recorded on the Care First system. This formed the basis for calculating the monthly/annual cost of each care package, and project financial outturn figures. However, spreadsheets were required to convert the data held on the system into costs. This information was not incorporated directly into financial plans since budgets, as previously mentioned, were incrementally driven, however, it still played an important role in identifying budget requirements to managers.

### Budgetary control

There were two principal budget holders with responsibility for monitoring expenditure on people with learning disabilities, one within adult services, the other in children and families services.

Budget holders got training on budget management dependent upon their performance development review, and provided this was confirmed by their manager as a requirement. Not all budget holders had, therefore, attended this training.

Financial ledger extracts were emailed to each budget holder shortly after each period end. Officers advised us that there were regular discussions between budget holders and finance support staff to ensure that budgets were managed, outturn determined, and budget pressures/variances quickly identified.

Budget holders subsequently received monthly revenue budget monitoring statements. We consider these to be of good quality. A one page summary report was then prepared and discussed at the monthly social work senior management team meeting.

Budget monitoring reports were presented to the social services committee in accordance with their six-weekly cycle. Learning disability expenditure consisted of one line in the report and any variances over £100k were explained.

The net budget for people with learning disabilities increased from £6m in 2005/06 to £6.7m in 2006/07. The main increase related to services purchased from other bodies.

### Purchased care

Purchased care accounts for approximately 60% of the gross budget for people with learning disabilities.

The social services commissioning team met regularly with service providers, in conjunction with finance staff, to help ensure that providers' rates were not excessive. Officers advised us that an exercise was recently carried out to compare rates between providers, and with other authorities (primarily around supporting people provider rates).

Use was also made of research commissioned from Glasgow University regarding comparisons between providers' rates and the categories of staff they use. This research was used to challenge and negotiate rates with providers.

Officers told us that the monitoring officer role was recently dispensed with to help meet budget saving targets. We were also informed that service level agreements existed with some providers but not all. This was being addressed, but may take some time to complete all the service level agreements needed.

### Recommendation 18 for North Ayrshire partnership

Service level agreements should be written and signed off with all significant providers of services for people with learning disabilities as a matter of urgency.

### Capital

Learning disability services were provided from the Interlink day service, Hawthorn Court, and some satellite offices.

There had been capital work in recent years at Interlink to meet Disability Discrimination Act requirements.

Hawthorn Court did not meet the requirements of the Regulation of Care Act, National Care Standards (for example, there were no en-suite facilities in every room). The Council were considering whether to upgrade or re-provision this unit. At the time of our inspection, social services were working with service users to determine what course of action to take. Provisional costings for lifts and bathrooms that would bring the unit up to Care Commission requirements were determined.

### Partnership arrangements

The financial terms agreed with NHS Ayrshire & Arran regarding the discharge of people with learning disabilities have been summarised earlier in this chapter.

There was a hospital closure programme with representation from social work principal officers and NHS Ayrshire & Arran, mainly nurses, who determined the care package offered to people being discharged. The principal factor in determining the level of care was the person centred plan, which is prepared in conjunction between the carer and the individual requiring care. Social services made the final decision on the care package since there was no joint commissioning strategy.



An annual report was provided to NHS Ayrshire & Arran, which listed each package of care provided. This was recorded on a spreadsheet with details of who was providing care, what it cost, and a copy of the period 12 budgetary control report for these care packages. This was used to demonstrate that funding was being spent in accordance with the terms of funding received.

### Management information

The council used the Care First system. Officers advised us that the client information system was a practitioner led windows system, which is user friendly. It was used as a monitoring tool, and can provide case note histories and summaries.

The Care First system contains a reporting module, which enables performance evaluation and monitoring of data. The system can flag up work overdue and various software packages can be added, e.g. care assess. The Council was reliant on spreadsheets for performance reporting. Officers advised us that other systems for performance reporting were still to be developed into Care First.

The Care First support team advised us that the system was recently adapted to meet learning disability team requirements to have the use of pictorial software on their laptops. However, the system could not be shared with NHS Ayrshire & Arran.

We are satisfied that appropriate training had been provided to system users. A review process ensured trainers gave feedback to managers about progress of practitioners, and whether they had been signed off as being competent in the use of the Care First system.

## East Ayrshire partnership – Financial, resource and information management – Learning disability services

**We found the East Ayrshire partnership's financial, resource and information management was good - important strengths with some areas for improvement.**

### Financial plans

The finance department had seven staff located in social services. This ensured good links between finance and social work when preparing budgets.

The Council's annual budget was prepared principally on an incremental basis, although departments were required to prepare plans that incorporated commitments, savings, required investments etc. It was then up to social services to decide which elements of its service were in most need of any additional funding, or areas which could absorb savings. Additional funding was determined via a bid request process.

Social work was allocated £900k in additional funding in 2006/07 from the bids process and learning disability services was allocated £400k from this. Discussions were ongoing between the head of social work and budget managers to determine how much of this funding would be allocated to learning disability services. Social work finance staff had recently notified the executive head of finance of potential additional future commitments in relation to adults with learning disabilities who will require packages of care to maintain them within their own homes. This will form part of budget negotiations for 2007/08.

Efficiency savings were sought in the 2006/07 budget, but not to the extent that front line services were affected. Social work was required to find efficiency savings of £3m, some of which will be re-invested in front line services. A proportion of these efficiency savings were sought from services for people with learning disabilities. The overall picture was an increase in year on year funding of learning disability services.

Care package information and weekly costs for all people with learning disabilities were recorded on the SWIFT system. This formed the basis for calculating the monthly/annual cost of each care package, and projecting financial outturn figures. However, spreadsheets were required to convert the data held on the system into costs. This information was not incorporated directly into financial plans since budgets, as previously mentioned, were incrementally driven; however, it still played an important role in identifying budget requirements to managers.

### Budgetary control

Budgetary control reports did not disclose all learning disability costs individually. Some costs were incorporated within elderly care costs or children and families costs. There was therefore an element of overlapping and it was consequently difficult to monitor learning disability costs on their own.

## Chapter 11

Officers informed us of the principal budgets that included income and expenditure for people with learning disabilities, and that the net budget for 2005/06 was £6.6m. This increased to £7.1m in 2006/07.

There were two principal budget holders with responsibility for spending on people with learning disabilities. They both reported to the senior manager for community care adult services.

All budget holders got training on budget management and aspects of the financial ledger, and had been issued with a budget manual.

We were satisfied with the regularity and quality of financial information provided to budget holders each period. Social work finance officers met monthly with budget holders to review budget performance, and highlight issues that required investigation. They also discussed any financial commitments to help determine outturn projections.

Social work reports were presented to both the social work committee and to the budget scrutiny group. The reports were issued in the names of both the head of finance, and the director of education and social work. Learning disabilities was reported as part of this (within the community care heading), however, learning disability financial performance would only be prominently recorded in the report if there was a service overspend of at least £20k – in which case variance explanations would be reported.

### Purchased care

The majority of learning disability expenditure was for services procured from external providers. Service specifications were prepared for each type of service procured. All service providers wishing to tender for services had to provide information such as rates, services they wished to tender for, capacity, and competency. All service providers were reviewed and prioritised according to a scoring process. Current contracts under this process end in 2008.

Providers were required to re-submit proposals annually (i.e. a mini scoring/tendering exercise) and as a result may be moved up or down the rankings.

Rates were set during this process. Social work therefore knows how much a package of care should cost from each provider.

### Capital

At the time of our inspection a best value review of residential units had recently been completed. This was expected to lead to the commissioning of a replacement to Carrick View (a residential home at Auchinleck) to meet Disability Discrimination Act/Health & Safety Act requirements. Consultation had taken place with residents over the closure of the existing unit.

Committee approval and funding of approximately £1m for the replacement unit was in place. Despite this, the council continued to meet the needs of individuals by improving their current environment, for instance replacement windows were installed in 2005/06. There were plans to transfer residents from the other unit (Kerrmuir) into a range of accommodation, either for individuals or shared accommodation. Social Work and housing were working with housing associations to implement these plans. At the time of our inspection there were still ongoing repairs and capital work being carried out at this unit to meet Care Commission and health and safety requirements.

### Partnership arrangements

The financial terms agreed with NHS Ayrshire & Arran regarding the discharge of people with learning disabilities have been summarised earlier in this chapter.

There was a multi-disciplinary group consisting of housing, social services, NHS Ayrshire & Arran, and independent providers, who decided and approved the care package provided to discharged individuals. The chair of this group rotated depending on the exact purpose of the meeting. Meetings were held every time there was a discharge.

The council provided NHS Ayrshire & Arran with an annual summary of costs of people discharged. This consisted of a ledger print of all costs incurred, to demonstrate that funding for discharged people with learning disabilities was being spent in accordance with the terms of funding.

### Management information

The Council used the SWIFT system. Single shared assessment forms can be accessed on the system. Managers could also access reports such as caseloads of individual social workers on the intranet.

The housing section had “read only” access to the assessment framework on SWIFT. Crosshouse Hospital social work team had full access to the SWIFT system

Staff received user packs and got training on the system. This ranged from half day basic/general training for new starts to more focused training dependent on the area of specialisation of the social worker.

Despite our survey finding that more East Ayrshire staff agreed than the other two Ayrshire councils with the statement “*I make good use of IT in understanding my job*”, service managers advised us that the majority of data input was processed by administration staff. We consider that practitioners should be encouraged to be more pro-active at inputting data to avoid the duplication of workload that arises from administrative staff inputting data from practitioners’ case notes.

The system provided the statistical data required by the Scottish Executive, and reports were prepared for senior managers as required. The system had a tracking mechanism and triggers which reminded staff of deadlines, and which prompt action should be taken at appropriate stages in processes such as vulnerable adult procedures. Monitoring of the SWIFT system was the responsibility of a SWIFT Board.

There was an IT liaison meeting (chaired by the IT strategy business manager) every six weeks. SWIFT development was a standing item at each of these meetings. There were two IT members of staff who liaised with social work. There was a social work SWIFT team. While officers considered the system was adequate, a management consultant had been hired with a brief to review the continued viability of the system and other IT systems.

## South Ayrshire partnership – Financial, resource and information management – Learning disability services

**We found the South Ayrshire partnership's financial, resource and information management was good - important strengths with some areas for improvement.**

### Financial plans

The annual budget allocated to social work was largely based on corporate finance limits and was therefore incrementally driven each year. Social work determined which elements of its service were most in need of any additional funding available, or decided those areas where efficiencies could be sought. Although the budgets were incremental they did take cognisance of service development and demands since the last budget was set. Managers had the opportunity to request additional funds for service demands if they wanted. These additional funds would need to be funded either by savings within social work as a whole or corporately. Managers could also vire budgets to reconfigure the budget to suit the service needs.

Officers advised us that financial commitments for people with learning disabilities were growing at a faster rate than additional funding was made available. They mentioned that some services had received additional funding in recent years at the expense of other services for people with learning disabilities. The community support day service was cut by £370k in 2006/07, with a loss of 8.5 staff in the day services outreach team.

Care package information and weekly costs for all people with learning disabilities were recorded on the SWIS system. This was the basis for calculating the monthly/annual cost of each care package, and projecting financial outturn figures. However, spreadsheets were required to convert the data held on the system into costs. This information was not incorporated directly into financial plans since budgets, as previously mentioned, were incrementally driven; however, it still played an important role in identifying budget requirements to managers.

### Budgetary control

There was no manager or budget holder with specific responsibility for people with learning disabilities. Most learning disability costs were incorporated within adults costs, older people costs or children and families costs. Budgetary control reports did not, however, separately disclose and summarise all learning disability costs.

It was consequently difficult to monitor total learning disability costs. Such costs were not separately identified in bi-monthly reports to the social justice committee.

Nevertheless, social work was able to provide us with a summary of all costs associated with people with learning disabilities. In some cases, these required to be extracted from other budgets, or were an arbitrary percentage from general, administration, and accommodation budgets.

## Chapter 11

The net expenditure for people with learning disabilities in 2005/06 was £10.7m, and had been budgeted at £11.9m for 2006/07. The main increases were in the community learning disability team, and in assessment and casework.

Budget responsibility for people with learning disabilities was with service managers. Elements of their budgets were delegated to unit manager level.

We were satisfied with the regularity and quality of financial information provided by the finance department to budget holders each period. Social work finance support staff assisted budget holders to interrogate figures when necessary.

There was no written guidance about the value or percentage of variances that had to be explained or followed up by budget holders. Officers advised us that explanations were sought for high value variances rather than high percentage variances. At the end of the financial year the following variance limits were set:

- The period 12 committee report gives an explanation for any variances exceeding either 10% or £10k
- Any variances exceeding 10% or £50k are scheduled for external auditing
- Any variances exceeding 5% or £5k are scheduled for internal review.

Budget holders were provided with training on the financial system, and on general budget management. While the Director of Social Work decided who went on each training course, officers advised us that most, if not all, budget holders had got this training.

### Purchased care

Purchased care accounted for approximately 65% of learning disability costs. Officers advised us that service level agreements for each provider of care were in place and regularly updated. Service managers met providers quarterly to obtain outturn of costs, make proposals for future years' services, and negotiate rates.

### Capital

The majority of care for people with learning disabilities was purchased, therefore, outwith the capital responsibility of social work. There had been no significant capital expenditure in recent years. Any capital requests were dealt with using the corporate methodology, which included a ranking process, of which health and safety was one of the top priorities.

### Partnership arrangements

The financial terms agreed with NHS Ayrshire & Arran regarding the discharge of people with learning disabilities have been summarised earlier in this chapter.

Social work prepared quarterly accounts for submission to NHS Ayrshire & Arran showing budget and actual expenditure for all recurring costs relating to discharges from Arrol Park. These were shown in summary form, but a back up spreadsheet provided further details of the individual packages of care.

Eight weekly meetings of the learning disability strategy group were held between the council and NHS Ayrshire & Arran to discuss various matters, including finance. Representatives attended these meetings from social work, education, housing, leisure, and the voluntary sector.

The joint health partnership met quarterly. Learning disabilities was a standing item at these meetings. Officers advised us that budget discussions focused on health improvement plans. This group agreed the funding of the Arrol Park closure programme.

### Management information

The council used the SWIS system. This incorporates Scottish Executive data standards and can be adapted to changing needs e.g. new report types.

Officers advised us of close working between computer systems staff and senior administration staff. This helped to ensure the system took account of both staff and organisation needs. Occupational therapists, welfare rights staff and social work staff were consulted on the design. Training was delivered to 160 staff, with all staff having access to their own computer and administration support.

The system provided details of single shared assessments (SSA), care plans, reviews, and carers assessments, all of which can be quantified through specific reporting tools. The system could also access package costs and qualitative information regarding completed carer assessments. Integrated forms which capture this data had been in place since July 2005 and were adopted by other partners.

The Council had rigorous monitoring systems, which resulted in packages of care being increased or decreased depending on the changing needs of the individual.



## Lifelong learning – Pan Ayrshire summary

### Summary (all partnerships)

This element of our inspection focused on local authority services for children and young people with learning disabilities particularly those provided around the time of transition from children's to adult services. During the course of our inspection, we were given valuable opportunities to meet with children and young people with learning disabilities, their parents and carers. This provided us with a very helpful insight into their experiences. We also met with a range of staff and senior managers from services provided by the local authorities, Careers Scotland and colleges of further education.

We were impressed by the overall commitment to inclusion and found very good practice in promoting young people with learning disabilities' participation in sports in South Ayrshire, youth theatre and music in North Ayrshire and leisure activities in East Ayrshire. Positive steps were being taken to promote inclusion through a variety of methods including examples of very good publicity materials, transport schemes, employment of dedicated staff and outreach work. However, we felt that more attention needed to be given to including children and young people with learning disabilities in mainstream activities within their local communities. This has been partly addressed through the appointment of a number of dedicated staff to promote inclusion. There was, for example, good evidence of young people being encouraged to participate in the Duke of Edinburgh Award Scheme programme.

Overall, staff showed a strong commitment to listening to young people with learning disabilities and their parents and involving them in decision-making through pupil councils, the children's parliament and a variety of forums for parents. However, some parents felt that they had not been consulted sufficiently and that support services could be improved.

We found generally that the standard of record keeping and files was high in all three authorities. The school files showed clear evidence of individualised education plans being used effectively with regular monitoring and review systems in place. We were particularly impressed with the standard of records at Stanecastle and Hillside schools, which showed evidence of very effective engagement with parents and young people in decision-making and excellent individual education planning and review documentation. The psychological service files in all three authorities evidenced that the service had been appropriately involved in the reviews and future needs assessments of young people with learning disabilities. Minutes of multi-agency meetings confirmed the participation of educational psychologists on a regular basis. All three authorities had reviewed their procedures in accordance with the Education (Additional Support for Learning) (Scotland) Act 2004 but were at different stages in terms of implementing amended policies and procedures.

Social services led multi-agency transition services in all three authorities, transition teams in the East and South Ayrshires and a transition planning forum in North Ayrshire, with a highly regarded input from Careers Scotland and good links to local colleges of further education. However, education staff from both North and South Ayrshire expressed concern about what

they felt were only limited opportunities to work collaboratively with NHS colleagues. There is a need to address this situation to try and develop a more collaborative approach to meeting the needs of children and young people with learning disabilities especially at the point of transition to adult services.

Generally school staff identified a need to review current transitional planning arrangements and to develop a more consistent and comprehensive approach. A particular concern expressed by some parents was the lack of social services support for families where there were younger children with learning disabilities. However, the work of the transition services in the three authorities was valued by the parents whose children were being supported. The services were undoubtedly having a positive impact on the lives of the young people they engaged with. However, a tendency to prioritise young people with more complex learning disabilities and to restrict referrals to special school pupils resulted in uncertainty for some young people with learning disabilities who did not meet the referral criteria. Although school staff acknowledged that multi-agency planning for transition had improved over time, they felt there was a need to widen the work of the transition services to support more young people with learning disabilities and at an earlier stage.

The interviews conducted by the Scottish Consortium for Learning Disability indicated that there was evidence from young adults with learning disabilities that transition planning had improved over the last few years. For example, some young adults felt that they had been given more choice regarding the selection of college courses. However, those young adults with more complex learning disabilities appeared to have had a less positive experience of transition particularly with regard to what they felt was a limited choice of post school options. One issue highlighted was the lack of appropriate support to help them secure training and employment.

We were concerned that some pupils with complex learning disabilities were given only limited opportunities for onward progression to further training, college courses and employment. This was recognised by many of the school staff as a major barrier to lifelong learning for those young people affected. There was general recognition that there was a gap in post school provision for young people with learning disabilities aged 19 to 25 years. Evidence showed that, although high numbers of young people with learning disabilities attended college, the post college employment figures remained stubbornly low. This was a particular concern for those young people with learning disabilities of a more complex nature.

Links between the three colleges, James Watt, Ayr and Kilmarnock, and schools were reported to be positive. Careers Scotland provided a valuable bridge between school and college. For some students with more complex learning disabilities the provision of personal support, usually funded by social services, was an essential prerequisite to college attendance. Voluntary sector service providers were often used to provide dedicated support for such students. Concern was expressed by Kilmarnock, the largest of the colleges, that the appointment of dedicated support staff to work with individual students led to inflexibility and was therefore not cost effective.

Some students required only occasional support for certain activities and this often resulted in inefficient deployment of support staff. One solution could be for the colleges to recruit and train their own support staff to operate on a generic basis throughout the college. In this way support could be allocated according to the individual needs of students and offered to other students with disabilities following mainstream courses who were currently unsupported. Authorities might therefore wish to explore with colleges a more cost efficient and effective way of providing such support. Other concerns expressed included the lack of support available to students with learning disabilities as they tried to seek employment and the absence of NHS therapy services in colleges.

Sustainability was generally recognised as an issue as a number of the programmes provided, some arts, sports and leisure activities, were dependent on short term funding arrangements. They could therefore be vulnerable should future funding restrictions be introduced. A number of effective programmes to develop life and independent living skills were provided in all three authorities. These included training in independent travel, which was highly valued by the young people with learning disabilities and their parents. However, some parents felt that such training should be introduced at an early stage to ensure that it did not become a barrier to participation in mainstream activities, particularly progression to further education.

We looked at outcomes for young people with learning disabilities particularly at the time of transition from children's to adult services. We read files and documents and met with a wide range of service providers and service receivers. We found that, overall, East Ayrshire and South Ayrshire Partnerships performed to a good standard, showing important strengths with some areas for improvement and the North Ayrshire Partnership performed to a very good standard, showing major strengths.

The authorities should consider providing additional opportunities for young people with learning disabilities to allow them to participate more fully in mainstream activities. Some parents and young people with learning disabilities interviewed felt that they were not provided with sufficient opportunities to mix with their peers and participate in more inclusive leisure activities, particularly within their local communities.

### Findings of the Scottish Consortium for Learning Disability survey on transition and meeting lifelong learning needs

For transition, the survey focused on whether young people with learning disabilities had a say in what they did after school, whether they had information about choices and whether their family had been involved. Of course many of the people interviewed had completed their education some time ago and some had not attended school at all.

Of the 71 people who responded 51 reported that they had been happy at school. The main reasons for being happy at school were cited as being with friends and experiencing good teachers. In the younger age group, most people seemed to have been happy at school.

Of the people surveyed 32% said that they had had some say in what they did after school and 37% reported that they had received information about choices. Younger people were more likely to report having had choices after school (67% of those under the age of 20). Generally there had been reported improvements in transition in recent years with younger people reporting better experiences with more choices being made available to them.

Included in the survey were 36 people currently attending college whilst others interviewed were hoping to start next year. Another 24 had had experience of college in the past. Only six people reported that the courses they were doing or had done were not the ones they wanted. The majority of people attending college were following specialist rather than mainstream courses.

People with complex learning difficulties reported that they had experienced a generally poor experience of transition with only limited choices being offered to them. There was little evidence of help being provided to get a job (23%) or support/training for employment (13%).

In general the survey found that the promotion of inclusion particularly with regard to accessing lifelong learning opportunities for people with learning disabilities had improved in recent years, however there is still room for further improvement.

## North Ayrshire partnership – Lifelong learning

**We found that North Ayrshire performed to a very good standard on lifelong learning for people with learning disabilities - major strengths with few areas for improvement.**

People with learning disabilities should have access to individually tailored education opportunities to develop their skills, confidence and self-esteem.

We found examples of good practice as follows:

- Stanecastle school staff engaged effectively with children, young people and their parents in all key areas of decision making. Young people with learning disabilities were provided with a wide variety of learning opportunities at Stanecastle including the school band, which had produced compact discs of their music. The school celebrated and recognised young people's achievements very appropriately
- Community learning and development staff provided a variety of learning opportunities including drama and music. Individual learning plans were used effectively to ensure that outcomes were being achieved
- Young people had access to a youth theatre developed specifically for young people with learning disabilities
- The Arran Outdoor Centre provided accessible and appropriate outdoor activity programmes for young people including those with learning disabilities
- Active schools had developed an inclusion spectrum designed to ensure the active participation of young people in sports activities. They were working with a wide range of community-based clubs to assist them in becoming more inclusive
- The outreach service, introduced in 1999, was a major provider of child care services including out of school care and summer activity schemes. The service also provided a toy library and a play development team. Managers consulted widely with service users and took their views into account when planning service development.

Points to consider:

- Education staff recognised that there was a need to further develop their approaches to consulting with service users
- Education staff felt that there should be increased opportunities for collaborative work with NHS colleagues in both the planning and delivery of children's services
- Parents, school and Careers Scotland staff were concerned about the lack of supported employment opportunities for young people with complex learning disabilities once they have left college
- Although there was an inclusion forum for children's services practitioners school staff are concerned that inter-agency work is not embedded enough in practice and that there is a need to formalise integrated policies and procedures.

Schools work with parents, carers, children and young people and other establishments and agencies in planning for transitions within education and for transitions from education to other services.

We found examples of good practice as follows:

- Our file reading showed generally good evidence of a systematic approach to review and planning taking account of the views of young people with learning disabilities and their individual needs
- There was a strong commitment from senior management to improve the employment prospects for all young people who were not in education or training, especially those with learning disabilities. This commitment was evidenced in the introduction of 'job coaches' to support young people with learning disabilities into employment
- Parents expressed high levels of satisfaction with the wide range of learning opportunities provided at Stanecastle school and were confident that effective planning arrangements for transition were in place
- Kilmarnock College provided courses for young people with a wide range of learning disabilities and worked in effective partnership with the authority
- A multi-agency transition planning forum had been established to coordinate planning and support for young people with complex learning disabilities two years prior to leaving school. Person centred planning ensured full participation by the young people being supported in considering future options on leaving school
- The Urban Regeneration Company had recently been established which would hopefully result in increased opportunities for young people not in education or training, including those with learning disabilities.

Points to consider:

- School staff recognised that further development was required in the area in post-school transition planning, in particular the lack of availability of social workers to support some children and young people with learning disabilities and their families. This was a particular problem at the time of transition planning for some young people whose learning disabilities did not meet the referral criteria for transition service support
- Education staff felt that increased opportunities for collaborative work with NHS colleagues in both the planning and delivery of children's services should be developed. There was particular concern about the engagement with health staff at the time of transition planning
- Some parents felt that training in independent living skills should begin at an earlier stage. The ability to travel independently was identified as a necessary life skill for young people with learning disabilities who wanted to attend certain college courses. Parents were concerned that failure to develop this skill might become a barrier to accessing further education.



## East Ayrshire partnership – Lifelong learning

**We found that East Ayrshire performed to a good standard on lifelong learning for people with learning disabilities - important strengths with some areas for improvement.**

People with learning disabilities should have access to individually tailored education opportunities to develop their skills, confidence and self-esteem

We found examples of good practice as follows:

- The authority had established a multi-agency additional support needs strategy group. Steps had been taken to inform parents and carers about the impact of the implementation of the recently enacted additional support for learning legislation through parent information evenings and the production of leaflets. The authority had reviewed and amended its policies and procedures in line with the requirements of the recently enacted legislation
- The authority's public private partnership programme for school improvement 'building learning communities' contained plans to relocate Park School to the nearby Grange School campus development. This should result in increased opportunities for children with learning disabilities to be included in mainstream education and leisure activities. The parents of pupils attending Park school welcomed this planned move
- The arts link officer showed commitment to including young people with learning disabilities in a range of initiatives including the Drake music project. Motivators had been appointed to encourage young people's participation in sport and leisure activities
- Parents praised the summer activity scheme, which operated for five weeks over the summer school holiday period
- Hillside School provided a wide range of learning activities for their pupils. Young people were very positive about their involvement in cookery, gardening and music programmes. Effective steps were being taken by the school to ensure that pupils felt part of the local community. These included some young people having work placements with local businesses. The views of pupils were taken into account in planning processes.

Points to consider:

- The authority had put in place mechanisms to consult with parents in the form of an annual forum and focus groups. Parents, however, found it difficult to attend these meetings because of accessibility and cost
- Some parents were critical of what they thought was a lack of support from social services, especially when their children were younger. They felt that if they presented as being able to cope there was a perception that they did not need support
- School staff were concerned that some young people with complex learning disabilities were being offered only part time college attendance on leaving school. There was also concern that sexual health matters did not form part of the college curriculum
- School staff were concerned that NHS therapy services, readily available in schools, were not as accessible once the transition to adult services had taken place.

Schools work with parents, carers, children and young people and other establishments and agencies in planning for transitions within education and for transitions from education to other services

We found examples of good practice as follows:

- Our file reading showed generally good evidence of a systematic approach to review and planning taking account of the views of young people with learning disabilities and their individual needs
- The authority had established nine learning partnerships across the authority area. A number of agencies were represented on the partnerships including education, social services, colleges, health and Careers Scotland. The aim of the partnerships was to foster a multi-agency working approach to identifying and responding to locality needs
- A recently established multi-agency transition team, led by social services and located in a special school, had introduced effective planning systems. The use of person centred planning actively engaged with young people in considering post school options and provided good opportunities for inter-agency working
- An inter-agency group had recently produced comprehensive transition guidelines. The guidelines addressed all school related transitions and had been circulated widely for consultation. They were being processed by the learning partnerships with a view to being introduced in October 2006.

Points to consider:

- Parents valued the support of the transition team but would like its involvement to be introduced at an earlier stage
- Parents of children attending Park School would like the re-introduction of school based parent group meetings. Meeting on a regular basis, parents felt, would allow them to be kept informed of current developments and provide opportunities to access mutual support
- School staff and parents felt that there was a need for increased support from social services staff as children progressed through the school rather than just at the time of transition to adult services
- Parents expressed mixed views about the provision of residential respite services. For some the experience was positive, for others less so. Some parents cited accessibility, eligibility criteria and limited availability as being particular issues.



## South Ayrshire partnership – Lifelong learning

**We found that South Ayrshire performed to a good standard on lifelong learning for people with learning disabilities - important strengths with some areas for improvement.**

People with learning disabilities should have access to individually tailored education opportunities to develop their skills, confidence and self-esteem

We found examples of good practice as follows:

- Community learning and development staff had set up an initiative where young people with learning disabilities were running their own café. It was hoped that this might lead to employment opportunities in a local supermarket
- There was very good practice identified in promoting young people's participation in sports. This included a young man achieving an HNC in sports coaching and another being trained to coach his peers in basketball. The young people felt a strong sense of achievement and being valued. Their roles included motivating and raising the aspirations of other young people with disabilities
- The authority had reviewed and amended its policies and procedures in line with the requirements of the additional support for learning legislation
- Staff encouraged young people to use libraries, which were accessible and had a variety of adaptive technologies in place
- Young people who attended South Park and Craig Park Schools felt positive about their participation in the children's parliament, which had led to a growth in their confidence, and improvement in their self-esteem.

Points to consider:

- Parents recognised the quality of education their children received at South Park and Craig Park Schools. They felt that there should be more opportunities for their children to integrate with children attending mainstream schools. One parent described her child as being socially isolated at home with few opportunities to mix with other children
- One parent was anxious about the possibility of her child having to move schools following the family's recent relocation
- Parents, school and Careers Scotland staff were concerned about the lack of supported post college employment opportunities especially for young people with more complex learning disabilities
- There appeared to be some confusion about the funding responsibility for providing transport to college and the purchasing of personal support for students with complex learning disabilities.

## Schools work with parents, carers, children and young people and other establishments and agencies in planning for transitions within education and for transitions from education to other services

### We found examples of good practice as follows:

- Our file reading showed generally good evidence of a systematic approach to review and planning taking account of the views of young people with learning disabilities and their individual needs
- The transition team was highly regarded by parents and school staff. The team comprised education, health, social services and Careers Scotland staff who supported the transition of young people with learning disabilities from children's to adult services
- Positive links with Ayr College had been established. The college allowed flexibility of course selection to meet the individual needs of young people with learning disabilities. Individualised induction programmes greatly assisted the process of transition from school to college
- A multi-agency additional support needs strategy group had been established to take forward the implementation of the additional support for learning legislation. A number of sub-groups had been established. These included services for children and young people with autistic spectrum disorders, consultation with service users and transitional planning. The transitional planning sub-group had recognised the need for a more consistent approach and had addressed this through the production of a helpful pro-forma for participating agencies to use
- The process of transition was planned over two years. The young people with learning disabilities interviewed were positive about their experiences and valued the opportunity to try out college courses and develop life skills. This included participation in the 'lets go out' life skills course that successfully promoted independence. The 'make your experience count' course assisted young people in planning their future career. Almost all felt well supported during their transition to adult services and were encouraged to put forward their views during their planning meetings.

### Points to consider:

- Young people attending special schools and their parents expressed the view that they felt somewhat isolated both in school and at home. They would welcome more opportunities to meet other young people from mainstream schools and to be able to be included in joint education and leisure activities, especially in their local communities
- Young people with learning disabilities and their parents felt that only limited lifelong learning opportunities were being made available to them. There was particular concern about what they felt were restricted opportunities on leaving college, particularly suitable employment
- Ayr College recognised that the development of links with local employers was an area for further development.

### Areas for improvement (all partnerships)

The agencies involved in the planning and delivery of children's services should work together to address the improvement areas identified in the Inspection to improve the outcomes for children and young people with learning disabilities.

These include:

- Providing resources and support for young people with learning disabilities to participate in mainstream activities as far as possible
- Ensuring that post-school progression to further education, training and work is planned, supported and appropriate to the needs of individuals
- Continuing to provide opportunities for young people with learning disabilities to be active in their own communities and to be able to participate in the full range of lifelong learning opportunities
- Developing more collaborative working practices to provide young people with learning disabilities and their families with a full range of integrated support services
- Continuing to improve systems for the voices of young people with learning disabilities and their parents to be listened and responded to
- Ensuring that planning arrangements are in place between authorities for young people with learning disabilities living in one authority area and attending school in another
- Developing effective links with employers and training providers to ensure that young people with learning disabilities are provided with opportunities which enable them to reach their full potential
- A consideration of the social care needs, including respite care, of younger children with learning disabilities and their families
- An expansion of the work of the transition services to support more young people with learning disabilities, including those attending mainstream school
- Investigating with colleges a more cost effective and efficient way of providing personal support for students with complex learning disabilities.
- Clarifying the funding responsibility for providing transport to enable students with learning disabilities to attend college and the funding of their personal support.

# Capacity for improvement – Learning disability services

## North Ayrshire Partnership – Capacity for Improvement – Learning Disability Services

**We found capacity for improvement in the North Ayrshire partnership was good - important strengths with some areas for improvement. Outcomes for people with learning disabilities were not as strong as for the other two partnerships. Whilst we saw examples of good leadership in the North Ayrshire partnership there were weaknesses in this area. This was evident from the staff surveys we did and from staff focus groups we held in North Ayrshire.**

**In common with the other partnerships and other areas of Scotland, more needs to be done in the areas of performance management and continuous improvement systems.**

### Outcomes

Whilst the North Ayrshire partnership delivered good outcomes for many people with learning disabilities and their families, we did not feel that, overall, outcomes were quite as strong as the other two partnerships. We feel the council needs to implement its strategic review of learning disability services. This was started in 2003. At the time of our inspection the recommendations for service development had not been finally agreed. The partnership should improve the extent to which people with learning disabilities have opportunities to develop their full potential in non-segregated settings.

### Leadership

Services for people with learning disabilities in North Ayrshire council were being restructured at the time of our inspection. Learning disability services in North Ayrshire council were also affected by the council wide savings exercise. Many of the staff from North Ayrshire council we spoke to expressed some dissatisfaction with the leadership provided by the senior management team. We thought that the uncertainty caused by the restructuring process and concerns about the required financial savings were reasons for some of the staff dissatisfaction.

### Quality assurance and continuous improvement systems

We thought it was commendable that the NHS learning disability service did an audit of the health records of people with learning disabilities in 2005. In partnership with NHS Ayrshire & Arran, we developed the record audit tool for the scrutiny of health records for this inspection (this applies equally to the other two partnerships).

Like other areas in Scotland, measurement of outcomes in North Ayrshire was not systematic in all services for people with learning disabilities. We were impressed by the work done in North Ayrshire to improve the quality of social work learning disability records. The audit of learning disability social work records extended to direct care services and independent sector providers. Our audit did not extend to the independent sector. It was clear from our audit of social work learning disabilities records that there had been a very significant improvement in the quality of record keeping in North Ayrshire councils services for people with learning disabilities.

Like the other partnerships, performance management activity was patchy and not systemic across all services for people with learning disabilities. Senior managers acknowledged this and said it was hard to develop clear outcome focused performance indicators for people with learning disabilities.

## East Ayrshire partnership – Capacity for improvement – Learning disability services

**We found capacity for improvement in learning disability services in East Ayrshire was very good - major strengths with a few areas for improvement. We were particularly impressed with leadership and direction and work to meet staff needs. The East Ayrshire partnership delivered good outcomes for many people with learning disabilities.**

**In common with the other partnerships and with other areas of Scotland, more needs to be done in the areas of performance management, quality assurance and continuous improvement systems.**

### Outcomes

The East Ayrshire partnership delivered good outcomes for people with learning disabilities and their families. Like the other partnerships, we were impressed with East Ayrshire's personal life planning which helped deliver good outcomes for people with learning disabilities. The East Ayrshire transition team were delivering good outcomes for young people with learning disabilities who were at the transition stage between children's services and adults services.

### Leadership

East Ayrshire Council staff were more likely to express the view that they were well led than the other councils and NHS Ayrshire and Arran staff. Many staff said the executive head of social work provided visible and committed leadership on protection of vulnerable adults. We saw many examples of good leadership at all levels in learning disability services.

### Quality assurance and continuous improvement systems

Like the other partnerships measurement of outcomes was patchy and not systematic across all services for people with learning disabilities. Some services had systems to gather aggregate information about the views of service users but others did not. Many of the staff we spoke to said they did not know about any performance management activity in their team. They said they were not working towards any numerical targets.

## South Ayrshire partnership – Capacity for improvement – Learning disability services

**We found the capacity for improvement in learning disability services in the South Ayrshire partnership was very good - major strengths with a few areas for improvement. We found evidence of services delivering excellent outcomes for people with learning disabilities. We saw examples of effective leadership, particularly at first line manager and team leader level.**

**In common with other areas of Scotland, more needs to be done in the areas of performance management, quality assurance and continuous improvement systems.**

### Outcomes for people with learning disabilities

The South Ayrshire partnership delivered very good outcomes for most people with learning disabilities. We were highly impressed with the personal life plans we saw. Personal life planning contributed to the delivery of good outcomes for people with learning disabilities and their families. We saw a number of examples of excellent practice that enabled people with learning disabilities to live independently and maximise their potential.

### Leadership

We found evidence of good leadership throughout learning disability services in the South Ayrshire partnership area. At the time of our inspection, South Ayrshire Council had just carried out a saving exercise. Some of the staff we spoke to were angry at perceived reductions in services. Some staff complained about how the reductions to services had been handled. We spoke to the acting director of social work, housing and health, who was very forthright about the impact of the saving exercise on services for people with learning disabilities. She said that because of the council's overall financial position they reluctantly had to make a £370k saving on services for people with learning disabilities. Other council departments had to make proportionately greater savings.

### Quality assurance and continuous improvement systems

In the South Ayrshire partnership, measurement of outcomes for people with learning disabilities was patchy. Some services had systems to find out the aggregate views of people with learning disabilities and their families. Other services had no systems other than review of individual service users. The information was recorded manually and was aggregated. South Ayrshire Council did not do an audit of learning disability case files in response to recommendation seven of the SWSI Borders report.



The chief executive of South Ayrshire council said that a key priority was to develop a performance culture in the council. This will include services for people with learning disabilities. The chief executive's department was being restructured in an effort to enhance performance management capacity. Most of the staff we spoke to in the South Ayrshire partnership said they were not involved in any performance management system and they knew of no numerical targets they were trying to achieve.



# APPENDIX 1 – Multi-agency inspection model

1. Enabling and Sustaining Independence	2. Promoting Inclusion	3. Meeting Healthcare Needs
<p><b>1.1</b> People with learning disabilities are able to have a say in how they live, including where and with whom. The should be able to access mainstream services and facilities wherever possible. Where people need extra support, they should be able to access high quality services and facilities wherever possible. Where people need extra support, they should be able to access high quality services and facilities which are individually planned and developed in partnership with the person and their family/carer.</p>	<p><b>2.1</b> There is an up to date strategy for disability awareness and disability equality training, which takes account of the needs of children and adults with learning disabilities, including those with associated needs such as Autistic Spectrum disorder or mental health problems. Inclusion is a fundamental right, achieving it can be difficult.</p> <p><b>2.2</b> Children and adults with learning disabilities and their family carers can safely access services.</p> <p><b>2.3</b> The needs of children and adults with learning disabilities are considered in relation to transport and general transport services.</p> <p><b>2.4</b> The Community Health/Social Care Partnership has an agreed policy on health improvement and well-being activities, which takes account of the diverse general and complex needs of children and adults with learning disabilities and addresses health inequalities. People with learning disabilities enjoy the highest attainable standards of physical and mental health, with access to suitable healthcare and safe and healthy lifestyles.</p> <p><b>2.5</b> Accessible information on the range of health and social services is available.</p> <p><b>2.6</b> All services are culturally sensitive to and responsive to the needs of black and ethnic minority children and adults with learning disabilities and family carers. Health promotion and/or health improvement programmes address diversity and are responsible to the range of needs.</p>	<p><b>3.1</b> People with learning disabilities receive the services and support that will keep them healthy and enable them to participate fully in society. Children and adults with learning disabilities accessing health services have an up to date multi-disciplinary care plan.</p> <p><b>3.2</b> Assessment of health and capacity of family carers is addressed, and linked to assessment of users' need.</p> <p><b>3.3</b> There is a named specialist practitioner known to each primary care team.</p> <p><b>3.4</b> Primary care services are sensitive and responsive to the needs of those with learning disabilities and their carers/families.</p> <p><b>3.5</b> Those with learning disabilities are included and supported to participate in national screening programme.</p> <p><b>3.6</b> Specific health needs are assessed and addressed.</p> <p><b>3.7</b> There is appropriate health and social care intervention for older people with learning disabilities.</p> <p><b>3.8</b> Wheelchairs and seating services are provided which meet the needs of those with learning disabilities.</p> <p><b>3.9</b> There is a programme for education and training for healthcare professionals in primary, secondary and tertiary settings with regard to the rights and needs of children and adults with learning disabilities and family carers.</p> <p><b>3.10</b> There is a referral system in place to ensure that paediatric and general hospital services can get assistance from specialist staff in learning disabilities.</p> <p><b>3.11</b> All hospital services and services provided by paediatric hospitals/units address the needs of children and adults with learning disabilities and their families and meet them appropriately.</p> <p><b>3.12</b> Palliative care services are able to take account of the needs of those with learning disabilities.</p> <p><b>3.13</b> Clinical guidelines for specific illnesses are followed and take account of the needs of children and adults with learning disabilities, e.g. Scottish Intercollegiate Guidelines Network (SIGN), NHS Quality Improvement Scotland (NHS QIS).</p>

## Key

-  11 Quality Outcome Indicators
-  Quality Outcome Statements

#### 4. Safety and Protection

- 4.1** Partners have established a multi-disciplinary group for the protection of vulnerable adults. There is a fully operational and implemented inter-agency policy and procedure for the prevention and reporting of abuse of vulnerable adults.
- 4.2** People with learning disabilities feel safe and secure. Family Carers are confident that their relatives are protected, safe and secure.

#### 5. Record Keeping and Communication

- 5.1** All case files are up to date and record keeping is of a high standard.
- 5.2** Information is exchanged appropriately between and amongst services.
- 5.3** There is evidence of routine opportunities for children and adults with learning disabilities and family carers to make observations, give views, express concerns about any aspect of their care and treatment, individually and/or collectively and with support from an advocate if necessary.
- 5.4** There are local early diagnostic and early intervention services for children with learning disabilities.
- 5.5** People with learning disabilities are well supported in transitions.

#### 6. Meeting Staff Needs

- 6.1** Staff from all the relevant partners have the necessary skills for their job and good opportunities for continuing professional and career development. Training needs for all staff are effectively identified and met through staff appraisal schemes. People with learning disabilities and carers have the opportunity to participate and contribute to staff training programmes.

#### 7. Developing Partnership Working

- 7.1** There is effective partnership working at strategic level, which directly benefits service users. People with learning disabilities and their carers should be involved.
- 7.2** There is effective partnership working at operational level, which directly benefits service users.

#### 8. Leadership and Direction

- 8.1** Joint management across health and social work provide leadership and direction for learning disability services. Managers are suitably qualified and competent.
- 8.2** There are quality assurance and continuous improvement systems in place for all quality outcome areas. People with learning disabilities and family carers should be involved in this process.

#### 9. Financial Resource and Information Management

- 9.1** Financial management, resource management and information management systems are robust and are regularly audited.

#### 10. Meeting Lifelong Learning Needs

- 10.1** People with learning disabilities should have access to individually tailored education opportunities to develop their skills, confidence and self esteem.
- 10.2** Schools work with parents, children and young people and other establishments and agencies in planning for transitions within education and for transitions from education to other services.

#### 11. Capacity for Improvement

- 11.1** Overall improvement has been made to achieving key outcomes and impact on people and stakeholders.
- 11.2** Leadership and management is demonstrably and currently effective.
- 11.3** Quality improvement arrangements are demonstrably and currently effective and organisations have the capacity to continue improving.

## APPENDIX 2 – Services registered with the Care Commission at 30 June 2006

The Care Commission's data collection and information sharing methods are being developed. Providers now complete an Annual Return and as a result of its introduction, in the future the Care Commission will be able to supply a greater breakdown of detail about care services.

At present the attached table supplies information about care homes for people who have a learning disability. The Care Commission also registers and regulates a wide range of services and these will also include services for people who have a learning disability:

### Services for Adults

- Adult Placement Services
- Housing Support Services
- Short Breaks and Respite Care
- Support Services (Day Services and Care at Home)

### Services for Children and Young People

- Adoption Agencies
- Care Homes for Children and Young People
- Childcare Agencies
- Early Education and Childcare up to the age of 16
- Foster Care and Family Placement Services
- School Care and Family Placement Services
- School Care Accommodation Services

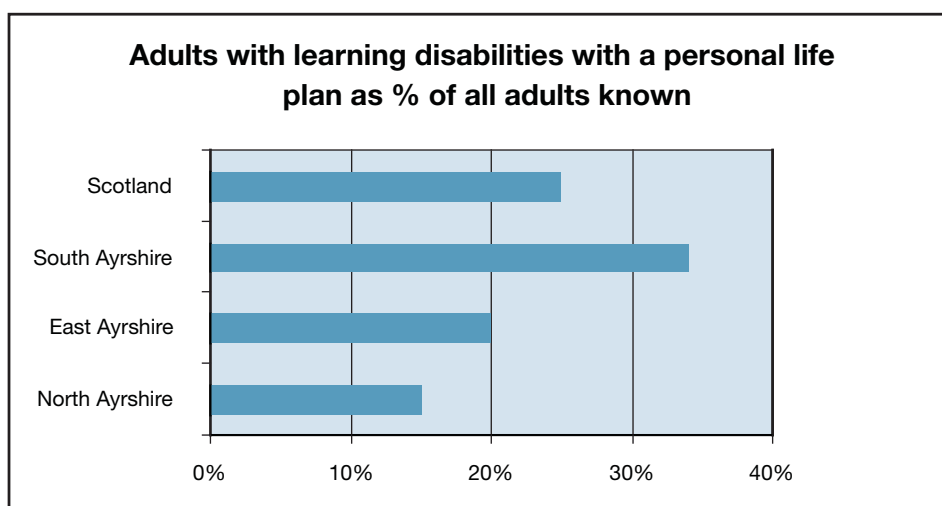
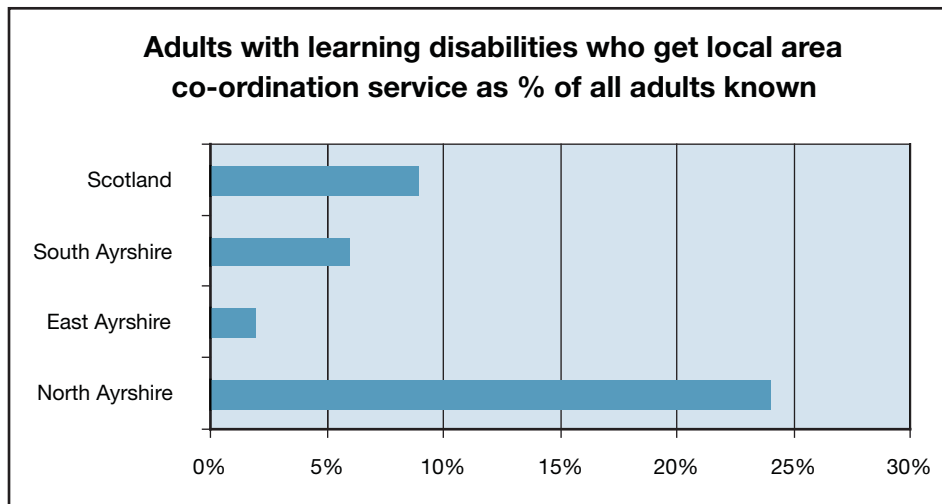
### Services for both Adults and Children

- Care at Home
- Hospice Care
- Independent Hospitals/ Independent Specialist Clinics
- Nurse Agencies

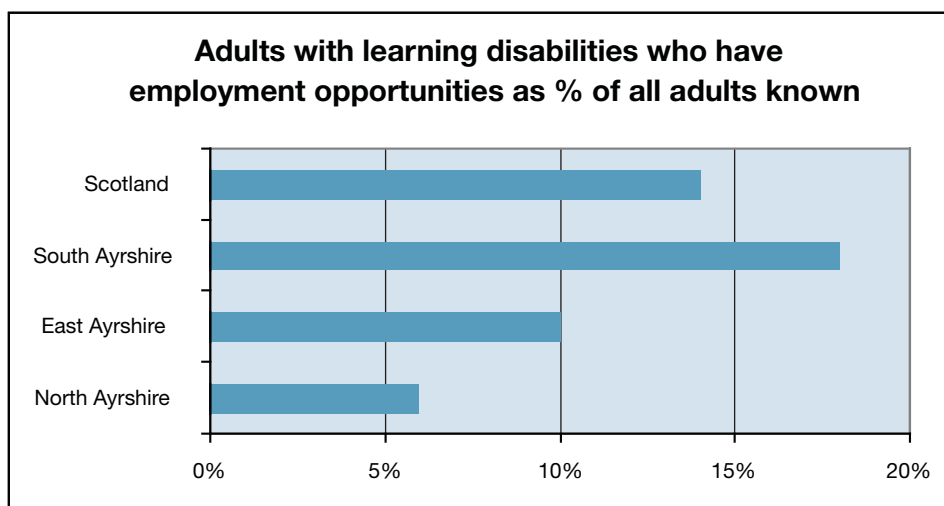
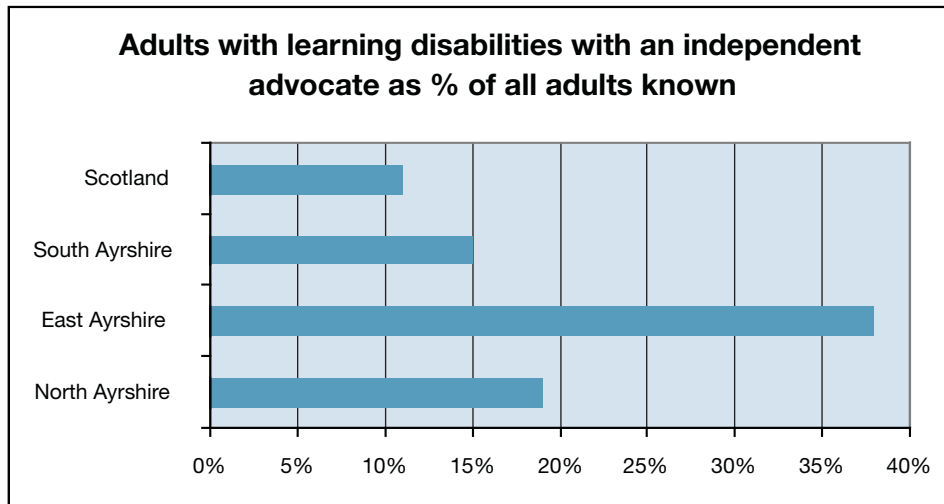
**TABLE 1: SUMMARY OF REGULATORY FINDINGS BY TYPE OF SERVICE - Care Homes for Learning Disability only**  
 (source: Care Commission)

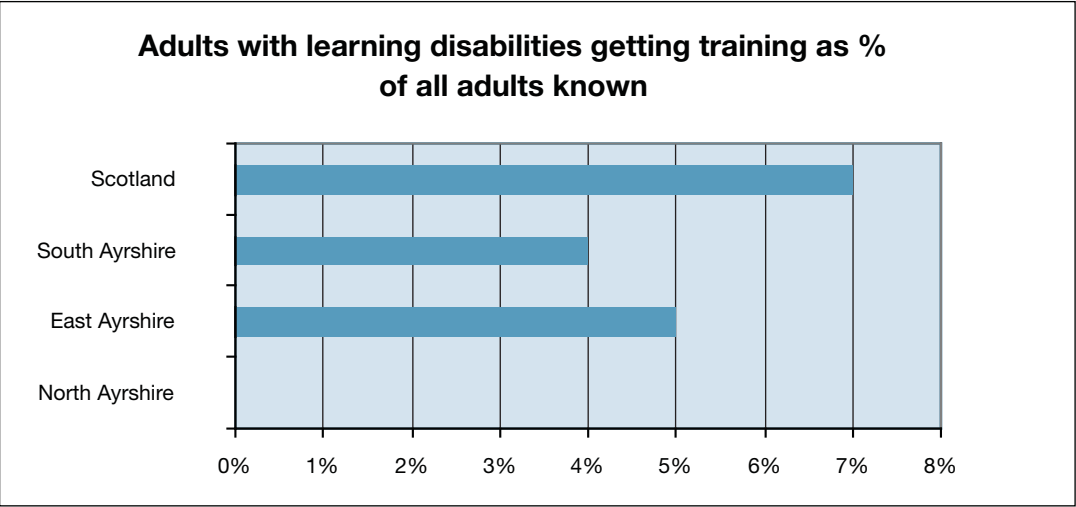
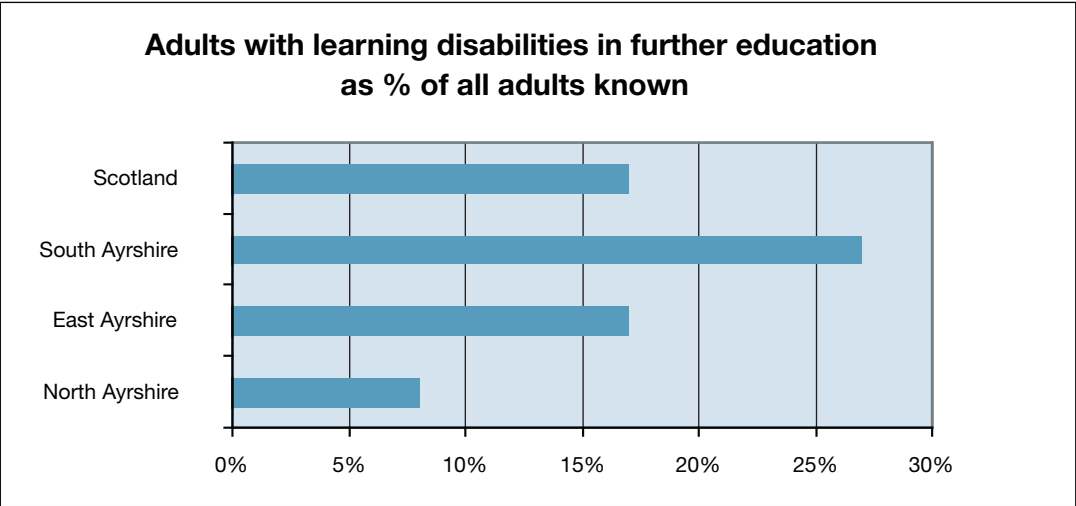
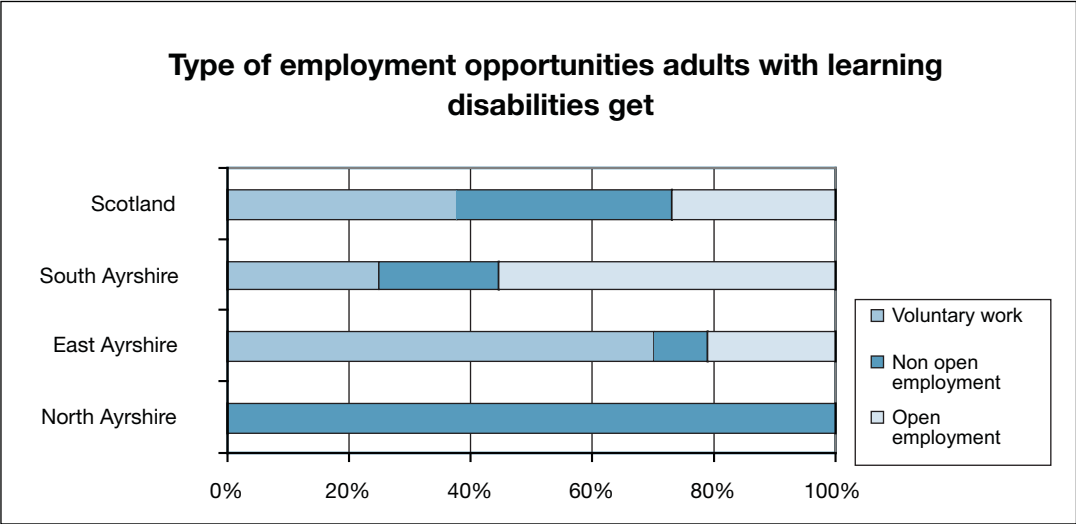
	Number of services with:									
Local Authority	Services	Places	services with complaints upheld or partially 04/05	services with complaints upheld or partially 05/06	Services with complaints upheld or partially 06/07	services with enforcement issued 05/06	Services with enforcement letters issued 06/07	services with reqs 04/05	services with ANY reqs 05/06	service with Reqs 06/07
East Ayrshire	5	76	1	1				3	3	1
North Ayrshire	6	110	1	1				3	4	4
South Ayrshire	7	87						4	4	
Grand Total	18	273	2	2				10	11	5

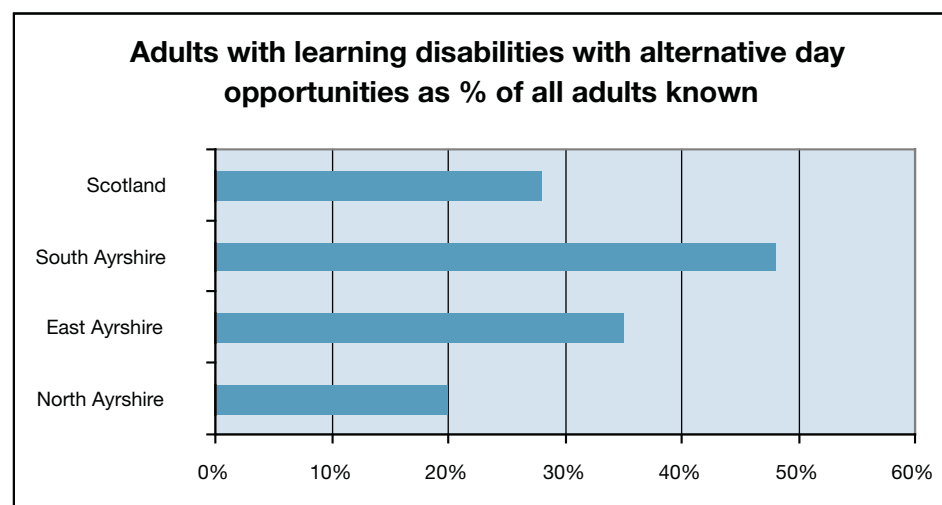
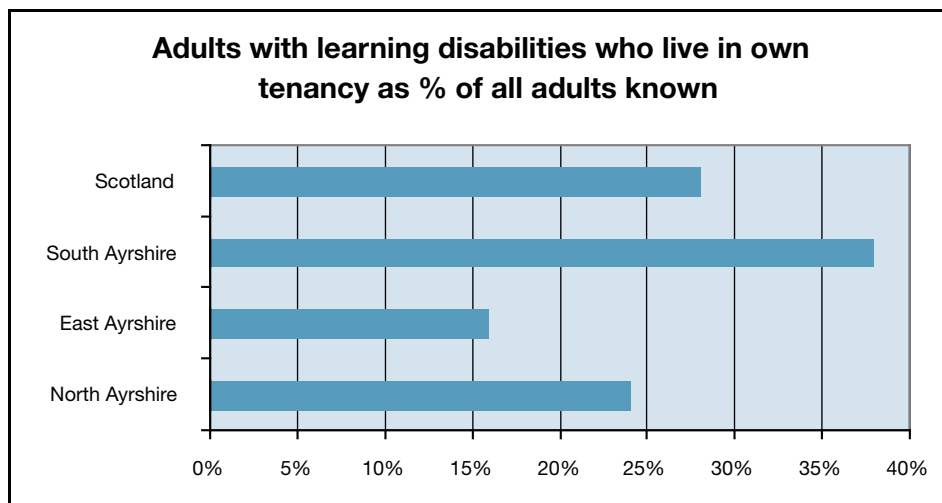
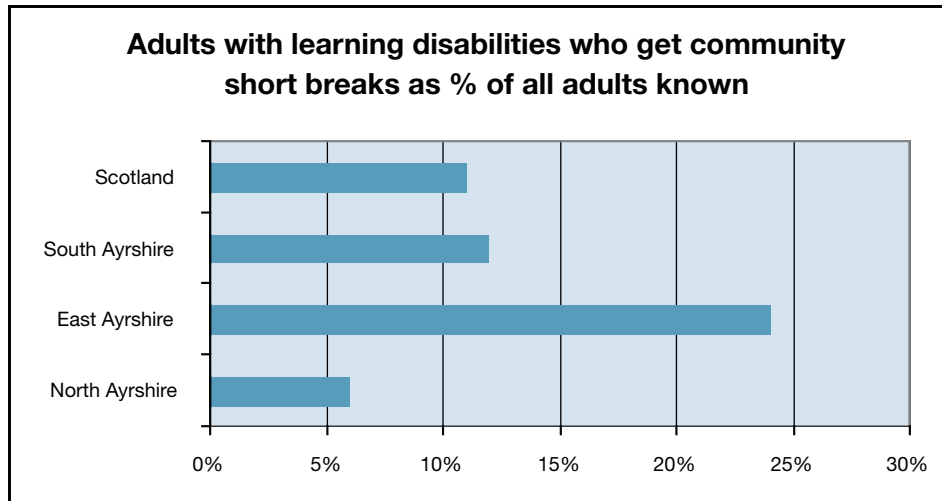
## APPENDIX 3 – Implementation of The same as you? statistics for 2005 performance indicators<sup>3</sup>



<sup>3</sup> Implementation of The same as you? Statistics Release, Scottish Executive, 2006









## APPENDIX 4 – Inspection activity

### **Pan Ayrshire Inspection Activities**

1. Meeting with Police, Procurator Fiscal, Area Reporter

### **Health Specific Inspection Activities** *(meetings focus group, visits group, visits, observed practice)*

2. Assessment/Treatment Services
3. Community Learning Disability Joint Teams/Service
4. East Community Health Partnership
5. Meeting with research & development officer
6. Link nurse meeting - acute care
7. Community learning disability joint teams/service
8. Health Improvement Strategy meeting with team
9. Health promotion team including local authority representatives
10. Meeting with learning disability coordinators
11. Meeting with South Ayrshire community health partnership
12. Meeting with medical director
13. Audiology services
14. Community paediatrics
15. Enhanced primary care project.
16. Meeting with child and adolescent mental health services
17. Forensic service
18. East Ayrshire – best practices clinical services
19. Focus on school nursing, therapies, etc
20. Bridge to Vision Project
21. Learning disability management team
22. Meeting with people with learning disabilities (residents) who live in Arrol Park Hospital
23. Meeting with staff of Arrol Park

### **East Ayrshire Inspection Activities** *(meetings focus group, visits group, visits, observed practice)*

24. Meeting with elected members
25. Adults with incapacity forum
26. Good practice – The Elms and Beeches

<b>East Ayrshire Inspection Activities</b> <i>(meetings focus group, visits group, visits, observed practice) (contd.)</i>	
27.	Lead person for commissioning advocacy services – NHS Board & local authority
28.	Lead Person patient and public involvement NHS with local authority reps
29.	Training and personnel meeting
30.	Family carer focus group
31.	Focus group with people with learning disabilities
32.	Observational practice
33.	Meeting with staff responsible for disability access, specialist and general transport
34.	Community learning disability team (local authority and NHS staff)
35.	Review of person centred plan for individual
36.	Finance meeting
37.	Examples of good practice
38.	Home visit about person centred plan
39.	Kinship carers
40.	Management systems meeting
41.	Meeting about case transfer (individual case)
42.	Focus group with adult front line staff (day services and residential and any other non-fieldwork staff)
43.	Focus group with children front line staff (day services and residential and any other non-fieldwork staff)
44.	Focus group with fieldworkers (social workers/care managers and social work assistants)
45.	Focus group with middle managers
46.	Meeting with heads of service, health & social work
47.	Complex case discussion about an individual
48.	Meeting with leisure development manager
49.	Meeting with independent advocacy service
50.	Meeting with providers
51.	Focus group with home support manager & personal carers
52.	Irky Pirky – dance video & meeting with dance group
53.	Visit to respite resource unit for children and young people
54.	Meeting with Chief Executive of East Ayrshire Council

**East Ayrshire Inspection Activities** *(meetings focus group, visits group, visits, observed practice) (contd.)*

55. Supported employment steering group
56. Councillor Eric Jackson - Chair of Social Work, COSLA spokesperson on social work and health improvement
57. Meet with Executive Head of Social Work
58. Visit to Balmoral Road Centre – visit to meet service users and staff
59. Visit to Thomson Court – supported living resource developed in partnership with independent providers
60. Meeting with local area co-ordinators
61. Meeting with advocacy group Stewarton. A group of women who moved from a residential until to their own tenancies.
62. Meeting with Director of Education, Head of Service
63. Meeting with cultural staff working with people with learning disabilities
64. Meeting with Careers Scotland
65. Meeting with CLD representatives
66. Meeting with pupils, staff and parents from Educational establishment
67. Meeting with Ayr College (Supported Learning Department)
68. Meeting with Principal Educational Psychologist

**North Ayrshire Inspection Activities** *(meetings focus group, visits group, visits, observed practice)*

69. Meeting with elected members
70. Examples of partnership working, leadership and direction
71. NHS board members/ community health partnership executive
72. Meeting with middle managers
73. Meeting with senior managers/ heads of service
74. Strategic group adult with learning disabilities services
75. Focus group adult/children front line staff
76. Focus group fieldwork staff
77. Focus group people with learning disabilities
78. Multi disciplinary group for the protection of vulnerable adults
79. Focus group family carers

**North Ayrshire Inspection Activities** (*meetings focus group, visits group, visits, observed practice*) (contd.)

80. Staff responsible for disability access & transport
81. Meeting with community learning disability team
82. Finance meeting
83. Playback group meeting young people with disabilities
84. Meeting about management systems
85. Community based services and short break services (visit to premises – good practice)
86. Community care management team meeting. Staff involved in the planning of the resign of community care services
87. Inclusion – circles of support – children with disabilities team
88. Meeting with staff based at social work office
89. Meeting about how learning disability services can be delivered in more isolated settings
90. Attendance at transition planning forum and relevant interviews
91. Person centred planning – examples of good practice including training
92. Transition planning forum
93. Meeting about direct payments
94. Focus group with family carers
95. Joint community care board
96. Learning disability awareness event
97. Meeting with people with learning disabilities and family carers
98. Meeting with manager of mental health services and representatives from appropriate adult scheme
99. Meeting with independent sector providers
100. Focus group people with learning disabilities
101. Visit to respite unit and meet with people with learning disabilities
102. Meeting about development of alternative respite provision
103. Hospital retraction programme meeting
104. Meet human resources and training staff
105. Meet with head of service – children & families
106. Meet with the chief executive North Ayrshire Council
107. Observed practice
108. Single shared assessment and care management training

**North Ayrshire Inspection Activities** *(meetings focus group, visits group, visits, observed practice) (contd.)*

- 109. Senior management team meeting
- 110. Observed practice
- 111. Meeting with Director of Education
- 112. Meeting with Principal Psychologist, Head of Service
- 113. Meeting with Community learning and development
- 114. Children's outreach, leisure and physical activity
- 115. Meeting with pupils, staff and parents from Educational establishment

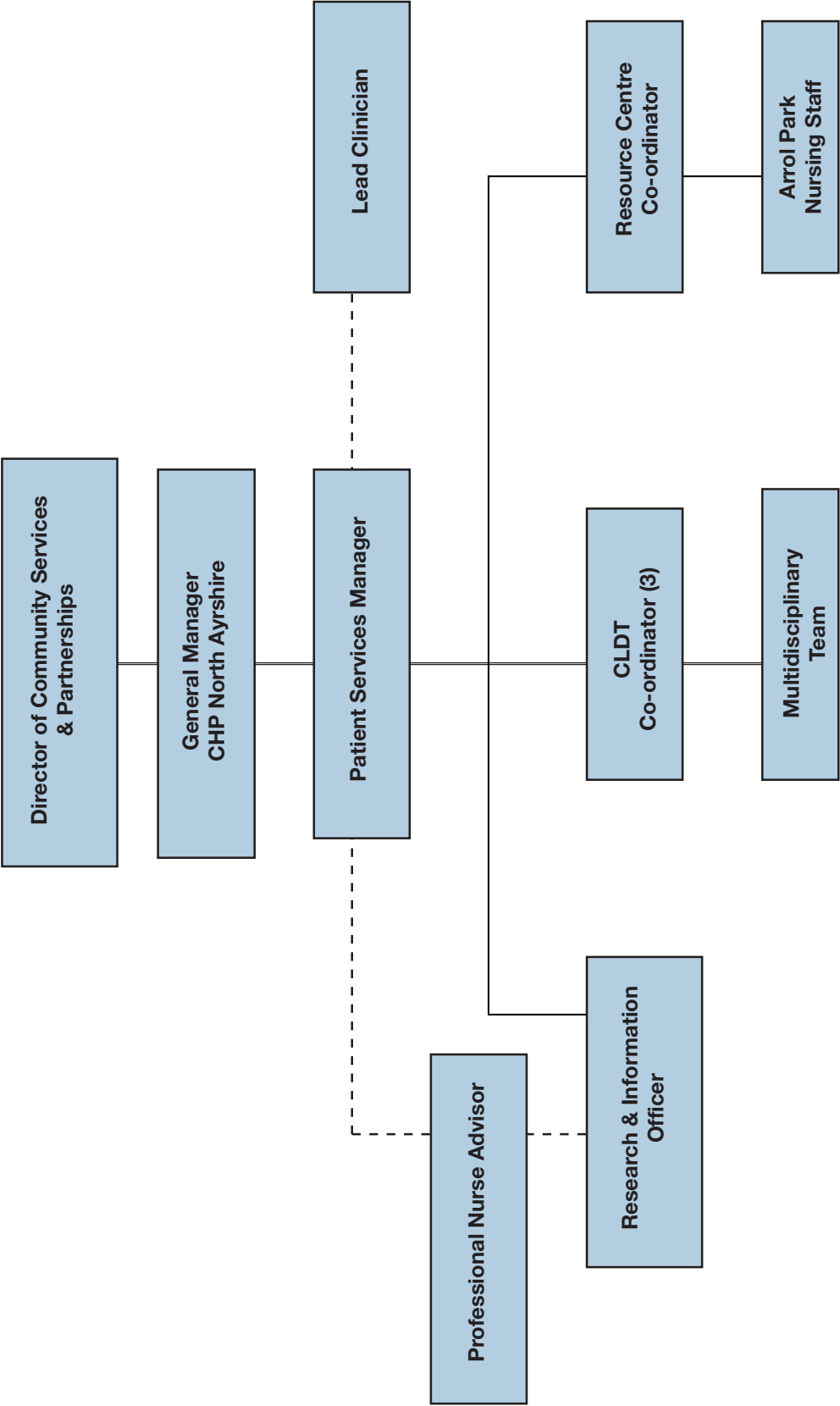
**South Ayrshire Inspection Activities** *(meetings focus group, visits group, visits, observed practice)*

- 116. Meeting with South Ayrshire Council elected members
- 117. Community learning disability team
- 118. Complementary therapy
- 119. Meeting about joint funding for Ardfin respite unit
- 120. Meeting about hospital retraction and resource transfer
- 121. Meeting about transition issues
- 122. Focus group adult front line staff
- 123. Focus group fieldwork staff
- 124. Focus group front line child care staff
- 125. Management Systems meeting
- 126. Meeting with accountancy staff
- 127. Meeting with referral, assessment, care planning, accessing funding, monitoring and reviewing
- 128. Joint future sub-group on learning disabilities
- 129. Meeting with people with learning disabilities and support worker about support package
- 130. Meeting with independent sector providers
- 131. Meeting with Chief Executive South Ayrshire Council and Acting Director of Housing, Social Work and Health
- 132. Social work staff training includes child care providers
- 133. Observed practice with an individual
- 134. Training meeting

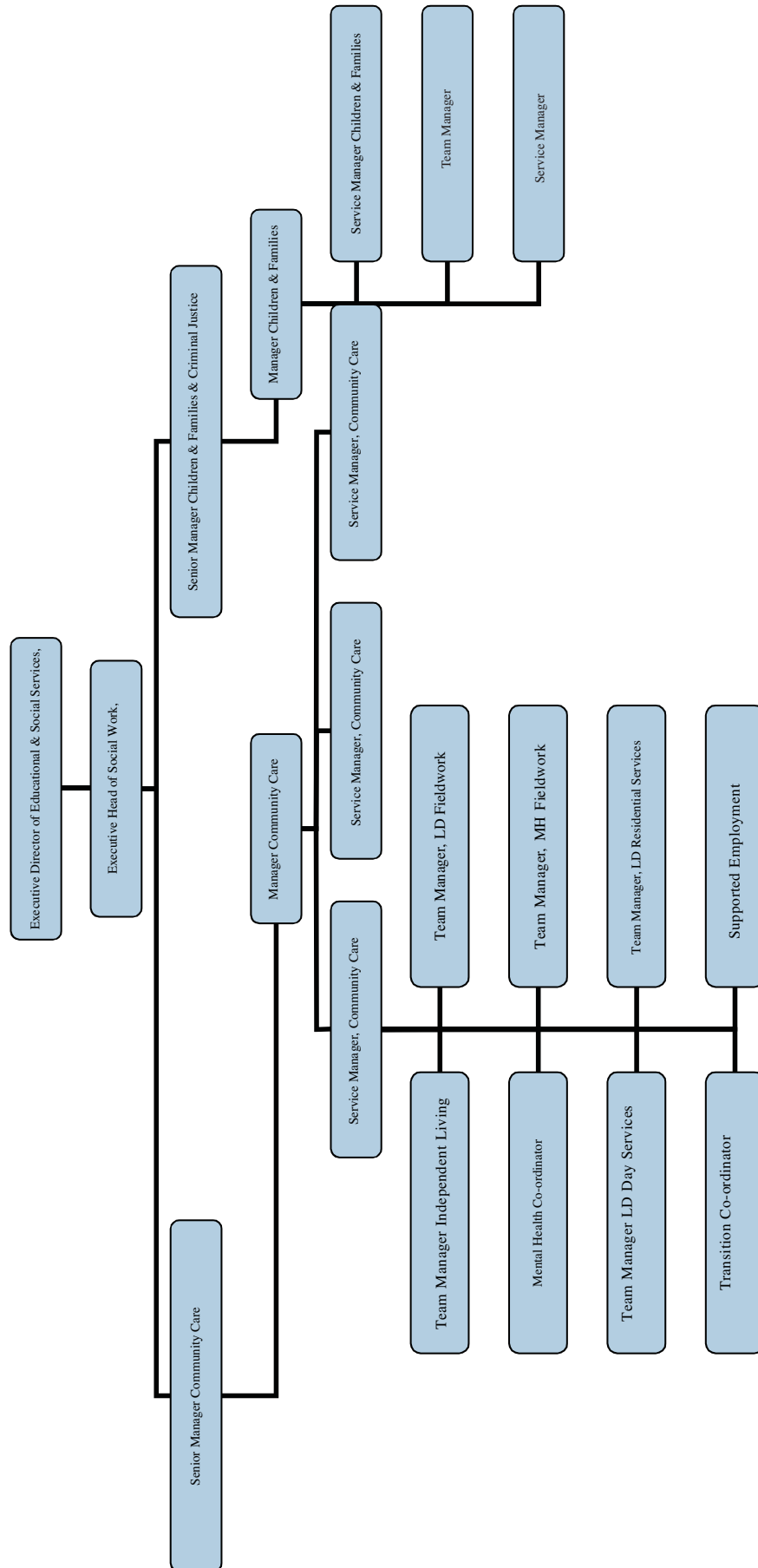
**South Ayrshire Inspection Activities** (*meetings focus group, visits group, visits, observed practice*) (contd.)

135. Meeting with children and family disability team
136. Joint Future sub-group on learning disabilities
137. Meeting with middle managers
138. Meeting with senior managers & some elected members
139. Focus group with family carers
140. Focus Group with people with learning disabilities
141. Meeting with staff responsible for disability access, specialist and general transport
142. Visit to Chalmers Road 4 bed respite unit & visit to respite caravan
143. Meeting with Director of Education, Head of Service
144. Meeting with cultural staff working with people with learning disabilities
145. Meeting with Careers Scotland
146. Meeting with CLD representatives
147. Meeting with pupils, staff and parents from Educational establishment
148. Meeting with Ayr College (Supported Learning Department)
149. Meeting with Principal Educational Psychologist and Senior Educational Psychologist

APPENDIX 5 – Structure charts

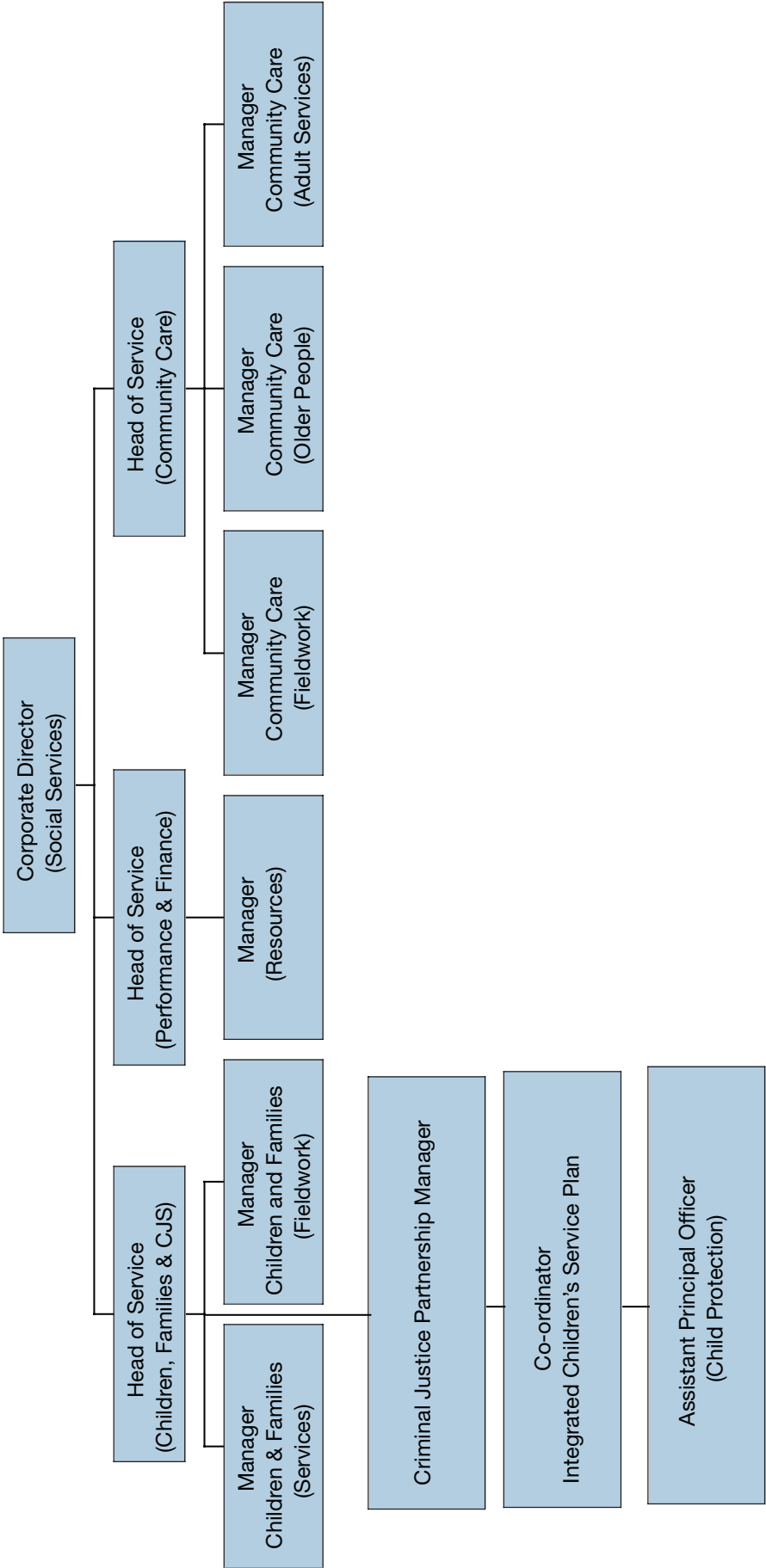


## East Ayrshire – Social Work

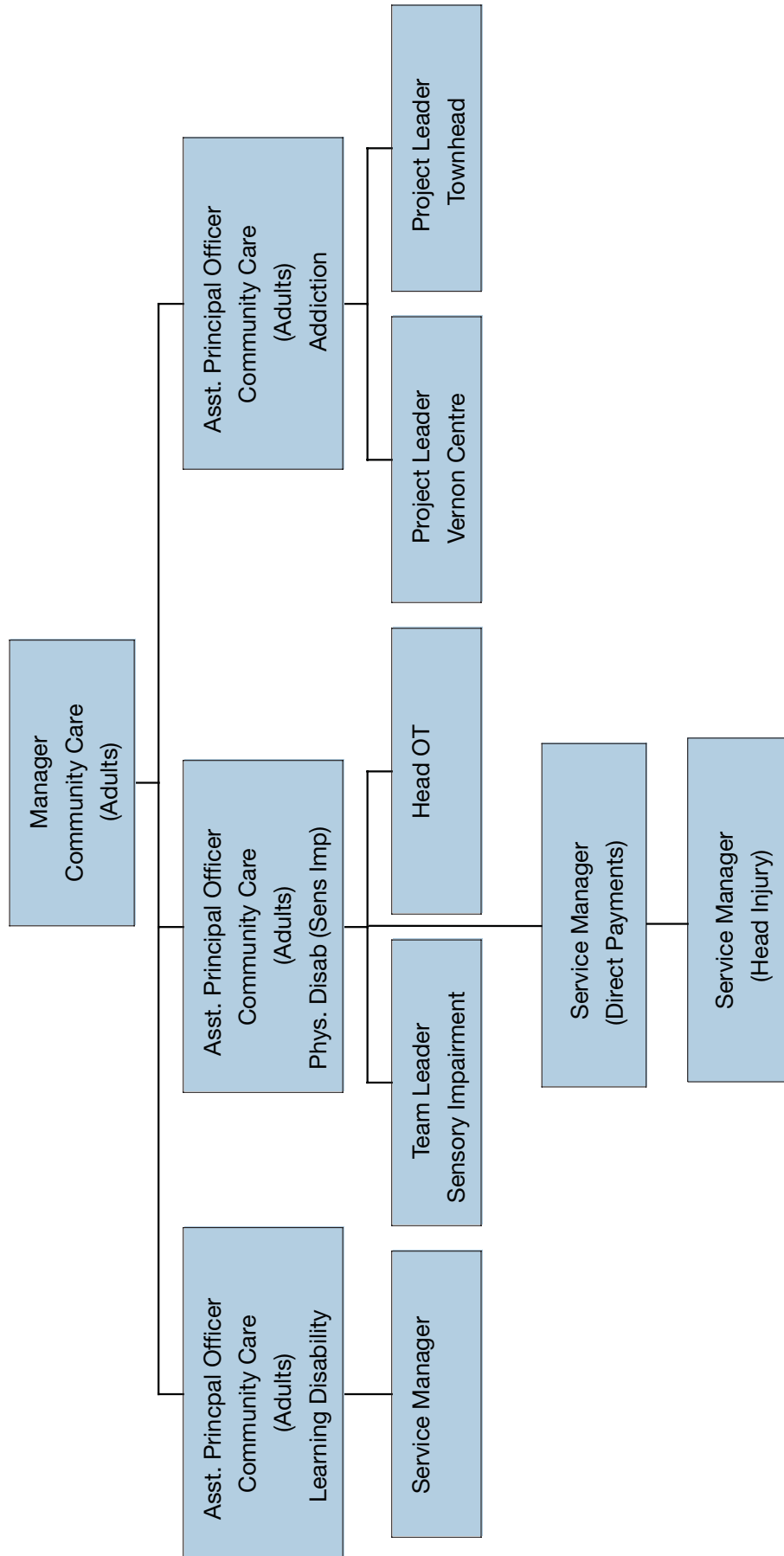




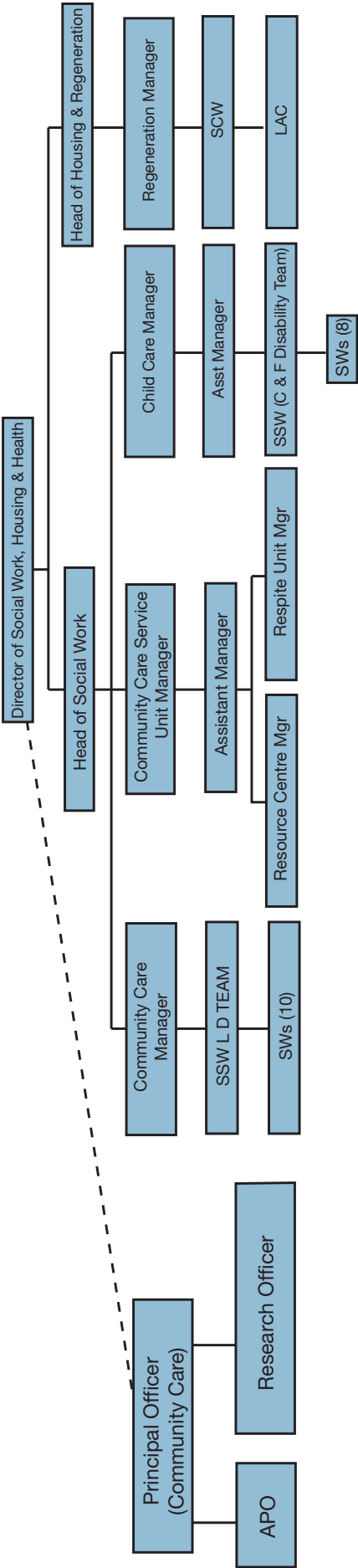
North Ayrshire Council Social Services Senior Management Structure



North Ayrshire Council Social Services Community Care Adult Services



South Ayrshire Council Learning disability service





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