



Follow-up Multi-Agency Inspection of Services for People with Learning disabilities in Ayrshire

November 2009

Follow-up report for the Multi-Agency Inspection of Services for People with Learning Disabilities (March 2007)

Introduction

The Social Work Inspection Agency (SWIA) was established in April 2005. NHS Quality Improvement Scotland (NHS QIS) is a special health board established in 2002 and it carries out reviews of NHS services in Scotland.

SWIA and NHS QIS and a number of other partners carried out the multi – agency inspection of services for people with learning disabilities (see appendix two for full list of partners). We inspected learning disability services for the three partnerships of:

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

For each partnership, we inspected:

- Learning disability services provided by or funded by the local authority. This included services provided by social work and education and lifelong learning services
- NHS services for people with learning disabilities.

The multi-agency inspection report made 35 recommendations, aimed at improving services for people with learning disabilities and their families.

Each partnership wrote a delivery plan in response to our recommendations. We then agreed the delivery plan. We agreed to monitor implementation of the delivery plans and carry out a follow-up inspection visit approximately one year after publication of our multi-agency report.

Basis of this follow- up inspection report

This report will describe progress with each recommendation. The following activity has taken place since publication:

- A monitoring visit to each partnership.
- Final delivery plan progress report written by each partnership.
- Follow-up inspection carried out by a small inspection team (see *appendix one for details*).

Focus group methodology

We held a number of focus groups for staff and service users and carers. We used an electronic voting system for some of the groups. Where we did not use the electronic voting system, we manually recorded group members' responses.

Summary of how electronic voting works

- *Focus group members are given an electronic voting pad.*
- *Group members are asked a question with a small number of options e.g.
A - team morale has got better; B - no change to team morale, C - team morale has got worse.*
- *Group members use their electronic key pads to vote.*
- *The results of the vote are immediately shown to the group on a screen*
- *The system records all of the group members' responses.*

Caveat

The views of staff, service users and carers in our focus groups were the views of that group. What people said at our focus groups could have indicated that a wider group of staff, service users or carers held their views. However, it is not statistically accurate to extrapolate from views expressed at a focus group, to suggest that these views were common in the service.

Progress implementing recommendations

In the sections that follow, we state our findings about the progress each partnership had made with our recommendations from our multi-agency report.

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.

North Ayrshire

We scrutinised the North Ayrshire Partnership in Practice agreement (PiP). The delivery plan in the PiP had a column for SMART objectives but there were no numerical targets or statements about how improvement was to be measured. For example, the delivery plan mentioned many actions about direct payments, but it said nothing about any target to increase the number of individuals receiving direct payments.

Health involvement in writing of the PiP.

NHS managers said that they had experienced difficulty engaging with North Ayrshire Council in respect of the development of the North Ayrshire PiP.

East Ayrshire

We scrutinised the East Ayrshire PiP and there were no SMART objectives in the document. We scrutinised East Ayrshire's Partnership In Practice Agreement 2007-2010 Delivery Plan, which was separate from the PiP. There were specific objectives with timescales but there were no numerical targets in this document.

Health involvement in writing of the PiP.

NHS managers said that health had been fully involved in the development of the East Ayrshire PiP.

South Ayrshire

We scrutinised the South Ayrshire PiP and there were SMART objectives in the document e.g.

Objective - It will be proposed that community planning partners develop a flexible responsive employment service that will provide not only employment opportunities for individuals in a variety of settings, but will offer practical support and guidance with benefit issues.

Target – Increase of 15% of people with a learning disability in employment by 2010

Health involvement in writing of the PiP.

NHS managers said that they had experienced difficulty engaging with South Ayrshire Council in respect of the development of the South Ayrshire PiP.

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 carer 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.

North Ayrshire

We reviewed the PIP; it was not particularly accessible to people with learning disabilities. However, work was ongoing to write the PIP in an easy read format and we considered this was commendable. We saw some leaflets, which were accessible.

Evidence from our focus groups:

- The majority of the carers thought there had been an improvement in the accessibility of information about learning disability services.
- Most of the service users said they got information in easy read format

The carers said that they had noticed more leaflets in GP surgeries and in day centres. These leaflets were about services for people with learning disabilities. They said there was a lot of information online and that it was accessible. The carers also mentioned that when they requested information from care managers, they responded quickly with a lot of useful and concise information. The carers were pleased that information about respite was more available.

East Ayrshire

We reviewed the PIP and it was accessible to people with learning disabilities. The delivery plan progress report said:

- The advanced statement and named persons paperwork was reformatted to make it accessible in November 2007.
- The accessible local area co-ordination leaflet had been updated.
- East Ayrshire Council and the Ayrshire Independent Living Network were developing a range of accessible information about direct payments.

Evidence from our focus groups:

- Less than half of the service users said that they got information in easy read format.
- Less than half of the carers thought there had been an improvement in the accessibility of information about learning disability services.
- Carers said the organisation that provided support to direct payments recipients gave excellent information by email. The carers were delighted that funding for the NHS carers information strategy had been ring-fenced.

We saw some accessible leaflets about learning disability services.

South Ayrshire

We reviewed the PIP and it was not particularly accessible to people with learning disabilities. We saw some leaflets about learning disability services, which were accessible.

Evidence from our focus groups:

- Most service users said that they got information in easy-read format
- None of the carers thought there had been an improvement in the accessibility of information about learning disability services.

Service users said they liked the easy-read information and they felt that it helped them.

Recommendation 3

The Ayrshire protection of vulnerable adults procedures 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.

North Ayrshire

The adult protection procedures had been changed in accordance with our recommendation.

East Ayrshire

As North Ayrshire

South Ayrshire

As North Ayrshire.

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 adult's network.

North Ayrshire

The three Ayrshire Councils transferred responsibility for the Appropriate Adult Scheme to the West of Scotland Standby Service. The new service was to provide training, support and networking for staff.

East Ayrshire

As North Ayrshire.

South Ayrshire

As North Ayrshire

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.

North Ayrshire

Staff at our focus group told us that the newly established learning disability team now took adult protection practice very seriously. There was a much clearer focus on adult protection.

Managers told us that the new social work community learning disability team had significantly improved adult protection practice.

We found plans were in place to deliver enhanced adult protection training to practitioners managers in this field.

East Ayrshire

- All protection cases and those subject to guardianship¹ had been transferred to a new case file format during April 2008.
- A risk assessment and risk management plan has been developed for the single shared assessment paperwork.
- Training for trainers sessions were completed and additional work was planned to agree areas of responsibility in relation to procedures.

All of the staff we spoke to in the focus group thought that adult protection practice had improved over the last 18 months.

Managers told us that a multi-agency forum, involving the police, had been set up to consider high-risk adult and children and families cases. Referrals for adult protection have increased over the past year, because of raised staff awareness. The council's Chief Executive had championed the protection responsibilities of **all** council employees and referrals had come for all parts of the council. e.g. from a joiner.

Managers said they had a new recording and supervision policy and case records were audited regularly.

¹ Adults with Incapacity Scotland Act 2000

South Ayrshire

Most of the staff in the focus group thought that adult protection practice had improved over the last 18 months. The group felt that there was better awareness of this issue amongst staff. Adult protection processes were embedded in practice and recordings were clear. It was clear to staff who was responsible for carrying out the various actions required by the adult protection procedures. There were no negative comments about adult protection from the staff focus group.

Managers said that adult protection practice had improved over the last 18 months. The reasons for this were that relevant staff had becoming more skilled at adult protection work and managers auditing of case records had also improved (see South Ayrshire Council recommendation 27).

Recommendation 6

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

North Ayrshire

Senior managers told us that they were upgrading their IT system to include an alert flag for adult protection concerns. They said this was to be in place by October 2008.

East Ayrshire

The East Ayrshire Council social work IT system had an alert flag to tell system users that there had been adult protection concerns about a service user.

South Ayrshire

The South Ayrshire Council social work IT system had an alert flag to tell system users that there had been adult protection concerns about a service user.

Recommendation 7

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

North Ayrshire

The delivery plan progress report said that a service provider provided advocacy services to children whose names were on the child protection register. Consideration was being given to extending this for all children receiving a service. Managers told us that some children with learning disabilities received an advocacy service via a commissioning arrangement with East Ayrshire Council. We received no data about numbers of children with learning disabilities who had an independent advocate.

We considered that the council and its partners needed to make progress with this recommendation and deliver an advocacy service for children with learning disabilities.

East Ayrshire

The delivery plan progress report said:

- Youth Advocacy Services were established in the East Ayrshire Partnership in February 2006.
- East Ayrshire Independent Advocacy Services offered advocacy support to all children and young people who were subject to interventions under the Mental Health Act.
- A service level agreement with Independent Advocacy Services was completed in August 2006.

The table below shows evidence that the partnership had made progress with this recommendation.

Year	No of children with LD receiving an advocacy service
2008	6
2009	11

South Ayrshire

Barnardos provided a generic advocacy service to children. This included children with disabilities, although this was a small part of the service.

Barnardos Hear 4 U Children's Rights and Advocacy Service

Twenty-eight young people received an advocacy service in 2007-08 (some of them were 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.

North Ayrshire

The delivery plan progress report said that the social services training section was now routinely considering how to involve service users and carers in the delivery of any training for learning disability staff.

North Ayrshire Council Social Services was selected as one of the two pilot sites for citizen leadership training. Learning Disability staff, people with learning disabilities and carers were included in the training course, which was led, by a group of providers including Scottish Consortium for Learning Disabilities. At the training evaluation, some participants said they wanted to become involved in training and they have acted as trainers on another course run by SCLD.

The evidence from our focus groups was:

- Most of the carers thought there had been no change to the level of service user and carer involvement in training, over the last 18 months
- A minority of the service users thought that people with learning disabilities and family carers had been more involved in staff training over the last 18 months.

East Ayrshire

The delivery plan progress report said:

- Merge (a social firm) had been developed by people with learning disabilities. It had provided training sessions to a range of organisations including schools, GP practices and job centres. It was developing a two-day learning disability awareness course. We considered Merge was a very promising development.
- People with learning disabilities and family carers were involved in the tendering process for supported living services in April 2008.
- Carers were involved in mental health awareness training and mental health officer training.
- Service user and carer involvement in adult support and protection training was being considered.

The evidence from our focus groups was:

- Almost all of the carers thought there had been no change in the level of involvement of people with learning disabilities and family carers over the last 18 months.
- Some of the service users had been involved with Merge and they were very positive about this.

South Ayrshire

The evidence from our carer focus group was:

- Most of the carers did not think people with learning disabilities and family carers had been more involved in staff training over the last 18 months.
- Some of the service users thought that people with learning disabilities and family carers had been more involved in staff training over the last 18 months. But most of the service users perceived no improvement.

The managers we spoke to acknowledged that there had been little progress with this recommendation. However, they said they planned to include service users and carers in the training for the new Adult Support and Protection (S) Act 2007.

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 CHP². The concerns about over centralisation, expressed by social work senior managers in all three councils, should be addressed.

North Ayrshire

NHS Ayrshire & Arran reviewed the hosting system and later reviewed the CHPs. At the time of our follow-up inspection, the mental health directorate managed NHS learning disabilities services. The CHPs were in the process of being reviewed.

East Ayrshire

As North Ayrshire

South Ayrshire

As North Ayrshire.

Recommendation 10

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

² Community Health Partnership

North Ayrshire

The delivery plan progress report said that the revised Community Health Partnership arrangements were to provide the basis for joint commissioning.

East Ayrshire

The delivery plan progress report said:

- A number of projects to co-locate staff were being developed throughout East Ayrshire.
- Opportunities to consider respite provision and models for people with complex needs were subject to discussion.
- The need and shape of service provision required had been identified
- A multi-agency group had been convened to review joint commissioning arrangements.
- A joint protocol budget supplemented packages of care and support for people with learning disabilities. The purpose of this was to prevent admission to hospital if there was a crisis.

The managers group we spoke to told us that they were outsourcing some services e.g. a tender has gone out for person-centred services for 63 people. Service users were involved in the interviews with the bidders. The purpose of the redesign of services was to deliver services that are more flexible. Sixty-one informal carers intimated they were happy with the process³. Advocacy services and carer's services were jointly commissioned with health. There was NHS funding of £300K for the carers information strategy. This strategy was for all of Ayrshire & Arran.

South Ayrshire

The delivery plan progress report said there had been discussions about location of day services for people with high support needs at the Arrol Park former hospital site. There was to be greater opportunity for service users to get therapies on-site. There was a joint commissioning group led by NHS Ayrshire & Arran.

³ When they were surveyed.

North Ayrshire Partnership

Recommendation 11

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

The strategic review action plan had been incorporated into the Partnership in Practice agreement and implementation was well underway. There was now a specialist social work community learning disability team.

Recommendation 12

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

We found that North Ayrshire Council and its partners had secured funding (£250K per annum) for a job support initiative for people who were excluded from the labour market. We considered this was a commendable development. This initiative needed to make sure that reasonable numbers people with learning disabilities received help to secure and sustain jobs.

Recommendation 13

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

At the time of our inspection three people with learning disabilities received direct payments. At 2008,⁴ five people with learning disabilities received direct payments. We considered that North Ayrshire Council, in particular, needed to do more to increase the numbers of people with learning disabilities who received direct payments.

Recommendation 14

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

The delivery plan progress report said that the social services training section and NHS Ayrshire & Arran had been asked to devise appropriate training. The discussions included consideration of how to promote the involvement of service users and carers.

We considered that the council and its partners needed to deliver disability awareness training quickly.

⁴ Self-directed support (Direct Payments), Scotland, 2008, Scottish Government statistics release

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.

Availability of accessible toilets and changing facilities had been included in the NAC Disability Equality Scheme Action Plan.

There were new, fully accessible disabled toilets in the Magnum Leisure Centre and in Eglinton Park. The Accessibility Group commissioned and funded these toilets.

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.

The delivery plan progress report said that internal social services guidance was being updated in response to new Adult Support and Protection (S) Act 2007.

Consideration was being given to how best to involve service users and carers in the delivery of training.

We considered that the North Ayrshire Partnership needed to deliver advanced adult protection training for staff that carried out the complex detailed work of protecting adults with learning disabilities who were at risk of harm.

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.

The delivery plan progress report said:

- Staff had been given information at development days, regular briefing sessions and team meetings. The self-evaluation for the recent SWIA performance inspection indicated that this was no longer an issue.
- Information about the SWIA learning disability inspection had been circulated to staff, service users and carers.
- Information about the SWIA learning disability inspection delivery plan and strategic review of learning disabilities was fully incorporated into the Partnership in Practice Agreement. This had been circulated to all staff, service users and carers.

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.

The delivery plan progress report said:

- A team leader (services) was appointed in May 2008.
- Service specification work was is in progress with several service providers.
- A staff member has been appointed to take forward this agenda.

East Ayrshire Partnership

Recommendation 19

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

The delivery plan progress report said:

- A supported employment co-ordinator had been appointed.
- Funding had been approved for three job coaches.
- There had been over 70 referrals for the supported employment service. 26 individuals were being supported, 7 individuals were in paid, open⁵ employment.

The evidence from our focus group was:

- The majority of service users were in paid employment.

Recommendation 20

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

At the time of our inspection in 2006, 9 people with learning disabilities received direct payments. At 2008, 16 people with learning disabilities received direct payments.

The evidence from our focus group was:

- No service users were aware of direct payments. All said direct payments had not been discussed with them.
- More positively, all of the carers at our focus group said that their care manager had discussed direct payments with them. Two people who received direct payments were very positive about the experience, as it enabled them to have more control over the standard of care delivered.

Recommendation 21

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

The delivery plan progress report said:

- The local area co-ordination service was rolled out in February 2008 and there were three local area co-ordinators covering the whole of East Ayrshire.
- People with learning disabilities and family carers were involved in the interview process for the new local area co-ordinators.

⁵ Open employment is paid mainstream jobs

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.

The delivery plan progress report said that East Ayrshire Council had agreed measures to enhance the contracting and commissioning arrangements to support monitoring and continuous improvement in contracted services - this was to include the advocacy service.

The evidence from our service user focus group was:

- Almost all of the service users had an independent advocate. One service user said they found their advocate very helpful and supportive.

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.

The delivery plan progress report said that opportunities for the provision of adapted toilets and changing facilities were explored in the council's major capital programme projects e.g. the council headquarters. There was ongoing contact with planners about access to public buildings.

There was no evidence that there were additional accessible toilets or changing facilities. However, we recognise that making progress with this takes time.

South Ayrshire Partnership

Recommendation 24

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

At the time of our inspection in 2006, 7 people with learning disabilities received direct payments. At 2008, 10 people with learning disabilities received direct payments.

We considered that South Ayrshire Council, in particular, needed to do more to increase the number of people with learning disabilities who received direct payments.

Recommendation 25

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

Evidence from our staff focus group was:

- The group felt that there had not been a big improvement in general but noted local area co-ordination had a positive impact on a few service users.

Senior managers said there was a commitment in the service plan to review the current model of service delivery (one local area co-ordinator), identify funding and create an additional post. Managers we spoke to said there was funding for an additional local area co-ordinator post.

We considered that the partnership needed to roll out local area co-ordination to all of the council, within a reasonable timescale.

Recommendation 26

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

The evidence from our carer focus group was:

- The majority of the carers had not been offered a separate carer assessment and the others did not know if they had been offered a separate carer assessment.

The evidence from our staff focus group was:

- All relevant staff said they routinely offered separate carer assessments and the offer and outcome was recorded on the single shared assessment form. Few carers took up the offer of a carer assessment.

We received no figures for the number of carer assessments completed for carers who cared 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.

Senior managers told us that the audit had now been done. They used the SWIA case file audit tool to carry out the audit.

The evidence from our staff focus group was:

- The adult protection processes, support and the production of minutes had improved.
- Supervision was helpful and supportive. Social work staff had to present fully up to date case files for each supervision session, the senior social worker then signed the file.

Recommendation 28

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

Managers we spoke to said they were looking at the East Ayrshire model for continuing professional development plans for staff. They said they needed to have a framework in place for professional development. The aim was that all staff were to have these plans by the end of 2008. Social work was to appoint a training officer who was to take this matter forward.

We considered that the council needed to deliver 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 learning disabilities.

Managers we spoke to said, "all they had in place was basic adult protection awareness training".

The evidence from our staff focus group was:

- Most of the staff had had adult protection training over the last 18 months.
- Some staff had had vulnerable adult training (2 days) within the last 12 months. Others were aware of a rolling programme of training, but they had not yet done the training. For staff in learning disability services this training was mandatory but not for children and families staff. The training was multi-disciplinary but it was not clear what, if any, refresher training was available. Some staff had had induction training.

- Staff thought the quality of the training was good.

We considered that the South Ayrshire partnership needed to implement this recommendation quickly.

Health 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.

The Health Needs Assessment had been done. NHS Ayrshire & Arran revised the assessment tool to reflect the experience of professionals using it and service user and carer views. Staff entered assessments on FACE.⁶

Health assessments were completed for all new referrals to community learning disability nursing. Over 150 assessments had been done. This information was to be used to develop a health needs profile for each locality and inform the health improvement strategy. NHS Ayrshire & Arran planned to use the information to generate a population profile.

There were discussions about whether all community learning disability team (CLDT) referrals should be included. FACE accommodated single shared assessment information for all care groups.

NHS Ayrshire & Arran stressed that this project was a long-term investment in a clinical tool rather than a snapshot of health needs.

We heard about the Keep Well Project, which was a project for people with cardiovascular problems who lived in deprived areas, particularly in North and East Ayrshire. This project focused on the general population but it had specifically included people with learning disabilities. There were plans to use accessible materials for this project.

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.

NHS Ayrshire & Arran was writing an all-Ayrshire report about out-of-area placements. Private providers locally supported 64 individuals, 53 individuals were not from the NHS Ayrshire & Arran area.

A project was due to start at Daldorch School for people with autistic spectrum disorder. Two community learning disability nurses from each locality were to complete health assessments.

⁶ Functional assessment care environment

Daldorch School had:

- 26 people in the junior campus; and
- 56 people in the senior campus.

There was an arrangement in place to provide general medical services and specialist support to Daldorch. A brief needs assessment at Daldorch had been done by NHS Ayrshire & Arran's children's services in 2004. But following the development of a senior campus, a piece of work had been commissioned to look at the needs of the 56 seniors at Daldorch.

Recommendation 32

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

Within each locality, there was a primary care liaison nurse in each CLDT who had been working closely with general practice to develop registers for people with learning disabilities. Primary care liaison nurses supported practice nurses to do initial annual health checks.

The community learning disability team had developed a communication pack to assist with health checks in general practices. These packs included photographs that showed details of some health check procedures. We found that nurses had good access to protected learning time.

Within the East team, there had been 100% uptake from GP practices of the enhanced service model⁷ in primary care. A range of learning disability awareness training, health needs awareness training and communication training sessions had happened. Administration and reception staff were included in this training.

Within the North teams, the level of uptake for training had varied across areas. There had been 96% uptake of the enhanced check (North area). NHS Ayrshire & Arran said this was a long-term investment with permanent staff.

The Bridge to Vision Project had been developed since our initial inspection. The project helped people with learning disabilities who had problems with their sight. An eye care review was in progress in children's services.

³GPs are contracted to provide an enhanced service to people 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.

The service was updating the existing child health strategy and was going through a consultation process. There was to be an all-Ayrshire integrated children's service. It was to be led by a strategic officers group.

A specific piece of work was being done on children with autistic spectrum disorder (ASD). A clinical psychologist was considering the development of an ASD pathway⁸ as parents said they were concerned about this.

NHS Ayrshire & Arran said that transition nurses from each community learning disability team had been appointed in each locality to link in with existing children's services.

A review of the health assessment tool and its use for children's services (particularly children with complex needs) was being done at the time of our follow-up. The tool was to be used with young people with autistic spectrum disorder from Daldorch School and for children's respite services in South Ayrshire.

Recommendation 34

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

At the time of our follow-up, an assessment and treatment strategic group was reviewing the operational policy for learning disability services.

NHS Ayrshire & Arran said that the use of residential assessment and treatment options needed to be planned and agreed by partners.

At the time of our follow-up, there were 13 assessment and treatment patients and 8 continuing care patients. Ten of these individuals were detained under the Mental Health (Care and Treatment) (Scotland) Act 2003 and three were informal patients. Five of these individuals had been in the assessment and treatment unit for over a year and one individual had been there for six years.

There was agreement to a 60% - 40% split for health and social work funding for continuing care patients. South Ayrshire Council planned a £1M one-off investment to create services.

NHS Ayrshire & Arran said that there was a plan for Arrol Park to become a 16-bed assessment and treatment service. There was funding from the

⁴ Route to access services

Queen's Nursing Institute for Scotland, for a study that was to look at:

- admissions to assessment and treatment;
- discharges from assessment and treatment; and
- outcomes/inform community support options for people with complex needs.

There was a small amount of short-term funding in East Ayrshire (approximately £45,000) to prevent hospital admissions. There were some concerns that the new systems and structures might make this budget might cease to be available.

There were problems with some people with learning disabilities losing their tenancies after they were admitted to hospital for assessment and treatment.

Effective partnership working was needed to prevent people with learning disabilities remaining in hospital unnecessarily.

The Intensive Community Support Service (ICCS) team was available when an individual required admission to Arrol park out of hours. It was reported that psychiatry services would be used for admission initially. We noted that work had been carried out with the ICSS team about awareness of learning disability issues and with NHS 24 about support to people with learning disabilities.

Recommendation 35

Recommendation for NHS Ayrshire & Arran learning disability health records.

NHS Ayrshire & Arran started working on FACE in 2004 - 05 with a small pilot in each CLDT. The three community learning disability teams had the FACE system. There were plans to roll out FACE to the assessment and treatment unit by the end of 2008.

Adult protection concerns could not be flagged on FACE; however, the child protection system did have an electronic flag. Work was ongoing to make further refinements to the system, which would make it compatible with the data set from the eSAY⁹ project. We found in the main FACE did not have the details of single shared assessments but some SSA information was on FACE. Where an individual had a person-centred plan, this was noted on FACE. Adults with incapacity issues were to be highlighted on FACE.

Health needs of people with learning disabilities, results from our service user and carer focus groups

⁵ eSAY is a project to develop electronic data sets about people with learning disabilities

North Ayrshire Partnership

- Most of the service users thought that health services for people with learning disabilities had improved over the last 18 months.

The group had mostly good things to say about health services. They felt services were good and that many of the NHS staff were very nice and took extra care of them. One person said that the staff joked with them when they were nervous and that the staff helped them feel more relaxed. They all commented on how the medical staff would tell them what was going on and kept them all fully informed and involved in any treatment that they needed.

- A majority of carers thought that health services for people with learning disabilities had improved over the last 18 months.
- Some carers, who said health services for people with learning disabilities were improving, mentioned the annual health checks for people with learning disabilities.

South Ayrshire Partnership

- Most of the service users thought that health services for people with learning disabilities had improved over the last 18 months.
- Most of the carers thought there had been no change in health services for people with learning disabilities over the last 18 months.

East Ayrshire Partnership

- Most of the service users thought that health services for people with learning disabilities had improved over the last 18 months.
- A majority of carers thought that health services for people with learning disabilities had improved over the last 18 months.

North Ayrshire partnership HMLe points to consider on lifelong learning

Point one

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.

The delivery plan progress report said the transition protocol was to be implemented from September 2008.

Point two

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.

The delivery plan progress report said there had been an evaluation of training, employment initiatives and funding. There had been the launch of a new job support pack with specific job support service information.

Point three

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.

The delivery plan progress report said a contract was being negotiated with Strathclyde Passenger Transport to deliver independent travel training to young people in transition. This was in addition to the independent travel-training programme the schools delivered.

Point four

Education staff recognised that there was a need to further develop their approaches to consulting with service users.

In June 2008, Children-in-Scotland and North Ayrshire Council Educational Services published the outcomes of an extensive consultation process about children and young people with additional support needs. More than 1200 responses were received. The responses were used to develop an action plan to further improve services.

The disability equality forum was funded by Educational Services. Educational consultants and pupils supported it and parents whose children had a range of disabilities were represented on this group. The forum advised Educational Services about disability equality issues and the accessibility

strategy. The forum also held consultation events across the wider community.

Educational planning frameworks and paperwork contained sections to note the comments of children and parents/carers about how they were involved in planning.

Point five

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.

Some examples of collaborative working between education staff and NHS staff were:

- A senior officers group (Social Services, Educational Services and NHS) was writing a shared protocol for joint commissioning of services for children and families.
- The joint training for social workers and school-based looked after children co-ordinators had included the designated looked after children workers who worked for the NHS.
- The health promoting schools initiative promoted joint working between education and NHS staff.
- The accessibility strategy group was a multi-agency working group that planned and delivered services for children and families affected by disability.

East Ayrshire partnership HMIe points to consider on lifelong learning

Point one

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.

The forums were run annually and parents got help with transport if they needed it and a crèche was offered.

Point two

Some parents were critical of what they thought was a lack of support from social services, especially when their children were younger. They felt if that they presented as being able to cope there was a perception that they did not need support.

The delivery plan progress report said services had been reviewed. This was to lead to enhanced provision of social work support for younger children with disabilities and their families.

Point three

(1) School staff were concerned that some young people with complex learning disabilities were being offered only part time college attendance on leaving school.

(2) There was also concern that sexual health matters did not form part of the college curriculum.

The delivery plan progress report said there had been improved liaison and training between school and college staff.

Point four

School staff were concerned that NHS therapy services, readily available in schools, were not accessible once the transition to adult services had taken place.

The delivery plan progress report said that therapeutic services were available from NHS adult services.

Point five

Parents valued the support of the transition team but would like its involvement to be introduced at an earlier stage.

The delivery plan progress report said services have been reviewed. This was to lead to enhanced provision of social work support for younger children with disabilities and their families.

Point six

Parents of children of 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.

These meetings were now held.

Point seven

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.

The delivery plan progress report said the children with disabilities team was now in place. And this meant that the team could work with the families of children with learning disabilities as the children progressed through school.

Point eight

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 a particular issue.

The delivery plan progress report said the respite panel had been reviewed and new procedures had been implemented.

South Ayrshire partnership HMIE points to consider on lifelong learning

Point one

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.

Following inspection by HMIE of Craig Park there had been a drive towards greater inclusion of its pupils in their local mainstream school.

Point two

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.

The delivery plan progress report said employment opportunities for people with learning disabilities were monitored by a quarterly report and through The national The same as you? performance indicators.

Point three

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.

The delivery plan progress report said a partnership matters agreement had been drafted.

Point four

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.

Following inspection by HMIE of Craig Park there had already been a drive towards greater inclusion of its pupils in their local mainstream school.

Point five

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.

Social work had part-funded a post for supported employment for adults, particularly younger adults.

Appendix one

Ayrshire Follow-up activities

East Ayrshire Partnership	North Ayrshire Partnership	South Ayrshire Partnership	NHS Ayrshire & Arran (for health specific recommendations)
Family carer focus group	Service user focus group	Service user focus group 1 (children)	One-day multi-disciplinary seminar
Service user focus group	Front-line staff focus group	Service user focus group 2 (adults)	
Front-line staff focus group	Family carer focus group	Family carer focus group (children)	
Meeting with senior managers	Meeting with senior managers	Family carer focus group (adults)	
		Front- line staff focus group	
		Meeting with senior managers	

Appendix two

List of partners involved in the Multi-Agency Inspection of Services for People with Learning Disabilities in Ayrshire

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