



*Making Social Care
Better for People*

Embargoed until 17 January 2006

inspection report

INSPECTION OF SERVICES FOR PEOPLE WITH LEARNING DISABILITIES

Isle of Wight Council

Inspection Findings

September/October 2005

COMMISSION FOR SOCIAL CARE INSPECTION

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- hold performance statistics on social care;
- publish the 'star ratings' for council social services;
- register and inspect services against national standards; and
- host the Children's Rights Director role.

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Introduction

The fieldwork for this inspection took place between 27 September and 7 October 2005. The inspection report is presented in two parts. The first contains a summary in accessible form. The second gives a more detailed account of our findings, conclusions and recommendations. This report contains both parts.

Organisation of Learning Disability Services in the Isle of Wight Council

The Isle of Wight is the largest off-shore island in the United Kingdom and is a predominantly rural council area with a population in excess of 132,000. There are about 800 people with a learning disability, including about 100 who have a severe learning disability. The council area has a black and minority ethnic population of 1.3 per cent.

The island is a unitary authority which has common boundaries for the principal public sector agencies.

The Isle of Wight had appointed an Acting Director of Adult Social Services in April 2005, following the resignation of the Director of Social Services and the reorganisation of social care services in line with government priorities. The council had split its former Social Services Directorate, creating a new Children's Services Directorate and a new Adult and Community Services Directorate which included Housing.

Learning Disability Services on the island were the responsibility of the Interim Head of Service – Adult and Housing and the Service Manager for Quality Assurance, Development and Planning, who reported to the Interim Head of Service - Adult and Housing. The manager of the residential respite provision and the team manager for the Community Learning Disability team reported to the Service Manager.

The council and health organisation partners had recently agreed to establish a single public sector organisation for the delivery of health and adult social care services, including learning disability services. The proposed implementation date for this integration was April 2007.

Summary of Inspection Findings

Overall we judged that some people were being served well.

The Isle of Wight was working hard to develop learning disability services which had had a low profile among local social care services. From a slow start in delivering on the Valuing People agenda, Adult and Community Services and partners had made some positive progress over the last year.

There was no current overarching strategy for learning disability services, but a number of required Valuing People Frameworks had been developed in the previous 18 months. A draft overarching learning disability strategy had been recently produced and was out for wide consultation.

There was no overall commissioning strategy for learning disability although a draft joint commissioning strategy for all health and adult social care was being developed.

The Learning Disability Partnership Board had been reinvigorated and relaunched and was beginning to demonstrate an impact in some strategic areas. Partnership Board meetings were well attended with two service users co-chairing. The effectiveness of the sub-groups was variable. Service users and carers were represented on the Partnership Board but they were not yet fully involved in strategic planning processes and there were particular gaps in engaging people with profound and multiple disabilities and people from the Black and Minority Ethnic population.

The council and its partners were successfully starting to move away from reliance on a traditional pattern of services for people with learning disabilities. There were some good service initiatives which promoted increased independence and it was clear that some service users were benefiting from these.

A reducing number of people with learning disabilities were being admitted to residential care and a growing number of people had their own tenancies. Increasing the range of housing options had been identified by the council as a priority area for development.

Modernisation of day services had been slow with many service users still attending day centres. Employment Schemes were, however, making good progress in supporting people with learning disabilities to access work opportunities and in some cases, paid employment.

Changes in the residential respite service had led to a more diverse range of service users accessing the provision but the range of respite services was limited.

Direct Payments had made some good progress from a very low base. They were being used to purchase a wider range of services and were well regarded by both service users and carers.

The number of Carer Assessments was low and had yet to demonstrate an impact on carers' lives and addressing the needs of older carers was at an early stage of development. Many carers were critical about the availability and reliability of some services.

Person-Centred Planning was being developed and there was evidence that Person-Centred Plans had changed a few service users' lives. A number of Health Action Plans had also been completed.

There was recognition of the need to improve the transitions process for young people with learning disabilities and this work was starting to be addressed.

Performance management and quality assurance processes were becoming more embedded at every level in the organisation. Service users and carers had not been involved in quality assurance processes but this was identified as an area for improvement and the British Institute for Learning Disability had been commissioned to work with users and carers on a programme of quality reviews.

Overall we judged that capacity for improvement was promising.

The council and its partners had recently developed a clearer vision and strategic direction for the modernisation of learning disability services through the production of a coherent draft learning disability strategy which was underpinned by Valuing People principles. The vision and direction were being communicated through a widespread consultation process for the draft strategy.

The draft Learning Disability Strategy and draft Joint Commissioning Strategy for Health and Adult Social Care were not yet supported by relevant detailed plans for action but work was in progress to translate these key strategies into plans with objectives, targets, responsibilities for delivery and the necessary resources to implement them.

The budget for Adult and Community Services had been re-based for 2005-06 which had resulted in an uplift for learning disability services. The council was still finalising its medium term financial plan and there was evidence to suggest that the new administration was well informed of the financial pressures facing learning disability services. The Isle of Wight council had also been accepted as a pilot site for a Local Area Agreement.

Adult and Community Services had identified most of the issues to be addressed in developing service improvements and delivering better outcomes for people with learning disabilities. Performance and quality assurance management systems were starting to be implemented on a more systematic basis at all levels of the organisation. Improvements were required to the operation of the new ANITE SWIFT IT system in order for it to be an effective tool for performance and quality assurance monitoring.

Within the past two years, the council had made some structural and management changes to promote the modernisation of adult social care services. The management arrangements had brought a new sense of purpose and direction to learning disability services. More recently, investment had been made to provide additional capacity to the Adult and Community Services Directorate in the form of two development posts to

assist with the modernisation agenda.

The Community Learning Disability team had been under great pressure due to staff turnover and sickness absence. The team was almost back to being full capacity which should enable a rebalancing of its focus towards being more proactive again. Both management and staff were committed to working in a person-centred approach.

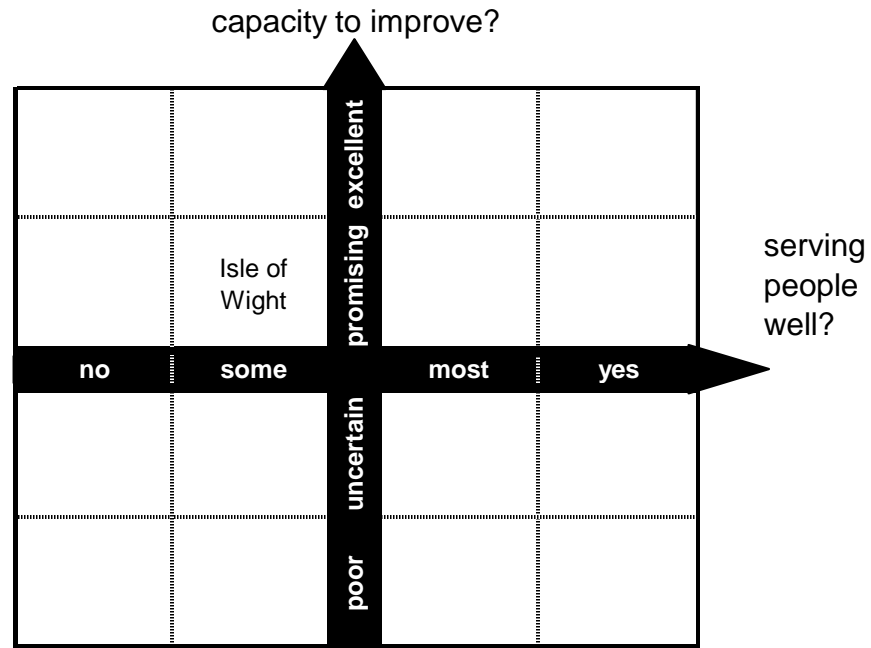
Although some key pieces of work were at an early stage, and there was a considerable way to go before a fully modernised and comprehensive learning disability service was in place, the foundations were being actively laid with planning and partnership arrangements well established. The Learning Disability Partnership Board was becoming a critical driver for coordinating partnership working across a wide range of stakeholder organisations, including those from council directorates.

The council and its health partners were committed to forming an integrated health and adult social care organisation having developed closer working relationships over the years. There was some slippage on the initial project timescales and a new target date had been recently set for formal integration by April 2007. A Transition Project Management team was being established and news was awaited as to whether the outline proposals for integration were supported by the Department of Health before more detailed work plans were developed. The council and its partners were confident that integration would be achieved on target although timescales were tight.

Overall the direction of travel for learning disability services was a positive one. The main challenge for the council will be to maintain the momentum and focus for change in modernising learning disability services while managing the wider major organisational and structural changes which the plan for formal integration entails. The capacity of both management and staff to continue to arrange and deliver services for people with learning disabilities and their carers, implement the identified service improvement priorities and respond to the Integration agenda will need to be closely risk managed.

Inspection Performance Matrix

These two judgements are summarised in the following matrix:



ACCESSIBLE SUMMARY

This report uses pictures provided by CHANGE and People First (Self-Advocacy).

INSPECTION OF SERVICES FOR PEOPLE WITH LEARNING DISABILITIES

Isle of Wight Council

September/October 2005

Summary

During September/October 2005, an inspection team from the Commission for Social Care Inspection looked at the Isle of Wight Council's services for people with learning disabilities. The team included two CSCI inspectors, an assessor with learning disabilities and his supporter.

The inspection team wish to acknowledge the time and consideration that users, carers and other people gave to the team during the inspection.

What the team did

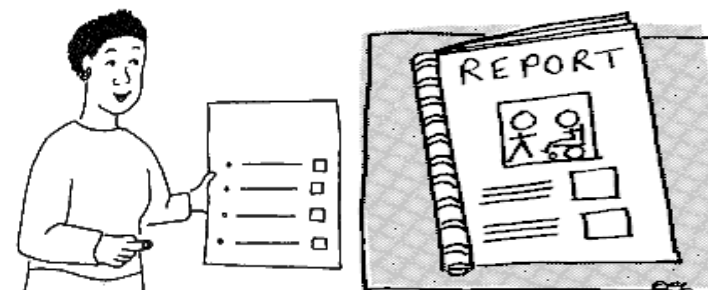
The inspection team spoke to many people, including people who use services, carers, staff from Isle of Wight Council's social services, as well as people from other organisations.

The team visited people in their own homes, various projects and a residential respite centre. The team also met with self-advocacy groups and the co-chairs of the Learning Disability Partnership Board

The team looked at case files and other records.

The team carried out questionnaire surveys of the views of carers and fieldworkers.

The team told the council what they thought just after their visit and later wrote a more detailed report, *Inspection Findings and Recommendations*.



This report describes the main things that the team found, especially those things that directly affect people who use services and carers.

Overall, the inspection team thought that the Isle of Wight Council was serving some people well and that it had promising capacity for further improvement. More detailed findings and recommendations are on the following pages.

Getting through to services

What the inspection team found

☺ With a new website, as well as printed information, the Council and partners had improved the availability of information about learning disability services and the Learning Disability Partnership Board (LDPB). Some service users were also working with a local TV station to provide information both for and about people with learning disabilities on the Island.

☹ ... but there was no directory for users about the available services and users wanted more information in formats other than text and pictures.

☺ The Council funded some advocacy services, including Isle of Wight Advocacy Trust which worked well with individuals and groups ...

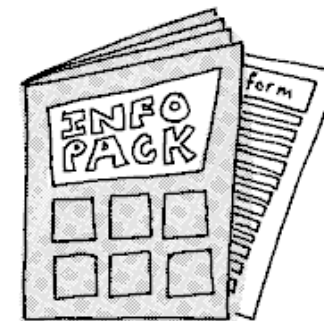
☹ ... but the Advocacy Trust was almost at full capacity.

☹ Some users in residential care still lacked access to independent advocacy support.

☹ Some people who used services did not know how to make a complaint and there was no user- friendly information about the Complaints' Service.

☺ The Council used an Interpreting and Translation Service.

What needs to be done



The Council needed to improve its information about services for people with learning disabilities.



The Council should improve arrangements for its Complaints' Service.

Assessment, care planning and review

What the inspection team found

- ☹ Recruitment problems, staff sickness and the high caseloads of the Community Learning Disability Team (CLDT) had led to delays in contacts with users and carers, with visits not always happening and usually only when there were great difficulties ...
- ☺ ... but initial contacts with the Duty System were dealt with promptly.
- ☹ A few Person-Centred Plans (PCPs) had changed people's lives, but the development of PCPs was slow.
- ☹ Links between PCPs and the care management system weren't clear nor was it clear how quality in care management was checked.
- ☹ Annual care management reviews had not all taken place during 2005. Nor was it clear that users and carers had copies of their care plans or reviews.
- ☹ Some assessments and care plans were too focused on what services were available rather than on what the person might need.
- ☹ Files did not clearly show how managers' decisions were made. Some files did not show how risks had been assessed.
- ☹ Most people didn't have Health Action Plans, although some people had benefited from them.

What needs to be done



The arrangements for checking the quality of Assessment and Care Management Service need improving.

Assessment, care planning and review (continued)

What the inspection team found

- ☺ A new person had just been appointed to improve review arrangements and the CLDT was trying to make care management information more accessible for users.
- ☹ Improvements were needed in the transition arrangements for young people as they became adults.
- ☺ Adult protection policy and practice documents were being reviewed at the time of the inspection.
- ☺ Adult protection systems generally worked well, with a range of training available.
- ☺ The recent *No Tolerance* campaign had raised public awareness of the issues with regard to protecting vulnerable adults ...
- ☹ ... but the Council needed to address a number of adult protection issues, including how referrals were dealt with; the volume of work overall and for the responsible manager; the lack of outcomes in reports; the use of the Adult Protection Committee for audit and quality assurance; information for users; and the lack of linkage between the protection procedures for Children's and Adult and Community Services.

What needs to be done



As young people move from Children's to Adults' Services, they should have a smooth transition, fully involving all appropriate agencies.



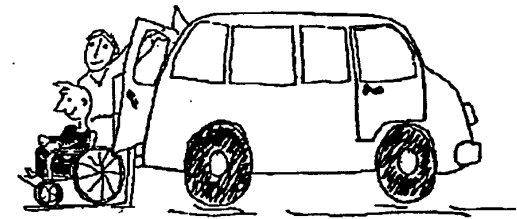
Adult and Community Services and their partners should complete the review of the adult protection policy and procedures.

Services

What the inspection team found

- ☺ The Isle of Wight provided a reasonable range of services for people with learning disabilities but some services, eg day services, residential respite and employment, had waiting lists.
- ☺ People were starting to benefit from the Supporting People housing programme, gaining their own tenancies and getting support through the Floating Support scheme.
- ☹ There was no Adult Placements Scheme and a wider range of housing options was required. More home-based care was needed and also services for people with complex needs, including those with additional mental health needs.
- ☺ Westminster House's residential short-breaks scheme was valued but more respite services were needed.
- ☺ There was a lack of services for older people with learning disabilities but the CLDT was linking with the Older People's Team to improve opportunities for older people with learning disabilities.
- ☺ The Council was working to improve the variety of day services on the Island, with the Learning Disability Development Fund allocating funds for a new staff member to help modernise day services.
- ☹ Transport arrangements weren't user-centred and didn't do enough to promote independence.

What needs to be done



The Council should look at transport for people with learning disabilities with the aim of making it more user-centred and promoting independence.

Services (continued)

What the inspection team found

- ☺ Increasing numbers of both service users and carers were receiving Direct Payments and some were helped by a Direct Payments Support Service.
- ☺ The inspection team saw some good examples of how people's independence was being promoted but there were other people who could become more independent with additional resources and services more user-centred and flexible.
- ☺ Although people were benefiting from supported employment services ...
- ☹ ... employment placement and support needed to be better co-ordinated.
- ☺ Links with and services provided by the local college were improving.
- ☺ Some people were making good use of local libraries and community services but not everyone knew about these.
- ☹ Sexual health services and services for people with autistic spectrum disorder were limited as was access to specialist health services, eg occupational therapy, psychology, sensory rehabilitation and psychiatry.

What needs to be done



The Council's Adult and Community Services should make sure that services are more flexible and user-centred to increase people's independence.



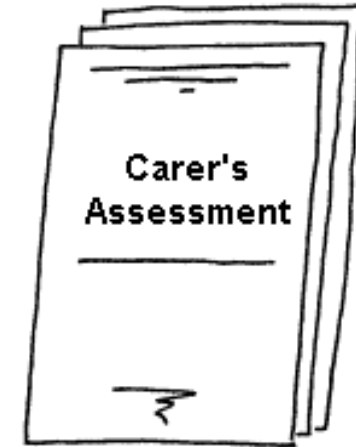
Adult and Community Services should work with health so that people with multiple needs get access to the specialist services they require.

Carers

What the inspection team found

- ☺ The Council was consulting on a draft Carers' Strategy.
- ☹ A good carers' information pack had been sent to all carers on the council's database but not all carers were on the database.
- ☹ Most carers didn't know about assessments or that they were entitled to them. For some carers, their assessments had made a difference but generally carers' assessments weren't having much impact,
- ☺ Carers said that they were generally treated with respect and courtesy.
- ☺ Carers were on the LDPB and regularly reported back to the Carers' Forum. Carers who knew about the Carers' Forum valued it.
- ☺ The Carers' Grant had been used to help some carers.
- ☺ The Council was arranging for carers and users to be involved in reviewing the quality of services for people with learning disabilities.
- ☹ Planning was at an early stage to improve services for older carers.
- ☹ Some carers praised the services and support they received but many were critical of the availability and reliability of some services.

What needs to be done



Adult and Community Services need to make sure that more carers of people with learning disabilities have assessments and get to know about what services and support is available for them.

Fair Access

What the inspection team found

- ☺ The Council was ethnically monitoring the access to and take-up of services for people with learning disabilities in order to ensure that Black and Minority Ethnic people had fair access to services.
- ☹ The Council was aware that it lacked experience in developing ethnically sensitive services but was working to improve its approach.
- ☹ The Council had limited engagement with people from the Black and Ethnic Minority population to plan services.
- ☺ The Council had published its Fair Access to Care Services rules and the CLDT used these rules as the basis for more detailed assessments. The Council was preparing an accessible version of the rules for accessing learning disability services.
- ☹ It wasn't clear how the eligibility rules for Children's Services were linked to those for Adult and Community Services.
- ☹ The Council was consulting on its revised Corporate Race Equality Scheme and Action Plan. It had also set itself an ambitious target to move from Level 2 of the Equality Standard for Local Government to Level 5 by December 2008.

What needs to be done



The Council should continue working to meet Level 5 of the Equality Standard for Local Government.

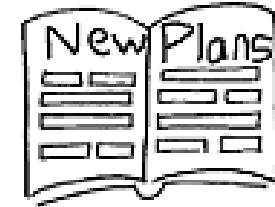
Planning services

What the inspection team found

- ☹ The Council lacked a single overall learning disability strategy, although a draft was out for consultation.
- 😊 The Council and their health services partners had high-level plans to integrate all their Health and Adult Care Services, including services for people with learning disabilities.
- ☹ There were only limited joint finance arrangements.
- 😊 Over the last two years, the Partnership Board had improved its planning arrangements, including setting up sub-groups, some of which, eg for training, employment, transport and health, were starting to have an impact.
- ☹ Two users co-chaired the LDPB but better representation of users and carers was needed on both the Board and its sub-groups.
- ☹ Because the service users' supporters were also voting members of the LDPB in their own right, there was potential for conflict when making decisions.
- ☹ The LDPB needed to do more to engage with people with profound and multiple disabilities and from the Black and Minority Ethnic population.

What needs to be done

After consulting on the learning disability strategy period, the Council and its partners should prepare priority action plans.



**PCPs
&
Direct
Payments**

The draft joint commissioning strategy for adult social care should take account of the development of person-centred plans and increasing use of direct payments for people with learning disabilities.

Users on the Learning Disability Partnership Board should have independent supporters.



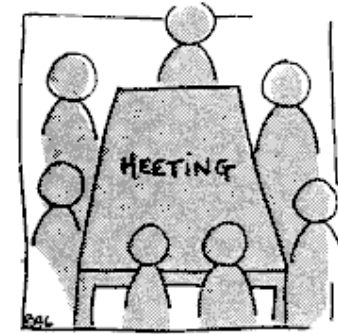
The Council should make sure that the full range of users and potential users is involved in planning for improvements in services.

Commissioning and contracting

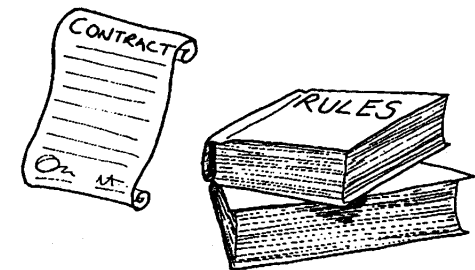
What the inspection team found

- ☺ There was a Joint Commissioning Board for Health and Adult Social Care ...
- ☹ ... but there was no agreed Joint Commissioning Strategy for Health and Adult care in place.
- ☹ There weren't many PCPs, so that they couldn't yet help inform the commissioning strategy ...
- ☺ ... but there was a new PCP Co-ordinator who was working to increase the number of service users who had a PCP.
- ☺ Commissioning and contracting relationships with private and voluntary agencies had improved recently ...
- ☹ ... but providers said they didn't know enough about long-term plans for learning disability services, so found it difficult to plan ahead. Providers also said that the contracting arrangements could be more streamlined.
- ☺ The new contracts officer for learning disability services should lead to improvements for how providers and the Council work together.
- ☹ The Council was moving from making annual grants to voluntary agencies to having more contracts which stated what the Council expected from them.
- ☹ Better ways were needed to measure the quality of contracted services.

What needs to be done



Adult and Community Services should involve more fully the various agencies that provide services to improve commissioning and help manage the market.



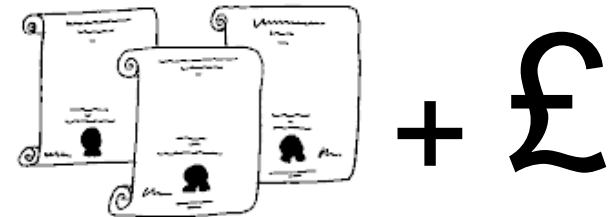
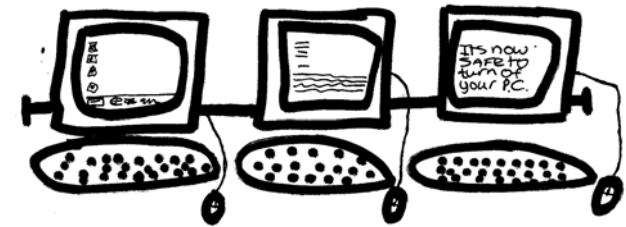
Contracting arrangements should be better linked to commissioning and be more streamlined.

Resources

What the inspection team found

- ☺ The budget for learning disability services had been increased for 2005-06, enabling new developments to go ahead.
- ☺ The Council was reviewing its Medium Term Financial Plan and knew about the pressures on the learning disability services budget.
- ☺ The Learning Disability Development Fund was being used for advocacy, person-centred planning and producing accessible information.
- ☹ The Council's Capital Strategy and Asset Management Plan 2002-05 didn't provide guidance for modernising learning disability services ...
- ☺ ... but the Council was planning that the St John's Road site would provide some flats for people with learning disabilities.
- ☺ The Council was also expecting that the planned integration with health could lead to some sharing of buildings and sites.
- ☺ Budget and financial delegation systems were sound.
- ☹ The new ANITE SWIFT IT system wasn't yet producing regular and reliable financial data and IT systems couldn't yet link data on finance with what users did.

What needs to be done



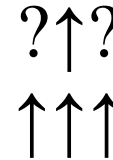
The Council should make use full capacity of its IT system to improve information on performance and quality management and to link budgets and activities.

Staff

What the inspection team found

- ☹ The Adult and Community Services Directorate lacked a clear lead for learning disability services and managers did not meet as a single Learning Disability Directorate.
- 😊 There was good communication between staff and management and the CLDT reported that they knew what they needed to do to improve services for people with learning disabilities.
- 😊 Staff valued the range of development and training opportunities, including joint training with partner agencies.
- 😊 The Learning Disability Award Framework training had started slowly but clear targets for induction and training had now been set.
- 😊 Users were getting involved with staff recruitment, while users and carers were becoming involved in staff training.
- 😊 The Council monitored its staff but kept no record of the numbers of people with learning disabilities who were either employed or on work experience with the Council.
- ☹ Adult and Community Services had no overall human resources strategy: The issues of skill mix and workforce planning had not yet been addressed in advance of the move to more integrated working.

What needs to be done



Moving to more integrated arrangements with health, the Council should set up clearer leadership arrangements for the learning disability services.

The Council should set a good example to other agencies by recruiting people with learning disabilities.



The Council should make sure it employs and keeps enough staff skilled in learning disability services.

INSPECTION FINDINGS

The following sections summarise the findings of the inspection team according to the standards and criteria on which this inspection was based. The final conclusions and judgements made by the team are supported by the evidence provided in these sections of the report.

STANDARD 1: NATIONAL PRIORITIES AND STRATEGIC OBJECTIVES

The council is working corporately and with partners to deliver national priorities and objectives for social care, relevant National Service Frameworks and their own local strategic objectives to serve the needs of diverse local communities.

CRITERIA	FINDINGS & CONCLUSIONS
<p>1.1 The council is implementing a coherent strategy for responding to national priorities and can demonstrate good progress year on year.</p>	<ul style="list-style-type: none">• From a slow start in delivering on the Valuing People agenda, the Adult and Community Services Directorate and its partners had made better progress in some areas over the past year, in particular, the role and influence of the Learning Disability Partnership Board [LDPB]. Adult and Community Services had established and developed planning arrangements and partnerships within the past two years which had built the momentum for change for the modernising agenda required by the Learning Disability White Paper.• There was no existing single overarching strategy for learning disability services but the various Valuing People frameworks, strategies and plans had been produced, as required by the Department of Health, although not all of them had produced within the original required timescales. A draft single overarching learning disability strategy had been produced explicitly building on these existing Valuing People frameworks, strategies and plans and was out for consultation during the time of the inspection.• The Isle of Wight Learning Disability Partnership Board had been reinvigorated in 2003, following a review of its membership. The LDPB had set up a number of sub-groups to progress work in line with national and local objectives and was beginning to be able to demonstrate an impact in some strategic areas in the past 12 to 18 months, such as Training, Employment, Transport and Health.

<p>1.2 Social services have developed local strategic objectives, priorities and targets, which complement the national ones. There is evidence that local services have improved in meeting the needs of diverse communities.</p>	<ul style="list-style-type: none"> • Some local strategic objectives were being developed and used in some areas such as Direct Payments, advocacy, employment opportunities and Supported Housing. Performance management processes were being improved and a Balanced Scorecard approach was being promoted for learning disability services. NHS partners had set a local target regarding Health Action Plans as part of their Local Delivery Plan. With regard to performance against national targets, the council's performance was rated as very good for 2004-05 with regard to Adults with Learning Disabilities helped to live at home. • During 2005, the council and LDPB joined the Valuing People Support Team's [VPST] <i>Keeping on Track</i> pilot performance management scheme. The LDPB had produced an Annual Report based on this model which had evidenced progress so far, in relation to the eleven Valuing People objectives. As a result of the variability in the performance of the LDPB sub-groups, progress on some Valuing People objectives had been quicker than on others. • There was a lack of a coherent communications strategy for learning disability services to cover accessibility, information and communications. There were several initiatives with regard to increasing access to information, the production of accessible information and the development of a range of communication methods. These initiatives were all designed to empower people in learning disabilities, but there was a lack of co-ordination and coherence to these activities which in some instances was causing confusion amongst service users.
<p>1.3 The council is delivering a coherent strategy to achieve continuous improvement, based on Best Value principles.</p>	<ul style="list-style-type: none"> • There has been some evidence of the impact of previous Best Value Reviews. The Care Management and Commissioning Best Value Review, published in 2001, was influential in informing the subsequent reorganisation of Adult Social Care Services. • An integrated performance management and quality assurance system was being implemented to provide a more robust framework through which to ensure continuous services outcome improvements. • The newly elected council (May 2005) had produced a Change Management Plan <i>Aim High</i> designed to become the driver of all that the council was seeking to achieve.

1.4 Social care services are planned and operating:

- Involving and consulting people who use services and carers;
- in collaboration with health organisations, other departments/ sections of the council and other agencies;
- through local strategic partnerships and an appropriate range of planning mechanisms;
- and to promote racial equality.

- Service users and carers were established members of the LDPB, and two service users co-chaired the Partnership Board. Service user members were supported but their supporters were also voting members in their own right. Without totally independent support, there was potential for a conflict of interest between service user members and their supporters.
- There was recognition that the representation of service users on the LDPB needed to be reviewed and further efforts made to ensure that they were enabled to be fully engaged in the work of the LDPB and its sub-groups. There was not yet service user and carer representation on every sub-group.
- Within the past two years, three separate consultation forums for service users, carers and independent providers had been established. The Carers' Forum was positively viewed by those carers who were aware of it.
- Whilst there was evidence of increasing participation of service users in individual services, service users and carers were not yet fully involved in the strategic planning processes for learning disability services. There were particular gaps in engaging people with profound and multiple disabilities and people from the Black and Minority Ethnic population.

1.5 The council has well-developed joint working and financial arrangements that operate effectively in most service areas.

- There was a good dialogue between Adult and Community Services and Health in a number of areas. There was positive engagement across the respective management teams and there were regular discussions about joint working and finance arrangements through the Joint Commissioning Board (Health and Adult Social Care). All these joint working arrangements had contributed to strategic developments in learning disability services and to the functioning of the LDPB.
- Effective partnerships with the voluntary/not for profit sector were under-developed and this limited their contribution to the strategic agenda for learning disability services. Some local agencies reported that Adult and Community Services worked with the voluntary sector in a fragmented manner.
- The council had limited joint finance arrangements with health organisations. A pragmatic approach had been adopted due to plans for an over-arching Section 31 agreement between the council and its health partners for Health and Adult Social Care.
- There was no pooled budget for the Learning Disability Development Fund [LDDF] (Revenue) although the LDPB had been involved in the allocation of monies from this fund.
- The LDPB set the priorities for learning disability services and these were reviewed annually although decision-making powers in relation to budget setting and allocation rested with the key funding organisations, the council and the Primary Care Trust.
- Planning and strategic links between Children's Services and Adult and Community Services were not robust.
- At a corporate level, the council had not had a high engagement in, or awareness of, Valuing People, although there were individual examples of recent positive, corporate partnership working e.g. Housing, Adult Learning and Leisure. More of the corporate departments needed to know about people with learning disabilities so that all corporate plans for people living on the Island included their needs.
- There were well-established joint working relationships at operational levels between the council's Community Learning Disability team and health-based staff. There has been no separate review of the Community Learning Disability team, as the role of the team was being considered as part of the over-arching plans for health and adult social care integration.

RECOMMENDATIONS

- 1.1 Following the consultation period, the council with its partners should complete the work in progress to produce explicit detailed action plans for the priorities identified in the final Isle of Wight Learning Disability Strategy.**
- 1.2 The representation of service users on the Learning Disability Partnership Board and its sub-groups should be reviewed and independent support provided to service user members to ensure that they can fully engage in the work of the Partnership Board.**
- 1.3 The commitment to involving service users and carers in strategic planning processes should not only be maintained but also developed to reflect the diverse learning disabled population on the Island.**

STANDARD 2: COST AND EFFICIENCY

Social services commission and deliver services to clear standards, covering both quality and costs, by the most effective, economic and efficient means available.

CRITERIA	FINDINGS & CONCLUSIONS
<p>2.1 An effective commissioning strategy is in operation. The strategy is:</p> <ul style="list-style-type: none">• responsive to changing and diverse population needs;• shaping the quality, balance, cost and capacity of services;• reflected in strategies for improvement; and• monitored and reviewed.	<ul style="list-style-type: none">• There was no commissioning strategy in place for learning disability services. Some good work had been completed in identifying the needs of the learning disabled population, with further work in progress. There was also recent evidence of improving commissioning and contracting relationships with providers. The council was negotiating block contracts and longer term agreements with providers to develop capacity and cost efficiency.• Adult and Community Services was moving from giving grants to the voluntary sector to contracts which specified local priorities.• A draft Joint Commissioning Strategy for Health and Adult Social Care (including learning disability) was at an early stage of development. Further joint work was needed to ensure that all the key elements of good commissioning were in place.• Person-Centred Planning [PCP] was still in development and, therefore, not yet able to inform the commissioning process.• Some providers reported that they did not have a sufficiently clear view of commissioning expectations which inhibited them from being able to plan ahead in response to potential and changing needs of the learning disabled population.

<p>2.2 Expenditure on social care services reflects national priorities and the needs of diverse communities.</p>	<ul style="list-style-type: none"> • The Adult and Community Services budget had been re-based for 2005-06 to reflect spending patterns and this had led to an uplift of £1.47 million in the budget for learning disability services to ensure that both current and some planned developments could be funded. • The new council administration was re-vamping its Medium Term Financial Plan to take account of a range of new commitments which were still being prioritised into a new programme. The current Cabinet were aware of the financial consequences of the demographic pressures faced by Adult and Community Services including increasing number of young adults with more complex needs and a growing number of older people with learning disabilities. • There was a clear process for allocating the Learning Disability Development fund (LDDF) both Revenue and Capital through the LDPB and the allocations reflected national priorities. In particular the LDDF (Revenue) had been used to make progress in Advocacy, Person-Centred Planning and producing accessible information.
<p>2.3 The council demonstrates improved efficiency across all aspects of social services operations.</p>	<ul style="list-style-type: none"> • Adult and Community Services contracting processes needed to become more streamlined and to connect better with commissioning. Contracting processes were perceived by some providers to be overly bureaucratic. There were also issues about the short term nature of some contracts, the lateness and/or uncertainty of contract renewals. • With the recent appointment of a contracts officer for learning disability services, Adult and Community Services should be able to develop a more informed understanding of what all contracted providers offered in terms of Value for Money. • Contracting processes included a number of ways to assure the quality of services. The council was strengthening its approach to contract monitoring with plans to review and revise quality accreditation for residential care. • Contracting processes were not well connected between social care and health, for example Adult and Community Services' contracts with Health partners for day centre provision contained no detailed specifications regarding outcomes for service users.

2.4 The council is implementing joint financial arrangements with health and other partners for the delivery of social care services.

- There were limited joint financial arrangements between the council and its health partners, although there were plans for one over-arching Section 31 agreement using Health Act Flexibilities for pooling all Health and Adult Social Care funds.
- The council had recently been accepted as a round 2 pilot site for a Local Area Agreement and the pooling and aligning of budgets would form a core element of this agreement which would enable widened partnership arrangements.
- The joint integrated community equipment service operated under a Section 31 pooled budget agreement.
- There were no pooled budgets for learning disability services although there was a Section 28A agreement (NHS Act 1977) in place. A multi-agency resource allocation panel made joint financial commitments for individual cases based on both Continuing Care and Fair Access to Care Services (FACS) criteria.
- Time-limited European Social Funds had been effectively used to pump prime some schemes e.g. *No Barriers* Employment Service and *Stepping Stones to Learning*. A bid had just been completed for a scheme in relation to people with autistic spectrum disorder.
- The council has successfully utilised other external sources of funding such as Supported People funding and the Carer's Grant to benefit some people with learning disabilities and their carers.
- Supporting People funding, however, had been reduced in 2005-2006 please correct all instances in line with house style with the likelihood of further reductions until 2007-2008. The new five year Supporting People Strategy had prioritised people with learning disabilities as a group for whom there was a significant demonstrable need for increased Supported Housing provision, especially Floating Support and *Move On* accommodation.

<p>2.5 The council's strategy for resource allocation for social care supports improvement priorities, with effective risk management of the budget.</p>	<ul style="list-style-type: none"> • The council had a corporate and service risk management strategy which raised awareness of risk issues and controls, including the introduction of an explicit risk management element in the quarterly reporting process. • The impact of the financial recovery plan of Health partners had been assessed through risk management processes and found to be having an effect on the provision and development of some Adult and Community Services. The council was managing the potential impact. • The council had re-based the Adult and Community Services budget in order that resource allocation supported current commitments and some planned growth in relation to services for young people with complex needs moving into Adult Services and social care's financial contribution to the White Lodge Re-provisioning Project. The council's risk assessment of the White Lodge Re-provisioning Project resulted in a shift in the balance of funding to the council.
<p>2.6 The council's asset management strategy is helping to deliver social care improvement priorities.</p>	<ul style="list-style-type: none"> • The council had a Capital Strategy and Asset Management Plan 2002-2005 but it provided no strategic direction to the modernisation programme for learning disability services. • The council was working on a joint development which involved the use of council land assets for the re-development of the St. John's Road site, which would facilitate the provision of some flats for people with learning disabilities. The council has also indicated a willingness to move assets to enable the development of the replacement for the residential respite provision at Westminster House. • A new Capital Strategy and Asset Management plan was being developed which would take a more strategic approach to land and property assets, and this would include opportunities for the rationalisation of facilities with Health partners as part of the integration agenda.
<p>2.7 The council demonstrates a high level of probity in managing resources and there is clear accountability for budgets and expenditure.</p>	<ul style="list-style-type: none"> • Finance Managers were well informed, had regular contact with managers at all levels and produced good financial information. • Budget management and control systems were effective and there were clear lines of accountability for delegated budgets. The budget for Adult and Community Services was forecast to be on target for 2005-2006, as it had been in the previous two years. • Regular and reliable financial data from the newly implemented ANITE SWIFT IT system was not yet being produced. Systems for reporting on both activity and financial expenditure were not sufficiently well linked and there was little evidence to show the relationships between costs, quality and service outcomes for people with learning disabilities.

RECOMMENDATIONS

- 2.1 The developing draft Joint Commissioning Strategy for Adult Social Care should take account of the diverse needs of people with learning disabilities and of the potential service re-configuration required as a result of the development of Person-Centred Plans and increasing use of Direct Payments.**
- 2.2 Adult and Community Services should ensure that contracting processes are reviewed to become more streamlined and better connected to commissioning arrangements.**
- 2.3 Adult and Community Services should more fully engage with both private and voluntary/not for profit providers to facilitate improved commissioning and market management.**

STANDARD 3: EFFECTIVENESS OF SERVICE DELIVERY AND OUTCOMES

Services promote independence, protect from harm, and support people to make the most of their capacity and potential and achieve the best possible outcomes.

CRITERIA	FINDINGS & CONCLUSIONS
<p>3.1 The independence of people who use services and carers is actively promoted to enable people who use services to meet their aspirations, to minimise the impact of any disabilities, and to avoid family stress and breakdown.</p>	<ul style="list-style-type: none"> • There were some good examples of people’s independence being promoted in the areas of supported living situations, opportunities for employment and through the use of Direct Payments. • There were also a number of people who had the potential to become more independent. This potential was being limited partly by a matter of resources, but also partly due to some services needing to become more user centred and flexible. Commissioning and contracting processes were not consistently monitoring that the independence of all service users was being actively promoted. • Person-Centred Planning (PCP) was developing but had not yet had a real impact. The recent establishment of the PCP Co-ordinator post was designed to quicken the pace and ambitious targets had been set for the number of people to have a Person-Centred Plan. • A person-centred approach was evident through case tracking and file reading with regard to some service users but in other cases it was evident that planning was more service led and reactive. • There was evidence of the effective use of skilled advocacy and facilitation with both individual and groups of service users. • The residential short-breaks service at Westminster House was person-centred and greatly valued by both service users and carers. The service had an active Service User Forum which was contributing to continuous service improvements. • Direct Payments had made some good progress from a very low base. They were being used to purchase a wider range of community activities and were being promoted through a variety of measures. A Direct Payments Support Service had been commissioned to support people with learning disabilities. • The take-up of Direct Payments had also been actively encouraged by the Children with Disabilities team. A number of young people with learning disabilities and their carers were in receipt of Direct Payments which would have financial implications for Adult and Community Services when transition was completed.

3.1 Continued

- Effective work was being undertaken to develop employment opportunities, including paid jobs. The *No Barriers* supported employment scheme was effective and had engaged well with some local employers.
- Employment placement and support activity were not sufficiently coordinated to maximise both the effectiveness and efficiency of the various organisations involved.
- Work with the local college had recently improved considerably and college staff were engaging well with a number of people with learning disabilities
- From a slow start, some people with learning disabilities had benefited from the Supporting People Programme, especially with the development of the Floating Support Scheme. There was a significant number of people with their own tenancies.
- The general view from service users, carers and other agencies was that the response from the Community Learning Disability team was good when crises occurred, but that the care management service was, in the main, reactive rather than proactive.
- Community nurses were not undertaking a care management role. This issue was recognised as one of the many change management tasks that the service would be addressing in order to progress the development of a single assessment process.
- Some older people with learning disabilities still attended Day Centres for Adults. There did not appear to be a retirement policy in relation to the Day Centres and there was an absence of more age-appropriate alternatives. There was, however, good liaison between the Community Learning Disability team and Older People's team with discussions planned to develop more age-appropriate day activities.
- The re-provisioning project for those living at White Lodge, a NHS facility, was work in progress. The seven residents were one of the priority groups for Person-Centred Planning. The effectiveness of the re-provisioning project was being hampered by a lack of funding which was having a knock-on effect on the establishment of an assessment and treatment service for people with learning disabilities who required specialist care and support.
- The modernisation of day services was identified as a priority for further development with substantial LDDF funding allocated to progress the work including the establishment of a new Day Care Modernisation post.
- Increasing the range of housing options was also recognised as a priority area for development in order to focus more clearly on the promotion of independence.

<p>3.1 Continued</p>	<ul style="list-style-type: none"> • There was no Adult Placement Scheme although such provision was under consideration by the council. We judged that this was an important deficit in the range of services for people with learning disabilities on the Island. • The council had made a few placements outside the council area which enabled service users to remain near family networks and in their local community. All out of area placements were regularly reviewed and plans were in hand to make provision available to return two people with complex needs to the Island.
<p>3.2 The range of services available is sufficiently broad and varied to meet people who use services and carer needs, take account of their preferences and achieve a balance of quality and coverage.</p>	<ul style="list-style-type: none"> • There was a reasonable range of services available but some services such as day services; residential respite and employment support had waiting lists, which meant that there were delays for people who needed such services. • Care managers had identified service capacity issues too, in particular in the areas of housing, home-based care and specialist care for people with complex needs, including those with additional mental health needs. • There was not a sufficiently broad range of respite services. • Learning disabled people with additional sensory loss had limited access to specialist rehabilitation services. A specialist service that had provided visual field assessment for people with significant disability had lost its health service funding during the last financial year and had ceased to provide a service. The council had not been in a position to take up the loss of the health funding • The gap in services for people with autistic spectrum disorder had been recognised and a network established to identify how their needs could be better met. • Access to clinicians and therapists was extremely limited. There were no specialist psychotherapists or occupational therapists and only one clinical psychologist and a consultant psychiatrist was available for only one day per month. • Health Action Plans were having a variable impact. Some people had them and found them useful while others did not have them or know about them. • There was a new sexual health scheme, SHIELD. This was developed from a previous service and was working in a person centred way. It did not, however, have the capacity to carry out one to one work and this was an important gap in the service. • Service users had identified the need for information about, and easier access to, leisure activities and social opportunities. There were some good examples of use being made of local libraries and community centres. This work was not well recognised or sufficiently visible.

3.3 The council provides a high level of support and encouragement for carers in their caring role.

- A draft Carers' Strategy had recently been produced and was out for consultation.
- While some carers were positive about the services and support which they received, many carers were critical of some services in terms of availability and reliability. We were told, '*They do what they can, there's just not enough of it.*'
- There was a good carers' information pack which had been sent to all carers on the council's database but not all carers had been identified and were, therefore, unaware of what help might be available. It is recognised that not all carers see themselves as such but better signposting was needed especially where people with learning disabilities are in non-specialist services.
- Carers' Assessments were not having sufficient impact, although there were examples of them being used effectively. The majority of carers surveyed had either not had an assessment of their needs or did not know that they were entitled to one.
- Planning to meet the needs of those living with older carers was at an early stage of development.
- Neither service users nor carers were well engaged in the evaluation of services but this was being addressed by commissioning the British Institute for Learning Disabilities (BILD) to help establish a user and carer-led service quality review programme which was due to commence in October 2005.

3.4 People who use services are effectively safeguarded against abuse, neglect or poor treatment whilst using services.

- Adult protection systems were responsive, referrals were processed promptly and they provided safeguards against abuse. The multi-agency Adult Protection policy, procedure and practice guidance documents were being reviewed and revised at the time of the inspection.
- A comprehensive programme of training for adult protection was available. This was being extended in order to train more health staff to become trained investigators.
- There were a number of issues with regard to Adult Protection work which needed addressing:
 - The current policy meant that all adult protection referrals were dealt with in the same way, i.e. a full investigation. This was resulting in some avoidable investigations taking place and others occurring with an unnecessary degree of complexity. Inspectors appreciated the sentiment behind this approach but judged it to be impractical and unnecessarily intrusive in some cases. Inspectors endorsed the acknowledgement in the policy review of the need to change the existing approach.
 - The volume of Adult Protection work was taking care managers away from other work when they were already under pressure due to high caseloads. This situation had been reviewed and recognised prior to inspection and the roles and responsibilities of care managers were to be revised as part of the review.
 - The majority of adult protection reports did not contain an outcome. This meant that critical management information was lost and preventive and remedial action would not be taken. This contributed to the reactive nature of the service, as there was insufficient intelligence about patterns of abuse.
 - The manager who held the Adult Protection Coordination role was also responsible for five other significant operational and strategic functions. A senior practitioner post was due to be created which would provide practice support but this still left a major gap in capacity in this vital area.
 - The Adult Protection Committee had become more effective but still needed to be used better in the area of case audit and quality assurance.
 - There was no evidence of accessible information for service users about the Adult Protection procedure.
 - There was no link between the protection procedures of Children's Services and those of Adult and Community Services.
- The recent *No Tolerance* Campaign was a positive development in raising public awareness of and responsibility for the protection of vulnerable adults.

RECOMMENDATIONS

- 3.1 Adult and Community Services with its health partners should ensure that effective protocols are developed in order that interfaces operate effectively across learning disability and other service areas and that where service users have multiple needs, there are appropriate and sufficient specialist staff to support them.**
- 3.2 Adult and Community Services should ensure that carers of people with learning disabilities are well informed about the support services available to them and how to access them and action is taken to increase the number of separate carers' assessments which are being offered and undertaken.**
- 3.3 Adult and Community Services should ensure that all commissioned services are working to maximise the independence of service users, in accordance with council objectives.**
- 3.4 Adult and Community Services with its multi-agency partners should complete the review of the Adult Protection policy and procedures to ensure that the operation of Adult Protection processes are more effective and efficient and that the monitoring system is more robust.**

STANDARD 4: QUALITY OF SERVICES FOR PEOPLE WHO USE SERVICES AND CARERS

People who use services, their families and other supporters, benefit from convenient and good quality services, which are responsive to individual needs and preferences.

CRITERIA	SUMMARY OF FINDINGS & CONCLUSIONS
<p>4.1 Arrangements for referral, assessment, care planning, monitoring and review are convenient, timely, and responsive to individual needs, preferences and ethnic diversity.</p>	<ul style="list-style-type: none"> • Initial contacts with the Duty System were screened and dealt with promptly. • Carers surveyed reported that they were generally treated with respect and courtesy. • Both Health and Social Care staff could access the SWIFT IT system which was an example of productive joint working. • There had been significant delays in both the allocation and ongoing contact for a number of people with learning disabilities and their carers. This was partly due to recruitment and sickness absence problems with the Community Learning Disability team combined with high caseloads. • There were also difficulties in accessing specialist assessments on occasions. • While there were some good effective care plans which were being well used, a number of care plans did not focus sufficiently on outcomes for service users. • Annual care management reviews had not routinely taken place during 2005 due to the shortage of staff in the CLDT. With the staff vacancies recently filled, however, there were plans to carry out outstanding care management reviews by the end of 2005/06. • In-house and external providers held their own service reviews which meant that too often reviews concentrated on existing service provision rather than exploring other options. • A number of service users and carers said that they had been waiting some time for their 'life planning' reviews to take place. • It was not always clear that care plans and reviews were routinely copied to service users and carers. • The council was committed to improving its performance on completing reviews. An additional four posts had been established as Reviewing Officers of which one half-time post had been recently allocated to the Community Learning Disability team. • Inspectors saw a number of case files where risks and vulnerabilities had been identified, but it was not evident that a written risk assessment had been completed and appropriate actions taken to safeguard the service users.

4.2 The council has quality assurance systems in place, and service quality is consistent across all sectors, services and communities.

- Person-Centred Plans were being developed under the guidance of a PCP Co-ordinator who joined the council in February 2005. As yet, there was no clarity in the relationship between Person-Centred Planning and the Care Management System. Given the postholder's span of responsibilities, it would be crucial to remain focused on what the priorities for action should be in order to secure enduring change in Person-Centre Planning and to establish an explicit monitoring system to quality assure the whole process.
- Although some exclusions from services had taken place, there was no overall Exclusions policy. Where exclusions had taken place, the process seemed to have been both thorough and fair but the absence of such a policy runs the risk of decisions being taken on an individual to individual basis rather than within an agreed policy framework.
- There were several examples of services which had adapted and developed in response to changing needs. The residential respite service had successfully implemented a change programme aimed at widening the profile of people with learning disabilities, who could use the service to include adults with profound and multiple disabilities. A number of providers had worked to provide supported living situations which enabled people with moderate learning disabilities to move out of residential care.
- There was evidence that the service was becoming more outward looking, both within the region and nationally. Members of the LDPB were increasingly networking and forging partnerships with counterparts in the South East Region in order to share and learn about developments elsewhere. Opportunities to either contact or visit national examples of good practice were also being taken up.
- Quality Assurance processes were becoming more embedded at every level of the organisation. Adult and Community Services had a Performance and Quality Management Strategy which had been revised in August 2005. The Excellence sub-group of the LDPB had developed a quality assurance element to its work. The Community Learning Disability team was developing a Balanced Scorecard to monitor and evaluate the quality of key areas of activity.
- There was no evidence of management recording on case files regarding supervisory oversight of actions being taken. We also found no evidence of a systematic audit of case files by operational line managers in the case file sampling undertaken as part of the inspection. Inspectors were however informed that the number of files audited had been gradually rising as a means of monitoring the quality of work being undertaken, recording being completed by staff or to identify where advice or assistance might be needed.
- There was recognition of the need to improve the transitions process for young people with learning disabilities and this work was starting to be addressed.

<p>4.3 Privacy and confidentiality are assured in all contacts and services, supported by appropriate policies and procedures.</p>	<ul style="list-style-type: none"> • The council had a range of guidance documents for both councillors and staff regarding privacy and confidentiality matters. • The Caldicott rules were enforced through a local policy. • There were good information sharing relationships between the council and its Health partners, with sharing of information protocols in place to maintain confidentiality.
<p>4.4 Good quality information about service standards is readily accessible to all, including minority ethnic groups.</p>	<ul style="list-style-type: none"> • New and more accessible information was being produced and used with active plans to increase the range of material available. • All Care Management documentation was also to be reviewed in order to develop the information in more accessible formats. • Partner organisations had also produced more accessible information for service users. • The council had launched a new website aimed at helping people with learning disabilities access a wider range of information and services. The site had been developed in consultation with people with learning disabilities and had been set up by the LDPB. • Information about LDPB meetings including agendas and notes of meetings, had been produced in accessible formats and was available on the council's website. • Many service users told the Inspectors that the new information was mostly printed text with pictures and while welcome they felt that other formats such as video, tapes and CDs should also be used to enable more people to access information. • The <i>Our Lives</i> project was producing information about services on video and DVD, through working with Solent TV, a local television station. This project had the potential to do more if funding and capacity issues were addressed. • It was not always clear if the availability of accessible information had been communicated to people with learning disabilities. • There was no comprehensive accessible directory of what services were available.

RECOMMENDATIONS

- 4.1 Adult and Community Services should ensure that young people with learning disabilities consistently and reliably experience a smooth transition between Children's and Adult Services and that all relevant agencies are fully engaged in the process.**
- 4.2 Adult and Community Services should strengthen the quality assurance system for the Assessment and Care Management service to encompass process, practice and recording.**
- 4.3 The council should ensure that comprehensive, accessible information is available to people with learning disabilities about the nature, range, and types of services provided and how to access them.**

STANDARD 5: FAIR ACCESS

Social services act fairly and consistently in allocating services and applying charges.

CRITERIA	FINDINGS & CONCLUSIONS
5.1 Clear eligibility criteria for all services are published, easy to understand and fair to all.	<ul style="list-style-type: none">• The council had published eligibility criteria based on Fair Access to Care but the information was not available in an accessible format, although work was in progress to produce an accessible paper version.• The Community Learning Disability team operated eligibility criteria which while based on Fair Access to Care was a specific gateway assessment which was a combination of IQ test, social functioning assessment, risk assessment and need. Some service users and carers said that they were not clear about the eligibility criteria for services. Other service users and carers said that services were, in general, helpful, but hard to find a way into.• There was no evident linkage between the eligibility criteria of Children’s Services and Adult and Community Services for young people with learning disabilities in transition.
5.2 Social services are effective in monitoring the social care needs of the local population and the take-up of services. Fair access can be demonstrated and action is taken to increase take-up of services from under-represented groups.	<ul style="list-style-type: none">• Some monitoring of the social care needs of the learning disabled population and the take-up of services had been undertaken and had informed the development of the draft learning disability strategy• Ethnic monitoring was undertaken and although numbers were small the council perceived that Black and Minority Ethnic service users were over-represented in the service in proportion to the local Black and Minority Ethnic population on the island. The council would need to clarify the actual percentage of the resident Black & Minority Ethnic population in order to confirm this perception.• There was a recognition that the council was not very experienced in developing ethnically sensitive services and work was in progress to address this.• The planned programme of work to ensure full compliance with the Disability Discrimination Act was not yet completely implemented.• Rurality issues were creating service access and uptake difficulties in some parts of the council area. Managers were aware of this and were working to make access more equitable.

<p>5.2 Continued</p>	<ul style="list-style-type: none"> • Transport had been identified as a major area for development and the LDPB sub-group had drawn up some proposals for improving transport arrangements for people with learning disabilities. Issues to be addressed: <ul style="list-style-type: none"> – The council transport service was not user-centred. Some service users were spending long periods travelling to and from services. – Council buses did not have escorts and this should be reviewed as a Health and Safety issue. – All transport had to go via one day centre. – Current transport arrangements were not providing sufficient opportunities for promoting independence. – Greater use could be made of council buses out of day centre opening hours. – Access to affordable public transport was limited and this restricted use of local community facilities. • A senior member of staff had been appointed to a transport improvement project that commenced in the summer of 2005.
<p>5.3 There are clear routes to access key social care services 24 hours a day, 7 days a week, as needed.</p>	<ul style="list-style-type: none"> • Fieldwork services could be accessed through the Community Learning Disability team during office hours. Outside of these hours an emergency service was available via an Emergency Duty Team, including an Approved Social Work Service and Adult Protection arrangements. • The Community Learning Disability team leaflet did not include contact details for the Emergency Duty Team. • An out of hours domiciliary care service was provided on a needs-led basis in support of the out of hours care management service. • The residential respite service could be used in emergencies.

<p>5.4 The range of services available reflects the needs of the community, promotes equality to comply with the Race Relations (Amendment) Act and demonstrates that diversity and social inclusion are valued.</p>	<ul style="list-style-type: none"> • The Corporate Race Equality Scheme had been reviewed and the new draft with priorities for action was out for consultation. • The council had assessed itself as being at Level 2 of the Equality Standard for Local Government and was aiming to achieve Level 5 by December 2008. This was an ambitious target and sustained effort would be required to focus on improving outcomes across all services in order to meet the identified target. • Equality impact assessments had been undertaken by the Community Learning Disability team and Westminster House and areas for improvement were to inform team action plans for 2006-2007. • Contractual arrangements required that services were to be provided in culturally appropriate ways. • The progress and impact of the council's Inclusion Strategy had not yet been evaluated. • Some people with multiple needs and diagnosis did not receive a consistent multi-disciplinary response. For example there was a lack of clarity about service responses to people with autistic spectrum disorder and there was a need to strengthen the interface protocol and joint working practice between learning disability services and mental health services.
<p>5.5 Access to services is culturally appropriate, and inclusive. Advocacy and interpreting services are promoted and used appropriately.</p>	<ul style="list-style-type: none"> • The council demonstrated a strong commitment to promoting advocacy for both individuals and groups of people with learning disabilities. • Health and Social Care had funded the establishment of a single advocacy service for both people with learning disabilities and their carers. The IOW Advocacy Trust had also been awarded time-limited funding from BILD. This advocacy service was providing a service to over 110 people and was operating at nearly full capacity. • Some service users in residential care had been identified as lacking access to independent advocacy support and it was felt that access to Independent advocacy should be included in council contracts with care home providers. • There was access to trained Interpreting and Translation Services and evidence of their use.

<p>5.6 A fair and transparent charging policy has been agreed with stakeholders and approved by the council, and income is collected efficiently.</p>	<ul style="list-style-type: none"> • The council had published its <i>Fairer Charging</i> policy but there was no accessible information about it. • Few carers surveyed said that they knew how charges were worked out. • All service users who received a chargeable service had the opportunity to have a benefits check from the council's benefits Advice Service to ensure that they were maximising their benefit entitlements. • Letters about charges were not in an accessible format for people with learning disabilities. This was an important issue for those living in their own homes or tenancies.
<p>5.7 The complaints/comments procedure is well publicised and user-friendly, and effective in improving services.</p>	<ul style="list-style-type: none"> • There was a lack of a systematic approach to the provision of information and advice to service users and carers for making complaints and accessing their file records. • There were very few complaints recorded for learning disability services. • Under half the carers surveyed responded that they knew how to make a complaint and a very small number said that they had been told they could see their records. • A draft accessible leaflet for people with learning disabilities explaining the Complaints Service had just been developed. • The link between the outcomes of complaints and continuous service improvement was not robust. Recent action had been taken to strengthen the link through establishing closer working relationships between the council's Complaints and User Rights Service and the nominated service manager in Adult and Community Services and issuing practice statements which confirm changes in practice required as a result of complaints. • There was no joint complaints system between the council and Health partners. This would need to be considered as part of the move to formal integration.

RECOMMENDATIONS

- 5.1 The council should continue and sustain its programme of work to meet the target which it had set itself in relation to the Equality Standard for Local Government.**
- 5.2 The council should adopt a more strategic approach to transport with regard to people with learning disabilities in order to address the identified areas for improvement.**
- 5.3 The council should ensure a systematic approach in the way that its Complaints Service is delivered and monitored.**

STANDARD 6: CAPACITY FOR IMPROVEMENT

The council has corporate arrangements and capacity to achieve consistent, sustainable and effective improvement in social services.

CRITERIA	FINDINGS & CONCLUSIONS
<p>6.1 The council's leaders have a clear vision and strategic direction for social services, communicate this effectively, and organise the necessary resources required to deliver it.</p>	<ul style="list-style-type: none">• The council with its health partners was committed to formally integrating Health and Adults Social Care Services by April 2007. The council intended to focus its role on commissioning services rather than direct service provision. The nature of the proposed Care Trust had only just been agreed and it was not yet clear if the Department of Health would support the proposed model.• The new council administration had produced a Change Management Plan entitled <i>Aim High</i> which was seen as the key driver to improving performance, becoming more cost effective and delivering improvements in the quality of life for the community.• Additional capacity had been funded by the council and its health partners to project manage the move to formal integration in the form of a Transition Project team.• Corporate and Directorate level briefings about the council's new vision and direction had taken place. These briefings had been distributed to staff through the intranet, in writing and by team meetings. Champions were being identified in each team to help facilitate the communication of the vision for the future to staff within Adult and Community Services.• The council had been accepted as a pilot site for a Local Area Agreement – a three year contractual agreement with the government which would allow the council more flexible use of existing funding.• The new Portfolio holder for Care, Health and Housing had become a member of the LDPB and was championing the Valuing People agenda at Cabinet level.• The Medium Term Financial Plan was being revised and amended. The council had recognised that future developments in Learning Disability Services required a re-allocation of resources away from some of the current traditional patterns of service provision towards modernising day services, expanding the range of housing options and extending opportunities to have Direct Payments to exercise more choice in purchase of services.• The Adult and Community Services' budget had been re-based for 2005-06 which had resulted in additional investment in services for people with learning disabilities.

<p>6.1 Continued</p>	<ul style="list-style-type: none"> • Two new development posts had been created during 2005 to support continuing service developments in Adult and Community Services, including learning disability services. • A clear vision and strategic direction for Learning Disability services had been set out in the draft overarching strategy for the service. The draft strategy was currently out for wide consultation which once concluded, would lead to more detailed planning for each of the seven priority areas identified for action.
<p>6.2 The council's strategy to improve social services is supported by relevant policies, plans, objectives, targets and processes. These have been agreed with all stakeholders. Strategies include contingency arrangements against foreseeable risks.</p>	<ul style="list-style-type: none"> • The council was moving towards a coherent approach to strategic action planning to manage the major organisational and cultural changes facing the Adult and Community Services Directorate. Action planning was being developed, there was generally good understanding of what needed to be achieved but plans needed to become consistently SMART and to have identified resources, where required. • As the draft Joint Commissioning Strategy was at an early stage of development, it had not yet been translated into a detailed practical action plan with targets and objectives, linked to timescales responsibilities and costings.
<p>6.3 Performance management, quality assurance, and scrutiny arrangements are in place and effective, and performance improvement can be demonstrably linked to management action.</p>	<ul style="list-style-type: none"> • Council scrutiny processes were being re-designed and had yet to have an impact on services for people with learning disabilities. • Work was underway to embed performance and quality management within Adult and Community Services, but this had been hampered by the need to develop appropriate IT processes. In Learning Disability Services, the Balanced Scorecard approach and the VPST <i>Keeping on Track</i> pilot were being used as performance management models.

<p>6.4 The council's organisational structure and management arrangements promote the delivery of improvements for social services and the wider modernisation agenda.</p>	<ul style="list-style-type: none"> • The current structure of the Adult and Community Services Directorate did not provide a sufficiently clear lead for learning disability services. The Acting Director of Adult Social Services had a management team which was structured around care groups but where service managers also had over-arching divisional roles. This meant that the manager who held the lead role for learning disability services also had responsibilities for other significant strategic and operational functions within the Directorate. • The joint commissioning post for learning disability and mental health services had just become vacant and cover arrangements were being put in place while the post was being reviewed. • Managers did not meet as a single Learning Disability Service group, although they did meet as part of Adult and Community Services. • The management arrangements for learning disability services were, however, promoting the delivery of service improvements and the modernisation agenda. There was a regular communications flow between staff and management. • The Community Learning Disability team reported feeling clearer about their roles and responsibilities in relation to the modernising agenda.
<p>6.5 The social care workforce reflects local diversity and is well trained. Local partnerships across all sectors have produced a human resources strategy that effectively trains, recruits and retains staff.</p>	<ul style="list-style-type: none"> • There was strong political will to develop staff to meet the Modernisation agenda. • The council had achieved the Investors in People award for the whole organisation in July 2005. • A range of staff development and training opportunities was available in Adult and Community Services and was valued by staff. Joint training was also organised with partner agencies. • Learning Disability Award Framework (LDAF) training had got off to a slow start but clear targets had recently been set and built into the induction and training framework. • A profile of training and workforce development which included the workforce in learning disability services had been very recently completed. • The council was routinely involving service users with learning disabilities in the recruitment of most care and management posts. Training had been given to a group of services users to take part in staff recruitment. Service users and carers were also becoming involved in training staff. Both these developments were positive examples of service users and carers being involved at the operational level of learning disability services.

<p>6.5 Continued</p>	<ul style="list-style-type: none"> • There had been a recent period of staff turnover and sickness absence in the Community Learning Disability. Recruitment to some posts had been a problem which may have been partly related to salary levels. At the time of the Inspection all but one of the four vacancies had been filled which was resulting in improved staff morale and an opportunity to realign workloads. • Adult and Community Services had undertaken a major investment in modernising its information and communications technology systems (ICT). The new ANITE SWIFT IT system had clearly had most implication for the working practices of the Community Learning Disability team. It was evident that some staff had found the change challenging but there was generally a confidence that the problem-solving approach adopted would resolve the inevitable issues arising from implementing a new system. The programme of training available should ensure that the full potential of the SWIFT IT system could be accessed and used consistently by all staff. • Adults and Community Services had no overall Human Resources Strategy. Skill mix and wider workforce planning issues had not been addressed in advance of the move to more integrated working. This would be an essential component of the plans for the new Health and Adult Social Care organisation. • The council monitored the composition of its workforce but kept no specific record of the numbers of employees with learning disabilities.
<p>6.6 The council develops and utilises partnerships, both externally and corporately, to ensure that social services are responsive to the needs of diverse community needs and preferences.</p>	<ul style="list-style-type: none"> • The LDPB was ably led and provided a solid foundation upon which to build improving partnership arrangements. There were some good examples of this taking place and this included other council departments. • Adult and Community Services and Housing were now within the same directorate and there was evidence that closer working relationships were adding value to service developments for people with learning disabilities.

RECOMMENDATIONS

- 6.1 The council should secure clearer leadership for learning disability services while moving towards integration and within the eventual new management arrangements for Health and Adult Social Care Services.**
- 6.2 The council should ensure that it has a workforce that is of sufficient size, skill mix and stability in learning disability services.**
- 6.3 The council should lead others by example by promoting the recruitment of learning disabled job-seekers.**
- 6.4 The ICT capabilities of the new ANITE SWIFT system should be fully implemented to improve the effectiveness and efficiency of care management, financial management and performance and quality management processes.**

RECOMMENDATIONS

National Priorities and Strategic Objectives

- 1.1 Following the consultation period, the council with its partners should complete the work in progress to produce explicit detailed action plans for the priorities identified in the final Isle of Wight Learning Disability Strategy.**
- 1.2 The representation of service users on the Learning Disability Partnership Board and its sub-groups should be reviewed and independent support provided to service user members to ensure that they can fully engage in the work of the Partnership Board.**
- 1.3 The commitment to involving service users and carers in strategic planning processes should not only be maintained but also developed to reflect the diverse learning disabled population on the Island.**

Cost and Efficiency

- 2.1 The developing draft Joint Commissioning Strategy for Adult Social Care should take account of the diverse needs of people with learning disabilities and of the potential service re-configuration required as a result of the development of Person-Centred Plans and increasing use of Direct Payments.**
- 2.2 Adult and Community Services should ensure that contracting processes are reviewed to become more streamlined and better connected to commissioning arrangements.**
- 2.3 Adult and Community Services should more fully engage with both private and voluntary/not for profit providers to facilitate improved commissioning and market management.**

Effectiveness of Service Delivery and Outcomes

- 3.1 Adult and Community Services with its health partners should ensure that effective protocols are developed in order that interfaces operate effectively across learning disability and other service areas and that where service users have multiple needs, there are appropriate and sufficient specialist staff to support them.**

- 3.2 Adult and Community Services should ensure that carers of people with learning disabilities are well informed about the support services available to them and how to access them and action is taken to increase the number of separate carers' assessments which are being offered and undertaken.**
- 3.3 Adult and Community Services should ensure that all commissioned services are working to maximise the independence of service users, in accordance with council objectives.**
- 3.4 Adult and Community Services with its multi-agency partners should complete the review of the Adult Protection policy and procedures to ensure that the operation of Adult Protection processes are more effective and efficient and that the monitoring system is more robust.**

Quality of Services for People who use Services and Carers

- 4.1 Adult and Community Services should ensure that young people with learning disabilities consistently and reliably experience a smooth transition between Children's and Adult Services and that all relevant agencies are fully engaged in the process.**
- 4.2 Adult and Community Services should strengthen the quality assurance system for the Assessment and Care Management service to encompass process, practice and recording.**
- 4.3 The council should ensure that comprehensive, accessible information is available to people with learning disabilities about the nature, range, and types of services provided and how to access them.**

Fair Access

- 5.1 The council should continue and sustain its programme of work to meet the target which it had set itself in relation to the Equality Standards for Local Government.**
- 5.2 The council should adopt a more strategic approach to transport with regard to people with learning disabilities in order to address the identified areas for improvement.**
- 5.4 The council should ensure a systematic approach in the way that its Complaints Service is delivered and monitored.**

Capacity for Improvement

- 6.1 The council should secure clearer leadership for learning disability services while moving towards integration and within the eventual new management arrangements for Health and Adult Social Care Services.**
- 6.2 The council should ensure that it has a workforce that is of sufficient size, skill mix and stability in learning disability services.**
- 6.3 The council should lead others by example by promoting the recruitment of learning disabled job-seekers.**
- 6.4 The ICT capabilities of the new ANITE SWIFT system should be fully implemented to improve the effectiveness and efficiency of care management, financial management and performance and quality management processes.**

Inspection Background and Method

The White Paper '*Valuing People: A New Strategy for Learning Disability for the 21st Century*' sets out the Government's commitment to improving the life chances of people with learning disabilities. It has a particular focus on partnership working with an emphasis on people with learning disabilities and their families. It is concerned with the ambition to provide new opportunities for those with learning disabilities to lead full and active lives.

The objective of the inspection was to evaluate the implementation of national and local objectives relating to the social care needs of people with learning disabilities, and the quality of outcomes for them and their carers.

The overall social care performance assessment standards and criteria were used to evaluate services within the context of the overall performance assessment of the council.

The inspection team consisted of two inspectors, a learning disabled assessor and his personal supporter. We visited a range of projects and public access areas, and interviewed people who use services, family carers and representatives of other agencies. We also visited a residential respite centre and met with advocacy groups. We interviewed managers at different levels within the council and met the councillor with lead responsibilities for Care, Health and Housing.

In addition, we interviewed the three co-chairs of the Learning Disability Partnership Board. The Lead Inspector also attended a LDPB meeting just prior to the inspection. We had access to a range of case files, background papers and information provided by the council. We also conducted two surveys. We sent questionnaires to a sample of carers. A different questionnaire was completed by fieldworkers who were involved in assessment and care planning for people using these services.

We would like to thank all those who met with the team and took part in the inspection.

Carers' Questionnaires

52 questionnaires were completed and returned. Not all carers answered every question.

Making contact

- 32 carers said social services staff were always or usually easy to contact
- 34 carers said social services were always or usually easy for their relative to talk to

Involving you

- 41 carers said social services staff always or usually listened to them
- 34 carers said social services always or usually give them choices about what happened
- 24 carers said social services always or usually asked them what they thought of services
- 40 carers said they were always or usually invited to meetings
- 16 carers said they were always or usually involved in discussions

Informing you

- 27 carers said social services always or usually gave them written information
- 21 carers said they were always or usually told what was happening
- 22 carers said they knew how to make a complaint
- 9 carers said they had been told they could see their records
- 1 carer had been told they could have an interpreter (33 not applicable)
- 14 carers had been told they could have a friend/advisor
- 7 carers said they know how charges were worked out
- 10 carers thought the charges were fair

Services to meet your own needs

- 20 carers said they had been told of their right to assessment of needs
- 18 carers said they had an assessment of their needs
- 14 carers said they had their own written care plan
- 18 carers said they always or usually received services that supported them
- 19 carers said the reasons for the decisions were always or usually explained

How satisfied are you?

- 46 carers said they were always or usually treated with respect and courtesy
- 31 carers said they cultural needs were always or usually met
- 32 carers said social services staff were always or usually well informed
- 35 carers said they were always or usually satisfied with the quality

What's changed?

- 34 carers said they had always or usually received the services they had wanted
- 15 carers said they always or usually waited for services
- 29 carers said they had always or usually been helped by services
- 19 carers said their situation had become better due to services

About you

- 0 carers were aged under 18
- 13 carers were over 65
- 38 carers were female
- 51 carers were white
- 47 carers lived with the service user