



Joint review report

Commissioning services and support for people with learning disabilities and complex needs

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|--------------------------------------|-------------------------------------|
| Name of council | Dudley Metropolitan Borough Council |
| Name of primary care trust(s) | Dudley Primary Care Trust |
| Area | Dudley |
| Month and year of visit | October 2008 |

Commission for Social Care Inspection

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Background

We wanted to place people with learning disabilities and complex needs and family carers at the heart of this joint commissioning review.

A reference group was established that included people with learning disabilities, family carers and commissioners to ensure our methodology focused on the concerns of people with learning disabilities and complex needs.

The methodology was developed for the commissioning process for people with learning disabilities and complex needs. We wanted to understand the impact of commissioning processes from their perspective. To do this we:

- Spent time with people with learning disabilities and complex needs, which we called 'A Day in the Life of...' to understand the outcomes for people.
- Carried out mystery shopping exercises to see how far local services met individuals' needs.
- Held sessions open to the public so that we heard a wide range of views from the community.
- Held individual interviews and focus groups.
- Looked for examples of good practice that we could report, enabling others to learn and improve their commissioning practices.

The review team combined people with learning disabilities and family carers and 'peer review' commissioners as team members enabling us to focus directly on what matters to people with learning disabilities and complex needs.

(For further information on the methodology please refer to the Appendix)

The commissioning of services and support for people with learning disabilities and complex needs

Dudley Metropolitan Borough Council Dudley Primary Care Trust

October 2008

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The joint review of commissioning services and support for people with learning disabilities and complex needs

Report

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Introduction

A review team visited Dudley in October 2008 to find out how well the council and PCT were commissioning services and support for people with learning disabilities and complex needs.

This report sets out, for the commissioning organisations, the findings from the review, with a summary and recommendations for action. It is also intended to be of interest to the general public, and in particular for people who use services in Dudley. It will support the council and PCT and their partner organisations in Dudley in working together to improve the lives of people with learning disabilities and complex needs.

Local context

The Metropolitan Borough of Dudley is made up of five main population centres and several small villages. It is one of four boroughs making up the Black Country area of the West Midlands. Good road and rail links have encouraged the development of light industry and service organisations and Dudley remains relatively prosperous. There are however, small pockets of deprivation.

Dudley's population was estimated to be 305,000 in 2007. It is ageing and is expected to decline to 302,000 by 2021. The black and minority ethnic communities' population in Dudley is 7.69%. There are 937 people registered as having a learning disability in Dudley, 152 of whom have complex needs. There are 9.17% of people with learning disabilities from black and minority ethnic communities, 5.65% of whom have complex needs.

The council was rated as a four star excellent council by the Audit Commission in 2008.

In November 2008 the Commission for Social Care Inspection rated the councils adult social care function as being three star excellent, with excellent delivery of outcomes and excellent capacity for improvement.

The Healthcare Commission Annual Health Rating for 2007/2008 rated Dudley PCT as providing adequate quality of services, but failing to maintain the good standards of performance it achieved the previous year.

Executive summary of findings

Dudley Metropolitan Borough Council and Dudley Primary Care Trust (PCT) had a Joint Learning Disability Strategy and Joint Commissioning Strategy in place. A new specific learning disability commissioning strategy had just been published in draft form for consultation, and included the needs of people with learning disabilities and complex needs. The over-arching three year Learning Disability Strategy published in 2005 was nearing the end of its term. The council and PCT reported that they will produce a new strategy when the Valuing People Now document is published by the Department of Health. The council and PCT reported that they are likely to combine the two strategies into a single three-year Learning Disability Commissioning Strategy.

The council and the PCT had completed 80 person centred plans for people with learning disabilities, including those who had complex needs. The council aimed to complete more person centred plans in the future and had set targets to achieve this. Further work was required to ensure that person centred plans were produced consistently and that they focussed on meeting individuals' goals and aspirations.

There were a small number of people with learning disabilities and complex needs and their family carers using direct payments. The council and PCT needed to continue to promote the use of direct payments and ensure that all people with learning disabilities and complex needs and their family carers were offered one and understood what their benefits were.

Advocacy services in Dudley for people with learning disabilities and complex needs were assessed as being good.

People with learning disabilities and complex needs and their family carers from black and minority ethnic communities were appropriately supported and engaged in forums to ascertain their views regarding the quality of services provided. Further support was required to people from the lesbian, gay, bisexual and transgender community.

A large number of people with learning disabilities and complex needs had a communication passport. Communication passports enabled people with learning disabilities to communicate with the people who were involved in providing support. Further work was required to ensure that they were used to their full potential. The quality and accessibility of public information for people with learning disabilities and complex needs needed to be improved.

The council and PCT funded a special needs register which enabled them to understand the needs of people with learning disabilities and complex needs. The register was well established but was not being used to its full potential in terms of gathering valuable information that could be used to identify gaps in services.

A joint strategic needs assessment was in place and the council and PCT had sound financial systems in place including a jointly managed resource allocation panel. Both the council and PCT had invested a significant amount of finance into learning disability services that would benefit those with complex needs. The council and PCT had also developed a strategy and formed a new team to support people who have autism.

The council and PCT ensured that the personal information on or concerning people with learning disabilities and complex needs was shared appropriately. There was evidence that the council and PCT engaged with external providers of health and social care. There was good partnership working between housing services and other partners to develop a housing initiative for people with learning disabilities and complex needs. There was a concern that the council did not effectively communicate with the specialised commissioning team (West Midlands) to consider the needs, wishes and feelings of people with learning disabilities and complex needs. This was particularly the case in respect of the support that was offered to one person that we visited who was placed in secure settings.

Day services for people with learning disabilities and complex needs required further modernisation to ensure that people with learning disabilities and complex needs who used them could engage in more meaningful community activities that were tailored to their individual needs.

The council and PCT were taking steps to improve safeguarding arrangements. Further work was required to make the arrangements fully secure, particularly to ensure effective learning from the outcomes of safeguarding referrals / investigations.

The council and PCT had successfully supported people with learning disabilities and complex needs to move from a long stay hospital into supported living schemes. The PCT now provides its learning disability services from the Ridge Hill Centre and this was assessed as being effective. The PCT had a health facilitation team that provided support to people with learning disabilities and complex needs, this team was highly valued but there were concerns that it was under resourced. Approximately 500 people with a learning disability had received health screening; a health action plan was completed at the time of screening. However, the Council and PCT did not know how many of these plans had been reviewed and had been kept up-to-date, as people's health needs changed. The PCT will also review the role of community learning disability nurses.

The council and PCT only tender for a small number of services for people with learning disabilities and complex needs. The council and PCT are developing self directed support and two people with learning disabilities and complex needs will be involved in a personalised budget pilot. The council and PCT liaised effectively with the Commission for Social Care Inspection when there were concerns with regulated care providers. The council had recently agreed a premium payment to providers of good and excellent rated regulated care services.

The council and PCT had mechanisms in place to ensure that elected members were regularly made aware of developments and plans for learning disability services. Reports were also made available to the Learning Disability Partnership Board and the Health and Well-being Partnership.

The council had recently set up a transformation team. The purpose of the team was to support staff from the council, PCT and partner agencies to develop effective self directed support to adults, including people with learning disabilities and complex needs. The council and PCT were also considering how to meet the needs of the future workforce in learning disability services.

The Learning Disability Partnership Board was well established and had good stakeholder involvement. The board produced good quality work and had a clear set of plans for future work. This included meeting the needs of people with learning disabilities and complex needs.

The range, scope and accessibility of training was comprehensive and of a good standard in learning disability services across both the council and PCT.

| Recommendations | |
|---|---|
| Putting people at the centre of commissioning | <ul style="list-style-type: none"> • The council and the PCT should ensure that more people with learning disabilities and complex needs benefit from person centred plans that address personal goals and aspirations. • The council should continue to promote the use of direct payments to all people with learning disabilities and complex needs and their family carers. The council should ensure that commissioning is enhanced by information concerning the outcomes of direct payments. • The council and PCT should ensure that more family carers of people with learning disabilities and complex needs are offered a carers assessment which identifies their individual needs. These assessments should be regularly reviewed. • Further improvements should be made to relevant public information to make it more accessible to people with learning disabilities and complex needs, to fully explain what services are available. |
| Understanding the needs of populations and individuals | <ul style="list-style-type: none"> • The Special Needs Register should be used more systematically to identify key trends and gaps in services for people with learning disabilities and complex needs. • The council and PCT should ensure that the Special Needs Register is a robust and safe information system. • The council and PCT need to ensure that the needs of lesbian, gay, bisexual and transgender people are explicitly addressed in commissioning strategies. |
| Sharing and using information more effectively | <ul style="list-style-type: none"> • The council and PCT should ensure that their involvement with the regional specialist commissioning team improves and that any joint work fully addresses the holistic needs of people with learning disabilities and complex needs. • The council and PCT should ensure that the commissioning of personalised care is informed by the outcomes of individual reviews of people with learning disabilities and complex needs. |
| Assuring high quality providers for all services | <ul style="list-style-type: none"> • The council and PCT should ensure that the outcomes from safeguarding referrals / investigations regarding people with learning disabilities and complex needs are appropriately analysed. • The council and PCT should improve safeguarding information to ensure that it is accessible to people with learning disabilities and complex needs. |

| Recommendations | |
|--|--|
| | <ul style="list-style-type: none"> • The council and PCT should ensure that more people with learning disabilities and complex needs have access to community activities. • The council should ensure that people with learning disabilities and complex needs who use a communication book are appropriately supported. • The council should ensure that people with learning disabilities and complex needs and their family carers are involved in the monitoring and evaluation of care services. |
| Recognising the importance of good health services; recognising the interdependence between work, health and well-being; recognising human rights | <ul style="list-style-type: none"> • The council and PCT should ensure that all people with learning disabilities and complex needs have a health action plan that is regularly reviewed and updated. • The PCT should consider enhancing capacity in the health facilitation team to ensure that all people with learning disabilities and complex needs receive a good quality service. • The council and PCT should provide appropriate mental health training to staff to ensure that the mental health needs of people with learning disabilities and complex needs are appropriately supported. |
| Developing incentives for commissioning for health and well-being | <ul style="list-style-type: none"> • None. |
| Making it happen: local accountability, capability and leadership | <ul style="list-style-type: none"> • The council and PCT should ensure consistent good practice in electronic recording in day services. |

Key review findings

Putting people at the centre of commissioning

Outcome: People with learning disabilities, their families and their carers are routinely involved in the planning, design, development and evaluation of services, resulting in a far more personalised approach to service delivery.

Summary

In 2005 the council and the PCT produced a three year Joint Learning Disability strategy. This strategy was in the process of being updated. The council and PCT were also in the process of developing a joint commissioning strategy for people with a learning disability. A variety of stakeholders had been invited to give their views and comments, including people who had learning disabilities and complex needs and their family carers.

The council and PCT planned to have the new Learning Disability and Joint Commissioning Strategies for people with a learning disability produced early in 2009. This would enable them to consider any recommendations from this joint review and from the Valuing People Now Consultation. The council and PCT intended to identify how they would provide services to people with learning disabilities and complex needs in the strategy. Positively the strategy would also consider the needs of young people with learning disabilities and complex needs as they transferred from children's to adult services.

Some people with learning disabilities and complex needs had a person centred plan. The council and PCT had completed 80 person centred plans in total, and focussed on people who had faced major changes in their lives, for example people who had moved from Ridge Hill long stay hospital into more appropriate accommodation. The council and PCT had set a target to complete a further 75 person centred plans during 2008/2009 and 60 during 2009/2010. The council and PCT planned to focus completing the person centred plans on people with learning disabilities and complex needs who lived in the community with their families. They also planned to focus on people who lived in out of borough placements and people under 25 years who attended day centres.

Three people who lived in the remaining NHS campus were to move during 2009. These people also had a person centred plan completed that assisted them to identify the most suitable alternative placement.

We saw some commendable person centred practice. For example a person who lived in supported living environment was fully involved in all aspects of decision making. The Learning Disability Partnership Board (LDPB) gave high priority to the development of person centred planning and a range of staff from the council, PCT and independent sector had received appropriate person centred planning training.

We also identified some concerns with person centred planning. The delivery of person centred support was inconsistent across the borough. Some of the people's case files examined did not show evidence of meeting people's individual aspirations and the focus of support was maintaining current packages of care. Some people with learning disabilities and complex needs were not involved in decision making and there was evidence that staff in some establishments did not know what the preferences of the people in their care were despite knowing them for a significant

period of time. One family carer reported that they had not been involved in any person centred planning and that:

'I do not know what person centred planning is'.

There were a number of people with learning disabilities and complex needs and their family carers using direct payments (14 people with learning disabilities and complex needs and 15 family carers of people with learning disabilities and complex needs). Data collected on 31 March 2008 reported that Dudley's performance in this area was average compared to that of similar councils. The council had plans to increase these numbers to empower people with learning disabilities and complex needs to purchase their own care.

Ten people with learning disabilities, two of whom had complex needs, had been selected to be part of an In Control pilot that would enable them to have an individual budget that pools funding from the council and PCT. The council and the PCT had provided training to their commissioning staff to equip them with the skills to support people with learning disabilities and complex needs in purchasing their own care. The Community Team Learning Disability (CTLTD) had a champion in self directed support who supported other colleagues, and one of the team managers was part of the council's direct payment steering group.

Some family carers reported that social workers had not discussed with them the potential for using a direct payment either for the person they care for or for themselves as carer. One carer reported that they did not want to use traditional respite care in a care home and would have liked a direct payment to enable a paid carer to care for a person with a learning disability and complex needs in their own home. They reported that this was never offered or discussed as an option.

Another carer reported that they currently had a direct payment that worked very well; however they had to *'fight for it'*. We concluded that the council did not analyse the outcomes and experiences of people with learning disabilities and complex needs who use direct payments sufficiently to influence future commissioning practice. The council acknowledged this was a concern and were to seek to address this area of development.

The council and the PCT had a range of services available to family carers. A number of family carers for people with learning disabilities and complex needs had a direct payment that supported them to maintain their independence and pursue their own interests. The council and the PCT had recently held a number of events to ascertain the views of some family carers regarding future design of services.

The council employed a carer's co-ordinator and had reformed the family carers group to ensure that all carers of people with learning disabilities and complex needs had an opportunity to attend and express their views. However not all family carers reported that they had been offered an assessment. Those who had received an assessment reported that it had not been reviewed, in one instance since 2005. Another family carer reported that:

'I have to chase the 12 monthly reviews and I invite all of the relevant people, I emailed the social worker one month ago and I am still waiting for a response'.

Advocacy services were available to people with learning disabilities and complex needs and their family carers and were generally considered by them to offer a good service. It was encouraging to discover that people who moved from Ridge Hill Hospital had specialist advocacy services provided. The three people who lived in the NHS campus also had specialist advocacy services provision made available to assist them in their transition to independent living.

Local advocacy services in Dudley consulted with each other to identify how they could reach more people with learning disabilities and complex needs. There was an increase in demand for advocacy support and one service had a waiting list of four weeks from receiving a referral to allocating a worker. The complaints procedure in the council and PCT was easy to use for people with learning disabilities and complex needs, and there was a copy available in easy read. We found that some staff in day services did not know whether there was a complaints form in easy read format. They would therefore be unable to provide appropriate support to some people with learning disabilities and complex needs immediately if they wanted to make a complaint.

The council and PCT had good mechanisms in place to consult with members of the black and minority ethnic communities. A wide range of citizen forums and surgeries were in place to engage with people from black and minority ethnic communities including people with learning disabilities and complex needs and their family carers. The council and PCT provided appropriate equality and diversity training to their staff and there were appropriate translation services in place. The work of the Equal Access and Support Team, which provided support to people with learning disabilities, including those with complex needs from black and minority ethnic communities was effective in meeting the needs of people with learning disabilities and complex needs.

Some people with learning disabilities and complex needs had a communication passport. Communication passports enable people with learning disabilities and complex needs to express what their needs are as well as their wishes and feelings. We identified concerns from a variety of sources that communication passports were not always used to their full potential. For example some communication passports did not travel with the person as they attended various services and some of them were not updated. This practice had a negative impact upon the level of care and support that was provided to people with learning disabilities and complex needs. The standard of completed communication passports was also found to be inconsistent, with some providing little support for communication. It is essential that people with learning disabilities and their carers (family or paid carers) are supported by agencies to work together to ensure that the communication passports are effectively used.

The council and PCT had recently developed a Total Communication Strategy that set out best practice for communicating with people with learning disabilities. The development of the communication passports was to be considered in line with this strategy. In the meantime the quality, accessibility and scope of public information for people with learning disabilities and complex needs was inadequate. The council and PCT acknowledged this issue and reported that they would develop this area. One

carer reported that:

'I do not know how to make a complaint, all I do is keep ringing the social worker'.

Recommendations

- The council and the PCT should ensure that people with learning disabilities and complex needs benefit from person centred plans that address personal goals and aspirations.
- The council should continue to promote the use of direct payments to all people with learning disabilities and complex needs and their family carers. The council should ensure that commissioning is enhanced by information concerning the outcomes of direct payments.
- The council and PCT should ensure that more family carers of people with learning disabilities and complex needs are offered a carers assessment which identifies their individual needs. These assessments should be regularly reviewed.
- Further improvements should be made to relevant public information to make it more accessible to people with learning disabilities and complex needs, to fully explain what services are available.

Understanding the needs of populations and individuals

Outcome: Local authorities and PCTs have an improved understanding of the current and emerging health and social care needs of their learning disability population, particularly those with complex needs, and their family carers, and have secured the resources and investment to meet their requirements.

Summary

The council and the PCT jointly funded a Special Needs Register (SNR). The SNR was comprehensive and well established and enabled the council and PCT to understand the needs of people with learning disabilities, including those who had complex needs. Information recorded included the number of people with learning disabilities and complex needs who were placed out of borough, in transition from children's services, had complex health needs and who were from black and minority ethnic communities.

The register also held information on individuals including their interests, what social activities they like to engage in and their religious needs. The performance of the SNR co-ordinator was impressive. She had extensive knowledge of service provision across the council and PCT, and of individual people with learning disabilities and complex needs and connections with colleagues across the council and PCT. The SNR co-ordinator was proactive in working with GPs and screening services to ensure that people with learning disabilities and complex needs received an appropriate service.

The SNR was not being used as a proactive tool to influence and shape service development. There was no mechanism in place to produce regular management information reports that could have been used to forecast key trends and gaps in service provision. Information collected from the SNR was at the request of individual managers. Updates to the SNR were not formalised and there were no mechanisms in place to prompt council or PCT employees to update the SNR.

The accuracy of the SNR was dependent on employees contacting the SNR co-ordinator to update the system. Many of the changes were made by telephone and there was no update log within the system, therefore there was no audit trail as to when or why changes had been made. Because none of the procedures were documented the system was wholly dependent on the knowledge of the SNR co-ordinator.

A Joint Strategic Needs Assessment (JSNA) had been in place since March 2007. Dudley completed this early. The JSNA required ongoing developmental work. Directors in the council and PCT with responsibility for implementing the JSNA had met recently to consider what developments were priorities. It was agreed that a web based JSNA will be developed which will improve data collection and subsequent analysis to influence future commissioning strategies. The council and PCT acknowledged that improvements were required to draw information together more effectively to ensure the needs of people with learning disabilities and complex needs are identified.

The council and PCT had robust financial systems in place. The council and PCT shared information with each other via formal processes such as the Joint Commissioning Group. The council and PCT were effectively managing the requirement for the PCT to transfer money to the council for the commissioning of learning disability services by April 2009. This process had actively involved the Learning Disability Partnership Board. The council's medium term financial strategy identified that an additional £1.2m will be provided to learning disability services in the budget 2009/2010.

The council and PCT had developed a strategy for meeting the needs of people who have autism and their families and carers. A team had recently been set up and was in the early stages of implementation. It is planned that the team will consist of social workers and health care workers. The focus of the team will be to carry out specialist assessments, and assisting people with autism to access other services such as employment, housing, education and leisure. One family carer reported that:

'The council have fully involved me in every aspect of my daughter's care and I am consulted at every stage'

We concluded that the council and PCT gave high priority to meeting the individual needs of people with learning disabilities and complex needs. However there were gaps in meeting the needs of people who were lesbian, gay, bisexual and transgender. The council did not know how many people with learning disabilities and complex needs identified as either lesbian, gay bisexual or transgender. There was no recognition of these diversity elements in assessments, care planning or commissioning plans and strategies and they were not explicitly involved in the development of services.

Recommendations

- The Special Needs Register should be used more systematically to identify key trends and gaps in services for people with learning disabilities and complex needs.
- The council and PCT should ensure that the Special Needs Register is a robust and safe information system.

- The council and PCT need to ensure that the needs of lesbian, gay, bisexual and transgender people are explicitly addressed in commissioning strategies.

Sharing and using information more effectively

Outcome: Local authorities and their partners apply the principles of *Putting People First* so that information about people with learning disabilities and complex needs is shared across agencies and used to deliver improved, personalised services and supports, tailored to people's expressed needs and wants.

Summary

The council and PCT ensured that the personal information of people with learning disabilities and complex needs was shared appropriately. There was a multi agency protocol in place that provided an overarching framework for the sharing of information about people who use social care and health services. The framework assisted employees to ensure that issues of confidentiality and the right to privacy in respecting individuals' personal information was maintained.

There was an effective joint funding panel in place that was managed by the council and PCT. The purpose of the panel was to consider issues of eligibility, ensure value for money and consider gaps in commissioning processes. The joint funding panel also considered and reviewed people who were placed in care services outside the Dudley area. The panel proactively considered issues that would make demands on resources in the future, for example how many people with learning disabilities and complex needs may require long term care in the future. Managers in the council and PCT who had responsibility for budgets worked closely with their respective colleagues in the finance department to ensure budgets were effectively managed.

The council and PCT engaged with providers of social care and health services in a variety of different forums. The council also provided funding to the West Midlands Care Association. There was a learning disability provider forum in place and providers who offer support to people with learning disabilities and complex needs were represented. The LDPB also had a standing agenda item that focussed on feedback from the learning disability provider forum. Some providers were also involved in some of the sub groups from the LDPB.

Despite the above areas of good practice, not all providers considered that they were effectively involved or engaged. However, the council and PCT reported that they have the same mechanisms in place to communicate with all providers.

There were effective links across learning disability services and housing services. Both learning disability services and housing services worked in partnership with other agencies to develop improved housing related initiatives for people with learning disabilities and complex needs. There were good links in place with advocacy services, housing associations and other housing providers to ensure that people with learning disabilities and complex needs received appropriate support.

Information was received from people with learning disabilities and complex needs and their family carers that raised concern regarding the quality of the council's leisure centres. Concerns focussed on the accessibility of toilets, changing facilities and opening times of the swimming pool. The Director of Adult Social Care and

Housing Services was made aware of these issues and liaised with colleagues in the urban environment department (leisure services). A prompt response was received indicating what action will be taken to make the improvements.

Communication between the specialised commissioning team (West Midlands) for forensic placements and care managers concerning people with learning disabilities and complex needs required improvement. For example we met one person with a learning disability and complex need who lived out of borough in a forensic placement. The person was appropriately placed in this service and all requirements of The Mental Health Act (1983) Code of Practice were adhered to. However, we were concerned that poor communication between the regional specialist commissioning team and the care manager resulted in a negative impact upon their care and support. We were also concerned that the person's family carers / parents were not actively engaged and contact was not promoted.

Information identified from the individual reviews of people with learning disabilities and complex needs, including those who were in receipt of a direct payment, were not being used to systematically influence future commissioning of personalised care.

Recommendations

- The council and PCT should ensure that their involvement with the regional specialist commissioning team improves and that any joint work fully addresses the holistic needs of people with learning disabilities and complex needs.
- The council and PCT should ensure that the commissioning of personalised care is informed by the outcomes of individual reviews of people with learning disabilities and complex needs.

Assuring high quality providers for all services

Outcome: People with learning disabilities and complex needs have services and support in place that are personalised according to their needs and reflective/sensitive to changes in their requirements.

Summary

The PCT had recently appointed a Head of Market and Commissioning Development, who will work with colleagues in the council and PCT to develop services for all people including those with learning disabilities and complex needs. The council commissioned services from one provider who was rated as poor by the Commission for Social Care Inspection. The council was working with the provider in assisting them to improve the quality of service they provide. The council and PCT also used information available from the Commission for Social Care Inspection to raise standards with regulated providers of social care for people with learning disabilities and complex needs. However some providers from the independent sector reported that they did not receive appropriate contract monitoring from the council. During the last 12 months the council reported that every regulated provider has had at least one annual visit, and will continue to have at least annual visits in the future.

The council did not involve people with learning disabilities and complex needs and their family carers in the monitoring and evaluating of regulated care services (care homes or domiciliary care agencies). However they planned to involve people with

learning disabilities and their family carers in the contract monitoring of these services in the near future. People with learning disabilities and complex needs were involved in the monitoring of the council's day centres via support of the Langstone society (registered charity supporting and empowering people with learning disabilities). The PCT had also involved Dudley Voices for Choices (advocacy service) in auditing their learning disability services.

The council provided an innovation grant to the independent sector providers who require additional funding to set up independent day care provision or supported housing provision. To date one independent residential care home had been successful in securing funding to develop day services for people with learning disabilities, including those who have complex needs. The council intended to repeat this process in the next financial year.

Some people with learning disabilities and complex needs who lived in supported living accommodation were proactively encouraged and empowered to express their wishes and feelings and give feedback on the quality of support received. Housing providers from the independent sector reported that the council and PCT actively engaged with them in terms of seeking their views to influence the development of housing services, particularly supported living for people with learning disabilities and complex needs.

The Therapy and Enabling Team, who provided support to people with learning disabilities and complex needs in day services and to staff in the day centres, was having a positive effect on the lives of some people with learning disabilities and complex needs. The Therapy and Enabling Team supported staff to assist people to make informed choices and take acceptable risks. However limited capacity of the team prevented some people with learning disabilities and complex needs who use day services from having access to this service.

The quality of day services for people with learning disabilities and complex needs required further modernisation. The council had made some progress in developing community based day services for people with learning disabilities, including those who had complex needs, but further work was required. Some people with complex needs who attended a day centre had a person centred plan in place. However reviews tended to focus on maintenance of current care packages rather than meeting the individual aspirations and personal goals. There was a concern that the council day centres did not facilitate positive outcomes for some people with learning disabilities and complex needs. One person had a communication book for staff to use at the centre and at the person's residential home. The communication book was rarely used and this had an adverse impact upon the level of care that the staff at the centre and residential home provided.

One person that we visited who had a learning disabilities and complex needs did not have the opportunity to engage in meaningful community activities. One family carer reported that:

'People with learning disabilities and complex needs get a raw deal, because they do not get proper access to community services'.

We found that some people with learning disabilities and complex needs used to have access to one to one support to promote community engagement, but this had

been stopped. Some family carers also reported that the recent closure of a council day centre had been detrimental to people with learning disabilities and complex needs, because there was insufficient alternative provision available in the community.

The council provided a range of community opportunities for people with learning disabilities, including those with complex needs via the People Using Local Services Everyday (PULSE) initiative. This service was viewed as positive by people who used it and their family carers, but staffing and transport resources were limited. Community-based alternatives were sometimes provided for a shorter day, with the result that some people were collected later and returned earlier, than would have been the case when they attended day centres. Some carers were dissatisfied with the shorter day. One person with learning disability and complex need reported that

'The PULSE service assisted me to access a college one day each week, this has now stopped suddenly and now I don't have any day services, and nothing else has been arranged'.

Despite these concerns the council acknowledge that they need to make further progress with the re-provisioning of larger day centres. The council intend to develop more community based opportunities for people with learning disabilities and complex needs, and will stimulate new providers from the independent sector to assist in this process.

The council had just appointed a Head of Adult Safeguarding. The council had taken steps to improve the strategic and operational framework to support safeguarding arrangements. However there was still more work to do to ensure that safeguarding arrangements were fully secure. More accessible information regarding safeguarding processes is required for people with learning disabilities and complex needs in easy read. Further work is also required to analyse the data from safeguarding referrals to identify any trends which may influence safeguarding practice in the future.

Recommendations

- The council and PCT should ensure that the outcomes from safeguarding referrals / investigations regarding people with learning disabilities and complex needs are appropriately analysed.
- The council and PCT should improve safeguarding information to ensure that it is accessible to people with learning disabilities and complex needs.
- The council and PCT should ensure that more people with learning disabilities and complex needs have access to community activities.
- The council should ensure that people with learning disabilities and complex needs who use a communication book are appropriately supported.
- The council should ensure that people with learning disabilities and complex needs and their family carers are involved in the monitoring and evaluation of care services.

Recognising the importance of good health services; recognising the interdependence between work, health and well-being; recognising human rights

Outcome: People with learning disabilities and complex needs have the right to live a fulfilling life with good, accessible health care, social care and employment opportunities close to home.

Summary

Ridge Hill long stay hospital closed in 2007 and 35 people were successfully supported by the council and the PCT to move into seven different supported living schemes. Outcomes for these people have been positive. The Ridge Hill Centre now provides services for people with learning disabilities, including those who have complex needs on one site. There was a general view that support provided from Ridge Hill centre was of a high standard. It was evident that the PCT had invested a high level of resource into learning disability services.

The PCT had approved an action plan as a result of the recently published Health Care for All report, and reported that they would be investing £94,000 to implement the new Directed Enhanced services for people with learning disabilities including those who have complex needs. The Health and Well being Partnership, which is part of the Local Strategic partnership tackles health inequalities for all citizens, including people with learning disabilities and complex needs. The LDPB reports to the Health and Well-being Partnership on how it is promoting the health and well being of people with learning disabilities and complex needs.

The PCT had set up a small specialist health facilitation team. The team supported people with learning disabilities, including those who had complex needs, to access acute services. It also had responsibility to complete health action plans and undertake health screenings. The health facilitation team was very well regarded by people who use services, family carers and partner agencies. However, concerns were identified that the health facilitation team had insufficient capacity to undertake all of the above tasks.

Approximately 500 people with a learning disability had received health screening; a health action plan was completed at the time of screening. However, the Council and PCT did not know how many of these plans had been reviewed and had been kept up-to-date, as people's health needs changed. The PCT also acknowledged that further work was required with the acute hospitals to develop more comprehensive systems to ensure that they can fully support the needs of people with learning disabilities and complex needs as they enter acute services.

The PCT had developed an intensive support team for people with learning disabilities and complex needs and their family carers to manage complex challenging behaviours, preventing admissions to hospital or regulated care services, therefore ensuring that people could remain living at home as they were supported. The council had commissioned emergency care at home for people with learning disabilities and complex needs from the independent sector and had jointly commissioned short breaks from an independent provider.

The PCT told us that people with learning disabilities and complex needs were given priority for health screening and this included breast, bowel and cervical cancer, dementia and dysphasia screening. This promoted people's access to generic health

services. However, the PCT did not know how many people with learning disabilities and complex needs had had health screening. In terms of improving the health of people with learning disabilities and complex needs the PCT reported that they will fully review the health needs of people with learning disabilities and complex needs and ensure that they have access to appropriate health screening services.

Concerns were raised regarding the role of community nurses in CTLDs. It was found that the clinical skills of community nurses were not being used to maximum effect. The focus of their work was social work care management and undertaking safeguarding investigations, not using their specific nursing skills to promote the health and well being of people with learning disabilities and complex needs. The PCT acknowledged this concern and planned a review of the community nurse's role in the CTLDs.

We undertook some mystery shopping activity at a health centre. The reception staff were very friendly and supportive and gave quality advice for people with learning disabilities and complex needs. There was a concern that information in the health centre was not available in easy read. The information displayed was very untidy and it was not easy to see what information was available.

The Dudley and Walsall Mental Health Trust had very recently been set up. Overarching governance and partnership agreements were still in the process of being established between the Trust and the council and PCT. Evidence collected from visiting two people with learning disabilities and complex needs revealed that their mental health needs were not being adequately met. The council and PCT reported that they gave high priority to improving the mental health needs of people with learning disabilities and complex needs, and this included building upon effective working relationships with former PCT colleagues now working in the newly formed Trust and ensuring support for clients requiring access to generic mental health services.

There was concern that a care home had not identified a person's deteriorating mental health needs and this had resulted in a delay to referring to psychiatric services. Another person with a learning disability and mental health need, who lived in a secure placement out of borough, had not been fully involved in the care planning process.

There had been an increase in the number of people with learning disabilities who had secured paid employment. There were no people with learning disabilities and complex needs in paid employment. The council had set a target to support four people with complex needs to secure paid employment.

Lottery funding had been secured by the council to employ a work mate post whose responsibility will be to find work for people with learning disabilities, including those with complex needs, in the statutory sector. The council also employed a job coach to assist people with learning disabilities, including those with complex needs, into paid employment.

Recommendations

- The council and PCT should ensure that all people with learning disabilities and complex needs have a health action plan that is regularly reviewed and updated.

- The PCT should consider enhancing capacity in the health facilitation team to ensure that all people with learning disabilities and complex needs receive a good quality service.
- The council and PCT should provide appropriate mental health training to staff to ensure that the mental health needs of people with learning disabilities and complex needs are appropriately supported.

Developing incentives for commissioning for health and well-being

Outcome: There is effective partnership working that results in the development of a health and social care market that puts people first, and delivers the kinds of services that are important to them.

Summary

The council and PCT only tender for a small number of services. Most services commissioned are from a range of small, medium and large providers. The planned tender for the re provision of the NHS campus may deter smaller providers as existing staff from the PCT will need to transfer on their current terms and conditions. Dudley Council for Voluntary Services had produced a tool kit with the council and PCT to assist independent providers through the tendering process. The council and PCT were also working towards outcome based contract with external providers and the review process was also moving in this direction.

The council and PCT were progressing the development of self directed support for people with learning disabilities and complex needs. Ten people with learning disabilities had been identified to take part in an In Control pilot, including two people with complex needs. A self assessment questionnaire was in place and had been revised to make it more user friendly. An easy read version had also been made available. This project had been managed by an In Control steering group chaired by the head of learning disability services. This group had now been included within the transforming social care team. The PCT was fully signed up to the pilot, and they will be recharged by the council for the health element of the budget.

The council and PCT was successfully making a shift in the balance of people with learning disabilities and complex needs moving into supported living arrangements. This practice was supported by a comprehensive supporting people strategy that gives focus to people with learning disabilities and complex needs.

The council and PCT liaised effectively with the CSCI when there were problems with regulated care providers. The council and PCT provide support to providers of social care where there are concerns regarding their performance. The learning disability specialist health service in the PCT had a prospectus of specialist training courses specifically to support providers for people with learning disabilities and complex needs. The council provided safeguarding training for independent providers and monitoring and review visits were undertaken annually. The council also aim to use information that is now available from the CSCI to target providers who are struggling in particular areas.

The council had provided an uplift of 2.5% in 2008/2009 in funding to regulated care services. The council had recently agreed a 1% increase in funding for CSCI good rated services and an additional 2.5% increase in funding for CSCI excellent rated

services. The council hope that this will encourage other regulated care providers to improve the quality of service they provide to people with learning disabilities and complex needs.

Recommendations

- None.

Making it happen: local accountability, capability and leadership

Outcome: People with learning disabilities and complex needs, their families and carers are aware of what services and support they can expect and have a right to receive from councils and the NHS.

Outcome: Commitment at a corporate, strategic and operational level means that local authorities and PCTs know what services need to be delivered and how to deliver them to improve the quality of life for people with learning disabilities and complex needs and their families.

Summary

The joint review team assessed that the council and the PCT worked well in partnership together, both strategically and operationally. It was clear that relationships were based upon trust and clear understanding of each other's role and areas of responsibility and expertise.

We found that staff from both the council and PCT were dedicated and committed to their job roles and dedicated to making improvements for people with learning disabilities and complex needs. This was reflected in commissioning priorities.

Dudley council and PCT had a set of strategic plans in place that considered the needs of all citizens including those with learning disabilities and complex needs. The council regularly reported to the Dudley cabinet and select committee regarding the various plans for learning disability services.

Reports were also made available to LDPB and the Health and Well-being Partnership. These reports were provided on a six monthly basis and were available in accessible formats. The council also had elected members who championed safeguarding, autism and the needs of people with learning disabilities, including complex needs.

The review team found that the joint council and PCT Learning Disability Strategy that will be finalised next year will have a chapter dedicated specifically to the needs of people with learning disabilities and complex needs. People with learning disabilities and complex needs will also feature in all of the other areas of the strategy.

The council had recently set up a transformation team. The focus of the team will be to support staff to manage the cultural change of empowering citizens to purchase and manage their own care and support. The team will develop systems and make them less bureaucratic to enable citizens to access services more effectively. Support will also be provided to external providers to enable them to become fit for purpose to meet the future needs of people with learning disabilities and complex needs.

The council and PCT had separately considered workforce development issues for the future in terms of meeting the needs of people with learning disabilities and complex needs. Both the council and PCT had engaged with an expert reference group that the Workforce Deanery in NHS West Midlands had formed. Other stakeholder members included local PCTs, the Association of Directors of Adult Social Services, the Care Services Improvement Partnership, local universities and commissioners. The group will consider how the current workforce will need to develop to meet the needs of people with learning disabilities, including those who have complex needs.

The LDPB was well managed and had clearly identified appropriate work streams and targets for the future, including the needs of people with learning disabilities and complex needs. The LDPB was well established and had good stakeholder representation. The co-chair of the board was a person who had a learning disability. Recently a member of the board had left who represented the views of people with learning disabilities and complex needs. Appropriate action had been taken to ensure that another person was recruited to the board to take on this role.

The council and PCT regularly audit their own learning disability services. The council had an effective system in place for reporting the performance of the CTLD. The reporting system contributed to the continuous improvement in the quality of care management services for people with learning disabilities and complex needs. We were also pleased to discover that people with learning disabilities and complex needs had been involved in the process of recruiting new staff in day centres and residential care homes.

We assessed that the standard of record keeping at a day centre for one person with a learning disability and complex needs was unacceptable. This impacted adversely on the level of care and support provided to the person. The council expressed concern regarding this issue and instigated an immediate audit of record keeping across day services. This audit will assess if this was a one off incident or a wider problem. The audit will result in appropriate training once the outcome is known.

The council employed a training and development consultant who leads on training in learning disability services. Learning disability services in the PCT had their own dedicated training team. The range, scope and accessibility of training was comprehensive and of a good standard.

Recommendations

- The council and PCT should ensure consistent good practice in electronic recording in day services.

Joint Learning Disability Commissioning Review

Glossary

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| Campus Provision | <p>Provides long-term care</p> <ol style="list-style-type: none"> 1. Are through the NHS, in conjunction with NHS ownership/management of housing (residents do not have an independent landlord and housing rights). 2. Is commissioned by the NHS. 3. Includes people who have been in assessment and treatment beds more than 18 months who are not compulsorily detained or undergoing a recognised and validated treatment programme. 4. People living in such accommodation are technically and legally NHS patients. |
| Care Management | A process where by an individuals needs are assessed and evaluated, eligibility for service is determined, care plans are drafted and implemented and needs are monitored and re-assessed. |
| Care Manager | A practitioner who, as part of their role undertakes care management. |
| Care Pathways | A method of organising all of the care a person receives from different professionals and organisations, to make sure it is coordinated. |
| Care planning | <p>A plan outlining support and care needs for the person. This plan must include the whole person including health needs, emotional well being, employment and leisure.</p> <p>A care plan must be regularly reviewed with the individual and multidisciplinary team if appropriate.</p> |
| Contingency planning | Plans which are developed for the purpose of 'back up' where the planning factors (e.g. scope, forces, destination, risks, area of responsibility etc.) have been identified or can be assumed. These plans are produced in as much detail as possible, including what is needed and how to do it, as a basis for future planning. |
| Continuing Care Funding | Fully funded care for people who do not require care in an NHS acute hospital, but who nevertheless require a high degree of ongoing health care. Anybody can qualify for NHS continuing care funding if their needs satisfy eligibility criteria. |
| Care Programme Approach | A plan of care for people receiving mental health services or support from more than one professional. |

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| Commissioning | <p>Commissioners understand people's needs now and how to plan for the future. They are able to shape services that are fair, of good quality and change in accordance with people's needs and wishes. Commissioners use the resources they have in the most effective ways to ensure that localities have the capacity to meet people's needs and wishes.</p> <p>Commissioning includes a range of activities, such as:</p> <ul style="list-style-type: none"> ▪ Knowing what services people need to live a good life ▪ Using this knowledge to plan changes for the whole local area ▪ Taking action to change services where they are not good enough ▪ Paying for services to meet individual needs ▪ Checking that outcomes from services are of a good quality and changing services and plans if needed |
| Direct Payments | Local council payments for people who have been assessed as eligible for help from social services and who would like to arrange and pay for their own care and support services instead of getting them from the council. |
| Forensic Services | Services offered to people who are likely to become a danger to themselves or others and as a result have been or likely to be in contact with the law |
| Gap analysis | The difference between what is needed and what is available. The difference between where you are and where you want to be. |
| Health Action Plans | A Health Action Plan (HAP) details the actions needed to maintain and improve the health of an individual and any help needed to accomplish these. It is a mechanism to link the individual and the range of services and supports they need, if they are to have better health. Health Action Plans need to be supported by wider changes that assist and sustain this individual approach. The Plan is primarily for the person with learning disabilities and is usually co-produced with them. |
| Health facilitator | <p>Someone to help support and navigate people through the NHS to access the best and most appropriate healthcare.</p> <p>Health Facilitation involves both casework to help people access mainstream services and also development work within mainstream services to help all parts of the NHS to develop the necessary skills.</p> |
| Independent Advocacy services | Services which support a person with learning disabilities either as an individual or as a group to raise issues with councils or Primary Care Trusts when making decisions about situations which directly affect their life. |
| Independent provider | Any private, voluntary, or not for profit provider that physically delivers health or social care services. |

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| Joint Strategic Needs Assessment | A process that identifies current and future health and wellbeing needs in light of existing services, and informs future service planning taking into account evidence of effectiveness. Joint Strategic Needs Assessment identifies 'the big picture' in terms of the health and wellbeing needs and inequalities of a local population. |
| Learning Disability Development Fund | Money from the government to pay for some of the new ways of working in the Valuing People strategy. Learning Disability Partnership Boards influence locally the way in which this money is spent. |
| Learning Disability Partnership Board | The Board brings together council departments, health services and other sectors that give people with learning disabilities support. This means that everyone can share information about what is happening in the local area. Partnership Boards are to take responsibility for local delivery of the Valuing People strategy, led by the local Council and with the active participation of all key stakeholders. |
| Local Area Agreement | Three-year funding arrangement between central Government and a local area, as represented by a Local Strategic Partnership (LSP) The LSP will set out a plan of priorities for its area, in return for greater flexibility of funding streams. |
| Out of Area Placement | Adult social services and or Primary Care Trusts commission placements of individuals from the council area in provision outside of the council geographical area. |
| Patient Advice Liaison Service | A service to help patients, their families and carers, to find answers to questions or concerns regarding the care or treatment they receive from all NHS services. |
| People with Learning disability and complex needs | <p>For this review the definition of people with learning disabilities and complex needs are: 16 years old and over, and experience difficulties because of:</p> <ul style="list-style-type: none"> • The extent of their intellectual impairment, • Having physical disabilities which severely affect their ability to be independent • Having sensory disabilities, which severely affect their ability to be independent • Having a combination of physical and/or sensory disabilities • Any behaviour that can severely challenge services • Having a form of autistic spectrum disorder • Having complex health needs • Having enduring mental health needs • Having a forensic history. <p>And their needs require health or social care organisations to provide ongoing support and assistance, no matter how this is funded.</p> |

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| Person centred approaches | <p>Person centred approaches look at the whole of the person and the whole of their lives, support networks, family, friends, health, leisure, education and employment needs.</p> <p>Person centred approaches are based on the ownership of the planning process by the individual with learning disabilities.</p> |
| Person centred planning | <p>Person Centred Planning means putting the person at the centre of planning for their lives and at the centre of the services they receive.</p> <p>Person centred planning is about:</p> <ul style="list-style-type: none"> • Listening to and learning about what people want from their lives • Helping people to think about what they want now and in the future • Family, friends, professionals and services working together with the person to make this happen. |
| Safeguarding people arrangements | <p>The systems, processes and practices in place to safeguard people from abuse. Councils lead and coordinate local arrangements with partner organisations.</p> |
| Self directed support | <p>People who are eligible for social care knowing what they are entitled to and controlling the way they use their money to get the support they need in the way they want it.</p> |
| Strategic planning | <p>Strategic planning is an organisation's process of defining its strategy, or direction, and making decisions on allocating its resources to pursue this strategy, including its capital and people.</p> |
| Supervision | <p>A structure by which management oversees the performance or operation of a person or group.</p> |
| Transition | <p>When someone moves from one time in their life into another. For instance, when children are moving into adulthood, adults move in to older adult services. It can also mean when people have major changes in their life, for instance when someone moves home.</p> |

Appendix

Review background and methodology

This joint review has been commissioned by the three commissions due in part to the findings of the national audit for specialist inpatient services 2007 by the Healthcare Commission (HC) and the HC and Commission for Social Care Inspection (CSCI) joint investigation into Cornwall Partnership Trust and Sutton and Merton. It also sits in the context of high level reports that have recently been published highlighting poor health and social care services and commissioning practice: *Death by Indifference*, Mencap, Mansell 2 and the Disability Rights Commission *Equal treatment, closing the gap*, and most recently the Joint Committee on Human Rights *A Life Like Any Other?* and the *Sir Jonathan Michael Inquiry*.

There is also a revised edition of *Valuing People* due to be published later this year which has had considerable consultation and is expected to address specifically issues facing people who have more complex needs.

The methodology for the joint reviews was devised with an expert reference group which included people with learning disabilities, family carers, commissioners in local authorities and the NHS, academics, *Valuing People* Support Team and the Department of Health.

An assessment framework was used to assess how well the local council and PCT were commissioning services and support for people with learning disabilities and complex needs. The assessment framework has eight high level statements with a set of outcomes and underpinning descriptors. The review team based the assessment framework on the *Commissioning Framework for Health and Wellbeing* (Department of Health 2007).

The joint review process was designed to reduce demands on the council and PCT. Before visiting Dudley the review team collated and analysed nationally available data held by CSCI, Mental Health Act Commission (MHAC), HC, the Office of National Statistics, key information graphical system and the information centre. The team also gathered information from the council and PCT in the form of a self-assessment document, which provided evidence unavailable from elsewhere. The strategic health authority, *Valuing People* Support Team and the Audit Commission were also asked about the commissioning practice within the area.

The purpose of the site visit was to:

- Further explore findings from the data analysis
- Focus on the experiences and outcomes for people with learning disabilities and complex needs and their family carers

During the site visit the review team met with people who use services, their families and carers, staff and managers from the council and PCT(s) and representatives of other organisations. The following activities were included as part of the review visit:

- “A day in the life of...” which involved spending time with people with learning disabilities and complex needs
- Mystery shopping

- Interviews
- Meetings
- Focus groups
- Good practice visits
- An Open to the public session.