

Appendix 1 - Efficiency, Improvement and Transformation (EIT) Review of Learning Disability Services - Baseline Report

BACKGROUND

1. This report provides baseline information as a starting point for Member's consideration of issues concerning the EIT Review of Learning Disability and Mental Health Services. The scope of this review was agreed and extended by Health Select Committee on June 13th 2011.
2. Previously at its meeting on 4th January 2011 the Executive Scrutiny Committee agreed to include an EIT review of Learning Disability Services in the work programme for the Health Select Committee. Subsequently it has become clear that there is a significant overlap with the Learning Disability Independent Living Project (LDILP), details of the LDILP are set out in paragraphs 83 to 87 of this report. Health Select Committee on June 13th agreed to combine the work of the LDILP with the proposed EIT review in to a single Learning Disability Services EIT review. Combining the two reviews will ensure a co-ordinated response to the issues identified throughout the EIT process are addressed in a clear and focussed way to effect positive change.
3. As the Committee agreed to extend the scope of this EIT review to consider the whole of Learning Disability Services it was agreed to delay the consideration of the Mental Health aspects of the review until the autumn.

CONSIDERATION

Integrated Learning Disability Service - What is a Learning Disability?

4. In Stockton the Integrated Learning Disability Team use an IQ of 70 or less (plus needs in two areas) as being the determining factor as to whether an individual is regarded as having a learning disability and therefore eligible for services from the team. The assessment is carried by social workers, community nurses, psychologists and psychiatrists. It is important to note that there is a difference between a person who has a *learning difficulty*, and someone who has been assessed as having a *learning disability*.
5. There are several definitions of what a Learning Disability is: -
Learning disability (sometimes called a learning disorder or learning difficulty), is a classification including several disorders in which a person has difficulty learning in a typical manner, usually caused by an unknown factor or factors. The unknown factor is the disorder that affects the brain's ability to receive and process information" Valuing People Now 2011.
6. A person with a learning disability is a person who has a disability or condition that affects his or her ability to live independently and can include people who have Downs Syndrome, Autism and a range of conditions that affect a person's ability to learn. It is important to note that such a disability is as defined in the legislative framework under Community Care laws. It may be possible for a person to have a mild Learning disability and not be eligible for services from the LD team but they could still have community care needs and as such still be eligible for an assessment and services from the LA. A person who has a learning difficulty could be a person who has particular

needs around his or her learning; this could be dyslexia or difficulty in reading writing etc. and would not necessarily be eligible for services or assessment. In addition not everyone with Autism has a learning disability-therefore not everyone with autism is eligible for a service provided through the LD team.

Stockton Borough Council's Learning Disability Service – The Duty to Assess

7. Stockton Borough Council as with all other councils with social services responsibilities have a statutory duty to carry out an assessment of need for the people who have a long term illness or condition that affects their ability to be independent. The Council has to adhere to a range of central government legislation across adult care. The main acts are;
 - National Assistance Act 1948
 - NHS and Community Care Act 1990
 - Carers(recognition and services)Act 2000
 - Disability Discrimination Act 1995
 - Community Care (Direct Payments)Act 1996
 - Health and Social Care Act 2001
 - Human Right Act 1998
 - Mental Capacity Act 2005.
8. Whilst this is a flavour of the legislative framework it is only representative of the Acts that have to be considered when working with any adult and person with a disability The list of legislation is significantly longer and covers a whole range of issues such as housing, discrimination, asylum seekers and of course children's legislation.

Central Government have also published a series of White Papers particularly to address the issue around a person with a learning disability not being able to have access to services or life chances that any other adult can have in society. The Valuing People and Valuing People Now documents have been published as a guide for local authorities and any agency working with a person who has been assessed as having a learning disability.
9. The NHS Community Care Act 1990 sets out the need to ensure that people live safely in the community. It identifies that Councils with Social Care responsibilities should assess the needs of people and arrange provision of social care services to meet these needs. Guidance on eligibility criteria was renewed in 2010 and is now called 'Prioritising Need in the context of Putting People First' (previously called 'Fair Access to Care Services').
10. Assessment is based upon the risk factors associated with 'autonomy', 'health and safety', 'managing daily routines' and 'involvement in family and community life'. Clients may be placed in one of four bands of need: Low, Moderate, Substantial or Critical.
11. The First Contact Team carries out initial information gathering and screening. Those people identified as needing a more comprehensive assessment are referred to the appropriate team. Clients with learning disabilities will be assessed further by the Integrated LD Team. In complex cases, assessments may be carried out by combinations of staff from other teams and also involve health professionals (other teams include the Sensory Support Team and Integrated Mental Health Service for example). If deemed

eligible and provided with support, clients receive an annual review or if needs change this happens more frequently.

12. Councils are able to set their own level of eligibility criteria; Stockton's was amended as of 1 April 2011 so that it is those clients assessed as being in the Substantial and Critical bands who will be eligible for care. However the new guidance makes clear that appropriate signposting and information services, universal community services that are open to all, and targeted community services, should be in place for those not eligible for social care, but who will need some form of access to support and activities to prevent them from deteriorating to the point at which they will become eligible.
13. The precise type of services for eligible clients can differ between authorities and the service provided to a client will depend on their individual requirements. For example, this may be residential care, community support, day care or a combination of these. Increasingly services are focussing on the individual, by offering more choice and control through the Personalisation agenda.
14. Services are provided to those assessed as already having a certain level of need (i.e. those in the Substantial and Critical bands). Some services provided in the community are preventative in the sense that community support such as help with daily living aim to ensure that clients stay in the community for as long as possible.

A Brief History of Learning Disability Support

15. Attitudes and beliefs concerning people with learning disabilities have changed throughout history. This has affected the configuration and delivery of services to this group of people. Models of traditional institutional care in the UK have been replaced by models of community care and social inclusion, reflecting a greater appreciation of the human and civil rights of people with learning disabilities culminating in Valuing People Now.
16. Valuing People Now as the national strategy for people with learning disabilities has a clear vision that people with a learning disability are people first. This means a right for people with learning disabilities to lead their lives like anyone else, to have the same opportunities and responsibilities, and to be treated with the same dignity and respect.
17. The Valuing People Now Strategy has 5 main themes, which together cover the main priorities for action:
 - Including everyone
 - Personalisation
 - Having a life
 - People as citizens
 - Making it happen.

Because every local area is different, with its own local set of needs and existing services, it will work in a different way to meet the requirements of this national policy.

How does the service fit with the overall aims of the Council?

18. Learning Disability and Mental Health services are provided by Adult Services within CESC in partnership with TEVV who undertake some of the management responsibilities. The service contributes to the Council's priorities around 'People', in particular Adults' Services, Health and Well-being and Stronger Communities. It also contributes to the Council's priorities about 'Place', in particular Environment and Housing.

What policies, plans and strategies impact on the service e.g. statutory, policy, function, other services?

19. The key plans and strategies impacting on the Learning Disability and Mental health Service include:-

- Sustainable Community Strategy
- Council Plan
- Vision for Adults
- Joint Strategic Needs Assessment
- Learning Disabilities Strategy
- Transitions Strategy

Financial Resources

20. The 2011/12 budgets for the expenditure within the scope of this review are set out as below:-

	Total cost £'000	Income £'000	LA Cost £000
Operational services			
In-house residential services	865	(316)	549
In-house day care services	2,076	(136)	1,940
In-house comm. supp. services	296	(108)	188
Transport Services for clients	111	0	111
Other services	48	(30)	18
Total operational services	3,396	(590)	2,806
Commissioned Services			
Commissioned residential services	7,858	(2,447)	5,411
Commissioned day care services	1,102	(55)	1,047
Commissioned comm. supp. services	761	(4)	757
Supported Tenancy	1,467	(9)	1,459
Commissioned services total	11,188	(2,515)	8,673
Total budget within scope	14,584	(3,105)	11,479

Analysis by expenditure type

	£'000	
Employee direct costs	2,691	(100% operational services)
Employee indirect costs	65	(100% operational services)
Premises	120	(100% operational services)
Transport	254	(100% operational services)
Supplies & services	308	(77% ops 23% commissioned)
Third party	11,116	(99.995% commissioned)
Income	(3,075)	-
Total budget	£11,479	

Analysis of income

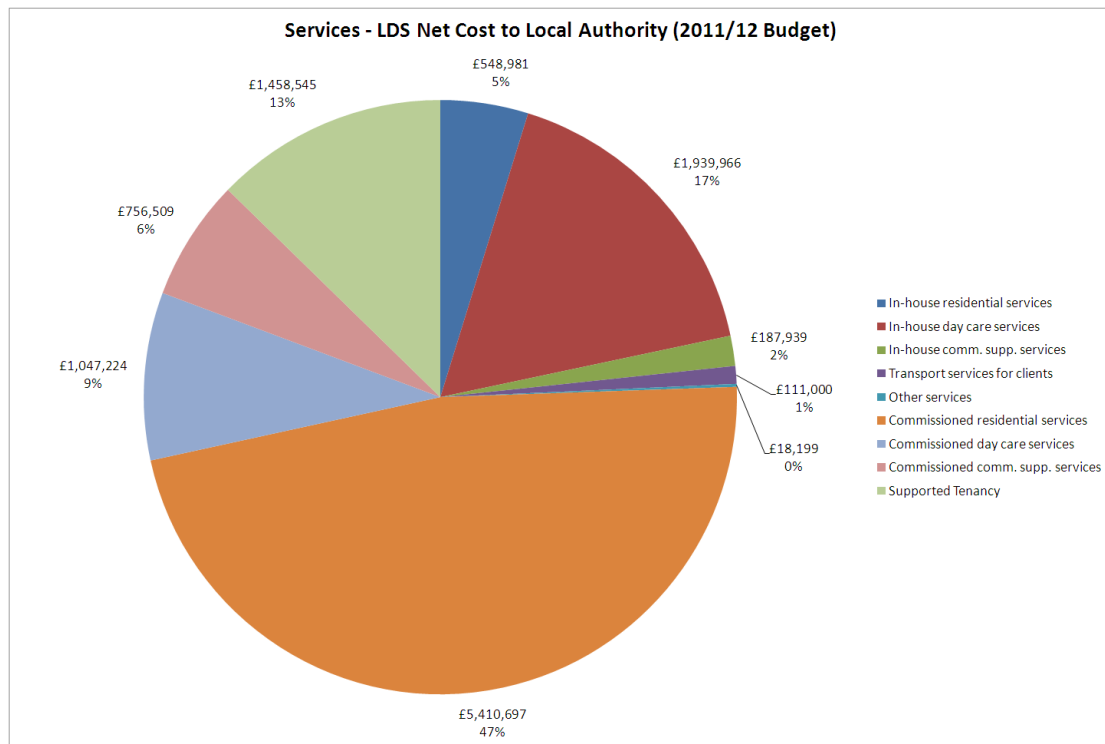
	£'000
Government Grants	540
Client contributions	445
Health Income	2,025
Other income	65
Total income	3,075

Further work is required on the transportation costs of clients to colleges or day centres. Budget in 2011/12 is estimated at £111k but in 2010/11 the actual spend amounted to £169k.

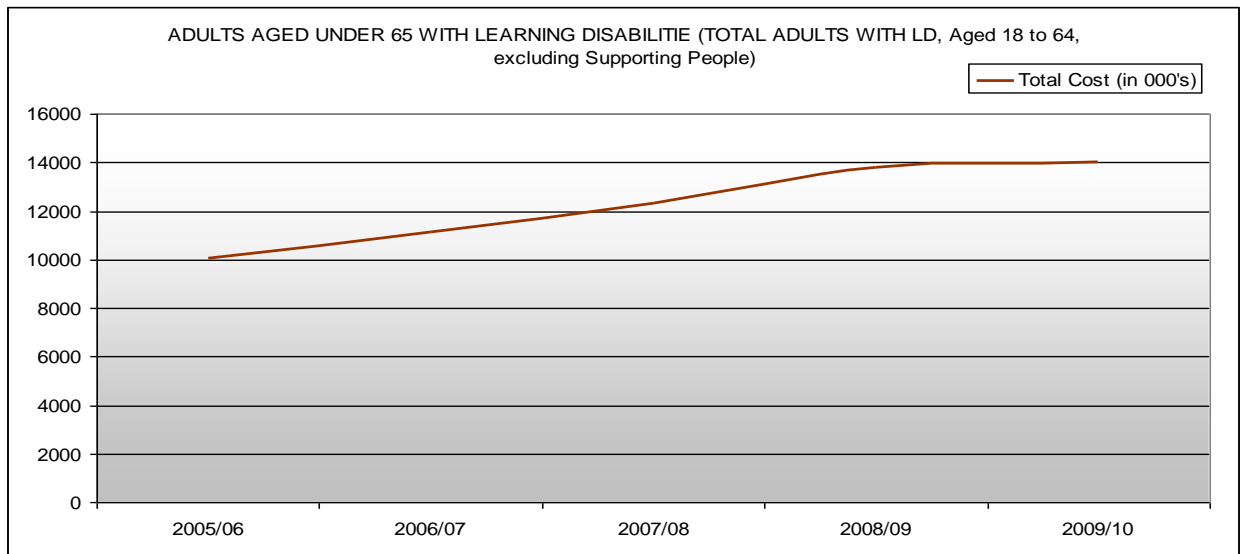
NB – currently outside the scope of this EIT Review are:-

SDC Direct Payments	£520,776	(actual expenditure 10/11)
Learning Disability Team	£189,383	(actual expenditure 10/11) (subject to separate EIT)
TEVV Management Costs	£117,908	(budget for 2011/12)
Commissioning Team costs	£91,600	

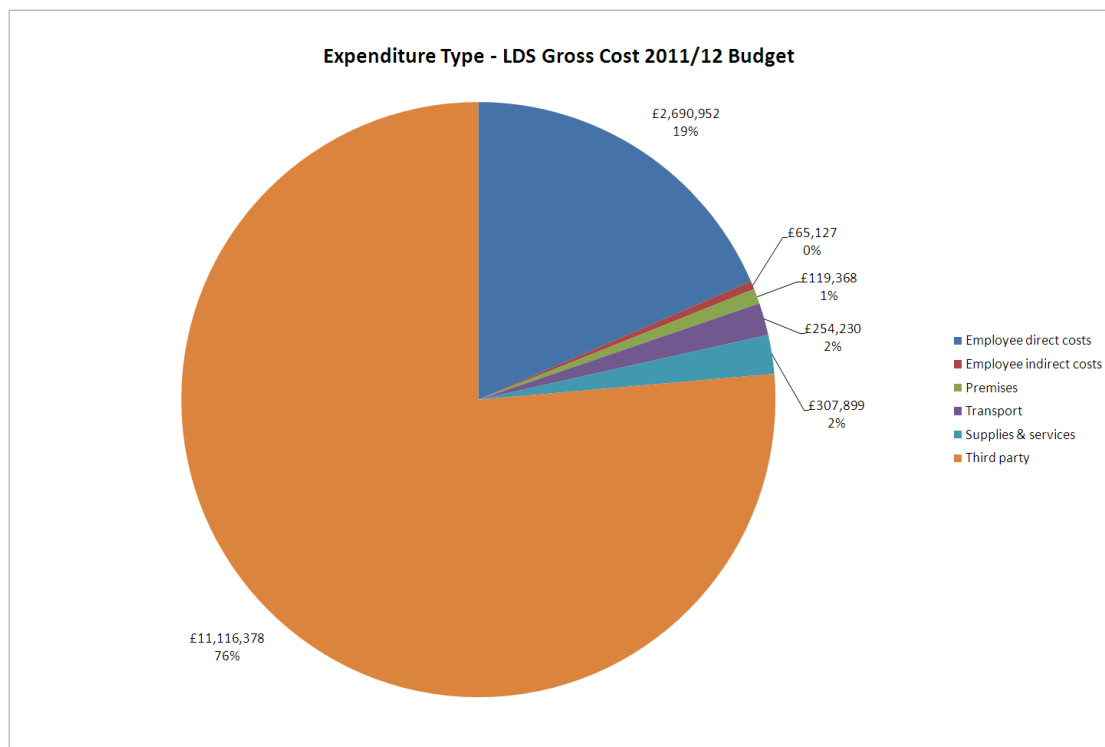
The Table below illustrates the proportion of expenditure on LD services both in-house and commissioned



The Table Below Illustrates the trend in LD expenditure in Stockton based on information from the PSS EX1 Form 2005/6 to 2009/10



The table below illustrates the proportion of 2011/12 budgeted expenditure on direct, indirect and commissioned costs.



There are no capital costs for Learning Disability at this current time.

What contracts or other arrangements are in place (spend analysis)?

21. With regard to the contracts in place concerning Learning Disability services historically they were commissioned on a block contract basis. With block

contracts providers were commissioned to provide a certain level of service for an agreed amount of money

22. More recently the direction of travel has been to establish accredited provider arrangements, framework agreements and spot contracts. The basis of these arrangements is that providers are commissioned on the basis of a quality / price model in which they must demonstrate their ability to deliver a service and agree the financial rates that they will charge for such arrangements. Services are then procured from the providers as they are needed and providers are only paid for services delivered. This is in contrast to block contract arrangements, where providers are paid regardless of the amount of service delivered e.g. the provider is paid for under-occupancy.
23. A further advantage of more flexible arrangements is that it is better aligned to the Personalisation Agenda and personal budgets, as it provides better choice and flexibility for the individual user when choosing service providers.
24. There are currently a variety of contract arrangements in place including –
 - preferred list
 - accredited list
 - framework contracts
 - block contracts,

Whilst there are currently a variety of contract arrangements in place the majority of services are on flexible arrangements in which Stockton-On-Tees Borough Council has no legal commitment to procure services from providers, this is helpful if carefully selected services are to be decommissioned as an outcome of this EIT review.

Do you have any charging policies?

25. The power to charge is given to local authorities under Section 17 of the Health and Social Services and Social Security Adjudications Act 1983 (HASSA Act 1983) and guidance on the exercise of this power is issued by the Secretary of State under Section 7 of the Local Authority Social Services Act 1970.
26. Stockton Borough Council has a charging policy for non-residential clients which are governed by the “Charging for Residential Accommodation Guide” (CRAG) published by the Department of Health. The council makes an assessment of ability to pay charges for non-residential social services. The assessments are carried out by staff in the Client Financial Services section within CESC Adult Services. Charging is based on the total cost of the package.
27. Stockton Borough Council has a charging policy for residential clients which is governed by the CRAG published by the Department of Health. The council makes an assessment of ability to pay charges for residential social services. The assessments are carried out by staff in the Client Financial Services section within CESC Adult Services.
28. During the financial assessments all clients receive a full benefits check. All clients receiving support will have their financial assessment reviewed annually one year after their initial assessment. Clients will be informed at the initial assessment that they must report any changes of circumstances which

may change the assessed contribution. Clients can request a financial assessment review at any time if they believe their circumstances have changed.

The Client Pathway

29. What do clients experience from point of entry in to the Learning Disability Service? Their journey is outlined below in a series of distinct stages beginning with the referral:-
30. Referral received. - Referrals can be from the Council's First Contact Team or other referrers such as the Transitions Team in Childrens Services, GP's or medical consultants.
31. Assessment of Need. - This consists of either a Single Assessment Process and/or Personal Needs Questionnaire to determine eligibility criteria. The assessment needs to identify complex needs, including behaviours, health needs and level of understanding including capacity. Carer's views are also incorporated and they could be eligible for a carer's assessment in their own right. Additionally assessments from Community Nurses, Consultant Psychiatrists, Psychologists and Occupational Therapists can be included. Clients can be screened as eligible for services from the LD Team by Social Workers, Community Nurses and Psychologists. Advocates are engaged as appropriate.
32. FACS criteria - Following the recent review of Fair Access to Care Criteria Stockton now meet the needs of service users who are determined to be substantial or critical in the FACS assessment.
33. Care Support Plan - A Care Support Plan should be used to formulate how identified needs can be met and all options should be considered. There will be a need to identify an appropriate service provider or providers at an appropriate value for money cost. At this point any unmet needs should be flagged to inform future commissioning. Care Support Plans should include clients and carers views and explore a range of services to meet identified needs. Importantly whilst the care support plan is in relation to an individual it is the Local Authority's responsibility to carry out an assessment and we can choose the most cost effective way of meeting need. This can be an area of conflict as client and carers sometimes want a service which is of a high cost when there is, in our opinion a service that meets identified need that is of lower cost.
34. Reviews - Care Support Plans are initially reviewed after 6 weeks then annually unless there are specific reasons to review at an earlier stage. Any party can request a review at any time. Reviews of placements in residential care should always look at the options available and consider if residential care is still needed.

35. Other Pathway Considerations - At the time of writing there are 151 individuals in residential care 81 of whom are in facilities within Stockton Borough whilst 70 are cared for outside the Borough. There are a variety of complex reasons why residential care is an option for some clients as set out below:-

- Cannot meet needs in the community. Autism is good example of this but requirements for any specialist service such as behaviour management can also mean residential care is the only option.
- Out of area residential care placements are largely due to lack of resource available in this area either in the community or appropriate residential care.
- Culture of LD which can be risk averse. Despite the White Paper some families and professionals see residential care as providing better support and safer than services in the community.

36. If clients in residential care are assessed at review as having the ability to live in the community then the following should happen;

- Re- assessment to identify needs in the community. (May need Occupational Therapy functional assessment).
- Liaison with advocates, family and other professionals to ensure clients choice and needs are being met.
- Referral to housing.
- Care support plan agreed at panel.
- Matching with others who could share. Ideally use of an interim supported living flat.
- Introductory meetings. Using supported living flat where needed
- Benefits need maximising and usually re-applying for.
- Consideration whether client has capacity if not then we need to consider Court appointed deputy for issue around tenancy agreements.
- Consider appointee-ship for financial support - people should be encouraged to manage their own finances independently where appropriate or with support where needed

37. Barriers to clients moving from residential care to supported or independent living are many and complex but can include:-;

- Family views - are always considered but should not form the basis of a decision. Appropriate advocacy where needed should be used to ensure that the persons views are taken into account and appropriate services offered.
- Established placements, (some client have been in residential for some years) and have no known concept of independent living.
- Reluctance from residential providers to support move on and develop client's independent living skills.
- Specialist assessment is hard to commission e.g. we have only limited Occupational Therapists currently available. (0.5 to cover Stockton LD)
- Some resources are available i.e. flat but no funding for staff.
- If clients are identified to live independently this can take a long time as extensive work is required to facilitate the move.

38. Attached as Annex 1 to this report are four case studies concerning Stockton People whose individual circumstances reflect a range of the issues described above.

How many adult people in the borough do we estimate have a learning disability/difficulty and how many receive services.

39. National data projects there are an estimated 3,600 adults (aged over 18) with a learning disability living in the borough of Stockton-on-Tees¹; where locally, (as at 31st March 2011) there were 1063 adults (aged over 18) known to the Local Authority² with a learning disability living in the Borough of Stockton-on-Tees but these individuals may not be eligible for or receive services. Although we know the national figures produce an over-estimate in communities with a low South Asian community (such as Stockton on Tees), it does illustrate there are people in the region who choose not to engage with local authority social care services.
40. In terms of people receiving services, there are currently 507³ individuals in the borough who have a learning disability and are in receipt of services. The number of people who actually receive support from social care represents 0.4% of the current working age population of 118,700⁴. Annex 2 provides additional information on the numbers of clients in selected services and some Tees Valley comparisons.
41. The number of people with a learning disability is expected to increase by 11% over the next 20 years⁵.
42. The numbers of clients in Learning Disability Services inevitably changes as new clients include those taking up services through transitions from children to adults, people moving into the borough or sometimes people who have previously not taken up services as they are supported at home by carers but require services when these arrangements break down. There is a point of view that transitions in particular can be largely managed and anticipated in terms of future needs.

What services are provided and funded via Stockton Borough Council –

43. Clients in receipt of Learning Disability Services may receive a range of services as part of their individual care support plan including:-
44. Residential Care – residential care is provided within Stockton Borough for 81 individuals whilst 70 are placed out of Borough. Out of Borough placements may reflect the individuals' special and complex needs. There are in the order of 75 providers of residential care currently being used to accommodate these 151 clients.

¹ These predictions are based on prevalence rates in a report the Institute for Health Research, Lancaster University "Estimating Future Need/Demand for Supports for Adults with Learning Disabilities in England", June 2004. Source, POPPI/PANSI.

² People recorded in CareFirst with an open classification who are identified as having a Learning Disability.

³ LD Core Group Project client tracking database, June 2011.

⁴ ONS mid 2009 estimates.

⁵ All projections taken from "Services for People with Learning Disabilities and their Families/Carers Commissioning Strategy" 2010-2013.

45. Supported Living – 43 people reside in supported living schemes within Stockton Borough.
46. Respite Care – 75 individuals are listed as in receipt of respite care within Stockton during a twelve month period. Respite care is provided in house at Lanark Close where there are beds for a maximum of 9 individuals any one time. Respite care can also be arranged using other residential services or direct/individual budget payment. Respite care is arranged to benefit the carers of LD clients as well as clients.
47. Community Support is provided to clients which includes a range of services to assist clients in a variety of ways to meet their individual needs between 07.00 to 23.00 hours daily. Individuals in receipt of day care services may also benefit from community support before or after their day care, in some circumstances both.
48. Day care is provided for 286 clients, the needs of 248 of whom are met within Stockton whilst 37 receive their day-care outside of the Borough. Day care is provided in house by Stockton-On-Tees Borough Council staff at Allensway in Thornaby and through Central Stockton Day Services from a variety of venues throughout the borough. Commissioned day care services are provided from a variety of venues further details of which are attached as Annex 3 to this report.
49. The STEPS Service helps clients with learning disabilities and mental health issues to achieve their training and employment ambitions. This service is specifically targeting community venues to place clients.
50. Transport – an in-house community transport service exists to meet the needs of clients and is supplemented when necessary with private provision. More recently The Council have developed an independent travel training centre at Abby Hill School. This facility is designed to assist young people and adults develop the ability to travel independently.
51. Service users at the higher end of the autistic spectrum have specified need that historically have not been met locally i.e. education, day time activity and appropriate housing.
52. Autism is a lifelong developmental disability that affects how a person communicates with, and relates to, other people. It also affects how they make sense of the world around them. It is a spectrum condition, which means that, while all people with autism share certain difficulties, their condition will affect them in different ways. Some people with autism are able to live relatively independent lives but others may have accompanying learning disabilities and need a lifetime of specialist support. People with autism may also experience over or under-sensitivity to sounds, touch, tastes, smells, light or colours.
53. Asperger syndrome is a form of autism. People with Asperger syndrome are often of average or above average intelligence. They have fewer problems with speech but may still have difficulties with understanding and processing language.”
54. Given the above it means a challenge for local authorities who have to assess and meet the needs of individuals. Some people with Autism may not even be

eligible for service whereas others may need very specialist services that may include residential care. Historically in Stockton we have not had the range of services to meet the needs of people who need the specialist service and hence we have had to rely on residential care and out of area placements, usually at a high cost.

55. From the information on the LDILP database Stockton has 14 people who are placed in specialist residential placements out of the area, there are others who have autism in mainstream services.
56. These services can be residential or domiciliary care provided in their own home. Currently there are 3 people who access specialist day services out of area who have autism. Again this is a costly placement. In addition to this these often if not always individuals need transport to and from day services. Because of their level of autism they cannot share transport and need an escort in the taxis consequently a high cost to the local authority.
57. Additional information on providers, their location and the nature of their offer is set out as Annex 3.

How are service users consulted and how do their views shape delivery?

58. Individual Services use a variety of ways to consult with customers including concerning their opinions regarding LD provision including:- Questionnaires, user groups, newsletters, individual client reviews and residents meetings. There are also a number of forums that are utilised which include the Learning Disability access group, Stockton Helps All (a user organisation for people with learning disabilities), Carer support forums and Learning Disability provider forum

How satisfied are the customers?

59. Satisfaction with services is collected by individual providers both in house and externally. It is currently unclear how satisfied customers are overall however services that provided information on the satisfaction surveys are highlighting positive feedback.

What do Viewpoint Surveys/ Internal Audit Reports tell us about the Service?

60. The table at Annex 6 is an extract from the Personal Social Services, Adult Social Care Survey (2010/11) survey and provides a comparison between the results of the model questionnaire and the questionnaire specifically for clients with a learning disability regarding customers' opinions regarding the quality of services they receive.
61. In October 2010 Learning the CESC Learning Disabilities (Management) function was audited by Internal Audit. Overall the function achieved Substantial Assurance, the main points for follow up included:-
 - Referrals – there are good procedures in place with regard to the recording of referrals and the allocation of cases to staff. There are some issues relating to completing assessments within timescale.
 - Reviews – As significant number of reviews had not been completed within the one year timescale.
62. Substantial Assurance was achieved in relation to:-

- Care Support Plans – Care support plans were recorded and documented where appropriate
- Client database recording – there are some issues relating to the accuracy of data held on both CareFirst and Paris that require attention

63. Full Assurance was achieved in relation to:-

- Public awareness of the service provided – the services provided are well published via the leaflets and the Council's website. This includes directing the public to the First Contact Unit initially.
- Complaints and appeals – There is a good system in place for dealing with complaints.
- Budget Monitoring Arrangements – were examined and noted to be good. The agency/placements budgets were overspent in the preceding financial year due to the increased numbers of clients receiving a service.
- Risk Assessments – undertaken for every client that is assessed for services. There is an additional risk assessment tool used for complex cases; this is a bespoke assessment for LD clients.
- Procurement and Invoicing – there is some procurement of placements for clients which are discussed and approved by the Mental health and Learning Disability Panel. Costings are made prior to the approval by panel.

64. Since the audit there is a new written agreement between SBC and the Tees, Esk and Wear Valley Trust (TEWV) concerning the arrangements for LD and Mental Health Services. The full audit report is attached as annex 7 to this report, as is the update on actions taken following the audit. With regard to the audit reference concerning CRB renewals for staff Xentrall are now identifying staff requiring CRB renewals three months in advance, from information held on the PSG system. This system has ensured that all staff within service have current CRB checks in place.

What do complaints/ compliments tell you about these services?

65. During 2009/10 11 complaints were received by the Council regarding Learning Disability day services and five of them were upheld, in contrast 10 compliments were received by the Council in 2009/10 regarding Learning Disability day services. The detail of both complaints and compliments received is contained as annexes 4 and 5 to this report.

Are there any political judgements / decisions involved in determining the level of service?

66. The Fair Access to Care bandings are a significant influence in determining the level of service provided as stated at paragraph 12. Local Authorities are entitled to set their own level of eligibility criteria concerning FACS. In Stockton from April 1st 2011 only clients who have been assessed as having substantial or critical needs will be eligible to receive services.

What influences impact on the service (political social economical, technological)?

67. These include:

- Political – Changing legislation, forthcoming Education Bill, Valuing People Now, Personalisation, Putting People first, green paper on

‘Support and Aspiration: A new approach to special educational needs and disability’

- Technological – Growth of Assistive Technology
- Social – Increasing awareness of the expectations and aspirations of people with learning disabilities and their carers.
- Economic – Impact of the current economic climate, changes to welfare reform
- Clinical Commissioning
- Public Health Office
- Demographics (inward migration)

Transitions for young people to 18 + Services

68. For children with learning disabilities their 14th birthday is a milestone as this is the beginning of their 14+ transition. The 14+ Review or Transitions review is the point at which the first discussions about a young person’s future as an adult are formally recorded.
69. For children with a statement of special educational needs this is when their views are sought.
70. The 14+ review process (at Abbey Hill School) has over the last two years moved to a person centred review with the young person taking an active role and leading their review. It is hoped that by the spring term of 2012 a number of the secondary schools that have support bases attached to them will have moved to a person centred review process and that by spring 2013 all young people with a statement in all mainstream secondary schools will have a person centred review.
71. The 14+ review has to take into account the young person’s progress towards meeting the objectives in the statement as well as considering the following:
 - What jobs are you interested in?
 - What are your hobbies and interests?
 - What would you like to do at the end of year 11?
 - What health support do you require?
 - What type of work experience would you like to try?
 - Where do you want to live in the future?
 - What type of help may be needed in the future?
72. Perhaps the most pertinent questions both for services and for a young person as they move towards adulthood are about education, work and where they want to live.
73. Of the cohort at Abbey Hill (Spring Term 2011) eleven young people said they wanted to live on their own, one said supported living and 13 said with a partner. Only one young person said they wanted to attend residential college and 12 said they wanted to attend further education. One young person wanted to attend university.
74. Currently there are twenty young people aged 14+ who attend a residential school outside of the authority. Attendance at a residential school usually occurs as a result of:
 - a parental request

- because as an Authority we do not have the provision in Stockton to meet a young person's needs.
- as a result of the Children's Multi Agency Placement Panel (CMAPP) joint decision on most appropriate provision

Recent work in Stockton Borough Concerning Learning Disability Services - CSED's Work in Stockton-On-Tees

75. In the Autumn of 2010 Stockton Council was fortunate to receive support from the Department of Health's (DoH) scrutiny staff who are known as CSED. CSED's work in Stockton included a review of learning disability services including bench marking, analysis of costs, case file reviews and interviews with staff.

76. In October 2010 CSED concluded their commission in Stockton with the publication of their report entitled "Stockton Learning Disability Opportunity Assessment", this document is attached as Annex 8 to this report. Amongst a variety of assertions and recommendations (based substantially on 2008/9 data) the CSED report highlights the following:-

- Stockton spends a comparatively low £140 per head on its population aged 18-64 on supporting people with learning disabilities when compared to an average £156 in similar authorities.
- Stockton does however spend a higher than average share of its Adult Social Care budget on learning disability at 25.5% compared to an England average of 23%
- In Stockton LD spending was rising faster than Adult Social Care spending overall at 54% since 2004/5 compared to 32% overall.
- In October 2010 Stockton's expenditure on residential/nursing care was running at 54%
- The budget for 2011/12 expenditure on in house and commissioned residential services stands at £5,959,778 or 52.4% of the budget within the scope of this review.

77. The CSED Report goes on to consider the £51 per head spend in Stockton on "community support" for clients with LD, this being the second lowest amongst the comparison group of 16 authorities. CSED asserts that there is scope to increase spending on "community Support" as an alternative to residential care where community based support is more effective for individual clients.

The Development of the Independent Living Project

78. In 2010 the Council invited CSED to carry out a review of learning disability services in our borough. This followed concerns about the increase on spend for learning disability services and high number of people living in residential placements as opposed to independent living.

79. CSED noted costs of community care were high (above national average) so moving people to independent living where appropriate was not straightforward as opposed to residential care costs that were comparatively low per person and there appeared to be a shortage of suitable housing.

80. They concluded we needed to:

- Improve the cost effectiveness of our community support for people with learning disabilities
- Increase the range of housing options available for people with LD and
- Replace residential support with more cost effective community alternatives
- Reduce the number of people with LD supported in residential care by reducing the flow into residential care and where possible over time transferring people who do not need to be in residential placements into appropriately supported community settings
- Ensure community support is good value for money so that people directed away from residential care can be supported effectively at lower cost than the residential alternative
- Undertaking high cost case reviews to ensure high cost support (residential and community) is necessary and economically procured

81. CSED suggest that from their review of case files that the numbers of Stockton clients in residential care are high for a variety of reasons and to redress this balance requires:-

- Reducing residential care admissions from transitions
- Reducing residential care admissions from mid-life transitions
- Enabling people who are capable of and want to live in the community to do so
- Ensuring there are sufficient suitable housing options for people with LD

82. In addition the CSED review of case files led to 14 key findings which the report states warrant further consideration, as set out below:-

- A well balanced risk assessment undertaken with service users, carers and providers can reduce the need for support and other provision
- Support to carers can delay or prevent high cost provision
- Good reviews that explore a range of opportunities and options with service users, carers and providers can lead to less dependency and lower support costs
- Quality support plans that are ambitious and innovative can be more efficient and effective
- Outcome based SMART objectives that are agreed and monitored with providers offer an incentive to achieve change.
- Effective planning for transitions informs commissioning, leading to appropriate and more cost effective supported living/housing options
- People with support needs, sometimes of a minimum nature, can be catered for at lower cost for longer, sometimes avoiding residential care, through better service solutions.
- Assessments/reviews/support plans that address change and potential emergencies will help prepare individuals and carers for the future.
- Interim placements, sometimes being made in a crisis, with resultant long term residential care costs can be managed better and at lower cost by improved planning with service users, carers and providers.

- Avoiding out of area placements can reduce pressure on budgets and enable better planning with individuals and providers
- Proactive market development and engagement with housing providers builds a wide range of flexible, readily available housing options
- The appropriate use of telecare can support re-skilling, promote independent living and help manage risk
- Support related housing models can reduce dependency and increase confidence as well as help to develop social capital in local communities
- Contract prices for external provision that are negotiated centrally are more consistent in meeting similar needs.

83. The Independent Living Project has been established to take forward the findings and recommendations of CSED review concentrating initially on assessment and care management, commissioning; and the working relationship between care management and commissioning.
84. In terms of assessment and care management work to progress the Independent Living Project has affirmed the CSED Report's suggestion that there was a tendency to be too paternalistic, risk averse and focussed on traditional approaches leading to expensive care and support packages. It also appeared that the ability of the care management team to take more innovative/community focussed approaches was significantly constrained by commissioning and the availability of services i.e. even if it was desirable and more cost effective to help place someone in an independent living setting rather than a residential placement, local support services were not in place to enable it to happen.
85. The Independent Living Project is progressing a revised approach and strengthened arrangements for assessment and care management. The independence checklist has been introduced which asks 6 challenging questions as part of an individuals case review. Work is also underway on the development of a refined risk policy for use by the placement panel, the aim being to overcome the risk-averse/paternalistic approach to risk that had been identified by CSED.
86. The average case load of staff in the care management team is 34 complex cases, which in reality, due to staffing changes, means that the longer served workers are carrying case loads of 40 and 50 clients. This combined with the fact that safeguarding referrals from this team comprises a significantly higher proportion than other teams (about a 3rd of all such referrals). It is generally recognised that caseloads of complex cases over 30 are not ideal. The availability of care management resource is likely to be a factor in determining the quality of outcomes, creativity and ability to engage in the time consuming activity of bespoke personalised care. This is likely to lead to resort to traditional and available services.
87. There has been considerable progress in developing a detailed user database for Learning Disability Services. The database is part of an effort to understand in detail individual care packages and costs. The database will also provide key information for commissioning and to track cost improvements.

Case Studies of Individual in Receipt of Learning Disability Services

“A”’s Background

“A” has Downs Syndrome and substantial learning disabilities. “A” has been attending community college in Yorkshire and is ready to leave. At reviews “A” has consistently expressed a wish to return to live in this area. “A” has been given other choices such as living in a community setting similar to that which “A” lives now. “A” is fairly independent and has the mental capacity to be able to choose where to live. “A” has family in this area and lives with them during vacations

“A”’s Issues:-

- “A” could live in his/her own home with the correct level of support. It would be important that any commissioned services would work with “A” to develop skills to be more independent and included.
- It would require commissioned services to help with the transition and carry out some of the tasks needed when moving into your own home, such as buying furniture applying for benefits.
- The service would need to be outcomes based and aim to reduce support, as “A” becomes more independent potential cost savings could arise in addition to achieving independence.

“B”’s Background

“B” has lived out of area since childhood and is now in his/her twenties. “B” has been diagnosed as having Autism and associated learning disabilities and can present with challenging behaviour. Adult services inherited “B”’s package of out of borough costs. “B”’s placement is in a residential home in Yorkshire. “B” still has contact with family in Stockton and has always requested to return home. “B” has the mental capacity to make this choice but would need support to consider exactly what this means i.e. giving up friends and contacts in his/her placement town

“B”’s Issues

- “B” was a child when placed out of this area in a high cost residential placement; it is likely that at the time there was no local provision to meet his/her identified needs.
- A specialist provider that can meet the difficult needs of someone with Autism remains available in this area
- “B”’s placement is very high cost about £250,000 per year and if “B” could live in the community locally this cost could be significantly reduced.
- Alternatively if “B” chooses to live in his/her current placement town in supported living then that area should be responsible for the care package and costs.
- If this transpires, there will more than likely be a dispute about ordinary residence with the local authority in that accommodates her placement.

- The provision of service for people with autism in this area is still difficult to identify.

“C”’s Background

“C” is in residential care. “C” has lived in the home for a number of years, however due to notice by the provider that they will de-register the home as a Residential Care Home, alternative care arrangements will be required. Regardless of the home’s de-registration “C” has already expressed a desire to live more independently.

“C”’s Issues

- If a service could be commissioned to support “C” to make choices and take control then this service could help “C” make the transition and feel confident about choosing furniture and applying for benefits etc.
- It is a big move from a very protected environment such as residential care to independent living. The care in residential provision can be disabling rather than enabling. The providers have to work to their own policies and legislation and as such be overbearing e.g. locked doors and not being able to go out due to staff being unavailable.
- Choosing a property and who to share with is difficult for a person who has only known residential care substantial help would be needed to make this an informed choice.
- Mental capacity, the law says that we should assume capacity of every individual. However there is a difference between making a choice to move but knowing what that entails in detail. Work to help individuals to make an informed choice based on understandable information is time consuming as it needs to be done at the individual client’s pace.

“D”’s Background

“D” has cerebral palsy and associated learning disability and has been assessed as having profound and multiple learning disability (PMLD).

“D” currently lives at home with family who are the main carers. They provide substantial support for “D”. It is likely that at some time in the future they will not be able to continue with this role and “D” will need plans in place to meet his/her needs independently.

“D” has significant communication problems and it is difficult to express own wishes and feelings. Can communicate on a limited basis with those people who are familiar.

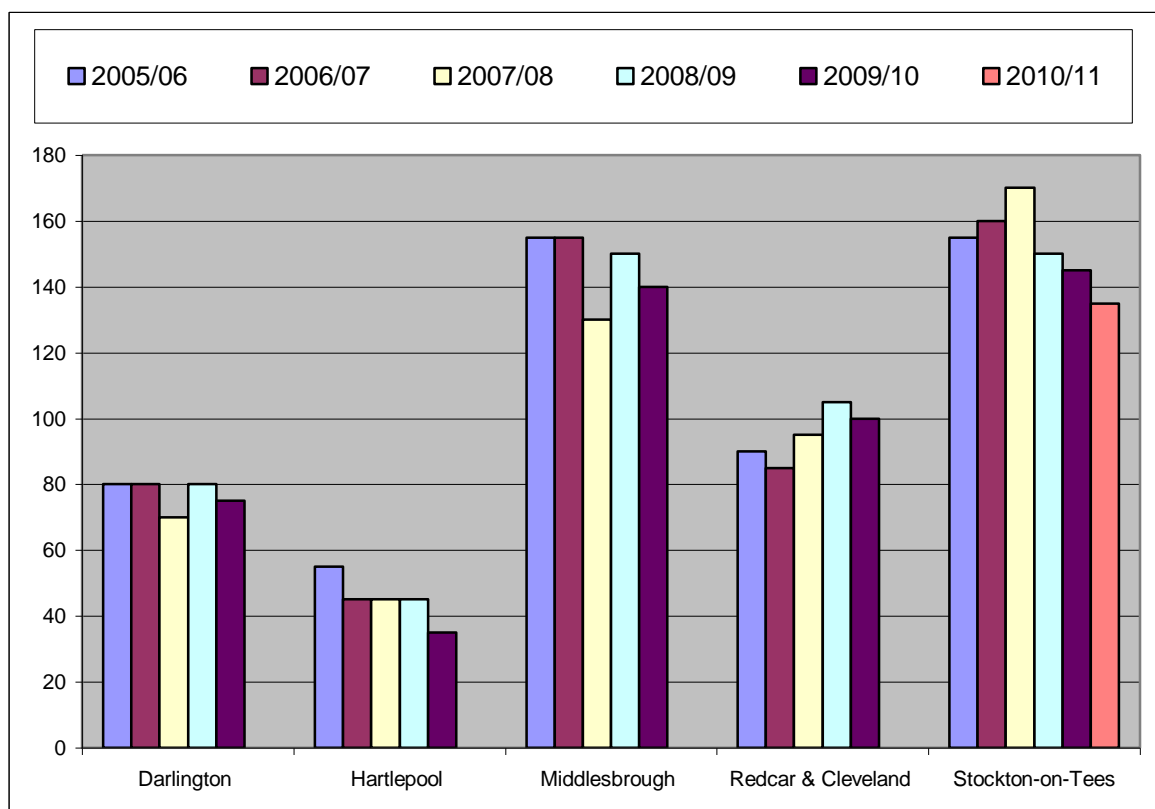
“D”’s Issues

- “D” is one of many clients who are cared for by parents.
- Some of these carers are finding it increasingly difficult to meet the needs of their sons/daughters.
- There is potentially a significant demand on services in the future
- Planning for such clients needs to be underway as soon as possible and potential impacts mapped out in order that services can be developed and commissioned
- “D” is profoundly disabled and her level of understanding is difficult to ascertain so her wishes and feelings are assumed.

Learning Disability Comparison Data

Table 1: Number of LD 18+ Residents Supported in 24 hour care

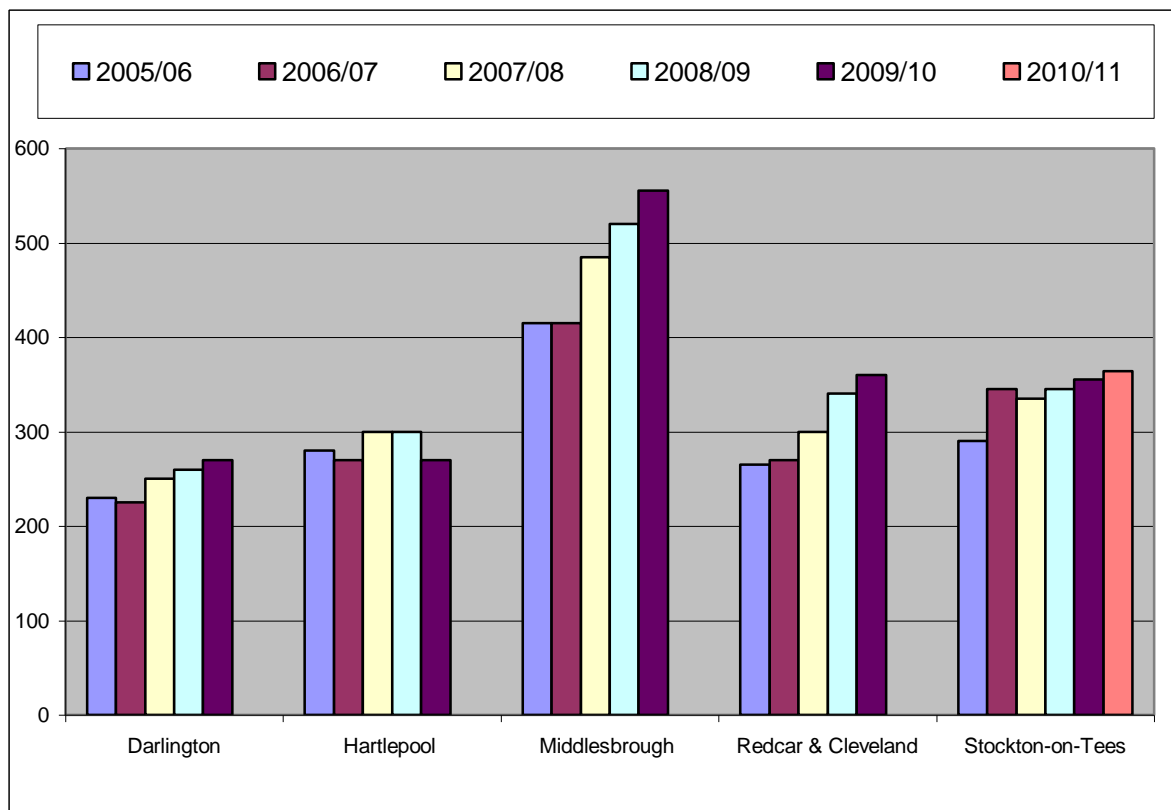
	Darlington	Hartlepool	Middlesbrough	Redcar & Cleveland	Stockton-on-Tees
2005/06	80	55	155	90	155
2006/07	80	45	155	85	160
2007/08	70	45	130	95	170
2008/09	80	45	150	105	150
2009/10	75	35	140	100	145
2010/11					135



Learning Disability Comparison Data

Table 2: Number of Service Users in Community Based Services

	Darlington	Hartlepool	Middlesbrough	Redcar & Cleveland	Stockton-on-Tees
2005/06	230	280	415	265	290
2006/07	225	270	415	270	345
2007/08	250	300	485	300	335
2008/09	260	300	520	340	345
2009/10	270	270	555	360	355
2010/11					364

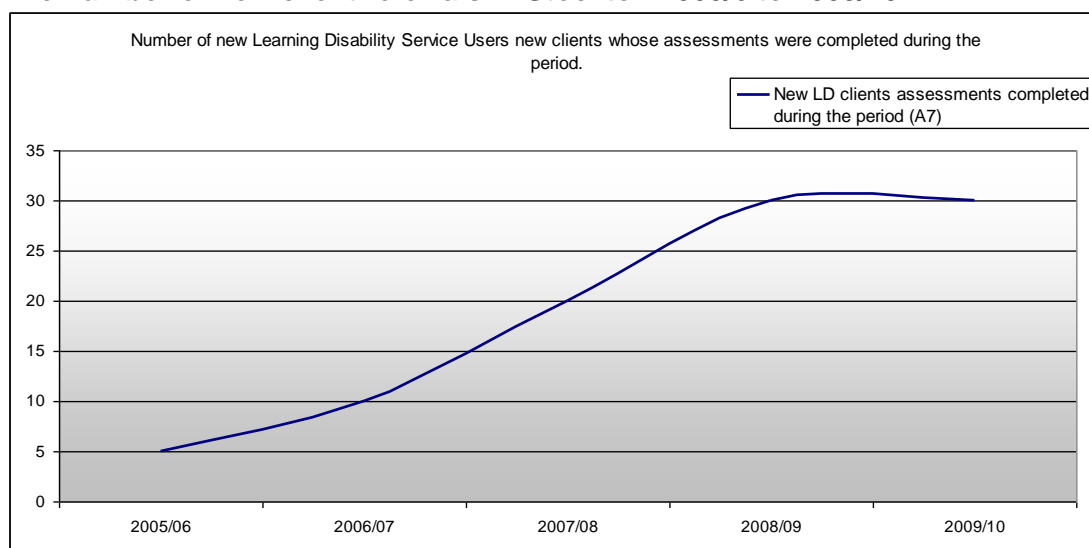


Learning Disability Comparison Data

Table 4: Learning Disability Prevalence Amongst Tees Valley Authorities

Quality and Outcomes Framework (QOF) for April 2009 - March 2010,
Numbers on age-specific QOF disease registers and raw prevalence rates by
PCT

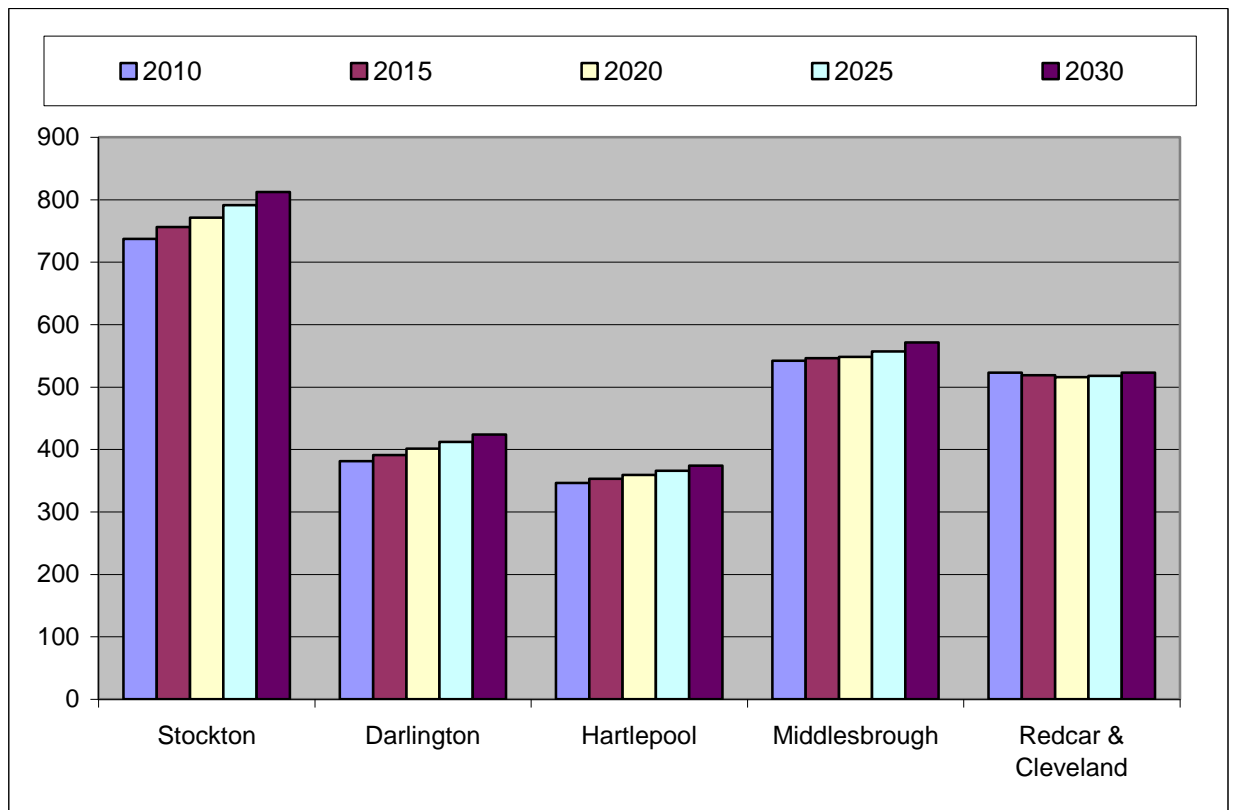
PCT Name	Number of Practices	Sum of QOF practice list sizes	Estimated list size population aged 18+	Sum of Learning Disabilities Registers (ages 18+)	Learning Disabilities Prevalence
HARTLEPOOL	15	94,230	72,349	498	0.7%
STOCKTON ON TEES	26	191,195	147,208	505	0.3%
DARLINGTON	11	105,657	82,080	534	0.7%
MIDDLESBROUGH	25	153,187	116,030	745	0.6%
REDCAR AND CLEVELAND	23	134,286	105,238	513	0.5%

The number of new client referrals in Stockton 2005/6 to 2009/10

Learning Disability Comparison Data

Table 5: Total population aged 18 and over predicted to have a moderate or severe learning disability

	2010	2015	2020	2025	2030
Stockton	737	756	771	791	812
Darlington	381	391	401	412	424
Hartlepool	346	353	359	366	374
Middlesbrough	542	546	548	557	571
Redcar & Cleveland	523	519	516	518	523



Learning Disability Services and their Locations

Day care provision from Stockton-On-Tees Borough Council

Allensway in Thornaby

Brighter Futures in Stockton

Community Support Team

Stockton Central Day Services deliver from a variety of venues: -

- Elmwood
- Ragworth Neighbourhood Centre
- ARC
- 60 Bishopton Road
- Stockton Business Centre
- Newtown Community Resource Centre

Day Care in Stockton

Brooklea - Stockton

Grangefield Gardening Project – Stockton

Halcyon Centre – Stockton

Rievaulx Billingham

St Peter's - Stockton

Day Care Provision out of Borough

Camphill Trust Aberdeen - Aberdeen

Camphill Trust – Botton North Yorkshire

Catcote in Hartlepool

Erimus – Middlesbrough

ESPA - Sunderland

Girvan Resource Centre – Galloway in Scotland

Lifestyle Day Centre – Darlington

Middlefield Centre - Wiltshire

Northern Life Care –

Portland Day Centre – Crook, County Durham

Teesside Ability Support Centre - Middlesbrough

Upsall Hall – Redcar and Cleveland

Farm Placement Whitby - Whitby

Yatton House in Great Ayton

Learning Disability Services and their Locations

Residential Care from Stockton-On-Tees Borough Council

Oak Road, Eaglescliffe, Stockton

Respite Care

Lanark Close, Stockton

Residential Care in Stockton

Clive Road - Stockton

Chestnut House - Thornaby

Darlington Road - Stockton

Fredrick Street – Stockton

Longlast – Carlton - Stockton

Lorne House – Stockton

Oxbridge House - Stockton

Saxon Lodge – Stockton

The Edwardian - Stockton

The Hollies - Stockton

The Poplars - Thornaby

Woodlands Residential – Stockton

22 Sandown Road – Stockton

42 Chapel Road – Stockton

52 Newham Way -Stockton

71 Middleton Avenue – Thornaby, Stockton

96 Bishopton Road – Stockton

Residential Care Outside Stockton Borough

Anfield Care – Stanley

Avondale – Redcar

Beechwood – Consett

Barchester Autism North - Seaham

Camphill Community – Wakefield

Castlebeck Care – Hartlepool

Castlebeck Care – Darlington

Chipchase House – Newcastle

Cinnamon House - Middlesbrough

Cosin Lodge – Willington

Craigmore House – Barnard Castle

Derwent Care – Consett

Derwent Care – Stanley

David Lewis Centre – Cheshire

Elmridge Coulby Newham

ESPA Residential – Seaham

ESPA Residential – Sunderland

Evergreen Residential Care – Middlesbrough
Gateholm Care - Wakefield
Hemlington Hall – Middlesbrough
Henshaw's College – Harrogate
Hesley Group – Thorn, Doncaster
Huntercome House - Peterlee
Hyde Park House – Harrogate
Hudson House – Whitby
Lancastria – Hartlepool
M&C Care – Loftus
Millberry – Hartlepool
Murton Grange – Murton
Middleton Lodge – Darlington
Mrs C Smith – Whitton Le Wear
Mr G Siddle - Middlesbrough
Paradise Community – Cheltenham, Gloucestershire
Poplar Lodge - Durham
Riverside and Rosedale – Middlesbrough
Rosewood - Middlesbrough
Self Ltd – Hetton-Le-Hole
Strathallen – Saltburn
St John of God – Darlington
The Grange – Shildon
The AALPS – Scunthorpe
United Response Hinton Lodge– Chippenham, Wiltshire
West Villas – Hartlepool
Wirral Autistic Society
Woodhouse Hall – Wakefield
17 Parkway - Harrogate

**COMPLAINTS REGARDING LEARNING DISABILITY SERVICES
(DAY SERVICES, RESIDENTIAL SERVICES, STEPS)**

REF. NO.	ISSUE NATURE	OUTCOME	ACTIONS	
CC000017	General quality	Upheld	Additional Resources Apology Staff Training/Guidance	Allensway will purchase some underwear and have a small stock available if required.
	Conduct of staff	Not known		
CC000012	Conduct of staff	Unsubstantiated	Additional Resources Apology Explanation	Review meetings will be flexibly arranged to meet the requirements of those invited to attend.
	Disagree with decision	Upheld		
	Disagree with decision	Not Upheld		
	Service Quality	Not Upheld		
	Service Quality	Non qualifying		
	Service Quality	Not upheld		
	Service Quality	Upheld		
Cc000664	Delay in Service	Upheld	Apology Explanation Staff Training/Guidance	
Cc000681	Service Quality	Upheld	Apology Explanation Staff Training/Guidance	

COMPLIMENTS REGARDING LEARNING DISABILITY SERVICES

10 compliments were received by the Council in 2009/10 regarding Learning Disability day services and were as follows:

- 6341** – Clients thank staff for an enjoyable time at the World Festival. Steps
- 6347** – I just thought that all of the staff made all of the clients really enjoy their day plus they are the best. Steps.
- 6350** – Client enjoyed World Festival Day; the staff worked really hard and did a great job. Steps.
- 6345** – Client states ‘it was the best day for all of us’. Steps
- 6346** – Client enjoyed the Festival Day and compliments the staff. Steps.
- 6343** – Client enjoyed Food Festival Day, the food and staff were nice. Steps.
- 6349** – The Festival Day was well put together and worked out, the food was great too. Everyone enjoyed the day and the costumes were realistic too, thanks to the staff. Steps.
- 6344** – Clients stated how much she enjoyed the project regarding different countries; the staff worked hard and were very supportive. Steps.
- 6348** – I enjoyed the food and wearing my waistcoat. Thank you to all the staff for all their hard work on that day. Steps.
- 6342** – Client states she enjoyed the Food Festival Day, it was hard work getting everything ready for the day itself. Steps.

Care/Management Team Compliments 2009/10

- 6326** – At a recent Adult MH/LIT meeting the Link lead passed on her thanks to worker for an extremely efficient service.
- 6328** – Parent of a client thanks workers for the way her college transport has been arranged.

Personal Social Services – Adult Social Care Survey 2010/11

Q1 - Overall, how satisfied are you with the care and support services you receive?

For the Model Questionnaire

- 1 I am extremely satisfied
- 2 I am very satisfied
- 3 I am quite satisfied
- 4 I am neither satisfied nor dissatisfied
- 5 I am quite dissatisfied
- 6 I am very dissatisfied
- 7 I am extremely dissatisfied
- Total respondents
- 9 No response

Number	Percentage
87	35.4
86	35.0
56	22.8
10	4.1
4	1.6
0	0.0
3	1.2
246	100.0
16	

For the Adults with LD Questionnaire

- 1 I am very happy with the way staff help me, it's really good
- 2 I am quite happy with the way staff help me
- 3 The way staff help me is OK
- 4 I don't think the way staff help me is that good
- 5 I think the way staff help me is really bad
- Total respondents
- 9 No response

Number	Percentage
19	63.3
7	23.3
4	13.3
0	0.0
0	0.0
30	100.0
0	

Q2 - Thinking about the good and bad things that make up your quality of life, how would you rate the quality of your life as a whole?

For the Model Questionnaire

- 1 So good, it could not be better
- 2 Very good
- 3 Good
- 4 Alright
- 5 Bad
- 6 Very bad
- 7 So bad, it could not be worse
- Total respondents
- 9 No response

Number	Percentage
11	4.3
58	22.7
65	25.5
97	38.0
15	5.9
8	3.1
1	0.4
255	100.0
7	

For the Adults with LD Questionnaire

- 1 My life is really great
- 2 My life is mostly good
- 3 My life is OK, some good things, some bad things
- 4 My life is mostly bad
- 5 My life is really terrible
- Total respondents
- 9 No response

Number	Percentage
8	26.7
15	50.0
7	23.3
0	0.0
0	0.0
30	100.0
0	



Internal Audit Report

Children, Education and Social Care Learning Disabilities (Management)

Report Status: FINAL

Date of Issue: 20 October 2010

Auditor: Paul Sunley

Distribution:

For action: Jane Humphreys, Corporate Director CESC
Sean McEneaney, Head of Adult Operations
Joanne Gamble, ISA Manager, Stockton Central
Margaret Burns, Team Leader, Learning Disabilities
Carol Malham, Senior Social Worker

For information: Tony Beckwith, Head of Support Services
Tony Montague, Senior Finance Manager
David New, Senior Finance Manager



The Government Standard



1. Background:

The service is an integrated service with the Tees, Esk and Wear Valley Trust. The Council is the lead partner in this service area. This area is on a smaller scale to Mental Health Services, which are provided under the same agreement. There is one Learning Disabilities team providing services to clients, with an additional Community Support team.

This audit reviews the management and general working practices of the service. It does not include a review of any of the learning disability establishments.

2. Executive Summary:

An opinion is given of the effectiveness of the control environment and indicates the level of assurance that can be taken based upon our testing and evaluation of the system. This opinion will feed into the Annual Statement of Internal Control.

The significance of the control weaknesses identified enables us to give the following opinion:

SUBSTANTIAL ASSURANCE: Overall, there is a sound system of internal controls; however, the implementation of suggestions or agreed recommendations would further strengthen those controls.

The following levels of assurance can be placed on the individual control objectives examined as part of this review:

<i>Management of the Learning Disability service.</i>	<i>Substantial</i>
The service appears to be well managed and coordinated despite there being no written agreement in place for the partnership. This area was highlighted three years ago in the Mental Health Services audit and again a recommendation is made in this area.	

<i>Public awareness of services provided.</i>	<i>Full Assurance</i>
The services provided are well published via leaflets and the Council's website. This includes directing the public to the First Contact Unit initially.	

<i>Complaints and appeals</i>	<i>Full Assurance</i>
There is a good system in place for dealing with complaints. The overall level of complaints for the Learning Disability Service has decreased from ten in 2008/09 to eight in 2009/10.	

<i>National Indicator 132</i>	<i>Full Assurance</i>
Performance is better than the other client groups included in this performance indicator.	

<i>National Indicator 133</i>	<i>Limited Assurance</i>
Performance is below the rest of the client groupings making up the population for this performance indicator. This performance indicator measures the completion of assessments following referral within 28 days. A recommendation has been made on this later within this	

Referrals	Limited
There are good procedures in place with regard to the recording of referrals and the allocation of cases to staff. There are some issues relating to completing assessments within the timescales. One recommendation is made in this area.	
Reviews	Limited
A significant number of reviews had not been completed within the one year timescale.	
Care Plans	Substantial
Care plans were recorded and documented where appropriate, for the testing undertaken.	
Client database recording	Substantial
There are some issues relating to the accuracy of data held on both CareFirst and Paris	
Client file administration	Substantial
Client files were located for all the sample of cases selected for testing. A couple of client files did not contain all the completed paperwork. A recommendation is made in this area.	
Budget monitoring arrangements	Full
Budgetary control arrangements were examined and noted to be good. The agency/placement budgets were overspent in the last financial year due to the increased	
Risk assessments	Full
Risk assessments are undertaken for every client that is assessed for services. There is an additional risk assessment tool used for complex cases; this is a bespoke assessment for	
Procurement and Invoicing	Full
There is some procurement of placements for clients which are discussed and approved by the Mental Health and Learning Disability panel. Costings are made prior to the approval by	
Recruitment, Payments to Staff & CRB Checks	Substantial
There are issues to be addressed in relation to CRB clearance and the supporting documents for staff mileage claims.	

Assurance Level Methodology:

Internal Audit has adopted the following scale of assurances that can be given to indicate the effectiveness of the control environment and the likelihood of control objectives being met for the area under review.

Level	Definition
FULL ASSURANCE	A sound system of controls is being applied consistently
SUBSTANTIAL ASSURANCE	Overall, there is a sound system of internal controls, however, the implementation of suggestions or agreed recommendations would further strengthen these controls
LIMITED ASSURANCE	The system of controls is weak and (either) is not being complied with in some significant areas, or does not cover all areas.
NO ASSURANCE	The system of controls is failing and in need of urgent management attention.

3. Purpose of the Audit:

The audit was designed, via a schedule of testing, to enable an opinion to be formed upon the control environment.

This report is designed to provide feedback to management on the results of audit testing.

It should be noted that the opinion relates to the control environment only. It is not designed and should not be construed as an opinion on the quality or performance of the service as a whole. It should be noted that the establishment of adequate control systems is the responsibility of management, and that an internal audit review is conducted on a test basis and cannot therefore review every transaction. Thus, while the implementation of internal audit recommendations can reduce risk, and may lead to the strengthening of these systems of control, responsibility for the management of these risks remains with the service manager.

4. Management Action Plan:

As part of the audit process, recommendations for system improvement are made where it is felt necessary. These recommendations form an action plan which is agreed with managers. The action plan resulting from this audit can be seen below.

Recommendation Priority Methodology:

Priority	Definition
(4*) URGENT	Considered essential that immediate action is taken to rectify major shortcomings, e.g. no controls, major system breakdown, serious irregularities.
(3*) SUBSTANTIAL	Where urgent action is required to resolve serious shortcomings in systems, e.g. cash controls
(2*) SIGNIFICANT	Drawing attention to inadequate controls, system breakdown or weaknesses, non-compliance with legislation, accounting instructions, etc. Once it is agreed change is required the client will be expected to state a date from which changes will apply.
(1*) PRUDENT	Recommended system and control improvements.

4. Management Action Plan

Management of the Learning Disability service.

No:	01	Priority Rating:	2 Significant	Status:	Accepted	Implementation Date:	31/12/2010
Finding:			There is currently no written agreement in place between the Tees, Esk and Wear Valley Trust and SBC. It is understood that Learning Disabilities and Mental Health Services are included in one agreement. It is also understood that the agreement is being reviewed by Legal Services to ensure that it is appropriate. This was initially picked up by the Mental Health Service audit undertaken in August 2007.				
Risk and Implications:			Roles and responsibilities of the services provided are not detailed. This could lead to confusion and a lack of clear decision making in the partnership.				
Recommendation:			The written agreement should be completed and signed by both parties as soon as possible. The roles and responsibilities for each partner should be included in the agreement.				
Responsible Officer Comments:			Agreed. The team contributed to the review by senior managers. The agreement is currently with Legal Services.				
Responsible Officer:			Head of Service				

Referrals

No:	02	Priority Rating:	2 Significant	Status:	Accepted	Implementation Date:	20/10/2010
Finding:			A sample of twenty referrals was tested and of these, only seven went on to have completed assessments. Six of these 7 case assessments had not been completed within the 28 day target; 86% did not meet the target. This was also confirmed by the data for national indicator 133 for 2009/10, which also showed a significant proportion of assessed cases did not get completed within the target 28 day timescale.				
Risk and Implications:			Clients are not being assessed in a timely manner and in line with national targets.				
Recommendation:			Management should investigate and monitor performance in this area to ensure that assessments are completed in a timely manner.				
Responsible Officer Comments:			Agreed. This is to be done in a number of ways, practice development via team meetings, individual supervisions and a team management audit of outstanding activities. The recording issues are to be addressed by the team clerk and manager.				
Responsible Officer:			Margaret Burns and senior staff				

Reviews

No:	03	Priority Rating:	2 Significant	Status:	Accepted	Implementation Date:	20/10/2010
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Finding:	The auditor obtained the outstanding activities report for each Social Worker in the Learning Disabilities team and noted a significant number of annual reviews were outstanding at the time of the audit. From the reports, 103 appeared to be outstanding beyond the twelve month target.
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Stockton Internal Audit

5

4. Management Action Plan

Children, Education and Social Care
Learning Disabilities

Risk and Implications:	Client needs may have changed and with the absence of timely reviews these needs will not be addressed.
Recommendation:	Annual reviews should be completed within the twelve month target timescales. Management should give a priority for clearing the backlog of
Responsible Officer Comments:	Agreed. Will continue to prioritise work and to improve practice in recording of reviews taking place. Also to challenge custom and practice re service reviews and impact on CM reviews.
Responsible Officer:	Margaret Burns and senior management

Client database recording

No:	04	Priority Rating:	2 Significant	Status:	Accepted	Implementation Date:	20/10/2010
Finding:	The Auditor obtained case lists for social workers from both the CareFirst and Paris systems and undertook a comparison. It is assumed that as social workers are involved, the cases they are dealing with will have a social work element. 274 cases were recorded on both systems for the ten social workers selected. 84 clients were recorded on Paris as being open, but these were not shown on CareFirst. A further 18 cases were recorded on CareFirst as being open, but were not shown on Paris.						
Risk and Implications:	Clients may not be monitored and performance information may be inaccurate.						
Recommendation:	Management should investigate the differences between the CareFirst and Paris system to ensure both systems are accurate and up to date with client caseloads.						
Responsible Officer Comments:	Agreed. Information to senior managers, data flow in the team.						
Responsible Officer:	Margaret Burns and senior managers						

Client file administration

No:	05	Priority Rating:	2 Significant	Status:	Accepted	Implementation Date:	20/10/2010
Finding:	Two client files reviewed during the audit did not contain all the up to date client documentation, i.e. completed assessment and completed care plan.						
Risk and Implications:	Inaccurate data is held on manual files. This could lead to decisions being made on outdated information.						
Recommendation:	Manual files should be up to date with client documentation, such as completed assessments and care plans.						

Responsible Officer Comments:	Agreed. This is to be done by continuous audit, team meetings and supervisions.
Responsible Officer:	Margaret Burns

4. Management Action Plan

Recruitment, Payments to Staff & CRB Checks

No:	06	Priority Rating:	1 Prudent	Status:	Accepted	Implementation Date:	20/10/2010
Finding:	On checking mileage claims, the auditor noted that the acting Team Manager had been paid April mileage with July pay. No mileage claims had been submitted for May and June. Discussion with the officer confirmed that mileage claims had not yet been submitted for May, June and July.						
Risk and Implications:	Mileage claims become more difficult to check and authorise by managers and budget control accuracy is affected.						
Recommendation:	Officers should submit mileage claims on a monthly basis. This is not only for ease of checking purposes, but also to ensure that the financial system is up to date for budgetary control purposes.						
Responsible Officer Comments:	Agreed. The team have been informed of this requirement.						
Responsible Officer:	Margaret Burns						

No:	07	Priority Rating:	1 Prudent	Status:	Accepted	Implementation Date:	20/10/2010
Finding:	A sample of staff was selected and reviewed for up to date CRB clearance. It was noted that one Senior Social Worker clearance had expired by two months.						
Risk and Implications:	Safeguarding procedures are not being followed.						
Recommendation:	Staff working within the service should be CRB cleared on a three year basis. The outstanding clearance for the Senior Social Worker should be followed up and obtained as soon as possible.						
Responsible Officer Comments:	Agreed. All now up to date, monitoring also to be undertaken at team level.						
Responsible Officer:	Margaret Burns						