The NHS Delivery Unit (DU) all Wales Review of the Quality of Care and Treatment Planning in Adult Learning Disabilities Services

Abertawe Bro Morgannwg University Health Board

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1   Context

The Mental Health (Wales) Measure 2010 was commenced in 2012. Part 2 of the Measure places duties on the 'relevant mental health service provider' to appoint a Care Coordinator for an individual in receipt of secondary mental health services and to ensure that a Care and Treatment Plan (CTP) is developed for them. The Part 2 Regulations prescribe the form and content of the CTP.

The Code of Practice to Parts 2 and 3 of the Measure provides additional statutory guidance regarding the preparation, content, consultation and review of CTPs.

Part 2 of the Measure is applicable to all individuals in receipt of secondary mental health services, these people are described within the Measure as 'relevant patients'. 'Relevant patient' status also includes 'any individual who has a co-occurring learning disability and mental health problem and receives interventions and treatment from the learning disability service to address their mental health as well as their learning disability.'

Significant improvement has been made in ensuring that CTPs are in place for every individual. However, little external focus has been given to ensuring that CTPs are developed to an appropriate standard in line with the requirements of the Code of Practice to Parts 2 and 3 of the Measure and the recommendations of the Welsh Government's (WG) duty to review.

The focus of the Delivery Unit's (DU) review is to evaluate the quality of care and treatment planning processes in adult working age mental health and learning disability services.

2   Approach and Methodology

The DU's assurance review consists of four key components; an initial meeting with Health Board and Local Authority (LA) senior management colleagues, site visits including a case note audit undertaken by DU staff and supported by local peer reviewers (PRs), stakeholder focus groups and verbal feedback from the review team.

The meeting with senior managers uses a semi structured interview to address the factors that can effect Measure compliance and the quality of CTPs in Mental Health and Learning Disability Services.

During site visits a case note audit was undertaken using a data capture tool created by the DU, based upon the Welsh Government's national CTP audit tool. The case note audit was undertaken by DU staff together with peer reviewers (PRs) drawn from staff across the community and inpatient services.

It is important to note that whilst the review methodology enabled the evaluation of performance within the teams and settings visited, the findings in this report relate only to these teams. Findings cannot therefore be generalised to all teams within the Health Board.

3 The Data Capture Tool

> Welsh Government previously recommended that *'All services in Wales use the comprehensive audit tool and all Health Boards report, from 2016, upon the findings in their annual reports on the local delivery of Together for Mental Health.'*

The data capture tool is based upon the 'All Wales Mental Health (Wales) Measure Part 2' audit tool. This tool has been developed between Health Board CTP leads and Welsh Government with specific reference to the Code of Practice for Parts 2 and 3 of the Measure.

The tool has been amended to include additional categories for care planning in learning disability services that are not delivered under Part 2 of the Measure. The categories included for learning disability patients without 'relevant patient' status are based upon findings from the 2016 Healthcare Inspectorate Wales thematic review.

The data capture tool requires that reviewers critique the quality of information based upon a four scale rating; *red, amber red, amber green and green.* A familiarisation session was held with local peer reviewers in preparation for the case note audit.

A series of focus groups was also undertaken with members of the multidisciplinary teams, service users, family members, informal carers and stakeholders. At the end of the review feedback was given to the HB senior management team, and senior managers of their Local Authority partners.

A record from these meetings, the outcome of the case note audit, and scrutiny of information provided by local services in advance of the visits, were used to produce this report.

4 Key Messages

- There is a lack of fully integrated working practices, primarily linked to interpretation of legislative requirements and the absence of an integrated IT system.

- Training in the Mental Health Measure (MHM) is required for learning disability staff on how to effectively deliver care and treatment using person centred, holistic plans.

- The PBS (Positive Behaviour Support) approach is inconsistently used between teams. Where evident, the use of PBS enhances the quality of the care and treatment planning processes.

- There is a lack of consistency in the assessment and risk assessment processes. People's views and their strengths are not routinely incorporated into assessments, and not all teams had a risk assessment form in use.

- CTPs are regularly used for relevant patients within the CLDTs and they frequently addressed many of the eight life areas. However, in the Swansea CLDT, Social Services staff were not completing CTPs for relevant patients.

- Within the A&TU there was a focus on improving the quality of CTPs and involving patients in their completion.

- CTPs were not routinely SMART in their approach, and did not reflect MDT, family and carer involvement. Individual relapse signatures were generally well identified within CTPs, although crisis plans were less personalised.

- The service lacks a consistent formal CTP review process.

5   Recommendations

- Future training on CTP and risk assessment for those working in learning disability services needs to be tailored to meet the needs of these staff.

- The Health Board and Local Authority need to ensure there are clear guidelines on eligibility for "relevant patient" status that are consistently applied and reviewed.

- An emphasis should be placed on recording the views of service users and carers within assessment, care and treatment planning and review processes.

- The Health Board, together with its Local Authority partners, should prioritise the streamlining of systems and processes to record and share CTPs and supporting documentation between staff and agencies. This work should be undertaken as a priority and not be delayed until WCCIS is implemented.

6   Adult Learning Disability Services Profile and Operating Arrangements

Mental health and learning disability services are delivered through the MH&LD Unit, with learning disability services separated operationally within this structure. There are three Community Learning Disability Teams (CLDT) that serve the population of ABMU, one in each Local Authority area. Health and Local Authority staff are co-located at each of the three bases, with separate line management arrangements between Health and Social Services. There is a mental health and learning disabilities Commissioning Board that includes ABMU and the 3 Local Authority partner agencies.

ABMU is also commissioned to deliver learning disability services on behalf of Cardiff & the Vale of Glamorgan and Cwm Taf University Health Boards. Funding for these services is received directly by ABMU. These services have been reviewed and reported on separately to this report. The Health Board reported that it is due to commence an external review due focussing upon the scope of the CLDTs and how the Mental Health Measure fits within this structure.

7   The Provision of Quality Care Coordination

Part 2 of the Measure requires that a Care Coordinator is appointed as soon as reasonably practicable for each person upon becoming a 'relevant patient', and that in all but exceptional circumstances this should be within 14 days of acceptance.

The Code of Practice to parts 2 and 3 of the Measure states that 'the role of the Care Coordinator is a distinct one within the care and treatment planning process, which may overlap with some areas of professional practice but also has its own distinct responsibilities'.

The Code goes on to state that the role is central to the 'relevant patient's' journey through secondary mental health services and that Care Coordinators should be supported with regular supervision and effective caseload management as well as effective training to undertake their functions.

7.1   Allocation

The Operational Framework for Community Learning Disability NHS Teams identifies three levels of coordination, Level 1 which applies to single professional intervention, Level 2 which applies to people who require a coordinated interdisciplinary approach and Level 3 which applies to people who receive highly complex interventions form a range of agencies. However, the current framework does not reference care coordination as defined by the Measure. This framework was not referenced by the 3 CLDTs during the review.

A Learning Disability Mental Health Measure Screening Tool has been agreed and implemented by the Health Board and Local Authority partners. The tool provides indicators and guidance for people with a learning disability who should be considered as a 'relevant patient' under part 2 of the Measure. The guidance states that the decision will also depend upon individual circumstances and the nature of the service provided. Some teams reported that they were not aware of eligibility criteria in use in Learning Disability services and found it difficult to identify 'relevant patients'.

ABM - Proportion of Allocated Care Coordinators by Discipline - LD
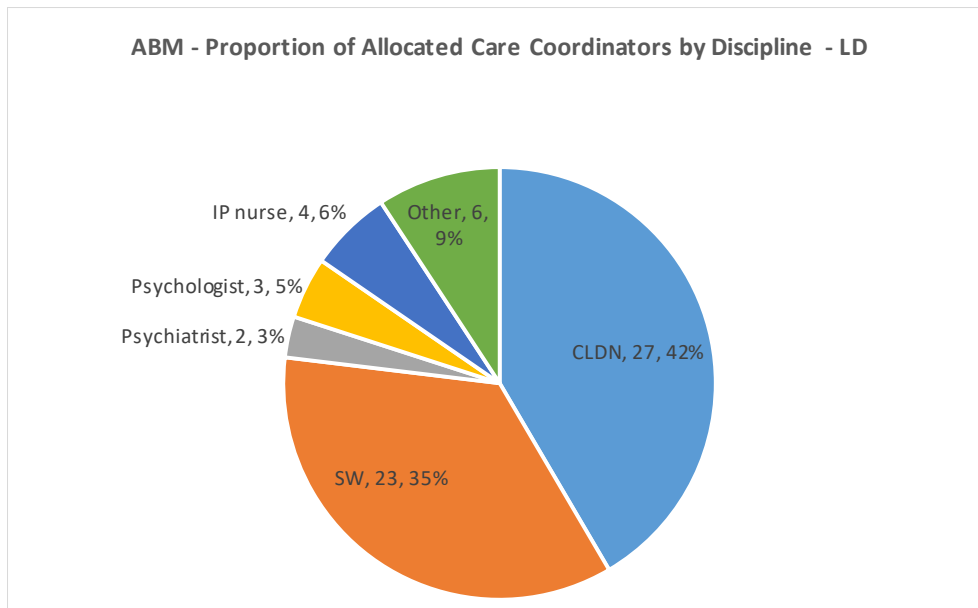
Within the total sample reviewed, 42% were allocated for Care Coordination to a Community Learning Disability Nurse and 35% to a Social Worker. Care Coordination was referred to as an additional role and burden by some teams, who reported a lack of time available to undertake this function.

7.2   Training

The Code of Practice (CoP) to Parts 2 and 3 of the Measure requires that Care Coordinators receive effective training to undertake their duties.

Recently ABMU has developed a training programme for care coordination and care and treatment planning that staff have attended. However, staff felt that the training is focussed upon mental health rather than learning disability and that it was education rather than training. Some staff reported that they had received training at the commencement of the Measure but no further training since. Social Services staff had received training on the SSWBA which was positively received and focused on a person centred and strengths-based approach.

The Wales Applied Risk Research Network (WARRN) training programme "asking difficult questions and formulating risk" has recently been delivered to mental health services, with staff from learning disability services due to attend soon.

7.3   Supervision and Support

The ABMUHB Directorate of Learning Disability Services has developed a supervision policy, which states that 'the Directorate requires all line mangers and individual staff to undertake management supervision and where relevant, professional/clinical supervision, on a regular basis'.

The policy goes on to state that the frequency of supervision will be dependent on a number of factors, however 'all Directorate staff should expect to receive a minimum pro rata

equivalent of one hour per month linked to the numbers of hours worked. The interval between supervision should be a maximum of 3 months.'

Some staff reported that they do not receive active support in fulfilling the role of Care Coordinator and were unclear as to how the role fits in with providing a learning disability service. Some teams reported that the Local Authority considered staff's caseload weighting, but Health did not. At times, this impacted on the ability to allocate the most appropriate Care Coordinator where a Social Worker's caseload was 'full'.

Staff were co-located in all three CLDTs and reported good working relationships. However they identified a number of challenges from a lack of integrated practices, and this has been made more difficult as a result of the lack of a shared information system. An additional challenge was reported emanating from the interpretation of responsibilities under the Social Services and Wellbeing Act (SSWBA) and the Measure. In some areas, the SSWBA is considered Social Services legislation, whilst the Measure is considered as NHS legislation. This had led to competing priorities and further division within the team.

7.4   IT Support

Multiple recording systems are used by learning disability community services across the ABMU footprint, with some staff using IT systems and others using paper files. These arrangements differ between the three teams, and there is no area using a single, integrated, contemporaneous case record.

For example, in Swansea the Paris system is available to all Health and Social Services staff. However, staff reported that currently only Social Services use the system and that Health have stopped using it fully over the last few years and returned to paper files. The paper files used by NHS staff are separated and stored for each discipline in the team, resulting in numerous case records for each patient.

At the AT&U they use paper files which are separate to the community files. They had recently combined medical and nursing files into a single record. They reported challenges in accessing community files due to the lack of an IT system.

FINDINGS

NHS and Social Services' staff identified a number of challenges arising from a lack of fully integrated working practices, primarily linked to interpretation of legislative requirements and a lack of an integrated IT system.

Some training on the SSWBA and the MHM have been delivered in CLDTs in ABMU, but this was limited. SSWBA training was reported to be supporting staff to complete more person centred and strengths-based assessments. WARRN training was to be offered to learning disability staff imminently. Further training on the Measure was required, to focus on how to effectively deliver care and treatment using person centred, holistic plans.

8   The Provision of Quality Care and Treatment Planning

> *The development and provision of quality care and treatment planning is underpinned by a comprehensive and holistic assessment process, which will include consideration of risk, safety and the contribution of the multi-disciplinary team and wider care and support network.*
>
> *The quality of the person's experience of receiving care is enhanced through involvement and participation to the fullest extent possible of the person in identifying outcomes and the co-production of the CTP. Ongoing monitoring of the quality and delivery of the person's CTP outcomes is reliant upon good coordination of care and a timely and comprehensive review process that includes the views of those involved.*

At the time of the assurance review 106 people receiving support from learning disability services in Swansea, Neath Port Talbot and Bridgend were recorded as having 'relevant patient' status under part 2 of the Measure. The case note audit took place between 10th – 20th April 2018.

A random sample of 65 of these 'relevant patients' were audited across the service. 13 records were reviewed at the Bridgend CLDT, 28 at the Neath Port Talbot CLDT, 20 at the Swansea CLDT and 4 at the Llwyneryr Assessment and Treatment Unit (A&TU).
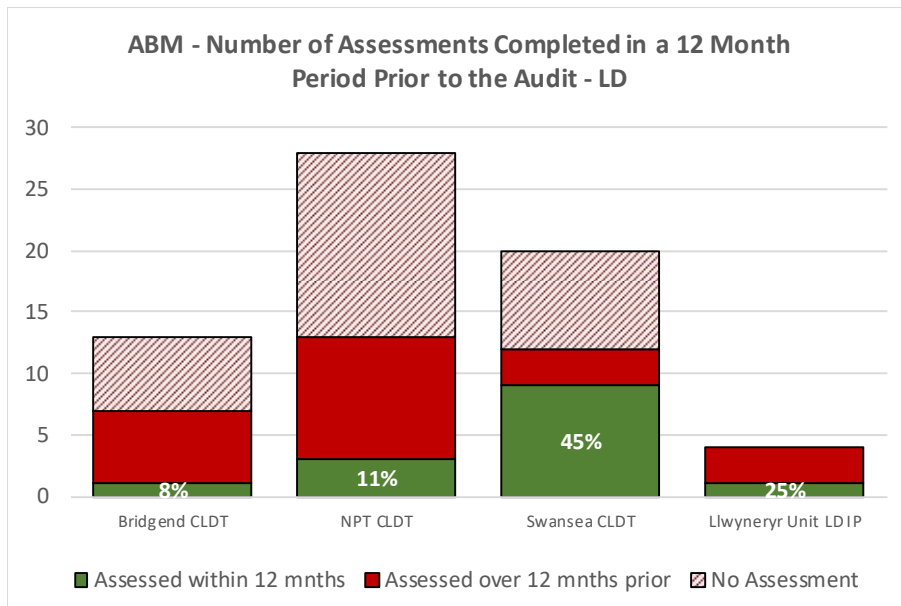
8.1   Assessment

The Measure does not prescribe a particular assessment tool. However, the Code of Practice to Parts 2 and 3 of the Measure requires that all patients in receipt of care and treatment planning should have a holistic assessment, identifying their needs and strengths and that the CTP should reflect their involvement in its formulation.

There are a range of assessment tools used within the learning disability service. These tools include specialist inpatient nursing assessments, allied health professional assessments such as speech and language therapy (SALT) or occupational therapy (OT) assessment tools and broader tools for holistic assessment of need.

The Positive Behaviour Support (PBS) process is also used to inform the assessment of an individual.

ABM - Number of Assessments Completed in a 12 Month Period Prior to the Audit - LD

Legend: ■ Assessed within 12 mnths ■ Assessed over 12 mnths prior ▨ No Assessment

(Bridgend CLDT: 8%, NPT CLDT: 11%, Swansea CLDT: 45%, Llwyneryr Unit LD IP: 25%)
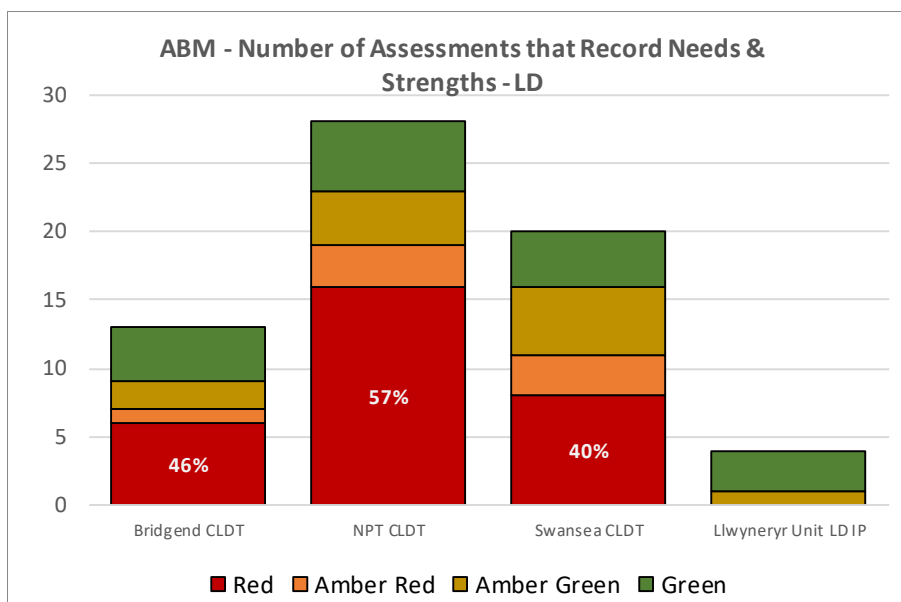
Of the cases audited, 14 (22%) contained evidence that an assessment had been completed in the 12 months prior to the date of the audit. 29 cases (45%) did not provide evidence within the case notes of a holistic assessment having been completed at any time. These case files may include assessments from specific professional disciplines, for example the SALT, but lacked an overarching holistic assessment.

8.2   Needs and Strengths

'Recognising, reinforcing and promoting strengths at an individual, family and social level should be a key aspect of the assessment process.' (2.10)

ABM - Number of Assessments that Record Needs & Strengths - LD

Legend: ■ Red ■ Amber Red ■ Amber Green ■ Green

(Bridgend CLDT: 46%, NPT CLDT: 57%, Swansea CLDT: 40%)

The case note audit evaluated the extent to which the assessment processes used by teams considered the needs and strengths of the individual. 25% of cases were rated as green for identifying and recording the needs and strengths of the person assessed.

### 8.3   Involvement of the Person in the Assessment Process

'The assessment process should ensure that the 'relevant patient' is encouraged and facilitated to make clear their views and ambitions for the future' (2.16)
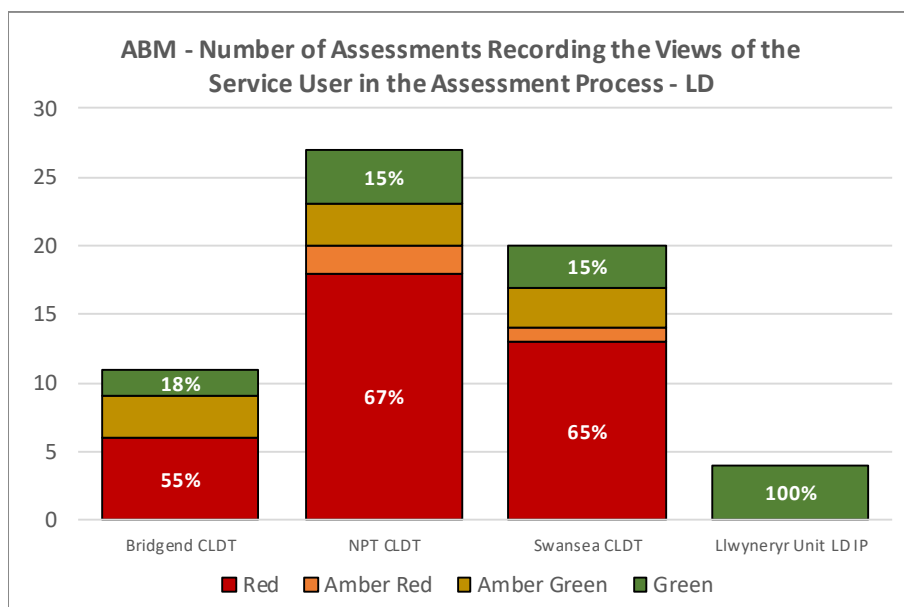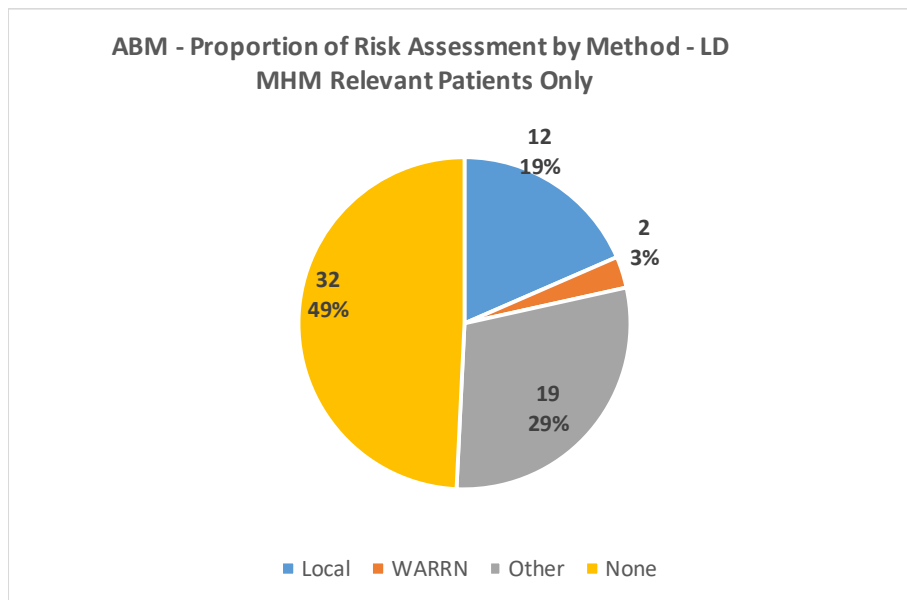

Throughout the service, evidence was provided to demonstrate that where it was possible to ascertain service users' views, these were recorded within assessment processes. 35% of cases were rated as green or amber green against this standard.

8.4   The Assessment and Management of Risk

'Assessment of risk forms part of a necessary first step to setting outcomes and formulating the CTP...the CTP should contain steps to mitigate these risks' (2.18)
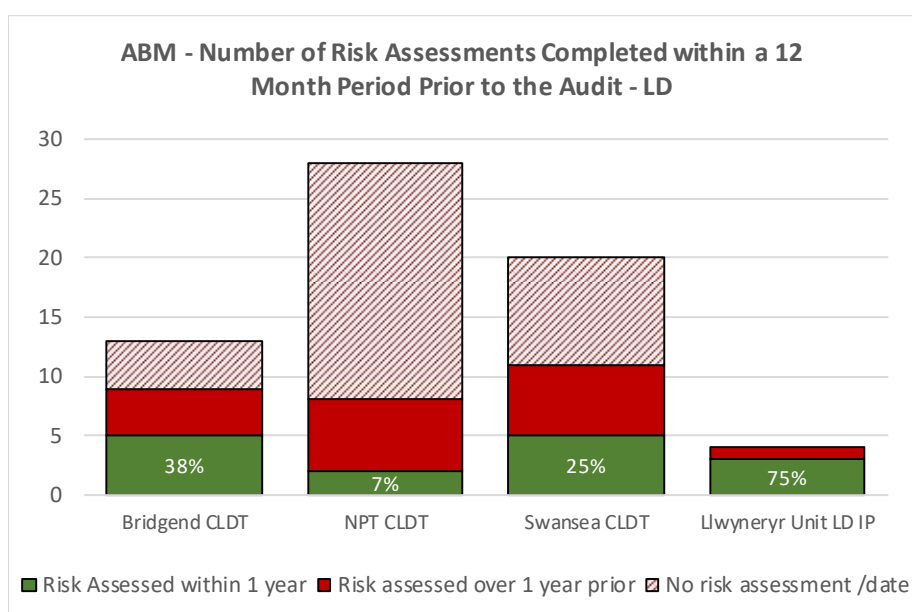
17 of the cases reviewed did not include a risk assessment completed in the 12 months prior to the date of the audit. Two further case did include a PBS plan but did not include the date of its completion. 31 cases provided no evidence that a comprehensive risk assessment had been undertaken.

ABM - Proportion of Risk Assessment by Method - LD MHM Relevant Patients Only

Legend: ■ Local ■ WARRN ■ Other ■ None

The tools used to assess an individual's risks varied within the service. In two cases (3%) the Wales Applied Risk Research Network (WARRN) assessment tool had been used, in 12 (19%) cases a locally developed tool had been used and in 19 cases (29%) a different risk assessment tool (which in some cases included a PBS plan) had been completed.

8.5   Risk management Arrangements

ABM - Quality of Risk Mangement Planning - LD

Legend: ■ Red ■ Amber Red ■ Amber Green ■ Green
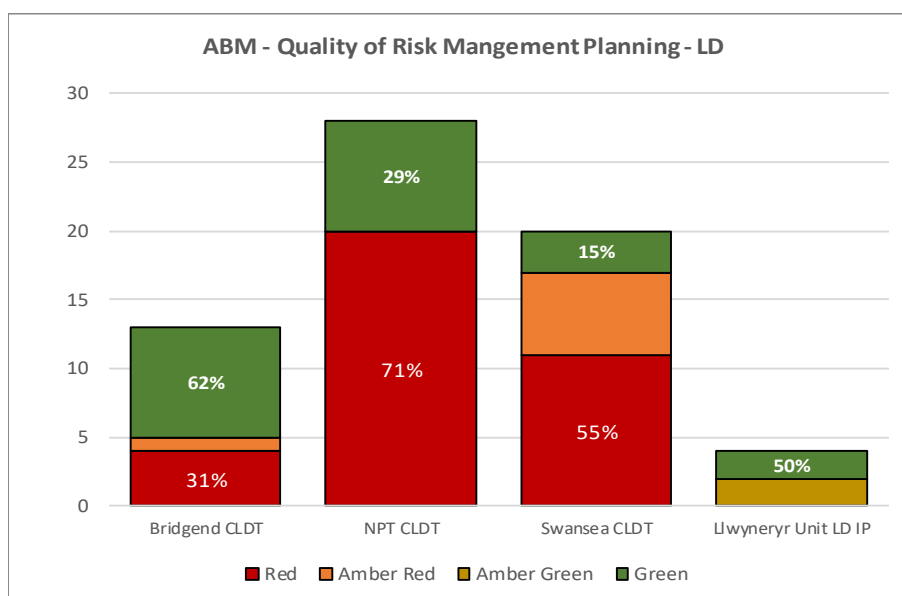
The quality of risk management planning was evaluated by the review team and peer assessors. 35% of cases were rated as being green or amber green against this standard. All the cases reviewed in the inpatient unit were rated as green or amber green.

ABM - Quality of Risk Management Incorporated within CTPs - LD
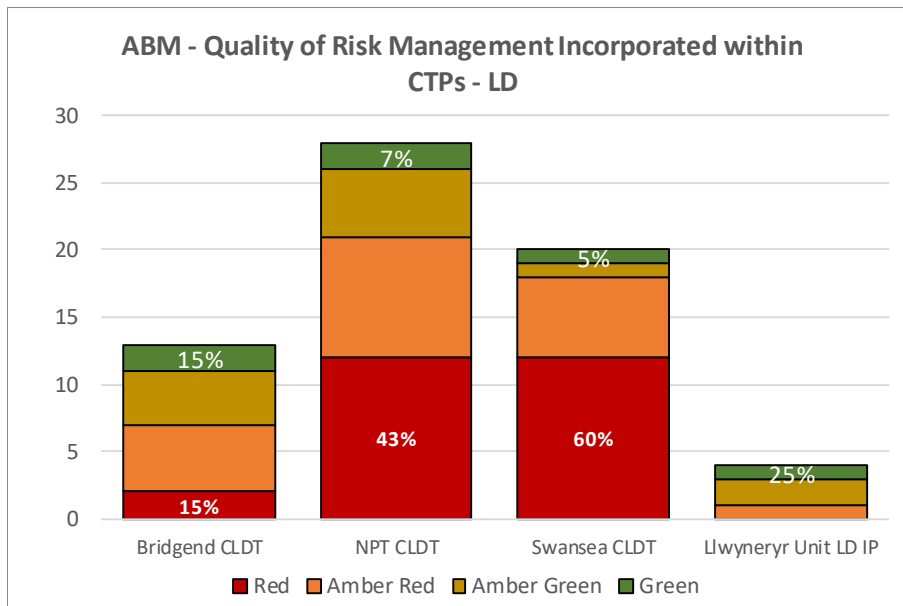
Throughout the service reviewers found limited evidence that risk management planning addressed all of the risks identified at assessment. 35% of cases were rated as green or amber green against this standard.

FINDINGS

The review found that the PBS (Positive Behaviour Support) approach was inconsistently used between the teams, with one team considering it the role of the specialist team to undertake. Where cases did include PBS documentation, it often demonstrated a person centred assessment of needs and strengths, risk assessments and holistic planning processes. Where PBS had been used, the risk management planning was of good quality, however the risk management arrangements were not always incorporated within the CTP.

A lack of consistency was evident in the application of the recording of assessments and risk assessments. Different formats were contained within the case files and not all cases provided evidence that a risk assessment had been completed. Not all teams had a risk assessment form in use.

Variation in the quality of the assessment processes used was also evident. Not all assessments were able to demonstrate that the strengths of the person had been considered and that their views had been included to the fullest extent possible within the assessment processes used. Assessments recorded under the SSWBA were often rated more positively against this standard.

9   Care and Treatment Plan Outcomes

The Care Coordinator must work with the 'relevant patient' and providers of services to agree the outcomes that the provision of mental health services are designed to achieve. (4.33)

Whilst there is no requirement for a CTP to record outcomes against each of the potential areas for intervention, it is likely that outcomes would arise in more than one of these areas. (4.37)
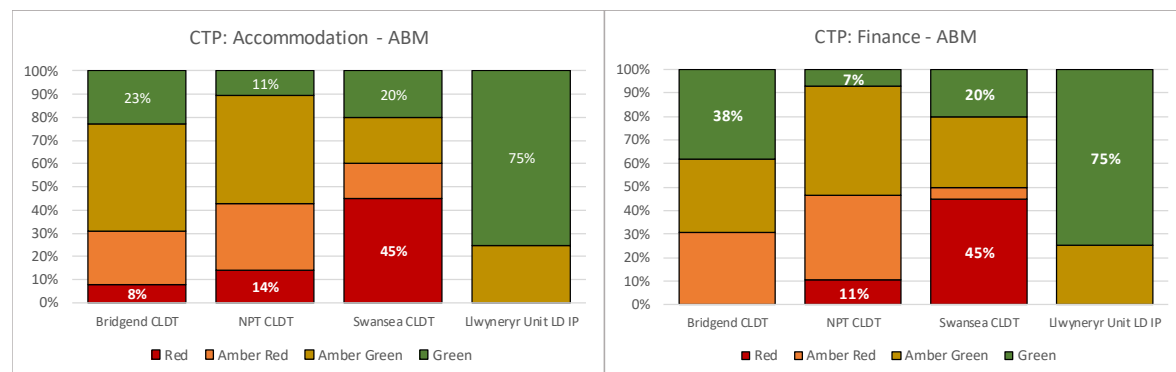

Outcomes relating to accommodation and finance were generally well recorded within the CTPs audited within the CLDTs, with the majority of plans rated as green or amber green against this standard. The one exception to this finding was within the Swansea CLDT where the CTPs reviewed did not demonstrate that accommodation and finance outcomes had been recorded. 45% of cases were rated as red against each of these standards.
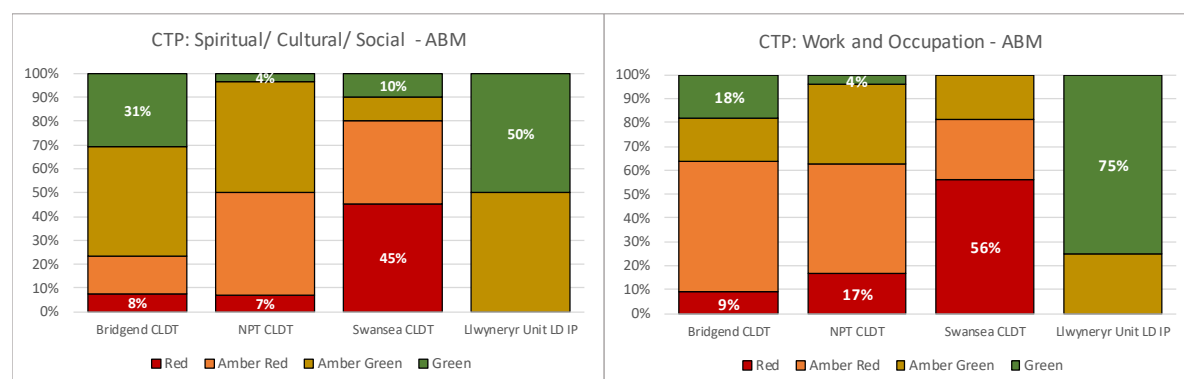

Outcomes relating to social, cultural and spiritual matters were in evidence within the CLDTs, but with a wide variation between teams. All of the CTPs audited within the inpatient unit were rated as green or amber green for outcomes relating to social, cultural and spiritual matters.

Similarly, outcomes in the field of work and occupation were in evidence within the CLDTs, with a wide variation between teams. All of the CTPs audited within the inpatient unit were rated as green or amber green for outcomes related to this standard.

CTP: Medical and other treatments - ABM

CTP: Education and training - ABM
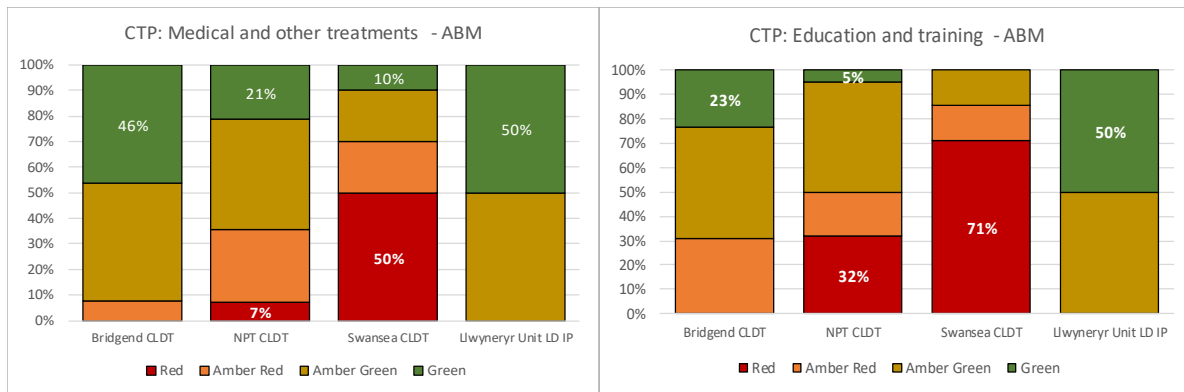
Outcomes relating to a person's needs for medical and other forms of treatment were recorded to varying degrees between teams. Again at the inpatient unit, all cases were rated as either green or amber green.

There was large variation between the teams in the field of education and training, ranging from 100% green or amber green in the inpatient unit, to 86% red or amber red in the Swansea CLDT.


CTP: Parenting and caring relationships - ABM

CTP: Personal Care, Physical Wellbeing - ABM
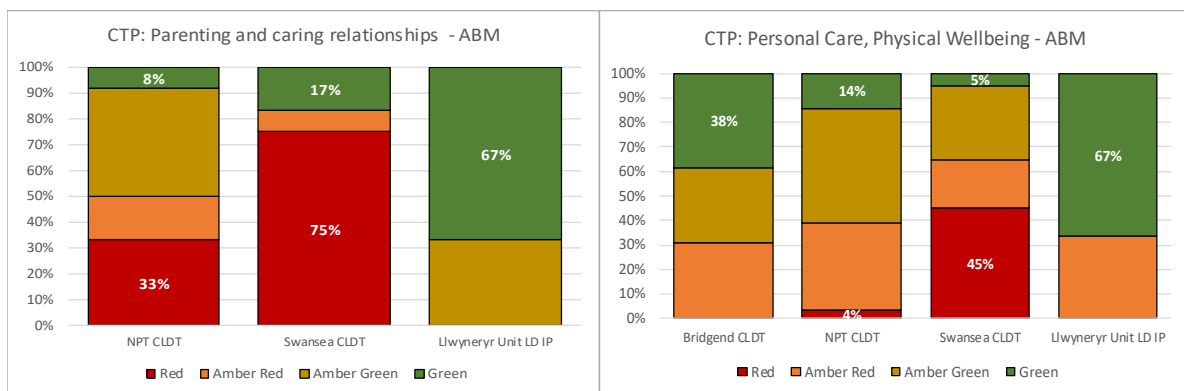
Parenting and caring relationships was frequently recorded as not applicable, or the section within the CTP was not completed. Staff reported that they interpreted this section of the CTP to relate to the person's own parenting or caring responsibilities. They had not considered that this section of the plan could be used to reflect the importance of family and other relationships and the means by which the CTP could be used to maintain relationships with family members and friends. In Bridgend, in every case audited (13) parenting and caring relationships was considered "not applicable", hence these cases are not included within the table above.

The quality of outcomes relating to parenting and caring relationships within CTPs in the CLDTs was rated as green or amber green in 50% of cases in NPT, and 17% in Swansea. However, in the A&TU 100% were rated as green or amber green against the standard.

Outcomes relating to a person's needs for personal care and physical wellbeing were also recorded to varying degrees between teams, with those rated as green ranging between 5% in Swansea to 67% in the A&TU.

## 9.1 Outcomes that are Specific, Measurable, Achievable, Realistic and Timely

'To achieve a full and meaningful outcomes-based CTP the Care Coordinator, care team and 'relevant patient' will need to work together to identify and agree realistic, observable and achievable milestones' (4.40).
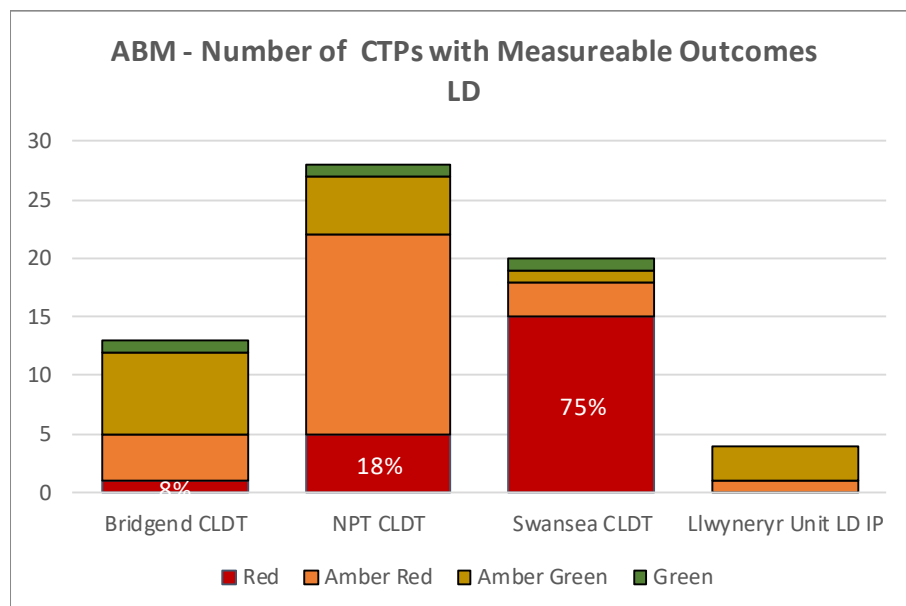
The case note audit found that the majority of CTPs were not being written in a SMART manner (specific, measureable, achievable, realistic and time bound). Throughout the service 71% of CTPs were rated as red or amber red for being SMART and 5% of CTPs were rated as green.
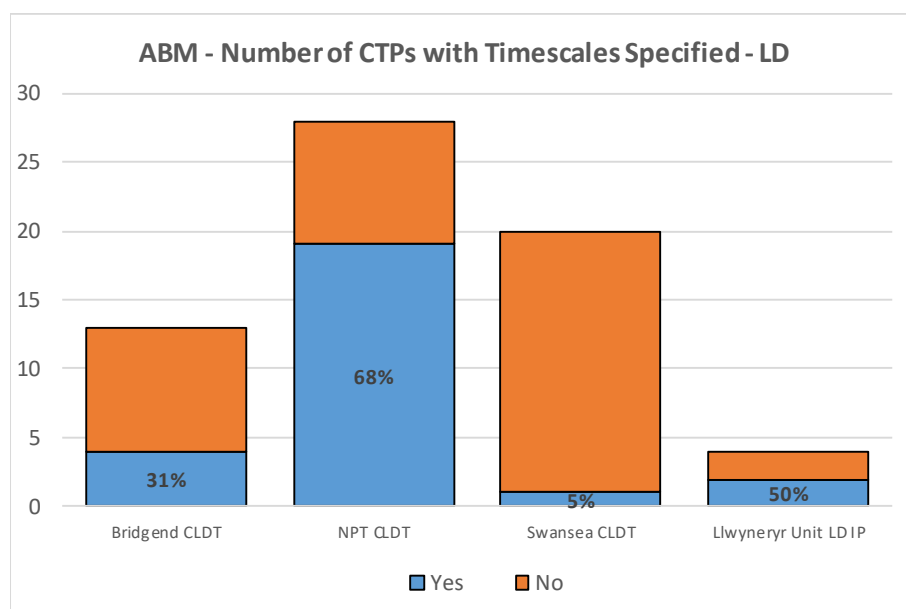
Timescales were specified to varying degrees between teams, with "ongoing" being frequently recorded. The practice of failing to use specific timescales reduces the potency of the review process.

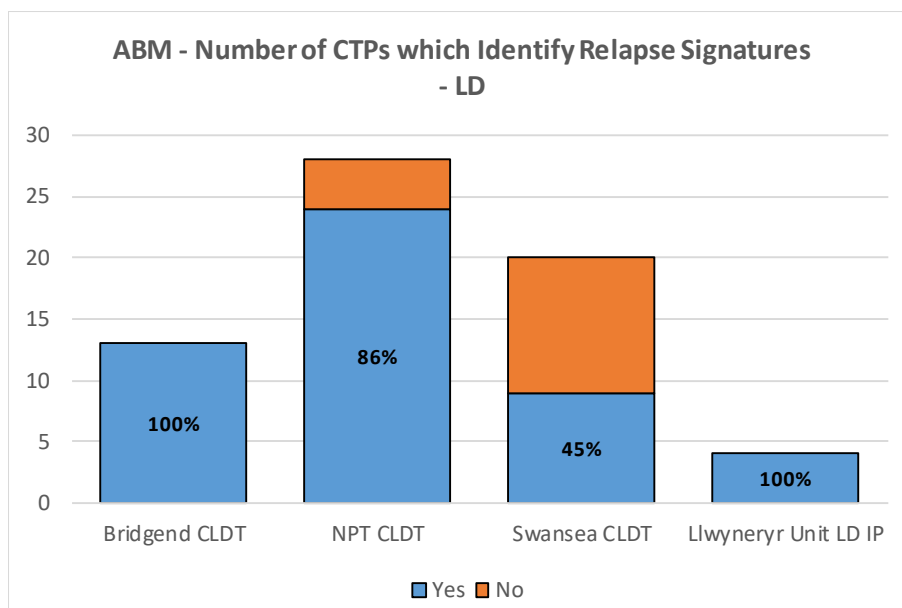**ABM - Number of CTPs with a Responsible Person Identified - LD**
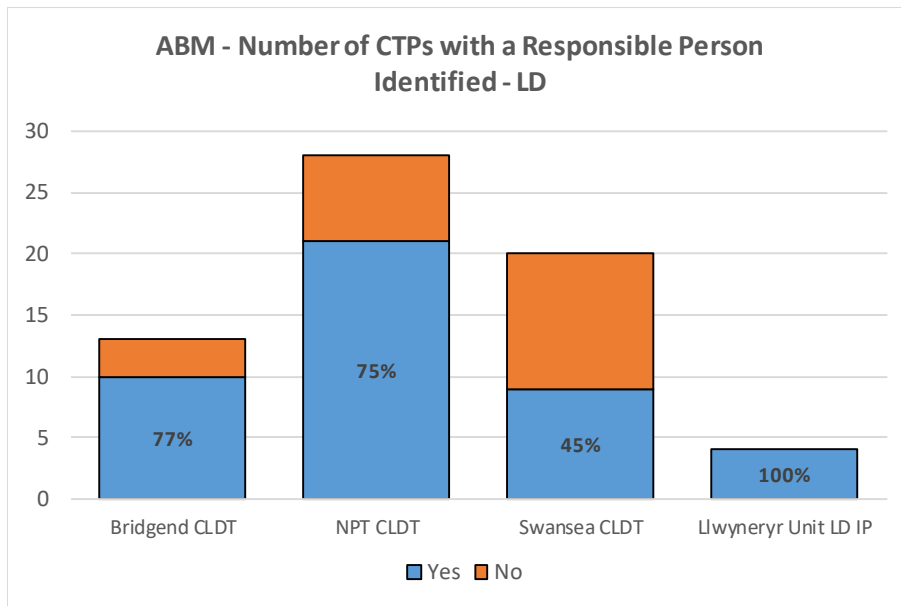
The recording of a named person responsible for the delivery of each action, contained within CTPs was variable. A named person was recorded in 68% of CTPs within the sample. However, this ranged from 45% of CTPs within the Swansea CLDT to 77% within the Bridgend CLDT and 100% at the A&TU.

Frequently CTPs reflected the actions specified for completion by the Care Coordinator and by independent sector service providers but did not always include the actions identified for specified members of the wider Multi-Disciplinary Team (MDT) or the involvement of the MDT.
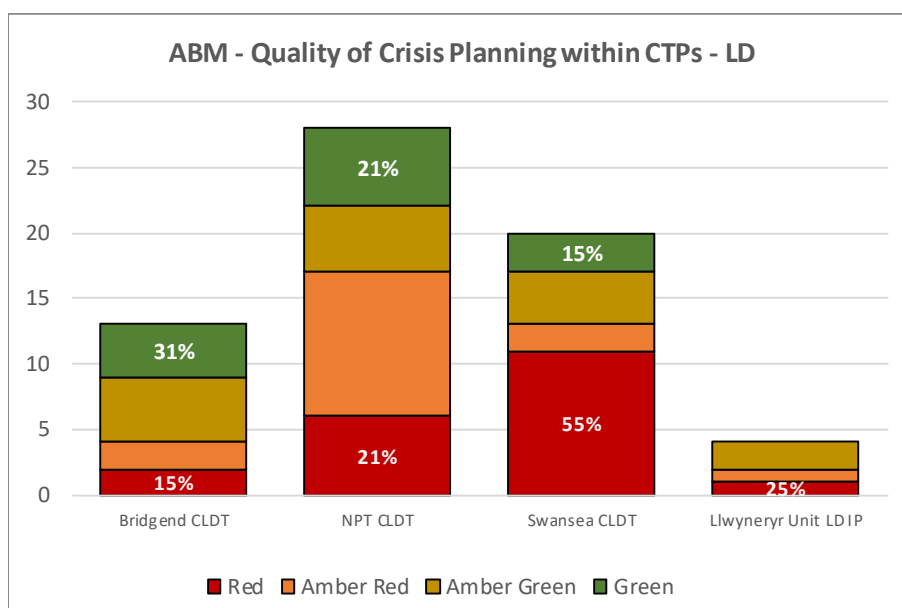
9.2   Relapse Signatures and Crisis Planning

The Part 2 Regulations set out a standard format for care and treatment planning which includes sections to record the thoughts, feelings and behaviours that may indicate when a patient is becoming unwell and may require extra help or support (sometimes referred to as relapse signatures) and also the actions that ought to be taken should this happen (sometimes referred to as a crisis plan) (4.81).

ABM - Number of CTPs which Identify Relapse Signatures - LD

Bridgend CLDT: 100%
NPT CLDT: 86%
Swansea CLDT: 45%
Llwyneryr Unit LD IP: 100%

Legend: Yes (blue), No (orange)

The audit found that in the sample, CLDTs regularly record relapse signatures within the CTP. This was less evident in cases audited within the Swansea CLDT. There was evidence that relapse signatures are identified within processes other than the CTP, such as the PBS.

ABM - Quality of Crisis Planning within CTPs - LD

Bridgend CLDT: Red 15%, Green 31%
NPT CLDT: Red 21%, Green 21%
Swansea CLDT: Red 55%, Green 15%
Llwyneryr Unit LD IP: 25%

Legend: Red, Amber Red, Amber Green, Green

Crisis planning was also found to be incorporated into CTPs to varying degrees. Overall, 55% of the sample was rated red or amber red against this criteria.

### 9.3   Recording the Views of the Person

The views of the 'relevant patient' on the content of the care and treatment plan can be recorded on the plan itself…if no views are expressed, or no views can be ascertained, then this should be recorded. (4.15).

ABM - Number (and %) of CTPs Recording the Views of the Patient - LD
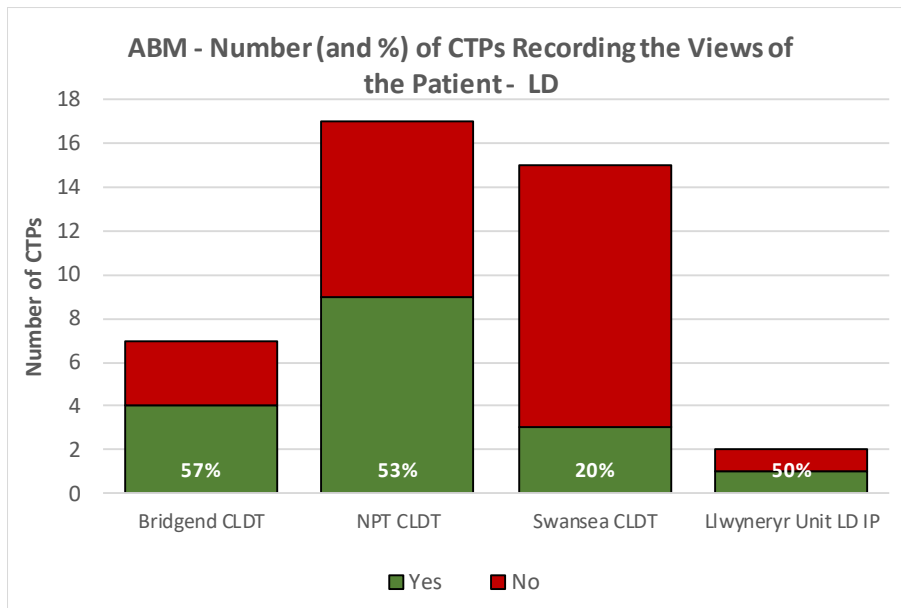
Of the cases reviewed, 17 recorded the views of the service user. In addition to the 24 CTPs that did not record the service user's views, a further 24 cases identified the recoding of the service user's views as not applicable (37% of the total) those recorded as not applicable are not included in the graph above).

9.4 Agreement and Signatures

The Part 2 Regulations require that a record is made on the CTP as to whether the plan has been agreed with the 'relevant patient' (4.16)

ABM - Number of CTPs Recording Agreement with the Patient - LD
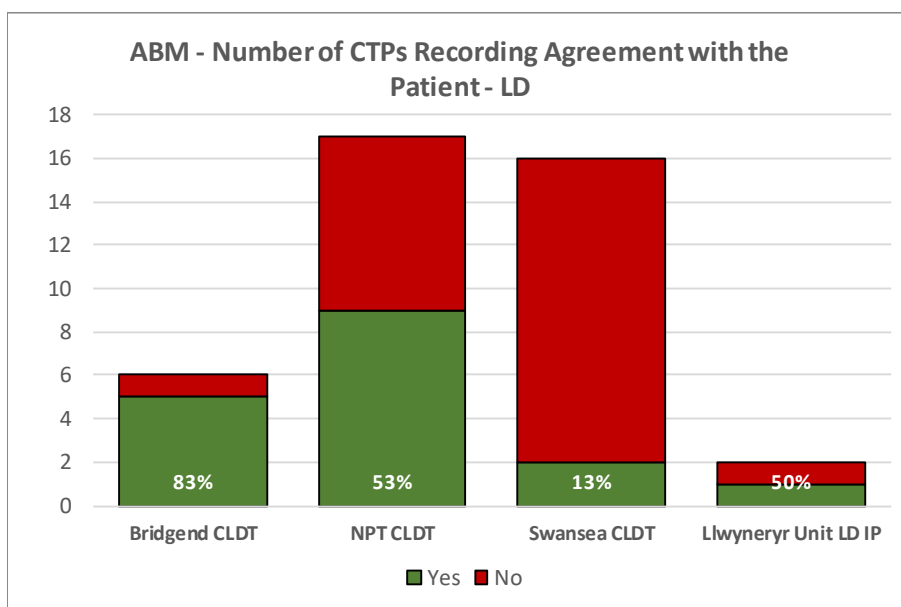
In 17 cases (41%) of the total number of applicable cases it was evident that the CTP had been agreed with the person. This varied from 13% in the Swansea CLDT to 83% in the Bridgend CLDT.

ABM - Number of CTPs Signed by the Service User - LD
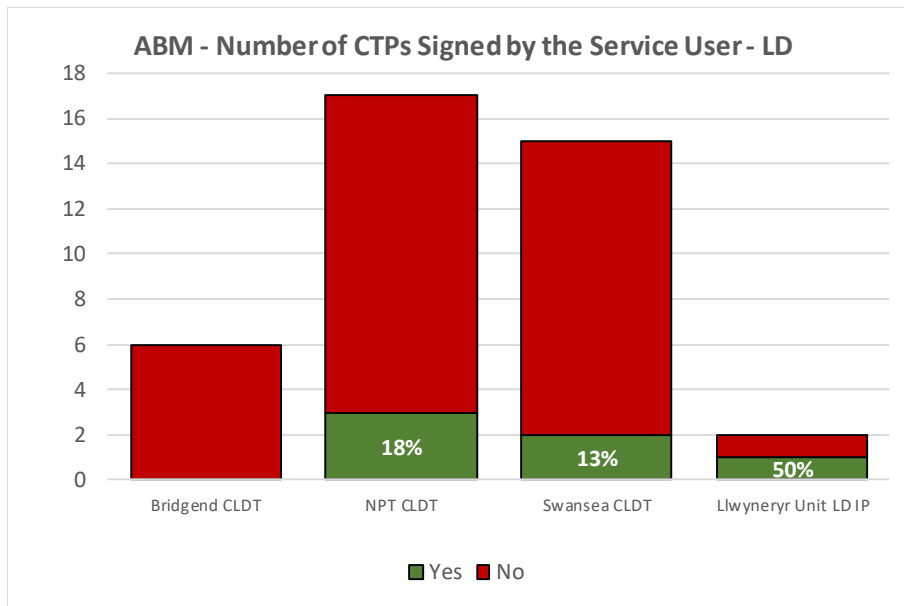
There was rarely evidence of CTPs having been signed by the service user, overal 15% of the sample had been signed.

ABM - Number of CTPs Signed by the Care Coordinator - LD
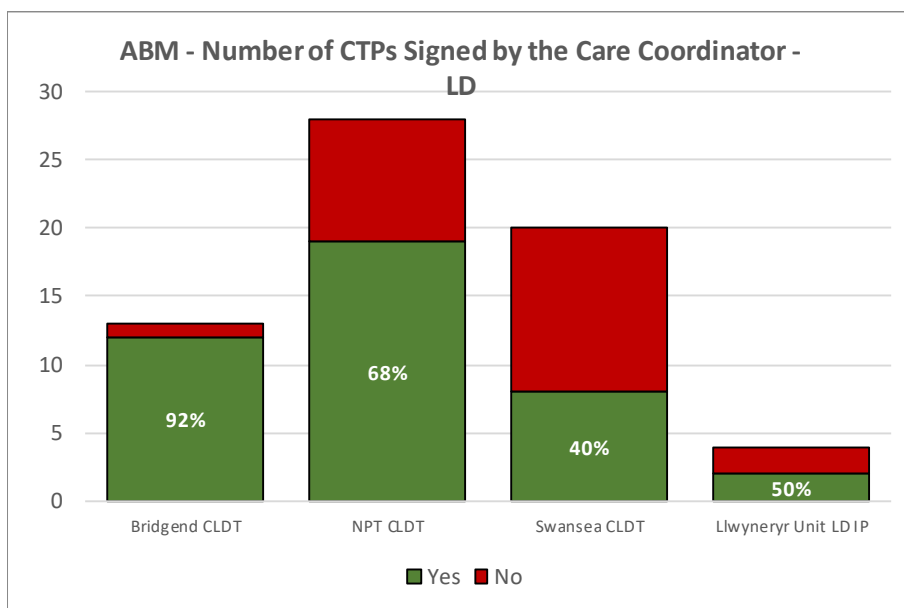
The frequency of Care Coordinators signing CTPs varied. 63% of CTPs contained the Care Coordinators signature, this ranged from 92% at the Bridgend CLDT to 40% at the Swansea CLDT.

FINDINGS

The case note audit found that CTPs are regularly used for relevant patients within the CLDTs and that they frequently address many of the eight life areas. There was a specific issue in the Swansea CLDT where Social Services staff were not completing CTPs as required. The A&TU was focused upon improving the quality of CTPs and involving patients in their completion. The Unit was consistently rated with better performance on quality indicators with CTP processes than the CLDTs.

CTPs did not routinely demonstrate a SMART approach, lacking timescales and/or the recording of measurable outcomes. The review team and peer reviewers found that CTPs did not reflect wider MDT input or family and carer involvement. Instead they tended to be written to reflect the actions specified for the Care Coordinator themselves or an indepenant sector care provider.

Individual relapse signatures were generally well identified within CTPs, although in the Swansea team these were less frequently recorded. However, crisis plans tended to be less personalised and in the majority of CTPs they consisted of a list of contact numbers and did not provide explicit detail of the actions that agencies should take in the event of a crisis.

People's views and signatures were not recored within CTPs. However, the majority of CTPs within the community teams stated that the person had agreed to the content of the plan.

Where evident, the use of PBS appeared to enhance the quality of the care and treatment planning processes.
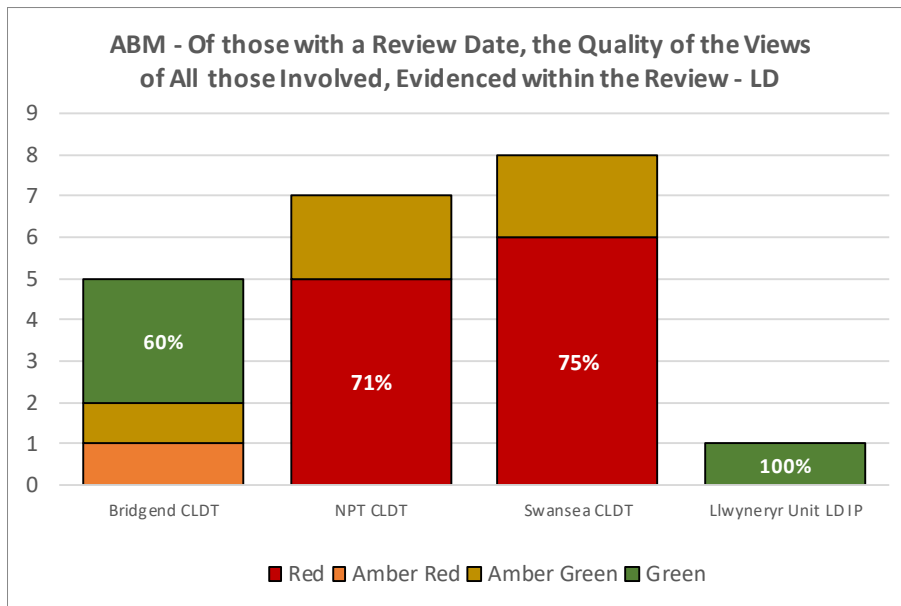
10   Review of CTPs

'In order to ensure that the care and treatment plan provision remains optimal to the 'relevant patient's recovery, regular monitoring of the plan and the delivery of services is required.' (6.3)
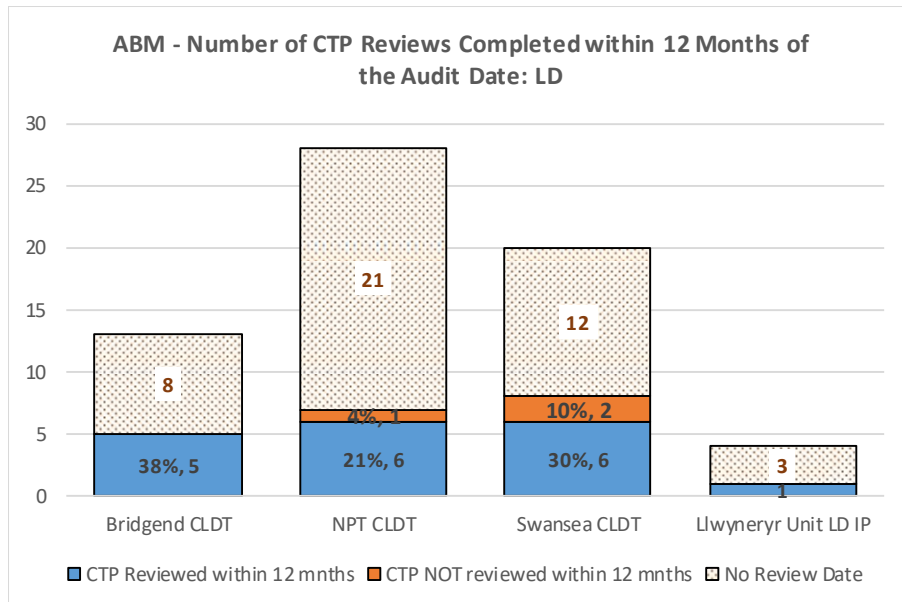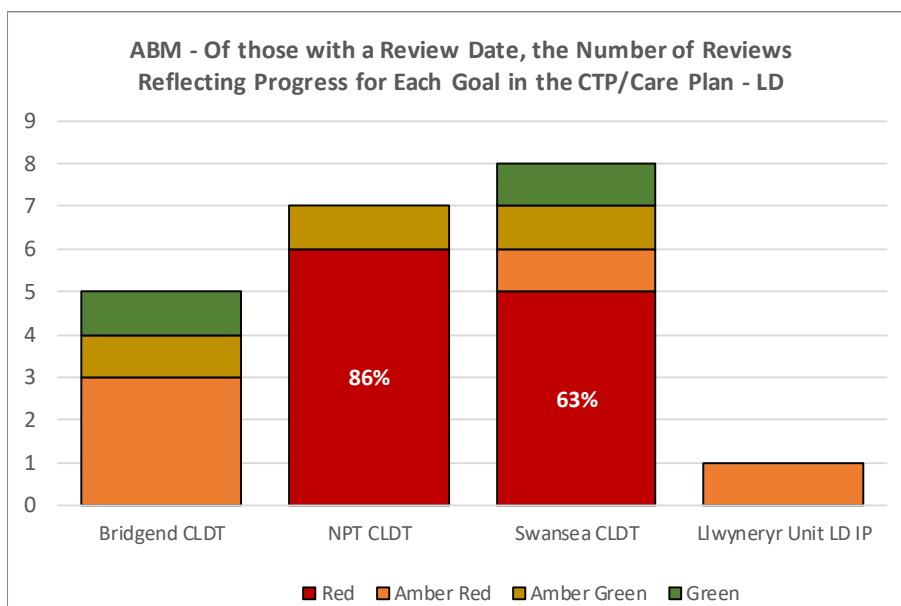

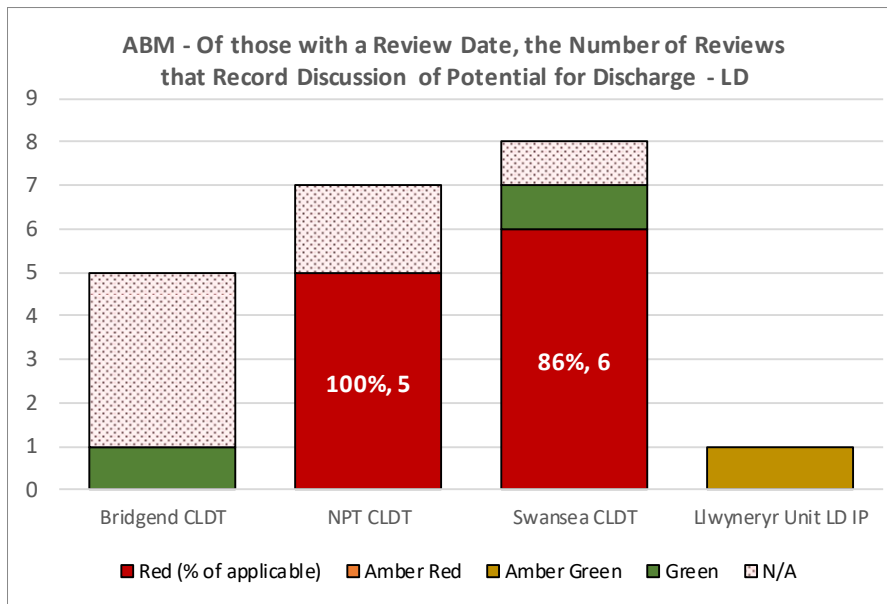44 (68%) cases did not provide evidence that a formal review of the CTP had taken place.
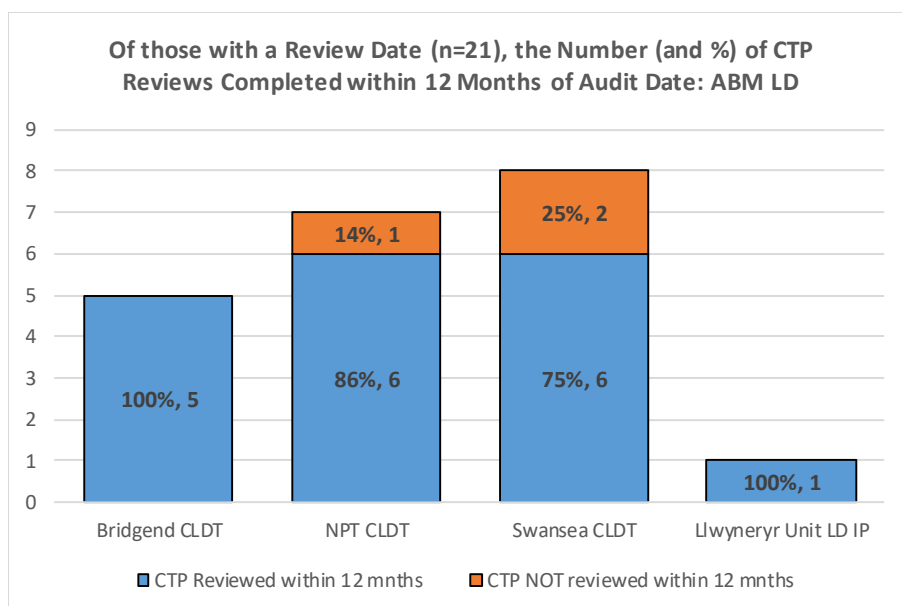
Of the 21 cases that did evidence that a formal CTP review had been held, 3 of these cases were outside the required 12 month timescale.

ABM - Of those with a Review Date, the Quality of the Views of All those Involved, Evidenced within the Review - LD

Overall, 57% of the 21 reviews which had a review date, were rated red or amber red for providing evidence that the views of all those involved in the person's care had been recorded.

ABM - Of those with a Review Date, the Number of Reviews Reflecting Progress for Each Goal in the CTP/Care Plan - LD

Where reviews were held, they lacked evidence to demonstrate progress against each outcome included within the CTP. 16 cases (76%) were rated red or amber red against this standard.

ABM - Of those with a Review Date, the Number of Reviews that Record Discussion of Potential for Discharge - LD

(Bridgend CLDT; NPT CLDT "100%, 5"; Swansea CLDT "86%, 6"; Llwyneryr Unit LD IP)

Legend: Red (% of applicable) | Amber Red | Amber Green | Green | N/A

Reviews did not usually provide evidence that a discussion or consideration of discharge from Part 2 of the Measure had taken place. Where discharge was not considered appropriate the reviews audited did not reflect measurable progress against the outcomes within the CTP.

Findings

The service lacks a consistent formal review process, with 68% of cases not providing evidence that a formal CTP review had taken place. Where a review had taken place, the CTP had not been central to that process and did not therefore always address the 8 life areas.

The lack of a review process meant that it was difficult to ascertain whether all of those involved in providing care and support to the person had the opportunity to provide their views. Furthermore the lack of a formal review process prevented the outcomes identified within the CTP from being reviewed in terms of progress made.

Staff in the teams visited reported challenges with using both electronic and paper records due to information not consistently flowing well between organisations. In some cases they reported difficulty in following the care process from assessment and planning through to review.

11   Views of Service Users, Carers and Stakeholders

As part of the assurance review process the DU seeks to elicit the views of service users, family members, other informal carers and stakeholders through specific engagement events.

Service users, carers and stakeholders were invited by the Learning Disability Service to speak with the review team in each of the locality areas. Service users, carers and stakeholders attended in Neath Port Talbot, but there were no attendees in either the Swansea or Bridgend localities. A service user was also spoken with at the Llwyneryr A&TU

in Swansea. In the meetings there was a focus upon the views and experiences of participants and the level of involvement by the Health Board in care and treatment planning processes.

Views and Experience of Service Users
Some of the attendees either knew they had a care plan, or had heard of a plan. Service users generally described feeling listened to by the service. One person said they disagreed with some of the content of their plan but it remained unchanged, whilst another person said they were happy with the content of their plan. One person described having regular meetings with involved staff from the NHS, Social Services and their care provider where she could raise any concerns, and felt her plan was comprehensive and inclusive.

Views and Experience of Carers
Carers generally reported that they felt involved in care planning and in all aspects of their family member's care. The CTP was referred to as the central document which referenced other relevant paperwork. Carers reported that staff worked in partnership with them, especially when the service user lacked capacity, and reported that staff advocate on behalf of service users. One carer had more concern with the lack of context included within the CTP, which they felt was prescriptive, with information having been cut and pasted into it. They had not felt involved in their child's care, or listened to in the past. However, the relationship with the service was currently much improved.

There were concerns expressed from those present about accessing support in a crisis out of office hours. The response available was reported to differ depending on the living arrangements of the service user and which agency funded the service provided. One carer described the lack of detail on the crisis plan as an issue, and the CTP felt futile as a result. There were reported gaps in service provision due to staff vacancies or absence, this was the case some people reported being left without a Care Coordinator.

There were mixed experiences as to whether Health and Social Services staff work well together or not. Both providers and carers stated that they are involved in the review process.

Good Practice

- An easy read toolkit developed by SALT in NPT for service users to be able to engage in CTP reviews.
- The Swansea A&TU focussed on a person centred approach to CTP, with evidence of service user involvement in the process.
- In one case in Bridgend processes for Care and Support Planning (CSP) and CTP had been streamlined to eliminate repetition.

Acknowledgements