NHSScotland Regional Breakdown

1. Argyll & Clyde
2. Ayrshire & Arran
3. Borders
4. Dumfries & Galloway
5. Fife
6. Forth Valley
7. Grampian
8. Greater Glasgow
9. Highland
10. Lanarkshire
11. Lothian
12. Orkney
13. Shetland
14. Tayside
15. Western Isles
16. The State Hospitals Board for Scotland
Learning Disabilities

The Quality Indicators for Learning Disabilities were first published in May 2000, and have been used to assess the quality of health services available to children and adults with learning disabilities in Scotland.

Since May 2000, significant developments have been made within policy and legislation relevant to services for children and adults with learning disabilities. The Adults with Incapacity (Scotland) Act (2000) has been implemented over recent years, and the new Mental Health (Care and Treatment) (Scotland) Act (2003) came into operation in October 2005. It was on the basis of these developments that it was considered timely to undertake a revision of the quality indicators.

The revised Quality Indicators for Learning Disabilities were published in February 2004. The learning disability visit programme for 2004–2005 looks at the provision of community-based services for children and adults with complex needs, and progress with learning disability hospital closure. This report presents the findings from the peer review of performance against Quality Indicators 1, 4, 5 and 6.
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1 Setting the Scene

NHS QIS was set up by the Scottish Parliament in 2003 to take the lead in improving the quality of care and treatment delivered by NHSScotland. NHS QIS does this by setting standards and monitoring performance, and by providing NHSScotland with advice, guidance and support on effective clinical practice and service improvements.

About this Report

The revised *Quality Indicators for Learning Disabilities* were published in February 2004. These quality indicators are being used to assess the quality of services provided by NHSScotland nationwide, in both community (including primary care) and hospital settings.

This report presents the findings from the peer review to **NHS Forth Valley**. This review visit took place on **15–16 December 2004**, and details of the visit, including membership of the review team, can be found in Appendix 2.
1.1 How the Quality Indicators were Developed

In March 2003, the Learning Disabilities Quality Indicator Revision Group was appointed to oversee the revision of the learning disability quality indicators. The Group was chaired by Dr Margaret Whoriskey, Principal Advisor, Disability Services, NHS QIS. Membership of the Group included health and social care professionals (see Appendix 3).

The Group oversaw the revision of, and consultation on, the revised Quality Indicators for Learning Disabilities.

The way in which quality indicators are developed is a key element of a quality assurance process. The Group, working on behalf of NHS QIS, was expected to:

- adopt an open and inclusive process involving members of the public and professional people through a variety of mechanisms, and
- work within NHS QIS policies and procedures.

During the revision of the quality indicators, a Scotland-wide consultation process was undertaken to ensure that the views of people with learning disabilities, carers, health and social care professionals, representatives from voluntary organisations and the public were sought. All relevant evidence available at the time was taken into account. The quality indicators were piloted at NHS Greater Glasgow and NHS Dumfries & Galloway.

Clinical Governance and Risk Management Standards

Every patient using healthcare services should expect these to be safe and effective. The NHS QIS Standards for Clinical Governance & Risk Management will ensure NHS Boards can provide assurance that clinical governance and risk management arrangements are in place, and are supporting the delivery of safe, effective, patient-focused care and services.

The clinical governance and risk management standards underpin all care and services delivered by NHSScotland and provide the context within which NHS QIS service and condition-specific standards apply. They should be read in conjunction with all our quality indicators and standards.

The clinical governance and risk management standards are effective from November 2005 and are available on request from NHS QIS or can be downloaded from the website (www.nhshealthquality.org).

These standards also apply to learning disability services, however, relevant aspects of clinical governance are included in the quality indicators.
The revised quality indicators focus on six key elements of the learning disability service that have an impact on the quality of care a person with a learning disability receives on their journey through the service. These six quality indicators are:

- Involvement of children and adults with learning disabilities and their family carers through self-representation and independent advocacy
- Promoting inclusion and wellbeing
- Meeting general healthcare needs
- Meeting complex healthcare needs
- Inpatient services – daily life
- Planning services and partnership working

These quality indicators provide a robust framework of targets, which set achievable challenges for services.

1.2 How the Review Process Works

The review process has two key parts: local self-assessment followed by external peer review. First, each NHS Board assesses its own performance against the quality indicators. An external peer review team then further assesses performance, both by considering the self-assessment data and visiting the NHS Board to validate this information and discuss related issues. The review process is described in more detail below (see also the flow chart on page 11).

Self-Assessment by NHS Boards

On receiving the quality indicators, each NHS Board assesses its own performance using a framework produced by NHS QIS. This framework includes guidance about the type of evidence (e.g., guidelines and audit reports) required to allow a proper assessment of performance against the standards to be made.

The NHS Board submits the data it has collected for this self-assessment exercise to NHS QIS before the on-site visit, and it is this information that constitutes the main source of written evidence considered by the external peer review team.

External Peer Review

An external peer review team then visits and speaks with local stakeholders (e.g., staff, patients, carers) about the services provided. Review teams are multidisciplinary, and include healthcare professionals, staff from social work, representatives of voluntary organisations,
people who use services and carers. All reviewers are trained. Each review team is led by a reviewer, who is responsible for guiding the team in its work and ensuring that team members are in agreement about the assessment reached.

The composition of each team varies, and members have no connection with the NHS Board they are reviewing. Both of these factors facilitate the sharing of good practice across NHSScotland, and ensure that each review team assesses performance against the quality indicators rather than make comparisons between one NHS Board and another.

At the start of the on-site visit, the review team meets key personnel responsible for the service under review. Reviewers then visit services and speak with local stakeholders about the services provided. After these meetings, the team assesses performance against the quality indicators, based on the information gathered during both the self-assessment exercise and the on-site visit.

The visit concludes with the team providing feedback on its findings to the NHS Board. This includes specific examples of local initiatives drawn to the attention of the review team (recognising that other such examples may exist), together with an indication of any particular challenges.

**Thematic Review Principle**

The learning disabilities quality indicators have been developed to allow a review against all quality indicators at once (comprehensive locality reviews), or against specific groups relating to a particular theme or area of national priority (thematic reviews).

A thematic review principle has been adopted for the first national programme of visits against the revised quality indicators. For 2004–2006, the NHS QIS learning disability thematic review focuses on the quality of care and services for children and adults with learning disabilities in the context of hospital closure and service redesign. Four of the six quality indicators (1, 4, 5 and 6) will be reviewed.

The review team assesses each of the quality indicator statements, on the basis of the self-assessment and supporting evidence provided by the service being reviewed, and the information gathered during the course of the review visit. The review team then evaluates and agrees how well the service is performing against each quality indicator. The following assessment categories are used.
Assessment Categories

- **Comprehensively Developed**
  - Systems are in place to ensure that, wherever possible, the needs of people with learning disabilities are fully satisfied.
  - Procedures and arrangements are based on sound, integrated approaches, deployed in all relevant areas.
  - Robust strategies are in place, together with systems to monitor the impact of these on the quality of services provided.
  - There is active assessment review, seeking opportunities for further development.

- **Substantially Developed**
  - The systems in place enable most of the needs of people with learning disabilities to be satisfied.
  - Procedures and arrangements in place are deployed in the majority of areas.
  - Strategies are in place, together with some impact assessment systems.
  - There is some assessment and review activity identifying scope for improvement.

- **Partially Developed**
  - The systems in place enable some of the needs of people with learning disabilities to be partially satisfied.
  - Limited procedures and arrangements are deployed in some areas.
  - Fragmented strategies are in place.
  - Little assessment or review activity is being carried out, with a limited agenda for improvement.

- **Scarcely Developed**
  - The systems in place are insufficient to address the needs of people with learning disabilities.
  - Inadequate procedures and arrangements are scarcely implemented.
  - There is little or no progress in developing relevant strategies.
  - Very little assessment or review activity is carried out.
1.3 Reports

After each review visit, NHS QIS staff, with clinical input as appropriate, draft a local report detailing the findings of the review team. This draft report is sent to the review team for comment, and then to the NHS Board to check for factual accuracy. Each local report is accompanied by an easy-read summary of the report, and these are published only after all the visits have been undertaken nationwide.

Once the national review cycle is completed, the Project Group (see Appendix 4) reconvenes to examine review findings and make recommendations. The Project Group then oversees the production of a national overview of service provision across Scotland in relation to the revised *Quality Indicators for Learning Disabilities*. This document includes both a summary of the findings (highlighting examples of local initiatives and challenges for the service) and recommendations for improvement. A national overview summary document is also produced.

Part of the remit of NHS QIS is to report whether the services provided by NHSScotland, both nationally and locally, meet the agreed quality indicators. This does not include reviewing the work of individual healthcare professionals. In achieving this aim, variations in practice (and potential quality) within a service will be encountered and subsequently reported.

Please note – all reports published are available in print format and on the NHS QIS website.
The Review Process

Prior to Visit
- NHS Board undertakes self-assessment exercise and submits outcomes to NHS Quality Improvement Scotland

During Visit
- Two-way presentations covering background on NHS Quality Improvement Scotland and local service provision
- Review team meets stakeholders and visits inpatient units to discuss local services
- Review team assesses performance in relation to the quality indicators
- Review team feeds back findings to NHS Board

After Visit
- Draft local report produced and sent to review team for comment
- Draft local report sent to NHS Board to check for factual accuracy
- Project Group considers findings of local reviews and drafts national overview

NATIONAL OVERVIEW AND LOCAL REPORTS PUBLISHED


2 Summary of Findings

2.1 Overview of Local Service Provision

Forth Valley is situated in central Scotland and has a population of around 279,680. While Forth Valley comprises both urban and rural areas, the majority of the population live in urban areas, of which Falkirk and Stirling are the largest. The age structure of the population is similar to the national average, whereas levels of illness and deprivation are relatively low.

Local NHS System and Services

The Board of NHS Forth Valley is responsible for improving the health of the local population and for the delivery of the healthcare required. It provides strategic leadership and has responsibility for the efficient, effective and accountable performance of the NHS in Forth Valley.

At the time of the review visit, the NHS Board area contained two NHS operating divisions: Forth Valley Acute Hospitals Operating Division (acute care services); and Forth Valley Primary Care Operating Division (primary care services).

The NHS Board is accountable for both continuously improving the quality of their services, and safeguarding high standards of care, by creating an environment in which excellence in clinical care will flourish (framework of clinical governance).

Further information about the local NHS system can be accessed via the website of NHS Forth Valley (www.show.scot.nhs.uk/nhsfv/index.html).

The information presented in the following section relates to service provision for people with learning disabilities and is taken from the scoping information submitted by the NHS Board prior to the review visit.
Information on Population

- Number of people with a mild learning disability (all ages) 6,308
- Number of people who have a severe learning disability (all ages) 834–1,112
- Number of children with a learning disability (0–15 years) 203–270
- Number of adults with a learning disability who, at the time of the visit, were receiving services from local learning disability teams 852
- Number of known people (16–65 years) with a learning disability in the three local authority areas:
  - Clackmannanshire 130
  - Falkirk 463
  - Stirling 259

Inpatient Services

- One NHS inpatient service for people with learning disabilities at Loch View, Larbert, with 26 beds, including six assessment and treatment beds, and 20 beds for individuals who need longer rehabilitation.
- There is no specific inpatient service for children with learning disabilities. Respite/short break services are provided locally and out-of-area through a number of providers.

Community Services

- Three community learning disability teams (CLDTs) covering Clackmannanshire, Falkirk and Stirling.
2.2 Progress since the Last Review

Services provided by NHS Forth Valley for children and adults with learning disabilities were previously reviewed in December 2001. There was no formal follow-up to the 2001 visit pending the revision of the learning disability quality indicators.

During the review visit to NHS Forth Valley in December 2004, the review team found the following progress within areas covered by Quality Indicators 1, 4, 5 and 6.

Delivery of Healthcare

The report published in 2001 stated that NHS Forth Valley should pay specific attention to the early provision of mental health services for children and young people with learning disabilities. By 2004, the review team found evidence that services to meet the mental health needs of children and adults with learning disabilities had developed substantially in NHS Forth Valley. This was highlighted by the interface agreement that was specifically established to enhance joint working between mental health and learning disability services.

Following the visit in 2001, it was recommended that NHS Forth Valley should provide respite care for children and adults in a non-hospital setting. In 2004, the review team found evidence that children with learning disabilities have access to social day services and respite services including the commended Tayavalla Respite Centre. However, the review team did note that the inpatient services for adults at Loch View were being inappropriately used as a respite/short-break facility.

The report published in 2001 stated that NHS Forth Valley should ensure the adequate provision of services for people with complex needs within inpatient and community settings. During the review of December 2004, the review team agreed that the NHS Board had substantially developed and identified specialist services to meet the needs of children and adults with complex needs.

In 2001, the review team recommended that NHS Forth Valley should dedicate specific attention to long waiting times and closed waiting lists for services such as clinical psychology, and access to allied health professions (AHPs). During the review of 2004, the review team found no evidence of closed waiting lists and a significant reduction in the waiting times for such services.
Comprehensive Needs Assessment

It was reported in 2001 that there was a requirement to ensure that a comprehensive needs assessment for children and adults with learning disabilities informs the strategic direction and future financial investment in services. At the time of the review visit in 2004, the review team was satisfied that a comprehensive needs assessment was under development.

Service User Involvement

The report published in 2001 noted a requirement to ensure that NHS Forth Valley, in association with local authority partners, should further develop its user and carer involvement and information. In addition, the NHS Board should address access to, and use of, its complaints procedures. By December 2004, the review team found that the NHS Board had partially developed its user and carer involvement. The review team reported that a user-friendly complaints procedure had been effectively developed for adults with a learning disability within inpatient services.

Provision of Independent Advocacy

In 2001, it was reported that the NHS Board should ensure that independent advocacy services are further developed to meet the needs of children and adults with learning disabilities. During the review of December 2004, the review team found that there was limited access to independent advocacy for children and adults with learning disabilities within NHS Forth Valley. However, the review team reported that NHS Forth Valley had recognised this shortfall and was addressing the limited access to advocacy.

Joint Working

The report published in 2001 recommended that implementation of the joint strategy requires to be taken forward in accordance with joint commissioning and joint evaluation of services. In 2001, the report also recommended that detailed action plans required to be developed for children’s services. By 2004, the review team reported that for adults’ services, joint working had been developed and joint commissioning was regularly undertaken. However, for children’s services, the review team found limited evidence of joint commissioning and a lack of joint strategic planning.
2.3 Progress with Hospital Closure and Service Redesign

The *Home at Last?* report from the Same as You? Implementation Group (SAYIG) was published in January 2004. The report sets out a number of key objectives to ensure effective closure of all NHS long-stay learning disability provision, and the development of an appropriate range of robust community services for children and adults with learning disabilities.

**Overview**

The Royal Scottish National Hospital (RSNH) closed in January 2003. Following this, NHS Forth Valley opened Loch View, a purpose-built inpatient facility with 26 beds, including six assessment and treatment beds, and 20 beds for individuals who need longer rehabilitation.

**NHS Forth Valley – Numbers of people living in NHS hospitals/units-December 2004**

<table>
<thead>
<tr>
<th>Long-stay residents</th>
<th>Commissioning plans to be developed</th>
<th>Housing plans to be developed</th>
<th>Out-of-area placements</th>
<th>State Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>20</td>
<td>Not known</td>
<td>Not known</td>
<td>4</td>
<td>0</td>
</tr>
</tbody>
</table>

**RSNH**

Closed January 2003

Resettlement plans and timescale to be agreed

NHS Forth Valley indicated during the visit that it recognised that this was a provision which was in transition. Evidence from the research on housing for people with particular needs indicate that the Stirling area may have a shortfall of 24 places for specialist support.

The current Loch View accommodation raises some challenges in relation to the kind of accommodation which would best meet the needs of current service users, and in particular for those individuals who challenge services, and on how to make accommodation as homely as possible in relation to these needs.

The NHS Forth Valley complex care service identified the need to consider different levels of services in relation to the settings, potential contributors, type of assessment and types of intervention which would be required using the levels of need indicators. It was suggested that...
the Loch View complex might be subject to redesign based on both the investigation of the individual needs of current patients and, also, drawing on the materials prepared elsewhere in Forth Valley, in relation to the number of people with complex needs requiring NHS funding, local authority funding, or joint funding arrangements in appropriate accommodation.

The review team found a clear willingness and interest in taking forward this activity demonstrated by the attention paid by NHS Forth Valley to this area of service.

The information below is provided against the key sections in the *Home at Last?* report.

**Supporting People who use Services and Carers**

The review team found evidence of good practice in terms of supporting service users to attend reviews by providing support to users, and/or supporting family member involvement. There are 6-monthly reviews for individual residents within Loch View. Additionally, there is a service user forum within inpatient services to support user involvement, and complaints leaflets are user friendly in providing accessible information.

The review team, however, found evidence of limited advocacy for people in Loch View and this finding is consistent with the aspirations of the NHS Board’s 3-year advocacy plan, which recognises the requirement to develop advocacy supports within inpatient services. There also appeared to be a requirement for advocacy supports to carers, together with a need to address the issue of adequacy of meeting facilities to support advocacy services.

**Planning for Hospital Closure/Service Redesign**

The NHS Board indicated a desire to revisit the accommodation style provided at Loch View. The review team reflected a variety of views on the accommodation. Clinical members commended the quality of some aspects of the environment, together with the staff commitment to the service user group. The service users and supporters, however, felt that the accommodation lacked key features, which would make the accommodation suitable for users and, in particular, aspects which would emphasise homeliness and comfort for users. The Loch View service is being reviewed in light of the recommendations of the *Home at Last?* report.
The review team also identified that further planning was required, in relation to looking to the future for those residents in Loch View and identifying how further arrangements could be made for their care in community settings, where this was appropriate. It was agreed that some patients’ length of stay had been longer than originally anticipated and that plans for their return to the community have faltered. At the time of the review visit, work had commenced in this area and evidence was presented of debate and discussion around delayed discharges and the future direction for this service. Joint assessments have commenced for individuals resident in Loch View, who are being prepared for discharge.

The NHS Board recognised the requirement to review the respite care function of the Loch View service.

It was reported that a needs assessment is to be undertaken by the University of Stirling, which may inform planning to address the health support requirements of individuals with a learning disability. Additionally, the review team was made aware of the development of a database, which will include information relating to individuals with a learning disability in out-of-area placements. Social inclusion policies are also in development, and these, as well as health improvement plans, appear to take account of the needs of people with a learning disability. Overall, the NHS Forth Valley health plan and the Partnership in Practice (PiP) agreement contain detailed strategic and operational service provision aims for adults with a learning disability. Workforce planning informed resource planning and allocation of resources, and staff personal development plans identified training and development requirements in line with service objectives.

The review team found evidence of both multidisciplinary and multi-agency planning processes, and involvement in service commissioning activity. There was also evidence of joint commissioning of community residential services, and the review team noted a proposal to develop jointly commissioned complex care residential services attached to community hospitals.

At the time of the visit, NHS Forth Valley had proposed a framework for the development of three community health partnerships (CHPs), and the NHS Board reported that the support needs of children and adults with a learning disability will be highlighted in CHP development plans; with a subgroup of the learning disability partnership group (LDPG) feeding in to the CHPs.
CLDTs and the additional support team, help contribute to an overall responsive specialist service for adults with a learning disability. They also provide a service to children with a learning disability at the time of transition to adults’ services where the individual’s needs are complex.

**Experience during Hospital Closure**

As mentioned earlier, NHS Forth Valley closed the long-stay hospital, RSNH, in 2003 and is continuously reviewing the ongoing support needs of the residents of the Loch View residential service.

The review team found evidence of regular environmental risk assessments and audit activity within this service, and these were found to inform a process of prioritisation to address these service issues. The environment of Loch View was of a high standard of cleanliness and was generally homely in appearance, with residents supported to personalise their bedrooms, which have ensuite facilities. Some areas of the service appeared to be limited in terms of personal and communal space availability, and resident freedom of access and movement within the service may be limited by the requirement to request care staff facilitation for access.

Staffing, and other resource capacity limitations, may also be restrictive of resident opportunities for activities outwith the service. It is recognised that there also appear to be some ‘incompatibilities’ in resident support needs in some areas, for example, individuals with dementia living with individuals who have challenging behaviour.

The service appeared to be making every effort to accommodate individual preference and choice, and to support individuals in making their needs and preferences known to the service, in order that these can be responded to wherever possible.

**Supporting People after Hospital Closures**

At the time of the review visit, there were three CLDTs providing services to the Clackmannanshire, Falkirk and Stirling areas of NHS Forth Valley. There was evidence of joint care planning and joint clinical review activity for both children and adults with a learning disability, living in the NHS Forth Valley area. There was also evidence of functional integration of specialist and general health services. There were some age-related transition policies in place and evidence of the CLDTs’ involvement in future needs assessment processes.
Additionally, there was evidence of effective interface with other healthcare services, for example, mental health services. There appeared to be a comprehensive range of, and responsive access to, specialist multidisciplinary and multi-agency community services, including those for adults with complex support needs.

Services for individuals with challenging and offending behaviour, and those with mental health needs appear to be very well developed for adults, but significantly less so for children with a learning disability. While services for people with dementia appear to be partially developed, those for individuals with profound and multiple impairment appear to be robustly developed for both children and adults with these, often complex, support requirements.

Conclusion

Having closed its long-stay hospital in 2003, NHS Forth Valley continues to both review and develop the needs responsiveness of its present inpatient and community-based services for individuals with a learning disability, and appears to have made significant, and some advanced, progress in its planning and provision of these.
2.4 Summary of Findings against the Quality Indicators

A summary of findings from the review, including examples of local initiatives drawn to the attention of the review team, is presented in this section. A detailed description of performance against the quality indicator statements is included in Section 3.

Quality Indicator 1: Involvement of Children and Adults with Learning Disabilities and Their Family Carers through Self-Representation and Independent Advocacy

Involving People in Planning Services

The review team noted that the NHS Board’s patient focus and public involvement (PFPI) strategy did not specifically refer to involvement of children and adults with learning disabilities. However, at the time of the review visit, the review team found evidence of appropriate involvement in the planning of services with service users and carers. The review team commended the use of pre-arranged pre-meetings, with appropriate support, to discuss agenda items for local action groups and the LDPG.

Access to Health Records

At the time of the review visit, the NHS Board reported using its data protection policy, as a means of giving high-level guidance on access to health records. The review team noted that there is not an easy-read version of this policy available. However, the NHS Board reported that it supports individuals to access information with the use of an advocacy service. The review team commended the work of NHS Forth Valley speech and language therapy services in producing, and using effectively, communication passports.

Complaints

At the time of the review visit, some divisions within NHS Forth Valley were using a generic complaints procedure that was not specific to people with learning disabilities. The NHS Board supports patients using the generic policy through patient advocacy, paediatric liaison services and other appropriate agencies.
Advocacy

At the time of the review visit, NHS Forth Valley had acknowledged in its 3-year advocacy plan that advocacy services required to be further developed across the learning disability inpatient area and within children’s services. The review team noted the limited advocacy provision within the inpatient services at Loch View. However, during the review visit, the NHS Board reported that this area was being addressed with arrangements being made to allocate funding for individuals with an identified advocacy need.

The NHS Board’s advocacy plan recognises the lack of independent advocacy for children with learning disabilities. In addition, the NHS Board acknowledged that there are no formal procedures for advocates to raise concerns with staff. However, at the time of the review visit, the NHS Board reported this was being developed within its plan for independent advocacy services across NHS Forth Valley.

Quality Indicator 4: Meeting Complex Healthcare Needs

Service Integration

The review team found evidence of good joint care planning and joint clinical review for children and adults with learning disabilities living in the NHS Forth Valley area. The NHS Board has three CLDTs that provide specialist advice to adults with learning disabilities. NHS Forth Valley has an open referral system to its CLDTs. During the review visit, the review team agreed that access to the CLDTs, on an individual basis did not appear to be a problem. However, the NHS Board acknowledged that no formal mechanisms for monitoring and evaluating access to specialist services were in place at the time of the review visit.

For children’s services, the review team commended the role of the complex care nurse, who has area-wide responsibility that links in to all parts of both local authority and NHS services. At the time of the review, this role had been in operation for a year and had facilitated the resolution of a range of complex problems.
Transitions

The review team found evidence of transition policies in place for children within the Stirling and Clackmannanshire Local Authority areas. The review team noted the positive work on transition clinics in Stirling. At the time of the review visit, work on implementing a transition policy in the Falkirk area was ongoing. The review team found evidence that, at pre-school level, the pre-school assessment team (PRESCAT) and children's early assessment team (CEAT) processes allow for joint assessment and planning for children with a learning disability. In addition, the review team did note that, for young children with a learning disability, the informal networks established by the various disciplines facilitated smooth transitions. The review team noted that speech and language therapy services help to smooth transitions with communication passports being used to aid the transfer of information.

Specialist Services

The review team found evidence of a full range of multi-agency/multidisciplinary assessments, interventions and support for people with complex needs living in the community within NHS Forth Valley. During the review visit, the review team met with the three CLDTs within NHS Forth Valley; Clackmannanshire, Falkirk and Stirling, and the additional support team. The CLDTs offer a full range of services and the additional support team provides supplementary support to the three CLDTs.

During the review visit, the review team commended the joint working established between mental health and learning disability services in NHS Forth Valley. This was highlighted by the interface agreement that was established specifically to enhance joint working between mental health and learning disability services. However, at the time of the review visit, there was limited access to specialist mental health services for children with learning disabilities in NHS Forth Valley.

At the time of the review visit, there was no lead person in NHS Forth Valley identified to co-ordinate and support access to services for children and adults with autistic spectrum disorder (ASD). The review team found evidence of a limited service available for the needs of children with learning disabilities with ASD, and noted that education services take the lead in relation to children with ASD as part of their statutory provision for special educational needs. The review team noted that the absence of a lead person for ASD was affecting the overall co-ordination of the service.
NHS Forth Valley reported that access to appropriate assessment and early diagnostic services to meet the needs of people with dementia are available by referral through the CLDTs. The review team noted that specialist psychology services are available and the psychology department has a programme of monitoring and assessing people with Down’s syndrome who may be at high risk of developing dementia. However, the review team noted that access appeared to be variable across the NHS Board area.

During the review visit, the review team found evidence of an appropriate range of services to meet the needs of adults with profound and multiple-impairment, for example, the review team was encouraged with the services within the Riverbank Centre, Stirling.

At the time of the visit, the review team found evidence that NHS Forth Valley had developed a whole range of services for children diagnosed as having complex needs. A complex care nurse acts as a key point of contact within the service. In addition, the review team found that children with profound and multiple impairments have access to social day services or respite services including the commended facility at the Tayavalla Respite Centre.

The review team agreed comprehensive and robust services are in place to meet the needs of adults with a learning disability who have epilepsy in NHS Forth Valley. At the time of the review visit, there were no epilepsy specialist nurses in post within children’s services. However, the NHS Board reported that a consultant paediatrician specialises in epilepsy and provides input at paediatric clinics.

Example of a local initiative…

NHS Forth Valley secured support from the Primary Care Development Fund for an epilepsy project that, at the time of the review visit, had recently won the Guidelines in Practice Awards 2004.

Quality Indicator 5: Inpatient Services – Daily Life

Environment

At the time of the review visit, the review team found that appropriate and regular environmental risk assessment audits are undertaken within NHS Forth Valley. The review team noted that the individual needs of adults with learning disabilities are taken account of through individual risk assessments which are conducted and reviewed regularly.
The review team agreed that the overall inpatient accommodation provided within Loch View was homely, with residents having their own bedrooms with ensuite facilities. During the visit, the review team was encouraged by the high standard of cleanliness within the accommodation. While the review team acknowledged the challenging behaviour of some of the individuals within Loch View, the team emphasised the necessity to ensure an appropriate environment for all the residents in Loch View. The review team noted that initially, facilities at Loch View were providing for people with profound and multiple learning disabilities, and are now occupied by more challenging and capable individuals.

**Privacy and Personalisation**

The consensus of the review team was that the residents’ property in Loch View is given appropriate respect. Individuals have their own bedrooms, however, access is often through nursing staff. The review team welcomed the NHS Board's plans to give more able residents a key to their own living space. The review team found evidence that residents in Loch View were encouraged to personalise their rooms with pictures, posters and other small items from home. In addition, the NHS Board reported that meetings are held with inpatients to discuss décor and furniture.

Overall, the review team found that staff respected individuals’ property and privacy as best they could.

**Daily Life**

During the review visit, the review team found that people living in inpatient services wanted more opportunity to go out during the day. Residents who met with the review team highlighted the limited activities, for example, residents are able to visit the local shops, but highlighted that they would like to attend church and participate in other activities. The review team reported that staff and resource issues restrict many of the day-to-day aspects of the residents’ activities.

**Quality Indicator 6: Planning Services and Partnership Working**

**Strategic Health Improvement and Needs Assessment**

At the time of the review visit, the review team noted evidence that work on needs assessment was to be undertaken by Stirling University. The NHS Board reported that arrangements for reviewing and updating its needs assessment are to be discussed and agreed by all parties following the completion of the needs assessment.
The review team found evidence that NHS Forth Valley is developing social inclusion policies that take account of the needs of people with learning disabilities. At the time of the review visit, the LDPG was implementing social inclusion recommendations that are laid out in the PiP agreement 2004–2007. In addition, the NHS Board anticipates the local needs assessment generating local information in support of work on social inclusion.

NHS Forth Valley has a planning system in place for children’s services, in partnership with Clackmannanshire, Falkirk and Stirling Councils, however, planning for children with a learning disability was found to be less well developed. However, the review team found evidence that health improvement strategies within NHS Forth Valley take account of the needs of children with learning disabilities. The NHS Forth Valley health plan identifies specific priorities for children with learning disabilities in the Forth Valley area.

Database Developments

At the time of the review visit, NHS Forth Valley did not have a database which could record the individual and collective needs of people with learning disabilities in the local area. The NHS Board was collecting information through various systems on individual and collective needs across the local area. For children, the review team noted that information was recorded on a special needs register held in the child health department. Overall, the review team found that constraints on IT resources were restricting the development of e-care systems, for example, the development and consensus on appropriate hardware and software.

Healthcare Planning

There is an overall NHS Forth Valley health plan and a PiP agreement, which contain detailed plans for the strategic framework of service provision for adults with a learning disability. The review team noted that the health plan has limited information in relation to specific strategies that address the range of needs and services for people with learning disabilities. However, the review team noted that the PiP agreement and PiP action plan do contain more focused information in relation to people with learning disabilities.

The review team noted that the complex care team facilitates multi-agency joint commissioning packages of care support for children and adults in the community. The complex care group evaluates requests
for funding of community care packages for people with very complex health needs, and resources for 2004–2005 have been allocated. There were no ring-fenced resources within the complex care budget for learning disabilities.

Hospital Closure and Service Reprovision

The NHS Forth Valley hospital closure programme was completed at the time of the review visit, with the RSNH having closed in 2003, and inpatient services moving to Loch View in January 2003. The review team noted that the LDPG is reviewing the needs of the individuals within Loch View, specifically in relation to the recommendations of the Home at Last? report.

Partnership Working

The review team found evidence of integrated teams in Falkirk and Stirling with specialist staff from health and social work. These teams, managed by an integrated team manager, take account of the Joint Performance Information and Assessment Framework (JPIAF). The NHS Board reported that joint work was progressing in the Clackmannanshire team, although there was no integrated manager.

At the time of the review visit, the review team found evidence of joint training, for example, the Stirling CLDT was about to embark on staff personal development plans through their integrated team manager in conjunction with professional heads.

For children with a learning disability, the review team found limited evidence of joint commissioning with no joint training strategy, or associated joint budget.

The review team agreed that there was an appropriate inter-agency child protection policy in place, which takes account of the needs of children and young people with learning disabilities. In addition, a Forth Valley-wide inter-agency group has been established for a number of years. Within the group’s remit is the capacity to revise and update multi-agency procedures and guidelines in relation to vulnerable adults.
Quality Indicator 1: Involvement of Children and Adults with Learning Disabilities and Their Family Carers through Self-Representation and Independent Advocacy (Tiers 0-4)

Quality Indicator Statement 1.1

Involving People in Planning Services: The NHS Board and partner organisations effectively support and involve children and adults with learning disabilities and family carers in the planning and delivery of services.

NHS Forth Valley

STATUS: Partially Developed (Adults’ Services)

The NHS Board reported that it has a patient focus and public involvement (PFPI) strategy that aims to be demographically representative of the whole population of Forth Valley. Although there is no specific reference to adults with a learning disability, the review team agreed that the (PFPI) strategy does attempt to be an inclusive system whereby every age group and client category is appropriately represented. The NHS Board reported that support is given to children and adults with a learning disability to ensure effective involvement in planning processes. The review team found evidence of appropriate involvement, with service users and carers being represented on the learning disability partnership group (LDPG) and on local action groups. The review team found that the NHS Board had initiated the use of pre-arranged pre-meetings, and the use of supporters to discuss agenda items was a well-established practice in local action groups and these processes were mirrored in the development group meetings.

The NHS Board reported that local user and carer groups for children and adults with learning disabilities are involved in consultation on an ongoing basis. For example, a Clackmannanshire Carers conference was held 2 years ago and a future conference is planned. Stirling has undertaken an extensive carer consultation and Falkirk held a fifth annual Carers Conference in June 2004 to raise awareness of carers’ issues. The review team agreed that although consultation had taken place, there is no clarity on how outcomes from the conferences have been taken forward, and whether consultation is ongoing. In addition, the consultation documentation was not specific to people with learning disabilities. However, during the visit, the review team found evidence that the Clackmannanshire Local Area Co-ordinator had recently established a carer’s support group.

The review team found good evidence on the use of questionnaires and surveys. In one example, the use of the services of the local university was seen as very helpful in gaining views and assisting in developing programmes.

STATUS: Partially Developed (Children’s Services)

See narrative for adults’ services.
Quality Indicator Statement 1.2
Involving People in Planning Services: Children and adults with learning disabilities and their families, family carers or their representatives are involved in the planning and review of their care across all health services.

NHS Forth Valley
STATUS: Partially Developed (Adults’ Services)

The NHS Board reported that there is no written strategy for the involvement of children and adults with a learning disability. Users are involved in the LDPG and local action groups. The review team found that the NHS Board focused on embedding user involvement rather than creating specific client groups or treating individuals as separate categories. At the time of the review visit, a person-centred approach had been implemented, but not everyone had a person-centred plan (PCP). It was reported that NHS Forth Valley are working towards offering a PCP to everyone who wishes to have one. Evidence indicated that knowledge of the PCP required to be continually highlighted.

The NHS Board reported that service users are encouraged to attend their own review meetings, however, recognise that this can sometimes be stressful for individuals. The review team was encouraged by the pilot project to support individuals in review meetings with the use of a supporter. In some instances where individuals have communication difficulties, the NHS Board encourages a family member to be involved in all review meetings. The review team was encouraged that the NHS Board was attempting various methods of involvement, including the use of Talking Mats. In addition, the review team found evidence that 6-monthly reviews were the minimum goal for residents in Loch View, Larbert.

STATUS: Partially Developed (Children’s Services)

For children’s services, the review team found evidence that PCP were in use in some areas, although practitioners who met with review team members had not heard of individual programme plans. The education plans and cumulative support plans are being actively developed with frameworks for these established across agencies and disciplines.

Quality Indicator Statement 1.3
Access to Health Records: There is a policy on access to health records in primary care, community and hospital services that is accessible to, and can be used by, children and adults with learning disabilities.

NHS Forth Valley
STATUS: Substantially Developed (Adults’ Services)

NHS Forth Valley uses its data protection policy as a high level guide on access to health records. Local and national guidance on access to health records is available in leaflet form and on the Internet. The NHS Board reported that it supports individuals to access information with the use of the
advocacy service. The review team acknowledged that mechanisms were in place for each authority area, but found this was limited in scope and ability to meet known and potential demand. The NHS Board reported that it was developing a local leaflet specifically for patients with learning disabilities.

Data protection procedures were found to be in place that take account of the needs and rights of people with learning disabilities, and an information leaflet is available in an accessible format. An information sharing protocol has been adopted across Forth Valley, and NHS Forth Valley reported that in Clackmannanshire, staff have shared access to health and social work records where appropriate.

The review team found evidence that the NHS Board has conducted extensive training in conjunction with local authority partners on the Adults with Incapacity (Scotland) Act (2000) (AWIA).

**STATUS: Comprehensively Developed (Children’s Services)**

For children’s services, the NHS Board uses its data protection policy as a high level guide on access to health records. The review team reported that there is active support available on an individual basis from advocacy services to enable children with a learning disability to access information. In addition, the review team found evidence that far-reaching work had been conducted with speech and language therapy services in producing communication passports.

**Quality Indicator Statement 1.4**

*Complaints: There is a complaints procedure, a freedom of expression policy, and systems in place for recording suggestions and assessing satisfaction to inform service delivery. These are appropriate, available and accessible to children and adults with learning disabilities in primary care, community, and hospital-based services.*

**NHS Forth Valley**

**STATUS: Partially Developed (Adults’ Services)**

Within NHS Forth Valley Acute Operating Division and Primary Care Operating Division the complaints procedure is not specific to people with learning disabilities. The policy is generic, with the NHS Board seeking the support of patient advocacy, paediatric liaison services and other relevant agencies to support the patient in using this policy. The policy is implemented on an individual basis and is dependent on the needs of the patient. The review team recognised that this generic policy is an attempt to be all-inclusive, but was unsure as to the effectiveness of such an approach to this specific client group. Local and national guidance on access to health records is available in leaflet form and on the internet.

There is a user-friendly complaints leaflet in place for adults with a learning disability within the learning disability inpatient service. The review team was given a copy of the complaints leaflet and recommended it as a good example of accessible communication.
Within the acute operating division, the review team noted a number of methods to allow patients to raise their concerns and/or complaints. Such methods include email, phone, in writing or through an advocate. In addition, the NHS Board reported that multidisciplinary case conferences are held on a regular basis where issues can be discussed, and the patient and carer are encouraged to take part. However, the review team found that there was an absence of adequate advocacy to assist family carers who wished to express a concern.

The NHS Board reported that a service users, forum in the learning disability inpatient service offers further opportunity for individuals to raise a collective complaint or issue. The review team was unclear as to the subjects the service users, forum covered as evidence suggested its focus was predominantly food.

**STATUS: Partially Developed (Children’s Services)**

For children, the same generic complaints procedure is in place and, while this is broadly appropriate for the majority of family carers, it is inaccessible for children and young people with learning disabilities. The review team noted a variety of methods available to allow patients to raise concerns and complaints, including email, telephone, through an advocate or an individual acting on their behalf. However, the NHS Board acknowledged that no systems are in place to record and action user satisfaction survey results. In addition, the review team found no obvious evidence of any complaints procedure posters within the children’s services locations visited during the review visit.

**Quality Indicator Statement 1.5**

*Advocacy: There is an NHS Board strategy for the range of advocacy services, which addresses the individual needs of children and adults with learning disabilities and their family carers.*

**NHS Forth Valley**

**STATUS: Partially Developed (Adults’ Services)**

NHS Forth Valley acknowledged in its 3-year advocacy plan that advocacy services need to be developed across the learning disability inpatient area and within children’s services. During the visit, the review team found evidence of good working relationships with providers. However, the review team found increasing expectations were being asked of the voluntary sector to provide a wider range of services to take into account the new Mental Health Act.

The NHS Board recognised that the current advocacy provision within the inpatient services at Loch View are insufficient, and noted that discussions are being held with the Quality Action Group and Advocacy into Action, to identify and prioritise individuals who require advocacy services. The NHS Board reported that arrangements are being made to allocate funding for individuals with an identified advocacy need.
A drop-in service is provided by Advocacy into Action one evening a week to support parents, siblings and family carers, however, providers highlighted to the review team that there was a gap in the services they provided.

**STATUS: Scarcely Developed (Children’s Services)**

In the NHS Board’s advocacy plan, the lack of independent advocacy for children with a learning disability is recognised. The advocacy plan states that discussions are required as to the extent of the need for this type of service for children with learning disabilities. Within the three local authorities, a generic advocacy provider, ‘Who Cares’, is funded to provide independent advocacy for children who are looked after by the local authority. In addition, a number of voluntary organisations offer support to children and their families.

**Quality Indicator Statement 1.6**

Advocacy: The NHS Board promotes and supports advocacy services through ongoing training and ensuring accessibility to information and services.

**NHS Forth Valley**

**STATUS: Partially Developed (Adults’ Services)**

The NHS Board reported that training for NHS staff on the role of independent advocacy was provided. Advocacy into Action agreed to provide some refresher training for inpatient services staff, with a short programme of sessions starting from October 2004. In addition, Forth Valley Advocacy provides training for student nurses at Stirling University.

The NHS Board reported that interview rooms and offices are available for advocates to meet privately with their partners. The review team found variable evidence of offices being used for private meetings, and was informed by providers that sometimes the only space available for meetings can be in a resident’s bedroom.

NHS Forth Valley reported that advocacy services could raise issues and/or concerns with managers and/or staff directly or through local action groups. The review team recognised that these processes are in place, however, it was unclear as to the procedures implemented for responding to concerns. The review team was aware that providers had raised concerns regarding the apparent inability of advocates to start working with more of the people living in Loch View. NHS Forth Valley reported that this area was being addressed with arrangements being made to allocate funding for individuals with an identified advocacy need.
STATUS: Partially Developed (Children’s Services)

The review team noted that NHS Forth Valley children’s services promotes and supports advocacy services through ongoing training, for example, speech and language therapists have been involved in the training of advocates and, if required, have accompanied advocates to aid communication.

The NHS Board acknowledged that there are no formal procedures for advocates in which to raise concerns with staff. However, the NHS Board is addressing this within its plan for independent advocacy services in Forth Valley.
Quality Indicator 4: Meeting Complex Healthcare Needs (Tiers 3 & 4)

Quality Indicator Statement 4.1

*Service Integration: There is functional integration of specialised and general health services.*

**NHS Forth Valley**

**STATUS: Substantially Developed (Adults’ Services)**

The review team found evidence of joint care planning and joint clinical review for children and adults with learning disabilities living in the NHS Forth Valley area. The care programme approach (CPA) is being successfully implemented for complex cases in Clackmannanshire and Falkirk Local Authority areas and is being developed for Stirling Local Authority area. The NHS Board reported that joint care planning and joint clinical review is practised within all components of the service.

At the time of the visit, the review team noted examples of functional integration of specialist health services. NHS Forth Valley has an open referral system to its CLDTs. At the time of the review visit, integrated teams were being established in the Falkirk and Stirling Local Authority areas, each with a single manager. Integration structures within the Clackmannanshire area will be developed under existing management systems. The review team agreed that access to specialist services on an individual basis did not appear to be a problem, however, the NHS Board acknowledged that no formal mechanisms for monitoring are in place.

**STATUS: Substantially Developed (Children’s Services)**

For children’s services, the review team agreed that appropriate joint care planning is conducted between health, education and social work services. The NHS Board reported that complex care reviews and ongoing paediatric liaison support planning between general and specialist services. At the time of the visit, the review team reported that access to psychiatric services for children with a learning disability was problematic within NHS Forth Valley. However, the review team was encouraged by the role of the complex care nurse, who has area-wide responsibility that links in to all parts of both local authority and NHS services. At the time of the review, this role had been in operation for a year and had facilitated the resolution of complex problems.
Quality Indicator Statement 4.2

Transitions: There is continuity of healthcare through age-related transitions from pre-school to school, primary to secondary education, youth to adult learning disability services and adult to older people’s services. This is ensured by liaison between paediatric services, primary care, education services and other specialists.

NHS Forth Valley

STATUS: Partially Developed (Adults’ Services)

The review team found evidence of policies specific to transitions from children’s services to the adults’ learning disability services. At the time of the review visit, the NHS Board reported that a project focusing on transitions had made recommendations for health services that were being taken forward by local action groups. There are transition policies in place for children within the Stirling and Clackmannanshire Local Authority areas. The review team noted the positive work on transition clinics in Stirling. At the time of the review visit, work on implementing a transition policy in the Falkirk area was ongoing. The review team found evidence of communication between education, social work and health services in identifying children with complex needs at transition.

The NHS Board reported that CLDTs were involved in the future needs assessment of these children. The review team reported that the Falkirk CLDT was working with people at 15 years old, and acknowledged that these individuals would be moving to their services in due course. However, the review team was unclear as to how smooth the transition was for children returning to Forth Valley from out-of-area residential education provision.

There was evidence that at pre-school level the pre-school assessment team (PRESCAT) and children’s early assessment team (CEAT) processes allow for joint assessment and planning for children with a learning disability. The review team noted that for young children with a learning disability, the informal networks established by the various disciplines facilitated smooth transitions.

STATUS: Substantially Developed (Children’s Services)

The NHS Board reported that information and support is available to aid transitions through school and care review reports. In addition, speech and language therapy services help smooth transitions with communication passports being used to aid the transfer of information. Speech and language therapy services support individuals with high needs in easing the communication and language anxiety associated with transitional periods.

The review team noted that consideration within care plans is given to direct payments for young people approaching child to adult transitions. The NHS Board reported that when setting up or reviewing joint funded packages this option is given to families at appropriate meetings.
Quality Indicator Statement 4.3

Transitions: There is continuity of healthcare in service transitions within, and, to and from health services such as community, hospital, respite care, and locality transitions.

NHS Forth Valley

STATUS: Substantially Developed (Adults’ Services)

During the visit, the review team found evidence of effective liaison between the CLDTs and inpatient service staff at Loch View. The review team noted that there was clear work ongoing in order to manage people through transitions within the services, particularly for individuals being admitted when necessary into inpatient services. Planning was very apparent for individuals when being admitted to general inpatient services. The review team was informed of indicators or triggers that are used as appropriate mechanisms for next stage processes and where certain key staff would be contacted.

The NHS Board reported that a single shared assessment (SSA) is used to support the sharing of information between services. However, the review team found that, at the time of the review visit, the SSA system was not sufficiently developed to enable extensive information sharing. The review team noted that, in practice, information was shared due to the good communication links in place, and local champions ensured that information was effectively transferred to colleagues.

At the time of the visit, the review team was informed of the emergency admission protocol for people with a learning disability when Loch View is at full occupancy. One option available includes moving a more settled patient to a mental health bed. It was reported that this option had not been used to date. The review team queried the appropriateness of potentially moving a patient from Loch View into a local mental health services bed in order to accommodate someone urgently requiring a bed within Loch View.

STATUS: Substantially Developed (Children’s Services)

The review team noted that children’s services use casenotes, in accordance with child protection guidelines, to aid communication between services. In addition, at reviews, parental agreement is requested for sharing information and reports. There is appropriate information and support available to people and their families in preparing for transitions.
Quality Indicator Statement 4.4

Specialist Services: Children with learning disabilities have access to specialist multidisciplinary/multi-agency community services.

NHS Forth Valley

STATUS: Partially Developed (Children’s Services)

The NHS Board reported that multi-agency teams meet in the three local authority areas and that a diagnostic pathway for autism had recently been developed. However, the review team noted that multi-agency teams do not appear to be working on a multidisciplinary basis. The review team reported that the services provided were effective, but were not working within a multidisciplinary framework. However, in practice the review team found examples of ad hoc informal arrangements whereby the multidisciplinary team would meet to assess jointly. The review team found evidence of multi-agency working within the speech and language therapy team covering Stirling, Falkirk and Clackmannanshire. In addition, the review team reported a real commitment to functional integration within the Stirling Team.

NHS Forth Valley does not operate child development teams, but reported that its acute paediatric nursing team provides ongoing support to children and their families in the community and acts as an outreach team. At the time of the review, a paediatric community nurse, supporting children with more complex needs, had recently been appointed.

The review team recognised the work of the speech and language therapy service with no significant waiting time for urgent pre-school cases. The review team identified a service pressure in the waiting time for first appointment for a paediatric occupational therapy assessment.

The review team found evidence that the NHS Board is supporting young people with learning disabilities in mainstream education. Individual arrangements are made to support children who attend mainstream education, although this often means, in rural locations, professionals are driving around and working in professional isolation with subsidiary effects on training and support mechanisms.

The review team recognised that the NHS Board, together with its three local authority partners are developing a system of SSA. The NHS Board reported that, in paediatric complex care, informal joint assessments are carried out by health and social work with the paediatric complex care sister and social worker conducting joint family visits. NHS Forth Valley anticipated that an electronic documentation system to support these joint assessments will be established in the future.
Quality Indicator Statement 4.5

Specialist Services: Adults with learning disabilities have access to specialist multidisciplinary/multi-agency community services.

NHS Forth Valley

STATUS: Substantially Developed (Adults’ Services)

During the review visit, the review team met with the three CLDTs within Forth Valley; Clackmannanshire, Falkirk and Stirling, and the additional support team. The review team noted a full range of multi-agency/multidisciplinary assessments, interventions and support for people with complex needs living in the community within NHS Forth Valley. The CLDTs offer a full range of services and the additional support team provides supplementary support to the three CLDTs. The additional support team is comprised of a team of nurses which is able to give additional support to individuals in times of crisis in their lives. The theory of the additional support team is that of a short sharp intervention which is then passed back over to the appropriate CLDT. The review team acknowledged the effective work of the additional support team. The NHS Board reported that, at the time of the review visit, an established lone worker policy was in place across NHS Forth Valley primary care services.

The review team agreed that waiting times for access to specialist services appeared satisfactory. The NHS Board acknowledged that the three CLDTs do not have agreed waiting times and that this is an area of development.

At the time of the review visit a system of SSA was in place in various formats within the three CLDTs. The review team reported that health staff in Clackmannanshire were able to access a social work database. The teams in Falkirk and Stirling are currently developing and operating paper-based systems.

Quality Indicator Statement 4.6

Specialist Services: NHS Boards have identified specialist service needs and the range of services for children and adults with complex needs is provided across the NHS Board area.

NHS Forth Valley

STATUS: Substantially Developed (Adults’ Services)

The three CLDTs provide specialist services locally. During the visit, the review team found evidence of close working relationships between specialist services and primary care, particularly with some community learning disability nurses based within GP clinics. In addition, a GP, specialising in learning disability, practices in the Falkirk area. The review team acknowledged the effort of the team working on the clinical effectiveness epilepsy project that won the Guidelines in Practice Award 2004, and at the time of the visit, was short-listed for a Health Service Journal Award.
The review team agreed that there is a range of specialist assessments available for people with complex needs within NHS Forth Valley, with access to generic specialist services available to people with a learning disability when required.

A managed clinical network (MCN) for people with learning disabilities has been formed with Forth Valley, Lothian and Borders, and Fife. In addition, Forth Valley has representation on the national MCN for epilepsy and the national MCN for forensics. Each of these MCNs has working groups, in which NHS Forth Valley is an active participant.

**STATUS: Partially Developed (Children’s Services)**

The review team identified a range of specialist services to support children and young people with learning disabilities. A specialist assessment process is available in all three local authority areas for children on the autistic spectrum. The NHS Board reported that there are no managed care networks specific to children with complex needs.

**Quality Indicator Statement 4.7**

*Services for Children and Adults with Challenging Behaviour: There are community-based services to meet the needs of children and adults with challenging behaviour.*

**NHS Forth Valley**

**STATUS: Substantially Developed (Adults’ Services)**

At the time of the review visit, a needs assessment for adults with learning disabilities was being progressed. The outcome of this needs assessment had not been finalised, and, therefore, was unable to inform any joint commissioning for community-based services. The review team noted the development of three bungalows in Falkirk, which had been jointly commissioned to provide community-based support for individuals with complex needs.

The review team noted that psychology and nursing staff are trained in addressing challenging behaviour. In addition, the NHS Board reported that courses on challenging behaviour are provided by Stirling University. The review team found that additional training is provided through continued professional development with a number of staff members undertaking additional qualifications in challenging behaviour and psychosocial interventions.

At the time of the visit, the review team found that jointly commissioned services to meet the needs of people with challenging behaviour were not in place. There was no strategy in place for dealing with individuals who have challenging behaviour in the community, however, the NHS Board reported that work was progressing through the MCN to develop consistent approaches to the management of people with challenging behaviour in the community. The review team found evidence of effective competency within local services, particularly the work of the additional support team, to understand and respond to the needs of people with challenging behaviour. However, at the time of the review visit, there was limited capacity for care providers to effectively support people who challenge.
Detailed Findings against the Quality Indicators


STATUS: Scarcely Developed (Children’s Services)

At the time of the review visit, no specific needs assessments had been conducted for children in NHS Forth Valley with a learning disability. The review team found that there was limited capacity and competence within local services to meet the needs of children with challenging behaviour. There was part-time support available from a clinical psychologist; however, no child psychiatry support was available.

Quality Indicator Statement 4.8

*Services for Children and Adults with Challenging Behaviour: Management and treatment of challenging behaviour is practised, and approaches used have proven, evidence-based effectiveness and social validity.*

NHS Forth Valley

STATUS: Comprehensively Developed (Adults’ Services)

The review team was satisfied that all staff have knowledge and understanding of policies on risk assessment and risk management within inpatient services. The NHS Board reported that staff are trained in the use of risk assessment with a risk assessment tool, and all risk assessments are audited through a control book. The review team found that staff have access to various training programmes and are given the opportunity to use different therapies. In addition, a comprehensive appraisal system is in place, which co-ordinates corporate service matters through personal development plans.

STATUS: Partially Developed (Children’s Services)

At the time of the review visit, the review team found that there are training courses in place for the management of restraint, managing challenging behaviour, and moving and handling. As with adults’ services, training is built into individual personal development plans. In addition, the community children’s nurses help parents manage the care and treatment of children with challenging behaviour. However, the review team found that some staff are unable to prescribe medication to children with challenging behaviour, as there is no child psychiatry service available within NHS Forth Valley.
Quality Indicator Statement 4.9

Services for People with Offending Behaviour: There is a service to meet the needs of people with learning disabilities with offending behaviour.

NHS Forth Valley

STATUS: Substantially Developed (Adults’ Services)

At the time of the review visit, there was no separate forensic service for people with learning disabilities. The NHS Board reported that services to meet the needs of people with learning disabilities with offending behaviour are provided by the generic services available, with consultancy and support being provided from the forensic mental health services. The review team found evidence that there were appropriate services available to meet the needs of such individuals provided by the CLDTs. One community nurse has a specialist interest in forensic services and clinical input is provided on an individual basis. In addition, the consultant clinical psychologist has 1 day a week dedicated time available for forensic learning disability work, which is shared between community and inpatient services.

The review team found evidence of joint working between NHS Forth Valley and partner organisations including integrated teams reviewing individual cases. In addition, at the time of the review, a Forth Valley subgroup of the forensic MCN had been established with membership drawn from clinical learning disability services, forensic mental health services, social work and the police.

The NHS Board reported that protocols on risk assessment, appropriate inpatient provision and secure service provision are in place, with an emergency admission protocol in place, which includes admission procedures when inpatient services at Loch View are at full occupancy.

STATUS: Scarcely Developed (Children’s Services)

At the time of the review visit, there were no dedicated specialist services available for children or young adults, under the age of 16, with a learning disability with offending behaviour. The review team found limited evidence of joint working with the NHS Board and partner organisations in providing services for children with learning disabilities with offending behaviour. For young people, the NHS Board acknowledged that protocols regarding risk assessment and access to inpatient provision, and appropriate secure provision, are a part of service provision that requires further development.
**Quality Indicator Statement 4.10**

*Services for People with Mental Health Problems: The mental health needs of children and adults with learning disabilities are met in the most appropriate setting.*

**NHS Forth Valley**

**STATUS: Substantially Developed (Adults’ Services)**

At the time of the review visit, the NHS Board reported that community nursing staff are trained to meet the mental health needs of people with learning disabilities. However, the nursing staff in inpatient services had no additional registered mental nurse qualifications, despite attempts being made to recruit staff with this qualification. The NHS Board reported that specific professional training is available to staff working with people with mental health problems. NHS Forth Valley mental health services offer a programme of training, which learning disability services can access.

The review team found evidence of jointly agreed admission protocols between learning disability and mental health services, with an emergency admission protocol and rapid tranquillisation protocol in place. During the review visit, the review team was encouraged by the joint working established between mental health and learning disability services in NHS Forth Valley. This was highlighted by the interface agreement that was established specifically to enhance joint working between specialist services, including mental health and learning disability. However, at the time of the review visit, the review team was concerned about the restricted capacity within inpatient services at Loch View.

**STATUS: Scarcely Developed (Children’s Services)**

At the time of the review visit, there was limited access to specialist mental health services for children with learning disabilities in NHS Forth Valley. Working with the child and adolescent mental health service (CAMHS) is a 0.5 whole time equivalent (WTE) clinical psychologist with indirect access available to a psychiatrist. At the time of the review visit, the review team found evidence that limited specialised training for staff, specific to the particular needs of children and young people with learning disabilities and mental health problems, was available.

**Quality Indicator Statement 4.11**

*Services for People with Autistic Spectrum Disorder: The assessment and treatment needs of children and adults with learning disabilities who have an ASD are met in accordance with national guidelines.*

**NHS Forth Valley**

**STATUS: Partially Developed (Adults’ Services)**

At the time of the review visit, there was no lead person in NHS Forth Valley identified to co-ordinate and support access to services for children and adults who have an autistic spectrum disorder (ASD). The NHS Board reported that there are links with the South-East Scotland MCN for ASD, with the
learning disabilities lead nurse acting as the key contact. The NHS Board reported that access to ASD services is through the CLDTs with referrals to the Regional ASD Consultancy Service, which is part of the South-East Scotland MCN, and through various voluntary ASD organisations, including the Scottish Society for Autism that is active in the area.

At the time of the review visit, there were multidisciplinary care plans that are person-centred, in place for adults with ASD. In practice, provision for the assessment and treatment of adults with learning disabilities with ASD is variable across the NHS Board area, and across inpatient and community settings. The review team noted that the absence of a lead person for ASD service was affecting the overarching co-ordination of both service delivery and training.

STATUS: Partially Developed (Children’s Services)

Similarly, at the time of the review visit, for children’s services there was no lead person for the co-ordination of ASD services. The review team found evidence of a limited service available for the needs of children with learning disabilities who have an ASD, and noted that education services take the lead in relation to children with ASD as part of their statutory provision for special educational needs. The review team noted that the three local authority education departments have dedicated facilities to support the needs of children with ASD and Asperger’s syndrome. For children, again, the review team noted that the absence of a lead person for ASD was affecting the overall co-ordination of the service.

Quality Indicator Statement 4.12

Services for People with Dementia: There is an appropriate range of services to meet the needs of people with dementia.

NHS Forth Valley

STATUS: Substantially Developed (Adults’ Services)

At the time of the review visit, the NHS Board reported that access to appropriate assessment and early diagnostic services, to meet the needs of people with dementia, is available by referral through the CLDT. The review team noted that specialist psychology services are available and the psychology department has a programme of monitoring and assessing people with Down’s syndrome who may be at high risk of developing dementia.

The NHS Board reported that people with learning disabilities who have dementia have access to a full range of therapeutic interventions, through a referral to a psychiatrist specialising in geriatrics for assessment and treatment. The review team was unclear as to the waiting time for a first appointment with the old age psychiatrist.

At the time of the review visit, the review team found evidence of appropriate staff training programmes available to meet the needs of adults with learning disabilities who develop dementia,
with Stirling University providing a dementia awareness course. In addition, the NHS Board held a study day in January 2004, between older people services and learning disability services, looking specifically at Alzheimer’s disease in relation to assessment, treatment and learning for each other to improve best practice.

**Quality Indicator Statement 4.13**

*Services for People with Profound and Multiple Impairment: There is an appropriate range of services to meet the needs of children and adults with profound and multiple impairment and their family carers.*

**NHS Forth Valley**

**STATUS: Substantially Developed (Adults’ Services)**

At the time of the review visit, the review team noted that specific health needs are assessed on a multidisciplinary basis through integrated teams using SSAs. In addition, at the time of the review visit, the NHS Board reported that a position for a specialist epilepsy nurse was being advertised.

During the review visit, the review team found evidence of an appropriate range of services to meet the needs of adults with profound and multiple impairment, for example, the review team was encouraged with the services available from the Riverbank Centre, Stirling.

Moving and handling equipment is provided by the primary care operating division for inpatient services, where appropriate. NHS Forth Valley reported that a programme of moving and handling training is also provided by the primary care operating division. Standard moving and handling training is provided to all staff and is a mandatory requirement for working in the inpatient setting.

Protocols for inpatient services and complex care were in place for percutaneous endoscopic gastrostomy (PEG) feeding, oxygen therapy, rectal Diazepam, eating and drinking. A protocol for administration of Midazolam was being developed at the time of the visit.

NHS Forth Valley reported that the Safe Nutrition and Chewing Knowledge (SNACK) training pack had been devised by speech and language therapists, dietitians, psychologists, physiotherapists, occupational therapists and nurses, following a training needs assessment of hospital and community carers. Speech and language therapists, dietitians and nurses have used the pack to train social care staff, families and nursing staff in both adults’ and children’s services.

**STATUS: Substantially Developed (Children’s Services)**

At the time of the visit, the review team found evidence that NHS Forth Valley had developed a wide range of services to meet the needs of children diagnosed as having complex needs. A complex care nurse acts as a key point of contact within the service. The review team was satisfied that protocols are in place for administration of healthcare procedures, including the administration of rectal Diazepam, PEG feeding and oxygen therapy.
The review team found that children with profound and multiple impairments have access to social day services or respite services. During the review visit, the review team found evidence that healthcare staff are providing appropriate support and training to staff in schools. In particular, the review team was encouraged with the work within the Tayavalla Respite Centre, Falkirk.

**Quality Indicator Statement 4.14**

*Services for People with Learning Disabilities and Epilepsy: Services for children and adults with learning disabilities who have epilepsy are available.*

**NHS Forth Valley**

**STATUS: Comprehensively Developed (Adults’ Services)**

The review team agreed that there are comprehensive and robust services in place to meet the needs of adults with a learning disability who have epilepsy in NHS Forth Valley. The NHS Board reported that a specialist epilepsy clinic is available to people with a learning disability. In addition, at the time of the review visit, the Primary Care Development Fund provided funding for an epilepsy project that had recently won the Guidelines in Practice Awards 2004.

**STATUS: Partially Developed (Children’s Services)**

At the time of the review visit, there were no epilepsy specialist nurses in post within children’s services. The NHS Board reported that a consultant paediatrician specialises in epilepsy and provides input at paediatric clinics.

At the time of the review visit, the NHS Board reported that joint treatment plans have been agreed, specifically in relation to how to manage children with epilepsy within the various settings the child encounters. In addition, these plans have been agreed by the paediatric consultant and co-ordinated by the relevant key health professional. The review team agreed that there is a limited service for children and young people with learning disabilities and epilepsy.
Quality Indicator 5: Inpatient Services – Daily Life (Tier 4)

Quality Indicator Statement 5.1
Environment: The NHS Board and Community Health Partnerships plan and implement a programme to manage the physical internal and external environment to reduce hazards, and manage the degree of risk to ensure personal safety.

NHS Forth Valley
STATUS: Substantially Developed (Adults’ Services)

The review team found that appropriate and regular environmental risk assessment audits are undertaken within NHS Forth Valley. The review team noted that the individual needs of adults with learning disabilities are taken account of through individual risk assessments that are conducted and reviewed regularly. The NHS Board reported that risk assessments are collated on a central register, given a score and prioritised accordingly.

At the time of the review, the NHS Board reported that its restraint policy, currently under review, covers environmental restrictions, including ‘locked door’ restrictions. However, the review team did note that the principles of the restraint policy are aimed at promoting an environment with minimum restrictions.

The review team found that adults with learning disabilities are able to move around the accommodation safely with minimal risk of harm to themselves and/or others. The NHS Board reported that through conducting risk assessments it has identified some areas where restrictions apply, for example, the kitchen areas.

Quality Indicator Statement 5.2
Environment: The NHS Board/Community Health Partnership ensures that inpatient accommodation is suitable to the needs of people with learning disabilities and aims to meet the appropriate standards for care homes.

NHS Forth Valley
STATUS: Substantially Developed (Adults’ Services)

The review team found that the overall inpatient accommodation provided within Loch View is homely, with residents having their own bedroom with ensuite facilities. In some areas, particularly the communal sitting area, the review team found the size restrictive. While the review team acknowledged the challenging behaviours of some of the individuals within Loch View, the review team emphasised the necessity to ensure an appropriate environment for all the residents in Loch
View. The review team noted that at the time of the review visit, none of the residents within Loch View were able to access the kitchens as access is controlled and based on individual risk assessment. There are, therefore, few opportunities for people to participate in cooking, making drinks or snacks.

The review team found that individuals have adequate storage for their personal belongings, with each resident having an identified storage cupboard outside their bedroom for larger belongings such as luggage and wheelchairs. The review team found that residents are encouraged to personalise their bedrooms, with residents being involved in choosing the soft furnishings in the initial setting up of the inpatient facilities.

The review team was encouraged by the high standard of cleanliness within the accommodation. The NHS Board reported that housekeepers have work schedules, which are audited, and ensure the accommodation is clean and free from offensive smells.

**Quality Indicator Statement 5.3**

*Privacy and Personalisation: People with learning disabilities have their privacy and property respected, and is free from unnecessary intrusion.*

**NHS Forth Valley**

**STATUS: Partially Developed (Adults’ Services)**

The consensus of the review team was that the residents’ property in Loch View is given appropriate respect. Individuals have their own bedroom, although access is often through nursing staff. The review team welcome the NHS Board’s plans to give more able residents a key to their own living space. The NHS Board reported that residents have lockable storage cupboards outside their bedroom, however, the review team was unclear if residents hold the key to these storage facilities. In addition, the NHS Board reported that all bedrooms have ensuite facilities. However, the review team found evidence that in some cases, following risk assessment, these facilities are locked and only opened upon request to a member of staff.

The review team found that the NHS Board encouraged visitors, and that residents are consulted with about visits and visitors. In addition, the NHS Board has an information booklet for patients and visitors. The NHS Board reported that residents could use the phone and receive mail in private, however, the review team found the phone is situated within the staff office, and, therefore, residents are not always able to make phone calls in private.

Overall, the review team found that staff respected individuals’ property and privacy as best they could. However, the review team was unclear if the facilities in Loch View are the most appropriate for the specific client group.
Quality Indicator Statement 5.4

Privacy and Personalisation: The NHS Board/Community Health Partnership ensures that accommodation provides an environment supportive of individual needs, choice, privacy and dignity.

NHS Forth Valley

STATUS: Partially Developed (Adults’ Services)

At the time of the review visit, the NHS Board reported that compatibility and choice are considered for people who live together, and that every effort is made to accommodate individual preferences. However, the NHS Board acknowledged that it is not always possible to accommodate individual preferences and that pressure on beds can make it difficult to get the right mix, with compromises required.

The review team found evidence that residents in Loch View are encouraged to personalise their bedrooms with pictures, posters and other small items from home. In addition, the NHS Board reported that meetings are held with inpatients to discuss décor and furniture. The review team agreed that the facilities in Loch View are adaptable to take account of individuals’ needs. However, the review team recognised that the NHS Board has had to compromise in relation to the residents’ accommodation within Loch View, and their individual challenges. This was specifically highlighted in House 4, where two residents with advanced dementia are accommodated together with other residents who have mental health difficulties and/or challenging behaviour. The review team recognised that staff are aware of this incompatibility and the review team understood that a careful assessment had been conducted prior to placing the residents with challenging behaviour in the house. However, the review team felt such a placement would require constant vigilance in order to monitor risk and quality of life for all parties.

Quality Indicator Statement 5.5

Daily Life: In line with the National Care Standards, the NHS Board/Community Health Partnership ensures people with learning disabilities are supported to make choices and decisions about day-to-day aspects of their life, and about how to spend their time.

NHS Forth Valley

STATUS: Partially Developed (Adults’ Services)

During the review visit, the team found evidence of people living in inpatient services who wanted more opportunity to go out during the day. The review team found that staff and resource issues restrict many of the day-to-day aspects of the residents’ activities.

Residents who met with the review team noted the limited activities, for example, residents are able to visit the local shops, but highlighted that they would like to attend church and other activities. During
the review visit, one resident informed the review team that the opportunity to cook outwith the training kitchen would be very much appreciated.

The review team found that, in general, there is a variety of choice of food available. In addition, the NHS Board reported that food is tailored to meet individual dietary needs and preferences. However, the review team encouraged the NHS Board to allow more able individuals access to the kitchen to prepare their own food and drinks.

All residents in Loch View have their own clothes, and the review team was satisfied that people have input into both choosing and caring for them. The review team was satisfied that appropriate arrangements are in place for residents’ finances in line with the AWIA. The NHS Board reported that assessments of people's capacity to manage their own finances are conducted through various methods. The NHS Board has established a number of working groups and joint awareness sessions with local authority partners have been undertaken. In addition, a procedures manual has been produced which includes a section on managing residents finances. The review team noted that this manual has been recognised nationally and shared across Scotland as an example of good practice.
Quality Indicator 6: Planning Services and Partnership Working (Tier 0)

Quality Indicator Statement 6.1

Strategic Health Improvement and Needs Assessment: Health improvement strategies take account of the needs of children and adults with learning disabilities and their family carers.

NHS Forth Valley

STATUS: Partially Developed (Adults’ Services)

The review team noted that, at the time of the visit, there was evidence that work on a needs assessment is to be undertaken by Stirling University. The NHS Board reported that arrangements for reviewing and updating their needs assessment are to be discussed and agreed by all parties following the completion of the needs assessment.

At the time of the review visit, NHS Forth Valley was unable to give the review team comprehensive details of the number of children and adults in out-of-area placements. However, the NHS Board reported that a database is being developed that would record information, including the number of out-of-area placements.

The review team found good links across NHS Forth Valley in relation to children and adults moving to the NHS Board area on a temporary or longer basis. The local health visitor, GP and other generalist services liaise effectively with other agencies when required. In addition, the NHS Board reported that a travellers’ site has one pitch adapted for disabled access.

STATUS: Scarcely Developed (Children’s Services)

Within NHS Forth Valley, planning for children’s services is not clearly documented. A planning system for general children’s services does exist in partnership with local councils, although planning specifically for children with a learning disability was found to be under-developed. The review team noted that the NHS Board operates under the ethos of ‘children are children’ and do not differentiate children with a learning disability.

At the time of the review, two children were in out-of-area placements. The review team was unclear as to the planning arrangements in place to take account of the needs of children in out-of-area placements.
Quality Indicator Statement 6.2
Strategic Health Improvement and Needs Assessment: Joint Partnership Boards have processes in place that address health inequalities in services for children and adults with learning disabilities in line with the NHS Health Scotland Learning Disability Needs Assessment report.

NHS Forth Valley

STATUS: Substantially Developed (Adults’ Services)

The review team found evidence that NHS Forth Valley was developing social inclusion policies that take account of the needs of people with learning disabilities. At the time of the review visit, the LDPG was implementing social inclusion recommendations that are laid out in the Partnership in Practice (PiP) agreement 2004–2007. In addition, the NHS Board anticipates the local needs assessment generating local information in support of work on social inclusion.

The review team found evidence of effective inclusion projects within NHS Forth Valley primary care team. At the time of the review visit, the primary care team was attempting to increase awareness and understanding of specific health needs, including people with learning disabilities and improving how they access primary care facilities. Similarly, there appears to be good understanding of the needs of people with learning disabilities in health improvement strategies. For example, the Well Man Clinic in the Falkirk area has input from community learning disability nursing staff to enhance services for men with learning disabilities. The review team noted that health improvement plans take account of the needs of adults with learning disabilities and the NHS Board is focusing on including the views of service users and carers.

STATUS: Partially Developed (Children’s Services)

For children’s services, the NHS Board reported that each local authority partner has a generic access policy that is not specific to children with learning disabilities. At the time of the review visit, the NHS Board was implementing recommendations made in the Smoothing the Transition Project on access to healthcare planning for children at transitional stages. The review team found evidence that health improvement strategies within NHS Forth Valley take account of the needs of children with learning disabilities. The Forth Valley local health plan identifies specific priorities for children with learning disabilities in the Forth Valley area.
Quality Indicator Statement 6.3

*Database Developments: The E-Care strategy supports the planning and review process in line with joint partnership arrangements.*

**NHS Forth Valley**

**STATUS: Partially Developed (Adults’ Services)**

At the time of the review visit, NHS Forth Valley did not have a database, which could record the individual and collective needs of people with learning disabilities in the local area. The NHS Board is collecting information through various systems on individual and collective needs across the local area. At the time of the review visit, the three CLDTs were developing SSA. At the time of the review visit, the review team found evidence that the health staff in the Clackmannanshire CLDT are able to access a social work database. Whereas, the CLDTs in Falkirk and Stirling are developing and operating paper-based systems.

**STATUS: Partially Developed (Children’s Services)**

For children’s services, the review team noted that information is recorded on a special needs register held in the child health department. The review team was unclear if the partner organisations are able to share the information stored on the special needs database. At the time of the review visit, an SSA was being developed with protocols on information sharing being agreed between partner organisations. Overall, the review team found that constraints on IT resources are restricting the development of e-care systems, for example, the development and consensus on appropriate hardware and software.

Quality Indicator Statement 6.4

*Healthcare Planning: The NHS Board has healthcare provision plans for children and for adults with a learning disability. These plans inform the (PiP) agreement and other strategies.*

**NHS Forth Valley**

**STATUS: Substantially Developed (Adults’ Services)**

The review team noted that there is an overall NHS Forth Valley health plan and a PiP agreement, which contain detailed plans for the strategic framework of service provision for adults with a learning disability. The review team noted that the health plan has limited specific information in relation to specific strategies that address the range of needs and services for people with learning disabilities. However, the review team noted that the PiP agreement and PiP action plan do contain more focused information in relation to people with learning disabilities. In addition, the NHS Board has reported that its LDPG will be addressing this gap. The NHS Board reported that the health plan and the PiP are not available in formats accessible to people with learning disabilities. However, both are publicly available through the NHS Board’s website.
The review team noted that the PiP included a specific action plan, which details targets and identifies timescales. In addition, the review team noted that the NHS Board is providing financial investment in health service plans to meet the local needs for adults with learning disabilities, including investment in integrated teams and inpatient services.

**STATUS: Partially Developed (Children’s Services)**

At the time of the review visit, NHS Forth Valley reported that there was no PiP agreement for children, and that work was progressing to produce a Strategic Services Plan for children and young people with learning disabilities living in the Forth Valley area. The review team noted the lack of representation from children’s services on a range of implementation groups including the PiP.

**Quality Indicator Statement 6.5**

*Healthcare Planning: Workforce planning and the education and training needs of staff are identified and addressed in collaboration with NHS Education for Scotland.*

**NHS Forth Valley**

**STATUS: Partially Developed (Adults’ Services)**

At the time of the review visit, training needs analysis had been undertaken across some areas, including primary care and learning disability inpatient services. The NHS Board reported that outcomes of the primary care training needs analysis included the development of a training pack. The NHS Board is using the information gathered from other completed training needs analysis to identify and prioritise staff training requirements. Workforce planning has been completed, and where additional resources were required, these have been identified and put in place. In addition, the review team recognised the work the NHS Board has undertaken in completing staff personal development plans, which are used to identify training needs and objectives for staff in accordance with service requirements.

**STATUS: Partially Developed (Children’s Services)**

For children’s services, there has been no specific training needs analysis carried out. However, the NHS Board acknowledged that there is a need to undertake a training needs analysis which is specific to children’s services. Training requirements for staff are identified on an individual basis through continued professional development.
Quality Indicator Statement 6.6

*Healthcare Planning: Community Health Partnership planning processes take account of the needs of children and adults with a learning disability within their area.*

**NHS Forth Valley**

**STATUS: Partially Developed (Adults’ Services)**

The NHS Quality Improvement Scotland (NHS QIS) learning disability review programme was carried out during the process of formation of community health partnerships (CHPs) within NHSScotland. Review teams visited NHS Boards on various dates between October 2004–August 2005, and it is recognised that NHS Boards were at different stages of planning around CHPs depending on the timing of the review visit.

At the time of the review, the CHP scheme of establishment had recently been finalised. The review team noted that NHS Forth Valley would be developing a framework of three CHPs. The review team recognised the rationale for three CHPs, particularly in relation to local planning structures, including the three local authorities and CLDTs. The NHS Board reported that the needs of children and adults with learning disabilities would be acknowledged and highlighted in the CHPs, with a sub group of the LDPG feeding into the established CHPs.

**STATUS: Partially Developed (Children’s Services)**

See narrative for adults’ services.

Quality Indicator Statement 6.7

*Healthcare Planning: The NHS Board has plans to develop services for children and adults with complex needs.*

**NHS Forth Valley**

**STATUS: Substantially Developed (Adults’ Services)**

The complex care team facilitates multi-agency joint commissioning packages of care support for children and adults in the community. The NHS Board reported that it was giving some consideration to jointly commissioned beds for adults with complex needs, which may include the needs of adults with learning disabilities. The complex care group evaluates all requests for funding of community care packages and a budget for 2004–2005 has been allocated. There are no ring-fenced resources within the complex care budget for learning disabilities.

The review team reached a consensus that adequate specialist services are available within NHS Forth Valley to support people to use mainstream resources, such as the CLDTs and the additional support team. In addition, at the time of the review, the NHS Board reported that a business case to support mainstream services was being developed between learning disability and children’s services.
STATUS: Partially Developed (Children’s Services)

Similarly, for children’s services there are jointly commissioned packages of care for children with complex needs available through the complex care team. However, at the time of the review, there was no joint eligibility criterion for children with learning disabilities who have complex needs.

**Quality Indicator Statement 6.8**

*Healthcare Planning: NHS Boards utilise up-to-date, evidence-based outcome and health gain information in their decision-making for commissioning health services, in line with the NHS Health Scotland Learning Disability Needs Assessment recommendations.*

**NHS Forth Valley**

**STATUS: Substantially Developed (Adults’ Services)**

At the time of the review visit, the NHS Board reported that no specific best practice guidance is followed for the commissioning of services. However, the NHS Board reported that, when commissioning services, it does so under the principles of effectiveness, efficiency and acceptability. In addition, multidisciplinary and multi-agency planning forums often undertake commissioning of services. The NHS Board has two named representatives who have responsibility for researching and recommending evidence-based outcomes for adults’ services.

**STATUS: Substantially Developed (Children’s Services)**

At the time of the review visit, the NHS Board reported that the strategic planning manager for children’s services was responsible, in part, for researching and recommending evidence-based practice.

See narrative for adults’ services.

**Quality Indicator Statement 6.9**

*Hospital Closure and Service Reprovision: The NHS Board has an agreed plan on hospital closure/service reprovision that takes account of the Same As You? Implementation Group (SAYIG) report.*

**NHS Forth Valley**

**STATUS: Substantially Developed (Adults’ Services)**

The NHS Forth Valley hospital closure programme was completed at the time of the review visit, with the Royal Scottish National Hospital (RSNH) having closed in 2003, and inpatient services moving to Loch View, a new facility purpose built in January 2003. The review team noted that the LDPG is reviewing the needs of the individuals within Loch View, specifically in relation to the recommendations of the Home at Last? report.
At the time of the review visit, the NHS Board reported that joint assessments had been undertaken for people in Loch View who were being prepared for discharge. The review team noted that work is being progressed on joint assessment and multidisciplinary planning for individuals who do not have a home in the community. The NHS Board recognised the requirement to withdraw the provision of Loch View as a service for short respite breaks.

The review team acknowledged the considerable work undertaken by the CLDTs and the additional support team, in supporting community-based assessment and treatment.

**Quality Indicator Statement 6.10**

*Partnership Working: There are joint arrangements in place for learning disability services and these take account of the Joint Performance Information and Assessment Framework (JPIAF).*

**NHS Forth Valley**

**STATUS: Partially Developed (Adults’ Services)**

The review team found evidence of integrated teams in Falkirk and Stirling with specialist staff from health and social work. These teams are managed by an integrated team manager and take account of the Joint Performance Information and Assessment Framework (JPIAF). The NHS Board reported that joint working is progressing in the Clackmannanshire team, although there is no integrated team manager.

The NHS Board reported that services are jointly commissioned with a three-bungalow development jointly commissioned in the Falkirk area. In addition, the NHS Board reported a proposal to develop jointly commissioned complex care beds in parallel with the ongoing development of community hospitals.

At the time of the review visit, the review team found evidence of joint training, for example, the Stirling CLDT had received joint training on the new Mental Health Act. In addition, at the time of the review visit, the Stirling CLDT was about to embark on staff personal development plans through the integrated team manager, in conjunction with professionals.

**STATUS: Partially Developed (Children’s Services)**

The NHS Board reported that joint working, in line with Joint Future policies relevant to children with learning disabilities, is conducted on an individual basis. At the time of the review visit, the review team found limited evidence of joint commissioning with no joint training strategy or associated joint budget.

Quality Indicator Statement 6.11
Partnership Working: There is a joint approach to the evaluation of services.

NHS Forth Valley

STATUS: Partially Developed (Adults’ Services)

At the time of the review visit, the NHS Board had completed some evaluation of services, but recognised that further work was required. The review team noted that multi-agency teams were being developed to undertake evaluation of services. A Forth Valley-wide Joint Future sub group had been established to evaluate joint performance measures. In addition, the NHS Board’s information technology department was conducting a review and evaluation of an SSA pilot with the results being used to inform service development.

STATUS: Scarcely Developed (Children’s Services)

For children’s services, the NHS Board reported that there has been no formal multi-agency evaluations undertaken to date. However, the NHS Board reported that multi-agency evaluations would be addressed within the strategic development plan.

Quality Indicator Statement 6.12
Partnership Working: The NHS Board and partners have established a multidisciplinary group for the protection of vulnerable adults.

NHS Forth Valley

STATUS: Substantially Developed (Adults’ Services)

NHS Forth Valley had initially established an adult abuse group, which had recently developed into an inter-agency vulnerable adults group. This group was tasked with reviewing and updating guidance and procedures on the protection of vulnerable adults, ensuring that they met the recommendations of the Borders report. The NHS Board reported that a multi-agency vulnerable adults’ protection committee, led by Falkirk Council, will oversee the implementation of recommendations made by the vulnerable adults group.

In addition, the NHS Board reported that any revised guidelines and/or processes are supported by awareness raising sessions. The review team found that multi-agency staff are trained in the use of guidelines and protocols in protecting vulnerable adults. At the time of the review visit, the NHS Board was developing a system to monitor staff understanding and usage of guidelines and procedures in relation to the protection of vulnerable adults.
Quality Indicator Statement 6.13

**Partnership Working:** The NHS Board and partners have established a multidisciplinary group for the implementation of child protection policies.

**NHS Forth Valley**

**STATUS: Substantially Developed (Children’s Services)**

The review team agreed that there is an appropriate inter-agency child protection policy in place, which takes account of the needs of children and young people with learning disabilities. The NHS Board reported that training is available to all staff at introductory and intermediate level. In addition, in accordance with the Reforming Child Protection Programme, the NHS Board is developing an area-wide training strategy. The NHS Board reported that attendance and evaluation of training courses is collected on a database that is maintained by child protection nurse advisors.
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tr>
<td>AHP</td>
<td>allied health profession</td>
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<td>ASA</td>
<td>Advocacy Safeguards Agency</td>
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<td>ASD</td>
<td>autistic spectrum disorder</td>
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<td>AWIA</td>
<td>Adults with Incapacity (Scotland) Act (2000)</td>
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<td>CAMHS</td>
<td>child and adolescent mental health service</td>
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<td>child development centre</td>
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<td>children’s early assessment team</td>
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<td>community health partnership</td>
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<td>CLDT</td>
<td>community learning disability team</td>
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<td>CNORIS</td>
<td>Clinical Negligence and Other Risks Indemnity Scheme</td>
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<td>care programme approach</td>
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<td>Joint Local Implementation Plan</td>
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<td>Joint Performance Information and Assessment Framework</td>
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<td>learning disability partnership group</td>
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<td>local health care co-operative</td>
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<td>Abbreviation</td>
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<tr>
<td>MCN</td>
<td>managed clinical network</td>
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<tr>
<td>SAYIG</td>
<td>Same As You? Implementation Group</td>
</tr>
<tr>
<td>SCLD</td>
<td>Scottish Consortium for Learning Disability</td>
</tr>
<tr>
<td>SEHD</td>
<td>Scottish Executive Health Department</td>
</tr>
<tr>
<td>SIGN</td>
<td>Scottish Intercollegiate Guidelines Network</td>
</tr>
<tr>
<td>SNACK</td>
<td>Safe Nutrition and Chewing Knowledge</td>
</tr>
<tr>
<td>SSA</td>
<td>single shared assessment</td>
</tr>
<tr>
<td>WTE</td>
<td>whole time equivalent</td>
</tr>
</tbody>
</table>
The review visit to NHS Forth Valley was conducted on 15–16 December 2004.

### Review Team Members

**Mr Alex Davidson (Team Leader)**  
Head of Adult Services, South Lanarkshire Council

**Dr Neil Beattie**  
General Practitioner, NHS Ayrshire & Arran

**Victor Chlebowski**  
Director, Garvald Centre

**Mrs Maria Dawson**  
Clinical Psychologist, CLDT, NHS Grampian

**Mrs Janice Gow**  
Director - Social Work, Care Solutions Limited

**Mr Steven Laing**  
Member, People First (Scotland)

**Mr Mike Martin**  
Independent Consultant & Trainer

**Ms Mirian Morrison**  
Clinical Governance Manager, NHS Highland

**Mrs Jessie Roberts**  
Voluntary Sector Co-ordinator, PAMIS

**Professor Chris Turner**  
Former Professor of Applied Social Science, Forth Valley

**Dr Steven Young**  
Consultant Psychiatrist, The State Hospitals Board for Scotland

**Ms Mary O’Toole (Observer)**  
Strategic Services, South Lanarkshire Council

**Ms Janice Torbet (Observer)**  
Director of Human Resources, NHS Tayside

**NHS Quality Improvement Scotland Personnel**

**Ms Jane Allen**  
Project Officer

**Ms Jill Gillies**  
Project Officer
During the visit, members of the review team met with people who use learning disability services, family carers, a range of NHS senior management staff, medical and nursing staff, staff from the AHPs, social work, and education, representatives from voluntary organisations and independent advocacy projects, and private health and social care providers. Meetings took place across a variety of settings including hospitals, learning disability inpatient units, community residential and day care settings, respite/short break resources and schools.
Appendix 3 – Learning Disabilities Quality Indicator Revision Group Members

Chair

Dr Margaret Whoriskey
Principal Advisor, Disability Services, NHS Quality Improvement Scotland

Revision Group Members

Dr Neil Beattie
General Practitioner, NHS Ayrshire & Arran

Dr Martin Campbell
Senior Teaching Fellow, University of St Andrews

Dr Sally Cheseldine
Consultant Clinical Psychologist, NHS Lothian

Mr Alex Davidson
Head of Adult Services, South Lanarkshire Council

Dr Patricia Jackson
Consultant Paediatrician, NHS Lothian

Miss Liz Kerr
Senior Occupational Therapist, Capability Scotland

Mr Michael McCue
Complex Needs Services Manager/Head of Profession (Nursing), Glasgow Learning Disability Partnership

Mr Mike Martin
Independent Consultant & Trainer
Appendix 4 – Learning Disabilities Quality Indicator Project Group Members

Chair

Mr Michael McCue
Advisor, Disability Services, NHS Quality Improvement Scotland (from March 2005)

Dr Margaret Whoriskey
Principal Advisor, Disability Services, NHS Quality Improvement Scotland (until March 2005)

Project Group Members

Ms Anne Brown
Family Carer, PAMIS

Dr Martin Campbell
Senior Teaching Fellow, University of St Andrews

Mr Alex Davidson
Head of Adult Services, South Lanarkshire Council

Ms Bette Francis
Policy Officer, Community Care Division, Scottish Executive Health Department

Ms Margaret Anne Gilbert
Social Work Officer, Mental Welfare Commission

Mr Ian Kerr
Social Work Inspector, Social Work Inspection Agency

Dr Ros Lyall
Consultant Psychiatrist, NHS Lothian

Mr George McLachlan
Performance Manager, Scottish Executive Health Department

Dr Iain McClure
Consultant Child and Adolescent Psychiatrist, NHS Argyll & Clyde

Mr James McNab
Director, People First (Scotland)

Mr Mike Martin
Independent Consultant & Trainer

Mr Malcolm Matheson
Director, Key Housing Association

Ms Jane Neil-MacLachlan
Adult Autism Co-ordinator, NHS Lothian

Ms Marcia Ramsay
Development Manager – Adult Services Regulation, Scottish Commission for the Regulation of Care
Mr Robert Samuel
Nursing Advisor, Scottish Executive Health Department

Mr Robert Stevenson
Child Health Support Group Co-ordinator, Scottish Executive Health Department

Mr Mike Tait
Company Secretary, People First (Scotland)

Ms Fiona Wallace
Director, People First (Scotland)

Support from NHS QIS was provided by Mr Sean Doherty (Team Manager), Mrs Selina Clinch (Senior Project Officer), Ms Jane Allen (Project Officer), Ms Jill Gillies (Project Officer), Ms Christine Lang (Project Officer), Mrs Elaine Mackay (Project Administrator) and Ms Gabrielle Smith (Project Assistant).
## Appendix 5 – Timetable of Review Visits

<table>
<thead>
<tr>
<th>Organisation Reviewed</th>
<th>Visit Date(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monroe House, Dundee</td>
<td>24 August 2005</td>
</tr>
<tr>
<td>NHS Argyll &amp; Clyde</td>
<td>10–11 November 2004</td>
</tr>
<tr>
<td>NHS Ayrshire &amp; Arran</td>
<td>20–21 October 2004</td>
</tr>
<tr>
<td>NHS Borders</td>
<td>2–3 February 2005</td>
</tr>
<tr>
<td>NHS Dumfries &amp; Galloway</td>
<td>8–9 June 2005</td>
</tr>
<tr>
<td>NHS Fife</td>
<td>1–2 December 2004</td>
</tr>
<tr>
<td>NHS Forth Valley</td>
<td>15–16 December 2004</td>
</tr>
<tr>
<td>NHS Grampian</td>
<td>6–7 April 2005</td>
</tr>
<tr>
<td>NHS Greater Glasgow</td>
<td>18–19 May 2005</td>
</tr>
<tr>
<td>NHS Highland</td>
<td>27–28 April 2005</td>
</tr>
<tr>
<td>NHS Lanarkshire</td>
<td>12–13 January 2005</td>
</tr>
<tr>
<td>NHS Lothian</td>
<td>3–4 August 2005</td>
</tr>
<tr>
<td>NHS Orkney</td>
<td>28 June 2005</td>
</tr>
<tr>
<td>NHS Shetland</td>
<td>30 June 2005</td>
</tr>
<tr>
<td>NHS Tayside</td>
<td>23–24 February 2005</td>
</tr>
<tr>
<td>NHS Western Isles</td>
<td>20 July 2005</td>
</tr>
<tr>
<td>The State Hospitals Board for Scotland</td>
<td>16 March 2005</td>
</tr>
</tbody>
</table>
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