



Deep Dive: Learning Disabilities Service

Quality, Safety and Experience Committee
October 2026



Learning Disability services operate within a complex environment supporting individuals who experience significantly poorer health outcomes, greater health inequalities and higher levels of complexity than the general population. The service is required to deliver against a wide range of statutory, professional and Welsh Government expectations.

Overall, the service continues to demonstrate positive progress following implementation of the Learning Disabilities Service Improvement Programme. Community services have been strengthened, governance arrangements for commissioned care have matured, workforce stability has improved and recent inspection activity has provided positive assurance regarding the quality of care delivered.

While performance is favourable in several key areas, continued focus is required on improving Annual Health Check uptake, strengthening implementation of the Health Equality Framework, enhancing aspects of epilepsy pathway documentation and maintaining workforce resilience for the future.

Service Model and Strategic Context

The Health Board's Learning Disability Service delivers specialist care through:

- Four Community Learning Disability Teams
- Psychology and Behaviour Services
- Health Facilitation and Liaison Team
- Learning Disability inpatient pathway via Mental Health services
- Two residential units in Pembrokeshire
- Commissioned specialist community and hospital placements

The majority of the community-first service model approved following the Learning Disabilities Service Improvement Programme is now operational. The service continues to align with Welsh Government priorities focused on reducing health inequalities, strengthening community support, improving access to specialist care and reducing reliance on inpatient services

Residential Services and Commissioned Care

The Health Board provides two residential services in Pembrokeshire and commissions a significant range of specialist placements to meet the needs of individuals with highly complex health, behavioural and social care needs. Comprehensive arrangements are in place to oversee quality, safety and value through multidisciplinary review, brokerage scrutiny, contract governance and partnership working with local authorities and regulators.

Current Placement Position

Placement Type	Number	Annual Cost
Community Placements	242	£20.2m
Hospital Placements	9	£1.5m

Progression planning remains a key priority, with active support provided to identify less restrictive environments and maximise opportunities for individuals to live as independently as possible within community settings closer to home.



People with learning disabilities continue to experience significant health inequalities, including increased risk of preventable illness and avoidable mortality. Annual Health Checks remain a key ministerial priority and an important mechanism for addressing these inequalities.

Annual Health Checks

Measure	Wales	HDUHB
Invited for Health Check	33.6%	38.4%
Health Check Completed	40.9%	46.0%

Performance exceeds the Welsh average across both measures. However, continued improvement remains dependent on primary care engagement, accuracy of Learning Disability registers, uptake by individuals and consistent application of reasonable adjustments to support attendance.

The Health Facilitation and Liaison Team continues to support improvement through training, awareness raising, register validation and targeted support for those most at risk of unmet health need.

The Health Equality Framework provides a structured approach to measuring outcomes and reducing health inequalities experienced by people with learning disabilities. Hywel Dda has played a leading role in developing the digital HEF platform which is now supporting national implementation across Wales.

Measure	Wales	HDUHB Reported
Valid HEF Assessment	23.9%	12.0%

The reported position significantly understates implementation within nursing services where compliance is substantially higher. Discussions are ongoing nationally regarding reporting methodology to ensure local practice is accurately represented.



National policy continues to emphasise reducing inpatient admissions, preventing delayed discharges and ensuring care is provided within the least restrictive environment possible.

Performance Against National Expectations

Measure	Wales	HDUHB
Care Coordinator Allocated	94%	100%
Discharge Pathway Identified	100%	100%
Estimated Discharge Date	54%	67%
Delayed Discharges >6 Months	16	0

These outcomes provide assurance that effective community support arrangements are contributing to reduced reliance on inpatient services and timely progression through care pathways.

Clinical Quality Focus: Epilepsy Pathway Audit



An audit of epilepsy care pathways undertaken during 2026 demonstrated strong compliance with core clinical requirements, providing assurance regarding the overall quality of epilepsy management within Community Learning Disability Teams.

Areas of Strong Compliance

Indicator	Compliance
Epilepsy Care Plan in Place	98.8%
Risk Assessment Completed	98.8%
Epilepsy Care Plan In Date	91.0%
Staff Epilepsy Training	92.6%

Improvement Opportunities

Indicator	Compliance
Care Plan Shared with GP/Support Network	39%
Capacity Assessment Evident	57.8%
Best Interest Decisions Evident	57.8%
Outcome Measure Completed	0%

Improvement work is now focused on strengthening documentation standards, outcome measurement and evidence of collaborative care planning.

Quality Assurance, Complaints and incidents



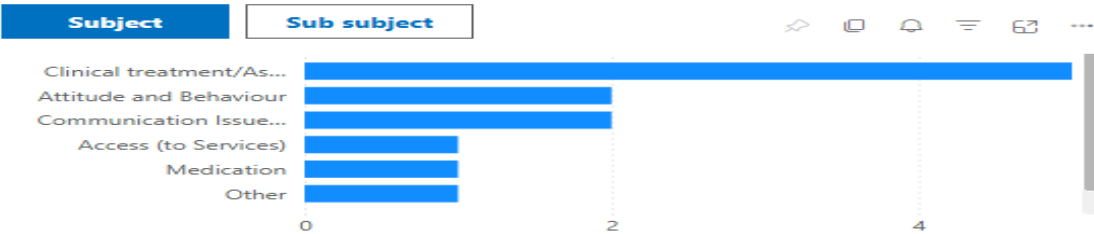
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By month received



By subject



The service maintains established governance arrangements through auditing, incident review processes, safeguarding systems and quality assurance mechanisms. A recent joint Care Inspectorate Wales (CIW)/Healthcare Inspectorate Wales (HIW) review identified a positive culture characterised by person-centred practice, strong partnership working, co-production, advocacy and preventative approaches to care.

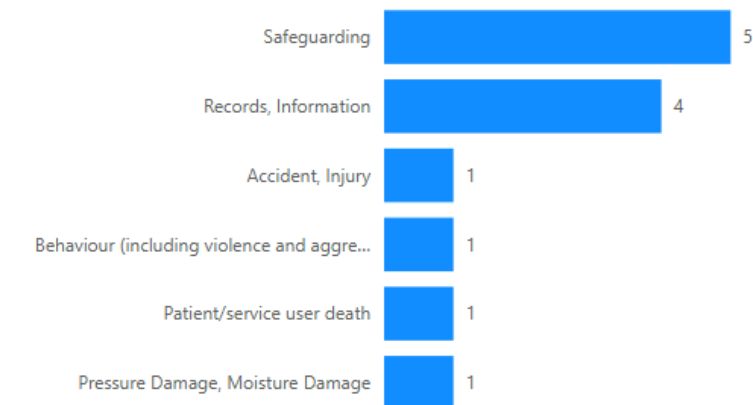
Complaint numbers remain low and largely reflect the complexity associated with Court of Protection processes, best-interest decision making and situations where professional recommendations differ from family expectations. No recurring practitioner or service-level themes have been identified.

Incident oversight remains robust, with all open incidents subject to formal monitoring and governance arrangements. Where investigations exceed expected timescales, this reflects complexity and multidisciplinary review requirements rather than a lack of oversight.

Open incidents

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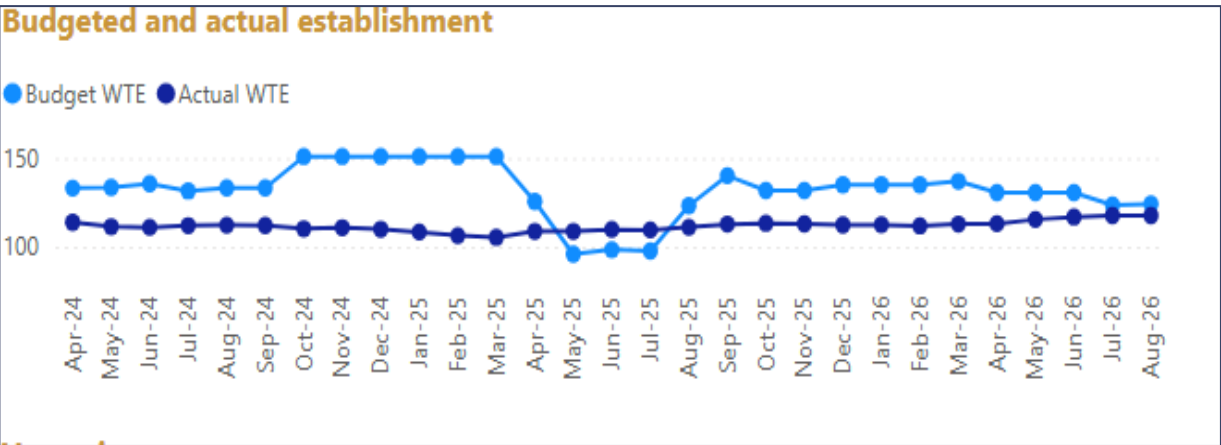
Incident type Sub type Level Location Awaiting review Days open



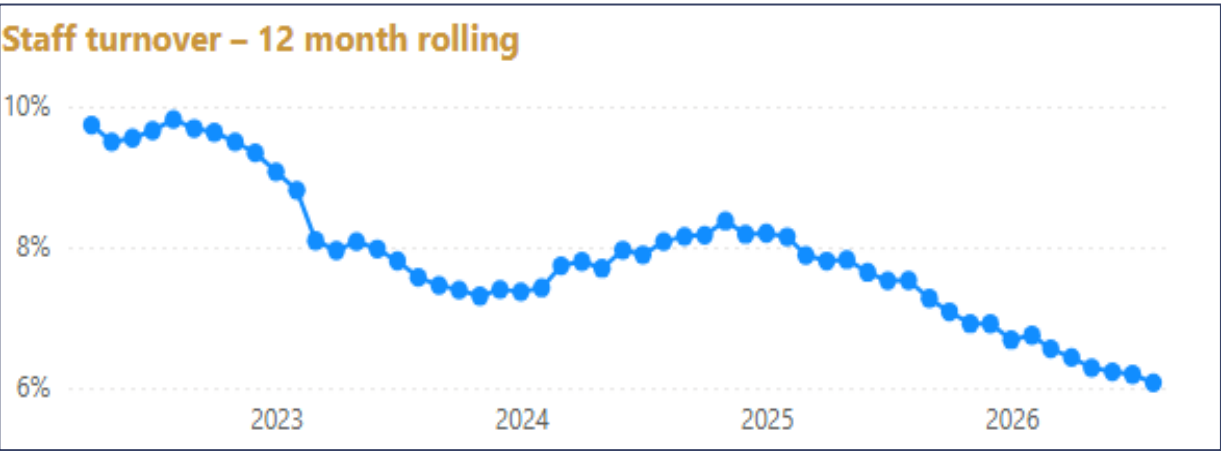
Longest open incidents

Ref	Days open
HDD75120	397
HDD83604	195
HDD84566	172
HDD85599	146
HDD86237	130
HDD87602	96
HDD87675	95
HDD88090	84
HDD88423	77
HDD89454	54
HDD90264	35
HDD90712	25
HDD91129	15

Workforce and Sustainability



The service has continued to strengthen its workforce position through successful recruitment across nursing, psychology and therapy professions. Workforce indicators demonstrate improving stability and resilience compared with previous years.



Vacancy and turnover trends indicate continued improvement, providing increased confidence regarding sustainability of service delivery. However, ongoing focus remains necessary to ensure succession planning, specialist workforce development, mandatory training compliance and successful completion of the remaining organisational change programme

Achievements, Innovation and Recognition



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The service continues to demonstrate innovation and quality improvement recognised at both organisational and national level. Recent achievements include national award nominations, development of Learning Disability A&E Packs, delivery of Learning Disability Awareness Week initiatives and the successful establishment of a Community Lifestyle Café in partnership with People First.

Recognition received by staff and services reflects ongoing commitment to improving outcomes, promoting inclusion and reducing health inequalities for people with learning disabilities. Recruitment to traditionally hard-to-fill roles and development of innovative new posts has further strengthened service resilience and capability.

Conclusion and Committee Assurance



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The Learning Disabilities Service continues to make good progress in delivering a community-focused model of care. Positive inspection findings, improving workforce stability, effective governance of commissioned services and favourable performance in several key areas provide assurance regarding the quality, safety and effectiveness of services currently being delivered.

Key Leadership Challenges

- Completion of the remaining Organisational Change Process.
- Improving Annual Health Check uptake and quality through partnership with Primary Care.
- Increasing implementation of the Health Equality Framework and improving reporting arrangements.
- Strengthening outcome measurement and documentation within epilepsy pathways.
- Maintaining workforce resilience, specialist expertise and succession planning.
- Continuing to reduce reliance on costly external placements and maximise community-based opportunities.

Overall Assurance

The Committee can be assured that Learning Disability services are delivering safe, effective and person-centred care, with clear improvement plans in place to address remaining strategic, workforce and quality challenges.