

# Learning Disabilities Strategic Action Plan

<b>Organisation</b>	<b>Hywel Dda University Health Board</b>	<b>Date of Report</b>	<b>April 2025</b>	<b>Report Prepared By</b>	<b>Lisa Bassett-Gravelle</b>
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The Welsh Government’s [Learning Disability Strategic Action Plan 2022 to 2026 | GOV.WALES](#) (the successor to the Improving Lives Programme) outlines the priority areas that will strengthen services and subsequently improve the lives of people with learning disabilities. The delivery of these priority areas involves collaborative working across NHS Wales, Regional Partnership Boards, Public Service Boards, Local Authorities and the third and private sectors. NHS organisations are required to evidence how they are contributing towards the priority areas of the strategy and in particular, the areas and key actions outlined in this reporting template.

**Reporting Schedule:** Progress is to be reported bi-annually. This form is to be submitted on:

- 16 October 2024 (covering the period 1 April 2024 to 30 September 2024)
- 15 April 2025 (covering the period 1 October 2024 to 31 March 2025)

**Completed form to be returned to:** [hss.performance@gov.wales](mailto:hss.performance@gov.wales)

**Update on the actions implemented during the current operational year to deliver the Learning Disability Strategic Action Plan 2022-2026 priorities (legacy actions from the Learning Disabilities Improving Lives Programme).**

## Implementing the recommendations of the comprehensive review of adult in-patient learning disability services.

Key Actions:

1. Increase the use of nonpharmacological interventions for people in specialist hospital care whose behaviour is of concern.
2. Improve timely access to community based prevention, early intervention and crisis care support.
3. Increase the number of people, who are clinically optimised, with an agreed pathway of care into the community.
4. Reduce the number of people who are experiencing pathway of care delay.

<b>Achievements</b>	<b>Risk to Delivery</b>	<b>Corrective Actions</b>
The psychiatry team and Lead Pharmacist for Learning Disabilities undertake psychotropic medication audits to ensure levels of medication prescribed are monitored. The Advanced Nurse Practitioner (ANP) and the Lead Pharmacist	Recruitment of qualified LD Nurses and Allied Health Professionals can be challenging. The service continues to work with workforce colleagues to develop sustainable workforce and recruitment models.	We are continuing to recruit Band 5 Nurses through streamlining, with additional training and support being provided. We continue to support and promote ‘grow your own’

<p>support psychiatry clinics to monitor and review use of psychotropic medication.</p> <p>The new LD Service model in Hywel Dda aligns with delivering a service that meets these priority areas</p> <p>The Service model comprises of:</p> <p>CLDT's that provide specialist learning disability care and support for clients living in the community. This specialist service focuses on the needs of those people with learning disabilities with the most complex needs. There are four CLDT's located in Carmarthen, Llanelli, Ceredigion, and Pembrokeshire.</p> <p>CLDT's deliver care in collaboration with Social Care Services across the HDUHB footprint.</p> <p>The health professionals will develop a person-centred, outcome focused care plan and risk management plan based on an assessment of need.</p> <p>Where there is an identified need and risk the CLDT can provide more frequent and intense support for individuals and their family/carers to prevent and manage crisis and avoid hospital admissions and placement breakdown.</p> <p>-In-Patient provision, accessed through Adult/Older Adult Mental Health facilities. The admissions are based on situations where the overriding need for a safe environment takes</p>		opportunities to encourage support workers to undertake LD Nursing training opportunities
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<p>precedence over the suitability of the environment (harm to self or risk to others). All admissions will be for the shortest possible time, subject to robust assessment and management of risk and vulnerability and needs. CLDT will provide in reach to the in-patient team to advise on reasonable adjustments and any additional support needs for the patient and training needs for staff.</p> <p>-The Health Facilitation and Liaison Team (HF&amp;LT) is based in Carmarthen with nurses working across the HDUHB footprint. The service ensures people with a learning disability receive equitable access to care that meets their needs, by promoting and advising on the use of reasonable adjustments, improved communication, and person-centred care. The team works across the health boards 4 main hospital sites. Alongside these, there are 5 Community hospitals and 13 health centres and clinics plus 48 GP surgeries.</p>		
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<p><b>Implementation of the Welsh Governments’ “Reducing Restrictive Practise Framework”.</b></p>		
<p>Key Action:</p>		
<p>1. Increase the use of evidence based therapeutic interventions, e.g. Positive Behavioural Support (PBS) in all settings. Ensure restrictive practise used is lawful i.e. proportionate, compliant with the framework and is monitored, recorded, reviewed and evaluated appropriately.</p>		
<p><b>Achievements</b></p>	<p><b>Risk to Delivery</b></p>	<p><b>Corrective Actions</b></p>

<p>The Health Board has a Reducing Restrictive Practice (RRP) team who ensure Positive Behavioural Support (PBS) is included in the training package it provides to the LD workforce.</p> <p>Additional RRP training is made available to all teams as and when required and raises awareness of restrictive practice and applicable legal frameworks for its use.</p> <p>RRP practice leaders have been identified in all clinical settings where restrictions are most commonly utilised which is helping to shift the cultural change required.</p>		
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**Develop integrated housing, health, social care models and guidance, learning from previous examples that provide accessible services for vulnerable people especially those with a learning disability. Utilise the new Regional Integrated Fund.**

Key Action:

1. As a member of the Regional Partnership Board drive integrated services across health, housing, social services and the third sector. People with a learning disability are one of the key priority groups for funding under the Regional Integrated Fund.
2. Demonstrate how integrated service provision and joint commissioning contribute to the reduction in the number of people with a learning disability housed in hospital accommodation.

<b>Achievements</b>	<b>Risk to Delivery</b>	<b>Corrective Actions</b>
We continue to work collaboratively with the West Wales Care Partnership (WWCP) to ensure priority for the development supported	Appropriate local housing stock continues to be challenging due to increased costs,	The Health Board will continue to work collaboratively with the RPB to progress RIF projects and achieve sustainability.

<p>housing options for vulnerable people including those for learning disabilities and more complex health needs. A regional Capital Working Group (multi-agency) for Accommodation has been established as part of this work.</p> <p>Regional Improvement Fund (RIF) monies has been awarded for a number of LD specific projects such as the progression project which is a regional collaboration between the 3 LA's and the Health Board to provide co-ordinated progression reviews of individuals with Learning Disabilities placed in residential or institutional inpatient care. The main focus is on out of area placements with a view to repatriate to local accommodation based options. The project also helps to inform the development of capital projects by identifying potential placement and accommodation needs. The project has recently been selected for a Social Return on Investment research project conducted by the university of South Wales and commissioned by WG. A stakeholder meeting including service users was recently held to help design a survey for the research.</p> <p>The RPB held a Capital Workshop in May to bring together key stakeholders from across West Wales to reflect on the first year of implementation of the Regional Capital Strategy and collectively discuss priorities moving forward for the Housing with Care Capital fund. West Wales has significantly increased the number of accommodation-based projects delivered and planned for development</p>	<p>environmental limitations and length of time to purchase/build, which can impact on capacity.</p> <p>RIF grant funding is not sustainable, the current financial climate is making it increasingly difficult to secure sustainable core funding to offset the reducing grant, which makes exit planning from specific projects difficult to maintain.</p>	
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including LD supported living options across the region.		
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**Primary Health Care: Improve access to, take up and quality of annual health checks to identify and address health needs (target: 75% of all individuals registered with their GP practise who have a diagnosed learning disability are to have an annual health check).**

Key Actions:

1. Ensure every person with a diagnosed learning disability is recorded and appropriately coded on a GP practice register.
2. Increase the number of people on the GP learning disability register who receive a Learning Disability (Annual) Health Check with an appropriate, accompanying health action plan where required.
3. Community learning disability teams will support delivery of the annual health checks (primary care cluster level).
4. There is a community learning disability link nurse or primary care liaison nurse for every primary care cluster.

<b>Achievements</b>	<b>Risk to Delivery</b>	<b>Corrective Actions</b>
<p>LD Community Services are being strengthened through the LD SIP with additional nurses and support workers dedicated to supporting GPs in meeting their annual health check targets in each GP cluster area.</p> <p>We are currently working with GP colleagues across all three Local Authority areas to identify areas with low uptake in Annual Health Checks to undertake targeted interventions/engagement.</p>	<p>LD Community Services do not currently have adequate budgets and workforce to meet the demand for a community learning disability link nurse for every primary care cluster. Recruitment into the new enhanced Health facilitation Team will enable this</p>	<p>We are reconfiguring services to increase Community Nurse capacity to ensure direct links with GP Clusters and work to maintain the increased Annual Health Check uptake.</p>

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**To ensure reasonable adjustments are made for people with a learning disability accessing mainstream NHS services.**

Key Actions:

1. Establish sustainable models of learning disability champions and learning disability liaison nurses.
2. Ensure system flagging to identify patients with a learning disability and increase the understanding and use of the health profile and the care bundle by patients and staff.
3. All staff in a public facing role to undertake the mandatory Paul Ridd Foundation Level Training.

Achievements	Risk to Delivery	Corrective Actions
<p>A MH&amp;LD Liaison Service is operational across the four District General Hospital sites. The service has developed a comprehensive training package and provides training through the Health Board Skills 2 Care training. The service is working to develop LD champions across the health board to ensure that will be a LD champion in all wards and departments.</p> <p>Paul Ridd training is mandatory training for all Health Board staff and is monitored via ESR and LD metrics reporting.</p> <p>A recommendation for change (RFC) has been submitted and accepted by the Digital Health and Care Wales (DHCW) and the wider Welsh Nursing Care Record (WNCR) Clinical Input team representing all Health Boards and Trusts in Wales to make the following amendments to future releases for WNCR</p>	<p>Currently there is no time frame for this update to be added to WNCR and under a national process.</p>	

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<p>Currently the LD Passport is cited and the name will be changed to reflect the new All Wales Health Profile.</p> <p>A request was made for an additional question be added to the WNCR admission assessment for staff to indicate that the Health Profile had been used to inform the patient's plan of care. However the final consensus that was agreed is that a 'Top Tip' will be added to prompt staff to use the LD Health Profile to inform the patients plan of care.</p> <p>WNCR development will eventually include a Person-Centred Enhanced Risk Assessment.</p> <p>Care plans are not developed yet in WNCR as it has not been possible to identify a suitable model.</p> <p>The concept of care plans is currently being reviewed by Executive Nurse Directors following a briefing paper commissioned by DHCW to Bangor University who have explored the whole concept and current models used nationally for care plans.</p>		

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<p>Locally, care plans are still used in paper form and while there is no specific form titled 'Caring for a patient with a Learning Disability', staff have a range of assessments and processes that are or will be auditable to enable person centred assessment planning and implementation of person-centred care with reasonable adjustments as follows:</p> <p>WNCR Adult In Patient Assessment covers all Health Care Domains (Health Care Standards), care and support currently provided to the patient prior to admission, seven risk assessments and includes a section called 'What Matters to Me' which enables staff to identify the individual needs of the patient and reasonable adjustments that will need to be made whilst an In-Patient.</p> <p>The LD Health Profile (LD Passport) should always be with an LD patient and provides staff with the individual needs of the LD patient</p>		

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**Improve outcomes through appropriate monitoring and reporting.**

Key Actions:

1. Review and evaluate what outcome measures you are using to inform and improve service delivery and future planning. Please briefly describe these measures below.

<b>Achievements</b>	<b>Risk to Delivery</b>	<b>Corrective Actions</b>
The Health Board report monthly LD metrics via IQFPDG		