

## Learning Disabilities Improving Lives Programme

<b>Organisation</b>	<b>Hywel Dda University Health Board</b>	<b>Date of Mid-Year Report</b>	<b>14<sup>th</sup> September 2022</b>	<b>Mid-Year Report Prepared By</b>	<b>Melanie Evans, Head of Service Learning Disabilities</b>
		<b>Date of End of Year Report</b>	<b>14<sup>th</sup> April 2023</b>	<b>End of Year Report Prepared By</b>	<b>Lisa Bassett-Gravelle, Head of Service for Adult Mental Health Inpatient Wards and Learning Disabilities</b>

The Welsh Government's new strategy [Learning Disability Strategic Action Plan 2022 to 2026 | GOV.WALES](#) 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:

- 14 September 2022 (covering the period 1 April 2022 to 31 August 2022)
- 14 April 2023 (covering the period 1 September 2022 to 31 March 2023)

**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 Disabilities Improving Lives Programme.**

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

**Key Actions:**

- 1. Reducing reliance on medication to manage challenging behaviour.**
- 2. Improving access to community based early intervention and crisis prevention.**
- 3. Increasing community based provision enabling individuals to move on from in-patient units as soon as it is safe for them to do so.**
- 4. Ensure all in-patients are regularly assessed for discharge to “step down” care and discharge plans are actioned within 7 days.**

Achievements	Risk to Delivery	Corrective Actions
<p>1. The psychiatry team regularly undertake psychotropic medication audit to ensure levels of medication prescribed are monitored. We have introduced an ANP role which will support psychiatry clinics to monitor and review use of psychotropic medication.</p> <p>2. &amp; 3. The current LD service improvement programme (LDSIP) includes the development of a progressive and robust operational, strategic and professional plan for the service as a whole, to enable future growth and development. Two main workstreams have been established as follows:</p> <ul style="list-style-type: none"> <li>• In patient - a key element of the LDSIP is to review the long-term hospital environments to ensure that patients are</li> </ul>	<ol style="list-style-type: none"> <li>1. The training programme for ANP’s is 2 years therefore this needs to be factored in when managing capacity and creating additional resource.</li> <li>2. &amp; 3. Recruitment of qualified nursing staff and Allied Health Professionals is challenging. This is being managed via the Health Boards Workforce Plan.</li> </ol>	<p>2 &amp; 3. We are continuing to take on band 5’s at streamlining and providing training and support. A training needs analysis will need to be undertaken to identify training requirements qualified and unqualified staff, in order to develop a safe, evidence-based model of care. We are actively promoting the ‘grow your own’ opportunities to encourage support workers to undertake LD Nursing training opportunities.</p>

moved on to less restrictive settings and this workstream will look at the LD Service Specification and include an inpatient pathway

- Community – this workstream will oversee the review of the current Community Team Learning Disabilities (CTLD) and develop a new service model to meet future needs, including service eligibility criteria, workforce and training. This work will define the new community service model, which will form part of the new LD Service Specification. This will include more robust crisis prevention pathways, including links with Adult mental health.

4. We have progressed a programme of moving patients on from our Assessment and Treatment and Continuing Care Units. There is currently only 1 patient with LD in our own High Dependency Unit and 5 residents in our Supported Accommodation facilities.

**Implementation of the Welsh Governments' "Reducing Restrictive Practise Framework".**

**Key Action:**

- 1. Promote the use of evidence based interventions, e.g. Positive Behavioural Support (PBS) in all settings. Ensure restrictive practise used is proportionate, compliant with the framework and is recorded and monitored.**

Achievements	Risk to Delivery	Corrective Actions
<p>Hywel Dda University Health Board has a Reducing Restrictive Practice (RRP) team that ensures PBS is heavily emphasised in the training it provides to the workforce.</p> <p>Additional RRP training is made available to all teams and raises awareness of restrictive practice and applicable legal frameworks for its use.</p> <p>Within LD services PBS is the recognised model. Currently in MH settings we are continuing to teach Person Centred Care approaches which is outlined in the WG framework.</p> <p>This approach spans wider than MHL D services within Hywel Dda.</p>	<p>Without practice leadership in clinical settings, the application of acquired reducing restrictive practice skills is unpredictable.</p> <p>Understanding the data collection and size of problem within the health board relies heavily on Datix data. This data collection needs to be widened not just across the service but across the Health Board.</p> <p>The RRPT have a limited resource and cover pan-population throughout the Health Board. MHL D do not have a service resource for Reducing Restrictive Practices and implementation of evidence-based interventions.</p>	<p>The identification of and development of RRP practice leaders in all clinical settings where restrictions are most commonly utilised should assist in cultural change.</p> <p>MHL D are working with the RRPT to identify and train practice leaders. The RRPT will mentor each practice leader to enable them to develop skills and knowledge in the field.</p> <p>Hywel Dda's RRPT are working closely with Improvement Cymru and Datix to amend the current system to accurately capture data on restrictive practice use.</p>

<p>RRPT have a close working relationship with MHLDD services. Datix reports are audited by the RRPT as well as investigated by the ward areas. Any concerns are discussed with the MDT and the wards are aware that they can contact the RRPT for further guidance around assessing the proportionality of restrictions used.</p> <p>The Datix system is the only recording system for restrictive practices available at present. It continues to have issues with capturing accurate data. Hywel Dda are working with Improvement Cymru and Datix.</p>	<p>There is not a functional recording system for capturing use of restrictive practices.</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.**

Achievements	Risk to Delivery	Corrective Actions
<p>The West Wales Care Partnership (WWCP) has prioritised the development of supported housing options for vulnerable</p>	<p>Local appropriate housing stock is limited and new build structures are lengthy to buy and plan, which can cause capacity issues.</p>	<p>Local Authorities are identifying suitable accommodation and have agreed</p>

<p>people including those for learning disabilities and more complex health needs. A regional Capital Working Group for Accommodation has been established a part of the RPB.</p> <p>The RIF is funding 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 will also inform the development of capital projects by identifying potential candidates, and their specific accommodation needs.</p>	<p>Confirmation of new RIF spend guidance has delayed the availability of funding in this financial year, which in turn has delayed implementation on some projects</p>	<p>development plans to meet assessed demand.</p> <p>The Health Board will continue to work collaboratively with the RPB to progress RIF projects.</p>
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**Primary Health Care: Improve the 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. Strengthen the role of community learning disability teams to support delivery of the annual health checks (primary care cluster level).**
- 2. Establish a community learning disability link nurse for every primary care cluster.**

Achievements	Risk to Delivery	Corrective Actions
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<p>1. &amp; 2. LD Community Services are being strengthened through the service improvement programme with additional nurses and support workers dedicated to supporting GPs in meeting their annual health check targets in each GP cluster area.</p>	<p>LD Community Services do not currently have an adequate workforce to meet the need for a community learning disability link nurse for every primary care cluster.</p>	<p>1. In October 2021 an enhanced payment for GPs to encourage completion of the Health Checks was introduced and this has led to an increase to the annual health checks completed.</p> <p>2. As part of the Organisational Change Process for the LD SIP we will look to increase capacity of community nurses to ensure links to each GP cluster area. In the interim Community Team Managers are attending Cluster link meetings to ensure issues raised are shared widely across the LD service.</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 use of the health passports.**
- 3. All staff in a public facing role to undertake the mandatory Paul Ridd Foundation Level Training.**

Achievements	Risk to Delivery	Corrective Actions
<p>1. An acute liaison nurse service is in operational across the 4 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</p>	<p>There is a risk to service delivery and impact due to lack of integration with wider MH&amp;LD acute liaison service.</p>	<p>As part of the planned organisational change process the future structure of the LD Liaison Service will be reviewed to ensure it is embedded across the Directorate.</p>

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<b>Achievements</b>	<b>Risk to Delivery</b>	<b>Corrective Actions</b>
<p>the health board to ensure that will be a LD champion in all wards and departments.</p> <p>2. A flagging system for LD has been incorporated into WPAS. Liaison nurses ensure Health Profiles are in place for people admitted to our Hospitals.</p> <p>3. Paul Ridd Training is now mandatory training for all staff in the health board and is managed via ESR.</p>		