



**CYFARFOD BWRDD PRIFYSGOL IECHYD  
UNIVERSITY HEALTH BOARD MEETING**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	25 May 2023
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Learning Disability Service Improvement Programme - Engagement Summary
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Andrew Carruthers, Director of Operations
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Liz Carroll, Director Mental Health & Learning Disabilities

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Ar Gyfer Penderfyniad/For Decision

**ADRODDIAD SCAA**

**SBAR REPORT**

Sefyllfa / Situation

The purpose of this report is to provide a summary of the responses and emerging themes from the recent engagement exercise on the Learning Disability Service Improvement Programme (LD SIP) proposals. This report follows on from a previous report taken to Board in January 2023, in which members were asked to consider proposals for the future model of care for Learning Disability Inpatient and Community Services, alongside approval to undertake engagement with relevant stakeholders, with a decision to provide a summary of the engagement responses and emerging themes back to Board in May 2023 for consideration.

The LD SIP is focussed on developing services for adults that will provide safe, effective, compassionate, evidence-based and outcome focused care, which meets demand and ensures the workforce is appropriately skilled and managed. The proposed model aligns with the Welsh Government (WG) ['Improving Care, Improving Lives'](#) programme and the ensuing [Strategic Action Plan \(2022-2026\)](#), with clear links between local and national objectives and priority areas.

The proposed model of service delivery engaged on focusses on progressive models of care, aimed at improving community resilience and enablement through choice and control. This will provide an opportunity to move away from traditional services such as hospital provision to care closer to home in the community.

This report presents the key thematic areas which were highlighted from the information gathered through the range of engagement activities, which sought to understand the views of service users, parents/carers, partner organisations and staff regarding the existing and future development of the LD Services in Hywel Dda.

Cefndir / Background

Learning Disability Services in Hywel Dda provide care services to the population of Carmarthenshire, Ceredigion and Pembrokeshire. It has a staffing budget of £6,575,000.00 with a 164.46 whole time equivalent (WTE) multi-disciplinary staffing establishment, which

includes nurses, medical staff, health care support workers, psychology, occupational therapy, administration, physiotherapy and speech and language therapists. LD Services currently provide care and treatment for adults with a mild to moderate learning disability, as well as those with more profound complex needs across community, inpatient and residential settings. With arrangements for children's services and transition managed on a person-by-person basis.

The LD SIP commenced in 2019 to oversee the redesign and restructure of LD Services. A number of workstreams were established with a range of multi-agency stakeholders to review existing LD Services and develop a new model of service delivery in line with WG recommendations and local need.

The Service has engaged with local multi-agency partnership boards including the Regional Improving Lives Partnership (RILP) and the Local Mental Health Partnership Board (LMHPB), setting out the Directorate's plans to improve LD Services in line with national programmes of work, as set out in Improving Care, Improving Lives. On 10 January 2023, Llais (formerly Community Health Council (CHC)), were content that the proposed service changes warranted engagement rather than Public Consultation and approved the Health Board's engagement plan. Initially, a 4 week engagement plan was approved by Llais and the Health Board, however following discussions with service users, parents/carers and partners through RILP this was extended to 8 weeks, with approval sought from Board to accommodate the extension.

In order to ensure that our service proposals align to the Strategic Plan and to garner peer feedback, the Service invited Public Health Wales (PHW) 1000 Lives Improvement Team to meet with a cross section of staff from across LD services. In September 2022, over the course of a week, a range of workshops and facilitated discussions were held with managers and staff where the proposed model of care was put forward for validation. In line with this a range of options were scrutinised for Inpatient and Community Services as set out below.

### Inpatient Services

Since the closure of Ty Bryn in November 2021 LD patients requiring an inpatient admission have been managed within AMH inpatient services, either on Morlais Ward which has a designated inpatient bed for patients with a LD, or on the Psychiatric Intensive Care Unit (PICU); with the exception of one admission that was commissioned to another Health Board. In the past 12 months, there have been 3 LD patients admitted to AMH Inpatient services. An analysis of these admissions against our population indicate that it is unlikely that there will be any increased demand for admissions.

An options appraisal was undertaken on the future use of Ty Bryn and the most appropriate pathway for individuals with a LD who require inpatient admission as follows:

#### 1) Do Nothing

Based on an analysis of previous LD admissions (3 in the past year) a 5 bed unit would exceed local need. Based on current recruitment issues, it would become increasingly difficult to maintain LD Nurse staffing levels for this size of a unit. Alongside this, a Healthcare Inspectorate Wales (HIW) inspection conducted in November 2021 highlighted concerns with the infrastructure of the building which would require significant capital investment to maintain a 5 bed unit. Therefore, this option was deemed to be unsustainable.

## 2) Outsource services to another Health Board and/or Private Provider

This option was not deemed to be viable as it goes against WG recommendations of providing care to closer to home. Outsourcing Inpatient Services would not be accessible and would cause undue distress to service users and parents/carers.

## 3) Re-open Ty Bryn as a one bed unit

This option will require estates work (not as significant as the first option) and the recruitment of additional LD Nurses. It would provide a flexible model of care in order to support patients within the community as well as supporting those in an inpatient setting when required. The disadvantage of this model is that staff who predominantly work in the community would be unable to maintain the competencies required for inpatient care. It would also be challenging to achieve a flexible staffing model for this purpose.

## 4) Manage LD inpatient admissions within Adult Mental Health (AMH) Inpatient Services

Since the closure of Ty Bryn in November 2021, LD individuals who require admission have been managed within AMH Inpatient services, supported by LD staff from Ty Bryn. This option proposes a continuation of this, with additional staff training and undertaking environmental adjustments. This would be in line with Improving Care, Improving Lives which outlines the need for admissions to be short term in nature and for a 'community first' approach to be taken. Caring for LD patients on AMH wards over the past 12 months, has improved collaborative working between the ward and LD services and provided better outcomes for patients. To support this option there will be a need to provide additional training for AMH inpatient staff to enhance their skills in caring for LD patients. We would ensure that Community Teams for learning Disabilities (CTLDs) continue to support admissions, which will ensure LD patients' needs are met, that the length of stay is appropriate to individual needs and that identified ward areas are compliant with autism environments.

Based on the options appraisal, Option 3 and Option 4 as set out above were taken forward for engagement.

The options agreed for Community Services are set out below:

### Well-being and Early Intervention Team

Proposals were agreed to develop a Well-being and Early Intervention Team (WEIT) which will provide early intervention alongside primary care functions. This will include the primary care function previously delivered by the Health Action Team (HAT) to support annual physical health checks for people with a LD. The Service will operate seven days a week, working closely with GP clusters, CTLDs and the Directorate wide Out of Hours Clinical Co-ordinator service. This function will create capacity for CTLDs to manage crisis care and improve performance for physical annual health checks.

The secondary care Liaison element of HAT will transfer to the Directorate wide MH&LD Liaison Service to compliment the core structure already in situ within District General Hospital (DGH) sites, which will bring benefits from being incorporated into an established team, with Directorate wide links.

## Community Team Learning Disability Services

The proposal for CTLDs is to review existing staffing establishments in line with our population need and prevalence. The CTLDs will review and agree core business, eligibility criteria and how individuals presenting in crisis are best managed to meet their needs. CTLDs will continue to manage long term complex individuals, undertake annual reviews for those subject to the Mental Health Measure, including those in commissioned care placements. Involvement of therapy leads across the Health Board will be key to ensure the development of an appropriate professional structure across the service.

Feedback from Improvement Team colleagues and staff was that the proposals outlined above for Inpatient and Community Services met the objectives of the Strategic Plan and that our direction of travel aligned to local and national priorities.

## **Asesiad / Assessment**

Following approval from Board in January 2023, the Directorate undertook an 8 week period of engagement commencing on 20 February up until 16 April 2023. A Communication and Engagement Plan was approved, which provided a structured approach to the management of engagement with key stakeholders comprising service users, parents/carers, staff and partner organisations, as follows:

- Ensuring that accurate information is shared with internal and external stakeholders in a timely manner
- Ensuring that all information provided is in an appropriate and accessible format
- Providing opportunities through varying mediums of communication for stakeholder views to be expressed and shared
- Provide adequate time for proposals to be considered and commented upon
- Consideration and analysis of feedback during the decision-making process

## Engagement Summary

Service users, parents/carers, staff and partner organisations were invited to consider the service proposals, share their views and participate in shaping the future service delivery model using a number of engagement methods including;

- Microsoft Forms
- Online questionnaires
- Paper questionnaires
- 'Have your Say' engagement portal
- Engagement workshops
- QR Code
- E-mail
- Telephone

All stakeholders were provided with a summary engagement document detailing the proposed service changes and options, questionnaires, links to online 'Have your say' portal, QR code, and contact name, address, telephone number and e-mail address. All documentation shared as part of the engagement process can be accessed via the Health Board's online engagement portal Learning Disabilities Service Improvement Programme Have your Say Hywel Dda UHB.

All documentation was made available in English, Welsh and Easy Read. Engagement workshops were held separately for service users, carers/parents, partner organisations and staff to enable candid and focussed discussions. Workshops were delivered across all 3 Local Authority areas and were held in person and via MS Teams. Facilitated discussions enabled focussed group activities as well as providing opportunities for one to ones. Please note that the summary of engagement findings is not included as an appendix, due to patient identifiable information being included.

Overall, we are very pleased with the number of responses and the number of attendees at engagement events, which far exceeded our expectations. In all, a total of 279 responses were recorded against the various methods of engagement as follows:

- Written responses
  - Paper Questionnaires - 224 responses
  - Microsoft Forms - 36 responses
  - Other Correspondence - 2 letters
  - E-mail - 7 responses
  - Telephone - 10 calls
  
- Engagement Workshops
  - In person attendees - 107 attendees
  - MS Teams - 66

Table 1, below, highlights the breakdown of responses across different stakeholder groups.

Table 1 Stakeholder Analysis

Stakeholder Group	Easy Read Questionnaire	General Questionnaire	E-mail	Other	MST Forms	Tele-phone
Service Users	158	0	0	0		2
Parents/Carers	4	56	3	0		6
Partner Organisations	2	2	0	2		2
Staff	0	2	4	0	36	
<b>Total</b>	<b>164</b>	<b>60</b>	<b>7</b>	<b>2</b>	<b>36</b>	<b>10</b>

As can be seen from the table, responses received by different stakeholder groups are as follows:

- Service users - 160
- Parents/carers - 69
- Partner Organisations - 8
- Staff - 42

Two additional letters of response were received as follows:

- Elin Jones AS/MS, Member of Senedd Ceredigion
- Third Sector LD Consortium

Table 2 Geographic location of responders

<b>Stakeholder Group</b>	Carmarthenshire	Ceredigion	Pembrokeshire
Service Users	95	29	36
Staff	22	13	7
<b>Total</b>	<b>117</b>	<b>42</b>	<b>43</b>

Please note that geographical data was not gathered at engagement workshops or from partner organisations; therefore, the information highlighted in Table 2 only applies to paper responses from staff and service users.

### Inpatient Services

As set out earlier and as agreed at the January 2023 Public Board meeting, stakeholders were asked to consider two options for Inpatient Services and to select their preferred choice as follows:

#### Option 1

Re-open the Ty Bryn facility as a one bed unit in accordance with the trajectory for potential admissions (unlikely to exceed four per annum) and provide a blended inpatient and community model. This option will require significant estates work and the recruitment of additional LD registered nurses. The unit would be managed by Ty Bryn staff, providing a flexible model of care in order to support patients within the community as well as supporting those in an inpatient setting when required. The disadvantage of this model is that staff who predominantly work in the community would be unable to maintain the competencies required for inpatient care. It may also be challenging to achieve a flexible staffing model for this purpose.

#### Option 2

Continue managing LD inpatient admissions within AMH wards, with additional staff training and reasonable environmental adjustments. This would be in line with the National Care Review of LD hospital inpatient provision (Improving Care, Improving Lives) which outlines the need for admissions to be short term in nature and for a 'community first' approach to be taken. Caring for LD patients on AMH wards over the past 12 months, has improved collaborative working between the ward and LD services and provided better outcomes for patients.

To support this option there will be a need to provide additional training for AMH inpatient staff to enhance their skills in caring for LD patients. We would ensure that CTLDs continue to support admissions, which will ensure LD patients' needs are met, that the length of stay is appropriate to individual needs and that identified ward areas are compliant with autism environments.

An analysis of the responses received is highlighted in the table below:

Table 3 Inpatient Services Options Analysis

Stakeholder Group	Option 1	Option 2	Neither Option	Did Not Respond
Service Users	26	131	2	1
Parents/Carers	17	40	8	4
Partner Organisations	1	6	1	0
Staff	23	17	3	1
<b>Total</b>	<b>67</b>	<b>194</b>	<b>14</b>	<b>6</b>

As can be seen in Table 3, above, 69.53% (194) of those who responded selected Option 2 as their preferred choice, with 24.1% (67) choosing Option 1. A further 5.02% (14) choose neither option and 2.15% (6) did not indicate a response.

### Community Services

As set out earlier in the document, stakeholders were asked to consider the proposals for Community Services, namely the development of a Well-being and Early Intervention Team (WEIT) to provide early intervention and primary care functions. Alongside the integration of MH&LD Liaison Services across the DGH sites.

In response to whether stakeholders felt that the proposed changes will improve Community Services, the responses received were overall positive as follows:

- Of the 160 service user responses 95 (59.4%) individuals responded to this question. Of this 68 (71.25%) made positive comments on the Community Service proposals. 12% (11) felt that the changes were not positive, with 2% (2) indicating that they were unsure and the remaining 14.75% (24) did not indicate a response.
- Out of 42 staff responses 68% (29) of staff indicated their preference for the new model of community provision. 9 staff (22.4%) members did not feel that the proposed changes would improve community services. 2 (4.8%) of individuals were unsure, with an additional 2 did not indicate a response.
- Of the 69 parent/carer responses 34% (24) of parents/carers felt that the changes would be positive. With 25% (17) unsure, while the remaining 41% (28) did not indicate a response.
- 60% (5) of partner organisations indicating positivity for the proposed changes, with 2 unsure and 1 did not indicate a response.

### Gaps in Service Provision

Stakeholders were given the opportunity to identify/bring to our attention any gaps in service provision to enable us to understand any deficits in services when developing the proposed service model. Generally, there were similar responses across all stakeholder groups which are highlighted below:

- Services not being available 7 days a week. More support required for service users to attend Annual Health Checks
- Accessible information on what current LD services in each Local Authority area is not easily available

- Single point of contact is required for support advice and guidance – particularly in managing crisis
- Out of hours/weekend contact for support, advice and guidance should be made available
- Lack of social care support at home, particularly to support carers and to support service users to attend appointments
- Lack of/reduction in day services has increased caring responsibilities
- Lack of/reduction in respite facilities
- Lack of home visits from CTLDs
- Not enough bespoke placements available to maintain independence closer to home
- Lack of residential housing which is fit for purpose
- Poor transition service – communication gaps/lack of information between children’s and adult services
- Some concerns that restrictive practices on AMH Inpatient Services would not be appropriate for LD patients

### Concerns/Issues

Across all mediums of engagement, certain concerns were raised on the proposals, which have been highlighted below. It should be noted that concerns raised accounted in only 12% (34 out of 279) of the overall feedback.

- Some respondents felt that the proposed changes warranted public consultation rather than engagement
- Others felt that by providing 2 options for Inpatient Services felt like the Health Board had already made the decision
- No mitigation was provided if the number of inpatient admissions increased from the predicted usage of 4 per year
- Some respondents felt that the inclusion of LD Inpatient Services within AMH would dilute the specialist LD input that services users require
- Some concerns were raised that the identity of the LD patient profile will become lost if services are provided through AMH services
- Concerns were highlighted that there are inadequate numbers of LD Nurses within Hywel Dda and that there is no clear recruitment plan in place
- A number of stakeholders felt that the proposals should have in-depth coproduction prior to engagement
- A very small minority felt that there was a risk that services may be cut and that the Health Board were using the change programme as a cost cutting exercise
- No additional funding to adequately staff the new service model – particularly 7 day a week working in the community

### Next Steps

Based on the views and information gathered through the engagement process and pending approval from Board, the Directorate is seeking to undertake a comprehensive coproduction process over the next 3 months (June – August 2023) to facilitate the development of robust operational processes and procedures in line with the proposed service delivery model.

This period will ensure that we are taking on board the views of service users, parents/carers, staff and partner organisations in developing new ways of working, particularly around the role, function and pathways in the development of the new WEIT and Liaison functions. It will help to address deficits and gaps in service highlighted during the engagement and mitigate against any potential risks within the new service model. In particular, careful consideration will be



given to any gaps and issues/concerns raised to ensure that we are fully engaging with stakeholders. The coproduction period will enable us to work effectively with LA and Third Sector partners to address and mitigate against service areas/pathways concerns which overlap or are interdependent. Individuals with a LD can have varying needs in terms of their health, social and Third Sector care and support, and we want to take this opportunity to work holistically with our partner organisations to ensure equity of provision for service users across the Health Board footprint.

An initial training needs analysis has been undertaken to determine the skill mix required for the proposed new model. Targeted work has already been undertaken, such as a newly designed integrated training package for Positive Behaviour Management (PBM) across MH&LD services. Pending Board approval, a more comprehensive analysis will need to be undertaken to identify gaps and upskill staff across all LD service areas and respective AMH services. This will ensure that all staff have the necessary skills required to support our LD services whether in an inpatient or community setting.

Following the period of coproduction, a new Service Specification for the LD Service will be developed which defines the new operational processes and procedures. This will be ratified through the Directorate's Written Control Document Group.

Following this in September 2023, in line with the HB's Organisational Change Policy, the proposed service model will require staff consultation through a robust Organisational Change Process (OCP). All aspects of the service changes will be consulted on with staff, Workforce and Trade Union colleagues. If the Board approves Option 2, all staff from the former Ty Bryn site will have the option of transferring to AMH inpatient settings or into the proposed new innovative community settings.

While new staffing structures have not yet been finalised, we have held a number of workshops with senior staff and Finance Business Partners to agree staffing and resource budgets. The proposed changes will be cost neutral, with no impact to the MH&LD financial position.

Throughout the engagement process we have been liaising with WG colleagues to appraise them of the proposed changes and have shared all relevant documentation. To date, feedback has been very positive in relation to the engagement process and the planned trajectory of service changes. Pending approval from Board and any subsequent OCP, WG colleagues have offered to support us in any launch of the engagement outcomes and new service model.

The proposed model of care for LD Services set out in this report will enable the development of a model of care which is fit for purpose and meets future need. Enhanced services will align to local and national need, with staff more suitably trained. Services will be more cohesive, providing earlier interventions through targeted support which will improve the quality of care provided to our LD population.

### **Argymhelliad / Recommendation**

The Board is asked to **CONSIDER** the responses, themes and proposals for the future model of care for Learning Disability Services and:

- **APPROVE** Option 2 which is to integrate Learning Disability Inpatient Services with Adult Mental Health Inpatient Services
- **APPROVE** the 3-month coproduction period to enable robust operational processes and procedures to be developed for Community and Inpatient services
- **APPROVE** the OCP to consult with staff and Trade Union colleagues on the service changes

<b>Amcanion: (rhaid cwblhau) Objectives: (must be completed)</b>	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Risk 137 – Ageing LD Registered Workforce leading to vacancies difficult to fill Risk 1368 – Lack of neurology service to manage people with a Learning Disability with epilepsy Risk 1379 – Unable to recruit substantive Consultant Psychiatrist in Learning Disabilities Risk 1408 – Risk of inappropriate restrictive practice being used regarding patient finance
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	6. Individual Care 5. Timely Care 5.1 Timely Access 6.1 Planning Care to Promote Independence
Amcanion Strategol y BIP: UHB Strategic Objectives:	1. Putting people at the heart of everything we do 2. Working together to be the best we can be 3. Striving to deliver and develop excellent services 4. The best health and wellbeing for our individuals, families and communities
Amcanion Cynllunio Planning Objectives	5G_21 Transforming MH and LD implementation
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019</a>	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS 4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives 8. Transform our communities through collaboration with people, communities and partners

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Improving Care, Improving Lives – National Care Review of Learning Disabilities (2020) Together for Mental Health Delivery Plan (2019 – 2022) Learning Disability Strategic Action Plan (2022-2026) The Social Services and Well-being (Wales) Act (2015) Well-being of Future Generations (Wales) Act 2015
Rhestr Termiau: Glossary of Terms:	Contained within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Regional Improving Lives Partnership Mental Health Legislation Committee Quality, Safety and Experience Group

<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian:</b> <b>Financial / Service:</b>	N/A
<b>Ansawdd / Gofal Claf:</b> <b>Quality / Patient Care:</b>	N/A
<b>Gweithlu:</b> <b>Workforce:</b>	N/A
<b>Risg:</b> <b>Risk:</b>	N/A
<b>Cyfreithiol:</b> <b>Legal:</b>	N/A
<b>Enw Da:</b> <b>Reputational:</b>	N/A
<b>Gyfrinachedd:</b> <b>Privacy:</b>	N/A
<b>Cydraddoldeb:</b> <b>Equality:</b>	N/A