

AGENDA ITEM

6.2

POPULATION HEALTH & PARTNERSHIPS COMMITTEE

**CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD
LEARNING DISABILITY STRATEGIC UPDATE REPORT**

Date of meeting	(02/11/2022)
FOI Status	Open/Public
If closed please indicate reason	Choose an item.
Prepared by	Caitlin Jacob, Interim Partnerships and Planning Lead for Mental Health and Learning Disability Services.
Presented by	Julie Denley, Deputy Chief Operating Officer Primary, Community and Mental Health
Approving Executive Sponsor	Chief Operating Officer (COO, DPCMH)
Report purpose	FOR NOTING

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)

Committee/Group/Individuals	Date	Outcome
(Insert Name)	(DD/MM/YYYY)	Choose an item.

ACRONYMS

C&VUHB	Cardiff and Vale University Health Board
CTMUHB	Cwm Taff Morgannwg University Health Board
SBUHB	Swansea Bay University Health Board.



1. SITUATION/BACKGROUND

- 1.1 Swansea Bay University Health Board (SBUHB) provides the specialist adult services for people with a learning disability within CTMUHB through a commissioner and provider relationship. SBUHB also provide learning disability services for the population of Cardiff and Vale University Health Board (C&VUHB).
- 1.2 The services provided by SBUHB are:
 - community services
 - specialist residential units
 - acute assessment and treatment units.
- 1.3 Learning Disability services for children and young people are delivered within CTMUHB through its paediatric services.
- 1.4 The CTM Regional Partnership Board Learning Disability Working Group, within the governance structure of the CTM Regional Partnership Board, have responsibility for identifying and implementing regional priorities for learning disabilities.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 2.1 In 2017 CTMUHB, C&VUHB and SBUHB established a Joint Adult Learning Disability Commissioning and Performance Group to give assurance to the two commissioning Health Boards on effective and high quality healthcare services to meet the needs of the population. An agreement has been made to restructure the Group and instead establish a strategic oversight group and an operational group to oversee the detailed activity. This will allow more focus to be given to the strategic planning of regional Learning Disability services.
- 2.2 Historically any direct allocation of funding for learning disability services was transferred from Welsh Government to SBUHB. The agreed future approach is that any learning disability funding allocation from Welsh Government will go directly to each health board who will then allocate that funding to SBUHB. There have been delays in enacting the disaggregation of finances as previously agreed but this remains a priority and is an important step in resetting and formalising the commissioning relationship.



- 2.3 In previous years there has been underspend in pay budgets largely due to vacancies. There have been recruitment difficulties historically across all professional groups, especially nursing, and within community and inpatient services. Once the financial disaggregation is actioned any underspends would be retained by the commissioning Health Board unless otherwise agreed and used to bring pace to strategic priorities.
- 2.4 The current specialist learning disability service will struggle to meet future needs for the provision of modern Learning Disability services. The regional strategic intent for commissioning of learning disability services was developed and agreed in 2018 and this continues to provide the broad basis for the modernisation of services.
- 2.5 The overriding aim is for community based support for all people with a learning disability to be the norm with the flexibility to increase support for people to meet their needs in the short term where necessary before returning to the long term plan for maximising their independence and autonomy.
- 2.6 The modernisation programme will mean a change in the ratio of resources between inpatient and community care. It will not be a linear transformation programme but will require changes to be implemented across inpatient and community services in parallel.
- 2.7 The modernisation programme has so far focussed on changes to acute assessment and inpatient care, including adapting Hafod Y Wennol Assessment Unit to meet the needs of individuals with complex health needs.
- 2.8 Developments to implement recommendations of the Coupland review of community services have been more challenging to effect and the acceleration of this work will now be the focus of the modernisation programme to improve health outcomes.
- 2.9 A short-term (1 -3 year) plan (provided as an appendix) has been presented by SBUHB to the Learning Disability Commissioning and Performance Group as a basis for discussion and agreement with partners. A programme structure and detailed action plan will need to be developed to drive forward the changes. The first step agreed is to present it to Local Authorities and other key partners for discussion and further development.
- 2.10 The learning disability estate is not fit for purpose and to achieve the modernisation programme in the medium-long term a capital

programme will be required to develop purpose built facilities across community and inpatient for learning disability services. SBUHB along with commissioners are exploring the current options within a challenging NHS capital landscape and the feasibility of alternative funding streams.

- 2.11 CTMUHB and C&VUHB have long highlighted the need for improved and earlier collaboration and joint working with Local authorities to plan and progress the integration of services as part of the strategic modernisation programme.
- 2.12 A joint post between CTMUHB and C&VUHB is being explored to increase capacity to support the pace of the Learning Disability regional modernisation agenda.

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 3.1 Good progress has been made in some areas of Learning Disability modernisation despite the competing challenges of the last few years however, there is more to do to realise the regional Learning Disability modernisation programme and improve health outcomes for people with a learning disability.
- 3.2 The disaggregation of funding is a priority to action and is key to formalising the commissioning relationship.
- 3.3 The Modernisation Plan will be presented to Local Authorities and other key partners for discussion and further development.
- 3.4 The integration of community services, coproduced with CTM and in partnership with local authorities, should now be progressed at pace.
- 3.5 Workforce pressures remain a high concern and is a risk monitored through the Joint LD Commissioning and Performance group Risk Register.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	There are no specific quality and safety implications related to the activity outlined in this report.
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Related Health and Care standard(s)	Effective Care
	If more than one Healthcare Standard applies please list below: Effective, Dignified, Timely, Individual
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	No (Include further detail below)
	Not applicable at this time.
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
	More detail in respect of any resource implications will be presented in future committee reports.
Link to Strategic Goals	Improving Care

5. RECOMMENDATION

- 5.1 The Population Health and Partnerships Committee is asked to **NOTE** the contents of this report.
- 5.1 Any additional information or documents are available upon request.