

Short term plan (1-3 years) – Learning Disabilities Service  
Learning Disabilities Division  
Mental Health and Learning Disabilities Service Group

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## Background: our Service and Service users

The people we serve:

*“Once you have met one person with a learning disability, you have met one person with a learning disability.”*

Each individual you meet with a learning disability will have unique skills, strengths and abilities. People with learning disabilities sometimes need extra help to stay healthy, safe and have the best life they can. The level of support needed will look different for each person. Predominantly this support is delivered by Local Authorities through social care and housing support.

People with a Learning Disability aspire to live independent lives, as productive members of society; they have wants, needs and wishes that are unique and personal to them and their situation.

There are barriers for People with learning disabilities in acquisition to good quality of life and health.

People with a Learning Disability often experience health inequalities and can have co-morbid physical health conditions alongside cognitive impairment and significant mental health issues. A proportion of people also exhibit behaviour that challenges as a method of communication or sensory function, and a small number of people have profound and multiple Learning Disabilities.

People with a learning disability can have any of the same health problems that every other member of society might have. It is important that people with learning disabilities get support from the right people to know about their own health and know when they might need help. Specialist learning disability services have expert knowledge and understanding of these needs and can work in partnership with primary and secondary care to support access to health.

Some people with learning disabilities might be more likely to have:

- Chest infections and breathing problems
- Ear infections and eye problems
- Constipation
- Epilepsy (seizures or fits)
- Diabetes
- Weight problems
- Swallowing difficulties
- Mobility issues- problems with joints, body position and postural care needs
- Mental health issues
- Communication difficulties
- Memory problems and dementia
- Sensory needs

It is important to remember that good mental health is as important as good physical health.

[Specialist learning disability services:](#)

There are times when people with learning disabilities may need the input of specialist learning disability services. This might be for a short amount of time involving specific assessment and intervention or there may be a need for longer periods, sometimes within acute admissions units or longer term with a more thorough multi-disciplinary assessment and intervention plan.

Specialist learning disability health services deliver:

- Support to primary or secondary services to make reasonable adjustments to meet needs of people with Learning Disability e.g. advice on LD specific needs, education, mobility, health promotion, communication advice.
- Provision of specialist acute Learning Disability inpatient care to address specialist psychiatric needs or complex challenging behaviours.
- Hospital based rehabilitation for people with the most complex needs as part of a pathway to long-term successful community living.
- Functional understanding of challenging behaviour, person centred, positive behaviour support plans and holistic understanding of needs.
- Assessment for commissioning and monitoring long-term placements for people with Learning Disability related continuing healthcare needs.
- Rights based approaches, working within a Human Rights Framework and ensuring the HB are compliant with the legal requirements of the Mental Capacity Act (2005) and MHA 1983 (Court of protection, deprivation of liberty and care co-ordination are particularly complex for this service user group).

[Swansea Bay University Health Board Adult Specialist Learning Disability Services:](#)

NHS Learning disability services are commissioned from Swansea Bay University Health Board and are provided across three Health Board areas, Cardiff & Vale, Cwm Taf Morgannwg and Swansea Bay and are provided in partnership with the 7 local authorities serving these areas.

It is long acknowledged that the current specialist learning disability service delivery is not fit for purpose for the provision of modern Learning Disabilities services and there is need for a programme for transformation. Key principles to transform services were agreed by the 3 Health Boards in 2018 that are aligned with Good Practice Guidelines and were set out in a joint commissioning intent statement (appendix 1).

The statement built on the recommendations of a number of reports for service improvement and set out the elements of the service where there is need for transformation.

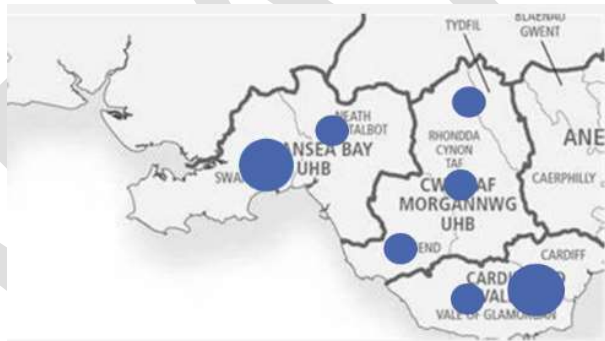
This report seeks to provide a position statement for and all next steps in relation to each identified element and to outline a clear three-year plan for Adult Specialist Learning

Disability Services and how this will prepare the way to transform our Services to reflect the long term vision for the Service.

The composition of our services is outlined below:

<b>Community based Services</b>	7 Community Learning Disability Teams
	1 Specialist Behaviour Team
	1 Intensive Support team (Swansea Bay only from additional HB funding)
	Specialist Epilepsy service
<b>Hospital based Services</b>	2 Acute Assessment Units – 16 Beds in total
	1 Assessment Unit with a focus on reassessment of repatriated people with complex needs from independent hospitals – 6 beds
	7 Specialist Residential Service Units – 35 Beds in total
	1 inpatient area for patients with PMLD – 8 beds (2 designated respite beds)
	Acute Liaison nurse service in DGHs across all Health Boards

The seven Community Learning Disability Teams are spread across SBUHB, CTM and C&V, a Specialist behaviour support team covering all Health Boards and an intensive support service (for Neath, Swansea and Bridgend only).



The CLDTs are composed of Psychiatrists, Psychologists, Learning Disability Nurses, Speech and Language Therapists, Physiotherapists and Occupational Therapists and Therapy Technicians. Each profession is specifically trained to support the complex needs of People



with Learning Disabilities. The team enables the person to access primary and secondary care services with additional input from the CLDT or LD liaison nurses.

When a person with a Learning Disability experiences severe mental illness or severe challenging behaviours, the CLDT will work to support and maintain the person in their own home. If this is not possible they may then require admission to an Acute Assessment Unit (AAU). The aim of these admissions are for a short period of assessment and treatment, often under the Mental Health Act or the Mental Capacity Act, to enable them to return home as soon as possible. The two AAUs include Llwyneryr (Swansea) and Rowan House (Cardiff). Each has eight beds and people go to the most suitable unit depending on their presentation, patient compatibility and the geographical location in which they live.

The service also has an Assessment Unit, Hafod Y Wennol, with specific MDT input, five beds and a seclusion suite. This unit supports highly complex and often challenging individuals return to local NHS services from secure private hospitals.

There are eight inpatient Specialist Residential Services. These are five bedded units where individuals who have more complex mental illness or challenging behaviours are managed with a view to enabling them to eventually move to a home in the community.

#### The case for change:

##### Proposal for Transformation

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.

This will see a change in the NHS ratio of resources between inpatient and community care.

The overall strategic intent for learning disability services has been agreed through the work that the partnerships have undertaken locally in developing commissioning strategies or plans. When assessed in 2019, it was found that there was a high degree of commonality between the high level aims and intended outcomes set by each partnership.

The framework for the operational transformation of community services has been provided through the Coupland Review (appendix 2), the findings of which have been engaged upon across services during 2019/20 and more recently in 2022 following the height of the pandemic.

The framework for the transformation of inpatient services is based upon the latest evidence base and commissioning good lives guidance which has at its heart the principle of dignity and that all people should be supported to live in their own home.

This will not be a linear transformation programme but will require changes to be planned and implemented across inpatient and community services in parallel whilst at the same time not attempting to change everything all at the same time.

The strategic intent for commissioning of NHS learning disability services was developed and agreed by each Health Board in 2018 and this continues to provide the broad basis for the transformation of services. It is now recognised that there is an underspend in the LD budget allocation in the Learning Disabilities direct allocation that can be used to fund the costs of the desired transformation.

It is important to recognise the key drivers influencing the need for change in how we work with people with learning disabilities and their families.

*Welsh Government Learning Disability Improving Lives Programme (2018)*

The Improving Lives Programme (June 2018) outlines key areas of improvement in support for early years, housing, social care, health and education, skills and employment. It emphasises support across the life course based on principles of health promotion, prevention and equality. The key aim for health environments is to lead on the health equalities agenda by developing and promoting reasonable adjustments across other services and sectors with consistent specialist support where needed. This includes developing a clear process for annual health checks and work to prevent avoidable and premature deaths.

The Improving Lives Programme (2018), builds on earlier Welsh Government guidance that highlights the importance of a multi-disciplinary assessment and promotes the annual health check and the recommendations to:

- Provide specific specialist health skills where needed, such as in the fields of challenging behaviour, mental health, epilepsy, mobility, speech and language therapy, forensic needs
- Facilitate a person's progress through an episode of care
- Support and educate families and carers
- Recommend and provide specialist aids, adaptations and establish and monitor specific treatment programmes which promote a fuller and longer life

*The Social Services and Well-being (Wales) Act (2016)*

The Social Services and Well-being (Wales) Act provides the legal framework for improving the well-being of people who need care and support, and carers who need support, and for transforming social services in Wales. The Act applies to health services and social services to provide a basis for delivering equality for those with a learning disability including:

- Voice and control – putting the individual and their needs at the centre of their care and giving them control in achieving the outcomes that help them experience well-being
- Prevention and early intervention – increasing preventative services within the community to minimise the escalation of critical need
- Well-being – supporting people to achieve their own well-being and measuring the success of care and support

- Co-production – encouraging individuals to become more involved in the design and delivery of services

### *Commissioning Context*

The National Commissioning Board for Wales (2017) produced “Commissioning Services for People with a Learning Disability: Good Practice Guidance” to help Regional Partnership Boards develop their own approaches to the integrated commissioning of services for people with a learning disability. It promotes person-centred planning, placing emphasis on people with a learning disability having equitable access to services and being able to live in their own homes within their own communities and encourages commissioners to think long-term when planning learning disability provision. It further endorses early intervention, prevention, PBS and specialised support.

### *Reducing Restrictive Practice*

As a Service Group, we have been working on a multi-faceted approach to reducing restrictive practice, following the publication of the reducing restrictive practice framework in 2021.

The people who use our services need to have confidence that their rights will be upheld. People deserve to be supported in safe and person-centred ways, we expect our services to be pro-active, values based and to implement the PBS framework.

We believe in a rights based approach to the care and treatment of people who use our services. Our Health Board values are written in a simple, easily relatable, values based way: caring for each other, working together and always improving and this must be reflected in the way that we work with those who are vulnerable and described as challenging.

### *Wider UK policy*

In addition to the Welsh policy, there has been much policy and guidance relating to learning disability practice produced within the UK in recent years. The National Learning Disability Senate (2015) provided guidance on the role and purpose of Community Learning Disability Services, outlining five essential functions as follows:

1. Supporting positive access to mainstream services, including being involved in strategic development work across the wider healthcare setting
2. Targeted work with individuals and services enabling others to provide effective person-centred support to people with learning disabilities and their families/carers
3. Specialist direct clinical therapeutic support for people with complex behavioural and health support needs, in particular those with severe challenging behaviours, mental health difficulties, dementia, dysphagia, long-term conditions, epilepsy, autism, personality disorder or those who are part of the criminal justice system
4. Responding to crisis and urgent demands of those who present with behaviours that challenge on at least 3 levels:

- Proactive crisis prevention
  - Reactive crisis management and immediate resource deployment
  - Proactive Strategic planning and service development (informed by the first 2 levels)
5. Supporting commissioners in quality assurance and strategic service development

The guidance further suggested that Specialist Community LD Services should include clinical psychologists, learning disability nurses, occupational therapists, physiotherapists, psychiatrists and speech and language therapists.

*Standards for Adult Community Learning Disability Services*

In 2019, the Quality Network for Learning Disability (QNLD) piloted standards developed with relevant stakeholders as a guide for new or developing services. Services in SBUHB aspire to meet the standards.

*Guidance on Learning from Deaths*

The National Guidance on Learning from Deaths (NHS England, 2017) advises on how NHS Trusts should review the deaths of all NHS patients and share any learning. It refers to the Confidential Enquiry into Premature Deaths of people with a Learning Disability (Heslop et al., 2013) and calls for additional scrutiny about the deaths of people with a learning disability across all settings. In addition, The Learning Disability Mortality Review annual report (University of Bristol, 2019) made recommendations based upon the local reviews of deaths.

Recognising health inequalities and providing a skilled workforce to deliver health facilitation, health promotion and reduce premature death in partnership with universal services is an essential role of the community learning disability team. More recent targets for health promotion based on updated common causes of death suggest control of cardiovascular risk factors, epilepsy, dysphagia, management of thrombotic risks and colorectal screening.

*Coupland review of CLDTs:*

The Coupland review of CLDTs highlighted various recommendations to be considered and addressed which have been incorporated within the wider LD Transformation agenda. A detailed overview of our initial response to Coupland's report is outlined in appendix 3.

The summative outcomes outlined in the report are noted below which are expected to be achieved following the formative work stated within the review.

1. An Operational Document that describes the core functions of a specialist Community LD Service – the aim should be for the function and purpose of the Teams to reflect national best practice, as described within the National Learning Disability Senate (2015) Community Team guidance
2. Pathways for Challenging Behaviour, Epilepsy, Mental Health, Autism, Complex Physical Health, Dementia and Forensic Needs as agreed with commissioners regarding core functions of the service

3. A Framework describing a clear model of support for health facilitation including a process for supporting health checks in wider communities and services, and further development of hospital liaison roles
4. A Cross Service Framework for working with Service User and Carers that reflects best practice principles of partnership and co-production
5. A Forum to support quality improvement, development of research, and sharing of best practice
6. Sharing learning from incidents, events and deaths linked to current governance systems in the Health Board

These outcomes and community learning disability services are to be delivered on the foundational principles as follows, with people at the heart:



**Pathway:** We will have clear and simple processes which are transparent and easily orientated. Decisions will be made in a single point access formulation and agreements will be clearly communicated in a timely and person centred

**Engaging:** Co-production will be fundamental to the way we design and deliver our services.

**Outcomes:** Best evidence should be used in delivery of all services, ensuring that there are clear outcomes focussed approaches underpinning practice

**Person- centred:** People with acute mental illness and or behaviours described as challenging who require a brief period of intensive support will, where possible remain in the community and be supported to avoid a hospital admission. All decisions will be made in partnership keeping the persons wants, needs and wishes central.

**Living:** The people we work with should be supported to live in a place of their choosing, ensuring that no hospital becomes a home, and that assessment and treatment will be delivered as close to home as possible.

**Experience:** We will actively seek feedback on the service user experience, using this to improve and further develop services that people with a learning disability in Wales will be proud of.

#### *Community Enhancement*

To achieve our collective aims it is acknowledged that community services for people with a learning disability need to be enhanced to:

- Ensure comprehensive assessment that enables people to receive the support they need to live as independently as possible
- Deliver additional support flexibly that enables people to remain in their own place of residence when their needs are temporarily increased.
- Provide the advice and support that enables people to access the same services and achieve the same health outcomes as the whole population

- Provide early intervention for families that enables them to develop understanding of the behaviours exhibited by some children and young people and to adopt interactions to prevent the behaviours becoming challenging

The review of Community Learning Disability services has identified a preferred option, agreed through engagement, for groups to deliver ‘mental health and behaviour assessment and intervention’ and ‘specialist community health facilitation and promotion’. The goal being to reduce inequalities in health and reduce restrictive practice, maintaining people in their own homes and reducing the need for specialist inpatient care.

The core services of the Community Learning Disability Service will be expanded in the first instance to increase availability over 7 days and to make available the intensive support function in each Health Board area.

The operational service model for the provision of Specialist Behaviour Support requires further consideration alongside that of the children focused Facing the Challenge service to determine the most effective model of delivery for long term sustainability.

#### *Inpatient Transformation*

The overall inpatient service model needs to be reviewed alongside a capital programme to address the current estate provision which is outdated, is not fit for purpose and makes it more difficult to meet the needs of people with a learning disability who have complex needs related to offending behaviour, mental illness and particularly those with Autistic Spectrum Disorders.

As a specialist provider, our aim for the people with the most complex needs is to provide equivalent or better clinical care to current private placements for individuals through local NHS provision as part of a long term plan for each individual to live as independently as possible in a place that is their home.

The proposed model of care is intended to deliver a shift from long stay provision to a rehabilitation model where there is a focus on the key components of Positive Behaviour Support. To enable this model to be sustainable and to be able to meet the future needs of our population a comprehensive review of staffing levels based on individual service user need and a broader mix of staff to ensure effective MDT input was required.

However, there is already an understanding through person centred need assessments of an opportunity now to undertake a programme of work for a cohort of individuals with a learning disability currently detained under the Mental Health Act in independent sector low secure and locked rehab units whose needs could be met closer to home. This initial work was prioritised whilst undertaking work for the modern inpatient service model and provision to be agreed.

#### *Outcomes and Impact*

The future model of operational delivery aims to achieve the following positive outcomes:-

- Reducing Restrictive Practices
- Reducing Health inequalities

- Clear clinical pathways for efficient, patient centred services
- A workforce that is skilled to meet the complex needs of the service population (whole systems approach to workforce planning)
- Closer to home/repatriation schemes to reduce commissioning of out of area/private provider services
- Environments that are fit for purpose to meet the complexities and challenging risk behaviours of the population

#### *Cross Cutting work*

Across the Transformation programme there will be a number of shared principles and common tasks that will enable the programme to be successful.

Effective engagement is fundamental to the success of the Programme and will continue to be achieved through a comprehensive communications and engagement strategy and supporting action plan which reflects local partnership arrangements as necessary.

Principles for co-production in the development of operational service models and implementation plans are set out and agreed collaboratively across the different stakeholder groups.

Workforce planning will continue to be essential to the delivery of the new service models within a modernised service. We need to ensure that our workforce has the time, resources, support and the right approach to care to offer quality support to people with a learning disability. In addition, we need to explore the opportunities for new roles and skills to provide future services as well as having robust strategies for recruitment and retention that will ensure the services are sustainable in the long term.

It is also acknowledged that Positive Behaviour Support is central to the delivery of quality services and that all staff working within Learning Disabilities receive training in Positive Behaviour Support as well as being available to carers and families.

#### *Partnership approach to change:*

At the Learning Disability Transformation workshop on the 14<sup>th</sup> of March 2019, it was agreed that it would be beneficial to have a position statement derived from existing commissioning strategies/plans for each partnership area to see the commonalities and differences.

All partners emphasise the Social Services and Wellbeing Act 2014 as key legislation driving the strategic direction and unsurprisingly there is a common focus on activities or services that contribute to the prevention of difficulties or to reduce the likelihood of a person's needs increasing. There is also a common thread of improving general wellbeing for people within communities and a focus on involvement of citizens in planning their own care, supporting themselves or influencing commissioning decisions.

There is a consistent focus to deliver the key outcome of offering alternative interventions to those currently provided that would mean the need for escalation of a person's care to more institutional settings is reduced. This is true across the continuum of needs from low level to

complex and is intended to offer both offer choice and maximise opportunities for people to be as independent as possible.

Changing Demand for Specialist LD Services: What does the data say?

In Wales 2.1% of the population have a Learning Disability.

14% of people with a Learning Disability will demonstrate behaviour that challenges which can affect access to universal services and increases likelihood of social exclusion.

5% of people with a learning Disability will exhibit significant challenging behaviour.

People with learning disabilities account for 7% of the prison population in England and Wales.

People with learning disabilities are living longer with increasingly complex conditions.

There has been a surge in the number of people eligible for learning disability services in recent years. This is due to the increase in survival of premature babies who now reach adulthood but can have significant needs associated with their learning disability; and the increased length of life of people with learning disabilities due to advances in social and health care over recent decades. Snell et al. (2011) highlights changes in mortality within the disabled population and the characteristics of new entrants into adult services transitioning from children's services.

Emerson (2005) projected a 32.2% rise in frequency of learning disabilities between 2010 and 2030, which is 5 times the rate of growth of the general population (estimated at 6.1%). This is derived from a central estimate of the change in the number of adults eligible for care services based on individuals with critical and substantial levels of need only (Emerson 2008).

*Local changes in demand:*

Across the UK there has been a government driven policy to close NHS beds for people with Learning Disabilities. Many people with significant support needs can successfully have them met in non-hospital settings (Residential Care, Supported Living etc.).

*Bed-based models*

We believe that SBUHB is upholding an outdated, bed heavy Learning Disability service with eight separate specialist residential units distributed across the three health board areas. The physical environment of these units has been repeatedly criticised by HIW. The internal design is not fit for meeting needs of most complex individuals and the isolated nature of the units represents a service risk in terms of maintaining workforce for safe and quality services. As a specialist Learning Disability service we do not have the facilities to currently deliver for the most complex needs at low secure level and therefore discharge this responsibility by spot purchasing low secure placements from the independent hospital sector. We do have staff with the skills and potential for delivering a low secure service and meeting the most complex needs as part of a pathway to long-term placements.

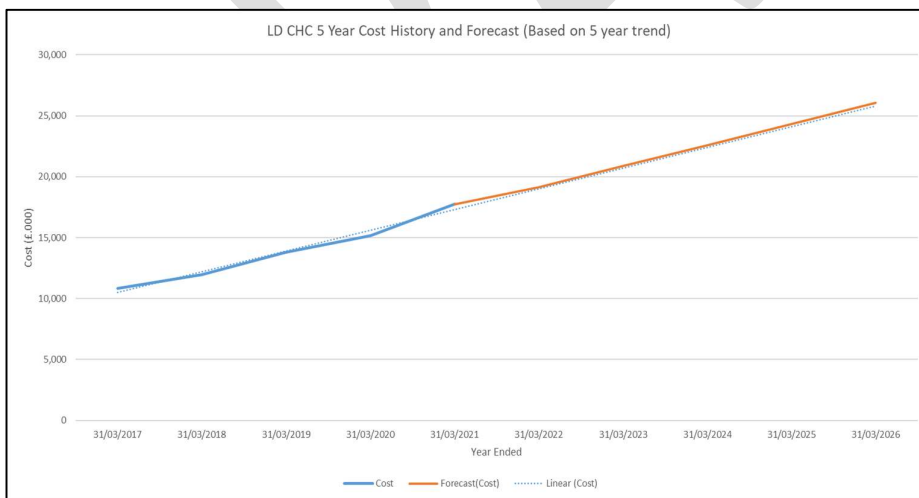
*Intensive community support*

Our acute hospital occupancy has reduced during the pandemic and capacity could be reduced, subject to appropriate agreement through the joint commissioning board and the Community Health Council engagement. To ensure this is sustainable the resource within the community learning disability teams needs to be realigned and expanded to meet the complexity of the service group post COVID. This requires input over a 7 day basis to people in their own homes which is flexible for increasing and decreasing input to avoid the need for hospital care. This has been operating in the Swansea Bay area of Learning Disability Services through Health Board investment and shows benefits for avoiding hospital admissions.

*Commissioning care at the correct level*

We currently commission and monitor long term placements for people with continuing healthcare needs. Although eligible for CHC they do not all require nursing home or hospital settings. This is an appropriate model to meet people’s needs and this approach to commissioning placements will continue under the new CHC Framework for Wales. What is important, is commissioning care at the correct level. Care scandals in the UK, e.g. Winterbourne View, Whorton Hall and Muckamore Abbey Hospital highlight the importance of a robust monitoring and quality assurance process in commissioned care, improving safety and quality, as well as our ability to evaluate financial value. We therefore want to make sure that processes are effective and resources are appropriately allocated.

In recent years the changes in demand associated with complex health needs for people with Learning Disability has led to a year on year increase in the number of people eligible for Continuing Healthcare and an increase in spend over and above inflationary growth.



If growth is linear, associated with population expansion, and increased demand continues at the rate of the last 5 years this would translate into approximately 47% increase in spend over the next 5 years. Whilst we are content that the upwards trend is correct, as a service group this analysis needs to be thoroughly tested and expert support would be beneficial to provide confidence in the prediction for future service planning to minimise the risk.

#### Proposed changes:

The strategic intent for commissioning of NHS learning disability services was developed and agreed by the three Health Boards in 2018. This continues to provide the broad basis for the transformation of services.

Our assessment, based on clinical views and commissioning guidance, is that due to economies of scale a future modern Learning Disability service should be provided on behalf of the three Health Boards and includes high level changes such as:

- Expanded community Learning Disability services to fulfil assessment and commissioning demands
- Out of hours community Intensive support services in all areas to offset demand for acute inpatient care by supporting families and providers preventing placement breakdown.
- Acute inpatient care with bed numbers reduced in line with demand
- Low Secure inpatient care and Challenging behaviour rehabilitation units in line with predicted future demand
- New and evolving roles within all professions delivering specialist learning disability services based on people working to the “top of their license”

#### Objectives – our plan for the next three years:

##### Community Services:

***“Good quality learning disability services have an approach based on strong community support services, planned around people in the environment that they are in, focussing on person-centred care, and looking at each individual’s needs.”***

*LD Professional Senate Guidance 2019*

Community Learning Disability services are the keystone of personalised care that seeks to ensure people receive what they need, where they need it, at a time that they need it. This plan focuses on continuing to evolve the current service model from being overly based to community centred. This will improve patient satisfaction and outcomes and to do this requires the targeted expansion of community services linked through Community Learning Disability Teams. The Welsh Government Specialised Services action plan recognises this with actions aimed at early intervention and crisis response alongside timely transition between different levels of care.

##### Community Learning Disability Teams

As part of the Coupland Report recommendations, the division set out to fully review current operational methods and process in all CLDTs, as part of the overall review of the current CLDT offer it was quickly established that the current Operational Policy was not reflective and required updating to also reflect current practice and core business. It has been

paramount that this is reviewed alongside all members of the multi-disciplinary team to ensure an accurate reflection all disciplines within Learning Disability services.

It has been agreed that the core role and function of community teams is:

- To provide multidisciplinary specialist assessment, treatment, interventions and support to people whose complex needs cannot be met by primary health care and local supported living schemes.
- The core business of a community learning disability service is to work in person centred ways to promote service user's rights, choice, independence, social inclusion and skill development to maximise quality of life.
- Assessment for commissioning and monitoring long-term placements for people with Learning Disability related continuing healthcare needs.
- Working within a Human Rights Framework for the benefits of people and ensuring the Health Board is compliant with the legal requirements of the Mental Capacity Act 2005 and Mental Health Act 1983. Court of protection duties, safeguards for deprivations of liberty and care co-ordination are particularly complex for this service user group.
- Develop more coproduced ways of working with service users, family and carers to ensure that people are supported in an evidence based way. Improve individual experience, evidenced by positive feedback, reduction in complaints or concerns raised.

Through a project approach we identified key aspects that would benefit from focused task and finish group work to improve and streamline current working practices which involved:-

- Undertaking a review of the referrals allocation and development of a single referral process for health team involvement reflective of the current offer and core business of the CLDT's ensuring parity across all teams within the Learning Disability Division
- Agreement of operational policies for teams and services that are currently in place (to be reviewed in line with service vision)
- Commencing work on a business case for the development of LD Intensive Support services in each Directorate (see section below)
- A suite of clinical pathways to provide clarity on access and offer for people with a learning disability.

#### Next Steps

Expansion of capacity across community teams to increase access to clinical assessment and intervention that reflects the objective of enabling more people able to receive personalised care in the community, closer to home which avoids placement breakdown and escalation to higher levels of care. This is outlined in more detail in relation to LDIST and positive behaviour support functions below.

Multidisciplinary completion of operational policies and clinical pathways to provide clarity on the offer and standards for the provision of services for people with learning disability.



Project/Work	Completion by
Mental Health Pathway	Q3 2022/23
Child Transition Pathway	Q4 2022/23
ASD pathway	Q4 2022/23
Dementia Pathway	Q4 2022/23
Forensic LD Pathway	Q1 2023/24
AATU Operational Policy	Q3 2022/23
Hafod y Wennol Operational Policy	Complete
CLDT Operational Policy	Q3 2022/23
SRS's operational Policy	Q3 2022/3

#### Learning Disabilities Intensive Support Team

The Learning Disability Intensive Support Team (LDIST) provides rapid, short term, intensive support to adults with learning disabilities who are experiencing episodes of mental health and/or behaviours that Challenge and could be attributed to a number of factors.

Intensive support teams have been implemented across the UK to provide high-quality responsive care aimed at avoiding unnecessary admissions and reducing lengthy in-patient stays. In Swansea Bay, LDIST delivers a 7 day service alongside the core CLDT provision into the evenings which provides additional support to the service user at times of increased need or crisis to reduce the impact on the service user, their carers and/or family. This in turn reduces unnecessary admissions to inpatient services and decrease the risk of placement breakdown.

The service also supports service users in the discharge process to ensure timely transfer through additional support during transition back home or to alternative placements in order to reduce bed day usage.

The system and patient experience benefits to be achieved by LDIST provision across all three Health Board areas are:-

- Extended hours of access for patients, carers and other service providers to specialist Learning Disabilities services
- Fewer people in hospital is a better outcome and experience for people with a Learning Disability as they remain in their own homes to receive care
- Reduction of demand for hospital admission due to the extended working hours and the speciality of the team to deal with higher level of care needs within the community

- Timely discharge and move on from assessment units and also for some of the patients within our specialist residential units
- Enhancement of core community service by working closely with them to manage patients on their caseloads out of hours thus preventing the development of crisis.

### **Next Steps**

Investment has already been agreed for the expansion of LDIST across the 3 Health Board areas and a phased expansion is underway to enable the management of the recruitment process, and to ensure effective training is provided.

Directorate Managers have already communicated the enhanced offer with stakeholders from Local Authorities and Health Board's, but will work towards creating additional opportunities for more detailed discussion. The additional staff will be situated within the CLDT's in order to embed fully with the teams and their service users. It is anticipated that services will be embedded and operational in Quarter 3 2022/3.

#### Specialist Behavioural Team

SBT continue to provide their existing service of enhanced PBS input to those with significant behaviours that challenge. SBT continue to review and refine their processes and update these in accordance with best practice in key areas relevant to the team to include: restrictive practices, PBS Plan templates and SBT pack of documents. The team continue to lead the role out and development of the Behaviours that Challenge (BthC) care pathway and training related to this across the service. SBT continues to provide support to inpatient services via PBS support and psychological input and consultation as well as service development project input.

The operation of the specialist behaviour team is the next area for focus in terms of the recommendations from Coupland. This requires joint working and a shared approach to the implementation of the review of the core business of specialist services.

We recognise that it is essential that our staff have the skills needed to meet the complex needs of individuals who use our services. Embedding those skills within teams means that we are able to support individuals with behaviours described as challenging in a variety of ways, the challenging behaviour pathway supports the ownership of the assessment and intervention needed by all professionals who have a role with those whose behaviour is described as challenging. We are committed to growing the skills across all parts of the service, embedding the values and intentions of positive behaviour support to improve outcomes, experience and impact on the pathway for those whose behaviour is described as challenging.

### **Next Steps:**

We will expand the provision of positive behaviour support within the CLDTs, enhanced by the close working relationship between the CLDT and SBT. In addition, the SBT operational model will be revised to reflect the required developments.

#### Acute Hospital Liaison Services

Acute liaison nurses have been appointed to all hospital sites across the 3 Health Board areas on the basis of the additional funding provided by Improving Lives direct to each Health Board but it is recognised that this is a limited resource.

The Paul Ridd Foundation was established by Jane and Jonathon Ridd after the preventable death of their brother Paul. Paul's family have campaigned to improve the quality of care for people with a learning disability when they need to access acute hospital care. They campaigned for implementation of reasonable adjustments (Equality Act, 2010), enhanced training for staff and Learning Disability Liaison nurses being available in each hospital. There are currently 7 WTE Acute Learning Disability Liaison Nurses to work across 3 Health Board areas in 7 hospitals.

The role of ALNs is valued by the hospital staff and community teams as well as the patients and their families, noted by complaints and escalation when they are not available as well as regular recognition and compliments for a job well done.

#### Next Steps

Work is needed to formulate an understanding of demand and capacity that can inform confident business case development for expansion to deliver a cohesive and sustainable service.

Consideration should be given to the skill mix of the Liaison Service and the usefulness of non-registered additions to the team for administration and training purposes.

#### Transition from childhood to adulthood

A Transition Process has been in place in all CLDTs for some time and the standards set out have been audited. Information from the audit suggests the following themes.

- Coordination and collaboration between services acknowledged as being key to the success of a transition but often poor.
- Not starting transition planning early enough.
- Lack of person centred focus, involving the young person and their families in decision making.
- Providing a single point of contact for young people and their families to access specialist health.
- A lack of information about services available.

We are aware that in teams where a lead was identified there appeared to be better oversight of a database and the needs of children and young people coming through to adult services.

However, the role is always assumed rather than designated and varies in function. A number of varying professions have taken particular responsibility for transition. However, nursing generally take more of a lead as they start to work with the individual from age 18. Therapists will generally start active interventions once education has ended at age 19.

We now need to consider what good Transition looks like for individuals and families with varying needs. In the past it appears that we have tried to apply an identical process to all children and young people. We need Transition services to be weighted towards those with the greatest and most complex needs and provide better information about access to our (and other) services to those who may only occasionally require specialist interventions.

The development of specific transition roles within CLDTs for the holding of information and managing the process with partners is required.

An established Pathway Group will look at the transition process for our most complex service users and consider an 'enhanced' pathway for those children and young people with an already established Primary Health Need.

#### Inpatient Services:

##### Acute Assessment and Inpatient Care

The original model operated with 24 beds for inpatient assessment and treatment which was acknowledged to be at the upper end of suggested acute bed provision. The repurposing of 8 of those beds for a 6-bedded specialist assessment Unit has allowed patients in independent sector hospital placements to have their needs met within NHS provision. The model is for them to be assessed and also considered for referral to one of the Specialist Residential Units (SRSs) or if applicable, non-hospital care in community settings.

Additional investment has been released into Hafod y Wennol in order to move from the 8-bedded AATU to the 6-bedded Assessment Unit. The investment into the Unit has come from existing resource within the delegated budgets for learning disabilities that are funded by the direct allocation.

Currently there are therefore two 8 bedded acute assessment units (Rowan and Llwyneryr). This total number of acute beds is now therefore similar to the recommendations of 10-15 beds per million total population. The service has been operating with this number of beds for a considerable period of time and although bed occupancy is high, there has not been a need to source a health bed from elsewhere. Additionally, on review of the current acute in-patients, several of these are delayed transfer of care and hence further supports the evidence that we are working with an appropriate number of acute beds.

The specialist residential service units are having a further review of the support needs of the current inpatients, to determine their pathway out of hospital provision. Initial overview has enabled the planned movement of several patients to improve patient flow.

Hafod Y Wennol continues to assess out of county patients who are in private hospital provision, bringing back suitable patients for further assessment and treatment in order to

optimise their quality of life and move forwards with a plan for eventual discharge from hospital provision.

Plans have been scoped out and implemented to enable Hafod Y Wennol to adapt its assessment function for people with complex health needs and challenging behaviour that had previously led them to be placed in the independent hospital sector from all three Health Boards.

### **Next Steps**

The objective for NHS inpatient services is to provide acute inpatient care for people with a learning disability with co morbid severe mental illness and challenging behaviour due to vulnerability and learning disability specific needs, as well as providing specialist rehabilitation services as part of a pathway to community support for people with the most complex challenging behaviour, health issues and forensic needs.

This cannot be provided effectively by upgrading existing facilities in the long term and a capital programme will be needed that would represent the first purpose built facilities across community and inpatient care for learning disability care since the decommissioning of the long stay hospitals in the 1990s. This is a long term approach however and there are interim steps that can be taken alongside this.

Meadow Court is still planned to become a specialist Autism Unit however, due to an absence of capital funding the proposed building works will be unable to take place during the financial year 22-23. This has restricted some of the plans for patient movement, but staff feel that they will still be able to operate as a 3 bedded autistic unit with the current design in the short term. Such a reduction in inpatient capacity would be subject to appropriate engagement and views of Community Health Councils.

The anticipated impact of the expansion of the intensive support service across all Health Board areas would be felt in a further reduction in acute assessment demand, possibly allowing a further reduction in the total number of acute assessment unit beds to 16 (subject to appropriate engagement and views of Community Health Councils) operating across 2 sites now that 3 bedded single point of access Dan Y Deri no longer performs this function and is instead currently closed for refurbishment with a short to medium term plan to develop the site to support delivery of interim service delivery plans whilst the long term plan is developed and manifested.

The removal of the single point of admission pathway places our acute bed provision within a UK benchmarked range and has released Dan Y Deri for potential development into a further specialist challenging behaviour hospital provision that would increase our options for repatriating people from private hospital care or avoiding placement in the private sector in the first place.

This proposal follows the recognition of more recent demand which reflects an overall increase in the number of people with a learning disability, coupled with a projected increase in patients with a learning disability who present with extremely complex challenging behaviours and/or offending behaviour and require hospital provision to meet such needs.

At the current level of demand in 2022, significant numbers of patients are being placed in private hospitals as due to our estate we are unable to provide a service to meet their needs. As this population grows this will increase further leading to spiralling CHC costs.

As highlighted previously, we do have staff with the skills and potential for delivering a high quality service to meet the needs of the most complex individuals, that support a pathway to long-term placements. The current estate is not fit for purpose and requires change in order to meet the increasing complexity and demand for highly specialist learning disability provision. The physical environment of the specialist residential units has been repeatedly criticised by HIW. The internal design is not fit for meeting needs of most complex individuals and the isolated nature of the units represents a service risk in terms of maintaining workforce for safe and quality services. As a specialist Learning Disability service we do not have the facilities to currently deliver for the most complex needs at low secure level and therefore discharge this responsibility by spot purchasing low secure placements from the independent hospital sector.

The proposed model of care is intended to deliver a shift from long stay private hospital provision to a rehabilitation model where there is a focus on the key components of Positive Behaviour Support.

Developing this service is subject to capital investment to upgrade and provide safe facilities appropriate to the levels of need displayed by the individuals in the private sector. We have started to explore further options for what is possible within a challenging NHS capital landscape and the feasibility of alternative funding streams whilst also sharing this intention with commissioning partners.

The development of Dan Y Deri complements our proposed vision for transformation of the whole learning disability service as part of our interim activity and service model that will enable facilitation of achieving our long term plan. Importantly, the interim plan will utilise existing opportunities due to the increasing pressure and demand for specialist placements.

The transformation of the Dan Y Deri site would enable patients who are currently unable to be brought back to any of the inpatient units due to complexity and/or compatibility to be accommodated going forwards. Additionally, patients currently in Hafod Y Wennol for assessment who are identified as requiring further support in a specialist environment such as this would then be able to have their needs met and their ongoing rehabilitation needs supported. It has been noted that the current SRS provision in general will not be able to meet the needs of several repatriated individuals due to their need for a robust building and a placement that can increase staffing numbers at short notice.

Currently there are 18 individuals who are placed in private hospitals due to the level of challenging behaviours they are presenting with. Many of these have spent years in hospitals and therefore, a step down to the community in the foreseeable future is an unrealistic expectation. These individuals are likely to require a lengthy period of rehabilitation in a robust specialist hospital unit where the staff are able to meet their challenging needs and the building is robust to withstand their presentation also. From there, they may then have a planned step down into a community placement.

Further consideration and reviews of the existing inpatient estate have taken place to determine the period of time each respective unit is required to fulfil its role within Learning Disabilities inpatient provision as an interim measure to facilitate the transition to the long term vision and Service model. The respective plans for each unit has been outlined in the table below:

Outline view for existing inpatient Estate

<b>Unit</b>	<b>Position</b>	<b>View</b>
Dan Y Deri	<p>DYD is an SRS unit that was used as the SPA during COVID19. It is a 5 bedded unit.</p> <p>Discussions are currently under way for redesigning DYD to provide accommodation in the form of flats/annex for 6-8 beds for patients with severe challenging behaviours.</p> <p>With the proximity to Llwyneryr and space available on the site this is estate that is to be retained for the long term.</p>	<b>Long term</b>
Swn Yr Afon	<p>SYA is an SRS which currently has an all male patient population. It is a 5 bedded unit. Despite the challenges that its remote location poses for workforce recruitment and retention it could be appropriate for this to be used as a 4 bed male forensic rehabilitation unit. There are currently patients who require this approach living there and it has also been used as a step down from HYW with the addition of an activities coordinator. Step down rehabilitation will continue to be a function we should provide.</p> <p>The environment requires upgrading but the boiler has recently been replaced with a heat exchange unit.</p> <p>This unit has a medium term usage whilst developing the long term new build solution.</p>	<b>Medium Term</b>
Meadow Court	<p>MC is a 5 bedded SRS unit. The staff there have significant skills in working with people with ASD in the moderate/severe LD range. Due to the space required for these patients it would need to become a 3 bedded unit, each of which is an individual annex area which was already planned out with sketch plans developed by capital planning. With the cancelation of the IFAB capital resources the proposed building works will be unable to take place in the coming year. This has restricted some of the plans for patient movement, however staff feel that they could still operate as a 3 bedded autistic unit in the short term.</p> <p>This unit has a medium term usage whilst developing the long term new build solution.</p>	<b>Medium Term</b>
Ty Garth Newydd	<p>Currently a 5 bedded SRS Unit which provides care for females only. The staff team have expertise in working with women with Personality Disorder who display behaviour that challenges. Providing specialist interventions and trauma based carer to prepare people for community placements of this cohort of patients will continue to be a function of specialist inpatient</p>	<b>Medium Term</b>



Unit	Position	View
	<p>services. This would therefore remain as a 5 bedded female personality disorder unit.</p> <p>This unit has a medium term usage whilst developing the long term new build solution.</p>	
Bryn Afon	<p>Currently a 5 bed SRS unit including one specialist annex. This unit has been refurbished following a HIW inspection and along with Hafod Y Wennol and Llwyneryr makes the best of our available environments. The unit can remain as a 5 bed provision as part of the complex care pathway to enable step down from HYW where compatibility and risk assessments allow.</p> <p>This unit has a medium term usage whilst developing the long term new build solution.</p>	<b>Medium Term</b>
Dan Y Bont	<p>This is a 5 bedded mixed SRS unit. The current cohort of patients have complex needs which are well known with relatively stable management plans. Overview needs assessments for future accommodation and support needs are being undertaken but it is anticipated that almost all can be supported in community placements.</p> <p>This is a unit that could be transferred to another organisation with specialist support from the community team for the initial transition period with the patients remaining in the unit.</p> <p>This unit only has short term usage and would not be replicated in the long term new build solution.</p>	<b>Short term</b>
Lletty Newydd	<p>Currently 5 bedded mixed SRS unit.</p> <p>This unit has the poorest environment of all our current estate. The issues are sufficiently significant to consider closure of the unit should capital investment for refurbishment not become available.</p> <p>The cohort of patients in the unit have complex needs and the unit can offer a rehabilitation and move on as part of a complex needs pathway.</p>	<b>Short Term</b>
Laurels & Briary	<p>Individuals with profound and multiple learning disabilities are relatively small in number and historically have been under provided for.</p> <p>This service was designed to help address this fact and currently there are 8 beds in total 2 of which are for planned respite. The care provided has a different focus to other inpatient care with physical care skills uppermost.</p> <p>The type of provision required to meet the needs of this cohort of individuals is specialist care but not necessarily hospital care. This is a commissioning issue for each of the Health Board areas and the unit could be transferred to another organisation as part of this. The service would not be replicated in the long term new</p>	<b>Short term</b>

Unit	Position	View
	build solution and the tenure of the unit's usage within LD specialist services will be subject to commissioning discussions.	

In light of the assessment above, the potential bed state changes have been considered and outlined in the table below.

In Patient area	Current Beds	Possible Future Beds
Acute Assessment	16	16
Reassessment (HYW)	6	6
SRS	35	25/30*
PMLD	8	0
Total	65	47/52

\*Lletty Newydd consideration

[LD Modernisation investment Plan](#)

The following have been identified as key investment areas to underpin the service improvement work identified above for the next 3 years for delivery out of existing funding.

Area	What	Why	How	Indicative investment
Community	Expansion of community LD Service Offer by enhancing the availability of positive behaviour support in each community learning disability team linked to	<p>Increasing Core offer to support community placements to reduce likelihood of placement breakdown increase levels of complexity that providers can manage.</p> <p>Embedding and enhancing skills in CLDT</p> <p>Supporting partner agencies to avoid escalation and more people able to receive personalised care in the community, closer to home.</p>	Population proportionate increase of Behaviour specialists and assistant behaviour specialists in each HB area.	£0.48m



		Key recommendation of Coupland report		
	New Role development to diversify skills for meeting needs of people with the most complex needs.	<p>Ensuring a contemporary workforce that can respond to the new models of care.</p> <p>Increased expertise accessible for increasing complexity</p> <p>Prudent healthcare ensuring people operate at the top of their license.</p> <p>Reducing risk associated with future availability of medical workforce</p>	<p>Advanced Nurse Practitioner posts in each HB area.</p> <p>Independent Prescribing Pharmacist</p> <p>Physician associates in each HB area</p>	£0.33m
	Increasing capacity for delivering health facilitation for people with LD	<p>Increasing support for primary care.</p> <p>Actions to reduce health inequalities</p> <p>Prudent healthcare</p>	<p>Population proportionate increase of HCSW roles to support CLDTs and acute liaison roles.</p>	£0.36m
	Enhancement of infrastructure to support CLDT operation and maximisation of clinical skills	<p>Reflects the increase in clinical staffing</p> <p>Supports prudent healthcare to reduce non clinical demands on registered staff.</p>	<p>Population proportionate increase of non registered staff to support administration of clinical reviews, DST and careplan development. (taking account of new ways of working and digital technology)</p>	£0.08m
In-patient	Increasing multidisciplinary staffing for the delivery of Challenging behaviour unit.	<p>Better patient outcomes</p> <p>Meeting needs of people with complex health problems in NHS</p>	<p>Increase of SALT, OT, Behaviour Specialist, physio and nursing resource proportionate to bed numbers (both</p>	£0.5m



		rather than independent sector.  Improving clinical quality for preparing people for community placements.	registered and non registered).	
	Review of establishments for existing inpatient services in line with proposed specific purposes to improve ability to improve move on and preparation for community placements.	Improving ability for transition and transfer within NHS care in preparation for community placement.  Increased community access  Improving quality and delivery of safe care for people with more complex needs.  Resources can be transferred to future service model.	Increase of activity coordinator roles.  Targeted increase of MDT input dependent on role and function of units in the short term.	£0.12m
Enabling Resources	Education and training function to support workforce development and skills acquisition for delivery of revised services.	Better patient outcomes  Multidisciplinary Continuing professional development.  Evidence based workforce development.  Improved recruitment and retention  Improved wellbeing	Practice development resource specific to LD.	£0.05m
	Increasing Programme management capacity available across all three Health Boards to support transformation planning and implantation.	Additional planning resource specific to LD  Project and Risk management  Joined up approach to planning and delivery.	Programme management	£0.07m
<b>Total</b>				<b>£1.99m</b>

## Benefits Realisation

Achieving positive outcomes for people is central to the operation of the learning disability service and overall the model of operational delivery aims to achieve the following positive:-

- Reducing Restrictive Practices
- Reducing Health inequalities.
- Clear clinical pathways for efficient, patient centred services.
- A workforce that is skilled to meet the complex needs of the service population (whole systems approach to workforce planning).
- Closer to home/repatriation schemes to reduce commissioning of out of area/private provider services and reducing rate of growth of CHC spend.
- Environments that are fit for purpose to meet the complexities and challenging risk behaviours of the population.

Measures to monitor the impact as a consequence of service development are as follows:-

Objective	Measure	Standard

***[Note: The SLA group are looking at outcomes and performance measures which it is suggested can agree the specific measures for benefits realisation]***

## Longer term plan:

### Medium term development

An interim position will provide time and space for actions to meet long term service need which relates to the first purpose built facilities across community and inpatient care for learning disability care since the decommissioning of the long stay hospitals in the 1990s. This will require a capital programme and business case development in order to deliver our long term plan for the Service (appendix 4).

The NHS will continue to provide acute inpatient care for people with a learning disability with co morbid severe mental illness and challenging behaviour due to vulnerability and learning disability specific needs.

Meeting the needs of ongoing behaviour that challenges and providing care to people with forensic needs will be a low volume high cost activity and the NHS is best placed to meet these complex needs directly.

Fulfilling this would see the development of two purpose built Hubs (East and West) covering the three Health Board areas which will require a capital business case to be agreed by Welsh Government.

Each Hub would provide a small facility with a number of self-contained units, sized according to assessed future demand and with flexibility to deliver multiple purposes. The units would employ technology and resources to be robust in structure and designed to be suitable for the cohort of patients who will require the services over the coming decades.

There would be flexibility related to the number of patients within the units depending on acuity and service compatibility issues. One unit will be an acute admission unit whereas, another would also have a seclusion suite for use when required. A multi-disciplinary approach to assessment and intervention will maximise the therapeutic approach.

Each Hub is likely to have people with similar needs e.g. males with severe ASD; forensic patients; personality disorder however, these will be supported through skilled MDT working and careful bed management to enable acute and planned admissions for people to flow freely through the system and enable timely discharge into the community when appropriate.

The Hub sites would also provide a mix of community staff to enable a fluid use of workforce between the inpatients and the community and also between the individual units. This will allow rapid response to changes in staffing needs.

There are actions required within the next 3 years for commencing planning for the development of a capital programme supported by all three Health Boards to secure support from Welsh Government. This is referenced in the project plan.

#### Timescales for change:






Objectives included in this report have been set realistic timescales for completion which has been outlined in the Gantt chart embedded below. This chart reflects the complexities associated with achieving our short and long term plans and reflects the importance of embedding an interim plan as the vehicle to transforming our services from their current to long term future state (appendix 5).

#### Recommendations for endorsement:

- That the Long term vision for Specialist Learning Disability service provision is in line with National and local strategies.
- Recognition of need for interim 3 year plan to move the modernisation agenda forward
- Agreement of the areas for development and timescales set out within the three year plan



Appendices:

Appendix 1: Joint commissioning statement	 18 08 Specialist Adult Learning Disal
Appendix 2: Coupland review	 Review of Comm LD Teams - Tim Couplar
Appendix 3: Coupland Summary – our response to Coupland (2020)	 CTLD report final.docx
Appendix 4: Long term vision for Learning Disability Services	 Presentation to exec board August 2022.ppt
Appendix 5: Milestone projected timelines	 Milestone projected timelines vs2.xlsx

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