

AGENDA ITEM

3.3

POPULATION HEALTH & PARTNERSHIPS COMMITTEE

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

Date of meeting	(07/07/2021)
FOI Status	Open/Public
If closed please indicate reason	Choose an item.
Prepared by	Colette Rees, Partnerships and Planning Lead for Mental Health and Learning Disability Services.
Presented by	Julie Denley, Director for Mental Health and Learning Disability
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

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



1. SITUATION/BACKGROUND

- 1.1 This paper provides an update on the key areas of strategic work for Learning Disabilities services within Cwm Taf Morgannwg University Health Board (CTMUHB) as well as updates on the Health board business planning, partnership, engagement and communications work. The committee is asked to review, discuss and note the approach.
- 1.2 The adult services for people with lived experience of learning disabilities within CTMUHB is provided by Swansea Bay University Health Board (SBUHB) through a commissioner and provider approach with CTMUHB. SBUHB also provide learning disability services for the population of Cardiff and Vale University Health Board.
- 1.3 Learning Disability services for children and young people is delivered within CTMUHB through its Pediatric services.
- 1.4 The UK Equality Act 2010 defines disability using the medical model. Disabled people are defined as people with certain conditions or limitations on their ability to carry out normal day to day activities.
- 1.5 Data on people with a learning disability is recognised as being poor in Wales. A learning disability affects the way a person learns new things, how they understand information and communicate, some have a mild, moderate or severe learning disability and this remains throughout life (* Appendix available on request). Often people who have profound and multiple learning disabilities will present with behaviors that can challenge how care is delivered, or with mental health issues, or additional complex physical health needs.
- 1.6 Whilst approximately 15,000 adults with a learning disability are known to social services in Wales there are potentially at least 60,000 people in Wales not known to social services. The definition of a learning disability can be confused with a learning difficulty and in education children with a learning disability are included in the additional learning needs wider definition.
- 1.7 People with a learning disability have worse physical and mental health than people without a learning disability. On average, the life expectancy of women with a learning disability is 18 years shorter than for women in the general population. The life expectancy of men with a learning disability is 14 years shorter than for men in the general population.



- 1.8 *Prosperity for All* is a single cross-cutting Welsh Government 2018 strategy to inform all decision-making and to provide a framework for improved cross-governmental working and to improve the quality of people's lives. The learning disability transformation programme called Improving "*Lives supports Prosperity for All*" and provides valuable evidence to develop the five priority areas and integrated working across portfolios and sectors to improve the lives of its citizens and address inequalities where they exist.
- 1.9 In 2007, a statement of policy and practice for people with learning disability was published. This describes the key principles, aims, responses and outcomes that the Welsh Assembly Government believes are desirable. This is Welsh Government's latest guidance and is still relevant today.
- 1.10 Key Legislation underpinning this review is the Social Services and Wellbeing (Wales) Act 2014, the Wellbeing of Future Generations Act, the Equality Act 2010 and the Health and Social Care Act 2008 where health and social care organisations have to make "reasonable adjustments" in how services are provided in order to reduce preventable inequalities in health by people with a learning disability.

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

- 2.1 Specialist NHS Adult Learning Disabilities across CTMUHB footprint are provided by SBUHB. In 2017 CTMUHB, C&VUHB and SBUHB established an Adult Learning Disabilities Commissioning and Performance Group, to ensure the commissioning of effective and high quality healthcare services to meet the need of the population.
- 2.2 The ambition of the group is to strengthen the quality, safety and performance agenda and having oversight on financial spend and more recently strategic direction.
- 2.3 Historically any direct allocation of funding for learning disability services went straight from Welsh Government to SBUHB. The agreed approach moving forward is that any learning disability funding allocation from Welsh Government will go directly to each health board and the health board will then allocate that funding directly to SBUHB. There has been a delay in officially finalising this process, due to Covid-19, however this process is now in its final stages and should be completed by finance teams July 2021.

2.4 The funding allocation for CTMUHB for learning disability services is £8.265m. This will be increased in respect of 2020-21 pay award funding and for any further pay award funding in 2021-22.

2.5 **Development of a new Commissioner and Provider Model.**

2.5.1 Financial underspend has been reported against delegated budgets for the provision of the adult learning disabilities services. Recruitment difficulties historically across all professional groups and within community and inpatient services has contributed to the underspend. In response to this SBUHB developed a modernisation plan, through a collaborative approach, to support the need to strengthen the community care model.

2.5.2 To avoid admission, to promote early discharge, and to provide community support, services for people with a learning disability there was a need to redesign and re-commission to ensure services are efficient, effective and based on the needs of service users and carers.

2.5.3 During the initial stages in 2018 a task and finish groups was established determine the current and future healthcare needs for this population. This assessment was completed by undertaking a “snap shot” analysis of all individuals on specialist learning disability team caseloads, and in specialist learning disability beds, and was not intended to be an in depth population needs assessment, (* Appendix available on request). This needs assessment was utilised alongside the population and social care needs, financial profiling, and trend information in order to inform potential re-modelling of learning disability services across the region in partnership with Local Authority colleagues.

2.5.4 From this in 2019 SBUHB came together with Health and Social Care organisations responsible for Learning Disability. It was clear from initial discussions that all partners shared a commitment to the need to modernise Learning Disability services and a common high level vision of the principles for service delivery. The significant similarities in each Regional Partnership Board area’s respective strategic direction documents for learning disability services were a testament to this.

2.5.5 The current public health crisis resulted in a temporary suspension of developmental work as services focused on adapting and maintaining learning disability services safely.

2.5.6 In December 2020 SBUHB tabled their modernisation proposal at the Adult Learning Disabilities Commissioning and Performance Group for

approval. The overriding aim was 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 maximizing their independence and autonomy. The broad approach was agreed and a recommendation was made to use some of the identified underspend to support employment of a clinical lead and programme managers, this was subsequently approved by SBUHB Board.

2.5.7 As part of SBUHB re-modelling their Learning Disability services became a standalone directorate in early 2021.

2.6 **Helping people to live independently.**

2.6.1 The right housing can support people to remain independent, or provide the correct environment for people leaving hospital, reducing delays in getting people home. The “Closer to Home” project in Bridgend county Borough support accommodation placements for Adults with a Learning Disability.

2.4.2 This work supports the Welsh Government Strategic vision for people with Learning Disability outlined in the Improving Lives Program (2018). There are joint commissioning arrangement between Health, Social Care, Third Sector and other partners. A joint application for Integrated Care Funding (ICF) has been submitted for 2021/2022 to support a new build project in Bridgend County Borough to support 4 Service Users with complex learning disability. This application is still in the ICF process stages. This integrated approach to commissioning is one example of the collaboration across CTM footprint, required to provide good quality and cost effective services for people with complex needs.

2.5 **Quality Assurance.**

2.5.1 The Commissioner Provider meetings take place bi-monthly and are Chaired by the Director of Primary Care and Mental Health for CTMUHB.

2.5.2 The key function is to provide scrutiny on behalf of the CTMUHB on all matters relating to Quality and Safety, performance and use of resources. The commissioner provider meeting matured significantly in the six months prior to the pandemic and continue to do so.

2.6 Health Checks and Acute Hospital Liaison.

- 2.6.1 Regardless of the arrangement for SBUHB to provide our Learning Disability services we still have wider duties. People with learning disabilities have poorer physical and mental health than other people and die younger. Many of these deaths are avoidable and not inevitable.
- 2.6.2 Annual Primary Care Health Checks can identify undetected health conditions early, ensure the appropriateness of ongoing treatments and establish trust and continuity care.
- 2.6.3 CTMUHB now have a newly appointed Lead Nurse for Learning Disabilities who recently taken up post to help support and drive improvements. They will work with the learning disability team, GPs and practice nurses to increase knowledge and understanding, which will be a key enabler to ensuring a collective approach to help people with learning disability get timely access to increasing complex health systems.
- 2.6.4 The overarching aim of this role is to look at increasing the uptake of Annual Health Checks. Health Checks have been evidenced as identifying unmet health needs and reducing health inequalities for people with Learning Disabilities.
- 2.6.5 CTMUHB are also working with Cwm Taf People First to develop a presentation on the importance of annual health checks from a person with a learning disability perspective. Co-production work has taken place to develop the role of 'Health Champions', where people with a learning disability themselves will be going into GP practices across the CTM footprint to deliver the presentation which emphasises the importance of annual health checks and why they are so important to a person with a learning disability.

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

- 3.1 The Adult Learning Disabilities Commissioning and Performance Group have a risk register and this is a standing item in meeting Agenda's.
- 3.2 Risks and Issues identified within each health board are brought to the attention of the group for discussion and decision making to resolve, where appropriate.



- 3.3 Each health board is responsible for the management and monitoring of their risk and/or issues. The Director for Primary Care and Mental Health is the Senor Responsible Officer for CTMUHB risks and issues.
- 3.4 Any escalation needs identified for CTMUHB are aligned to CTMUHB Risk Management Policy and Procedure.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	There are no specific quality and safety implications related to the activity outlined in this report.
Related Health and Care standard(s)	Effective Care If more than one Healthcare Standard applies please list below:
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.
Link to Strategic Well-being Objectives	Work with communities and partners to reduce inequality, promote well-being and prevent ill-health

5. RECOMMENDATION

The Population Health and Partnerships Committee is asked to:

- **NOTE** the approach to the Learning Disability Services outlined in this report.

*Appendices are available on request