



AGENDA ITEM

3.2.5

QUALITY & SAFETY COMMITTEE

**PROGRESS REPORT '*IMPROVING CARE, IMPROVING LIVES*',
NATIONAL CARE REVIEW FOR INPATIENTS WITH A LEARNING
DIABILITY.**

Date of meeting

24/01/2023

FOI Status

Open/Public

**If closed please indicate
reason**

Not Applicable - Public Report

Prepared by

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Learning Disabilities Commissioning

Presented by

Julie Denley, Deputy Chief Operating
Officer (COO), Primary Care, Community
and Mental Health

Approving Executive Sponsor

Chief Operating Officer

Report purpose

FOR NOTING

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

Committee/Group/Individuals

Date

Outcome

MH&LD Care Group QSRE

7.12.22

SUPPORTED

Learning Disability
Commissioning and Performance
meeting

21.12.22

SUPPORTED

ACRONYMS

MH

MENTAL HEALTH

LD

LEARNING DISABILITY



CTP	CARE AND TREATMENT PLAN (MENTAL HEALTH MEASURE 2010)
CTMUHB	CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD
SBUHB	SWANSEA BAY UNIVERSITY HEALTH BOARD
CVUHB	CARDIFF AND THE VALE UNIVERSITY HEALTH BOARD
HCF	HOUSING WITH CARE FUND
MHA	MENTAL HEALTH ACT
MCA	MENTAL CAPACITY ACT
PBS	POSITIVE BEHAVIOR SUPPORT

1. SITUATION/BACKGROUND

- 1.1 This report is intended to provide a progress report on the 'Improving Care Improving Lives' national review of inpatients with a Learning Disability,(LD) and the CTM UHB action plan to support its recommendations.
- 1.2 Link to the national review: <https://gov.wales/written-statement-review-adult-learning-disability-patient-provision-managed-or-commissioned-nhs>
- 1.3 An initial report was presented to the committee on the 19th July 2022.
- 1.4 The recommendations for the national review have since been adopted within the Learning Disability Strategic Action Plan 2022 to 2026, (WG 2022). Section 3.1 of the accompanying Delivery Plan places a joint responsibility on Health and Social Care for reducing unnecessary admissions to hospital for people with LD through; increased community based crisis prevention and early intervention, accessible high quality specialised care and timely discharges to care closer to home.
- 1.5 Link to strategy: [Learning Disability Strategic Action Plan 2022 to 2026 | GOV.WALES](#)
- 1.6 Both Specialist Inpatient and Community LD services are provided to CTM UHB by SB UHB through a long-standing service level agreement. The delivery of these specialist LD services are monitored by the

Performance and Commissioning Group, which is attended, by CTM and CV UHB as commissioners and SB UHB as providers.

- 1.7 CTM UHB Deputy Chief Operating Officer (COO), Primary Care, Community and Mental Health currently chairs the LD Commissioning and Performance meeting with SB UHB and CV UHB. The scope of this forum is to review the quality performance and cost effectiveness of the service provided to CTM and CV UHB from SB UHB. Central to the monitoring of the service has been the recent development of an integrated performance dashboard developed with SBUHB.
- 1.8 WG agreed the financial disaggregation of the LD budget in 2019 from SB to the three regional UHB's, however to date this has not been completed. This matter has been escalated through the UHB's Chief Executives for resolution.
- 1.9 CTM UHB directly manages the access to specialist hospital beds and care home placements through the NHS Wales National Framework. These placements are subject to approval from the MH & LD Clinical Placement Panel which is the process for ensuring packages of care funded by the Health Board are necessary, proportionate and subject to ongoing review.
- 1.10 Demand and capacity within specialist LD care home and supported living options are a priority area for the LD sub group of the Regional Partnership Board (RPB) arrangements.

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

- 2.1 Since February 2022 all Health Boards in Wales are required to audit the number of inpatients with a LD receiving specialist care. The audit program from September 2022 will be coordinated through the Delivery Unit on a quarterly cycle.
- 2.2 The initial audit in April 2020 identified 30 CTM UHB inpatients receiving specialist inpatient care. Consecutive audits in February and September 2022 identified 25 and then 24 respectively.
- 2.3 In the September 2022 audit, 21 CTM inpatients with LD were reported to be receiving specialist care. 4 patients were receiving acute care and the remaining 17 were in continuing care hospitals. 4 of those in

continuing care were inpatients in independent hospitals whilst the remaining 17 inpatients were inpatients within SB UHB.

- 2.4 The national position identified 147 inpatients across Wales reported in February 2022 and 134 in September 2022. A national reduction of 13 in year.
- 2.5 The initial 'Improving Lives, Improving Care' report made a number of recommendations specific to commissioners of LD services which are themed into the following 5 areas. The report will provide an updated position on the action plan included in annex 1.
- 2.5.1 **Inpatient LD services should be designed to meet the specific needs associated with gender, age and concurrent mental health conditions including dementia and autistic spectrum disorder.**

SB UHB have published its 3-year Modernisation program for its specialist LD services. The regional LD Performance and Commissioning meeting is responsible for reviewing and prioritising this program.

Capital investment into Hafod Y Wennol Assessment and Treatment Unit (AATU) and two Continuing Care Units (Bryn Y Afon and Meadow Court) all of which are located in CTM UHB footprint. The purpose of this development is to create a range of inpatient services equipped to meet the needs of those people with LD and complex needs, aiming to avoid the need for out of area placements and a transition pathway to community living.

Hafod Y Wennol service has been live since September 2021 and to date two CTMUHB patients have been repatriated from more secure Independent Hospital placements closer to home. The service has prevented 1 patient escalating to more secure care within the independent sector.

Capital refurbishment of Bryn Yr Afon is completed and able to offer step down opportunities from the AATU's. Unfortunately, plans for the refurbishment of Meadow Court has been delayed due to a lack of Capital funds available in SBUHB this financial year.

The MDT at these sites has been strengthened with the recruitment of dedicated Occupational Therapists, Psychology and Behavioural Therapists and additional Health Care Support Worker posts.

The provision of secure inpatient LD services is not feasible through the current SBUHB estate. Early consultation with the regional Health Boards about how this could be provided has begun. The development of these services will be further informed following the outcome of the Welsh Health Specialised Services Committee (WHSSC) revised MH & LD strategy.

2.5.2 Inpatient services should be seen as last resort over community care, utilised for the least amount of time and have established transition pathways for those no longer needing hospital based care.

CTM UHB are taking an active role in the development of alternative commissioning models in the community for people with LD. These alternative specialist supported living options are consistent with the national and local strategic direction of care closer to home in the least restrictive setting, whilst empowering people to have greater choice and control over their lives.

Since the previous report CTM UHB has worked with Rhondda Cynon Taf Local Authority (RCT LA) to increase its enhanced supported living facilities in the area. The 'Elm Rd Project' in RCT provides specialist accommodation and support for 5 people with a LD as an alternative to more restrictive models of care.

Further expressions of interest have been made to the RPB in November 2022 for HCF Capital investment for additional enhanced supported living capacity across the region.

Developing sustainable models of crisis and preventative care for people with LD in the community has been supported with the planned implementation of the Learning Disability Intensive Support Team (LDIST). The recruitment for the LDIST has been delayed and its deadline for implementation breached. This matter will be escalated through the Performance and Commissioning arrangements with SB UHB.

2.5.3 Where inpatient care is required, each patient will be allocated a care coordinator who will be responsible for ensuring all aspects of the care and treatment are regularly reviewed with the patient, families, providers and local teams.

Each CTM UHB patient has been allocated a Care Coordinator under the Mental Health Measure 2010. All inpatients have received a multidisciplinary review within the last 12 months.

Under the direction of the Commissioning and Performance Group the quality and accountability of the service provided by SBUHB is monitored. This Group continues to operate a risk register to identify areas of concerns and how they are being managed. The commissioning group also receives any Healthcare Inspectorate Wales inspection reports and reviews progress against any actions identified.

2.5.4 There are evidenced based approaches to reducing restrictive practices and where necessary they are individual to the patient and subject to regular review.

CTM UHB supports the publication of the national Reducing Restrictive Practices Framework <https://gov.wales/reducing-restrictive-practices-framework>

The framework requires commissioned services to provide an individualised approach to managing behaviors that challenge – known as Positive Behavioural Support (PBS).

All patients with complex LD with behaviors that challenge will be required to have a PBS plan. At every review interval the commissioning case managers and care coordinators will ensure these are in place and reflect the needs of the individual patient.

Restrictive practices are reported to CTM UHB provided through the SBUHB performance dashboard or the NHS Wales Secure hospital framework for independent hospitals.

2.5.5 All inpatients who require detention under the Mental Health Act or Deprivation of Liberty Safeguards are subject to regular review.

The legislative frameworks that apply to hospital settings include the Mental Health Act (MHA), Mental Capacity Act (MCA) and the rights of an informal patient. The MHA and MCA mandate the frequency of the review periods for each set of legislation. An informal patient should not be restricted and should be assessed as having capacity to agree to their care and treatment, and understand their right to leave hospital at any time.

The ongoing review of inpatients Legal status will be assessed and reviewed through the aforementioned statutory arrangements. Any breaches will be reported through the respective Health Boards Mental Health Act monitoring committee and Safeguarding procedures for MCA.

MHA and MCA activity for SB UHB inpatients will continue to be reported and monitored through existing Performance and Commissioning arrangements.

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

Assurance

- 3.1 In the two and half years since the initial report was published, the numbers of CTM UHB inpatients with a LD has reduced from 30 to 21.
- 3.2 The specialist LD services provided by SBUHB to CTMUHB will continue to be monitored and reviewed via the LD Commissioning and Performance group.
- 3.3 Establishing a dedicated MH&LD Commissioning Team has improved the accountability and assurance over the quality of care for patients from Independent hospitals commissioned via the NHS Wales Secure Hospital Framework.
- 3.4 The Regional Partnership Board (RPB) LD group will be developing further business cases to access HCF Capital funding to increase accommodation and support options in the region.

Risks

- 3.5 Continued funding via HCF is key to the development of good quality, community based, supported living accommodation services. These services are essential to minimise the need for and support transition out of hospital based care.
- 3.6 Delays in the transformation of specialist LD services could lead to inappropriate use of inpatient services.
- 3.7 Regional LD Planning and Partnership capacity to coordinate the CTM regional action plan.



4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	To provide assurance that inpatient care is regularly reviewed, provided in the least restrictive setting and subject to the appropriate legal framework.
Related Health and Care standard(s)	Individual Care
	If more than one Healthcare Standard applies please list below: Safe Care Effective Care Governance , Leadership and Accountability
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)
	If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below. If no, please provide reasons why an EIA was not considered to be required in the box below.
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 Goals	Improving Care

5. RECOMMENDATION

- 5.1 Discuss and note the content of this report.
- 5.2 Discuss if there is any further information the committee may want in relation to this work.