



AGENDA ITEM

6.7

QUALITY & SAFETY COMMITTEE

RESPONSE TO 'IMPROVING CARE, IMPROVING LIVES', NATIONAL CARE REVIEW FOR INPATIENTS WITH A LEARNING DIABILITY.

Date of meeting	(24/05/2022)
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Mark Abraham Head of Mental Health & Learning Disabilities Commissioning
Presented by	Julie Denley, Director of Primary, Community & Mental Health
Approving Executive Sponsor	Executive Director of Primary, Community & Mental Health
Report purpose	FOR NOTING

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

Committee/Group/Individuals	Date	Outcome
Learning Disability Commissioning and Performance meeting	20/04/22	SUPPORTED

ACRONYMS

MH	MENTAL HEALTH
LD	LEARNING DISABILITY
NCCU	NATIONAL COLLABORATIVE COMMISSIONING UNIT



CTP	CARE AND TREATMENT PLAN (MENTAL HEALTH MEASURE 2010)
CTUHB	CWM TAF UNIVERSITY HEALTH BOARD
CTMUHB	CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD
SBUHB	SWANSEA BAY UNIVERSITY HEALTH BOARD
CVUHB	CARDIFF AND THE VALE UNIVERSITY HEALTH BOARD
ICF	INTERMEDIATE CARE FUND
HCF	HOUSING WITH CARE FUND
MHA	MENTAL HEALTH ACT
MCA	MENTAL CAPACITY ACT
PBS	POSITIVE BEHAVIOR SUPPORT
DTOC	DELAYED TRANSFER OF CARE
LDAIG	LEARNING DISABILITY ASSURANCE AND IMPLEMENTATION GROUP

1. SITUATION/BACKGROUND

On the 12th February 2020 The Minister for Health and Social Services wrote to individual Health Boards announcing the publication of a national review of inpatients with learning disabilities (LD). The scope of the review included all Welsh adults with a diagnosis of a LD being cared for in inpatient beds provided or commissioned by NHS Wales; this included beds within NHS England and NHS Wales, and beds in the independent hospital sector. Link to report –

<https://gov.wales/written-statement-review-adult-learning-disability-patient-provision-managed-or-commissioned-nhs>

- 1.1 This national care review found no immediate safety concerns and did not identify anyone who needed removing from their current placement. The review did however make a number of recommendations which were specific to providers and commissioners of LD services in Wales.



- 1.2 Both Inpatient and Community LD services are provided to CTMUHB by SBUHB 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 CTMUHB and CVUHB as commissioners and SBUHB as providers.
- 1.3 CTMUHB Director for Primary, Community and Mental Health currently chairs the LD Commissioning and Performance meeting with SBUHB and CVUHB. The scope of this forum is to review the quality and cost effectiveness of the service provided to CTMUHB and CVUHB from SBUHB. Central to the monitoring of the service has been the recent development of an integrated performance dashboard provided by SBUHB.
- 1.4 CTMUHB directly manages the access to specialist secure hospital placements through the NHS Wales Secure hospital 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.
- 1.5 The purpose of this report is to provide an update on the recommendations to CTMUHB as the commissioners of LD services. There are other recommendations that require progressing formally with Local Authority partners. Formal work on these has been delayed due to competing priorities but regional Learning Disability meetings reporting to the Regional Partnership Board have recently recommenced and will progress these recommendations.

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

- 2.1 The national review findings reflected the Welsh Government strategic direction for LD outlined in the 'Improving Lives Program', together with the Social Services and Wellbeing Act 2014 which provides the legal framework for people with care and support needs. It recognises that better outcomes are associated with community living over hospitalisation and that where inpatient care is required it would be for the least amount of time necessary and as close to home as possible.
- 2.2 The review was commissioned in February 2019 and published in February 2020. Subject to the boundary change in April 2020 there were 30 individuals from CTMUHB being cared for in hospital; 17 were inpatients in NHS beds provided by SBUHB, the remaining 13 are in

secure hospital placements in the independent sector, 12 in Wales and 1 in England.

- 2.3 As of January 2022, Welsh Government has established a Learning Disability Implementation and Assurance Group (LDAIG) which will oversee the implementation of the report's recommendations. CTMUHB is currently represented at this group by the Director of Primary Care Communities and Mental Health and the Head of Individual Patient Commissioning MH & LD.
- 2.4 The LDAIG requested an updated Health Board Audit on Inpatients with LD as of the 21st February 2022. CTMUHB currently has 25 people receiving inpatient care (reduction of 5 over initial audit), 20 in NHS Wales's beds (7 AATU's and 13 in Continuing Care beds) and 5 in Independent Hospitals all in Wales. There are 2 patients in NHS Wales beds who recorded as Delayed Transfer of Care (DTC) who are awaiting specialist accommodation and support, and 3 who are ready for discharge and have an anticipated discharge date.
- 2.5 The National report made a number of recommendations specific to commissioners of LD services which are themed into the following 5 areas:
- 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.**

See enclosed action plan – there are 3 actions set out 2 with dates passed, both have been achieved but remain also as ongoing as they involve a continuous work Programme. The remaining is dated June 22 and work is well underway as below.

The transformation of specialist LD services provided by SBUHB has been a subject under review by the Commissioning and Performance Group since early 2019. The transformation program includes the development of specialist inpatient services to meet a range of complex and comorbid presentations. The success of this model, will be interdependent with investment in additional preventative community based services to ensure there is a range of good quality, evidenced based services for residents of CTMUHB available.

Key to the transformation program has been the engagement with the Local Authorities covering the 3 Health Boards and the understanding of



the financial agreements set by Welsh Government which was received in the summer of 2019.

The transformation program has commenced with 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 CTMUHB 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.

Capital refurbishment of Bryn Yr Afon is ongoing and anticipated for completion in May 2022. This site will be 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 which is currently out for consultation.

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.

See enclosed action plan – there are 2 actions set out both for later this year and work is well underway as below.

Historically transition from hospital for people with complex LD has been limited to residential services. The level of choice and control offered to service users in these settings is limited and this model of care is not considered financially sustainable.

By utilising the Intermediate Care Fund (ICF) and in partnership with the Local Authorities and Housing Associations, CTMUHB are supporting 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.

Reflecting this new model there are now 3 projects available in the Bridgend locality and 1 new development under way in Rhondda Cynon Taff due for completion in November 2022.

The ongoing demand and capacity for these types of services will be reviewed by the Regional Partnership Board LD group where Accommodation and Support models for people with a LD remains a regional priority. Further capital and revenue bids will be made to the Housing with Care Fund (HCF) to support their development.

Establishing appropriate models of Crisis Care in the community remains on the agenda of SBUHB transformation program and progress again this will be monitored via the Health Boards Commissioning and Performance group.

A key area of work in this area is increasing the availability of intensive support for individuals to avoid hospital admission or placement breakdown and reducing lengthy in-patient stays. A Business Case has been developed by SBUHB to expand the Learning Disability Intensive Support Team (LDIST), currently in Swansea only, to other local authority areas.

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.

See enclosed action plan – there is one action which is complete.

Providing assurance over the appropriateness and the necessity of a patient's care and treatment involves regular multidisciplinary reviews. These reviews provide the framework for recording; how complex cases are managed, for reviewing the plan of care including discharge planning, for reviewing the use of medications and how complex behaviors are managed for each individual patient.

Each CTMUHB patient has received a multidisciplinary review within the last 12 months. Annual Care and Treatment Plan (CTP) reviews are the minimum standard for reviews legislated under the Mental Health Measure 2010.

MH & LD Commissioners attend and receive minutes of each of the multidisciplinary reviews for those patients in the independent secure hospitals. This provides an opportunity to meet with the service user/carer and multidisciplinary team to review progress on the agreed objectives for the patient and placement.

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 Health 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.

See enclosed action plan – there are two actions which are complete.

Since the previous report to the Q&S Committee WG published its 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 – this is 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.

Whilst in its early development, the reporting of restrictive practices is provided to the Health Board through either the SBUHB performance dashboard or the NHS Wales Secure hospital framework.



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

See enclosed action plan – there is one action which is complete.

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.

Only one CTMUHB inpatient is currently informal and his capacity to agree to care and treatment has been confirmed by their current Responsible Clinician. All others are subject to the statutory review process under the MHA and MCA and therefore their restricted status is subject to independent review.

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

Assurance

- 3.1 In the two years since the report was published, the numbers of CTMUHB patients with a LD has reduced from 30 to 25.
- 3.2 The specialist LD services provided by SBUHB to CTMUHB will continued 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 a joint action plan to address the 6 revised health and social care priorities set by Welsh Government following the Improving Care Improving Lives report. These action plans will be reported back to WG through the RPB & LDAIG.



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 minimize 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 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.