

Learning Disabilities Improving Lives Programme

Organisation	CTM UHB	Date of Report	28/09/22	Report Prepared By	M Abraham & W James
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The Welsh Government’s new strategy [Learning Disability Strategic Action Plan 2022 to 2026 | GOV.WALES](#) outlines the priority areas that will strengthen services and subsequently improve the lives of people with learning disabilities. The delivery of these priority areas involves collaborative working across NHS Wales, Regional Partnership Boards, Public Service Boards, Local Authorities and the third and private sectors. NHS organisations are required to evidence how they are contributing towards the priority areas of the strategy and in particular, the areas and key actions outlined in this reporting template.

Reporting Schedule: Progress is to be reported bi-annually. This form is to be submitted on:

- 14 September 2022 (covering the period 1 April 2022 to 31 August 2022)
- 14 April 2023 (covering the period 1 September 2022 to 31 March 2023)

Completed form to be returned to: hss.performance@gov.wales

Update on the actions implemented during the current operational year to deliver the Learning Disabilities Improving Lives Programme.

<p>Implementing the recommendations of the comprehensive review of adult in-patient learning disability services.</p> <p>Key Actions:</p> <ol style="list-style-type: none"> 1. Reducing reliance on medication to manage challenging behaviour. 2. Improving access to community based early intervention and crisis prevention. 3. Increasing community based provision enabling individuals to move on from in-patient units as soon as it is safe for them to do so. 4. Ensure all in-patients are regularly assessed for discharge to “step down” care and discharge plans are actioned within 7 days. 		
Achievements	Risk to Delivery	Corrective Actions
The specialist learning disability service has reviewed and updated the current processes for managing the transfer, transition and discharge of inpatients across the NHS and independent sector. This reflects the requirements of the national specialist LD	Workforce challenges - recognised deficits across professions, new roles and opportunities for staff present risks to existing services due to recruitment/retention challenges.	Engagement with staff working in learning disability services and communication opportunities to keep the workforce engaged and alert to change.

action plan and Goal 6 of the Six Goals for urgent and emergency care.

The reflection of the multi-disciplinary model in a redeveloped inpatient area to ensure timely assessment and intervention planning, shared goals and transitional supports.

A multiagency group has already met to look at the priority areas of early intervention & crisis, timely transition and quality specialist learning disability services. This is linked to the work of the National Implementation Advisory Group.

Capital and estate challenges related to funding constraints and limited resource respectively delay the development of key environmental improvements required to holistically meet all care needs, particularly for those who are identified for assessment and have potential to step down from high cost private placements.

Potential impact of the pandemic/pandemic response – challenges have already been experienced in some areas for delivery.

6 monthly learning disability inpatient audit, alongside the health boards own transition and transfer meetings to maintain shared oversight of individual's pathways.

Capital bids submitted within SBUHB to request funding for key environmental developments.

Heightened focus on Estates performance with monthly meetings and review of demand vs delivery.

Learning disability intensive support team development is phased to recognise the potential impact of staff changes/destabilising effect.

Involvement in the national task and finish group which will develop a framework to support the use of non-pharmaceutical interventions in Wales for people with a learning disability.

Implementation of the Welsh Governments’ “Reducing Restrictive Practise Framework”.

Key Action:

- 1. Promote the use of evidence based interventions, e.g. Positive Behavioural Support (PBS) in all settings. Ensure restrictive practise used is proportionate, compliant with the framework and is recorded and monitored.**

Achievements	Risk to Delivery	Corrective Actions
<p>Processes and monitoring in place to ensure that Health Board staff access physical interventions training that is compliant with the requirements of the RRN training standards (BILD ACT certificated) – PBM SBUHB Theory and Practical training. This training is underpinned by pro-active, least restrictive approaches.</p> <p>The Specialist Behaviour Team (SBT) serve inpatient, community, independent sector and peoples own homes to undertake thorough understanding of behaviour described as challenging and to support professionals and carers in developing personalised Positive Behaviour Support plans and interventions to reduce the impacts of challenging behaviour and improve quality of life.</p>	<p>Non-health board staff in the flexible workforce may not be trained in PBM SBUHB Theory and Practical training.</p>	<p>PBM SBUHB strategic lead and team work with agencies and bank to offer relevant training. Use of substantive staff for bank means that they do have the appropriate training.</p> <p>The RRP group to implement a clear process for reporting, monitoring, auditing and evaluating restrictive practice across the Service Group.</p> <p>The implementation of the reducing restrictive practices checklist and action planning with areas.</p> <p>Capturing people’s experiences, learning from incidents and working together with people with learning disabilities and their families on the impact of PBS and RP’s.</p>

<p>The learning disability division reducing restrictive practices group is in place reporting to the MH&LD reducing restrictive practices group.</p> <p>Multi-disciplinary approaches to reducing restrictive practice are utilised within the service.</p>	<p>Information systems that do not allow the effective and accurate recording and collation of RRP performance measures.</p>	
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Develop integrated housing, health, social care models and guidance, learning from previous examples that provide accessible services for vulnerable people especially those with a learning disability. Utilise the new Regional Integrated Fund.

Key Action:

1. As a member of the Regional Partnership Board drive integrated services across health, housing, social services and the third sector. People with a learning disability are one of the key priority groups for funding under the Regional Integrated Fund.

Achievements	Risk to Delivery	Corrective Actions
<p>The Regional Partnership Board LD Sub Group has been relaunched post Pandemic and appointed its first paid chair person with an LD.</p> <p>This Group has reviewed the local and national priorities identifying HOME as one of the three priorities.</p> <p>Regional Programs have been established to explore demand and capacity in for specialist models of care and support for people with complex needs better known as 'Closer to Home' (C2H).</p>	<p>Lack of dedicated staffing resource to drive the transformation program.</p> <p>Identifying suitable land and or accommodation to develop more capacity in C2H.</p>	<p>LD Program Manager Job Description developed for application of RPB funding for 2 years.</p> <p>Engagement events with RSL's to encourage joint working and stimulate interest in the programs.</p>

<p>There are 3 live C2H Schemes in Bridgend area and 1 in RCT, which goes live in Sept 2022. All schemes previously benefited from ICF and will provide the foundation for further applications to RIF applications this year.</p>	<p>Capacity and skills within the CLDT's and social care sectors.</p>	<p>Modernisation of CLDT's and introduction of Learning Disability Intensive Support Teams.</p> <p>Define a sustainable model of C2H which includes Health Housing and Social Care.</p>
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Primary Health Care: Improve the take up and quality of annual health checks to identify and address health needs (target: 75% of all individuals registered with their GP practise who have a diagnosed learning disability are to have an annual health check).

Key Actions:

- 1. Strengthen the role of community learning disability teams to support delivery of the annual health checks (primary care cluster level).**
- 2. Establish a community learning disability link nurse for every primary care cluster.**

Achievements	Risk to Delivery	Corrective Actions
<p>Senior Nurses from the 3 CLDT'S have been identified as Cluster Leads for each of the Clusters across Primary Care. This is being enhanced by other Nurses being allocated to a Cluster to offer additional support</p> <p>CLDT's advise individuals about the importance of AHC during Psychiatry reviews, assessments etc and will offer support by contacting the practices where necessary and also offer support via any identified desensitisation programmes</p> <p>Data has been compiled on the number of individuals registered with GP across the CTMUHB footprint and liaised with Data Analyst in Improvement Cymru to</p>	<p>One Senior Nurse due to retire which will leave a vacancy in one of the CLDT's and therefore could impact on support to Clusters until recruited.</p> <p>Vacancy of the existing part time Learning Disability Liaison post have resulted in the lack of dedicated primary care focus from the CLDT to date.</p> <p>Due to the pressures on Primary Care, Cluster Meetings/training reduced and therefore it's been difficult for People First to meet with Clusters and deliver their presentations</p>	<p>SBUHB in the process of recruiting into the vacancy</p> <p>Clinical Skill set of Nurses within the CLDT's to be enhanced to enable joint working with Primary Care to meet the requirements of the AHC's but also metabolic screening</p> <p>Lead Nurses from each of the CLDT's to meet to explore ideas and examples of good practice on how the Teams are ad can continue to support Primary Care colleagues</p>

compare the data with the data held with Improvement Cymru.

Number of AHC's undertaken across each GP practice and Cluster over the last three years have now been identified and compared with the number of individuals registered with a GP. A baseline has therefore been established to enable the Health Board to measure improvement over time. This is considerable progress and will be monitored in the newly formed Health Sub Group of the Regional Learning Disability Partnership Group.

Currently exploring proposals to submit to WG to access additional funding that WG has been made available to increase the uptake and quality of AHC's across CTM UHB. Looking at a proposal where there will be an increase in the dedicated resource to support Primary Care to undertake AHC's consistently and monitor actions following the AHC, focussing on one Cluster area and then looking at rolling out the model across other Clusters. Proposal will be discussed in the Health Sub Group to ensure those individuals and their families using services across the footprint are consulted with.

Existing dedicated resource of a Part time Primary Care Liaison Nurse has been vacant for a considerable amount of time but has been recruited into by SBUHB, awaiting start date.

CLDT's are in the process, once they are up to full compliment to deliver the Primary Care Education Pack, developed by Improvement Cymru.

Individuals with a learning disability trained as Health Champions via Cwm Taf People First and developed a presentation to deliver to GP Clusters on the importance of AHC's. Two films developed, one relating to Health Champions and one relating to a Right to Life, shared across the HB.

Nurses in the CLDT's trained to deliver the Covid Vaccine and the most recent report shows the

Uptake of flu vaccine in individuals with a learning disability across the CTM footprint is lower compared to the uptake of the Covid Vaccine.

Vacancies within the CLDT have impacted on their ability to deliver the Primary Care Education Pack

Post has now been recruited into, awaiting start date.

Cluster meetings/training sessions are in the process of being re-established across Primary Care. However, Health Champion role and a Right to Life translated into film to enable staff to view them digitally if face to face sessions is still challenging.

Discussions taking place with Public Health Colleagues on how this can be improved with the support of the CLDT's. This will also be an agenda item on the newly formed Regional Health Sub Group to raise the profile of the importance of accessing flu vaccination.

SBUHB are in the process of recruiting into vacancies to bring the CLDT's up to full compliment

<p>uptake of the Covid Vaccine to be very good for individuals with a learning disability across CTM. However, the report also shows that the uptake of the Flu Vaccine in people with a learning disability is not as good. Discussions ongoing with representatives from Public Health Wales and the CLDT to look at this.</p>		
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To ensure reasonable adjustments are made for people with a learning disability accessing mainstream NHS services.

Key Actions:

- 1. Establish sustainable models of learning disability champions and learning disability liaison nurses.**
- 2. Ensure system flagging to identify patients with a learning disability and increase the use of the health passports.**
- 3. All staff in a public facing role to undertake the mandatory Paul Ridd Foundation Level Training.**

Achievements	Risk to Delivery	Corrective Actions
<p>Three full time Acute Learning Disability Liaison Nurses are in place across CTMUHB, one based in each of the three large hospital sites.</p> <p>A rolling programme of monthly learning Disability Champion training is in place alternating between the three large hospital sites. Learning Disability Champions within each departments is increasing</p> <p>The Acute Learning Disability Liaison Nurses maintains a register and shares relevant information with the Champions on a regular basis.</p> <p>CTMUHB purchased a number of Learning Disability Champion Training Packs from the Paul Ridd Foundation to support the training.</p> <p>Learning Disability Information Boards are in place across the sites and are monitored and updated by the Champions. Discussions with Arts within the</p>	<p>One Acute Learning disability Liaison Nurse has been on long term sick leave for a considerable amount of time impacting on one of the hospital sites</p> <p>Releasing staff to attend the Learning Disability Champion training can be challenging</p> <p>Whilst individuals with a learning disability are flagged on the WPAS system it is not easy to see the flag when the person comes in to hospital</p> <p>Changes in staff personnel and long-term sickness has resulted in a delay in the CLDTs flagging individuals who are on their caseload on to CTMUHB WPAS system.</p>	<p>Some backfill arrangements were in place but awaiting confirmation of further arrangement to manage shortfall from SBUHB</p> <p>The two Acute Learning disability Liaison Nurses provide cover along with the support of the CLDT where necessary</p> <p>The three Heads of Nursing in each large hospital site is committed to increasing the number of Champions and raise the profile</p> <p>Discussions in the process of taking place with the lead for WPAS in the Health Board to look at how the problem can be rectified</p> <p>Lead for WPAS has agreed to give access and train newly appointed SBUHB staff on how to flag individuals and provide refresher training</p>

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Achievements	Risk to Delivery	Corrective Actions
<p>Health Board to look at how we can utilise the skills of arts/graphic design students to provide support on how the Boards can be improved</p> <p>Staff are encouraged to ask an individual with a learning disability and their family/carer for a copy of their Health Profile when they come into hospital as per the Policy.</p> <p>The staff intranet continues to develop for staff to access information relating to learning disabilities. The Paul Ridd Foundation recently commented on the good work done to develop the site. The intranet page also continues to develop</p> <p>CTMUHB has purchased ward packs from the Paul Ridd Foundation to support the Wards when an individual with a learning disability comes on to their Ward.</p> <p>A number of issues have been identified with the flagging system that is in place in CTM UHB, whilst individuals with a learning disability are flagged, it's not always easy to see the flag, therefore discussions taking place with WPAS leads to look at how this can be overcome.</p>		<p>Continue to monitor compliance figures for the Paul Ridd Foundation level training on a weekly basis. Continue to deliver targeted communication pitches at regular intervals to staff. Target areas/departments where compliance is low.</p>

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<p>Joint nomination submitted to the RCN Nurse of the Year Awards for the two Acute Learning Disability Liaison Nurses by the Lead Nurse for Learning Disabilities and following a presentation and interview, they are finalists in the Mental Health and Learning Disability Category.</p> <p>The Health Board mandated the Paul Ridd Foundation level training and made the necessary changes to the ESR system. The training formally launched within the Health Board during Learning Disability Week with targeted communications to all Managers and every staff member. Compliance figures collated on a weekly basis and is currently at 44.88%, which means that 5,672 have now completed the training. The Health Board is planning another targeted communication pitch to all staff when the compliance figure reaches 50%</p>		