

Abertawe Bro Morgannwg University NHS Trust - Directorate of Learning Disability Services Healthcare Inspectorate Wales Review Action Plan 2009/10

In 2006 the Healthcare Commission in England reported "significant failings" in learning disability services provided by Cornwall Partnership NHS Trust and in 2007 found outmoded institutionalised care which had led to the neglect of people with learning disabilities at Sutton and Merton Primary Care Trust.

Healthcare Inspectorate Wales therefore decided that it was in the national interest of people with learning disabilities, their families and carers, for a review to be undertaken in Wales to answer the following question:

‘How well does the NHS in Wales commission and provide specialist learning disability services for young people and adults’

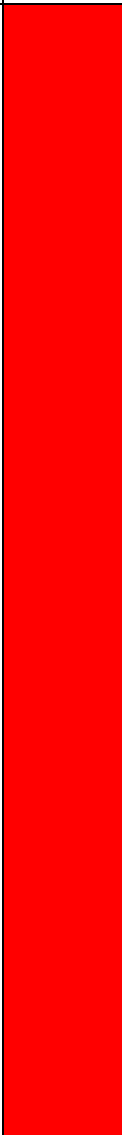
The South East Wales Review identified 25 recommendations. This Action Plan has been reviewed in Jan 2009 in light of the real and proposed developments in the commissioning and delivery of healthcare in Wales. The Action Plan will address the issues raised in the 25 recommendations and signpost the way forward.

At present the identified Lead for co-ordinated action for many of the recommendations is the South Wales Learning Disability Transition Board (SWLDPB). In light of the proposed changes to the NHS in Wales this Board will evolve to meet the challenges presented by the development of the new health communities and has recently established a Transition Group to ensure that Learning Disability issues are addressed in the move to the re-organised NHS. This body will be responsible for setting and monitoring the timescales required to meet the identified needs.

Timescales have been included for all actions dependent on the Trust.

Recommendation	Identified Responsibility	Current Position	Action	Lead	Progress	
					Timescale / Milestone	Grade
3.1 Transition from child to adult services (Age 14 – 19)						
1. Providers and commissioners need to develop consistent transition protocols, policies and systems that enable sharing of information between agencies in order to ensure a smooth transition for children with learning disabilities into adulthood.	TR/LHB/IHC	<p>Transition Protocols exist in all 7 areas; however the development of these protocols was led by Social Services and education, who were not part of the review.</p> <p>The Directorate recognises the inconsistencies in service delivery across professions, teams and localities in the provision of transition support.</p>	<p>To determine consistency of health provision within the protocols and ensure a consistent process.</p> <p>A Senior Head of Profession within the Directorate is leading on the development of a transition protocol to be adopted across localities and professions.</p> <p>The service specification will be finalised identifying core business objectives and a consistent approach to service delivery across geographical boundaries and professions.</p> <p>The Directorate will review the consistency of health personnel input into the transition process across all localities.</p>	South Wales Learning Disability Transition Board (SWLDTB)	<p>July 2009</p> <p>June 2009</p> <p>March 2010</p>	

Recommendation	Identified Responsibility	Current Position	Action	Lead	Timescale / Milestone	Grade
<p>2. Commissioners must ensure high level commitment from all stakeholders to decision-making groups or committees for this age group (14-19).</p>	<p>TR/LHB</p>	<p>The Directorate is in full agreement with the recommendation and is committed to providing appropriate support to the transition process. Stakeholders and groups have been identified from education, local authorities and health. However access to the transition planning process is dependent upon education and local authorities as the lead agencies for services for this age group.</p> <p>An All Wales Special Educational Needs Transitions group has been set up by WAG, which includes a large number of stakeholders. Although concentrating on children the group includes representation from adult services.</p> <p>Transition workers are employed in some localities. The roles and responsibilities vary, but the role does assist partnership working leading to a smoother transition process.</p>	<p>The Trust, and LHB as appropriate, will be represented at stage meetings by a person of sufficient knowledge and seniority.</p> <p>To agree a common approach regarding assessment of health needs for the purpose of transition determined by need rather than age. It is recommended that health professionals may become involved from the year of the young person's 14th Birthday. It is also acknowledged that there may be exceptions to this where intervention from the CST just prior to the person's 18th Birthday would be in the best interest of the young person.</p> <p>To negotiate the replication of these transition roles in all areas.</p>	<p>SWLDTB</p>	<p>Ongoing</p>	<p style="background-color: yellow;"></p>

Recommendation	Identified Responsibility	Current Position	Action	Lead	Timescale / Milestone	Grade
<p>3. Providers and Commissioners need to develop care pathways to ensure that where mental health problems co-exist with a learning disability in young people between the age of 14 and 19, there is equal access to Child and Adolescent Mental Health Services (CAMHS) or other appropriate care and treatment. (TR/LHB/IHC)</p>	<p>TR/LHB/IHC</p>	<p>Children and young people with a Learning Disability who require a mental health assessment are denied access to CAMHS. This is identified as a knowledge and skills deficit within the CAMHS service.</p> <p>In 2007 the Trust employed Dr Jaime Morey-Canellas (one of only 2 Consultants trained in Learning Disabilities and children's psychiatry in Wales) as a locum for one year. This was with a view to undertaking a training programme for CAMHS Consultants and to develop the interface and assess children with high level needs. Unfortunately all attempts to secure funding for a permanent post failed and he took up a post in England.</p> <p>The Trusts Annual Operating Framework (AOF) Target 15 identifies that all children referred to CAHMS are assessed and any intervention plans required are initiated within 16 weeks.</p>	<p>Discussions currently underway between Health Commissioners and CAMHS.</p> <p>The Trust will monitor compliance of all referrals to CAHMS and exceptions will be reported at Board level.</p>	<p>SWLDTB</p>	<p>Ongoing</p>	

3.2 Agreed and shared definitions of learning disability and challenging behaviour


Recommendation	Identified Responsibility	Current Position	Action	Lead	Timescale / Milestone	Grade
<p>4. IQ70 as a stand-alone definition of learning disability must not be used to exclude people from services. IQ70 must be used only as part of a fuller assessment that considers limitations in functional ability.</p>	<p>TR/LHB/IHC</p>	<p>The World Health Organisation criteria is applied by the Directorate. The criteria includes three main factors, including adaptive functioning, Intellectual skills and age of onset. Endorsed by the British Psychological Society and the Royal College of Psychiatry.</p> <p>Through Care and Social Services Inspectorate Wales (CSSIW) authorities have been informed that access to health and social care services for adults must not be based on IQ related criterion.</p> <p>Guidance requires both health and social services to adopt a person centred, outcome based approach that is needs led.</p>	<p>A project lead has been appointed, with funding through 'Making the Connections', to explore, amongst other things, the viability of Section 33 arrangements. It is envisaged that these agreements, if established, will include a formal agreement on eligibility.</p> <p>The Unified Assessment guidance requires authorities to determine how assessed needs may undermine an individual's autonomy and independence. In reaching such a decision, agencies are required to decide if physical, functional, psychological, social or other needs present a critical, substantial, moderate or low risk to independence. Specialist assessments may also be used to explore specific needs thus enabling access to specialist support and/or services. This position was re-iterated in Para 17 of the Autistic Spectrum Disorder Action Plan.</p>	<p>Directorate</p>	<p>Oct 2009</p>	

<p>5. Welsh Assembly Government should issue a policy statement which clarifies whether people with autistic spectrum disorders, aspergers syndrome and older people with learning disabilities and dementia are the responsibility of learning disability services, other specialist services or whether they should be separately categorised.</p>	<p>WAG</p>	<p>The WAG advises that configuration of local services and the governance of local services is a matter for local determination in the light of the care needs that have been identified.</p> <p>In terms of adults with a co-existing learning disability and ASD, the Autistic Spectrum Disorder (ASD) Strategic Action Plan for Wales issued by WAG in April 2008 proposes that such adults should continue to be clients of local learning disability services. (ASD Strategic Action Plan - para. 23)</p>	<p>The Autistic Spectrum Disorder Action Plan requires all commissioners and service providers (for adults) working through their Local health and well being strategies to :</p> <ul style="list-style-type: none"> • set up systems to identify and record the number of people within their existing client population who are known to have ASD; • estimate current and future demand for services on the basis of best evidence otherwise; and • map services for adults across all statutory, voluntary and independent provision (including self help support groups) <p>This information should then be utilised locally to inform forward planning and commissioning of services for adults. The ASD Action Plan also requires commissioners to include in their 2008 Local Health and Well Being Strategies an overview of the arrangements for the commissioning of services for adults with ASD over the lifetime of the plans.</p>	<p>WAG</p>		
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3.3 Appropriate care for individuals with a dual diagnosis of learning disability and mental health problems or those who have a learning disability and physical illness

Recommendation	Identified Responsibility	Current Position	Action	Lead	Timescale / Milestone	Grade
<p>6. Providers and Commissioners must review training needs of learning disability and mental health nursing and medical staff; and develop training programmes to better equip them to understand and manage co-existing mental health problems.</p>	<p>TR/LHB</p>	<p>Local discussions with providers of mental health services examining ways of developing joint training have been held.</p> <p>The Trust has responsibility for post registration training for qualified nursing and medical staff. Although all nurse training contains a component on learning disability issues.</p> <p>The Trust has developed a suite of BTEC e-learning training courses that contains units on the mental health needs of this population that meets the specialist needs of staff.</p> <p>All staff have an annual personal development review that includes training requirements.</p> <p>All departments identify an annual training programme, co-ordinated by the Directorates Innovation and Learning Department.</p>	<p>To increase the opportunity for liaison across the partnership area including joint training and rotation of staff between mental health and learning disability services.</p> <p>The Directorate is developing a training package on Mental Health Issues in Learning Disabilities. The aim is to adopt a train the trainers approach to cascade training to health staff, including medical staff, as well as partner agencies.</p> <p>However, at present, the need to update staff with Mental Health Act and Mental Capacity Act training has taken precedence.</p>	<p>SWLDTB</p>	<p>Sept 2009</p> <p>June 2009</p>	

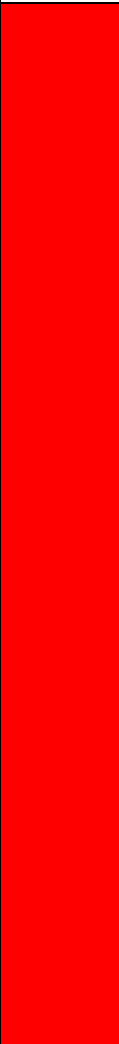
<p>7. Integrated care pathways for people who have learning disabilities and coexisting mental health problems should be developed and implemented.</p>	<p>TR/LHB/IHC</p>	<p>The prevailing view of the Directorate is that the needs of users with mental health difficulties will not be most effectively met within generic services. This view is in keeping with national policy.</p> <p>A challenging behaviour* integrated care pathway, with 3 sub pathways relating to assessment and treatment, continuing health care bungalows and specialist behavioural teams has been developed and piloted.</p> <p>*A proportion of these people will also have additional mental health needs.</p>	<p>Review efficacy of care pathways and disseminate as appropriate.</p> <p>A review of the role and function of tier 2 services: - community learning disability teams, - is currently being undertaken. The results of this review will inform the further development of integrated care pathways.</p> <p>The pathway was piloted for 6 months and although positive feedback was received and the sub pathways are being utilised within the tertiary specialist services, their use at community learning disability team level should only be revisited after the current work examining the role and function of these services is complete.</p>	<p>SWLDTB</p>	<p>March 2010</p> <p>Ongoing</p>	
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<p>8. The training needs of acute and primary care nursing and medical staff should be reviewed and training programmes to better equip them to understand and manage the needs of people with learning disabilities should be implemented.</p>	<p>TR/LHB</p>	<p>A Nurse Consultant has been employed across four of the Partnership Board areas funded via Section 7 Guidance monies. The remit of the post is to</p> <ul style="list-style-type: none"> • To improve access to and the quality of health care services for people with learning disabilities. • To reduce the vulnerability of people with a learning disability when using hospital services. • To support the health check programme. • To promote the inclusion of people with learning disabilities in generic health screening initiatives. <p>Work so far has included training and awareness raising with primary and secondary care staff, identification of link nurses in secondary care and the development of a Personal Passport for individuals with Learning Disability admitted into Acute Care</p> <p>Foundation level of the Inclusive Communication Initiative has been integrated into the LD nursing training course.</p>	<p>A bespoke Inclusive Communication type foundation day has been offered to people supporting individuals with a learning disability and to people with a learning disability themselves.</p> <p>The training is an ongoing project, including a 'train the trainers' element whereby individuals will be trained to deliver the package to their own staff groups, supported by the Speech and Language Therapy Department.</p> <p>The Directorate will review the benefits of the Nurse Consultant role and examine the feasibility of expansion across all areas.</p>	<p>SWLDTB/Nurse Consultant</p>	<p>Ongoing</p> <p>Ongoing</p> <p>July 2009</p>	
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Recommendation	Identified Responsibility	Current Position	Action	Lead	Timescale / Milestone	Grade
<p>9. The effectiveness of good practice examples such as communication passports and Health Liaison Nurse posts (see <i>'Findings from the North Wales Review' report</i>) should be fully evaluated and the results used to improve services across Wales.</p>	<p>TR/LHB/IHC WAG</p>	<p>The Consultant Nurse has developed links with Services across Wales to share developments such as the Hospital Grab Sheet and Communication Passports.</p> <p>The Learning Disability Implementation Advisory Group (LDIAG) is the forum for the sharing of good practice examples and best practice. The Directorate is represented on this group by a number of senior professionals from across the professions.</p> <p>No formal benchmarking arrangements in place across Wales, although the service maintains close links with services in North Wales.</p>	<p>Clinical networks as detailed in the Welsh Health Circular 2005 (76) Statement on Policy and Practice will now be considered in the light of the NHS reorganisation and its possible impact on Learning Disability Services.</p> <p>Explore opportunities for the establishment of electronic networks for sharing of good practice and discussion forums.</p> <p>Formal benchmarking arrangements to be established.</p>	<p>Directorate</p>	<p>Oct 2009</p> <p>Oct 2009</p>	<p></p>
<p>10. Steps must be taken to remove the boundaries between health and social care for people with learning disabilities, through agreed definitions and assessment criteria based on need.</p>	<p>LHB/HCW</p>	<p>The Strategic Paper 'Making A Difference' has been developed by the SWLDTB as the way forward on addressing boundary issues.</p> <p>There are ongoing discussions with the Welsh Assembly Government in respect of Continuing Health Care criteria which affects the noted boundaries.</p>	<p>The new health communities to take the lead in implementing the recommendations of the strategic paper.</p> <p>Section 33 agreement's to be explored through project management arrangements for the integration of operational management arrangements across the Partnership Board area.</p>	<p>SWLDTB</p>	<p>Ongoing</p>	<p></p>



<p>11. All Commissioners should have specific targets for repatriation of people with learning disabilities in medium secure units assessed as suitable for low secure provision as part of their performance management framework.</p>	<p>LHB/HCW</p>	<p>The South Wales Learning Disability Commissioning Partnership Board has finalised 'Closer to Home – The Next Steps' Strategic Outline Case which is a detailed and comprehensive plan for capital to enable repatriation. This was submitted to the Welsh Assembly Government who supported the plan in principle but did not support it in terms of funding.</p> <p>Repatriation of individuals from medium to low secure provision is effected by LHBs in liaison with HCW according to clinical need and availability currently of independent sector provision</p>	<p>The new health communities will now have to determine both the human and financial benefits to be achieved by addressing this issue themselves.</p> <p>The Directorate will update data on out of area placements which were identified in the mapping exercise, which was used to inform the Strategic Outline Case.</p>	<p>SWLDTB</p>	<p>Sept 2009</p>	
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3.5 How are the recommendations from the Disability Rights Commission (DRC) 2006 Report 'Equal Treatment': Closing the Gap', being addressed.

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<p>12. All people with learning disabilities receiving continuing care must be registered with a GP.</p>	<p>TR/LHB/IHC HCW</p>	<p>There are currently legislative barriers to being able to register individuals in NHS long stay facilities with a GP. Both legal and Welsh Assembly Government advice has indicated that registration for GMS is not possible within current legislation and contracting arrangements.</p> <p>Outside of inpatient settings all individuals with Continuing Care needs are registered for General Medical Services. A Directed Enhanced Service for annual health checks for individuals with a Learning Disability is also commissioned across the Partnership Board area</p>	<p>National Group to explore issue and report on necessary changes required.</p>	<p>SWLDTB</p>	<p>Ongoing</p>	

3.6 Quality of provided services

Recommendation	Identified Responsibility	Current Position	ACTION	Lead	Timescale / Milestone	Grade
13. Advocacy services that are specific to the needs of people with learning disabilities must be commissioned, provided and monitored.	LHB/HCW WAG	The need for advocacy services is within the specialist residential units (health) this has been recognised for some time, being the subject of a bid to the Welsh Assembly Government on the closure of Hensol Hospital in 2003, which was unsuccessful. Further bids have been submitted to the British Institute of Learning Disabilities, with some success. However there remains gaps and this will be addressed by the new emerging bodies.	The new emerging bodies to undertake a review of current advocacy service deficits and agree the priority development of appropriate services to meet the identified shortfall.	SWLDTB	Ongoing	

<p>14. The therapeutic evidence base for developing the full potential of people with a learning disability across the whole spectrum should be reviewed and applied by all NHS service commissioners and providers.</p>	<p>TR/LHB/ HCW</p>	<p>The whole philosophy of the service is based on best therapeutic evidence for the delivery of services for people with a learning disability.</p> <p>The tertiary services use consistent evidence-based models of Positive Behavioural Support. And Positive Behaviour Management. These approaches are fully reflected in staff training and service practice & procedures.</p> <p>The WAG position emphasises that evidence based practice should already be integral to commissioning across Wales.</p>	<p>The new emerging bodies will be responsible for services based on best therapeutic evidence.</p> <p>The clinical models are also being rolled out to partner agencies via the BTEC e-learning programme.</p>	<p>SWLDTB</p>	<p>Ongoing</p>	
<p>15. The level of speech and language provision for people with learning disabilities receiving services from NHS Trusts should ensure assessed needs are met.</p>	<p>TR/LHB</p>	<p>There are Speech and Language Therapists in all Community Support Teams</p>	<p>The Provision of future speech and language services will be maintained and developed as resources allow.</p> <p>The Speech and Language Therapy service is part of the development of an overall service specification which will identify any service deficits and responses.</p>	<p>SWLDTB</p>	<p>June 2009</p>	

Recommendation	Identified Responsibility	Current Position	Action	Lead	Timescale / Milestone	Grade
<p>16. Develop national and regional structures and processes that:</p> <ul style="list-style-type: none"> • support the commissioning and delivery of co-ordinated services for people with learning disabilities across Wales; and • ensure high level representation or delegated responsibilities for decision making and representation from all stakeholders including the independent sector, service users and carers. 	<p>WAG/TR LHB/HCW IHC</p>	<p>South Wales Learning Disability Commissioning Partnership Board is the current multi-agency commissioning body.</p> <p>A Service Specification is under development.</p> <p>Consultation is currently underway on a reorganised NHS which will completely change the Commissioner / Provider arrangements.</p>	<p>This will be a key development within the re-organised NHS. Partners will work through the Learning Disability Implementation Advisory Group (LDIAG) to develop networks and the Trust will work with partners to develop clinical networks in line with WHC 2005 (76) Statement on Policy and Practice.</p>	<p>SWLDTB</p>	<p>March 2010</p>	<p></p>

17. Skill mix in the NHS and independent sector needs to be reviewed jointly and rationalised, using appropriate measures and dependency ratings.	TR/LHB/IHC	<p>The model in the Independent Sector and the NHS are different, with different legal requirements. This makes benchmarking with the Independent Sector problematic. However the Trust is undertaking a skill mix review and will seek to develop partnerships with the independent sector to take this forward.</p> <p>The skill mix within the health sector is currently being reviewed as a part of the “Closer to Home” project.</p>	Explore the opportunities of expansion of review to include the independent sector	SWLDTB	Ongoing	
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3.7 Out of Area placements – OOAP

Recommendation	Identified Responsibility	Current Position	Action	Lead	Timescale / Milestone	Grade
18. Successful methods for repatriation and low secure service provision should be replicated across Wales.	TR/LHB/HCW	The South Wales Learning Disability Commissioning Partnership Board has finalised ‘Closer to Home – The Next Steps’ Strategic Outline Case which is a detailed and comprehensive plan for capital to enable repatriation. This was submitted to the Welsh Assembly Government who supported the plan in principle but did not support it in terms of funding.	The new health communities will now have to determine both the human and financial benefits to be achieved by addressing this issue themselves.	SWLDTB	Ongoing	

19. Where there is no alternative to an out of area placement, systems for monitoring the quality and appropriateness of care must be robust, equitable across Wales, and open to scrutiny.	LHB/HCW	As this is not the responsibility of the Trust, this has been responded to by the appropriate agencies.	As this is not the responsibility of the Trust, this has been responded to by the appropriate agencies.			
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3.8 Quality Monitoring and Review Systems for learning disability commissioned services

Recommendation	Identified Responsibility	Current Position	Action	Lead	Timescale / Milestone	Grade
20. All Commissioners should ensure the needs of people with learning disabilities have been fully encompassed within their Health Social Care and Well Being (HSC&WB) Needs assessments and appropriate actions addressed within the HSC&WB Strategies.	LHB	The WAG position is that this should already have been undertaken through: (i) effective care management (using CPA or other UAP processes) and (ii) active monitoring of placements by commissioners and care mangers.	This will be a key development within the re-organised NHS.			

<p>21. Nationally agreed outcome indicators for learning disability services need to be fully developed and used by:</p> <ul style="list-style-type: none"> ● service providers to collect and report data to commissioners; ● commissioners to monitor, plan and purchase services; and ● Welsh Assembly Government as part of performance review. 	<p>WAG/TR LHB/IHC HCW</p>	<p>A Service Specification is under development.</p> <p>Facilitated (Health Provider) workshops have been held, and action plans developed.</p> <p>The WAG are presently consulting on a proposed Action Plan relating to the WAG guidance on 'Policy and Practice for Adults with a Learning Disability' which includes aims for various service components which could be developed in the future into output indicators. For example, for adults with health and complex health needs the proposed core aim is that 'adults with learning disabilities have the good health necessary for a fulfilling life and a normal life expectancy.</p>	<p>It will be incumbent on the new Health Communities to agree a Performance Management Framework with learning disability specific outcome indicators. The service has not previously been the subject of targets within the Service and Financial Framework and previously the Health Improvement Plans.</p> <p>This work will continue to be progressed through the Learning Disability Implementation Advisory Group. In the meantime commissioners and care managers should already be collecting and analysing data to ensure that people are appropriately placed in services that address their assessed needs. This is reinforced through the WAG 'Service Principles and Service Responses Guidance for Adults with a Learning Disability' and the UAP Guidance that care plans/care needs should normally be reviewed annually.</p>	<p>SWLDTB</p>	<p>Ongoing</p> <p>Ongoing</p>	
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<p>22. Commissioning Boards must take steps to ensure they receive and consider information that provides assurance on the quality of all services commissioned specifically for learning disability service users.</p>	<p>LHB/HCW</p>	<p>As this is not the responsibility of the Trust, this has been responded to by the appropriate agencies.</p>	<p>As this is not the responsibility of the Trust, this has been responded to by the appropriate agencies.</p>			
<p>23. Service user involvement in the commissioning and provision of services must be increased.</p>	<p>TR/LHB HCW/IHC</p>	<p>Service Users are active participants within the multi-professional multi-agency Strategic Planning Groups for Learning Disability in each Local Authority and LHB area.</p> <p>The Directorate has established a Service User Involvement group that is actively engaging with users, carers and advocates to develop greater involvement in the planning and delivery of care</p>	<p>This will be key development within the re-organised NHS.</p> <p>A review of the workings and constitution of Partnership Boards under “Valuing People” to be undertaken to assess the viability in South Wales.</p>	<p>SWLDTB</p>	<p>Ongoing</p>	

3.9 Adult protection systems and processes

Recommendation	Identified Responsibility	Current Position	Action	Lead	Timescale / Milestone	Grade
24. Information on how to complain must be visible to all service users and accessible in different formats, including 'Easy to Read'.	TR/LHB/IHC	<p>Easy read versions and guidance on 'How to Complain' are available to service users in all (health) residential settings.</p> <p>Easy read versions of some Directorate policies are available and more are being developed.</p>	Within ABMU Trust resources have been redirected to enable an identified individual to be seconded to support the development of further easy read versions of policies, procedures and guidance.	SWLDTB	Ongoing	
25. Advocacy services must be made available and accessible for all service users in supported living tenancies	WAG/LHB	<p>As stated previously the need for advocacy services is within the specialist residential units (health) this has been recognised for some time, being the subject of a bid to the Welsh Assembly Government on the closure of Hensol Hospital in 2003 which was unsuccessful. Further bids have been submitted to the British Institute of Learning Disabilities, with some success. However there remains gaps and this again needs to be addressed by the new emerging bodies.</p>	The new emerging bodies to undertake a review of current advocacy service deficits and agree the priority development of appropriate services to meet the identified shortfall.	SWLDTB	Ongoing	