

HIW Learning Disability Review: Powys Teaching Health Board/Powys South Community Learning Disability Team

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1. Summary

Summary of community health provision for adults with learning disabilities

Community health learning disability services in Powys were provided through Powys Teaching Health Board. There were two health teams; one in south Powys and one in north Powys. Although our inspection focussed mainly on the south Powys team, we spoke with staff and looked at cases across both teams. Learning disability health staff were co located with local authority staff in north Powys but were not co-located in south Powys. The local authority team in south Powys were not a specialist learning disability team and provided services as a generic disability team.

There was a multidisciplinary health team across north and south Powys which consisted of a health team leader, a clinical nurse specialist, community nurses, health care assistants, occupational therapists and occupational therapy technicians, physiotherapists and physiotherapy technicians, psychologists, one psychiatrist and one speech and language therapist. At the time of the inspection there were vacancies for one speech and language therapist, one speciality doctor and two community nurses.

Learning disability health services are currently a stand alone service within the health board.

Summary of inspection

We tracked four cases that were jointly funded between health and social care by reviewing case records, interviewing key professionals involved and meeting with people and their families. We interviewed health staff both on the frontline and the manager of the service within the health board. We held a focus group attended by community nurses, clinical behavioural specialist, clinical psychologist, health care assistant, consultant psychiatrist and physiotherapist.

2. Findings

Understanding Need

How well does the health board understand the need for care and support for people with learning disabilities, including support for carers and the development of preventative services in its area?

Overall we found that the health team on the ground were proactive in preventative work and there were good examples of staff supporting people with learning disabilities on an individual basis in a health liaison capacity. For example, we saw evidence of the health team supporting people to access annual health checks, advocating for people's rights in hospitals, promoting hospital passports¹ to try to ensure smooth transitions between health services, and the prevention of crisis situations. Powys Teaching Health Board does not have any district general hospitals. Patients with learning disabilities either accessed community hospitals within Powys or, if there was a need for acute services, outside of Powys. Community health staff told us they faced challenges in terms of engagement and, at times, attitudes of secondary and primary care health colleagues. They told us about a lack of understanding of learning disabilities which varied across the large geographical spread of services.

On a strategic level, we found that Powys Teaching Health Board was working to improve awareness and implement best practice for people with learning disabilities in both secondary and primary care. For example, the 1000+ Lives guidance for improving general hospital care for people with learning disabilities² had been implemented and the health board had nominated a staff member within primary and secondary care to take learning disability initiatives forward.

¹ **Hospital passport** is a document which contains important information about someone with a learning disability and provides hospital staff with important information about them and their health when they are admitted to hospital.

² This improvement guide was produced by **1000 Lives** Improvement, which is part of Public Health Wales, to enable healthcare organisations and their teams to successfully implement a series of interventions to improve the safety and quality of care that people with learning disabilities receive.

Through case tracking we found that people received timely and appropriate health and social care assessments and interventions. Case management was well coordinated with the most appropriate professional taking on the role of case manager, this being the health professional in some cases.

In all of the cases we reviewed we found that staff had a good understanding of people's needs and worked to plan people's future services in partnership with them, including their families, where appropriate. We looked at two cases of people with learning disabilities going through the transition from using children's to adults services. In one case this was well planned and managed whilst in the other case a crisis situation had meant services had to become involved earlier than anticipated, however, transition could have been planned better, with earlier involvement of health staff. The health board had identified that transition services was an area which required improvement and we saw that a process was being developed in partnership with other appropriate services.

We also saw that a lack of appropriate service provision in the area to meet people's needs, for example, around respite services and services for people with challenging behaviour, had led to disruption or delays to people's care and support. This meant that, at times, staff faced challenges in planning people's services on an individual level within the current service provision available.

On a strategic level, staff told us the service model in Powys was based on supported tenancies in addition to several residential social care properties. We were told that the local authority and health board faced challenges in terms of planning due to the difficulty in attracting providers to the area and the wide geographical spread of cases. However, we were assured there were structures in place to enable strategic planning and service improvements to happen. We saw that a joint commissioning strategy had been developed with the local authority; the aim to create a joint service delivery model was included in the health board's Integrated Medium Term Plan (IMTP); and there were structures in place to support the development of service provision and planning.

The joint commissioning strategy between the health board and local authority ran from 2015-2020. This was based on the needs and demands of the current population of people with learning disabilities in Powys and outlined priorities for future service development. There were two areas where we could not be assured that joint plans currently addressed specific population needs. Firstly, the joint commissioning strategy had identified there was an ageing population of adults with learning disabilities. We were not assured that planning was ongoing to develop services to meet the specific needs of this population. Secondly, we were not assured that services were being developed to meet the

needs of those people coming through transition who may require specialist care due to complex and/or challenging behaviour. Staff told us about work happening to bring people with complex needs placed out of area, back home into the area, but it was less clear how plans were progressing to meet the needs of those people currently in the area with complex/challenging behaviour.

We saw good examples of planning happening in health services on a team level. For example, management staff were making changes to team configurations to ensure the appropriate skill mix across teams to meet the needs of people being referred to the service.

Improvement needed

The health board must ensure there is a clear process in place in terms of transition cases to ensure involvement from the health team at a stage that is early enough to support effective planning.

The health board must ensure that, in partnership with the local authority, children's services and education, it is gathering data and planning services for people with learning disabilities who are going through the transition from children's to adult services.

The health board must ensure that future planning of service provision takes account of the challenges highlighted through this inspection, specifically:

- ***Respite services***
- ***Services for people with challenging/complex behaviour currently in Powys and/or going through transition***
- ***Older people with learning disabilities***

Care and Support

How effective is the health board in providing information, advice, assistance, assessment and care planning that achieves positive outcomes and which respects people with learning disabilities as full citizens, equal in status and value to other citizens of the same age?

Overall, we found a staff team who were passionate and committed to achieving the best outcomes for people with learning disabilities. In the cases we tracked we found that health staff worked well together in providing information, advice, assistance, assessment and care planning to people with learning disabilities. People we spoke with made positive comments about their relationships with health staff.

Health and local authority staff were not co-located in south Powys and the health team as a whole did not all work from the same location. Health staff told us they felt this had an impact on routine communication. This was felt particularly with local authority colleagues and particularly in regards to receiving feedback on safeguarding referrals made to the local authority by the health team. However, from the cases we reviewed, which involved people with complex needs, we saw evidence of timely and appropriate referrals by health and social care staff, who were working well together on shared outcomes for people. We saw that health staff involved people and their families in decisions about their care and support, therefore ensuring care and support was designed around peoples' individual needs. We saw good examples of bespoke services that had been set up to meet people's individual needs.

Case tracking revealed that people received a variety of multi professional assessments and interventions based on their individual needs. As described above, the team had identified the need to improve transition services for people with learning disabilities moving from children's to adults services, particularly around planning. However, one aspect of service delivery that worked well in terms of transition was the system which allowed physiotherapy and occupational therapy staff to be able to work with young people from 14yrs old, following them through transition. This meant continuity for those people with learning disabilities in terms of the physiotherapy and occupational therapy elements of their services, which was an area of noteworthy practice.

Although staff had a good awareness of people's communication needs and worked to meet these needs, in the files we reviewed there was a lack of accessible information, accessible care plans and tools to support people to understand information they were given or to assist communication with people with learning disabilities. Staff told us there was one speech and language therapist (SALT) to cover the whole of the health board area, who was currently

based in north Powys. Due to demands on the service, the staff member was only able to concentrate on dysphagia (swallowing) referrals, unless there was a specific urgent need for support with communication. Staff were aware of this gap in service provision and had attempted to fill the SALT vacancy in a variety of ways to no success. This meant that the service was not currently able to meet the needs of those people with learning disabilities requiring specialist support with communication. We were concerned that this could also have an effect on assessments for mental capacity, as without specific help around communication, people may not be able to express their wishes. We advised the health board to address this urgently.

The team did not have access to a separate specialist behaviour support team, however in both the north and south team there was a dedicated nursing post providing specialist behaviour support. Staff told us that there was a need for other nursing staff to be trained in positive behaviour support, which was beginning to happen, and work on a best practice pathway was underway.

Through looking at case notes we saw that staff encouraged people to express their views and preferences over decisions that affected their lives on an individual level. Staff told us there was a lack of Welsh language provision available in the health team in south Powys but they were able to access interpreters where required. Physiotherapy staff told us that they systematically gathered feedback on the services they provided to people. Other health staff in the team confirmed that they had been reviewing feedback processes and had put some tools together. However, at the time of the inspection, the health team did not gather feedback about the services they provided as a whole team, from people with learning disabilities and their carers. The health team must ensure they are responding to people's feedback and experiences to improve their services.

Although in general we were assured that health staff understood their responsibilities in relation to protection of vulnerable adults' procedures, we reviewed one case where we had concerns that potential safeguarding issues had not been fully investigated and followed up during a period of crisis intervention. Although we saw that the person's safety and rights had been upheld following the initial 24hours of crisis period, we were concerned that previous opportunities to safeguard the individual might have been missed and we asked the health board to review this case to clarify whether any lessons could be learned. The health board had a clear system in place for monitoring safeguarding concerns that came from community teams, for potential themes and trends, with a view to taking action or making improvements.

Staff told us they felt supported and valued in their roles and were proud of their work. Staff told us they received appropriate clinical and managerial supervision

and we also heard about Learning Disability Nurse Forums which ran on a quarterly basis to share best practice. Other disciplines also had access to group support and supervision.

Improvement needed

The health board must ensure that people's speech and language needs, particularly in relation to support with communication, are able to be met.

The health board should ensure the good work happening in developing specialist behaviour support continues and staff receive the appropriate training in positive behaviour support.

The health board must ensure that health teams are gathering, acting on and learning from people's feedback in order to improve services.

The health board should review whether any lessons can be learned from the case identified in relation to safeguarding (POVA) awareness and procedures. The health board should also review whether improvements can be made in working with local authority colleagues to receive feedback on POVA referrals made by health staff.

Leadership and Governance

To what extent have the arrangements for leadership and governance in the health board delivered a clear vision for care and support for people with learning disabilities, aimed at improving outcomes, and which has the support and involvement of partners – including people with learning disabilities and carers?

Overall, we found the health team on the ground and those in the management structure held a values base that supported the improvement of outcomes for people with learning disabilities. Staff we met with across disciplines and at all levels told us about various ways in which they were taking responsibility to improve services for people with learning disabilities. For example, we heard about work being done by psychiatry and nursing staff to reduce people's reliance on anti-psychotic medication. We heard about a new matrix tool that had been developed to improve Continuing Health Care (CHC) processes. We also heard how the team shared documentation and best practice with other health boards across their disciplines. This meant that the team were involved in initiatives to ensure their work was aimed at improving services and outcomes for people with learning disabilities.

The joint commissioning strategy set out a clear vision for learning disability services in the area. There was also a 'Nursing Services Pledge' which outlined themes and codes of conduct. Staff we spoke with had a strong values base and were passionate about their clinical work. However, staff did not feel particularly connected to, or informed about, these documents as a shared vision because they felt their opportunity to feedback had been minimal. Staff told us they felt they were consulted on changes affecting the service but were not always clear about where their feedback went and were not always convinced that it was listened to, or that any changes necessarily happened as a result. The health board should consider how to further promote, collaborate with, and engage staff in the shared vision for learning disability services.

We saw that learning disability services were part of a wider agenda to integrate health and social care services within the area. The health board and local authority were partners on the Mid and West Wales Health and Social Care Collaborative which supported an ongoing programme to modernise learning disability services in the region. Project groups were convened under each priority outlined in the joint commissioning strategy and were accountable to a Thematics Board for monitoring and oversight. The Partnership Board, which included seniors from both health and the local authority, in turn oversaw the Thematics Board. We were therefore assured there were joint forums with accountability structures in place, to ensure progression of the strategy, priorities and vision of the service.

Staff told us that they had engaged with people with learning disabilities and their families when putting the joint commissioning strategy in place. We were told there was an engagement forum made up of people with learning disabilities who were consulted on changes to services. On speaking further with staff however, we heard that representation on this forum was small and staff told us they felt engagement with people with learning disabilities and their families could be improved to make it more meaningful. There appeared to be a different view between health team members and management about what level of advocacy was available to help people with learning disabilities to express their views. The health team is advised to consider whether the current advocacy provision meets the needs of people with learning disabilities and should take action to escalate any concerns, where appropriate.

In the four cases we reviewed, people experienced care and support across health and social care that was well coordinated and demonstrated effective partnerships between social services, health, the wider multidisciplinary team and support providers. There were barriers to joint working due to staff working across a large geographical area and in the south, health and local authority teams not being co-located. Joint working was not supported by effective IT systems as there was no shared records management system.

There was a complex care nurse who led on continuing health care (CHC) funding, alongside other management staff in the team. They had recently developed a new tool, in partnership with local authority colleagues, to simplify the process where cases were funded by both the health board and local authority and were piloting this. Health team staff told us they happy with the CHC process in place. There was a joint equipment fund which enabled the team to access specific pieces of equipment for people with learning disabilities.

Although we heard examples of secondary care staff not consistently applying the Mental Capacity Act in the experience of the community health team, we saw that community health staff worked to secure people's rights on an individual level and we saw appropriate use of the Mental Capacity Act in individual cases.

Improvement needed

The health board should consider how to make engagement with people with learning disabilities and their carers more meaningful with a view to listening and learning from feedback to improve services.

The health board should ensure that they promote a culture of continuous improvement and engage staff in their shared vision of services by

providing feedback to staff when they collaborate with them, about how their input has been escalated and any changes made as a result.

3. Next Steps

The health board is required to complete an improvement plan (Appendix A) to address the key findings from the inspection and submit this to HIW within two weeks of the publication of this report.

The health board improvement plan should clearly state when and how the findings identified will be addressed, including timescales. The health board should ensure that the findings from this inspection are not systemic across other departments/units within the wider organisation.

The actions taken by the health board in response to the issues identified within the improvement plan need to be specific, measureable, achievable, realistic and timed. Overall, the plan should be detailed enough to provide HIW with sufficient assurance concerning the matters therein.

Where actions within the health board's improvement plan remain outstanding and/or in progress, the health board should provide HIW with updates, to confirm when these have been addressed.

HIW Inspection: Improvement Plan

Area: Powys Teaching Health Board: South Powys Learning Disabilities Health Team

Inspection date: 15 – 16 June 2016

Page Number	Improvement Needed	Health Board Action	Responsible Officer	Timescale
	Key Question 1			
5	The health board must ensure there is a clear process in place in terms of transition cases to ensure involvement from the health team at a stage that is early enough to support effective planning.	<p>The Learning Disabilities Directorate will collaborate with the Children's Directorate to produce a Transition Protocol. This will ensure a proactive approach and effective transition management and planning for individual clients.</p> <ul style="list-style-type: none">• Band 6 LD nurses will be supporting transition cases from age 16 +• Pathway development is in train.• Two transition Social workers appointed.	Hayley Tarrant & Helen James	November 2016

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5	<p>The health board must ensure that, in partnership with the local authority, children's services and education, it is gathering data and planning services for people with learning disabilities who are going through the transition from children's to adult services.</p>	<p>This will be addressed through the development of a Transition Protocol, as above, but in addition a Transition Planning Group will be established so that all cases can be discussed at a strategic and operational level.</p> <ul style="list-style-type: none"> • 6 monthly planning group established to discuss children from 14 + 	Hayley Tarrant	October 2016
5	<p>The health board must ensure that future planning of service provision takes account of the challenges highlighted through this inspection, specifically:</p> <ul style="list-style-type: none"> • Respite services • Services for people with challenging/complex behaviour currently in Powys and/or going through transition • Older people with learning disabilities 	<p>Planning arrangements, via the joint LD Thematic Boards, will be formally reviewed to ensure that Respite, Complex Care and Older People's needs are being adequately planned for.</p> <p>The joint LD Commissioning Strategy will also be examined to ensure adequate coverage for these key areas and this will be addressed via the next iteration of the PTHB IMTP.</p> <ul style="list-style-type: none"> • Discussion held at the Thematic Board 	Hayley Tarrant	January 2017

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8	The health board must ensure that people's speech and language needs, particularly in relation to support with communication, are able to be met.	<p>A review of the LD Speech & Language Therapy establishment will be undertaken to determine any gaps, with a report presented to the LD Directorate Senior Management Team.</p> <p>A Clinical Audit will be undertaken across Powys to review SaLT provision and communication support.</p> <p>SBAR completed and sent to the Director of Primary Care, Mental Health and Community Services for review (October '16).</p>	<p>Sara Toyn</p> <p>Sara Toyn & Howard Cooper</p>	<p>October 2016</p> <p>October 2016</p>
8	The health board should ensure the good work happening in developing specialist behaviour support continues and staff receive the appropriate training in positive behaviour support.	<p>A review will be undertaken of the number of staff who have received training and the numbers yet to complete behaviour support training. When staff numbers are known a training plan will be prepared, with a rolling programme of training established.</p> <ul style="list-style-type: none"> • Scoping re: compliance has been completed: a training plan now needs to be produced. 	Hayley Tarrant	October 2016

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8	The health board must ensure that health teams are gathering, acting on and learning from people's feedback in order to improve services.	<p>The Learning Disability Directorate will ensure that the four quadrant approach, identified in the Welsh Government Service User Experience Framework, is embraced, adopting multiple approaches to seek feedback, analyse results and improve services as a result.</p> <p>The Directorate will produce a quarterly report, for submission to the PTHB Patient Experience Steering group, outlining service user feedback activity and the learning that has taken place.</p> <p>A Service User Story will be introduced into the management team meetings.</p> <ul style="list-style-type: none"> • Questionnaires on access to and exit from services have been produced for completion by all professionals. Collated results will be presented to the Directorate Team and Patient Experience Steering Group. 	Hayley Tarrant	November 2016
8	The health board should review whether any lessons can be learned from the case identified in relation to safeguarding (POVA) awareness and procedures.	A formal meeting was held on the 28 th June 2016 to discuss this specific case. Representatives from PTHB and LA safeguarding team present to ensure that all aspects for the case were discussed, particularly around concerns raised by	Hayley Tarrant	Addressed.

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	<p>The health board should also review whether improvements can be made in working with local authority colleagues to receive feedback on POVA referrals made by health staff.</p>	<p>HIW. A strategic meeting was held. The case was closed at this juncture. Policy was followed.</p> <p>A new PTHB Safeguarding Committee has recently been established. The LD Directorate is represented and the Head of Nursing will ensure that all cases are reviewed at this committee.</p> <p>The issue of feedback has been discussed with the Heads of Safeguarding in PTHB & PCC. Improvements have been made to ensure systematising of feedback. Additionally it is recognised that the Safeguarding Module as part of WCCIS will help this.</p>		
Key Question 3				
10	<p>The health board should consider how to make engagement with people with learning disabilities and their carers more meaningful with a view to listening and learning from feedback to improve services.</p>	<p>This links with No 8 above. Implementation of the actions for 8 will cover this recommendation also.</p>	Hayley Tarrant	November 2016

Page Number	Improvement Needed	Health Board Action	Responsible Officer	Timescale
10	The health board should ensure that they promote a culture of continuous improvement and engage staff in their shared vision of services by providing feedback to staff when they collaborate with them, about how their input has been escalated and any changes made as a result.	<p>The importance of staff engagement is recognised.</p> <p>The Learning Disabilities Directorate will seek to identify a 'Chat to Change' champion.</p> <p>A Chat to Change Champion has been identified - Lynette Watkins.</p> <p>LD staff will be actively encouraged to complete the All wales Staff Survey.</p> <p>LD Teams will be encouraged to join PTHB Twitter Account whereupon they can receive updates on PTHB activity etc.</p> <p>A quarterly Staff Forum will be established where the management team will present to staff and be available for question and answer sessions.</p>	<p>Hayley Tarrant</p> <p>Hayley Tarrant</p> <p>Hayley Tarrant</p> <p>Hayley Tarrant</p>	<p>September 2016</p> <p>August/September 2016</p> <p>September 2016</p> <p>October 2016</p>

Health Board Representative:

Strategic:

Alan Lawrie - Director of Primary Care, Community and Mental Health

Operational:

Hayley Tarrant – LD Service Lead and Head of Nursing

14th August 2016

Update provided - 3/10/16