

HIW Learning Disability Review: Cardiff and Vale University Health Board / Cardiff West Community Learning Disability Team

Inspection date: 4 – 5 July 2016

Publication date: 6 October 2016

This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.

Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

**Communications Manager
Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ**

Or via

Phone: 0300 062 8163
Email: hiw@wales.gsi.gov.uk
Fax: 0300 062 8387
Website: www.hiw.org.uk

Contents

1.	Summary	2
2.	Findings	3
	Understanding Need	3
	Care and Support	6
	Leadership and Governance	10
3.	Next Steps	12
	Appendix A	13

1. Summary

Summary of community health provision for adults with learning disabilities

Community health learning disability services in Cardiff and the Vale of Glamorgan are the responsibility of Cardiff and Vale University Health Board. However, Cardiff and Vale University Health Board (C&VUHB) does not provide learning disability services directly. Abertawe Bro Morgannwg University Health Board (ABMUHB) provides these services. There was a multidisciplinary health team who worked across the Cardiff and Vale geographical area. Nursing, psychiatry and some therapy staff were designated to specific areas. The team consisted of one health team leader, speech and language therapists, community nurses, physiotherapists and physiotherapy technicians, occupational therapists (OT) and occupational therapy technicians, clinical psychologist, consultant psychiatrists and specialist doctor.

The health team could also access the following dedicated services for people with learning disabilities:

- A Specialist Behaviour Team (SBT)
- Specialist learning disability dieticians.

Learning disability services sit under a newly merged Mental Health and Learning Disabilities Division of ABMUHB. Cardiff and Vale Primary, Community and Intermediate Care Clinical Board (PCIC) has commissioning responsibility for overseeing the provision of learning disability services in the community.

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 with learning disabilities. We interviewed frontline and management staff within both health boards. We held a focus group attended by staff from the multidisciplinary teams of Cardiff East, Cardiff West and the Vale of Glamorgan.

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 working on a number of preventative work streams alongside their clinical work and there were good examples of staff supporting people with learning disabilities on an individual basis in health liaison roles. For example, we saw evidence of the health team supporting people with learning disabilities to access annual health checks, accessing relevant health checks such as cervical screening (smear tests) (where needed and appropriate), and promoting hospital passports¹. Health team staff also told us they had built some good relationships with audiology, optometry and dental services.

On a strategic level, we found that C&VUHB could improve their work in raising awareness and implementing best practice with people with learning disabilities in both secondary and primary care. Staff told us they monitored the number of people with learning disabilities who accessed annual health checks with their GPs and the numbers had reduced. The health team had conducted an audit around this and told us they had carried out some training with GPs. Staff told us they were working with their primary health care colleagues to try to incentivise annual health checks as much as possible.

Within secondary care, plans were in place to flag all people known to have a learning disability on the computerised hospital system, although this was not yet completed. The health board had not yet implemented the 1000+ Lives guidance for improving general hospital care for people with learning disabilities². A senior nurse in the surgery clinical board was leading the work to

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 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

implement this, with the aim for this to be launched in September 2016. Staff told us there had been three unexpected deaths of people with learning disabilities within secondary care over a one year period and although the outcome of the investigations were that the deaths could not have been avoided, it had been concluded that the care in relation to consideration of their learning disability could have been improved. Staff told us some practices had changed as a result but that they still faced challenges in terms of engagement and at times, attitudes and lack of understanding of learning disabilities, with secondary and primary care health colleagues.

The health team were passionate about the health liaison part of their roles but were clearly limited in terms of capacity in being able to make the improvements needed. ABMUHB had recently invested in dedicated health liaison roles but they did not cover the Cardiff and Vale area. The health team had gathered data and information demonstrating the need for specific health liaison roles some time ago and we advised C&VUHB to revisit this to consider how best to promote the health of people with learning disabilities in both primary and secondary care.

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 saw good examples of individual plans, for example, we saw detailed nursing plans with clear objectives that were actioned and monitored. We looked at the experiences of two people with learning disabilities; one currently going through the transition process from using children's to adult's services and one young person who had gone through transition approximately 15 years ago. In both cases it had taken a number of years and various placements in order for the young people to become settled in appropriate service provision that met their needs. In general, staff told us they felt transition worked well with good joint working between health and the local authority and good relationships with children's services and education. Health staff began planning for transition and gathering information for assessment for somebody with a learning disability from the time they were 16 years old and became actively involved when the person was 18 years old. At 18 years old the health team actively took over responsibility for clinical care and management. Although the cases we reviewed involved people with particularly complex needs and behaviour, given our findings, the health board should consider whether planning from 16 years old and

series of interventions to improve the safety and quality of care that people with learning disabilities receive.

involvement from 18 years old is early enough to ensure sufficient time for getting services in place to meet people's health care and support needs into adulthood.

We saw that a lack of appropriate service provision in the area to meet people's needs, particularly services for people with challenging behaviour, had led to disruption or delays to people's care and support. This meant that staff faced challenges in planning people's services on an individual level within the current service provision available. We saw that the health team were proactive in gathering local data around the needs of the population and we advised both health boards to use the data already being collected to support them in planning.

Improvement needed

C&VUHB must ensure that people with learning disabilities receive high quality care based on best practice guidelines within both primary and secondary care. C&VUHB must ensure that they plan strategically around how to promote the health of people with learning disabilities in both primary and secondary care.

C&VUHB and ABMUHB should consider whether there is a need for earlier involvement from health services in transition planning.

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

- ***Services for people with challenging/complex behaviour.***

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. We found that the team kept cases open to them, rather than dealing with each issue in isolation, which ensured as much consistency as possible in people's lives.

Health and local authority staff were not co-located in Cardiff. Health staff told us they felt this had an impact on routine communication but overall they worked well together. 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 the health team providing training to providers around people's positive behaviour support plans so that the service could meet people's individual needs.

Case tracking revealed that people received a variety of multi professional assessments and interventions based on their individual needs. A particular strength of the team was the variety of initiatives they had implemented to try to improve health services for people with learning disabilities. For example, members of the team had introduced early screening of people with Down's Syndrome for dementia. Another example we saw through case tracking was the team running acute monitoring clinics for people with profound and multiple learning disabilities. This was an MDT approach around health and wellbeing, physical health and weight monitoring. In one case we reviewed, the health team had been successful in steadily building trust with a family who had been reluctant to engage with services, through the person with learning disabilities attending this clinic, which meant the person's health needs could be actively monitored. We saw that the health team monitored people's needs as a whole and ran groups for people with learning disabilities around specific needs, for example there was a women's group currently running around risky behaviours and safety.

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. The team told us that speech and language therapists were developing accessible information around informed choices and interventions. There were some Welsh speakers within the health team and the team used interpreting and translation services to meet the needs of people who communicated in other languages.

Two of the cases we tracked involved young people with staff needing to find specialist services to meet their needs. We found that in both cases there had been delays due to a lack of service provision. In one case the person had been in the assessment and treatment unit for 12 months when the planned admission had been weeks. Although the outcome for both young people was finally positive in that they were both now settled in appropriate placements where health staff had trained the provider to provide individualised support, there had been delays and disruption to their lives. Staff told us there was a lack of specialist support providers in the area and there was a high instance of people from the Cardiff area being admitted into the assessment and treatment unit. The specialist behaviour support team and service delivery unit were carrying out a piece of work to try to understand the reasons for this and how to improve services. We found that there was some service development work happening to bring people who had been placed out of county closer to home. The health team was also gathering data around young people coming through transition to try to avoid out of county placements. However we could not be assured that at the current time, service provision in the area met the needs of people with learning disabilities who have challenging behaviour and/or complex needs. We have asked the health board to make improvements to service planning and provision under key question one.

We saw that there were currently waiting lists for some services within the community learning disability health teams in Cardiff East and West. The health team manager actively monitored waiting lists to try to ensure people were seen as quickly as possible. However we saw that some people were waiting over 8 weeks, particularly for nursing and psychology input. Staff told us that in other disciplines such as occupational therapy, staff were able to become involved sooner because there was a skill mix meaning that assistants were employed. We suggested the health board consider this in light of the waiting lists. There were challenges in people being able to access as much hydrotherapy as was assessed as being needed due to a lack of service provision in the area. Staff also told us that arts and talking therapies had been reduced and there were challenges in dieticians working across a large geographical area. Overall this

meant that the current working environment provided challenges to staff in meeting people's individual needs.

Health team staff gathered feedback on the services they provided to people with a view to making improvements. The team were involved in developing these processes to make them as meaningful as possible. Staff told us they received appropriate clinical and managerial supervision.

We were assured that health staff understood their responsibilities in relation to protection of vulnerable adults' procedures. There were clear processes in place in each health board to report safeguarding concerns and monitor themes and trends. The ABMUHB reporting process had been amended recently to allow for the health board to be copied into any safeguarding referrals being made from community teams to the local authority. This meant the health board had oversight of referrals from community teams and could review these to identify themes and trends. However, there was a need for the system to be reviewed and clarified to ensure that C&VUHB was also notified of safeguarding referrals from community teams working under ABMUHB in Cardiff and the Vale of Glamorgan.

Health staff told us they felt valued by the health team manager and each other. However, we identified that the team felt isolated, particularly because of the current restructure that was underway in ABMUHB. Staff felt unsettled about the changes, particularly the proposed changes involving health team managers' posts being reduced and covering a larger geographical area. Staff told us they did not consider that they were a part of either health board and felt they would be further isolated when they merged with the Bridgend locality (as was the current ABMUHB plan). Health team staff and senior staff within C&VUHB told us that there had been minimal consultation from ABMUHB with them. We saw that some improvements had been made in communicating with staff about changes, such as a monthly newsletter and team briefings. However, there was still confusion about how new structures would work, the impact of the new locality structure on workloads and on people receiving services, and particular concerns around isolation.

Improvement needed

ABMUHB must ensure that people with learning disabilities have access to timely care. The health board should review our findings in relation to nursing, psychology and hydrotherapy and consider how to improve access and waiting times.

C&VUHB must ensure that there is a clear process in place to allow them oversight of safeguarding referrals for learning disability services.

Both health boards should ensure that staff on the frontline feel connected and engaged with the health boards' vision by improving communication and information flow. Specifically, health boards should ensure that the Cardiff locality health teams are given as much information as possible about the ABMUHB restructure, vision and how it is likely to affect services.

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?

On a strategic level, ABMUHB provided learning disability services within the Cardiff area and we found that there had been a history of joint planning between both health boards, local authorities and relevant partners. Over the last three years C&VUHB had placed an emphasis on working towards gathering information to put a service specification in place to formalise commissioning arrangements between health boards in terms of the provision of learning disability services. However, staff acknowledged that major structural changes within ABMUHB meant that joint planning had become more challenging. C&VUHB did not feel that they had been engaged in these changes. There was not yet a service specification in place to set out what C&VUHB expected ABMUHB to provide in terms of learning disability services. Although there was knowledge about the specific challenges in meeting the needs of the learning disability population in the area there was currently no population needs analysis. This meant we could not be assured that current service provision, at a community level, met the needs of the current learning disability population as a whole. Representatives from both health boards were meeting jointly and regularly with the intention to take this forward but there was a need for timescales and outcomes to be set, to avoid any further delays.

There was a joint learning disability commissioning strategy with the local authority which ran from 2012-2017 and there were structures in place to enable strategic planning and service improvements to happen such as the learning disability implementation group. Four priority areas for future service development had been outlined and progress was monitored by the implementation group with oversight from the learning disability strategy board. However it was acknowledged that changes in staffing and restructuring meant that focus had been lost. Health boards were prioritising the clarification and formalisation of commissioning arrangements outside of this group. There was a need, in this major time of change, to set joint objectives and a clear vision for people with learning disabilities.

The health team on the ground shared a clear vision and set of values in their work on the frontline. However, the team felt particularly isolated due to their position, effectively working under two health boards, and felt disengaged from changes that were happening on a strategic level. There was a need for the

work around the service specification and joint work between the health boards to filter down to health team staff.

There was a service user group which fed into the implementation group to ensure people with learning disabilities and carers' views were taken into account around joint service developments. Representatives from ABMUHB also told us that they had run a strategy event in February 2016 which involved service users. Within ABMUHB, staff told us there was a user involvement group in the Directorate which fed up to the Learning Disability steering group, which had been recently formed to ensure all governance groups were communicating with each other.

Improvement needed

C&VUHB must ensure that they plan resources and manage performance and value for money for learning disability services. Specifically, both health boards should ensure they are gathering relevant data and information with a view to planning service provision that can clearly demonstrate how it is meeting the needs of the current learning disability population. ABMUHB must ensure that they share commissioning data with C&VUHB in order to move this process forward.

Both health boards must ensure that they engage and work with the local authority on a strategic level to plan services and promote joint working.

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.

Appendix A

Joint CSSIW/HIW Inspection: Improvement Plan

Area: Cardiff and Vale University Health Board / Cardiff West

Date of inspection: 4 – 5 July 2016

Page Number	Improvement Needed	Health Board Action	Responsible Officer	Timescale
	Understanding Need			
5	C&VUHB must ensure that people with learning disabilities receive high quality care based on best practice guidelines within both primary and secondary care. C&VUHB must ensure that they plan strategically around how to promote the health of people with learning disabilities in both primary and secondary care.	<p>To fully implement the 1000+ lives guidance for improving general hospital care for people with Learning Disabilities.</p> <p>To review the Enhanced service for Annual Health Checks with a view to improving and incentivising engagement of primary care and uptake for 2017/18.</p>	<p>Lead Nurse Surgical Clinical Board</p> <p>Head of Primary Care, PCIC</p>	<p>July 2017</p> <p>April 2017</p>
5	C&VUHB and ABMUHB should consider	Review of current arrangements and	Director of	

Page Number	Improvement Needed	Health Board Action	Responsible Officer	Timescale
	whether there is a need for earlier involvement from health services in transition planning.	<p>development of an agreed transitions protocol across statutory partners:</p> <ul style="list-style-type: none"> • Multiagency Task and finish group to be convened to review current arrangements and protocol • Development/agreement of partnership transition protocol • Multi Agency Transition Review Interface Group (TRIG) implemented for those most vulnerable and in need of continued care and support • Multiagency mechanisms to identify all young people at transition age including those who do not require care and support from statutory services implemented • Evaluation methods that capture the transition experience of young people who receive statutory support developed • Information developed in line with new joint processes is available for those going through statutory support services 	<p>Nursing, PCIC and Clinical Director for LD, ABMU</p> <p>Service Manager Cardiff and Vale Local Authority/Service Manager ABMU</p>	<p>January 2017</p> <p>April 2017</p> <p>April 2017</p> <p>April 2017</p> <p>April 2017</p> <p>April 2017</p> <p>July 2017</p>
5	The health board must ensure that future planning of service provision takes account of	Progress the population based needs assessment to inform strategic planning:	Head of Outcomes Based	

Page Number	Improvement Needed	Health Board Action	Responsible Officer	Timescale
	<p>the challenges highlighted through this inspection, specifically:</p> <ul style="list-style-type: none"> Services for people with challenging/complex behaviour 	<ul style="list-style-type: none"> Progress provision of commissioning information from ABMU Analysis of need of current residents to be provided by ABMU Work with local Public Health Team to assess likely impact of population change Work with local authorities to identify need in local population Work with Community Child Health to improve activity around transition and identifying future need 	<p>Commissioning C&V/Clinical Director ABMU</p>	<p>December 2017 March 2017 March 2017 March 2017 March 2017</p>
Care and Support				
8	<p>ABMUHB must ensure that people with learning disabilities have access to timely care. The health board should review our findings in relation to nursing, psychology and hydrotherapy and consider how to improve access and waiting times.</p>	<p>ABMU to review findings and to provide an update and recommendations to the LD Operational and Commissioning Groups:</p> <ul style="list-style-type: none"> Review of current access times for nursing psychology and hydrotherapy 	<p>Clinical Director, Learning Disabilities, ABMU Service Manager, ABMU</p>	<p>April 2017 December 2017</p>

Page Number	Improvement Needed	Health Board Action	Responsible Officer	Timescale
		<ul style="list-style-type: none"> Agreement of regular reporting mechanism on access and waiting times and KPI's to LD Operational Group and Strategic Commissioning Group 	Service Manager ABMU/Head of Outcome Based Commissioning C&V	January 2017
8	C&VUHB must ensure that there is a clear process in place to allow them oversight of safeguarding referrals for learning disability services.	<p>C&VUHB Safeguarding Lead to liaise with Safeguarding Lead for Learning Disabilities in ABMU to establish and implement a process for ensuring oversight of referrals:</p> <p>C&V and ABMU Safeguarding Leads to meet and agree:</p> <ul style="list-style-type: none"> Flow chart for communication in relation to POVA referrals of Cardiff and Vale residents and escalating concerns in relation to ABMU units within the health Board boundary Quarterly reporting mechanism to the Cardiff and Vale Safeguarding Committee 	Safeguarding Lead C&V	Jan 2017

Page Number	Improvement Needed	Health Board Action	Responsible Officer	Timescale
8	<p>Both health boards should ensure that staff on the frontline feel connected and engaged with the health boards' vision by improving communication and information flow. Specifically, health boards should ensure that the Cardiff locality health teams are given as much information as possible about the ABMUHB restructure, vision and how it is likely to affect services.</p>	<p>The ABMU Mental Health and Learning Disability Service Delivery Unit held an engagement event on the 12th February 2016. Workforce engagement is central to the Delivery Units IMTP and as the service moves through organisational change consideration will be given to how staff engagement continues and is enhanced</p> <ul style="list-style-type: none"> • ABMU have put in place monthly team communication to inform and update staff and discuss any concerns. • The Locality Manager responsible for Community LD services has now been appointed through the organisational change process and will commence a programme of engagement with staff. • Fortnightly meetings with team managers have been put in place by ABMU with team managers so up to date messages can be cascaded to all staff. • Regular e-mail updates are circulated and cascaded to staff and there is a specific intranet page to update and inform all staff of progress in organisational change. 	<p>Service Unit Director Mental Health and LD ABMU,</p> <p>Service Manager ABMU</p>	<p>Ongoing</p> <p>August 2016-10-06</p> <p>October 2016</p> <p>October 2016</p> <p>October 2016</p>

Health Board Representative:

Name (print): **Fiona Jenkins**

Title: **Director of Therapies**

Date: **14/10/2016**