



Agreed Detailed National Action Plan for Adult Learning Disability Services

Achieving the recommendations of the Improving Care: Improving Lives Review (2021)

Remit

On the 8th December 2021, the Welsh Government's Chief Medical Officer, Chief Social Care Officer and the Chief Nursing Officer, wrote to health boards, regional partnership boards and local authorities asking that local recovery plans included prioritising implementation of the recommendations from the review of specialist learning disability in-patient provision, undertaken by the National Collaborative Commissioning Unit (NCCU)¹.

Welsh Government asked Improvement Cymru to draft a national action plan that can support regional improvements and planning at a national level. The plan aims to take an All-Wales approach to resolving some of the issues identified in the report to secure consistency of approach across Wales and economies of scale. A new national group has been established to support and oversee delivery of the national plan, provide a communications channel between the local and national level, share learning from local actions and develop key indicators to measure quality which will be embedded in the Health and Social Care Outcomes Framework.

Aim

The underlying value being that a hospital bed is not a home. The priority is to ensure that people with a learning disability do not spend longer in specialist hospital than is needed, to provide high quality prudent assessment, intervention and support in the community to prevent admission and ensure sustainable discharge. The action plan reflects three main areas of the person's journey through specialist learning disability services:

Early Intervention & Crisis Response

To ensure people have access to prudent specialist learning disability healthcare close to home

High Quality Specialist Care

To ensure people have access to care that is reflective of current best practice and values

Timely Transition*

To ensure people receiving specialist hospital care have access to appropriate community or hospital care that best meets their needs

Identifying effective models of service delivery that provide prudent health & social care, delivering high quality, safe and sustainable care & support and ensuring timely admission, transfer and discharge from specialist hospital is required to improve the lives of people with a learning disability in Wales.

Introduction

The Improving Care: Improving Lives (NCCU 2020)¹ review found the majority of people (77%) in specialist learning disability hospitals have behaviour that challenges and the average length of stay is 5.1 years. The review identified seventy recommendations, sixty eight of which are for providers and commissioners of care. NICE guidelines² for people with a learning disability whose behaviour challenges recommends that local services need to shift their focus towards prevention and early intervention to reduce the need for people to move away from their home or community for care, education or treatment.

Page **1** of **11**

^{*}For consistency with the Improving Care: Improving Lives review the term TRANSITION is used to reflect the admission to, discharge from hospital and transfer between hospitals

¹ Improving Care, Improving Lives (2020)

Learning disabilities and behaviour that challenges: service design and delivery





As NHS Wales, local authorities and care providers emerge from the pandemic Welsh Government has set future priorities³ recognising the impact on health and social care and sharing lessons learnt. Organisations are asked to explore new ways of working as they formulate their recovery plans that will deliver prudent care that reduces harm and puts citizens at the centre of its design⁴. In summary, the priority areas for action are:

- Increase community based crisis care provision
- Strengthen care and discharge planning & review
- Increase locally based "step-down" provision
- Reduce reliance on pharmaceutical therapeutics (anti-psychotics, anxiolytics and hypnotics medication)
- Increase provision of non-pharmaceutical therapeutics in both community and in-patient settings
- Implement the Welsh Government's Reducing Restrictive Practice Framework

Welsh Government have asked Improvement Cymru to support organisations to deliver on these priorities through supporting a culture where improvement can flourish, contribute to the capability of organisations to deliver skilled improvement and provide the networks to ensure sustainability. Such an approach is reflective of Improvement Cymru's <u>Safe Care Together Strategy</u>.

³ Health and Social Care in Wales – COVID-19: Looking forward (2021)

The National Clinical Framework: A learning Health & Care System





National Action

Improvement Cymru have been asked by Welsh Government to identify a range of potential actions that can support regional improvements. This proposed range of actions will focus on reducing the use of specialist hospital care for people whose behaviour challenges over a period of four years with prioritisation to be determined in partnership with organisations and Regional Partnership Boards as appropriate.

1. A Model of Prevention/Early Intervention and Crisis Response for Learning Disability Services

A prevention and early intervention model would facilitate a person centred prudent response to people with a learning disability before they experience a crisis. The focus here is to design services that are easily accessible to people with a learning disability and their carers, can respond promptly to demand and have the capacity to allocate appropriate resources to a range of presenting needs. This will reflect organisational core business and eligibility criteria.

Aim	What	How	Lead	Provisional Measures	Risk	Key	Timescale
			responsibility			Partners	
For people with a	Develop a set of national	Consider utilising existing		% of people appropriately	Services	Health boards	
learning disability	minimum standards for	standards & measures		referred to specialist community	predominantly	Local Authorities	
	multi-disciplinary learning	e.g. RCP, Learning disbaility		learning disability health service	respond to people	Advocacy	
to have access to	disability specialist health	Senate, NHS Improvement			at crisis that may	3rd sector	
the appropriate	services	To formally consult with		% of people with a learning	have been	Professional	
care and support		To formally consult with stakeholders		disability who receive an initial assessment of their needs within	avoidable	forums and subject	
		stakerioiders		28 days of referral received	Demand for	matter experts	
in the community		To develop monitoring systems		28 days of Telefral Teceived	hospital	matter experts	
at the right time		To develop monitoring systems		Incidence of people with learning	admission		
and place		To support testing and		disability admitted to specialist			
-		implementation through QI		hospital	Failure to meet		
				·	Care Closer to		
					home		
				Health Equality Framework			
				Outcomes	Other unknown		
					reasons impacting		
					on achieving		
					positive outcomes		
	Explore sustainable models	Identify good practice in		rate of people accessing	Missed	Health Boards	
	of service design that	learning disability services that		prevention and early	opportunities for	Local Authority	
	evidence delivery of	deliver prudent care		intervention support	early intervention	Independent	
	prevention & early					providers	
	intervention	Review literature		% of people seen by the learning	Individuals	3 rd Sector and	
				disability community specialist	experiencing	subject matter	
		Evaluate models through QI			increasingly	experts	





Particularly for individuals			service who have a crisis	unmet health and		
whose behaviour challenges	Skilled workforce		prevention plan	social care needs		
			% of people receiving prevention			
			and early intervention support			
			who are admitted to specialist			
			learning disbaility hospital within			
			3/6 months			
			S, c mentils			
			Health Equality Framework			
			Outcomes			
Explore sustainable models	Identify good practice in		rate of people who experienced	Missed	Health Boards	
'			• •			
of service design that	learning disability services		a crisis in their wellbeing or	opportunity to	Local Authority	
evidence delivery of an	D		support	prevent hospital	Independent	
effective, prudent crisis	Review literature			admission and	providers	
response			rate of admission to specialist	detention under	3rd Sector and	
	Evaluate models through QI		learning disability hospital	MHA	subject matter	
					experts	
	Skilled workforce		Health Equality Framework			
			Outcomes			
Explore models of service	Bring stakeholders together to		Health Equality Framework		Health Boards	
that meet the needs of	deliver services reflecting NICE		Outcomes		Local Authority	
people with learning	guidance				Independent	
disability whose behaviour			Lived experience		providers	
challenges	Evaluate models through QI				3 rd Sector and	
, , , , , , , , , , , , , , , , , , ,			% of people admitted to		subject matter	
	Skilled workforce		specialist hospital due to a		experts	
	Skilled Workforde		deterioration in their challenging		скрегез	
			behaviour			
Explore models of service	Identify best practice		% of people utilising the Once for	Missed	Health Boards	
that meet the needs of	identity best practice		Wales Health Profile			
	5 of other was date the court Of		wales Health Profile	opportunity to	Local Authority	
people with complex	Evaluate models through QI			reduce avoidable	Independent	
physical health needs	21.00		Rate of people presenting to	deaths	providers	
	Skilled Workforce		health services with a Once for		3rd Sector and	
			Wales Health Profile		subject matter	
					experts	
			Mortality Review Data			
			Health Equality Framework			
			Outcomes			
			Lived experience			
Develop national forums to	A national QI network for each	Improvement	· ·	Missed	Health boards	
facilitate sharing, learning,	learning disability services:	Cymru		opportunity to	Local Authorities	
cohort thinking and support	community, inpatient, social	٥,۵		share best	Advocacy	
consist thinking and support	care and behaviour teams.			practice	3rd sector	
	care and benaviour teams.		1	practice	ara sector	





eviden	nce based				Professional	
improvem	nent projects				forums	
·	' '				Independent	
					sector	
					subject matter	
					experts	
Consider alte	ernative models	Explore the work of existing	Range of quality data on people	Missed	3 rd Sector	
of support	and advice to	telephone helplines (MENCAP,	who seek help and support out	opportunity to	CALL Helpline	
people and the	heir carers 24/7	LDW, CALL etc) and demand	of hours	build capacity	Welsh	
		relating to LD			Government	
		_	Outcome measures including	Missed		
		Support delivery of best	% of people who are signposted	opportunity to		
		practice advice and support	to learning disability services	provide		
				consistent advice		
		Explore extending availability	Health Equality Framework	and support		
		of specialist community	Outcomes			
		services		Independent		
				resources		
		Invest in accessible		emerging that are		
		information		not aligned		
		Explore national resources on				
		DEWIS				
Promote t	he use of the	Deliver a series of local	Rate of carers using Positive	Missed	Families	
Lifespan Pos	itive Behaviour	workshops and media	Behaviour Support	opportunity for		
Support Far	mily Education	campaign in partnership with		early intervention	People with lived	
p	oack	stakeholders to families			experience	
			% of people receiving positive	Potential increase		
		Make resource accessible in a	behaviour support who are	demand on	Health Boards	
		range of formats	admitted to specialist hospital	services	Local Authority	
			due to a deterioration in their		Independent	
			behaviour		providers	
					3rd Sector and	
			Health Equality Framework		subject matter	
			Outcomes		experts	
•	he demand for	Undertake a review and collate	rate of people using short breaks	Missed	All Wales forum	
	ctiveness of	findings to aid future planning	who experience behaviour that	opportunity to	for parents &	
' '	nort breaks for		challenges	support more	Carers	
	earning disability	Engagement with unpaid		carers		
whose behav	viour challenges	carers	% admitted of specialist hospital		All Wales People	
					First	

Page **5** of **11**





2. High Quality Specialist Care

The focus is to invest in the quality of care provided in both community and hospital settings. To ensure people have access to appropriate, high quality and safe care that is sustainable and reduces harm.

Aim	What	How	Lead	Provisional Measures	Risk	Key Partners	Timescale
	Control to to the MILICO	Aller de disease de la constante de la constan	responsibility	Data of accelerate access have the		1 011 011 011	
To build capacity	Contribute to the WHSSC review of secure learning	Attend national steering group to review medium and high secure	WHSSC	Rate of people in secure hospital care		WHSSC	
to deliver high	disability hospital care	hospital care		care			
quality, safe and	, .	·		Length of Stay			
sustainable care		Provide regional data					
to meet the		Explore best practice and		Transition barriers			
needs of citizens		formulate recommendations		% of people who experience a			
		Torridate recommendations		delay of days or more in			
close to their				transition to and from secure			
home				hospital care			
	To ensure that Wales has the resources to meet the needs of people who require specialist learning inpatient care	Understand regional demand and capacity requirements for: • Low secure • Assessment & Treatment units • Continuing Health Care • Non-NHS provision Consider collaborative approaches to meeting future needs Explore regional pathways for planned and unplanned admission to ATU and share best practice		% of people who cannot access learning disability inpatient care within 24 hours % of people who cannot access inpatient care within the region of their home health board and within Wales Average length of stay % of people who experience a delay in transition from specialist hospital care into community or other hospital Reason for admission rate of people in inpatient care subject to at least one restrictive		Health boards Local Authorities Advocacy 3rd sector Professional forums Independent sector subject matter experts	





	T		T			I	1
	Consider developing care	Analyse population needs				Health Boards	
	provider consortiums to	assessment across regions to				Local Authority	
	contribute to service	predict future care demand and				Independent	
	planning	partnership opportunities				providers	
		Consider prioritising people who					
		are suitable for discharge from					
		specialist LD inpatient hospital					
		specialist 22 inputient nospital					
		To work with care providers to					
		plan for future demand					
	T			Haalkh Farralite France areal.	N 4:	Health boards	
	To ensure access to	Implement levels two and three		Health Equality Framework	Missed	Health boards	
	mental health inpatient	of the Learning Disability		Outcomes	opportunity for		
	care through reasonable	Education Framework for			people with		
	adjustments (DDA)	Healthcare Staff in Wales		Lived experience	mental illness to		
					access		
					mainstream		
					psychiatric		
					services		
	Consider All Wales	Consider draft LD RCPsych				Health Boards	
	memorandum of	(WALES) proposal					
	understanding for the safe	(-/					
	transfer of care						
	To ensure equal access to	An audit of therapy provision		Waiting times for:		Health boards	
	therapies for people with	across specialist learning		SALT		Local	
	a learning disability who	disbaility services		Physiotherapy		Authorities	
	are in specialist hospital	disballity services		Psychology		Advocacy	
	· ·	Consider future actions				3rd sector	
	and community care	Consider future actions		Occupational Therapy			
						Professional	
						forums	
						Independent	
						sector	
						subject matter	
						experts	
To deliver high	Develop a set of All Wales	Engage with the All Wales		Incidence of people with		Health boards	
_	value based statements	Community of Practice for		behaviour that challenges		Local	
quality safe and	around the care and	Behaviour that Challenges and				Authorities	
sustainable care	support of people with	carer/user forums		% of people with a behaviour		Advocacy	
	learning disability whose			support plan that was informed		3rd sector	
to people with	behaviour challenges	Publish value based statement		by Functional Analysis		Professional	
behaviour that	zenaviour chancinges	. adiidii valae basea statellielle		27 Turiotoriai / triaiy 313		forums	
						Independent	
challenges						sector	
						subject matter	
						experts	





Develop a Positive Behaviour Support Workforce and Training framework across health, social care and education	Consider proposal from All Wales Challenging Behaviour Community of Practice Commission development of a framework		% of care providers with staff trained in the delivery of skilled behaviour support % of practitioners who have undertaken training % of people who experience a deterioration in their behaviour that challenges Health Equality Framework Outcomes	Inconsistency in the delivery of skilled behaviour support	HEIW	
Develop a framework for the use of non- pharmaceutical interventions for people whose behaviour challenges, e.g. Positive Behaviour Support (PBS)	Development of a PBS Framework for CYP Development of a PBS Framework for adults Consider a national campaign to promote non-pharmaceutical interventions for people whose behaviour challenges		% of people who experience a deterioration in their behaviour that challenges Health Equality Framework Outcomes antipsychotic prescribing data	Inconsistency in the delivery of skilled behaviour support Failure to deliver reductions in restrictive practice	Health boards Local Authorities Advocacy 3rd sector Professional forums Independent sector subject matter experts	
Embed a quality assurance framework for the delivery of non-pharmaceutical interventions for people with behaviour that challenges into organisational commissioning frameworks	Determine if the use of the PBS Academy quality assurance tool improves the delivery of skilled behaviour support Embed framework within new and existing commissioning frameworks for health & social \care Explore embedding in inspection and regulation process		% of care providers that meet quality assurance measures % of people who experience a deterioration in their behaviour that challenges Health Equality Framework Outcomes	Inconsistency in the delivery of skilled behaviour support Poor outcomes for people with behaviour that challenges	WHSSC Health boards Local Authorities Advocacy 3rd sector Professional forums Independent sector subject matter experts	
Produce a flexible method of capturing the experiences of carers/care providers of delivering high quality Positive Behaviour Support	Design and test an online survey toolkit Publish tool kit	Improvement Cymru	Identify local and regional barriers to delivering good quality Positive Behaviour support (PBS)	Potentially poor quality behaviour support Increased use of higher acuity models of care including hospital	CAPCITO	

Page **8** of **11**





	Develop a Once for Wales	Deliver NICE guidance	0/ of voung adults and caresb	Poor lived	Health boards	
	set of standards for	Deliver NICE guidance	% of young adults and cares who experienced a positive transition	experience of	Local	
	transition of children and		to adults services	transition to	Authorities	
	young people whose		to addits services	adults services	Advocacy	
	behaviour challenges to		Understanding barriers	dudits services	3rd sector	
	adult services which		onderstanding burners		Professional	
	minimises the disruption		Health Equality Framework		forums	
	to existing high quality		Outcomes		Independent	
	behaviour support		Outcomes		sector	
	Schaviour support				subject matter	
					experts	
Ensuring that the	Support cohort thinking	Explore actions that could be	Health Equality Framework		People with	
-	around the national	delivered at an All Wales level	Outcomes		lived	
use of Restrictive	response to	i.e. standardised recording	Guttomes		experience	
Practices are	implementation of the	training resources			Staff groups	
	Reducing Restrictive	quality assurance tools	Capture lived experience		otan Broups	
lawful,	Practice Framework	4.0,			Professional	
proportionate					forums	
and time limited	Explore the development	Review terms of Reference of				
	of an All Wales Reducing	PRRICE group				
	Restrictive Practice Expert	- '				
	Reference Group to	Allocate work to PRRICE				
	support dissemination of					
	best practice and training					
	Contribute to	Analyse safety data at a national	Rate of restrictive practices that	Opportunity to	NHS Delivery	
	organisational learning	level to understand impact of	resulted in an injury	standardise	Unit	
	from patient safety	restrictive practice		training	Health boards	
	incidents				Local	
		Review workforce training on			Authorities	
		restrictive practice (NHS All			Advocacy	
		Wales Violence and Aggression			3rd sector	
		Passport)			Professional	
					forums	
					Independent	
					sector	
					subject matter	
					experts	
To utilise	Develop an agile digital	Prioritise NHS staff	Health Equality Framework	Missed	Health boards	
meaningful	platform for the Health	to explore (Discovery Phase) user	Outcomes	opportunity to		
•	Equality Framework (HEF)	requirements for future design		identify health		
outcome	and support its use in			determinants and		
measures to	measuring outcomes in	produce a proof of concept		reduce		
understand	the community across	that meets organisational		inequalities		
unuerstand	Wales	demand				

Page **9** of **11**





peoples lived	Explore the use of	Review use of All wales outcome	HoNOS LD		
experience and	outcome measures to capture the effectiveness	measures			
the effectiveness	of specialist inpatient care	Consider benchmarking			
of care		dashboard (HoNOS LD)			

3. Timely Transition

To ensure people receiving specialist hospital care have access to appropriate community and specialist inpatient care that best meets their needs. To reduce patient harm by ensuring that people with a learning disability experience a timely transition to and from specialist hospital.

Recommendation	What	How	Lead	Provisional	Risk	Key Partners	Timescale
			responsibility	Measures			
Timely transition	To undertake early	Understand regional		Distance from home	Potential increase in		
to hospital close	thinking of further	challenges and			poor user and carer		
=	national actions that	improvement plans		User & family	experience		
to home	can support regional			experience			
(admission)	priorities	Explore current best practice for out of hours admission and commissioning of non- NHS care		Delays in admission			
	Explore ways to share	Scope out existing		Time taken from			
	timely LD inpatient	real-time bed		decision to admit to			
	bed state between health boards	management tool		admission			
Timely transition	Develop national	Share regional best		Time taken from			
to appropriate	standards and	practice		decision to transfer to			
	monitoring for timely			completion of safe			
hospital care	transition from	Consider further work		transfer			
(transfer)	specialist hospital to another specialist hospital	to standardise process across Wales		% of DTOC			
Timely transition	Explore mechanisms to	Evaluate D2RA		% of patients with a			
to the	improve patient flow	approach in people		length of stay over 90			
	through specialist	with a learning		days			
community	hospitals that reduce	disability					
(discharge)	patient harm from	Characterist has		% of patients with a			
	delays in discharge	Share regional best		stay over 90 days who			
		practice		do not have a discharge plan			



		% of patients who require transition to community that remain in hospital		
		transition		
Prioritise transition for people identified as suitable for discharge into the community	Undertake audit of all patients in specialist hospital care	Rate of people in specialist LD inpatient hospital		
	Update on progress for people identified in NNCU review	% of DTOC		
Explore with commissioners a range of support models that deliver high quality care for people whose behaviour challenges	Share current regional best practice Consider national best practice	% of people readmitted into LD inpatient hospital within Days/months		
that prevents re- admission and expedites discharge	Undertake gap analysis	readmission		
To provide suitable accommodation in the community for people whose behaviour challenges	To develop a housing strategy for people with behaviour that challenges	% of people readmitted into LD inpatient hospital within Days/months		
	To know what the future housing demand will be and have regional action plans in place to meet the need	Reason for readmission		
	Support operationalisation of the <u>Commissioning</u> <u>Accommodation and</u> <u>Support for a Good</u> <u>Life for people with a learning disability</u> guidance			