Forward Together

Strategic Framework for the South Wales Learning Disability Collaborative (Adult Services)

July 2013
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Preface

The South Wales (adult learning disability services) Collaborative represents 10 formal authorities, these being: ABMU, Cwm Taf, and Cardiff & Vale Health Boards, and Bridgend, Cardiff, Merthyr, Neath Port Talbot, Rhondda Cynon Taff, Swansea and Vale of Glamorgan Local Authorities.

The Collaborative has reiterated its commitment to a single provider of specialist healthcare; this being the Learning Disabilities Directorate of ABMU Health Board, and in so doing have endorsed this document as an overarching Strategic Framework in respect of health provision.

This Strategic Framework focuses on the development and delivery of health services for people with Learning Disabilities and identifies those areas which need to be developed together to ensure that local strategies develop in a consistent and coherent way. It is anticipated that local strategies will identify priorities and timescales within this framework and will also include such areas as social care, housing, day services/employment and leisure, which are not represented in this document.

The Collaborative has agreed to meet on a quarterly/half yearly basis to share good practice; oversee progress against this framework; ensure consistency in service provision and work together on responses to Welsh Government, and other formal initiatives and requirements.

Additionally they will consider the development of formal partnerships in each of the Health Board footprint areas and the interface between these.
1. Introduction

The All Wales (Mental Handicap) Strategy, launched in 1983, had at its heart the concept of new patterns of comprehensive services. This vision of community based support for adults with a learning disability was the key driver of the hospital resettlement programme and the closure of the long stay hospitals. The successful closure of two large long stay institutions within the South Wales area led to a programme of developments, which culminated in a wholly community based service, including a range of specialist residential services and multi-disciplinary teams.

These service changes, their development and progression, were embodied within the Directorate of Learning Disability Services (health), working in partnership with seven Local Authorities and seven Health Boards; following health service reorganisation there are now three Health Boards.
The benefits envisaged, and realised, from having one specialist health provider were:

- Comprehensiveness of specialist service provision, (envisaged within the All Wales Strategy)
- A critical mass of multi-disciplinary staff and clinical expertise
- Opportunities for recruitment and retention of difficult to recruit professions
- Enhanced flexibility
- Clear lines of accountability, responsibility and supervision
- Optimal use of resources
- Overt inter-agency and integrated networks
- A designated, consistent budget

These remain important factors.

2. Current Position

The service is provided across ABMU, Cardiff & Vale and Cwm Taf Health Boards and Bridgend, Cardiff, Merthyr, Neath Port Talbot, Rhondda Cynon Taf, Swansea, and the Vale of Glamorgan Local Authorities.

There are now three distinct (geographical) areas of service, based on Health Board footprints. Although these areas work separately from each other, they are bonded together by the fact that they are addressing the same challenges, share the same specialist health provider and commission from the same cohort of third sector and private providers.

3. Challenges

There are a number of non geographic specific challenges that affect all areas, these being:

- Increasing numbers of children with complex needs surviving
into adulthood ..... 

- ......one consequence of this is increased prevalence of challenging behaviours
- Subsequent increased pressures on Continuing Health Care expenditure
- A critical need to ensure transition to adult services is handled well
- Greater awareness of general health problems for people with a learning disability; which requires access to and support from mainstream NHS
- Increasing longevity of people with learning disabilities and related health and support problems (for example the early onset of dementia)
- The number of older carers who cannot continue their caring role, including in some cases people with a learning disability not currently in receipt of services
- Major changes in the provision of Mental Health services, including introduction of the Mental Health (Wales) Measure
- An increased awareness of the vulnerability of individuals with a mild learning disability who find themselves within the criminal justice system
- Awareness that recent developments in community, secure and inreach forensic services for individuals with mental health problems, have not taken into consideration the needs of individuals with a learning disability
- Out of Area placements and quality of that provision
- The (English) Winterbourne Report (December 2012), which focuses on such issues as:
  - Training
  - Assessment & Treatment services
  - Length of stay
  - Need for more robust commissioning
  - Pooled Budgets
  - Repatriation
  - Development of Services closer to home
• Training/registration of care workers

4. Way Forward

This Strategic Framework will provide a mechanism to promote collaboration between all partners in the development and delivery of Learning Disability services, with the Learning Disabilities Directorate acting as a conduit and being pivotal in the process. This will ensure consistency and retain the benefits derived from the current flexible arrangements, relating to:

• Special Residential Services (SRS) beds
• Acute Assessment and Treatment (AATU) beds
• Workforce
• Multi Disciplinary Clinical Services, supported by clear professional leadership, ensuring governance of safe and effective clinical practice
• Wider organisational learning and subsequent development

This approach will also enable each area, (although addressing a collective agenda), to determine their own priorities and timescales.

The issues and aims in this document have been identified through a review of extant Strategic and Policy directions. These being:

• Making a Difference (May 2007) – South Wales Learning Disability Commissioning Partnership Board (SWLDCPB)
• Services for People with Learning Disabilities and Challenging Behaviour or Mental Health Needs (Mansell Report – Revised Edition - October 2007)
• Closer to Home (September 2007) - SWLDCPB - (Revised 2010 - Western Bay Partnership)
• Fulfilling the Promises - Learning Disability Advisory Group (LDAG) – June 2001)
• Statement of Policy & Practice (2007 – Welsh Assembly
4.1 Making a Difference - Strategic direction

This Strategy set out to achieve, through incremental steps, the following:

- Creation of (managed) Health Teams ....
- .... Leading to integrated Health and Social Care Teams
- Development of services on the Tiered Approach
- Fully integrated services and formal partnerships, utilising such mechanisms as Section 33

4.1.1 Creation of (managed) Health Teams

The appointment of Health Team Managers and changes to the management structures within all 7 Local Authority areas were completed in January 2010. This has been acknowledged as a very positive development and one that is pivotal to the further stages of the Making a Difference Strategy. Significant work has since been undertaken in harmonising the workforce and professional practice.

4.1.2 Integrated Health and Social Care Teams

Since 2010, much work has taken place to create functioning health teams, however further integration of health and social care within the community learning disability teams has not been progressed.

Progress on developing collaborative working between health and social care has varied between Local Authority and Health Board areas. This is reflective of the particular local circumstances and the agenda related to integrated working in different areas.

4.1.3 A Tiered Approach for Learning Disability Services

The All Wales Strategy saw the development of partnerships between health, social services, education and voluntary services, and indeed with parents, carers and people with a learning disability themselves.

It was determined that it was important to ensure that all these
services were working in a truly integrated way to offer the best, most responsive and comprehensive service, to people with a learning disability.

Learning disability is a lifelong condition and people will have changing needs throughout their lives, needing input at different levels from different agencies and services. It is very rare for an individual to be the sole responsibility of any one agency; neither would this be in the interests of meeting needs holistically.

It was therefore agreed to develop learning disability services on the Tiered Approach, in line with the principle outlined in *Designed for Life* and also that developed for CAMHS services.

The Tiers were defined as:

**Tier 1**  Primary level, frontline services i.e. GP practices, District Nurses etc

**Tier 2**  Community Learning Disability Teams; Health and Social Care

**Tier 3**  Specialist Residential Services, Assessment & Treatment Units and Specialist Behaviour Teams

**Tier 4**  Essential Tertiary and highly specialist services

The services at different tiers would be integrated, with all services being coordinated within a multi-disciplinary framework, which aimed to provide high quality, and wherever possible, evidence based services.

It was envisaged that these Tiers would provide a framework from which the development of new integrated models of working could be achieved. It was also envisaged that by developing services on the basis of the tiered framework, the wide range of sources from which people with a learning disability and their carers can receive services could be identified, and comprehensive responses developed. For the model to be effective it was deemed that communication between different Tiers, and the promotion of a multi-agency approach to the development and provision of service, was essential.

The individual Tiers have made significant achievements within a short period and have addressed such issues as:
• variance in clinical practice,
• improved multidisciplinary/multi agency responsiveness to referrals
• standards of service delivery
• process development
• staff competencies

The separate distinction of the Tiers can at times create additional boundaries. These need to be managed effectively to ensure that we have a unified service in which to address people's needs holistically. In addition the Tier 2 Teams have not developed into joint health and social care teams as originally envisaged.

Taking all of the above into account, the original commitments set out in *Making a Difference* need to be reviewed with all partners, to ensure that appropriate structures and teams are developed for the future.

It should be noted that there are some good examples of regional developments; the regional epilepsy service, the direct enhanced service for annual health checks and development of care bundles for adults with a learning disability requiring hospital care in ABMU Health Board.

**4.1.4 Fully integrated services and formal partnerships, utilising such mechanisms as Section 33**

As noted above, different health and social care communities have progressed integrated working to different levels, depending on local circumstances. Not all areas have formal partnership boards at this stage and neither have they jointly agreed strategies and plans for their local area. These are a pre requisite to the development of integrated delivery models and teams, and the use of section 33 and pooled budgets.

**Proposed Actions**

Ensure that local joint strategies and priorities for health and social care are established for the development of learning disability services in each Health Board area, that move towards better ways of joint working.

Review and refresh *Making a Difference* to ensure that the organisational arrangements across health and social care continue to be fit for purpose for delivering high-quality services for people with learning disabilities, taking into
account the original commitments that were made.
5. Challenging Behaviour

In keeping with Government policy over the last 30 years, the majority of children and adults with learning disabilities, who present with challenging behaviour, should be supported in the community.

It is important to note that challenging behaviour is not a separate diagnostic entity, but describes a range of actions by a heterogeneous group of people as a result of a range of health and social stimuli.

Relatively few individuals with challenging behaviour will require healthcare provided residential services. Developing an effective strategy for this user group will therefore be dependent on agreeing a shared vision across agencies for future action. It will need to ensure that services are fully integrated with other areas of physical and mental healthcare provision, including local forensic and Criminal Justice Services. This will be built on partnership and have a whole system approach.

The Mansell Report (2007) remains the definitive UK guidance on the development of services for people with challenging behaviour. As a corollary of its adopting an interactional model of challenging behaviour, it states that:

"the competence or capability of local ‘mainstream’ services for people with learning disabilities will influence the number of people defined as presenting a serious challenge. Well-organised and managed services will show fewer problems."

The report provides a wide series of recommendations as to how such competence can be achieved, and in line with these recommendations the overarching objectives, in respect of challenging behaviour, are to:

- Develop and expand the capacity of local services for adults with learning disabilities to understand and respond to challenging behaviour
- Provide specialist services locally which can support good mainstream practice as well as directly serve a small number of people with the most challenging behaviour
- Improve the quality of life of those served
- Achieve the highest possible cost-benefits in commissioning more effective services which deliver better outcomes for individuals
• Improve the well-being of family and formal carers supporting people who challenge

• Develop a sufficiently skilled workforce to reduce the likelihood of challenging behaviour occurring

• Ensure that there is skilled professional advice from a full range of specialists, working in a coordinated and genuinely multi-disciplinary way

A key contribution to the capability and resilience of local services is to ensure that staff working with people whose behaviour presents a challenge receive adequate training. Many services attempt to deal with challenging behaviour incidents by adding more and more staff, at greater cost. All services will need staff who have enough understanding of the causes of challenging behaviour to prevent it arising or getting worse. This means that they will need to be trained in the specific, recognised and evidence based skills required to develop greater understanding of challenging behaviour.

These are:

• **Person-Centred Active Support**
• **Positive Behaviour Support**
• **Positive Behaviour Management**
• **Inclusive Communication**
• **Recognising and responding to mental health problems**
• **Person-Centred Planning**
• **Functional Analysis**
• **Applied specialist areas**

It will be important to pool resources to provide training at this level for staff from all agencies involved in supporting people with learning disabilities who present with challenging behaviour. In this respect all current third sector providers will be invited to form a *Provider Resource Network*, which will function as a *Community of Practice*. However this will not only concern the sharing of experiences and joint learning needed to provide effective peer support, but actively seek opportunities to share resources in order to maximise potential for learning across organisations. This will increase competence more globally as a community, as opposed to working in isolation.
Proposed Actions

Ensure that all contracts for services for people with challenging behaviour specify the standards and arrangements for staff training, and development of practice leadership.

Establish a Provider Resource Network with all challenging behaviour service providers within the Collaborative’s area this will include a joint Strategy to increase capacity and competence in all in-house and commissioned services.

Reduce the use of private sector and out of area facilities for people with challenging behaviour, by developing more local capacity.

6. “Closer to Home”

The hospital closure programme, whilst achieving the immediate objective of resettling people in the community, had been seen as an end in itself. Little planning had taken place within Wales as a whole in respect of how the needs of what would become the ‘new long stay’ population would be addressed, or how the emerging increasing complexity of need could be met within a community setting.

This led to significant growth in Out of Area placements, resulting in Welsh Authorities spending considerable amounts of money on such developments. Research undertaken in 2004/05 showed that the agencies within the area that is covered by the Collaborative were spending almost £12m, and without action this was forecast to grow exponentially.

This issue was reinforced in a document from the Department of Health:

Commissioning Services Close to Home (November 2004), which stated: Whilst progress has been made to close the remaining long stay NHS hospitals for people with learning disabilities it is clear that the number of people in the independent sector hospitals is increasing; this according to a Healthcare Commission Survey (Healthcare Commission, July 2004).

In 2007 the (then) South Wales Learning Disability Commissioning Partnership Board produced a Strategic Outline Case (SOC), Closer to Home, which sought capital funding for the development of further health facilities, which would enable the repatriation of people with learning disabilities and complex behavioural/psychiatric needs placed
out of area in high-cost, but often low-quality, services.

Although fully supported in principle by the then Welsh Assembly Government, no capital funds were available for the programme, and despite best efforts to encourage the Partnership Board to produce an alternative plan, no such plan was developed, and a continuing strategic vacuum resulted.

Consequently Continuing Health Care (CHC) spend on adults with a learning disability and challenging behaviour increased, with placements being commissioned by each LHB on an individual patient basis, as opposed to planning based on complex needs across the region.

From a commissioning perspective, placing someone Out of Area presents several challenges. Visiting that person creates logistical difficulties in relation to monitoring the quality and cost effectiveness of the service the person is receiving. The individual’s relationship with their family and friends is at risk if they are placed many miles away. This is also true of their relationship with their Care Manager.

Recent publicity (e.g. Winterbourne View) has highlighted the difficulty of effectively monitoring out of area provision, and the often very poor outcomes delivered for the individuals concerned. It has also highlighted a number of deficiencies in respect of commissioning and contracting for Out of Area placements.

Costs of such placements can be high and may represent a significant percentage of the local area’s budget for learning disability services. This can place local commissioners in the position where they recognise the need to develop appropriate local services but are unable to do so because of lack of available resources to invest.

In April 2010, following the Health Service reorganisation, the Directorate assumed responsibility for the financial management and oversight of the Learning Disability element of Continuing NHS Health Care in the ABMU area (Bridgend, NPT, and Swansea).

Transfer of responsibility for CHC to the Directorate was welcomed by the Local Authorities within the ABMU area, and seen by both the Directorate and the three Local Authorities as an opportunity to work together to address the commissioning issues, to plan on a whole population basis and to increase overall capacity within the area. An informal partnership was formed to look at the management and commissioning of CHC, with particular emphasis on repatriation.
It was agreed that the model envisaged in the original *Closer to Home* SOC, i.e. development of health accommodation, was not sustainable and that a new model, that would deliver the same strategic objectives, was required. The partnership therefore considered how best to deliver on the objectives of *Closer to Home*, but within a framework that would produce a systemic improvement in service competence and optimise quality of life outcomes.

In this respect *Closer to Home II* was developed, with the aim of establishing a strategic partnership between ABMU, Bridgend, Neath Port Talbot and Swansea Local Authorities, Housing Associations, (functioning as Registered Social Landlords), and a finite number of preferred social care providers.

The anticipated benefits of such a partnership were:

- The development of provider organisations that demonstrate better outcomes for service users in terms of improved quality of life and reduced exclusion
- Better outcomes for staff in terms of increased competence and confidence and reduced work-related stress
- Greater organisational resilience for supporting people who challenge
- A reduction in placement breakdown, admission rates to Acute Admission & Treatment Units (AATU) and subsequent Delayed Transfers Of Care
- A more planned approach to meeting need resulting in a reduction in spot commissioning of ‘solutions’
- A reduction in new out of area placements and increased capacity to meet complex needs within the local area
- Increased scope for the appropriate repatriation of existing out of area placements
- Reduce the risk of use of inappropriate private sector services
- The development of increased knowledge, skills and competence at a number of different levels within the provider services (i.e. organisational level, managerial level and direct care staff level)
- Increased potential for move on for service users currently resident in the Special Residential Services
• Greater cost benefit for the current and future resources invested in this client group

• Greater quality of service provision and increased quality of life

Proposed Actions

Develop plans for a Closer to Home initiative in the Cwm Taf and Cardiff & Vale areas.

As a Collaborative, to manage the market more efficiently, including addressing such issues as variance in cost and in so doing determine the most appropriate procurement process.

Respond jointly to an action plan in Wales to address the Winterbourne Issues.

7. Fulfilling the Promises / Statement on Policy & Practice

The actions and targets put forward in these documents have not been fully implemented and it is the intention to address issues in the following areas:

• Service User Engagement / Experience

• Physical Health Needs

• Complex Health Needs

• Additional Mental Health / Forensic Needs

• Training and Development

• Workforce

• Transition
7.1 Service User Engagement

The aim is to ensure that people with a learning disability receive the best possible and most appropriate services that will improve and maintain their health and well being, thereby enabling people to lead meaningful lives within their community. A key objective will be to further enhance and develop a culture where service users are valued and respected as individuals and supported to engage in user involvement initiatives.

It is acknowledged that service users are key stakeholders in the planning and developing of services. More meaningful user engagement in the planning of services will therefore be achieved through dialogue and negotiation so that ideas can be shared and activities co-ordinated to influence service development.

Partners and stakeholders will need to understand, learn and act upon, the experience of service users in shaping and redesigning the services of the future.

Proposed Actions

Work with partners to consider innovative ways of engaging service users in the planning and development of services.

Consider the broader use of such tools as ‘I planit’ in order for service users to be more meaningfully involved in care and support planning.

Develop participation action plans.

7.2 Physical Health Needs

It is well documented that people with learning disabilities have poorer general health and more specific health needs than the general population. For example people with learning disabilities have higher rates of obesity, coronary heart disease, respiratory disease, hearing impairment, dementia, osteoporosis and epilepsy. Some 26% of people with learning disabilities are admitted to hospital each year compared with 14% of the general population.

Specific patterns of health need may also arise from some of the known causes of learning disability. An example of this would be the high rate of early onset of Alzheimer’s disease in individuals with Down’s syndrome.
As with the population in general people with learning disabilities are living longer, this is to be celebrated; however the consequence of this is that more will develop age related health problems.

It is fully acknowledged that individuals with learning disabilities are citizens and should have access to the same healthcare as others living in the community, with additional support to meet special health needs as required.

People with a learning disability must have an equal right to access primary, secondary and specialist health care services and routine national health screening programmes as all other citizens.

However, the evidence from a series of reports and inquiries shows that the National Health Service is not yet commissioning or providing services in ways that adequately meet these health needs. This contributes to preventable ill-health, poorer quality of life and, at worse, premature deaths.

Sir John Michael’s independent inquiry (2008) found that these health inequalities arise in part because:

- **People with learning disabilities find it harder to access assessment and treatment for general health care**

- **Healthcare providers make insufficient adjustments for communication problems, difficulty in understanding, or the individual preferences of people with learning disabilities**

- **Parents and carers struggle to be accepted as effective partners in care**

- **Health service staff (within secondary care) have very limited knowledge about learning disabilities and are unfamiliar with the legislative framework**

- **Partnership working and communication between agencies is poor**

It is essential that people with a learning disability have their general health needs met by appropriate clinicians in Primary and Secondary care as evidenced by the Disability Rights Commission.

The Learning Disability Service will play a key role in facilitating and supporting this, recognising that the responsibility for delivering these improvements rests with other parts of the healthcare system.
Proposed Action

To implement a Learning Disabilities Pathway and Care Bundle for Adults with a Learning Disability Requiring Hospital Care within each area.

7.3 Complex Health Needs

It is clear that there is a growing population of children and adults with complex health needs, with the most significant factor affecting the prevalence being increased life expectancy.

It is now thought that most adults with learning disabilities, who live past their third decade, are likely to survive into old age and experience the normal ageing process.

Upward pressures on the incidence of learning disabilities include:

- Increases in maternal age (associated with higher risk factors for some conditions associated with learning disability, such as Down’s syndrome)
- Improved survival of ‘at risk’ infants, such as low birth weight, due to improved health care
- Increases in more recently significant pre-natal threats such as HIV infection and substance abuse.
- An increase in the proportion of children growing up in poverty

For many their difficulties are also compounded by multisensory impairment or mental ill-health, or the requirement for invasive procedures, such as supported nutrition, assisted ventilation, and rescue medication.

There needs to be clarity around the most appropriate response and provision to meet assessed needs. People whose needs are more related to physical health and not their learning disability, (although this will add to the complexity of their needs), must have access to appropriate services, with their needs met by appropriate clinicians in General Health and in an environment suitable to meet all their identified needs.
Proposed Actions

Jointly develop and implement care pathways within each Health Board area.

Jointly develop protocols that clarify standards, responsibilities and accountability, concerning the administration of clinical procedures by unqualified staff and family carers, to ensure consistency in application and training within the Collaborative.

7.4 Additional Mental Health / Forensic needs.

Acute mental health services should provide the same level and quality of service for all, regardless of whether a person has a learning disability.

Active efforts will be made to provide additional training for nursing and medical staff in acute mental health units concerning the needs of people with learning disabilities.

Policy drivers to ensure people with learning disabilities are cared for as close to home as possible and in the least restrictive setting have particular relevance for this group.

In England, specialist learning disability health services range from community-based teams to inpatient provision and many have a forensic service at low, medium or high levels of security. This is not the case in Wales, where no such dedicated services exist.

Proposed Action

Develop partnership arrangements with existing forensic services to consider the most effective way of identifying risks and meeting needs.

Work collaboratively with Mental Health Services.

Work with, and offer specialist input to, the NHS Wales Secure Services Contract Team.

7.5 Training and Development

Workforce development is critical to improving standards. It is important that health and social care staff working with adults with a learning disability have the appropriate values and skills, reflected in their training and qualifications, to meet the challenges set out.
National Drivers are for the development of a fully trained workforce. For instance the Willis Commission (Nursing) has recommended that all staff at Agenda for Change bands 3-4 (and their equivalents outside the NHS) who deliver patient care should be trained to NVQ level 3 as the minimum UK standard, delivered by healthcare providers and further education. Professional bodies are not just campaigning for this but seeking registration for all care workers.

Having a fully trained workforce, including training and development of partner organisations, is a key element of the service. A well educated and trained workforce is crucial to the development of quality care for people with learning disabilities. The workforce needs to feel valued if people with learning disabilities are also to be valued.

Proposed Actions

Establish a consistent approach to training and development to ensure that all areas of service are achieving the same standards and fully utilise the suite of training resources provided by the Directorate.

Develop workforce strategies in light of further integration, and shared management arrangements.

7.6 Transition

Although each area, and agency, has their own processes, there is no consensus as to the best model for transition.

It is agreed that the key principles underpinning effective transition planning are:

- Transition needs to be a process over a period of time and not a one off event restricted to case transfer
- The process is bespoke to the young person and their family
- A Multi disciplinary approach
- Planning should be person centred focused on the support required by the young person to achieve their hopes, aspirations and goals
- Assesses the likely impact of future needs and identifies interventions/strategies to address these
• Sees transition as a process and develops flexibility in moving to adult services

• Fully engages children’s and adult services in planning for an individual young person

• Develops a plan with the young person, and their family and carers, identifying the most appropriate professional to coordinate this

• Takes account of physical, psychological, social, educational and vocational dimensions and the need for equipment/adaptations

• Observes local information-sharing protocols

• Ensures a good working knowledge of the professional roles of the core transition team as well as those in other agencies

Consideration will be given to aligning the various processes following the publication of the *Social Services and Well Being (Wales) Bill*, which addresses transition.

**Proposed Action**

**Develop current processes and protocols in line with the requirements of the Social Services and Well Being (Wales) Bill - Section 6.2: Transition for Disabled Children and Young People** and have a consistent approach across the area.

**8. CONCLUSION**

Delivering the best services for people with learning disabilities requires effective co-operation and joint working between statutory agencies. The context for this in South Wales is complex, with 10 statutory organisations involved. It is hoped that the proposed actions that have been set out within this document will provide a framework to harness and underpin joint working in each health and social care community, and to provide a consistent direction of travel for health and social services in the planning and delivery of services for people with learning disabilities.
SUMMARY OF PROPOSED ACTIONS

- Ensure that local joint strategies and priorities for health and social care are established for the development of learning disability services in each Health Board area, that move towards better ways of joint working.

- Review and refresh *Making a Difference* to ensure that the organisational arrangements across health and social care continue to be fit for purpose for delivering high-quality services for people with learning disabilities, taking into account the original commitments that were made.

- Ensure that all contracts for services for people with challenging behaviour specify the standards and arrangements for staff training, and development of practice leadership.

- Establish a Provider Resource Network with all challenging behaviour service providers within the Collaborative’s area. This will include a joint Strategy to increase capacity and competence in all in-house and commissioned services.

- Reduce the use of private sector and out of area facilities for people with challenging behaviour, by developing more local capacity.

- Develop plans for a *Closer to Home* initiative in the Cwm Taf and Cardiff & Vale areas.

- As a Collaborative to manage the market more efficiently, including addressing such issues as variance in cost and in so doing determine the most appropriate procurement process.

- Respond jointly to an action plan in Wales to address the *Winterbourne Issues*.

- Work with partners to consider innovative ways of engaging service users in the planning and development of services.

- Consider the broader use of such tools as ‘I planit’ in order for service users to be more meaningfully involved in care and support planning.

- Develop participation action plans.
• To implement a Learning Disabilities Pathway and Care Bundle for Adults with a Learning Disability Requiring Hospital Care within each area.

• Jointly develop and implement care pathways within each Health Board area.

• Jointly develop protocols that clarify standards, responsibilities and accountability, concerning the administration of clinical procedures by unqualified staff and family carers, to ensure consistency in application and training within the Collaborative.

• Develop partnership arrangements with existing forensic services to consider the most effective way of identifying risks and meeting needs.

• Work collaboratively with Mental Health Services.

• Work with, and offer specialist input to, the NHS Wales Secure Services Contract Team.

• Establish a consistent approach to training and development to ensure that all areas of service are achieving the same standards and fully utilise the suite of training resources provided by the Directorate.

• Develop workforce strategies in light of further integration, and shared management arrangements.

• Develop current processes and protocols in line with the requirements of the Social Services and Well Being (Wales) Bill - Section 6.2: Transition for Disabled Children and Young People and have a consistent approach across the area.