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Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

PROJECT INITIATION DOCUMENT

Programme Title

Learning Disabilities Programme Group

Project Title

Learning Disability Service Redesign

Purpose of Document

The purpose this Project Initiation Document is to refine the Project rationale, into a final definition of the scope, plan and organisation needed to achieve the outputs required to deliver outcomes and benefits. This document has been agreed by the Programme Group, and will be used for communication to stakeholders.

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Document Change Control

Date of Issue	Version	Reviewed By	Summary of Changes
October 2016	0.1a	Sharon Frewin/Tom Alexander	PID changed to reflect accommodation/respice project goals (Inclusive of Tir Einon)
October 2016	0.1b	Sharon Frewin/Tom Alexander	Change to Title (Group instead of Board). Project Objectives – specific reference to autism deleted as not necessary.
December, 2016	0.1c	Clare Hale / Tom Alexander	Changes to reflect comments from Pembs
07.03.17	0.1d	Clare Hale	Core project group membership updated
05.04.17	0.1e	Clare Hale	Milestone objectives updated
24.04.17	0.1f	Clare Hale	Milestone objectives & project scope updated, ref to RPB pg 4

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1.0 Purpose

To deliver:-

1. The regional aims and objectives as defined in the Statement of Intent for Learning Disabilities Services – October 2014

To improve community resilience and enablement through choice, self-direction and control over decisions that affect the lives of people with a learning disability in line with the Social Services Well Being Act (SSWBA)

- A defined model of care and support (care pathways) based upon the principles of the progression model.
- Reduce the number of children and young adults transitioning to residential care
- Reducing health inequalities across a continuum of care (from accessing mainstream health services to specialist care and prevention of crisis and ill health)

To commission services that strengthen quality and value for money across the range of health and social care services for people with a learning disability

- Maximise the opportunities from regional collaboration, partnership and integrated working to deliver high quality cost effective services.
- Regional data collection and use that supports future planning and commissioning decisions

To reduce health inequalities by increasing access to and take up of universal health, social care and wellbeing services for people with learning disabilities

- A regionally identifiable framework for service delivery that reflects individual personalised care and local need.
- Reducing health inequalities for people with learning disabilities across a continuum of care (from accessing mainstream health and social care services to specialist care, and prevention of crisis and ill health).

Build community resilience and capacity across a range of services that support people with a learning disability

- Increased access and availability of local housing and accommodation to enable people with a learning disability to live as independently as possible, in a place of their choice.

2. To comply with the Social Services and Wellbeing (Wales) Act 2014 which has set a responsibility for us to, “strengthen **partnership working**” and requires, “Local Authorities and Local Health boards to work together” in order to drive the creation of more **integrated models of service provision**.

3. To achieve the vision of the Strategy for Social Services in Wales: Fulfilled Lives, Supportive Communities, ensuring “that we modernise Social Services in order to provide more accessible, personalised care for people. We want to ensure that people are supported earlier and helped to maintain their independence for longer.”

4. To contribute to delivery of the strategic priority identified by the West Wales Regional Partnership Board for the transformation of mental health and learning disability services.

2.0 Background

There are a key number of challenges facing Learning Disability services, some of which are:

- The number of people with a Learning Disability are increasing,
- The number of people with Severe Learning Disabilities and Complex health needs are increasing
- People with a Learning Disability are living longer and experiencing age related conditions such as Dementia
- There is a need to provide more for less money.

Our Mental Health & Learning Disability services are focussed on a progression model aimed at improving community resilience and enablement through choice, self-direction and having control over our own lives, whilst moving away from traditional services such as hospital and residential based care services.

The delivery of our service model is reliant on engagement with a multi stakeholder system that supports people with a mental health problem and / or learning disability and therefore our services are dependent on a partnership approach to delivery.

The National strategic direction is to move services to more community focused delivery wherever it is appropriate and safe to do so, and recent Welsh Government policy clearly indicates the changes needed in the way we deliver community based care in Wales. The focus on delivering community, outcomes based models within Mental Health and Learning Disability services has been the strategic direction for many years following the closure of the historical large institutions and more recently in response to the Winterbourne View review and subsequent Transforming Care in Wales Action Plan.

In 2007, the Welsh Government issued a new 'Statement on Policy and Practice for Adults with a Learning Disability'. This built on previous strategic guidance and confirmed a vision for the future

based on the principle that all people with a learning disability are full citizens, equal in status and value to other citizens of the same age. They have the same rights to:

- Live healthy, productive and independent lives with appropriate and responsive treatment and support to develop their maximum potential
- Be individuals and decide everyday issues and life-defining matters for themselves joining in all decision-making which affects their lives, with appropriate and responsive advice and support where necessary
- Live their lives within their community, maintaining the social and family ties and connections which are important to them
- Have the support of the communities of which they are a part and access to general and specialist services that are responsive to their individual needs, circumstances and preferences.

3.0 Project Definition

To improve the productivity and quality of our services using the principles of prudent health care, driving best value and community resilience whilst maximising the opportunities to innovate and work with partners.

The key Learning Disability priorities are:

- To DELIVER an effective and efficient Learning Disability Community Mental Health & Well-Being Service across all ages and service interfaces.
- To IMPROVE service efficiency by COMMISSIONING a range of responsive and flexible support and accommodation options which will ensure individuals are able to live within their community, utilising their own skills and existing community resources to maximise their independence.
- To ENGAGE in the Joint Accommodation & Efficiency programme in order to ensure the service is needs led not service led.
- To IMPLEMENT the Progression Pathway to ensure individuals: enter the support system at the lowest level, acquire more independence and are supported when in crisis via an enablement model.

- To REDUCE health inequalities by implementing a Learning Disability Pathway and Care Bundle for Adults with a learning Disability requiring care.
- To BUILD a highly skilled and robust provider market across the region and develop a more diverse market and community based model of care.

4.0 Project Objective

Outline of the Project aims:

- To review the current Learning Disability model of service delivery.
- To determine the optimum in-patient service requirements and configuration across the Health Board for both Mental Health & Learning Disability services.
- To remodel health and social care respite and assessment service for adults with a Learning Disability and complex needs.
- To develop alternatives to hospital based assessment and the management of placement breakdown (please refer to PID Appendices 1a, for further information)
- To link in with the review of local continuing healthcare / commissioning practice and expenditure against National practice and programme budgeting (please refer to PID Appendices 1b, for further information).
- To improve access to general health services, to increase community capacity of health services and reduce length of stay in general hospital care settings (please refer to PID Appendices 1c, for further information).
- To develop an integrated approach to care and support.
- To increase the range of robust housing and support options across the region and develop more of a diverse market and community models of care (please see appendix 1d).
- Ensure the right balance of community based support services to ensure the whole system is balanced.

5.0 Milestone Objectives

Outline of the key milestones for the Project:

Milestone	Target Date	Comment
Establish Project Lead and Project Team	June, 2016	Project Lead appointed June 2016; Initial Programme Group meeting on the 13 th June 2016.
The completion and agreement around key project papers.	October, 2016	Governance Structure, Project Initiation Document, Terms of Reference.
Market Position Statement & analysis of population needs assessment:	June, 2017	<ul style="list-style-type: none"> - To advise on market and gaps - To provide trajectory for those with a learning disability
Benchmarking LD service data - benchmark number of providers and beds against national picture	July, 2017 and annual thereafter	<ul style="list-style-type: none"> - As part of national benchmarking exercise - Compare what we have within Hywel Dda against other health board regions.
Review local CHC / commissioning practice and expenditure	August, 2017	
Review the current Learning Disability model of service delivery	September, 2017	Complete clinically led review of service model <ul style="list-style-type: none"> - Undertake a full needs analysis - Develop a robust outcomes based model for service delivery
Engagement with Staff Stakeholders	January, 2018 & ongoing	<ul style="list-style-type: none"> - Communication and engagement plan.
Development of Options Paper/Papers for Consultation	February, 2018	Please refer to PID appendices (2a) for further information on contents and descriptions for Options Paper
Consultation with Staff/Stakeholders	September, 2018	
Implementation of proposed future service model		

6.0 Project Scope

The scope of the project will consider:

- The provision of in-patient care and respite services. .
- Integrated commissioning models.
- The findings of the “Transforming care: A national response to Winterbourne View Hospital” Department of Health Review 2012 and Health Inspectorate Wales - Learning Disability Services Thematic Report 2015-16
- Demographics, capacity and demand.

7.0 Project Benefits

Outline of the benefits this Project will deliver.

Benefits	Measure
Reduced referrals to Inpatient beds/units and reduction in care home placements for local authorities. Reduced Average Length of stay on Inpatient Units	Admission and LOS Data
Improved quality of Adult Learning Disability In-Patient service for: <ul style="list-style-type: none">• Acute Assessment• In-patient treatment	Clinical outcome measures Audits against quality standards
Improvement in experience and reported outcomes for service users.	Service user stories Outcome / evaluation data

8.0 Project Risks, Constraints and Exclusions

Outline of any risks or exclusions of the Project:

- Might increase overall costs due to individual care packages within the independent sector
- Readiness and availability of placements within the Hywel Dda area for complex needs including challenging behaviour

- Family and stakeholder resistance.
- Timescales unrealistic given scope, the Political calendar and level of engagement required.

The following constraints have been identified for the project:

- Potential for formal engagement and / or consultation with stakeholders and the public.
- Balance of clinically led and driven change with financial cost pressure
- Capacity to project manage a further significant programme of change.
- Tenancy and long-stay status of residential clients and in-patients.
- TUPE considerations associated with re-commissioning e.g. pensions, two tier workforce, etc.
- Limitations in current market place for suitable independent sector alternatives.
- Commissioning capacity to support the required re commissioned activity and market development.

9.0 Assumptions, Dependencies and Interfaces

Outline of the assumptions, dependencies and interfaces of the Project:

9.1 Assumptions

The project is assuming that there is a commitment to progress a review and redesign of the existing Adult Learning Disability Inpatient service as detailed within the Health Board's integrated medium Term Plan (IMTP).

The project also assumes that any In-patient service redesign with impact on the requirements for Community Mental Health and Learning Disability Services.

The project assumes engagement with stakeholders on the future model of service. There may also be a requirement to formally consult on proposed changes. The Health Board will liaise directly with the Local Authority and Hywel Dda CHC on this issue.

9.2 Dependencies

This project is dependent on the progression of the Strategic Programme set out in the IMTP, and the associated infrastructure, capital and revenue considerations.

The strategic plans of each local authority and the political buying to service transformation initiatives.

9.3 Interfaces

This sub-programme will link to the Continuing Healthcare sub-programmes in particular, with potential for interface with the Community Nursing Productivity sub-programme, and therefore will need to ensure that consistent approaches to common issues are adopted.

Other interfaces include the following: The Integrated Programme Board, ICF regional funding, efficiency programmes of work across Hywel Dda, Strategy Development and CSSIW.

10.0 Contractual Arrangements

The project will result in a review local CHC / commissioning practice and expenditure against National practice and programme budgeting contracts, to ensure that commissioned services are fit for purpose. The project provides opportunity for an improved integrated delivery of services with social care partners, through modernised joint commissioning practices. As part of this the group will need to consider the Social Care and Wellbeing Act and pooled funding requirements in relation to accommodation.

The project will:

- Complete Continuing Health Care Reviews inclusive of joint funding and local authority funding as defined within the Accommodation and Efficiency programme.
- Reinvest current Learning Disability resources into a service that focussed on community based services in line with prudent healthcare.
- Develop local joint commissioning strategies for the delivery of a mixed economy of local residential and supported living provisions for adults with a learning disability. The group will need to be mindful in considering what is meant by joint and regional contracts.

11.0 Method of Approach

Outline of the method that will be used to achieve the Project, including phases/stages:

<p>Phase 1 Establishing current position</p>	<p>Review of Tir Einon Learning Disability Respite Services</p> <p>Engagement with the Regional Collaborative Accommodation and Efficiency programme.</p> <p>Market Position statement</p> <p>Analysis of population needs assessment</p> <p>Benchmarking LD service data</p> <p>Review local CHC commissioning practice and expenditure</p>
<p>Phase 2 Develop Services (2017/18)</p>	<p>Review the current Learning Disability model of service delivery (specialist health, inpatient services, residential services, respite services).</p> <p>Complete clinical led review of service model</p> <p>Develop a robust outcomes based model for service delivery</p> <p>Engagement with staff and stakeholders around re commissioning</p> <p>Development of options paper for consultation</p> <p>Consultation with staff / stakeholders</p> <p>Implement a revised community learning disability service model</p> <p>Recommissioning of LD services as indicated</p>
<p>Phase 3 Maximise Benefits</p>	<p>Delivery of specialist Health Board Learning Disability Services alongside universal health services across age and service boundaries.</p> <p>Joint commissioning and delivery of mixed economy of local residential and supported living provision for Learning Disabilities.</p> <p>Complete Continuing Health Care Reviews defined within the Accommodation and Efficiency programme.</p>

12.0 Project Organisation and Structures

Outline of the structure for the Project:

Project Role/Responsibilities – Core Project Group	Name
Interim Director MH&LD (Chair)	Julie Denley
Associate Medical Director MHL D	Warren Lloyd
Head of Nursing MHL D	Liz Carrol
Head of Service, Older Adult MH and Learning Disabilities	Melanie Evans
Consultant Psychiatrist LD	Dr Bill Thompson
Community Health Council	TBC
Service User Rep - Carmarthenshire People First	Angela Edwards* *supported by Nigel Miller or Laura Andrews HDUHB
Carers Rep – Carmarthenshire Carers Forum	Steven Griffiths
Head of Engagement HDUHB	Nicola O’Sullivan
Head of Service, Substance Misuse and Commissioning	Gill Phillips
Carmarthenshire County Council – Head of Service MH/LD	Avril Bracey
Carmarthenshire County Council – Service Manager Community Inclusion (Vice Chair)	Sharon Frewin
Unison Rep/Staff Side	TBC
West Wales Regional Partnership Board	Martyn Palfreman
Pembrokeshire Local Authority Representative	Paul Barnard
Ceredigion Local Authority Representative	Judy O Rourke
Commissioning representative Pembrokeshire and Carmarthenshire Local Authority.	Chris Harrison
Deputy Chief Executive, Hywel Dda University Health Board	Jo Teape
Commissioning Service Manager, Ceredigion County Council	Matthew Richards
Clinical Lead, Hywel Dda University Health Board	Martin Simmonds
Project Support Manager, Hywel Dda University Health Board	Clare Hale

13.0 Stakeholder Communication

Communication will take a number of different forms. The status of the Project will be communicated to the following Stakeholders:

Stakeholder	Method of Engagement
HDUHB staff and staff side unions.	Staff engagement workshops & programme / newsletters on Intranet, global emails, Staff briefings, canteens, staff rooms.
Local Authorities (Carms, Pembs & Ceredigion)	Updates given at Dir/Loc Boards , monthly newsletters / communication through Project Group, face to face meetings.
Patients / Service Users / Families	Face to face meetings / written updates and supporting information / communication individually via care plan reviews with LD Practitioners.
Carers	Face to face meetings / written updates and supporting information / communication individually via care plan reviews with LD Practitioners.
Health Board Execs / Non-Execs	Updates given via Directors Brief / CEO Forward Looking Brief / briefs to relevant Committees.
Community Health Council	Updates at CHC Committees / representation of CHC on Project Team.
Public (inc. SWAT lobby group)	Newsletters / update to Public meetings / engagement events.
Press and media	Regular briefings in association with HDUHB Comms Team.
Third Sector Providers inclusive of housing providers and supporting people.	Newsletters, updates at Community Network meetings / representation on Project Group.
Primary Care	Quarterly newsletters distributed through GP practices/libraries/ community centres/optometrists/dentists/ residential and nursing homes, etc.
Advocacy Groups	Newsletters, updates at Community Network meetings / representation on Project Group.
Police / Criminal Justice system	Newsletters, updates at key forums, face to face meetings.
Local Service Boards	Updates at key meetings, circulate newsletters to members.
Welsh Government	CEO updates.
AMs/MPs	CEO updates .
Other Health Boards	Updates via Directors of PC, LD & Community Group.

Ambulance Service / transport providers	Newsletters, updates at key forums, face to face meetings
Professional bodies / HIW / CCSIW	Update via Professionals Forum
Schools and education providers	Newsletters / circulate information.
Community groups / Centres	Newsletters / circulate information.

14.0 Exit & Post Implementation Review

The Project Manager will complete a Closure Report at Project end. Project Lead will take responsibility for ensuring that a plan for Post Implementation Review is implemented.

The Project Manager will provide lessons learnt for post implementation review.