



Ein cyf/Our ref: MA/JB/5958/24

Members of the Senedd

August 2024

Dear colleagues

I know many of you are interested in – and have asked for information about – the number of Welsh people with a learning disability who are being cared for in inpatient facilities. The issue has been highlighted by the Stolen Lives, Homes Not Hospitals campaign; my predecessor Jayne Bryant met members of the campaign team in May.

I am writing to provide you with information about the work we are doing in Wales to reduce the number of people with learning disabilities who are cared for in hospitals.

Our guiding principle is that a hospital bed is not a home, and people should be treated at home or as close to home wherever possible. However, for a small number of people, whose health and care needs are so complex, there may be a need for assessment and treatment in a hospital setting.. When this happens, we do everything we can to ensure their care is appropriate, effective, and meets the highest standards and should be for the shortest time possible.

Everyone has a care and support plan, which is regularly reviewed to ensure their ongoing care remains appropriate and to identify if, and when, they can be transferred to a long-stay setting, to community support or to a family home.

There are between 50,000 and 60,000 people in Wales who are believed to have a learning disability, but many are undiagnosed. About 16,000 adults are identified on a GP register as having a learning disability.

We have commissioned the NHS Wales Executive to undertake a series of regular learning disability inpatient censuses to provide data to support the development of policies to help reduce the number of people in hospital accommodation and to reduce length of stay.

The most recent census July 2024 shows there were 135 people being cared for in either a learning disability or mental health hospital setting. The latest census shows, of the 135 people:

- 85% were receiving their care in a hospital setting designed as a learning disability provision.

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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

- 32% were in long-term continuing care environments.
- 81% were receiving their care in Wales
- 45% had a dual diagnosis of a learning disability and a mental health condition.
- 26% had a dual diagnosis of a learning disability and autism.

The person length of stay is measured as the overall length of time a person has been in a hospital environment of any type (including transfers between units). The average all-Wales person length of stay across all unit types is 7.3 years.

The hospital length of stay is measured as the length of stay someone has been in their current hospital environment. The average all-Wales hospital length of stay across all hospital unit types is 3.6 years.

We recognise there can be a number of significant barriers to discharge from hospital . These include the availability of appropriate and suitable local housing as well as ongoing workforce challenges such as trained support staff to care for individuals within the community. Discussions between health and social care providers about who should supply and fund ongoing support can also be a cause of delay. We are working through the Learning Disability National Implementation and Assurance Group (LDNIAG) to identify solutions and address the barriers to pathway of care delays.

I turn now to progress in implementing the [Improving Care, Improving Lives](#) report. The LDNIAG has three specific task and finish groups focused on early intervention, timely transitions and reducing pharmaceutical interventions. Each will provide a report and recommendations about how we can align our priority activities to meet these challenges.

The group has provided me with an interim report on progress against the national actions to date. I will be seeking a fuller update on progress against all the actions in the *Improving Care, Improving Lives* report later this year and I intend to publish this. I will also consider extending the work of the LDNIAG to continue to support delivery of the long-term plans and activities we know will need to be taken forward in this area.

After she met the Stolen Lives Homes Not Hospital campaign in May, Jayne Bryant asked the Learning Disability Ministerial Advisory Group to consider the issues raised in the manifesto and to advise us how we can address these and align them with the work we are doing. Our work depends on having reliable and regular information available – this process began [in June 2024 with an overview of mortality rates and causes among people with a learning disability between 2012 and 2022](#). We will use this report as the basis to continue to identify where lessons can be learned to help avoid future unnecessary deaths and improve healthcare.

I have also written to the Stolen Lives Homes Not Hospital campaign to update it about our work to date and to offer a further meeting.

Yours sincerely,



Sarah Murphy AS/MS

Y Gweinidog Iechyd Meddwl a'r Blynyddoedd Cynnar
Minister for Mental Health & Early Years