

Transforming Care Programme

Leicester City Health and Wellbeing Board

29th October 2021

Title:	LLR Learning Disability and Autism (LDA) 3 Year Plan Progress Report	Agenda Ref:	Paper
Authors:	Mark Roberts Cheryl Bosworth Jenny Napier Dodd	Contact No:	07786171429
Email:	mark.roberts@leicspart.nhs.uk	Presented by:	Mark Roberts Cheryl Bosworth

Executive Summary

The LLR Learning Disability and Autism 3 Year Plan was submitted to NHSEI in May 2021 and was favourably received. The plan seeks to address the health inequalities experienced by this population and is complimented by focused performance management of key outcomes detailed in the accompanying slides.

The plan contains within it a large number of projects pertaining to both adults, and children and young people's services for individuals with a learning disability, autism or both. It brings together multiple funding streams to ensure coordination of commissioning, provision and improvement work.

Funding streams include:

- NHSEI Service Development Funding
- NHSEI Spending Review Funding
- DHSE Community Discharge Grant
- East Midlands CAMHS Collaborative
- Mental Health Investment Standards

Robust governance arrangements are in place to monitor the progress and performance of these projects. New projects have been recently added to the initial plan following successful expressions of interest for additional funding.

Good progress is being made on all projects and progress is overseen by the multiagency Transforming Care Programme (TCP) Delivery Group. The Learning Disability and Neurodisability Design Group provide governance support.

Several new additional projects have gone live, project plans developed and project tasks begun. These include the development of a sensory friendly environment within the Bradgate Unit and the CYP ASD diagnostic waiting list reduction.

Potential projects for year 2 of the plan have been collated and are being evaluated, and initial prioritisation is on-going at the TCP Delivery Group meetings. Detailed costings and outcomes are now being requested for agreed priority projects. Funding arrangements for year 2 are being determined as several funding streams have

not been confirmed. Consequently year 2 schemes cannot yet be finalised. At a recent forum with NHSEI it was indicated that Spending Review Funding for LDA for 22/23 may not be available.

Recommendations

The Board is asked to:

1. Be updated on the progress of the implementation of the projects included within the LDA 3 Year Plan.
2. Receive assurance that all projects are being monitored and reported upon in line with the agreed governance processes of this programme.
3. Be updated on advance planning for year 2 proposed projects

Board Action Required (mark with X)

	Approval/Decision		For Review
X	For Assurance	X	For Update/Information

Introduction

The three year plan outlines what good will look like for people with learning disability (LD), autism (ASD) or both who use community and inpatient services in Leicester, Leicestershire and Rutland (LLR), and focuses on addressing health inequalities for people living with a learning disability and/or autism.

Local and national data tells us that:

- The mean average life expectancy of a person with LD living in LLR is 59 [Leicester, Leicestershire and Rutland LeDeR Annual Report, June 2020]
- A person with LD is 10% more likely to be admitted to a hospital ward from ED [Leicester, Leicestershire and Rutland LeDeR Annual Report, June 2020]
- A person with LD is up to 6 times more likely to die from COVID-19 than someone without LD [Deaths of people identified as having learning disabilities with COVID-19 in England in the spring of 2020. Public Health England, November 2020
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/933612/COVID-19__learning_disabilities_mortality_report.pdf]
- A person with ASD and no LD is more than twice as likely to have an anxiety disorder than someone without ASD [Nimmo-Smith V et al. Anxiety Disorders in Adults with Autism Spectrum Disorder: A Population-Based Study. J Autism Dev Disord. 2020 Jan;50(1):308-318. doi: 10.1007/s10803-019-04234-3. PMID: 31621020; PMCID: PMC6946757.]

We know this inequity is unacceptable and we are driven to reduce these fundamental health inequalities for this population. Our approach to delivering the key elements of the Transforming Care agenda (LeDeR, admission management and delivery of Annual Health Checks) focus on multi-organisational collaboration to deliver care individualised to patient need.

As a system, LLR completed a community mapping exercise to understand the local unmet needs, gaps in care and local health inequalities. This identified gaps in LD community forensics, post-diagnostic autism services, crisis wrap around services and urgent respite facilities. In addition:

- Community services for both adults and children & young people with LD and ASD were not fully joined up.
- Some services had received previous investment and were well developed, some were in development and some services and resources were not currently available at all.
- Some services were in place but without sufficient capacity and managing long waiting lists.

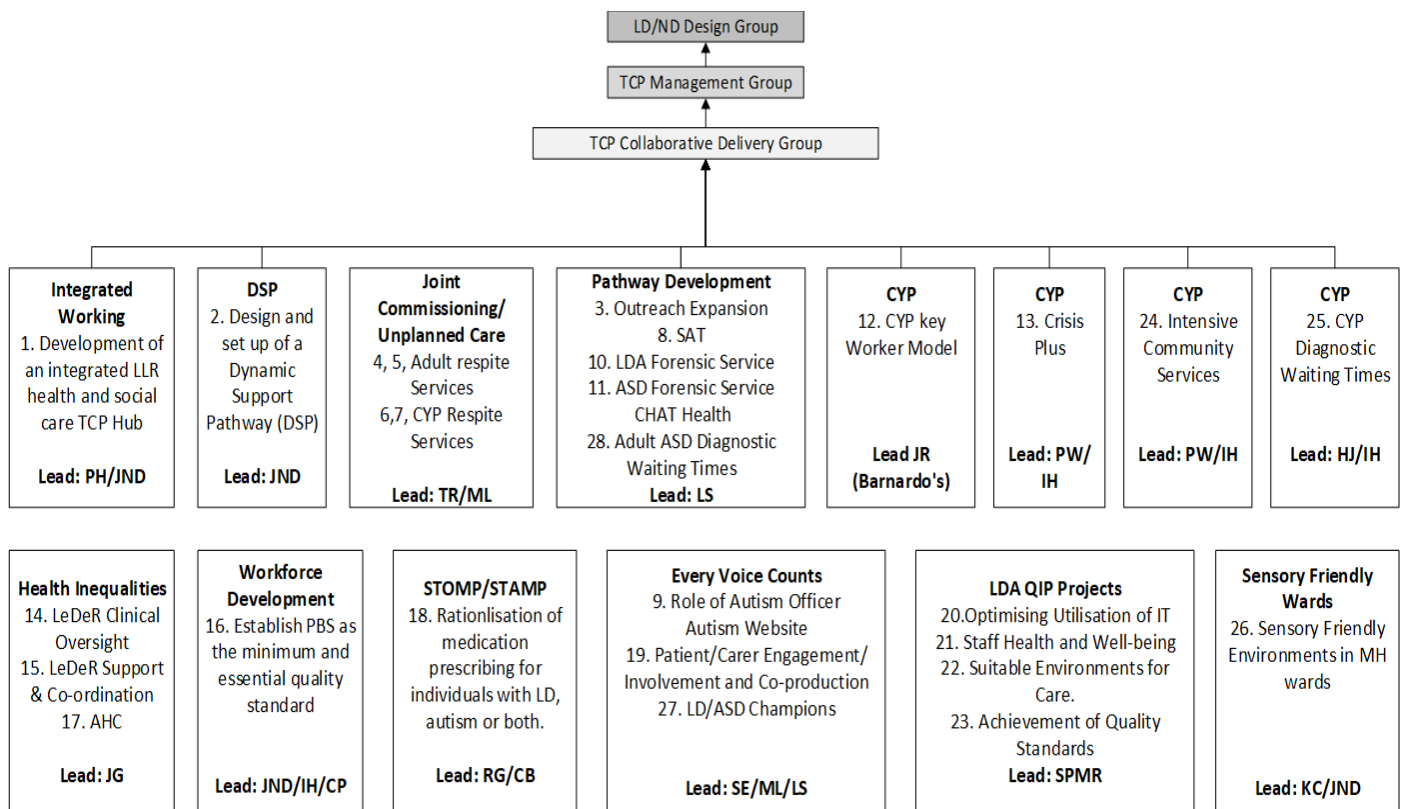
- Health, social care and education were all committed to delivering the right care but effective joint working processes were not always in place. This led to inconsistent approaches and outcomes. Communication and information flows between teams were inconsistent and this resulted in some duplication of work and wasted capacity.

The initiatives and services identified in this plan were designed to address these already identified gaps in service and concerns in process and ways of working. The plan sets out how we are ensuring local services work in partnership to make reasonable adjustments for people with learning disability, autism or both to achieve the best quality of care, support and treatment at the right time.

A key focus of the plan is working much more collaboratively as part of an integrated care system approach to prevent inappropriate mental health hospital admissions.

Governance Structure

Each Project has in place a Task & Finish Group with an appointed project lead. Each has developed their own project plan that includes key tasks, responsibilities, and timelines. In turn, each Task and Finish group is required to complete a monthly update/highlight report to be presented to the LLR TCP Collaborative Delivery group for discussion. This forum meets fortnightly to support timely progress.



Year 1 Project Updates

Project Title	Description	Outcome Description	Progress
TCP Integrated Hub	Development of an integrated LLR health and social care TCP Hub overseen by a dedicated Assistant Director including commissioners, social workers, CCG case managers, Housing Staff and discharge planning	Consistent approach in systems and processes. Obstacles to discharge anticipated and proactive measures in place to reduce. Process timelines reduced.	Hub in place and live. Weekly workshop in place and effectively evaluating and improving processes within the discharge pathway. Weekly patient level discharge planning meeting in

Project Title	Description	Outcome Description	Progress
	leads and dedicated project support.	Duplication of work removed. Gaps in processes causing delay identified and reduced. Clear roles and responsibilities of all stakeholders clearly identified. Role and task clarity for team members.	place to agree next steps, tasks and responsibilities.
Dynamic Support Pathway	Design and set up of a Dynamic Support Pathway (DSP) which includes the roll out of the Dynamic Support Register and more robust delivery of multi-agency meetings. Focus is on crisis avoidance.	All community services using a consistent approach/processes to deliver crisis avoidance and crisis management activities. Admission avoidance (crisis management) and crisis avoidance processes are more responsive and able to be deployed quickly.	Referral criteria agreed. Referral pathway agreed. DSP support officers recruited for both adult and CYP referral management. Communication and training/awareness
Adult LDASD Outreach	Extend LD Outreach working hours to include bank holidays. Increase capacity to become a more intensive support function.	Admission avoidance. Focussed support in the community for individuals requiring additional support than can be offered by community LDA services.	In place.
Unplanned Care (all age)	Development of crisis accommodation/emergency respite to prevent admission.	Individuals are no longer admitted to a hospital bed as a place of safety when behaviours that challenge increase and the family/carers/community placement providers are not able to manage the escalating risks. Alternatives to hospital admission during times of crisis are available.	Ongoing discussions with multiple potential providers. Costings now being received from several providers. Detailed option appraisal progressing.
Specialist Autism team (14+)	Mobilisation of a multi-disciplinary team to provide specialist support to those people (age 14+) with autism who are at risk of admission in the community and to provide in-reach to inpatient settings to ensure ASD needs are being met within assessment/treatment. Deliver post discharge support to prevent re-admission.	Individuals receive timely assessment and interventions within the community to prevent further deterioration. Crisis is avoided and risk of admission is significantly reduced. Timely discharge with appropriate length of stay.	Team now live and offering admission avoidance and in-reach discharge facilitation support.
LLR Autism Officer	Employment of an LLR Autism Officer to work with local services and businesses to improve autism access. To develop a dedicated Autism website for LLR containing links to relevant local support services.	Individuals/families and carers has 24/7 access to advice and support.	Autism officer in place and delivering project outcomes as described.
LD/ASD Community Forensic Service	Development of a dedicated team able to support individuals with a forensic need. Expansion of the LD Forensic Pilot to provide a complete team offering in-reach support to people with LD and/or Autism in secure hospitals and forensic support and training to community providers as part of	Patients (LD, LD &A) with a forensic need have a dedicated specialist team in place to support their discharge and to support them post discharge to enable them to return to life in the community. Dedicated team in place to offer support to prevent deterioration in well-being and to deliver a package of care that will reduce risk, manage	Team recruited, gone live and offering the support described. Responsible Clinician now also in place for this team.

Project Title	Description	Outcome Description	Progress
	discharge planning including supporting the development of risk assessments/risk management plans, etc.	behaviours and prevent crisis and the on-going risk of admission.	
Child and Young Parson (CYP) Keyworker Initiative	Development of an LLR Key worker service working as part of a multi-disciplinary team to improve early identification and tracking of CYP at risk of escalation through increased involvement in Early Help services, helping develop a clear risk stratification of the local area and dynamic risk register of children.	Timely access to the right personalised support is in place. Assessment, care and support are integrated across education, health, social care and voluntary, community services. CYP feel listened to, informed and involved. CYP feel involved in their plans, care and support Families experience a reduction in stress and uncertainty. Families experience an increase in stability. Families feel listened to, informed and involved	Team fully recruited and ready to go live. Awaiting final sign off of information sharing agreement.
CYP Crisis Plus	Provision of emergency crisis service (24/7) for CYP to enable crisis management and prevention of admission at a time of crisis. Alternative to hospital admission during times of crisis available. Step-down to 'hospital at home' like service to enable timely discharge (provided by CAMHS outreach & Beacon Unit staff)	Individuals are no longer admitted to a hospital bed as a place of safety when behaviours that challenge increase and the family/carers/community placement providers are not able to manage the escalating risks. Reduced LOS in in-patient Unit. Reduced number of CYP admitted to out of area hospitals away from family and carer support.	New initiative funded by Mental Health Investment Standard. Project plans in development.
LeDeR	Enhance the clinical oversight of local LeDeR reviews and take forward learning into action from previous LeDeR review outcomes.	Clear and concise reviews Clear understanding of cause and effect Clear understanding of lessons learnt Development and implementation of clear action plans to prevent recurrence of any identified concerns in the system. Dissemination of learning across the whole system.	LeDeR clinical leads and administrative support recruited. Findings from LeDeR reviews are being developed into SMART actions. Key areas of concern have been identified and primarily relate to respiratory illness (highest cause of LD death in LLR) and poor weight management (loss and weight gain). Actions will need to be agreed and taken forward across the whole of the system to address these concerns.
Annual health Checks	Working with Primary Care to increase attendance for annual health check	Increased attendance at AHC for individuals who have not previously engaged with this initiative. Early identification and treatment of physical health conditions.	Project live and on-going. Target trajectory set by NHSEI being achieved. However there remain some practices delivering very few health checks. Support now being put in place to address this inequality in access.
Workforce Development	PBS training at foundation level, practitioner level, basic functional behaviour Assessment and implementation of PBS for managers training package	A focus on PBS approach will result in the following desired outcomes: <ul style="list-style-type: none"> • Person centred approach in place • Improved CYP and family experience and outcomes. 	Training plans in development with AMH and LDA in-patient Units. PBS practitioners recruited for community LD teams

Project Title	Description	Outcome Description	Progress
		<ul style="list-style-type: none"> • Risk reduction. • Early intervention. • Crisis avoidance. • Proactive care planning and management. • Person and family centred. • Reduced admissions. 	
STOMP/STAMP	Initiatives include; delivery of training to all LPT staff, a primary care communication plan, the detailed review of the newly completed secondary care audit, business intelligence to identify additional information required (BAME data), set up of a STOMP/STAMP workshop and the development of an E-Learning package.	Rationalisation of medication prescribing for individuals with LD, autism or both. Ensure all individuals have a robust review of their medication and adjustments made in line with individual needs.	Project Plan in place. Task and Finish group in place and delivering in line with agreed priorities.
Every Voice Counts	To develop and implement a long term sustainable plan to embed service user and carer involvement and engagement into business as usual service improvement initiatives.	Sustainable and on-going commitment to including the voice of the patient/carer/family in all future service development. A culture of patient involvement in all decisions pertaining to their own care.	Project Plan in place. Task and Finish group in place and delivering in line with agreed priorities.
CYP Intensive Community Services	Community service for CYP who do not meet the CAMHS threshold but are struggling to cope in the community	Young people are no longer admitted to a hospital bed as a place of safety when behaviours that challenge increase and the family/carers/community placement providers are not able to manage the escalating risks.	Recent award of funding from East Midlands CAMHS Collaborative.
CYP Diagnostic Waiting Times	Project to reduce the number of children and young people waiting for a diagnostic assessment of autism.	System wide capability to manage the pathway internally with no requirement to outsource diagnostic assessments Robust MDT completion of diagnostic assessments completed without delay and without the input of an educational psychologist (a significant factor in system wide current inability to complete the diagnostic process) A NICE compliant pathway of care Improvements in parents / CYP satisfaction with the diagnostic process	Recent award of funding from NHSEI. Project plan in place. Agency teams now commissioned to complete assessments for young people waiting for assessment. Individual assessments on-going. Awaiting progress update on number of young people waiting and having received an assessment.
Development of Sensory Friendly Wards (Bradgate Unit)	Multi-faceted approach to creating a sensory friendly environment. The proposed changes will address concerns that are applicable to the majority of individuals with sensory needs and deliver a solution that can be tailored to meet the preferences and sensory needs of an individual and eliminate their dislikes and triggers.	Individual's sensory needs are understood – assessments would give rise to the creation of a bespoke in-patient environment conducive to enabling the in-patient treatment plan to be delivered and goals achieved. The individuals LOS would be appropriate and discharge timely. Re-admission rates will reduce as the sensory needs of the individual in the community home environment will be better understood and be in place in the commissioned community placement.	Recent award of funding from NHSEI. Project plan in place. Training plan in place. Furniture and equipment being purchased.

Project Title	Description	Outcome Description	Progress
LD/ASD Champions	Appointment of an all-age Learning Disability and Autism (LDA) Champion to provide the LLR ICS with expertise, advice and leadership to drive transformation of services for children, young people and adults with a learning disability and for autistic people	All services for people with LDA reflect, and are aligned, to, local and national priorities/requirements Ensure that health and care services collaborate actively and constructively with colleagues in CCGs, Local Authorities and other providers to ensure effective, seamless and responsive local services for individuals with LDA	Champion now in place.
Adult ASD Diagnostic Pathway	Development of revised screening tool Testing and monitoring the impact of the revised screening tool. Recruitment of additional clinical practitioner and administrative support to current AADs team able to deliver 1:1 support and psychoeducation workshops.	Reduction of inappropriate referrals and would reduce the numbers of pre-assessments that would need to be completed, thus reducing demand and increase the efficiency and responsiveness of the service Numbers of people waiting for autism assessments should decrease as people will be ruled out at a much earlier stage in the assessment process. People who are not autistic will be more quickly re-directed to more appropriate support through access to adult mental health, ADHD, IAPT services.	Recent project being funded by a successful expression of interest bid to NHSEI. Project plan now in place.

Summary

The Learning Disability and Autism 3 year plan was implemented in April 2021 through the development of the Transforming Care Collaborative, and with oversight from the Learning Disability and Neurodisability Design Group. these forums are supported by colleagues from NHS commissioning and provider organisations, the voluntary sector and all three local authorities.

Significant progress has been made in the last 12 months to improve the performance of the LLR Transforming Care Programme which is set out in the accompanying slides and was summarised in a previously published annual report. Rapid progress has been made in implementing new arrangements to support more local autistic people and people with a learning disability to live fulfilling lives in our community and further improvements are anticipated as more developments are fully mobilised.

Through the new partnership arrangements governance of planning, commissioning and improvement work is enabling co-ordination of investment in mental health, learning disability, autism, children and young peoples and adult services. This is minimising gaps in support and duplication, and improving the experience of staff and people accessing care and support.