

Transforming Care in Leicester, Leicestershire and Rutland

Annual Report 2020-21



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1. Introduction

Our Vision for Transforming Care in Leicester, Leicestershire and Rutland (LLR) is that: “all people with a learning disability and/or autism will have the fundamental right to live good fulfilling lives, within their communities with access to the right support from the right people at the right time”.

In April 2020 it was determined by NHSE that:

“...this system is failing people with learning disabilities and/or autism by keeping them in a more restrictive environment than the assessment of their condition.”

This report outlines the key actions taken over the last twelve months and how we used NHSE funding to work towards our vision for Transforming Care in LLR.

2. Inpatient Performance

During 2020/21 there were 55 LLR inpatient admissions of people with learning disabilities and autism compared to 67 in 2019/20. Table 1 below provides details of the admission numbers broken down by adults in CCG commissioned beds, adults in NHSE commissioned (secure) beds and Children and young people (CYP) in NHSE tier 4 CAMHS inpatient beds.

Table 1 - Total Inpatient Admissions

Commissioner	Number of Admissions 19/20	Number of Admissions 20/21
CCG	30	29
NHSE (low / medium secure)	11	2
CYP (CAMHS)	26	24
Total	67	55

Of the CCG commissioned admissions table 2 below provides details of the hospital type and the total number of admissions to each placement:

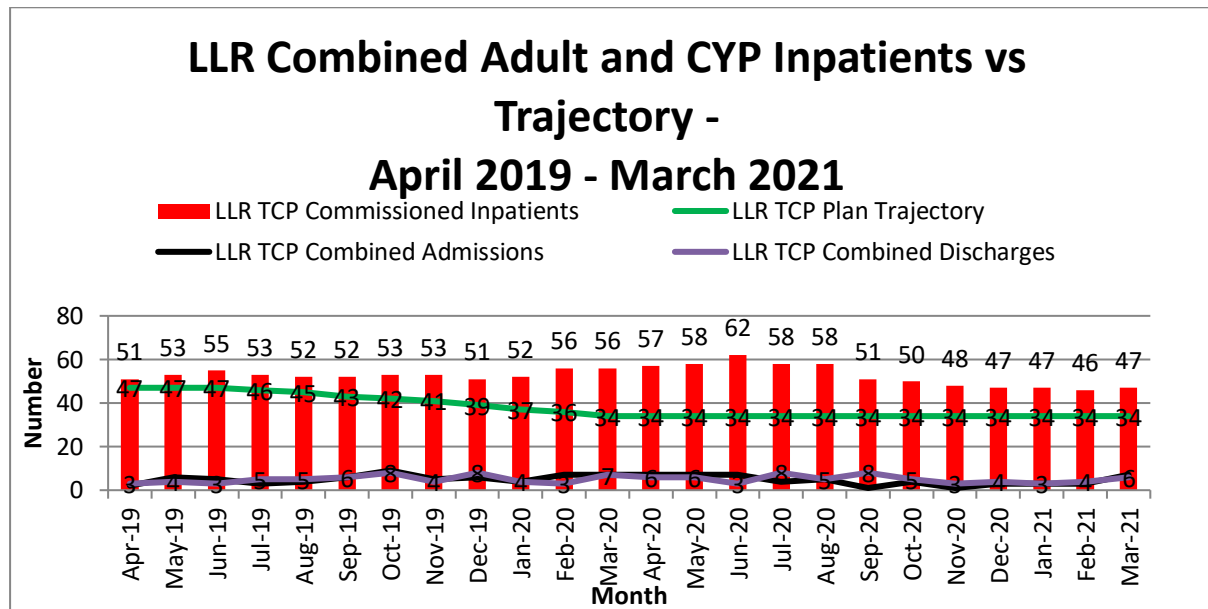
Table 2 – Admission placements for CCG beds

Hospital Type	Number of Admissions
Agnes Unit Specialist LD	11
Bradgate Unit Acute MH	13
Out of County Specialist Locked Rehabilitation (AHP)	3 (1 step down from low secure, 1 transition from CAMHS into an adult bed)
Local Mental Health Rehabilitation (WSH)	2

As at the 31st March 2021 there were 16 LLR inpatients in out of county beds undergoing specialist treatment programmes. We are working hard on discharge plans to move 12 of these people back to local community placements over the next year. There are a number of new supported living placements being developed in the local area to enable this, including 4 self-contained bungalows in Markfield and a specialist 4-bedded deaf unit in Shepshed.

Chart 1 below outlines our performance against the NHSE trajectory for adult and CYP admissions from April 2019 to March 2021. It demonstrates that we have reduced inpatient numbers from a high of 62 down to 47 but there is still some way to go to meet our target (set at 34).

Chart 1 – Combined LLR Admissions against trajectory



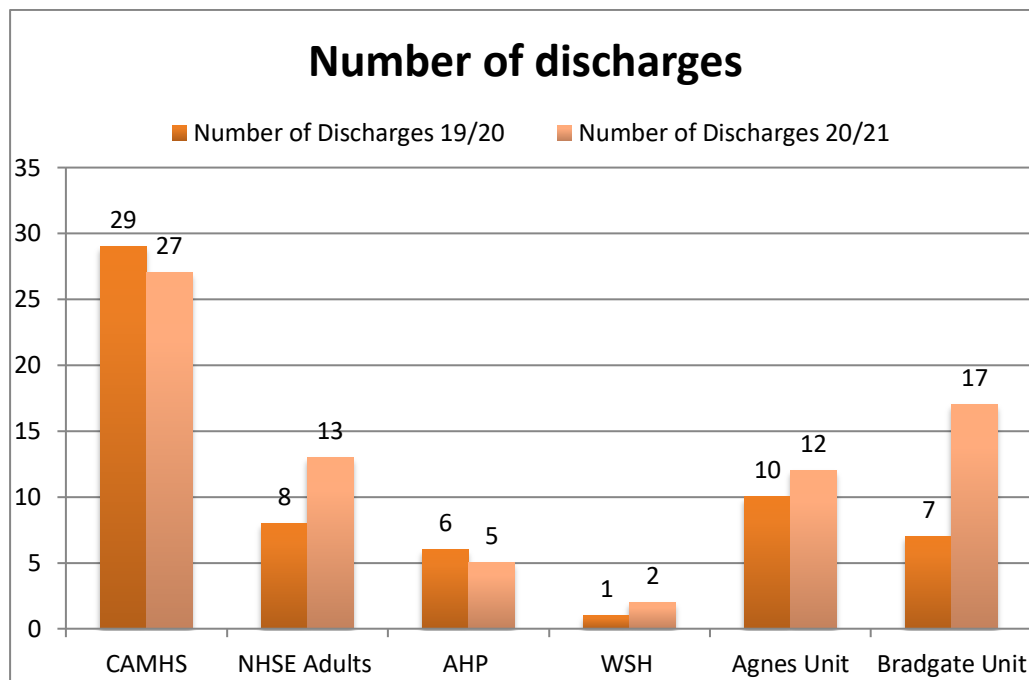
Developments during 2020/21:

There have been a number of key developments within the programme during 2020/21, as follows:

- Appointment of two dedicated TCP Senior Case Managers (all age)
- Appointment of a TCP Clinical Lead
- A review of discharge planning meetings – ensuring robust attendance and discussion on all patients every week
- Developed links and regular meetings with the IMPACT team (specialised commissioning)
- Rapid response meetings providing updates to the TCP Management Team/identifying barriers for escalation

Due to the changes put in place to improve discharge planning during 2020/21 a total of 76 patients were discharged, compared to 61 during 2019/20. The following chart breaks down the number of discharges by year and bed type demonstrating that discharges increased in 4 out of the 6 bed types with a significant increase in the number of discharges of patients from low secure (NHSE) hospital settings.

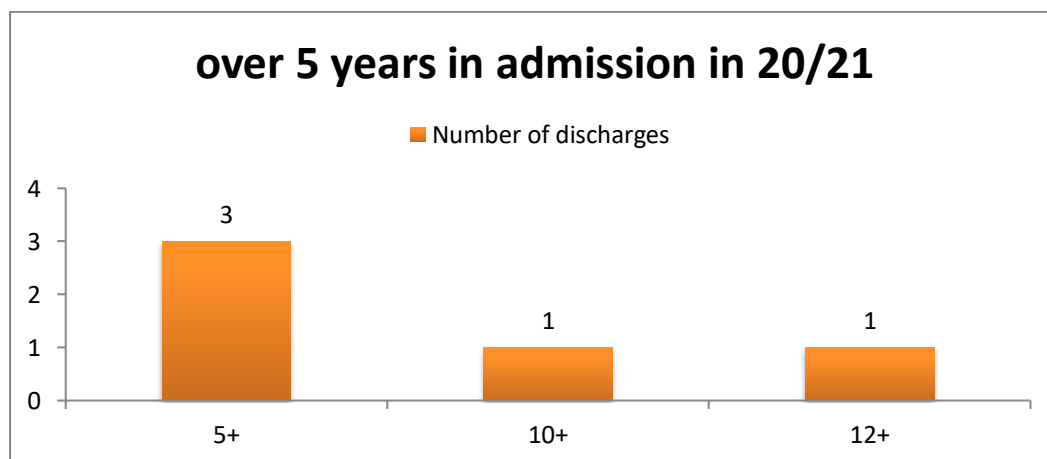
Chart 2 – Number of Discharges 2019-20 vs 2020-21



Total Discharges 2019/20	61
Total Discharges 2020/21	76

The chart below shows the number of patients discharged during 2020/21 who had been in an inpatient placement for more than five years. This is a fantastic achievement as these are some of our most complex patients, requiring bespoke wrap around packages of care with extremely specialist staff teams and extended transition periods. One individual had been an inpatient for 12 years and is doing extremely well in his new home.

Chart 3 – Length of Stay Over 5 years



The table below shows the average length of stay of TCP inpatients by placement, it is clear that those people in out of county placements are remaining in hospital for extended periods. It is important for the CCG to maintain close oversight of these patients, to ensure this our TCP case managers carry out 8-week quality reviews and 6-month care and treatment reviews to confirm the treatment pathway is still meeting the needs of the individual and make sure patients are not remaining in hospital for longer than necessary.

Table 3 - Length of Stay

Placement	Average length of stay Days	Average Length of Stay Months	Average length of stay in Years
Agnes Unit	187	6	0.5
Bradgate Unit	39	1	0.1
Out of County Locked Rehab Hospitals	1674	56	4.6

Children’s Admissions

Children and young people’s (CYP) admissions have shown a fluctuating picture across the year ranging from 3-10 inpatients at any one time, with a total of 24 admissions compared to 26 in the previous year. NHSE/I provided some dedicated winter pressures funding to support with CYP admission avoidance during the last few months of the financial year (details of the individual solutions put in place using this funding are outlined in Appendix 1).

3. Annual Health Check (AHC) Performance

During 2021/21 a total of 3235 Annual Health Checks were completed for individuals with a Learning Disability, an increase of 17% compared to 2019/20. Further details are outlined in the table below:

Table 4 – Annual Health Check performance

Annual Health Checks	
2020/21 Total	3235
2019/20 Total	2765
20/21 Vs 19/20	+470
Performance	71.3%

Developments during 2020/21:

The following developments took place during 2020/21 to improve our annual health check performance:

- AHC tracking tool developed - pulling real-time data from GP systems on a weekly basis

- An improvement plan developed using a focused approach to offer support and training directly to GPs with lower AHC completion rates
- Increased awareness of the importance of AHC's across the wider system – sharing performance data at Governing Body meetings, Primary Care Network meetings, etc.

Annual Health Checks – Exemplar Bid

In addition, LLR Secured £35,000 NHSE/I funding to employ a dedicated Primary Care Liaison Nurse to focus on individuals who had not attended their AHC for 2+ years (201 patients identified so far)

Since starting in post in January 2021 the nurse has had 41 contacts with patients, carers or family members looking at reasonable adjustments and barriers and any themes. As a result, 31 individuals have now had a successful AHC (mixture of virtual and face to face) and others have been booked for the coming month.

A case study is being developed of an individual who had not had their AHC for 7 years, as a result some significant health action points were identified. Feedback from the patient and GP highlighted the benefit of the dedicated nurse input.

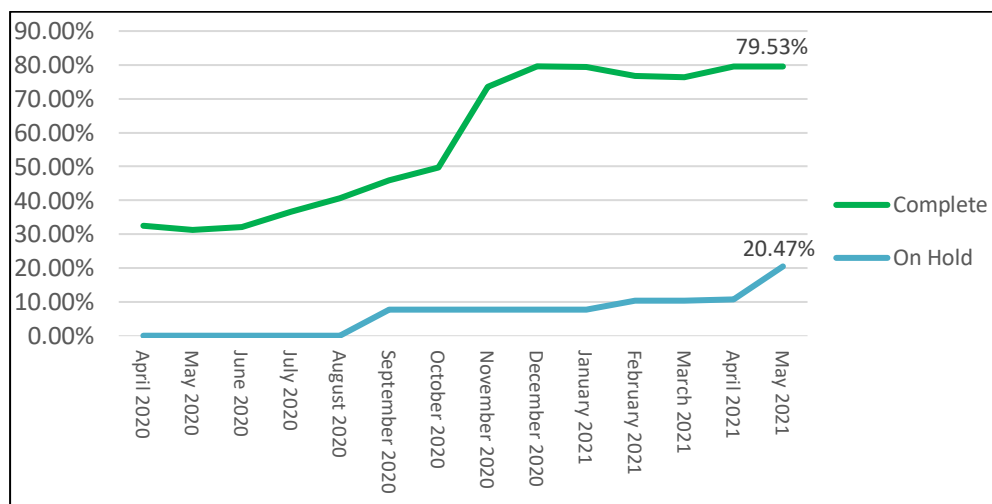
There have been some concerns being raised about family members declining AHCs on behalf of a person with learning disability who cannot consent for themselves - safeguarding meetings are being undertaken to address these issues on an individual basis.

4. LeDeR Programme

The learning from deaths of people with a learning disability (LeDeR) programme was set up as a service improvement programme to look at why people were dying and what we could be done to change services locally and nationally to improve the health of people with a learning disability and reduce health inequalities.

The following graph outlines LeDeR review performance throughout 2020/21 with a big increase in performance from November onwards:

Chart 4 – LeDeR Performance April 20 – May 21



LeDeR Reviews – developments during 2020/21

During 2020/21, the following developments in relation to LeDeR have taken place across LLR:

- Enhanced clinical oversight of local LeDeR reviews through dedicated nurse time
- Additional staff employed on a temporary basis to support with the backlog of LeDeR reviews
- Dedicated Admin role to coordinate access to clinical notes and relevant individual records to support reviewers
- Employment of 1 FTE LeDeR Senior Administrator and 1.8 FTE LeDeR Clinical Leads (appointed and due to start in May/June)
- Embedding learning from completed LeDeR reviews – ‘Learning into Action’ now a key responsibility within the job description of the Clinical Lead role
- GP representative reviewing ethnicity data to identify any inequalities

5. Commissioning Gaps – New Services

During 2020/21 a number of commissioning gaps were identified and specific groups and services were established in response to these:

- Leicester, Leicestershire and Rutland COVID-19 Learning Disability and Autism Sub Cell
- Specialist Autism Team (SAT)
- LD Forensic Service

Leicester, Leicestershire & Rutland COVID-19 Learning Disability & Autism Sub Cell

The LLR Covid-19 LDA Sub Cell was set up to provide LDA support during the first Covid lockdown in March, it comprised all statutory health and social care organisations and took on the following roles:

- Identified those people with LD / ASD most at risk because of Covid-19 and related service changes and put in place a multi-agency response to provide additional support
- Responded as a partnership to the risks and challenges associated with Covid-19, whether those risks are at person or system level (Avoided 60+ escalations)
- Provided consistent information and guidance about Covid-19 to stakeholders across LLR, from providers to people with LD / ASD
- Advocated for people with LD / ASD, their family and carers in the COVID-19 response
- Coordinated dedicated LD Covid-19 vaccinations sessions for people with LD and their carers. These were extremely successful and repeat sessions are planned for people to receive their booster jabs. This was shared nationally as good practice
- The LLR Vaccine inequalities group is taking the learning from the dedicated LD vaccine sessions to apply to other vulnerable groups.
- Ensured weekly data collection on the completion of Covid-19 vaccines for all people on the LLR LD registers to identify any GPs that are not reaching people.

The sub cell continues to meet and support with restoration and recovery of LD services.

Specialist Autism Team (SAT)

A community mapping exercise revealed big gaps in services for people with Autism without LD. The LLR system successfully bid for NHSE/I Community Transformation funding to mobilise a specialist autism service.

- The Specialist Autism Team (SAT) is working in partnership with young people and adults (14 years+) who are autistic and where appropriate with their families, partners and/or carers to offer support and care respectfully.
- The team will take time to build a trusting, supportive, empathic and non-judgemental relationship as an essential part of care.

The SAT will work with people who have a diagnosis of autism (14 years +) to provide:

- Consultation & advice
- Positive Behaviour Support & early intervention
- Admission avoidance & support
- Inpatient discharge planning
- Post discharge support

LD Forensic Service

The LD Forensic Service was set up as a small-scale pilot in 2019 – the service has been extremely successful in supporting individuals out of secure services and a bid to NHSE/I for community transformation funding was successful to expand the service.

The service aims to:

- Demonstrate effectiveness in reducing serious reoffending in individuals discharged from secure inpatient services
- Ensure there is a dual emphasis on promoting and enabling individual recovery and independence, while also ensuring the protection of the public.

The community forensic services aim to help individuals who no longer require secure care make the transition back to the community through the provision of different level of support:

- Level 1 – Single assessment or consultation undertaken by the community forensic service
- Level 2 – Offering a period of assessment by the community forensic service, for example, to undertake a structured risk assessment, with the referring team retaining responsibility
- Level 3 – by operating an agreed period of shared care with the generic mental health service, which could include completing a more detailed assessment of risk, or guidance on a risk management plan (including an evaluation of its effectiveness)
- Level 4 – with the community forensic service taking full responsibility for care of the patient, including any care coordination functions.

6. Finances

As mentioned throughout this report, LLR have received a number of ring-fenced funding allocations from NHSE/I to support developments and improve performance over the past 12 months. Details of these and how the funding was spent are outlined in Appendix 1.

7. Future Plans

An LLR 3 year Learning Disability and Autism plan has been developed, the priorities identified for 2021/22 are:

1. Increased focus on co-production with people with LD and Autism
2. Admission avoidance for CYP and adults
3. Integrated team working – development of a TCP Hub – joint working across LLR
4. Continue to improve AHC completion rates – and reduce overmedication (STOMP)
5. Provide community and inpatient support for people with Autism without LD
6. Ensure learning from LeDeR – making real service changes
7. Provide better support for our LDA forensic cohort

Separate project plans are being developed to take forward initiatives to address these 7 priority areas. Progress updates, issues for escalation and evaluation reports will be brought to the LD/ND Design Board throughout the year.

8. Contact Details

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Appendix 1

Total Allocated £	Key Milestones/ Objectives	Individual Funding Allocation £	Progress Against Milestones	On track to spend within timescale (RAG)	Notes
Pathway Development £353,932	Staff costs for LD Forensic Service.	£120,000	Development of a dedicated LD & A Forensic Service. 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 discharge planning including supporting the development of risk assessments/risk management plans, etc. Post discharge support provided. Admission avoidance and crisis management interventions also in place.		6 months funding fully utilised – full year funding requested in 2021/22
	Staff costs for All Age Diagnostic and Post-diagnostic Autism Treatment Service	£234,000	Development of a dedicated Specialist Autism Service (age 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.		6 months funding fully utilised – full year funding requested in 2021/22
LeDeR £38,315	To fund additional Quality Assurance support	£2000	Additional Clinical support provided by specialist LD nurses to support LeDeR reviewers with the completion of priority reviews by December 11th 2020.		Agreed to continue to fund LeDeR Clinical Leads in 2021/22 to support with ongoing quality assurance
	Fund analysis of all LLR LeDeR reviews complete by December 11th 2020.	£9000	Clear and concise reviews, clear understanding of cause and effect and lessons learnt.		

Total Allocated £	Key Milestones/ Objectives	Individual Funding Allocation £	Progress Against Milestones	On track to spend within timescale (RAG)	Notes
	To design and begin implementation of a work programme to improve local health and social care services as identified by LeDeR Reviews	£ 13500	Development and implementation of clear action plans and task and finish groups to identify and address concerns in the system and prevent recurrence of these.		
	Additional support as required to deliver elements of above.	£13815	Dedicated administrative support to coordinate LeDeR review allocation, monitoring processes, and requesting access to clinical notes and relevant individual documents.		
Additional LeDeR Funding £19,646	Additional support as required to deliver elements of above	£19,646	Additional dedicated LeDeR reviewers employed to support with completion of outstanding LeDeR reviews by 11 th December 2020		
Additional Pathway Development £22,440	Increase the Family Therapist role to a band 7	£12,000	The role of Family Therapist was advertised for the Specialist Autism Team (age 14+) but it was difficult to recruit an individual at a band 6 grade with the skills and experience required, therefore the funding was used to increase this to a band 7 role to attract a higher calibre of candidates		Band 7 role will be built into the ongoing costs of the service

Total Allocated £	Key Milestones/ Objectives	Individual Funding Allocation £	Progress Against Milestones	On track to spend within timescale (RAG)	Notes
	Specialist training for the LD Forensic Team	£6k	Armidilo, Start and Keep Safe Training - 3 individual training courses provided by the The Tizard Centre (a leading UK academic centre working in autism, learning disability and community care) at the University of Kent £400 per person x5 members of staff.		Some of the training courses have not been running face-to-face due to Covid-19 and social distancing restrictions, some funding has been carried over to ensure the training takes place in 21/22 financial year
	Specialist training for the LD Forensic Team	£2,640	Historical Clinical Risk-Management-20 Version 3 (HCR20 v3) Training - via Webex Provider - Tully Forensic and Clinical Training £528 per person x5 members of staff.		
	Specialist training for the LD Forensic Team	£1,800	Essential Dialectical Behaviour Therapy (DBT) Workshop - Online Provider - British Isles DBT Training - the sole licensed provider of training in Dialectical Behaviour Therapy (DBT) in Britain and Ireland. £360 per person x5 members of staff.		
Winter Pressures £23,000	Additional funding to help address winter pressures to support children and young people most at risk of admission to mental health hospitals.	£23,000	Additional outreach was offered through the dietetic service within CAMHS that wouldn't have been available through core provision criteria, which enabled extra support to be provided to a young person with an eating disorder. Another young person was provided with a PA at home to support him during meal times. A specialist forensic assessment was carried out for a young person (requested via court) to support their discharge from hospital PBS interventions from a specialist team were offered to 5 children and young people - this included: a full assessment,		

Total Allocated £	Key Milestones/ Objectives	Individual Funding Allocation £	Progress Against Milestones	On track to spend within timescale (RAG)	Notes
			development of PBS plans and visits/training with family and/or support staff. This enabled the family/staff to understand and implement the plan, learn how to carry out avoidance measures and understand behaviour triggers, etc. This enabled a de-escalation in challenging behaviours and provided better support to meet the needs of these 5 individuals.		
<p align="center">CYP Admission Avoidance and CYP Respite £29,590</p>	<p align="center">Avoiding admissions for a young person by enabling local providers to put in place additional support over an agreed interim period.</p>	<p align="center">£13000 + £16590</p>	<p>Respite hours were given in the form of a package of care through an agency delivered within the home to maintain a child safely in their family setting.</p> <p>Respite care was provided for a child with complex needs (tracheostomy and ventilation) as the family had been through a traumatic birth of new sibling and mum required an extended hospital stay.</p> <p>Respite hours were delivered for a young person out of the home where changes to medication were able to happen which would have taken place within hospital if these funds weren't available.</p> <p>A child at home awaiting a residential long-term placement had extra respite hours put in to prevent family breakdown.</p>		<p>Some of this budget has been carried forward into 21/22 to support with the procurement of a more sustainable CYP respite solution for LLR through joint commissioning</p>

Total Allocated £	Key Milestones/ Objectives	Individual Funding Allocation £	Progress Against Milestones	On track to spend within timescale (RAG)	Notes
<p>Annual Health Check Exemplar Bid £35,000</p>	<p>Employment of an LD nurse to work alongside the existing PCLN team with a specific focus on identifying individuals who have not attended an LD AHC in the past 2 years or more.</p>	<p>£35,000</p>	<p>GPs are identifying individuals who have not attended an AHC in the past 2 years. The dedicated nurse is working with them to address the barriers to attending their AHCs.</p> <p>Increased engagement is taking place to increase younger people's uptake. Exemplar bid nurse is holding a workshop on AHCs (27th May) at the "Local offer live" event for Leicester City as an opportunity to raise the profile of the AHC and discuss specific concerns relating to the health check with carers and young people with LD.</p> <p>Exemplar bid nurse has been invited to a support group for carers and parents with SEND to address issues around AHCs, GP practices and access to adult services.</p> <p>Exemplar bid nurses have been in contact with a young persons respite service, working across LLR, to disseminate information about AHCs and support any individual concerns raised.</p>	<p></p>	<p>Dedicated Exemplar Bid Nurse started in post on 1st January 2021 – funding has been carried over into 21/22 financial year to continue to fund this post up until 31/12/21</p>

Total Allocated £	Key Milestones/ Objectives	Individual Funding Allocation £	Progress Against Milestones	On track to spend within timescale (RAG)	Notes
<p>Keyworker Programme £30,000</p>	<p>To become bid ready for Keyworker Early Adopter Status</p>	<p>£30,000</p>	<p>Engagement carried out with the relevant CYP statutory organisations, LLR parent/carer forums and children’s panels to build a model that is fully supported by the LLR population.</p> <p>Identify and resolve key risks and ensure enabling systems are in place ready for a successful bid (including information sharing agreements etc).</p> <p>Identify the financial cost of the model and develop an agreed financial plan.</p> <p>Development of a clear operational model for the delivery of services and a clear time-bound plan for the mobilisation of the model.</p>	<p style="background-color: green; color: white; text-align: center;">On Track</p>	<p>The LLR Keyworker bid was successful and the service is currently being mobilised</p>