LD Awareness Week June 2021

- We reached 11,905 people over Facebook and 5,688 people on Twitter.
- x2 radio interviews (Sophie Pratt and Hashim (father of Ismail) on BBC radio Leicester.
- x2 presentations given to Daryeel Autism Service by Sophie (Managing Transitions) and Joana (Managing Anxiety)

https://www.youtube.com/watch?v=k5PNZDeAzew&t=28s

Our Adult Learning Disabilities Service

Staff - 265wte

City, County East, & County West Community Teams

12 Inpatient beds (Agnes Unit)

Short Breaks (re-opening 1st July)

LD Outreach Team, Specialist Autism Team, LD Forensics, TCP Staff

Budget c.£11.4m

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Quality Improvement Plan

Learning disabilities QIP vision statement

Our vision is to provide the best care we can to local autistic people and people with learning disabilities, within the resources we have been allocated. Our care will always be high quality, safe and proactive.

We will realise our vision by supporting and championing our inclusive, positive and knowledgeable colleagues, by ensuring that we all feel empowered and encouraged to develop our skills, and by hearing everyone's voice.

We will do this by implementing

A sustainable service model

- We will have a three year finance, capacity and workforce model that will enable us to consistently deliver high quality and responsive services.

Quality standards

- We will have a comprehensive standard operating policy that is embedded within practice and has been supported by service users, colleagues in our team and independent partners.
- We will have robust and carefully prioritised risk and vulnerability reduction procedures.

Making best use of our resources

- We will have the resources and equipment to efficiently provide high quality patient care.
- We will have a digital offer that improves the accessibility of care for patients and supports their wellbeing, especially the most vulnerable.

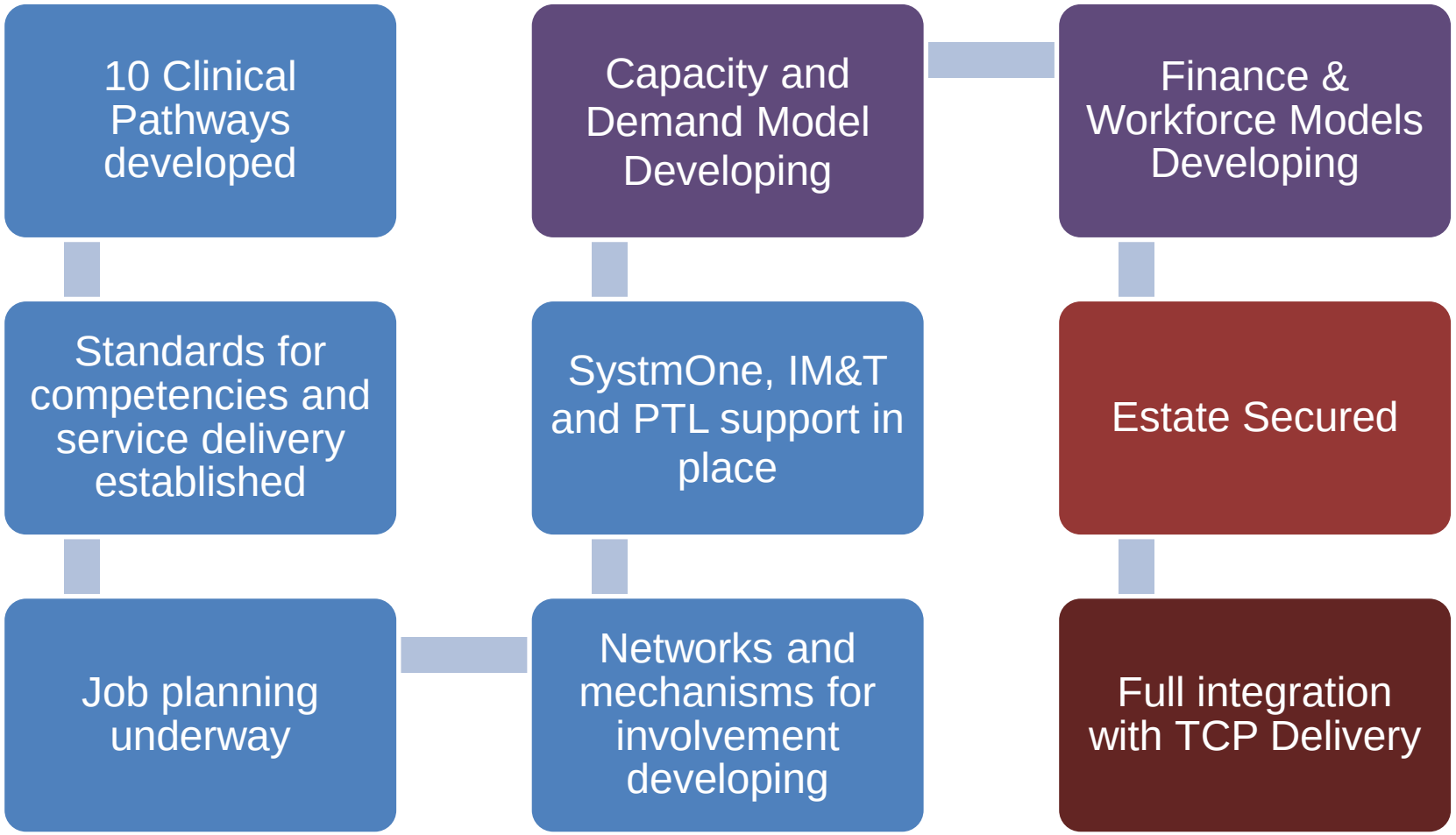
Enabling staff to achieve their best

- We will enable colleagues to take positive action to support their own health and wellbeing.
- We will support professional development opportunities for all our colleagues.

Suitable care environments

- We will have made the best use of the environments we work in to improve the experience of our colleagues and services users, and to ensure our time is valued.

LD Quality Improvement Plan 2020/21



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Agnes Unit Quality Improvement Plan

Staff health and wellbeing focus	Supervision, debrief, learning boards, team meetings, project involvement.	Learning from CCTV reviews and PBS training
Patient and Carer Facilitator Discharge planning leadership	Strengthened governance & improvement work	Refurbishment of environments
S1 Collaborative Care Plan Template & SystmOne confidence	Strong induction, recruitment and retention progress	Improving training compliance

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Service User and Carer Engagement

Agnes Unit Patients & Carers Facilitator:

- Enabling service users and carers to participate in planning their care, MDTs and CTRs
- Facilitates regular digital contact between inpatients and family members

Every Voice Counts:

- Working with our LA colleagues.
- Creating digital stories through hearing and documenting the voice of people with LD and their carers

(Virtual) Talk and Listen Group:

- Involvement in research
- Interview involvement standards

Involvement champions Network:

- researching local community wellbeing opportunities
- Sharing our involvement toolkit

FFT: SMS and i-pads

Surveys: Coping in the pandemic and Using virtual appointments

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Kelly Webster- Agnes Unit

Transforming Care Programme

Investment of £1m secured to develop LD Forensics Team, LD Outreach expansion and LLR's first ever post diagnosis Specialist Autism Team, with multiagency agreement reached to formally establish the TCP Collaborative.

LPT leadership of multiagency TCP Executive and Operational Groups established – plans and reporting refreshed.

Annual Health Check compliance on target.

LeDeR reviews up to date, first LLR report published, local learning forum and leadership established, and recruitment of dedicated LeDeR clinical leaders agreed.

Increased capacity to address admission avoidance and support discharge; weekly discharge forum refreshed with increased AMH and Impact team involvement with over 50 adults safely discharged (13 had been in hospital over 2 years).

Agnes Unit QI plan delivered with positive review from CQC, LPT quality leads and peer reviewers.

Robust multiagency response to Covid19 risks for LD&A service users including prioritisation for vaccination ahead of national programme

Improved response for autistic service users in collaboration with AMH colleagues resulting in reduced admission rate and safer and more timely discharge

ROAR training delivered across LPT, and Dynamic Support Register established to improve early identification and support

TCP Community of Practice established, supporting the new East Midlands Adult Eating Disorders Provider Collaborative in improving care for autistic service users

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Resource Slides

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Autism Stepped Care Model

Step Down

- Key Worker Bid
- ChatHealth text service
- Specialist Autism Team
- Post diagnosis support

Step Up
Dynamic Support Register

- Specialist Autism Team
- LD Outreach
- LD Forensic
- LD Autism
- LD Community Teams

Step Up
ROAR

- Rapid Response Service/ Home Support
- Adult/CYP Respite
- Autism Inpatient pathway

NHSE Autism Care Pathway Working Paper (2021): ‘more equal distribution to foundational treatment of lesser intensity, alongside an efficient system of step up access to more intensive specialist care when needed, returning to the lower intensity management as soon as appropriate.’

LLR Learning Disabilities and Autism 3 Year Road Map

Current State

(identified from Mapping exercise)

Community services for both adults and children & young people with LD and ASD and are not fully joined up.

Some services have received previous investment and are well developed, some are in development and some services and resources are not currently available at all.

Some services are in place but without sufficient capacity and are currently managing long waiting lists. Individuals may not be receiving the most appropriate support whilst they are waiting for the appropriate diagnosis and signposting.

Urgent unplanned care is not always available and this may lead to a admission to a hospital bed that may have been avoided had a rapid response home support service been in place. Unplanned respite facilities are not sufficient.

Specialist hospital care and treatment is reliant upon out of area providers and patients are admitted far from friends and family.
Discharge is often more difficult to facilitate resulting in increased LOS.

Health, social care and education are all committed to delivering the right care but effective joint working processes are not always in place. This leads to inconsistent approaches and outcomes.

The quality and timeliness of communication and information flows between teams is inconsistent and this results in some duplication of work, some missed actions which then result in missed deadlines and unnecessary use of capacity.

It is believed that the development of more efficient processes and removal of duplication and waste in the system will create capacity which can be reallocated to patient facing activities.

CYP
Implementation of Key Worker Model

CAMHS Collaborative
CYP Respite Services

Every Voice Counts
Role of Autism Officer
Autism Website
Patient/Carer Engagement/ Involvement and Co-production

Care Co-ordination
LD Complex Care Coordinators working with primary care, LAs, Secondary care, families and care providers to coordinate the health care of people with LD and complex needs

Pathway Development
Further increase in capacity in community services to deliver PBS training and coaching.
Focus on PBS as minimum standard

Admission Avoidance
Design and set up of a Dynamic Support Pathway (DSP)
All Age

Joint Commissioning
Rapid Response
Wraparound
Home Support
Adult Respite
Accommodation
CYP Respite

Year 1	Year 2	Year 3

Integrated Working
Development of an integrated LLR health and social care TCP Hub

STOMP/STAMP
Rationalisation of medication prescribing for individuals with LD, Autism or both.
Lead: RG/CB

Workforce Development
Establish PBS as the minimum and essential quality standard

Pathway Development
Outreach Expansion
SAT
LDA Forensic Service
ASD Forensic Service
CHAT Health

Health Inequalities
LeDeR Clinical Oversight
LeDeR Support & Co-ordination
LD AHC
Autism Registers
Autism Health Checks

ASD Diagnostic Pathway Development

ND Pathway Transformation
Adult pre-diagnostic Screening

LDA QIP Projects
Optimising Utilisation of IT
Staff Health and Well-being
Suitable Environments for Care.
Achievement of National Quality Standards

Pathway Development
Community service for CYP who do not meet the CAMHS threshold but are struggling to cope in the community

Pathway Development
Increase capacity of the adult ASD diagnostic service.

Pathway Development
Increase capacity of ASD 14+ service to enable more robust care and support post diagnosis i.e. Psycho-education, Family workshops, Behavioural workshops, anxiety management,

Pathway Development
Improved transition of CYP from children's into adult services.
Provision of a planned Respite Services for CYP who are moving up into adult services to support with a smooth transition into more appropriate services

Future State

LLR will have in place an inclusive, person-centred, proactive and preventative approach that supports the individual's needs and preferences. All services will be of high quality and meet required standards.

Adults, children and young people with a learning disability, autism or both are able to thrive in the community in their own homes and are able to integrate into society, maintain family and friend relationships, take part in hobbies and activities and lead a life of 'beautiful ordinariness'.

All individuals have the opportunity to live in the least restrictive environment as possible, to develop their own optimum level of independence and create a lifestyle that fulfils their own wishes, goals and choices.

Family units remain together in the community. A reduced number of young people a placed in residential schools.

Individuals are able to contribute to society through vocational activities and paid employment. An individuals emotional and mental well-being is maintained.

Individuals physical health is maintained and individuals are better able to manage physical health long term conditions.

When support is required all individuals will have access to the right support at the right time, in the right place and be delivered by the right person.
This will be delivered right first time.

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