



NORTH LONDON PARTNERS
in health and care

North Central London's sustainability
and transformation partnership



North Central London Programme Plan 2022-23

Learning Disabilities and Autism

LD&A Programme Details and outcomes

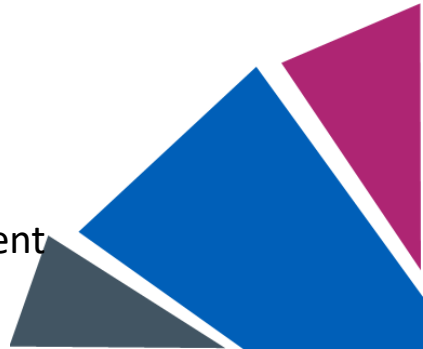


Integrated Care system	North London Partners in Health and Care (North Central London)
Senior Responsible Owner	Sarah Mansuralli Executive Director Strategic Commissioning
LDA Champion	Dr Niro Kuganenderan GP Clinical Lead Barnet CCG Medical Examiner
Programme Leads	Daniel Morgan Interim Director of Aligned Commissioning (MH, Learning Disabilities & Autism and CYP) Carolyn Piper Head of System Programme Management (MH, CYP, Learning Disabilities and Autism)

People with a learning disability and or autism often have poorer physical and mental health than other people and may face barriers to accessing health and care to keep them healthy. Too many people with a learning disability are dying earlier than they should, many from things which could have been treated or prevented. Our North Central London system are working on a number of different pieces of work which are all helping to improve people's health for the future.

Implementation of this North Central London system delivery plan will mean North Central London residents will see a;

- Increase in support and care in the community and the quality of such provision
- Increase in reported satisfaction of those using intensive support/crisis services.
- Reduction in average length of stay in a mental health inpatient settings
- Decrease in people in an inpatient setting outside of North Central London
- Reduction in autism diagnosis waiting times
- Increase in medicine optimisation.
- Increase in rate of pre-admission / community Care Education Treatment Reviews (C(E)TRs)
- Reduction in use of Long-Term Segregation and other restrictive practices such as physical or chemical restraint
- A more diverse and dynamic local provider market, alongside the development of a strategic market position statement
- An increase in the use of person-centred plans and life planning.



Areas of particular challenge within NCL have informed the development of the plan. These include:

- **The need to develop our autism diagnostic pathways for children, young people and adults.** We have seen an increase in the number of people on assessment waiting lists, impacted further by the pandemic. We therefore need to identify innovative solutions that enable us to ensure that autistic people have access to timely, person-centred support. The development of an NCL-wide all-ages Autism strategy will set out our wider vision for supporting autistic people to live healthy, happy and fulfilling lives.
- NCL have worked tirelessly to reduce the number of adult admissions to mental health inpatient settings, although as we support more people in the community those still in inpatient setting are becoming more complex and often have warranted admissions. Saying that, **NCL are committed to ensure admissions reduce each year.**
- Through our LD&A programme and partnerships we will continue to explore what is driving these admissions, and identify steps we can take as a system to prevent those admissions, where this is clinically appropriate.
- **Through our Safe and Wellbeing Review action plan we will focus on quality improvements in preventing admissions/inpatient settings**
- A gap in London-based specialist secure and non-secure inpatient provision particularly for women with a learning disability and/or autism, or men with autism. **We need to work closely with and support our Provider Collaborative partners to address this gap,** so NCL residents can receive quality inpatient care, closer to home.
- **Parity of esteem for physical and mental health and equality in access** to services for patients with a learning disability and/or autism, with a particularly focus to prioritise respiratory care based on the LeDeR improvement plan, to reduce deaths due to pneumonia.
- Development of an NCL-wide all-ages Learning Disabilities strategy to set out our NCL vision for supporting people with a Learning Disabilities to live healthy, happy and fulfilling lives.
- **Continue to learn from our LeDeR reviews** to further understand and develop solutions to address gaps in local service provision for those with complex needs who require residential care, in order to both ensure that:
 - a) where possible and appropriate, people and their families can receive quality community-based care, that negates the need for a residential placement
 - b) as far as possible, those people for whom residential care is the most appropriate option, are able to receive this care and support, delivered to a high standard, closer to home and their families.

This delivery plan sets out a number of priorities identified as part of the NCL LD & Autism Programme which has representation from residents with lived experience and a wide range of system partners. This plan is intended to articulate our North Central London ambitions for delivery in 2022/23, to meet the objectives of the Long Term Plan, including reducing the use of inpatient settings for people with LD and/or autism and supporting improvements in health outcomes and quality of care. These priority deliverables include:

- **Co-production and engagement is embedded throughout the work via boroughs, provider trusts and NCL**
- Continued focus on **Care Education Treatment Reviews** (particularly community reviews), **Dynamic Support Registers** and **admission avoidance protocols**, in order to support improved quality of community-based care and a reduction in inpatient admissions.
- **CYP Keyworker model and Transforming Care Prevention and Support service (TCAPS):** Embed an integrated CYP Keyworker model across NCL. Alongside sustaining and expanding our Transforming Care Prevention and Support service (TCAPS) for all CYP on Dynamic Support Registers with LD and/or Autism to provide support along the admission avoidance pathway
- Address gaps in **crisis/respice pathways** for adults and CYP
- Addressing short and long-term improvements to our **adult and CYP autism diagnosis and pre / post diagnostic support pathways, and embedding awareness training** underpinned by an NCL-wide Autism Strategy
- Improving our performance in relation to **Annual Health Checks and LeDeR** in order to support the **reduction of health inequalities** across NCL, and **improve quality of care**, including **STOMP/STAMP**
- **Take forward the recommended actions from the Safe and Wellbeing Reviews to ensure improvements to service quality.** Ensure this is supported via robust Host Commissioner processes, and engagement with LD, mental health and wider health services in order to deliver appropriate **reasonable adjustments** for people with LD/Autism and improved quality outcomes for patients.
- Ensuring our **NCL workforce** has the skills to support people with LD/Autism, including working with and learning through **people with lived experience**.

NHS North Central London ICB Board



Chief Executive Officer
Frances O'Callaghan

Chief Development and Population Health Officer
Sarah Mansuralli

Chief People Officer

Chief Finance Officer

Chief Medical Officer

Chief Nursing Officer

Executive Director of Performance and Transformation

Executive Director of Corporate Affairs
Ian Porter

Executive Director of Places
Sarah McDonnell-Davies

Human Resources and Organisational Culture

Finance

Digital

Quality and Safeguarding

Performance and Business Intelligence

Corporate IT

Leadership Development

Estates

Clinical Networks

CHC / CIC

System PMO and Transformation Programmes

Communications and Engagement

Equality, Diversity and Inclusion

Clinical Transformation Programmes

Vaccinations

Transition Programmes

Governance and Risk

Workforce Integration

Public Health

Business Services and EPRR

Strategic Commissioning – Includes Learning Disabilities and Autism.

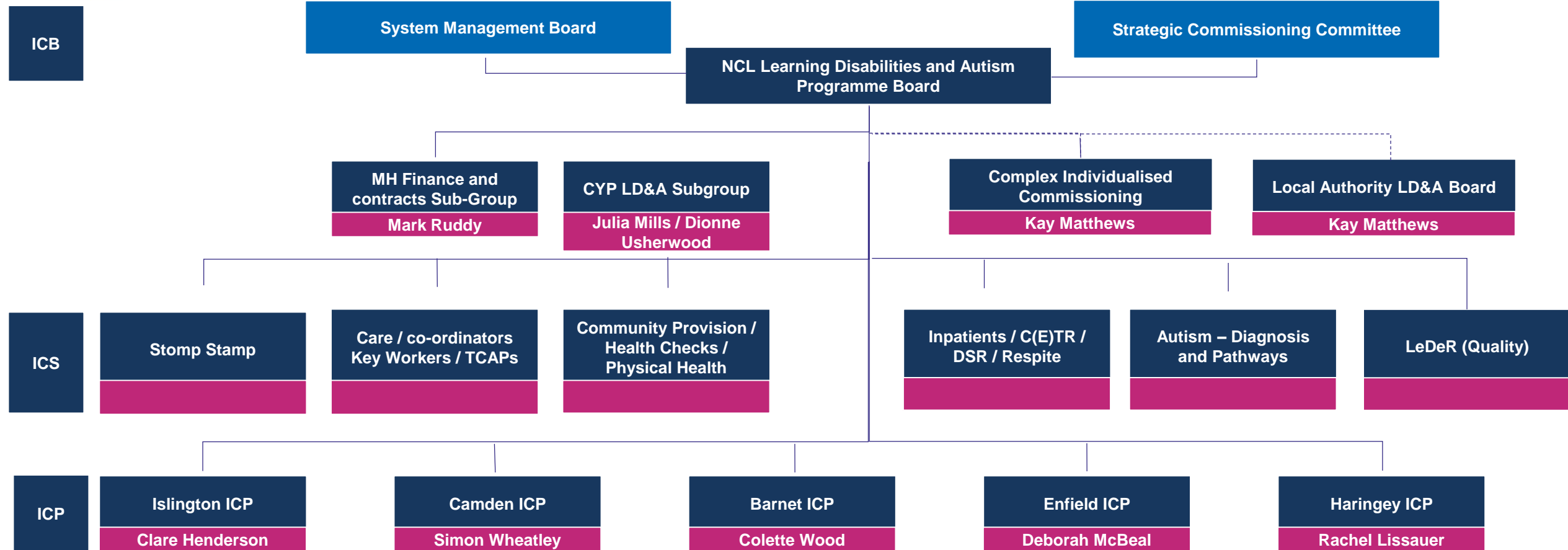
Specialist and Direct Commissioning

Primary Care Development

Board Member

Board Attendee

Note: Functions not teams or roles



Engagement with stakeholders has supported this initial draft of the plan. Mechanisms for this engagement include:

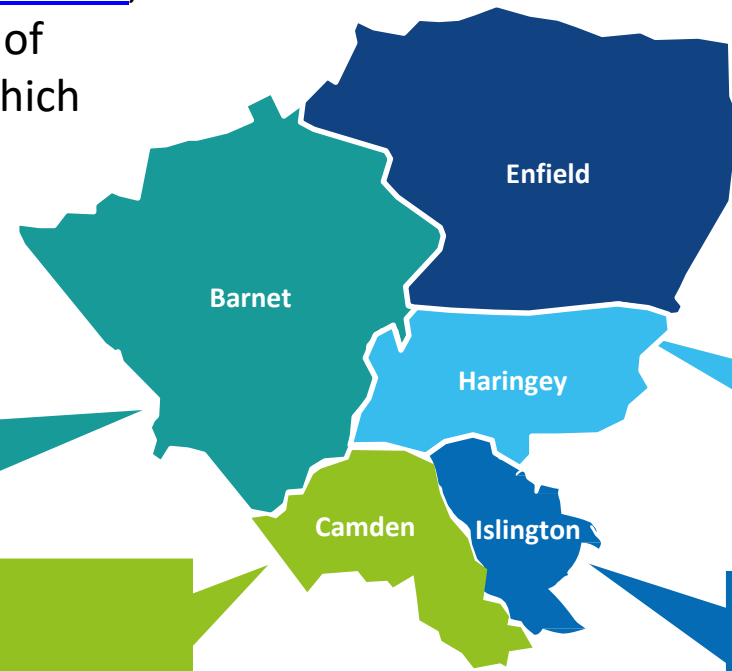
- 1. Co-production and engagement is embedded throughout the work via boroughs, provider trusts and NCL**
2. NCL LD&A Programme Board, including representatives from CCG/LA commissioning, Social care, clinical functions, parent carers, provider collaboratives, NHSE regional, housing.
3. Sub Groups to the Programme Board, including: CYP/SEND commissioning and operational group, adult LD/MH commissioning, adult LD operational leads
4. Patient surgeries, including: LD/MH/CAMHS commissioners, NHSE Regional, provider collaboratives
5. Workstream-specific engagement including: ASD/MH workforce development, Keyworker pilot implementation group (including parent-carer sub-group)

Engagement with stakeholders will continue as we progress delivery of specific workstreams.



North Central London – Our Area

North Central London ([Barnet](#), [Camden](#), [Enfield](#), [Haringey](#) and [Islington](#)) has a population of approximately 1.7 million residents, of which 323,000 are under 18.



Barnet

- 437,371 total registered population
- 94,898 under 18s
- 8,001 total adults with a diagnosed LD (2%)
- 3,010 total adults with diagnosed Autism SD (1%)

Enfield

- 354,822 total registered population
- 83,683 under 18s
- 6,622 total adults with a diagnosed LD (2%)
- 2,441 total adults with diagnosed Autism SD (1%)

Haringey

- 331,754 total registered population
- 62,540 under 18s
- 5,688 total adults with a diagnosed LD (2%)
- 2,142 total adults with diagnosed Autism SD (1%)

Camden

- 284,807 total registered population
- 40,549 under 18s
- 6,090 total adults with a diagnosed LD (2%)
- 2,210 total adults with diagnosed Autism SD (1%)

Islington

- 280,828 total registered population
- 41,126 under 18s
- 5,778 total adults with a diagnosed LD (2%)
- 2,026 total adults with diagnosed Autism SD (1%)

Across our area we have one NHS Clinical Commissioning Group (CCG) and five Local Authorities, who work with NHS Trusts, LA staff, the voluntary and community sector (VCS) and residents to plan and fund services. We work together through an Integrated Care System (ICS) – with a NCL Learning Disabilities and Autism Board overseeing the LD&A Programme.



Table 1. Shows the total number of adults with a Learning Disability diagnosis.

The total London LD population is 186,929 with North Central London ICS holding 17% of this population at 32,179.

Barnet has the highest population of Adults and total registered population with a Learning Disability at 25%, with Haringey and Islington with the least recorded adult population at 18% of the Adults with Learning Disabilities in North Central London foot print.

Islington, followed by Camden, has the highest number of Children and Young people with a diagnosis of Learning Disabilities.

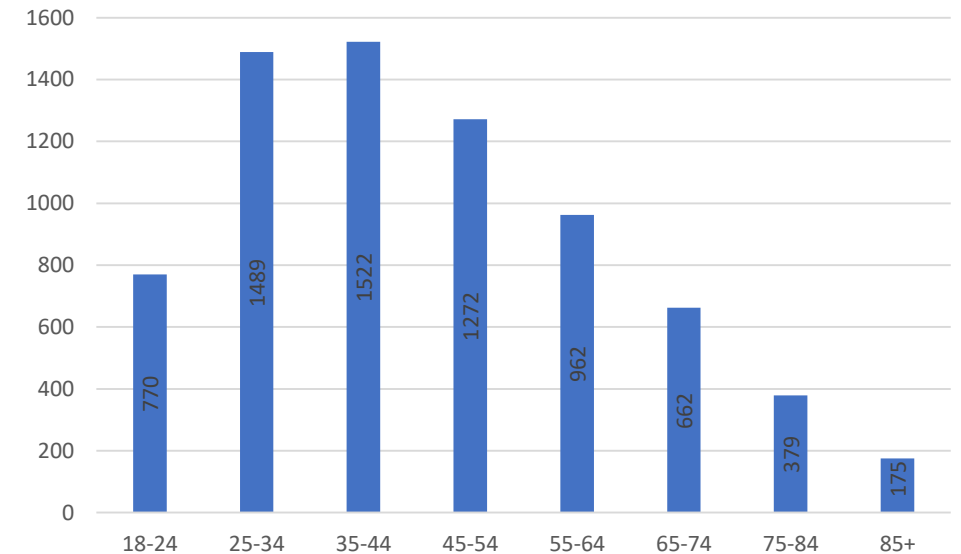
NCL Borough	Aged between 18-24	Aged between 18-64	Aged 65 and above	Total adult population by Borough	% Total adult population by Borough
Barnet	770	6015	1216	8001	25%
Enfield	670	5010	942	6622	21%
Camden	824	4578	688	6090	19%
Haringey	605	4482	601	5688	18%
Islington	876	4447	455	5778	18%
NCL Total by Age Group	3745	24532	3902	32179	100%

Population Health: Adult Learning Disabilities - Barnet Age Example



- Barnet Borough has the highest number of people of all ages with learning disabilities across all London boroughs.
- In 2020, total recorded population of people learning disabilities was 8,100 people within the borough.
- 11% are within the 18-24 age group which is 880 adults.
- 83% are within 25- 65 age group which is 6,100 adults.
- 16% are within 65 and above age group which 1,200 older people.
- 83% of the total Barnet population with learning disabilities are under 65 = 6,100 adults aged under 65 with learning disabilities. This is important to note as opportunities for employment and access to housing will be needed throughout the life cycle.
- The breakdown of data highlighted that 19.75% of the total LD population, 1,600 people have **severe learning disabilities in the borough.**
- 90% are under the age of 65 which is 1,440
- 16%, are between the ages of 18-24 which is 256

Barnet population with LD

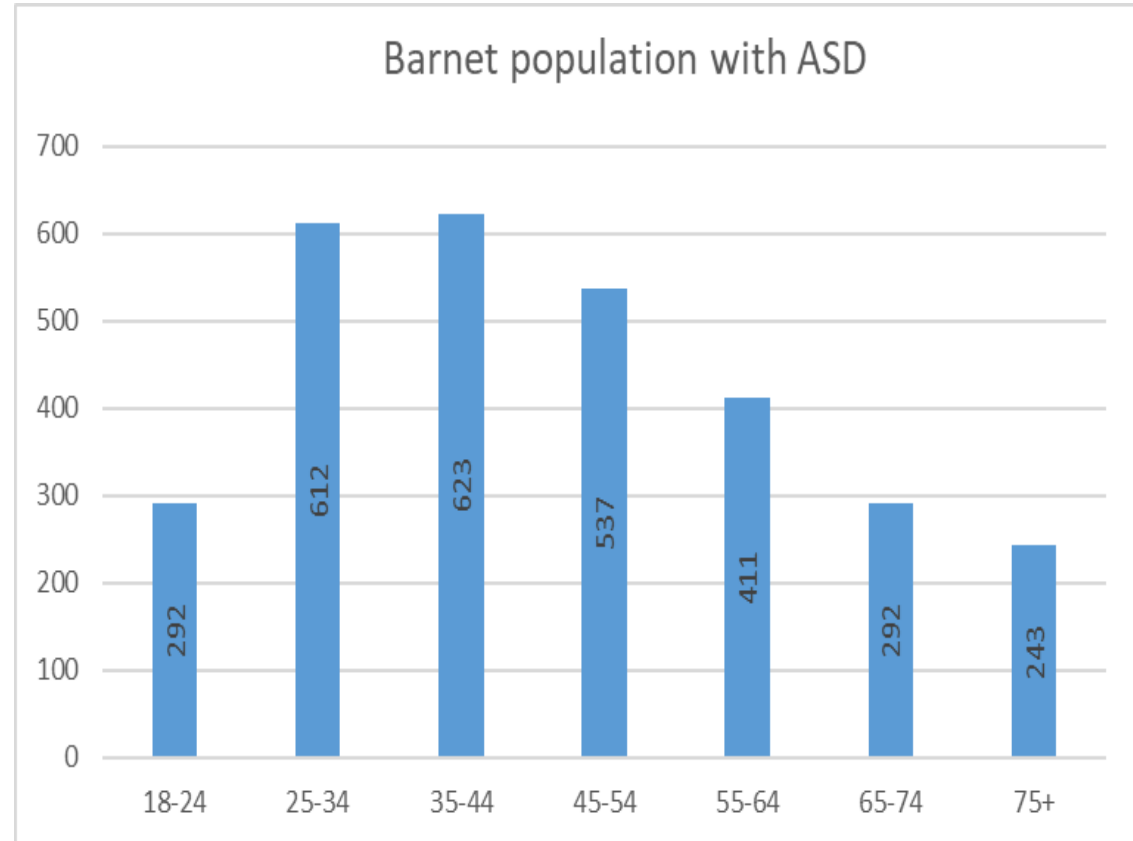


- It was predicted that there were 69,642 individuals with a diagnosis of autism spectrum disorders (ASD) in London. Of which, 11,829 individuals with ASD (17%) were in NCL in 2020/21.
- Out of the NCL population, 85% are between the ages of 18-24.
- Barnet was recorded to have the highest number of people of all ages with ASD with 3,010 individuals (25%), followed by Enfield at 21%.

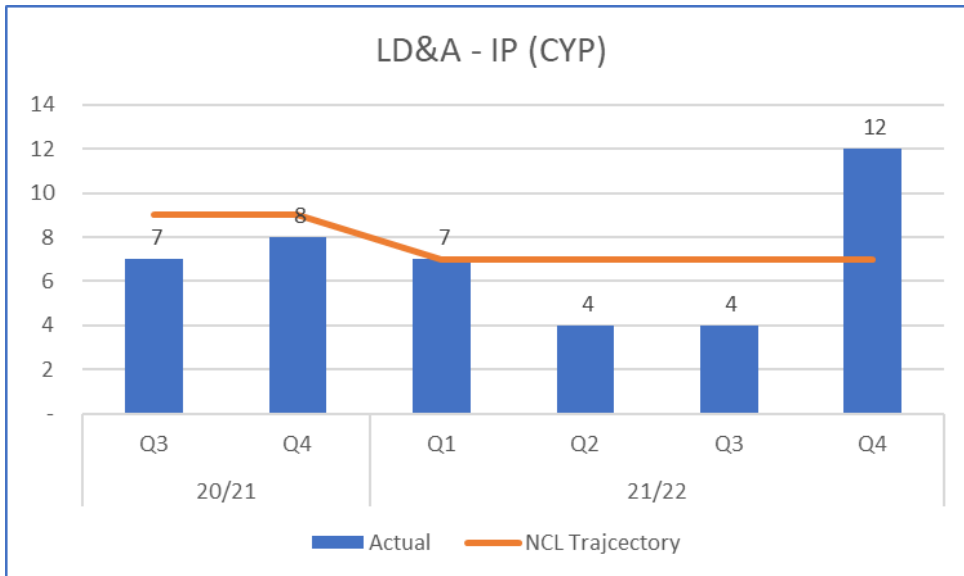
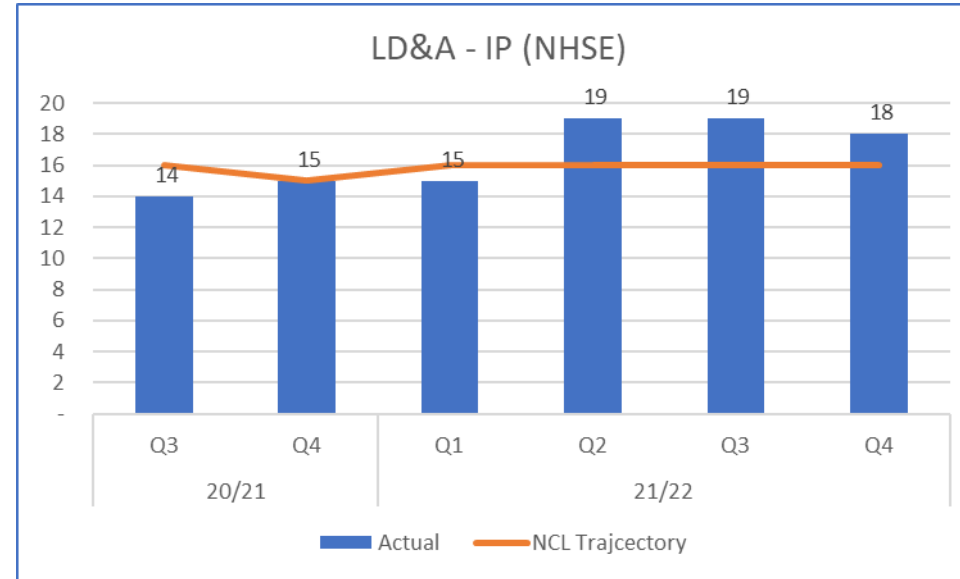
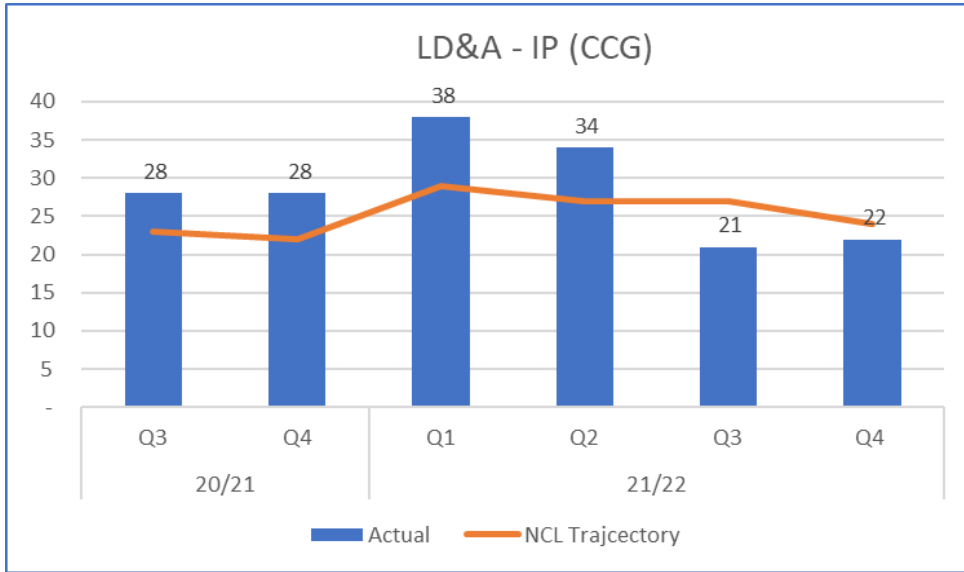
NCL Borough	Aged between 18-24	Aged between 18-64	Aged 65 and above	Total adult population by Borough	% Total adult population by Borough
Barnet	292	2476	534	3,010	25%
Enfield	259	2029	412	2,441	21%
Camden	303	1904	306	2,210	19%
Haringey	226	1881	261	2,142	18%
Islington	310	1826	200	2,026	17%
NCL Total by Age Group	1,390	10,116	1,713	11,829	100%

- In 2020, it has been predicted that there is a total of 3010 individuals with ASD (autism spectrum disorders) in Barnet.
- The greatest number of people diagnosed with Autism fell in the 35-44 age group (21%).
- Out of this population, just under 10% are between the ages of 18-24.
- Barnet was recorded to have the highest number of people of all ages with ASD (3010).

Graph 1: Breakdown by age group for Autistic Adults in Barnet.



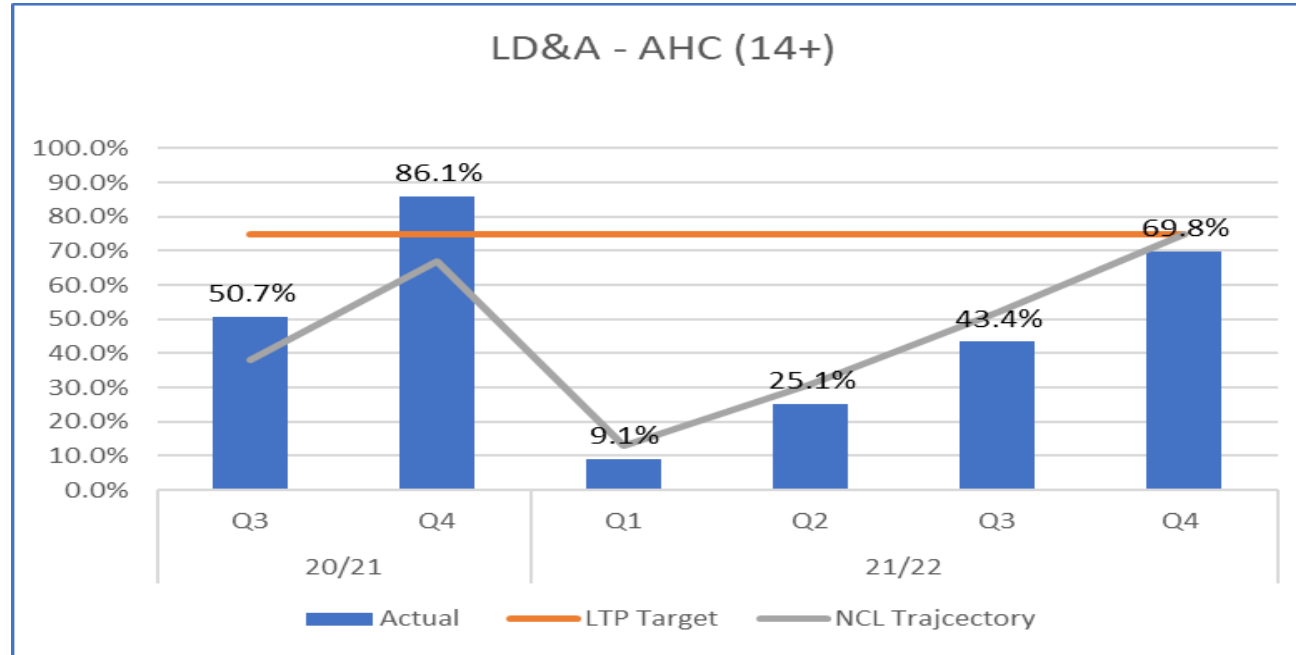
LD&A Programme Inpatient Admissions Reducing 21/22



Q4		
Borough	ADULTS	CYP
Barnet	6	7
Camden	10	0
Enfield	9	2
Haringey	10	0
Islington	5	2
Total	40	11

Q4		
Split	ADULTS	CYP
ASD only	12	11
LD only	17	1
LD & ASD	11	0
Total	40	12

- By 21/22-year end there were 40 adult inpatient admissions in line with the set target of 40.
- CCG inpatients increased to 22 in Q4 compared to 21 in Q3 but well below the target of 24. Of the current inpatients 10 patients have a discharge date planned in next 3-6 months.
- NHSE Inpatients have seen a drop by 1 patient in Q4 to 18, however remains well above the target of 16. Two of the patients are ready for discharge but the plans have yet to be agreed.
- CYP admissions have increased to 12 by year end from 4 admissions reported at Q3, thus failing the target of maintaining admissions to 7 patients.
- 7 new patients have been added during March alone.



- There has been 26% uptake in patients undertaking checks in Q4 21/22, which is a fantastic achievement over the last three quarters.
- National target is to deliver annual health checks to 75% people aged 14+ with learning disabilities on GP register. However, denominator used by NHS Digital includes people with a disability of all ages.
- At the end of 202/22 NCL has achieved 69.8% checks, falling short by nearly 5% .

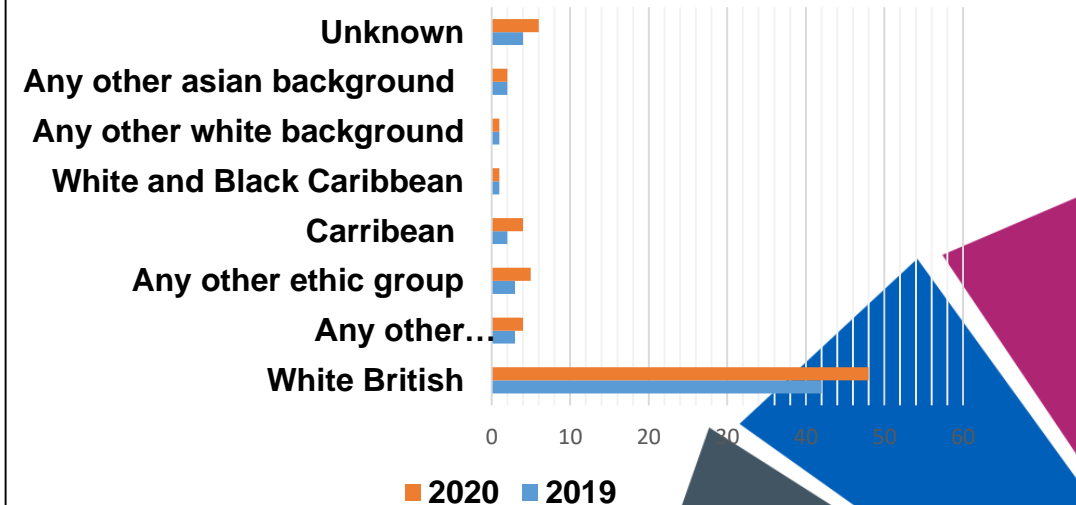
- In 2021, COVID 19 and respiratory related illnesses were the most frequently listed cause of death across NCL.
- Reviews highlighted that many of those who died from COVID-19 were vulnerable to chest infections, pneumonia and other respiratory risks.
- There were no recorded flu related deaths over the Winter 2020/2021 period which may have been a result of social distancing restrictions (the low incidence of flu is also noted across the general population).
- All completed reviews indicated the presence of at least one long term condition (LTC). The majority (60%) had three or more LTCs. The most common conditions were respiratory related including Dysphagia / chronic / recurrent chest infections followed by neurological disorders such as Epilepsy.
- Highest % of deaths reported in White British Ethnicity group.

Areas of Good Practice

- Above London average achievement of Covid vaccinates to those with learning disabilities.
- Cancer and cardiovascular related causes of death are lower this year than reported previously.
- Establish links with local organisations which represent people from BAME communities and raising the profile of LeDeR.
- NCL published research on Health Inequalities in the LD population including **COVID-19 deaths in people with intellectual disability in the UK and Ireland: descriptive study**, October 2020 BJPsy Open 6(6) and **Cardiovascular risk quantification using QRISK-3 score in people with intellectual disability**, June 2021, BJPsy Open 7(S1):S52-S53.

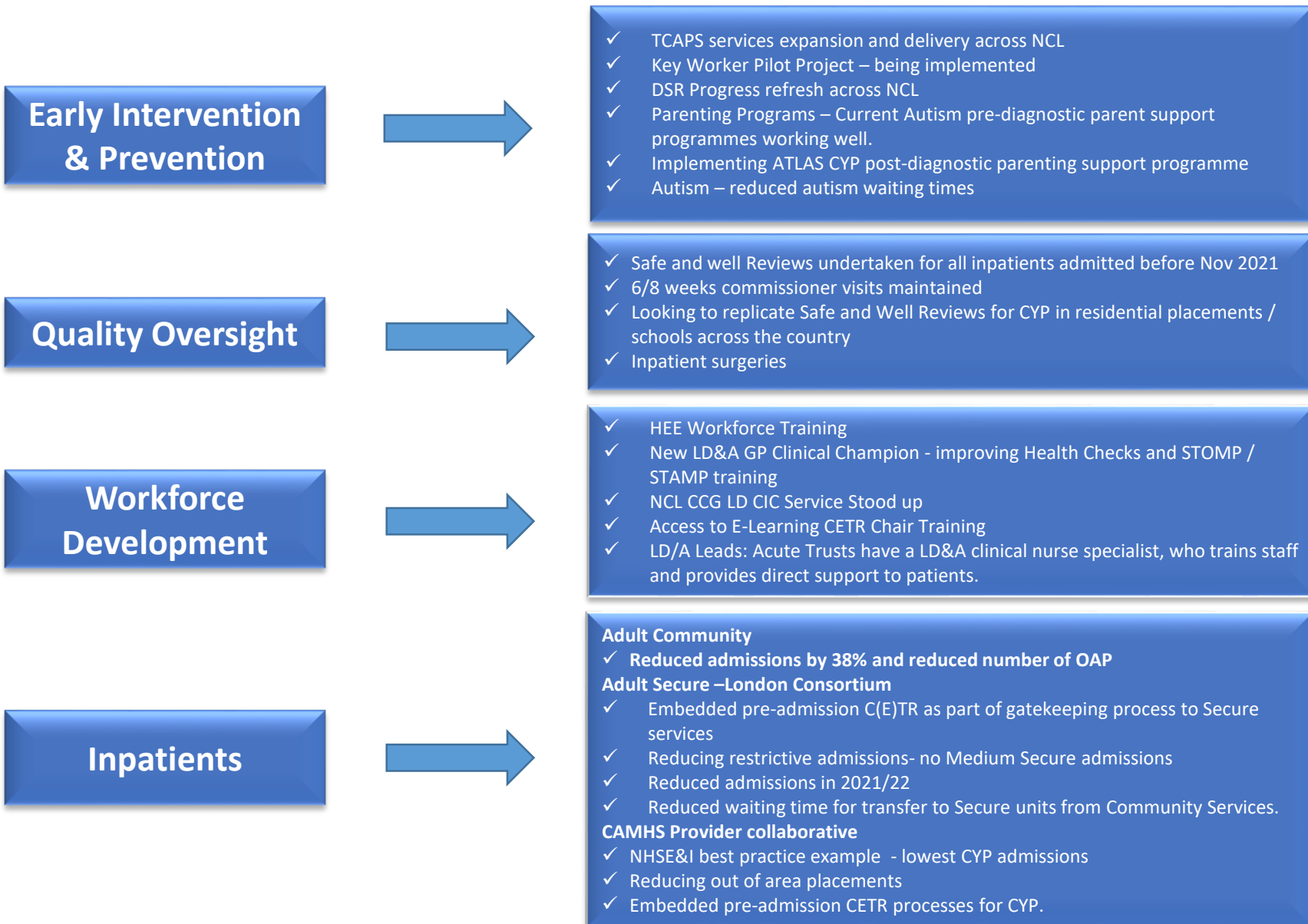
Cause Of Death	%
COVID 19	52%
Respiratory related- including aspiration pneumonia	29%
Cancer	5%
Cardiovascular related	2%
Hepatic failure	2%
Sepsis	2%
Hypoxic Brain Injury	2%
Multiple Organ Failure	2%
Sudden Unexpected Death in Epilepsy (SUDEP)	2%
Pulmonary Thromboembolism with infarction	2%

NCL Deaths Reported by Ethnicity





Key Achievements in 21/22 - Spotlight on good practice



As part of our NCL promoting health equality and reducing the variation in health outcomes for people with Learning disabilities and autistic people as part of our Covid-Recovery programme. We have:

- ✓ **Eligibility and Access: Diagnosis** - An additional £1.1m has gone into the diagnosis of people with a neuro development disorder (e.g. Autism and ADHD). As part of our covid recovery programme we have identified the need to diagnose an increasing population of autistic people and improve patient care pathways including post diagnostic support.
- ✓ **Addressing inequalities** - NCL CCG is investing £5m into an 'Inequalities Fund' to support under-served groups and communities across NCL particularly in relation to the 20% most deprived neighbourhoods. Many of these projects relate directly to either learning, or developing approaches to, how services can better support people with LD/A. E.g;
 1. Specific IF projects associated with managing LTC projects agreed to monitor equity of access of people with learning disabilities in terms of its reach to the population
 2. Co-produced audit of the needs of, and potential solutions for, of specific groups of autistic people from diverse ethnic backgrounds, e.g. black African, black Caribbean etc.
 3. Investment in identifying and improving specialist support for children with autism
- ✓ **Elective recovery programme**
 - Undertook analysis of every service's PTL and identified health inequalities of those waiting longer.
 - NCL are implementing regional recommendations regarding clinical specialities in Elective Recovery.
 - £20m accelerator funding achieved, as part of this funding NCL have built in extended appointments and extra capacity for assessments and allows for reasonable adjustments to be made for patients with LD/A.
- ✓ **UCLH Dentistry** - Specials Dentistry OPD list & Elective pathway, led by the EDH Consultants meets every Thursday and have developed two EASY Read's for intra nasal & intravenous sedation. Sharing across NCL.

Reasonable Adjustments and Accessibility

- **Accessible information:** NCL focus on equity of access within patient communication.
- **Easy Read:** Whittington Health NHS Trust have set up a 'Ambitious about Autism' steering group and are creating accessible information such as the Pharmacy guide, see more examples here; www.whittington.nhs.uk/default.asp?c=38579. UCLH have a online health passport, EasyRead guides & 11 YouTube videos. Enfield have produced an Easy Read 'Top Tips on drafting a **Hospital Passport**' guide.
- **Flagging preferences and needs:** UCLH have a system on erecords that flags patients with LD/A & other vulnerabilities, it advises on what Reasonable Adjustments the patient may need, it is case & person specific.
- **Improving appointment letters:** including flagging someone's communication preference e.g. receiving texts rather than phone calls.
- **Psychological therapies:** are accessible to people with LD/A.

Visiting the Pharmacy

A GUIDE VISITING THE PHARMACY



Click on picture to open the guide.

Co-production

- **Listening to those with LD/A and their family and friends;** We have Experts by Experience at service co-production events and meetings and sit on our LD/A Boards.
- **Acute Network;** UCLH and Royal Free have begun an informal network to share learning and collaborate on recommendations and quality improvements with membership to the NCL LeDeR Steering Group. MH Trusts sit on the LeDeR steering groups.
- **Patient stories:** UCLH is carrying out a community patient story project underway to better understand the experience of LD patients.

Physical Health

- **Shared Records:** Utilising the Healthintent registry to support improvements in LD registers. Shared records allow all trusts to view GP records listing LD/A patients and ensure LD diagnosis coding is correct for Flagging system for Health Checks and monitoring uptake.
- **Screening:** Our focus is on early identification of health conditions, contributing to a reduction in premature mortality for people with LD and ensuring care plans are in place.

Emergency departments were supported to be able to make adjustments in the environment, to enable assessment and treatment of people with Learning Disabilities and Autistic people;

- BEH Mental Health Trust and the Haringey Learning Disability Partnership have been working with NMUH and the Whittington to improve the quality of care that people with an LD receive when accessing A&E.
- The BEH CAMHS Crisis Hub offers advice to young people with ASD and LD and their families, this has reduced presentations in crisis to ED. Many of the staff working in the Hubs come from an LD background.

Mental Health including Learning Disability and Autism – Crisis Assessment Service.

Aim: Set up a emergency department (ED) diversion service outside of Acute Trusts for those with urgent mental health needs (including those with LD/A) that don't require acute medical intervention. Ambition broadened to include provision for managing minor medical interventions with a primary MH need / supporting patients with multiple diagnosis of LD/A.

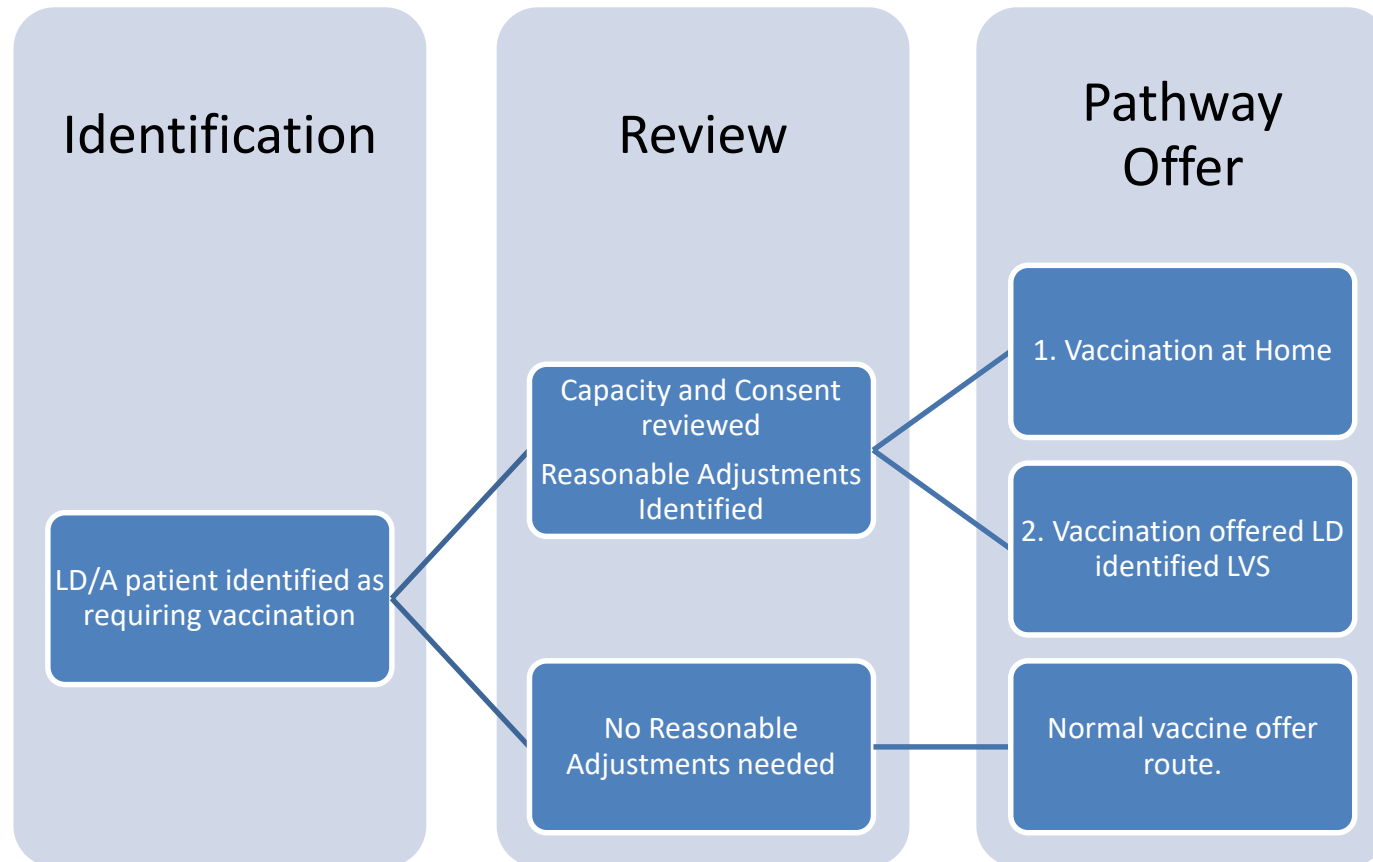
Key achievements of the model to date include:

- Increased patient satisfaction and therapeutic environment
- 7179 referrals between Jan 21- Dec 21, average of 138 referrals a week
- 25% reduction in presentations across the 3 EDs for MH presentations compared to pre-pandemic and MHCAS opening
- 60% of all emergency mental health assessments now taking place in MHCAS instead of ED.
- c.90% reduction in 12-hour trolley breaches in ED in the south. Average length of stay (LOS) in MHCAS of 5.9 hours
- 8% reduction in mental health inpatient admissions (formal and informal) compared to pre-COVID operating data
- Integral to the new way of working is the embedding of peer coaches at the front line of care.
- Approximately 25% of referrals are direct conveyance to the front door of the MHCAS, be it via the police, LAS, self-referral or other

Introduction of the Covid – 19 Vaccination Pathway

NCL have established a pathway that assists those with LD/A be offered vaccination within the right environment (including at home).

A MDT approach of Provider, PCN and Integrated Learning Disability Services across Boroughs to ensure the offer of vaccination is appropriate for the needs of the patient.



Vaccination at home to include:

- Pre-visit support
- Joint delivery with community provider and ILDS
- Follow up support

Vaccination at LD identified LVS to include:

- Longer allocated appointment
- Quiet clinical area with appropriate sensory toys and equipment
- Encouraging quiet environments, promotion of less busy vaccination site utilisation
- Vaccinators with additional training and knowledge of capacity, and consent including non-verbal

- **Innovative approaches to patient care** - pulse oximetry led by primary care and virtual wards led by secondary care to avoid Covid patients' admission to hospital and early discharge where appropriate
- **Accelerated collaboration** - single point of access for speedier and safe discharge from hospital to home or care homes; development of post-Covid Syndrome multi-disciplinary teams to support patients. System able to respond quickly to a significant increase in demand for intensive care beds
- **Recognition of early warning signs of ill health/acute deterioration.** Steering groups established to develop a uniform early warning signs tool. Successfully rolled out the Significant 7 early warning signs.
- **Use of hospital passport** - Enfield have produced an Easy Read 'Top Tips on drafting a Hospital Passport' guide, posted on the internet with the Hospital Passport template and shared with CCG's and acute trusts.
- **Acute Liaison Learning Disability nurse:** was an invaluable link between the family and the person whilst they were inpatient at a time when the family could not visit
- **Advanced Care Planning (ACP):** completed with the family in advance of hospital admission meant a clear plan was in place

LTP Priority - Reducing Avoidable and preventable admissions to inpatient care

Children, young people with a learning disability, autism, or both, with the most complex needs, have the same rights to live fulfilling lives through:

- Moving people into the community and reducing reliance on inpatient care
- Increasing use of personal health budgets (PHB)
- Increasing investment in intensive, crisis and forensic community support will also enable more people to receive personalised care in the community, closer to home, and reduce preventable admissions to inpatient services

ICS Priority/Focus Area:	Projects/Programmes	Planned Activities, Deliverables, Milestones with expected completion dates	Key Performance indicators, measures/metrics, expected benefits and outcomes
<p>CYP Community Investment / Reduce Admissions - Reducing the number of avoidable admissions to specialist inpatient care, and reducing the number of children, young people in a specialist inpatient setting.</p>	<p>Intensive, crisis and community forensic to provide CYP personalised care in the community, closer to home, preventable admissions to inpatient services.</p> <p>Continue / Implement or Embed 4 key CYP Programmes;</p> <ol style="list-style-type: none"> 1. Keyworker Pilot 2. TCAP programme 3. Care Co-ordinators 4. CAMHs crisis team, 24/7 crisis line 	<ul style="list-style-type: none"> • 100% roll out of the Keyworker Pilot – Q1 - 2 • Fund extension to the TCAPS programme, increase capacity and deliver across NCL – Q1 • Expand and embed Care Co-ordinators – Q1 • Integration of programmes for CYP – Q1 • 100% recruitment of CYP vacancies across NCL - Q1 	<p>CYP with LD/A supported to remain well in the community</p> <p>Keyworker / Care Co-ordinator / CYP</p> <ul style="list-style-type: none"> • Recruit to 100% of roles • Roll out programme delivery plans <p>TCAPs Programmes</p> <ul style="list-style-type: none"> • Use of the Family Star - progress in 5 out of 10 outcome areas. • % reduction in risk = 78% reduced risk

ICS Priority/Focus Area:	Projects/Programmes	Planned Activities, Deliverables, Milestones with expected completion dates	Key Performance indicators, measures/metrics, expected benefits and outcomes
<p>CYP Community Investment / Reduce Admissions - Reducing the number of avoidable admissions to specialist inpatient care, and reducing the number of children, young people in a specialist inpatient setting.</p>	<p>Continue / Implement or Embed 4 key CYP Programmes – co-production embedded in each programme;</p> <ol style="list-style-type: none"> 1. Keyworker Pilot 2. TCAP programme 3. Care Co-ordinators 4. CAMHs crisis team and 24/7 crisis line 	<p>CETRs</p> <ul style="list-style-type: none"> • Implement NCL CETR Recovery Action Plan - Q1&2 • Support increase / timely community CETRs for CYP Q1-Q4 <p>Dynamic Support Registers (DSR)</p> <ul style="list-style-type: none"> • Audit of all DSRs protocols in Q1-Q2 • Standardisation of DSR Protocols across NCL to reduce variation and usage • Bi/Weekly DSR reviews in all NCL boroughs – Q1-Q4 <p>Admission avoidance protocols</p> <ul style="list-style-type: none"> • Work with CAMHs crisis teams and T4 Provider Collaborative embed admission avoidance protocols – Q1-Q4 • CYP monthly inpatient surgeries and performance monitoring. 	<p>CYP with LD/A supported to remain well in the community and avoid admission</p> <p>Reduce net inpatient numbers by Q4 in line with agreed trajectories;</p> <ul style="list-style-type: none"> • CYP a max. 5 inpatients to be achieved within any qtr • Use of 12 Point Discharge Plan • Reduced LoS • 0 OAP • 75% CETR completion, every 3 months • Bi/Weekly DSR meetings • Collaborative practices with MDT input across ICS partners and T4 Provider Collaborative <p>Independent research evaluation to evaluate the effectiveness of CYP Prog.</p>

LTP Priority - Reducing Avoidable and preventable admissions to inpatient care

Adults with a learning disability, autism, or both, with the most complex needs, have the same rights to live fulfilling lives through:

- Moving people into the community and reducing reliance on inpatient care
- Increasing use of personal health budgets (PHB)
- Increasing investment in intensive, crisis and forensic community support will also enable more people to receive personalised care in the community, closer to home, and reduce preventable admissions to inpatient services

ICS Priority/Focus Area:	Projects/Programmes	Planned Activities, Deliverables, Milestones with expected completion dates	Key Performance indicators, measures/metrics, expected benefits and outcomes
Adult Community Investment / Reduce Admissions	Reducing the number of avoidable admissions to specialist inpatient care, and reducing the number of adults in a specialist inpatient setting.	<ul style="list-style-type: none"> • Map adult care co-ordinators across NCL and support gaps in provision and shared resource where possible. • Adult monthly inpatient surgeries and performance monitoring, including the PC. • CTR Refresh across NCL to reduce variation in protocols. • Improve Quality of AT data submission and Ensure 2+ trained submitters for each borough. • Develop a plan for improving employment opportunities for people with LD/Autism in NCL 	People with LD/ASD supported to remain well in the community and avoid admission. Reduce net inpatient numbers by Q4 in line with agreed trajectories to; <ul style="list-style-type: none"> • CCG Adults 22/23 = Target max. 22 inpatients • Spec Comm Adults = Target max. 16 inpatients • Reduced LoS - 70% of discharges across 20/21 were for admissions of less than 6 months • <50% OAP • 75% CTR completion, every 6 months CCG Adult • 75% CTR completion, every 12 months PC

ICS Priority/Focus Area:	Projects/Programmes	Planned Activities, Deliverables, Milestones with expected completion dates	Key Performance indicators, measures/metrics, expected benefits and outcomes
<p>Crisis Care</p>	<p>Improve the quality of crisis care and how patients with a LD/A in emergency departments are supported via adjustments to the environment, to enable better assessment and treatment of people with Learning Disabilities and Autistic people.</p>	<ul style="list-style-type: none"> • BEH Mental Health Trust and the Haringey Learning Disability Partnership have been working with NMUH and the Whittington to improve the quality of care that people with an LD receive when accessing A&E. • The BEH CAMHS Crisis Hub offers advice to young people with ASD and LD and their families, this has reduced presentations in crisis to ED. Many of the staff working in the Hubs come from an LD background. • Mental Health including Learning Disability and Autism – Crisis Assessment Service. Maintain a emergency department (ED) diversion service outside of Acute Trusts for those with urgent mental health needs (including those with LD/A) that don't require acute medical intervention. Ambition broadened to include provision for managing minor medical interventions with a primary MH need / supporting patients with multiple diagnosis of LD/A. 	<p>Reduction in the number of inpatient admissions and re-admissions</p>



ICS Priority/Focus Area:	Projects/Programmes	Planned Activities, Deliverables, Milestones with expected completion dates	Key Performance indicators, measures/metrics, expected benefits and outcomes
GP Clinical Lead	Reduce health inequalities Improving Quality of Services	<ul style="list-style-type: none"> • Employ an NCL wide LD&A clinical champion (GP Clinical Lead) and experts by experience (grow Autism EbyEs). • Support NCL wide with clinical advise and guidance. • Increased co-production. • Raise awareness about STOMP to clinicians/ patients/ carers/ colleagues 	Moving people into the community and reducing reliance on inpatient care



LD&A Programme Plan 22/23 – Reducing Mortality



LTP Priority - Reduce Mortality and preventable deaths

Action will be taken to tackle the causes of morbidity and preventable deaths in people with LD&A through

- Improving uptake of existing uptake of Annual health for people with a learning disability
- Introducing a specific health check for autistic people
- Expanding on STOMP/STAMP programme and linking it to Annual Health checks.
- Continuing the Learning Disabilities and mortality Review Programme (LeDeR)

ICS Priority/Focus Area:	Projects/Programmes	Planned Activities, Deliverables, Milestones with expected completion dates	Key Performance indicators, measures/metrics, expected benefits and outcomes
<p>Annual Health Checks</p>	<p>Ensure 75% of people with LD (age 14+) receive an Annual Health Check.</p> <p>Introduce a specific health check for autistic people</p>	<ul style="list-style-type: none"> • Introduce a specific health check for autistic people • Quarterly review of local data and share data dashboards. Commissioners engage at a PCN / practice level to improve performance • Increase in the quality of structured AHCs protocol. • NCL GP & Borough based Clinical Champions to deliver training to GPs and practices to increase confidence in delivering AHCs – Q4 • Training for recording LD diagnosis coding to improve access and notifications to GPs. • Complete a quality audit of AHC's, picking up themes identified through LeDeR inc. low level of health action plans, and also linking with STOMP STAMP – Q4 • Identify data on BAME communities receiving AHCs (HealthIntent) and develop a delivery improvement plan based on 2021/22 performance, including focus on BAME communities • Create new Annual Health Checks data dashboard (utilise Healthintent registry to support improvements in LD registers e.g. ethnicity, health action plans etc.) 	<ul style="list-style-type: none"> • Ensure 75% of people with LD (age 14+) receive an Annual Health Check. • Increase in number of quality AHCs & health action plans. • Early identification of health conditions, contributing to a reduction in premature mortality for people with LD • GP LD register increase year on year.

LD&A Programme Plan 22/23 – Reducing Mortality



ICS Priority/Focus Area:	Projects/Programmes	Planned Activities, Deliverables, Milestones with expected completion dates	Key Performance indicators, measures/metrics, expected benefits and outcomes
Vaccination Programme	Ensure people with LD/A are offered the opportunity to have a COVID-19 and flu Vaccination.	<ul style="list-style-type: none"> • More Covid-19 vaccination hubs have made reasonable adjustments • Share learning on understanding and practical delivery of reasonable adjustments when receiving vaccinations, Q1-4 • Ensure GP and LD Team registers are regularly reviewed to identify individuals are able to access flu/Covid vaccines in a timely manner (linked to AHC workstream) Q1-4 • Additional support from LD&A teams, additional access to funding for reasonable adjustments equipment Q1-4 	People with LD / ASD are supported, via reasonable adjustments, to have timely access to vaccinations in line with general population
STOMP/ STAMP programme	NCL Stomp/STAMP (part of IPMO - Integrating Pharmacy and Medicines Optimisation) programme	<ul style="list-style-type: none"> • Design and share EMIS searches to identify LD patients on psychotropic medicines in practices • Provide education and training to pharmacists to conduct structured medication reviews. • Liaise with LD community psychiatrists to understand how medication has been used to support people with LD in the community during pandemic, and address actions required • Explore how prescribing data can be better used to support STOMP/STAMP • Complete STOMP/STAMP national audit due in 22/23 • Work with PCNs to think through how AHCs can further impact on STOMP/STAMP and embed PBS framework 	<ul style="list-style-type: none"> • People have their medicines reviewed and monitored regularly. • Raise awareness about STOMP to clinicians/patients/carers/ colleagues • Embed STOMP/ STAMP within CETRs, discharge planning and quality assurance processes • Ensure that everyone with LD/A are only prescribed a MH medicine for a diagnosed SMI • Provide structured medication reviews education & training

LD&A Programme Plan 22/23 – Reducing Mortality



ICS Priority/Focus Area:	Projects/Programmes	Planned Activities, Deliverables, Milestones with expected completion dates	Key Performance indicators, measures/metrics, expected benefits and outcomes
LeDeR	Learning from lives and deaths – People with a learning disability and autistic people (LeDeR)	<ul style="list-style-type: none"> • Ongoing management of independent reviews and completion of reviews for people with a LD and or autism within 6 months of the notification of death with one third of all reviews being focused reviews • Engagement with key stakeholders to raise the profile. Clarify the roles and responsibilities, LD/A programme consistent oversight/supportive role in delivering AHCs by Q2 to reduce mortality rates. • Implement the commissioned sustainable LeDeR model for completing independent high quality reviews, on time, including implementation of the reviewer MDT in line with national policy Q2 • Migrate to the new 'Better' shared record platform replacing Co-ordinate my Care. Improving access for all with use of Health passports for health and social care providers across London. • Develop NCL-wide strategic priorities for improving quality of care and reducing premature mortality, e.g. DNAR, MCA decision-making • Development of BAME-focussed workstream to reduce health inequalities, including an allocation BAME lead and establish links with local organisations which represent people from BAME communities and raising the profile of LeDeR. • Identify and commission bereavement support sessions for reviewers and members of staff regularly involved in LeDeR • Refresh delivery plan following updated learning themes from 2021/22 and align findings with Safe and Well Reviews. • Refresh the 3 year LeDeR strategy to tackle the key issues identified and demonstrate action taken in response to these issues 	Outcomes in line with national policy: <ul style="list-style-type: none"> • Reduced number of preventable deaths • Reduced frequency of deaths that were potentially avoidable or amenable to good quality healthcare. • Evidence of service improvement actions as a result of learning from reviews. • Reduction in the repetition of recurrent themes found in LeDeR reviews • Reduced levels of concern and areas for improvement in reviews

LD&A Programme Plan 22/23 – Reducing Mortality



ICS Priority/Focus Area:	Projects/Programmes	Planned Activities, Deliverables, Milestones with expected completion dates	Key Performance indicators, measures/metrics, expected benefits and outcomes
<p>LeDeR</p>	<p>Learning from lives and deaths – People with a learning disability and autistic people (LeDeR)</p>	<ul style="list-style-type: none"> • Prioritise respiratory care to reduce deaths due to pneumonia and AHCs as action plan improvement themes • Focus on awareness of good oral hygiene, training, and consideration of an NCL wide tool to empower care home staff, domiciliary staff and informal carers to recognise and manage deteriorating residents i.e ‘Significant 7 model’ or Restore2 tool • Implement a risk stratification tool pilot which will reflect the relative level of risk of premature mortality, or preventable death, to inform health care management. Link with digital flag work to ensure deaths of people with ASD are notified, in line with new LeDeR policy • The Safe & Wellbeing reviews highlighted that more than 1/3rd of inpatients are in the unhealthy weight range with comorbid physical health conditions. NL Forensic Consortium to review PH workforce and co-produce healthy lives interventions with the Patient Council • Following a 21/22 service development improvement plan to improve the assessment and monitoring of Dysphagia there will be additional funding for SaLT in adult secure inpatients services in BEH, evaluate and share the learning. 	<p>Outcomes in line with national policy:</p> <ul style="list-style-type: none"> • Reduced number of preventable deaths • Reduced frequency of deaths that were potentially avoidable or amenable to good quality healthcare. • Evidence of service improvement actions as a result of learning from reviews. • Reduction in the repetition of recurrent themes found in LeDeR reviews • Reduced levels of concern and areas for improvement in reviews

LTP Priority – Improving Health and Wellbeing

The whole NHS will improve its understanding of the needs of people with learning disabilities and autism, and work together to improve their health and wellbeing through:

- Availability of Training and information across health, local authorities, and education
- Local providers making Reasonable adjustments
- The National learning disability improvement standards
- Implementing the Learning disability or Autism ‘digital flag’
- Bringing hearing, sight, and dental checks to CYP in special and residential schools

ICS Priority/Focus Area:	Projects/Programmes	Planned Activities, Deliverables, Milestones with expected completion dates	Key Performance indicators, measures/metrics, expected benefits and outcomes
Health equality and Reasonable Adjustments	Embed the Green Light Toolkit and Reasonable adjustments	<ul style="list-style-type: none"> • Explore use of Green light toolkit or alternative QA tool to support improvements in reasonable adjustments within local MH acute services, Q4 • Explore how to embed reasonable adjustments as part of CCG corporate communications strategy e.g. Easy read, infograms • Develop plan to embed reasonable adjustments across non-MH/LD health services • Support equalities networks – Autism • Roll out Addressing inequalities funding - NCL CCG is investing £5m into an ‘Inequalities Fund’ to support under-served groups and communities across NCL particularly in relation to the 20% most deprived neighbourhoods. Projects related to Diagnostic and training. 	<p>Increase access to services</p> <p>Increase parity of esteem</p> <p>Increase the number of reasonable adjustments</p>

ICS Priority/Focus Area:	Projects/Programmes	Planned Activities, Deliverables, Milestones with expected completion dates	Key Performance indicators, measures/metrics, expected benefits and outcomes
<p>The National learning disability improvement standards</p>	<p>LD/A Leads: The majority of Acute Trusts have a learning disability clinical nurse specialist, who trains staff and provides direct support to patients. Multiple LD Steering Groups which monitors & seeks quality assurance.</p>	<p>Staff training</p> <ul style="list-style-type: none"> • Staff attitudes and values: Learning Disability & Autism training undertaken. NCL are adopting the upcoming mandatory Oliver McGowan training. LD awareness is included in the Acute Trusts safeguarding training and there is a LD/A Guideline. • LD/A Leads: The majority of Acute Trusts have a learning disability clinical nurse specialist, who trains staff and provides direct support to patients. Multiple LD Steering Groups which monitors & seeks quality assurance. • Reasonable adjustments: Examples include seclusion and quieter rooms, adjustable lighting, considered decor and signs, and quiet areas / gardens, additional support in wayfinding or booking appointments. • Against audit findings, develop plan for Trusts within NCL to commit to national LD Improvement Standards by 2023/24 	<p>Increased staff knowledge, skills and competence National LD Improvement Standards met</p>



ICS Priority/Focus Area:	Projects/Programmes	Planned Activities, Deliverables, Milestones with expected completion dates	Key Performance indicators, measures/metrics, expected benefits and outcomes
Health equality and Reasonable Adjustments	Embed the Green Light Toolkit and Reasonable adjustments	<ul style="list-style-type: none"> • Explore use of Green light toolkit or alternative QA tool to support improvements in reasonable adjustments within local MH acute services, Q4 • Explore how to embed reasonable adjustments as part of CCG corporate communications strategy e.g. Easy read, infograms • Develop plan to embed reasonable adjustments across non-MH/LD health services • Support equalities networks – Autism • Roll out Addressing inequalities funding - NCL CCG is investing £5m into an ‘Inequalities Fund’ to support under-served groups and communities across NCL particularly in relation to the 20% most deprived neighbourhoods. Projects related to Diagnostic and training. 	<p>Increase access to services</p> <p>Increase parity of esteem</p> <p>Increase the number of reasonable adjustments</p>
Hearing, sight, and dental checks to CYP in special and residential schools	Hearing, sight, and dental checks to CYP in special and residential schools	<ul style="list-style-type: none"> • To provide hearing, eyesight and dental checks for children and young people in special residential schools in line with the ambition set out in the NHS Long-Term Plan • Work with the national team to implement the physical checks proof of concepts pilot outcomes. • Continue to work with NCL CYP and therapy services workstream to implement programme improvements. 	<p>Improve hearing, eyesight and dental checks for children and young people in special residential schools</p>

LTP Priority – Improving diagnostic assessment and support

CYP with suspected autism wait too long before being provided with a diagnostic assessment through:

- Reducing waiting times for Autism diagnosis of CYP
- Introducing designated keyworkers for patients with Complex needs
- Providing Pre-diagnosis support for CYP and their families with autism and other neurodevelopment disorders through the diagnosis process

ICS Priority/Focus Area:	Projects/Programmes	Planned Activities, Deliverables, Milestones with expected completion dates	Key Performance indicators, measures/metrics, expected benefits and outcomes
<p>Adult ASD Diagnostic Pathway</p>	<p>Implement and improved Autism pre and post diagnostic support;</p> <ol style="list-style-type: none"> 1. Reducing waiting times for Adult Autism Assessments 2. Implement improved Autism pre-diagnostic support 3. Implement improved Autism post-diagnostic support 	<ul style="list-style-type: none"> • Based on mapping undertaken re-commission Neurological Development Disorder (NDD) Services for Adults across NCL including consideration of online assessments as part of mixed delivery model Q4 • Support development of the NCL MH workforce through a programme of training around working with and understanding the needs of autistic people (including the roll out of the Oliver McGowan training). Q4 	<ul style="list-style-type: none"> • Adults have timely access to ASD diagnostic services and post-diagnostic support across NCL • Reduction in assessment waiting lists and sustainable management of future demand



ICS Priority/Focus Area:	Projects/Programmes	Planned Activities, Deliverables, Milestones with expected completion dates	Key Performance indicators, measures/metrics, expected benefits and outcomes
<p>Adult ASD Diagnostic Pathway</p>	<p>Implement and improved Autism pre and post diagnostic support;</p> <ol style="list-style-type: none"> 1. Reducing waiting times for Adult Autism Assessments 2. Implement improved Autism pre-diagnostic support 3. Implement improved Autism post-diagnostic support 	<ul style="list-style-type: none"> • Map adult autism service provision across NCL Q2 • Map transitions pathway to understand gaps in service provision for young adults with ASD and no LD, and young adults who don't meet criteria for adult services e.g. no LD/MH needs (especially social care) Q1 - Q4 • Future service development and improvements in quality of care are informed by a needs-led strategy, aligned across NCL. Work with the NHSE&I Autism working group to best shape this work Q1 - Q4 • Example of best practice and to share learning. Whittington Health NHS Trust have set up a 'Ambitious about Autism' steering group and are creating accessible information such as the Pharmacy guide. 	<ul style="list-style-type: none"> • Adults have timely access to ASD diagnostic services and post-diagnostic support across NCL • Reduction in assessment waiting lists and sustainable management of future demand • Undertake campaigns to raise awareness of autism



LD&A Programme Plan 22/23 – Improving Autism support



ICS Priority/Focus Area:	Projects/Programmes	Planned Activities, Deliverables, Milestones with expected completion dates	Key Performance indicators, measures/metrics, expected benefits and outcomes
CYP ASD Diagnostic Pathway	<p>Implement and improved Autism pre and post diagnostic support;</p> <ol style="list-style-type: none"> 1. Reducing waiting times for CYP Autism Assessments 2. Implement improved Autism pre-diagnostic support 3. Implement improved Autism post-diagnostic support 	<ul style="list-style-type: none"> • Implement the NCL CYP Autism Diagnostics Hub which include ways to sustainably address waiting lists, expanding the online assessment model and NCL training of referrers to better manage future capacity. Q1 • Align Therapies Recovery Plan (SLT, OTs) with LD&A plan to deliver more integrated services. • Align CYP Mental Health and Wellbeing Transformation plan with LD&A plan to deliver more integrated services. • Upskill local workforce including Mental Health Support Teams in Schools (MHSTs) in mainstream schools, community/school nurses, health visitors, to be able to identify children with behaviour traits associated with ASD Q1-4 • Embed GP Clinical Lead support to increase awareness and ensure wider quality improvements for CYP with LD/ASD by end Q1 • Review CYP NDD pathways to better align across NCL. 	<ul style="list-style-type: none"> • CYP have timely access to ASD diagnostic services and post-diagnostic support across NCL, including support for families • Reduction in assessment waiting lists and sustainable management of future demand



LTP Priority – Improving Quality of Care

- We will focus on improving the quality of inpatient care across the NHS and independent sector through:
- Implementing recommendation of restricting the use of seclusion, long term segregation and restraint for all patients in inpatient settings
 - Reducing inpatient length of stays and support earlier transfers of care from inpatient settings
 - Implement the '12 point discharge plan' to ensure discharges are timely and effective
 - Review and strength the existing Care, Education and Treatment Review (C(E)TR) and Care and Treatment Review (CTR) policies

ICS Priority/Focus Area:	Projects/Programmes	Planned Activities, Deliverables, Milestones with expected completion dates	Key Performance indicators, measures/metrics, expected benefits and outcomes
Care Education Treatment Reviews (C(E)TRs)	Increase the number of Care Education Treatment Reviews (C(E)TRs) undertaken on time	<ul style="list-style-type: none"> • Roll out NCL C(E)TR recovery plan, which includes a increased emphasis on community C(E)TRs • Develop changes in line with the NHSE&I C(E)TR policy review to incorporate learning from the Safe and Wellbeing Reviews. • If admission is warranted our C(E)TRs will have clearly defined goals for admission, assurances around safe and effective care and treatment and to make sure that the person can be discharged from hospital as soon safe to do so, including using the 12 Point Discharge Plan to track progress on discharge planning. 	<ul style="list-style-type: none"> • 75% CTR completion, every 3 months CYP PC • 75% CTR completion, every 6 months CCG Adult • 75% CTR completion, every 12 months PC

LD&A Programme Plan 22/23 – Improving Quality of Care



ICS Priority/Focus Area:	Projects/Programmes	Planned Activities, Deliverables, Milestones with expected completion dates	Key Performance indicators, measures/metrics, expected benefits and outcomes
Specialist Residential Service (SRS)	<ul style="list-style-type: none"> Support SRS programme and quality improvements for all 24 residents. Reduce the use of long-term seclusion and segregation Increase the quality of care, experience and outcomes for an individual who is in long term segregation and seclusion 	<ul style="list-style-type: none"> Co-production with SRS including staff, families, carers, advocates, and care coordinators together to explore what is working well, and what could be improved, identify what, if any change could look like, and what alternative options may be (undertaken in 2021). Best Interest process commence; Continue onsite feasibility work Work with NHSE will continue to prepare for the capital grant bid Housing Working Group formed to explore all possibilities Detailed person-centered transition plans – incl. risk mitigation will be developed Q2 2022/23 and implemented for each resident 2023/24 	<ul style="list-style-type: none"> To significantly increase a culture of empowerment, compassion and human rights. To ensure outcomes are person centred, co-produced and meets individual psychological, physical and social needs. To ensure accessible, timely and effective physical health assessments and treatments are delivered. Ensure that every continued provider has the appropriate skills and resources to manage the 24 patients. Learn from good practice, share our good practice at scale.
Market Development, Housing and Capital improvements	<p>Review LD&A inpatient facilities</p> <p>Review private sector rented housing, supported accommodation options</p>	<ul style="list-style-type: none"> Employ a specific housing / capital developments co-ordinator to help support this specific skilled work Map capital builds and smaller improvements 	<ul style="list-style-type: none"> Improvement quality and availability of housing for people with a LD/A. Complete a clinical needs assessment of the inpatient population to better understand and plan for the type of community accommodation required.

LD&A Programme Plan 22/23 – Improving Quality of Care



ICS Priority/Focus Area:	Projects/Programmes	Planned Activities, Deliverables, Milestones with expected completion dates	Key Performance indicators, measures/metrics, expected benefits and outcomes
<p>Safe and Wellbeing Reviews</p>	<p>Undertake Safe and Wellbeing Reviews for all inpatient with a LD/Autism</p> <p>Progress, implement and report on NCL position, themes and resultant action plan</p>	<p>Create a Safe and Wellbeing reviews resultant action plan in Q1 Outcomes;</p> <ul style="list-style-type: none"> • Improving quality of life for inpatients – Offering meaningful activity, meeting cultural & religious needs, promoting use of independent advocacy to improve patient experience and engagement, through to discharge and beyond with access to life planning. • Utilise NHSE Independent Advocacy pilot and funding for NCL residents. • Maintaining quality assurance measures to keep oversight on this vulnerable cohort. Utilise 6-8 week checks and C(E)TRs to monitor patient quality of life and safety proactively. • Renewed focus on process for monitoring and progressing discharge plans, to ensure discharge planning commences early, that all key stakeholders are involved, and develop escalation process and strategic plans with LA's to help overcome barriers to discharge. • Monitoring of medication and its wider impact on physical health and quality of life for our inpatients. • Ongoing proactive and preventative physical health management. 1/3 of all patients are obese and many have a number of physical health needs. 	<ul style="list-style-type: none"> • Reduce net inpatient numbers • Reduced Length of Stay • Reduce Out of Area Placements • Improved quality of care • Improved Autism diagnosis rates



LD&A Programme Plan 22/23 – Improving Quality of Care



ICS Priority/Focus Area:	Projects/Programmes	Planned Activities, Deliverables, Milestones with expected completion dates	Key Performance indicators, measures/metrics, expected benefits and outcomes
Safe and Wellbeing Reviews	<p>Undertake Safe and Wellbeing Reviews for all inpatient with a LD/Autism</p> <p>Progress, implement and report on NCL position, themes and resultant action plan</p>	<ul style="list-style-type: none"> • Reducing use of restrictive practice, improving quality of life and management of physical and mental health, through good quality PBS. • Harperbury SRS: quality of life and patient safety issues must remain a priority for ongoing quality assurance, whilst new commissioning options are developed for the future. 	<ul style="list-style-type: none"> • Reduce net inpatient numbers • Reduced Length of Stay • Reduce Out of Area Placements • Improved quality of care • Improved Autism diagnosis rates
Respite care / short break	<p>Increase the number of CYP and adults supported to receive respite care / short breaks</p>	<ul style="list-style-type: none"> • Increase respite care / short breaks in line with new Department for Education allocations for CYP and apply for funding for adults • Conduct a needs analysis in collaboration with social care and SEND colleagues explore options in relation to developing an NCL offer to provide CYP residential and crisis/respite provision, including: <ol style="list-style-type: none"> 1. Overnight respite 2. Longer-term respite 3. Residential unit (48/52 week placements) 	<ul style="list-style-type: none"> • Decreased family / carer breakdown • Increased family / carer support

LD&A Programme Plan 22/23 – High level Programme Risks



Programme	LTP Ask and/or Deliverables	Risk/s or Issues to Delivery	Risk Assessment Score	Mitigating Actions /Escalation
CETR	Moving people into the community and reducing reliance on inpatient care;	Limited capacity in workforce to undertake CTRs	6	1. Extra funding awarded to mitigate capacity in not being able to undertake CTRs. 2. Created a NCL CTR Recovery Plan.
CYP Keyworkers	Moving people into the community and reducing reliance on inpatient care;	Available workforce in MH and LD remains a challenge across both providers.	12	Working across services to jointly recruit. Trying different advertising avenues.
Autism Diagnostic Pathway (Adult)	Autism Diagnosis for Children, Young People and Adults	Workforce / central funding not available	15	
Autism Diagnostic Waiting Times (CYP)	Autism Diagnosis for Children, Young People and Adults	Number of workforce available to undertake assessments.	15	
Annual Health Check	Reduce health inequalities Annual Health Checks: Ensure 75% of people with LD (age 14+) receive an Annual Health Check	Meeting 2021/22 target will be a challenge, taking into consideration the impact of Covid vaccine rollout on GP capacity.	8	Data quality work with PCNs GP promotion

