



Leicestershire Partnership
NHS Trust



Leicester City Clinical Commissioning Group
West Leicestershire Clinical Commissioning Group
East Leicestershire and Rutland Clinical Commissioning Group

Transforming Care in Leicester, Leicestershire and Rutland

3 Year Road Map 2021 to 2024

175
APPENDIX B





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LLR Vision

“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”.



A Unique Opportunity

- ✔ LLR performance has improved
- ✔ National funding in addition to local funding. NHS England has invested a dedicated three year funding to transform services. This will enable long term planning for the first time, £650k min in 21/22 rising to £750k in 22/23 and £1.2m in 23/24 plus additional bid opportunities
- ✔ National policy shifts Integration and innovation: working together to improve health and social care for all (white paper 2021)
- ✔ Team LLR, we are all working together so much more than we were before, now a regional and national leader of joint working

Aims and Objectives

Improve the wellbeing of people living with learning disabilities or autism or both across LLR

Person-centred, proactive and preventative approach

Reduce health inequalities

Improve quality

Increase the focus on autism especially 14+

Improve specific needs and pathways e.g. forensic, autism and transitions

Reduced admissions

Early intervention

Crisis avoidance

Engagement & feedback

- Service users, carers and families
- Clinical and operational teams and partners across LLR:
 - Virtual focus groups between 6th and 16th April 2021

As a founding member of Leicestershire support for families caring for Special Needs Young Adults on Facebook, I just wanted to give you a big thank you for organising the special vaccination sessions. My daughter would have been unable to cope with going to the same centre I went to. All very well organised and everyone we encountered was really helpful and friendly.

“I just wanted to share the good news that the new cul de sac has its sign; in my books you guys deserve to have had the honour to cut the ribbon and to unveil the name of the court because you, Julie and the whole team had done superb job under very difficult circumstances to assist young people with disabilities to have homes. On behalf of all these young people I can only thank you because I will never ever be able to repay you all. God Bless You All”

Comment from carer following the move to a new specially adapted home for his son post discharge from hospital.

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 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.

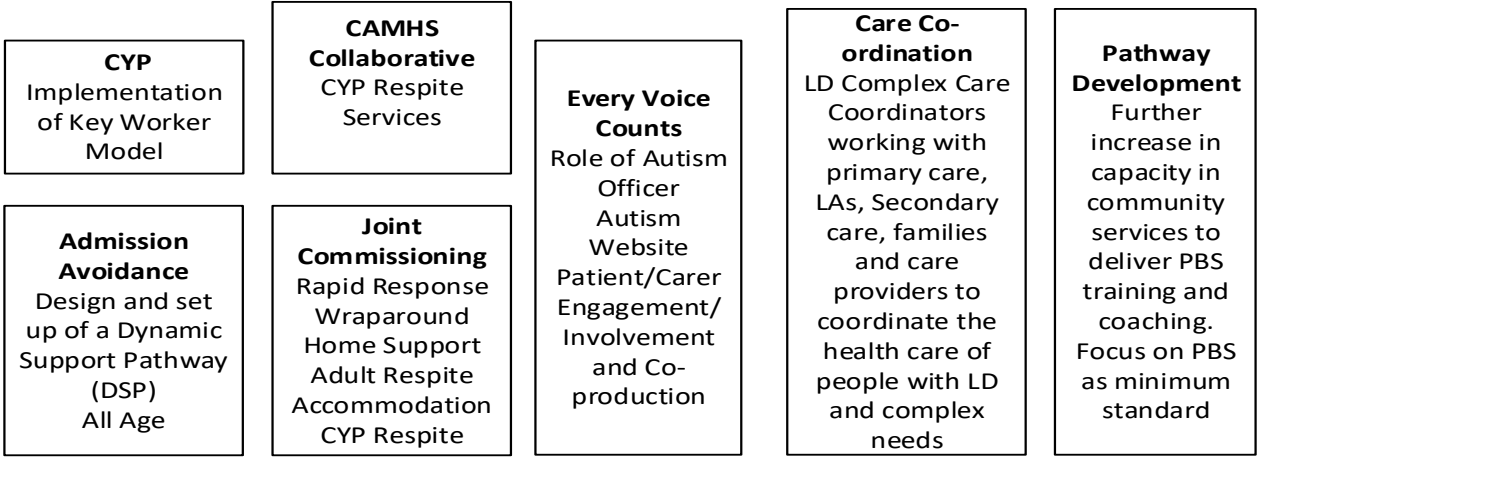
Urgent unplanned care is not always available and this may lead to an admission to a hospital bed that may have been avoided had a rapid response home support service been in place. Unplanned respite facilities are not sufficient.

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.

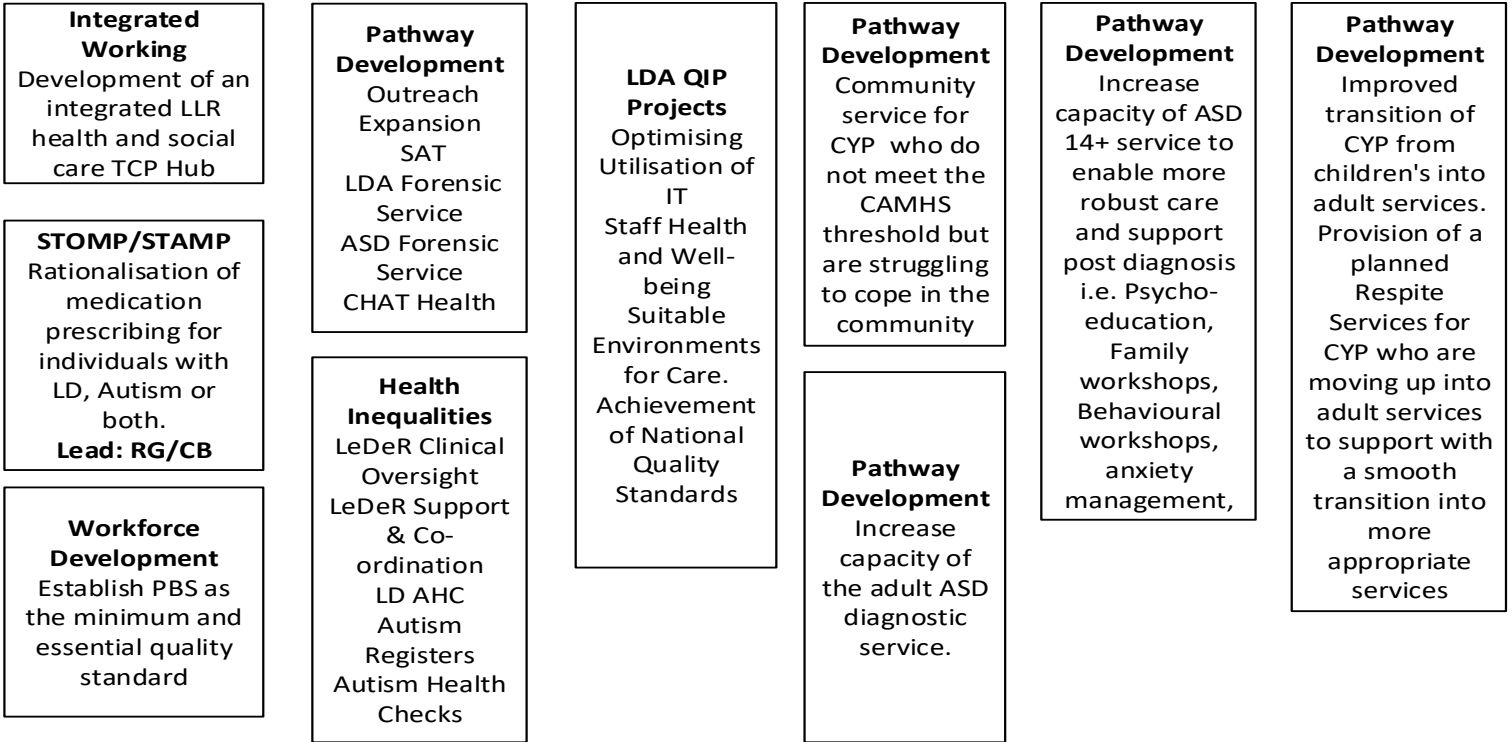
Health, social care and education are all committed to delivering the right care but effective joint working processes are not always in place. This leads to inconsistent approaches and outcomes.

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.



Year 1	Year 2	Year 3
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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 are 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.

Key Priorities & pathways for Year 1

- Increased focus on co-production with people with LD and Autism
 - Admission avoidance for CYP and adults
 - Integrated team working – development of TCP Hub – joint working across LLR
 - Continue to improve Annual Health Checks (AHC) completion rates – look to developing ASD AHCs
 - Provide community and inpatient support for people with Autism without LD
 - Learn from LeDeR – make service changes
 - Provide better support for our forensic cohort
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Pathway Development

Specialist Autism Team (14+ community Service)

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

LD & A Community Forensic service

- Able to demonstrate effectiveness in reducing serious reoffending in individuals discharged from secure inpatient services.
- Dual emphasis on promoting and enabling individual recovery and independence, while also ensuring the protection of the public.

How things will look....

In year 1	Integrated working , New processes and protocols embedded, Learning from LedeR Dedicated support to the Dynamic Support Pathway, Reduced number of admissions New teams and new models of care for individuals with ASD and for those people with LD/ASD forensic needs
In year 2	Timely discharges. No delays in Transfer of Care, Reduced reliance on in-patient care Alternatives to admission available for all CYP and adults, Increased delivery of AHC Early intervention to support well-being, Post diagnostic support in place for all age ASD Highly capable workforce
In year 3	Person-centred, proactive and preventative approach, LLR targets for reduced reliance upon in-patient care achieved. 75% of people with LD will be having annual health checks. All CYP will have a designated key worker Health inequalities reduced, lessons from LedeR learnt and outcomes embedded. Co-ordinated healthcare across the system. Long Term Plan objectives achieved

Make LLR FIT (focussed on the needs of our people, integrated team delivery and targeted on where we can make the greatest difference)

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