

### 3-year Delivery Plan (21/22-23/24): LTP Commitments – Learning Disability & Autism Programme

<b>ICS</b>	<b>Dorset</b>
<b>Lead contact</b>	<b>Mark Harris</b>
<b>Date</b>	<b>March 2021</b>

#### Describe the ICS area

'Our Dorset' is a partnership of health and social care organisations working together to deliver Integrated Care Systems. The ambition of Our Dorset is for everyone to have the best possible health and care outcomes. Living healthier, longer and fulfilling lives. Our vision is for everyone to have access to high quality, joined up health and care services, available when and where they are needed. We are working together for people to have healthier, fulfilling lives supported by sustainable health and care services.

The 'Our Dorset' integrated care system (ICS) comprises of all the NHS organisations and local authorities in Dorset:

- Bournemouth, Christchurch and Poole Council;
- Dorset Council;
- Dorset County Hospital NHS Foundation Trust;
- Dorset HealthCare University NHS Foundation Trust;
- NHS Dorset Clinical Commissioning Group;
- University Hospitals Dorset NHS Foundation Trust;
- South Western Ambulance Service NHS Foundation Trust.

The current population of Dorset is 750,000 and is likely to be just under 800,000 by 2024, with much of the growth happening among older people.

We know that over the next 15 years, the number of people with a severe learning disability will go up and there will be more older people with learning disabilities (The Big Plan, BCP 2018-2021).

Dorset has 80 GP practices, across 18 Primary Care Networks. The total number of people on the GP LD Register is 4851 (as at 09/03/21).

As at March 2021 there are 1,616 people on the caseloads of the CTLD's, ID-CAMHS and IST (Health Only).

### **Approach to co-production and engagement with delivery to date, and plans for the future:**

Co-production is at the heart of all transformation work in Dorset with parent carers, people with lived experience and relevant stakeholders involved in and members of key groups undertaking local work to deliver the LD and Autism aspects of the NHS Long Term Plan.

Key forums include the BCP and Dorset Council Learning Disability Partnership Boards and the health subgroup - The Health Action group where people with lived experience jointly chair meetings.

Membership of the local Pan Dorset LD and Autism Joint Commissioning Board also includes parent carer representation.

Workstreams and projects being taken forward adopt a co-production approach from the outset, identifying key areas of work where lived experience and parent / carer engagement and involvement is essential. Examples of these include:

- the All-Age Autism Review design group;
- the CYP Keyworker project;
- CETR / CTR training;
- support with the language used to describe the Dynamic Support System and other key health processes;
- and partnerships to support with training, information and awareness of the Annual Health Checks.

The CCG also have joint contracts in place with both local authorities and the People First Forums to provide self-advocacy for meetings, projects and health services.

### **Identified risks to delivery over the next 3 years:**

- The supply of trained and skilled workforce to support people with a learning disability and / or autism, especially those with more complex needs and behaviour to meet the demand for services.
- Having enough care and support providers available to meet the needs of the people requiring services
- Conflicting priorities for this work plan aspirations alongside post covid recovery work and other key plans and agendas which are required to be delivered within the system.
- Non-recurrent transformation investment creates risk associated with long term sustainability
- Impact of cost improvement programmes across health and social care
- Having an adequate supply of suitable accommodation to meet the bespoke needs of the LD and / or autism population
- Changes to the Mental Health Act may impact on how we are able to best support people within the community in a safe and effective way at the point of crisis.
- Ageing LD population, people are living longer and their primary needs are changing. The demand for services and particularly accommodation will change.

Progress achieved to date													
<ul style="list-style-type: none"> <li>• Good, regular oversight for the Transforming Care Cohort through monthly multi-agency forums</li> <li>• Making use of NHSE Capital Grants to develop bespoke accommodation and facilitate hospital discharge</li> <li>• Developing improved capacity for crisis support</li> <li>• Implementation of the Commissioner Oversight Visit process and robust system for people with a learning disability and / or autism who are placed out of area to have regular contact to oversee clinical pathways and quality of care.</li> <li>• Development of improved joint working with local mental health services to support people within mainstream services</li> <li>• Lead within Quality to implement a process and the guidance around the Host Commissioner role</li> <li>• LeDer – on track to complete all reviews &amp; established system wide steering group to support joined-up actions to improve services</li> <li>• All age autism pathway review underway – moving into the Design and Modelling phase with key stakeholders</li> <li>• Development of a business intelligence dashboard to provide real time intelligence at PCN level regarding LD Annual Health Checks.</li> <li>• Reviewing existing care and support frameworks to allow greater flexibility.</li> <li>• Reducing out of county placements in the future by developing further accommodation opportunities with the right care and support. Where appropriate offering people the opportunity to live back in Dorset.</li> </ul>													
LTP commitment	Objective(s)	How and what will be delivered	Timelines & lead										
<b>Moving people into the community and reducing reliance on inpatient care</b>													
<b>Year: 2021 - 2022</b>													
		<table border="1"> <thead> <tr> <th colspan="2">Inpatient Trajectories 21/22</th> </tr> </thead> <tbody> <tr> <td>CCG Commissioned Adults</td> <td>10</td> </tr> <tr> <td>Specialist Commissioned Adults</td> <td>10</td> </tr> <tr> <td>Inpatient care for Children and Young People</td> <td>2</td> </tr> <tr> <td></td> <td></td> </tr> </tbody> </table>	Inpatient Trajectories 21/22		CCG Commissioned Adults	10	Specialist Commissioned Adults	10	Inpatient care for Children and Young People	2			
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<p>Reduced reliance on inpatient care</p> <p>To reduce avoidable admissions, enable shorter lengths of stay and prevent out of area placements wherever possible</p>	<p><b>Inpatients:</b></p> <ul style="list-style-type: none"> <li>• To reduce inpatient numbers for adults and children</li> <li>• Further understanding of admission patterns, health disparities and health inequalities.</li> <li>• Ensure a consistent use of the 12-point discharge plan to support the</li> </ul>	<ul style="list-style-type: none"> <li>• Monthly cohort meetings to closely monitor in-patient numbers, length of stay and review discharge planning progress for individuals placed in in-patient hospital settings.</li> <li>• Awareness, implementation and use of the 12-point discharge plan to ensure discharges are timely and effective.</li> <li>• Ongoing review and development of the monthly calls to ensure the right people attend and that</li> </ul>	Ongoing										

<p>Children, young people and adults with a learning disability, autism or both, with the most complex needs, have the same rights to live fulfilling lives</p>	<p>reduction in the length of stay for anyone in a specialist hospital.</p> <ul style="list-style-type: none"> <li>• Support discharge of inpatients through the Community Discharge Grant</li> <li>• Develop community-based support options to prevent avoidable hospital admission</li> </ul>	<p>focus is given to discharge planning and considers any blocks and challenges.</p> <ul style="list-style-type: none"> <li>• Creating specifications for bespoke accommodation grants.</li> <li>• System partners working on care market developments.</li> <li>• Using the Community Discharge grant to support transition costs for those discharged in 2021.</li> <li>• Work with NHSE colleagues to look at patients who have been in hospital for more than 2 years.</li> <li>• Development of closer working relationships with Provider Collaboratives to support community developments that reduce the risk of hospital admission via use of devolved NHSE funding to provider collaboratives.</li> </ul>	
<p>People with the most complex needs will be offered improved access to care in the community, allowing more people to live in or near their own homes and families.</p>	<p><b>Community Based Support:</b></p> <ul style="list-style-type: none"> <li>• Increase the availability of specialist supported accommodation</li> <li>• Improve community-based support to enable more care in the community</li> <li>• Care market development informed by intelligence from partners, dynamic support systems and the CETR / CTR processes.</li> <li>• Further development of an intensive offer to people with the most complex needs.</li> </ul>	<p><b>BCP Council:</b></p> <p><b>2021/22</b></p> <ul style="list-style-type: none"> <li>• Commenced the LD&amp;A Accommodation Review Programme (ARP) (4-year programme)</li> <li>• To complete accommodation needs assessment to inform housing market and Council's own Housing Strategy</li> <li>• Commence deregistration workstream within ARP with targeted providers</li> <li>• Continue TCP Capital Funding projects agreed and submit new Expressions Of Interest's for 2021-23</li> <li>• Re-engage with SW region LD Residential programme</li> <li>• Commence review of current LD &amp; A Framework.</li> </ul>	<p><b>Jo O'Connell – Head of Strategic Commissioning – Disabilities, Adult Social Care</b></p>

		<ul style="list-style-type: none"> <li>• Complete Gap analysis of current LD &amp; A Care and Support Framework.</li> <li>• Complete skills analysis with current providers in relation to autism and complex care. Develop training support package in response.</li> <li>• Consider Small Supports programme to meet gaps</li> <li>• Reinvigorate the PBS Peer network which has been hampered by COVID.</li> </ul> <p><b>2022/23</b></p> <ul style="list-style-type: none"> <li>• Develop additional supported accommodation in line with needs assessment</li> <li>• Continue deregistration work</li> <li>• Continue work on learning from LD &amp; A framework Review</li> <li>• More to be planned based on progress able to make in 2021/22 and when needs assessment completed.</li> </ul> <p><b>Dorset Council:</b></p> <p>Dorset Council will create additional accommodation capacity through development of an Enhanced Supported Living Model. We will explore how we can utilise council assets differently and develop a rolling programme of new accommodation so people can live and thrive in their local communities</p>	<p><b>Karen Stephens Strategic Commissioning Lead Dorset Council</b></p>
	<p><b>People at Risk of Admission:</b></p> <ul style="list-style-type: none"> <li>• Develop and maintain a system wide register to identify people with a learning disability, autism or both who display, or are at risk of developing, behaviour that challenges or mental</li> </ul>	<ul style="list-style-type: none"> <li>• A Dynamic Support System is currently being piloted across children and adults' services using a Guidance Document and Risk Scoring Tool.</li> <li>• Work with partners to achieve better links within CYP services to enable a joined-up intensive</li> </ul>	<p><b>Laura White LD and Autism Programme Lead</b></p> <p>March-April 2021</p>

	<p>health conditions who are most likely to be at risk of admission.</p> <ul style="list-style-type: none"> <li>• Set up a process to regularly review the people on the register to consider an intensive multi-agency response to enable them to be well supported within the community.</li> <li>• Enhance the multi-agency risk management approach through improved joined up working and understanding across health and social care including SEND, Children Social Care, Transitions and CAMHS.</li> </ul>	<p>support approach to support those CYP at risk in a timely manner.</p> <ul style="list-style-type: none"> <li>• Launch of this process more formally, with the introduction of the monthly multi-agency calls to build on existing TC Call frameworks.</li> <li>• Ongoing review and development of these processes.</li> <li>• Developing a good framework to use during LAEP Meetings to ensure effective problem solving and action planning with everyone involved.</li> </ul>	<p>May 2021</p> <p>Ongoing</p> <p><b>Catherine Breakwell – CTR Coordinator</b></p>
	<p><b>CETRs / CTRs:</b></p> <ul style="list-style-type: none"> <li>• Strengthen the existing Community and Inpatient Care (Education) and Treatment Review (C(E)TRS) processes and policies to ensure it meets the mandatory requirements for delivery.</li> <li>• Ensure insight and learning from CTR/CETR's is used to inform future service development</li> <li>• Ensure that all those involved in a person's care, education and treatment are acting to support admission avoidance and to ensure that person can be discharged from hospital as soon as they are ready to leave. Support early transfers of care from inpatient settings.</li> </ul>	<ul style="list-style-type: none"> <li>• In line with national CTR / CETR policy and guidance, continue to offer these meetings via virtual means at present moving to a hybrid model (aligned to national guidance) that includes face to face reviews where it is deemed safe and risk assessments are in place to safeguard all members.</li> <li>• Plan and implement system wide training for key professionals and services involved in the CTR / CETR process.</li> <li>• Monthly intelligence sharing meetings to consider learning and themes emerging from CETRs / CTRs to inform strategic planning.</li> <li>• Work on the NHSE framework around quality assurance processes for CETRs / CTRs as they are introduced.</li> </ul>	<p><b>Catherine Breakwell – Dorset CCG CTR Coordinator</b></p> <p>Ongoing</p> <p>May 2021</p> <p>Ongoing</p> <p>2021</p>

<p>Increased investment in intensive, crisis and forensic community support to enable more people to receive personalised care in the community, closer to home, and reduce preventable admissions to inpatient services.</p>	<ul style="list-style-type: none"> <li>• Continue to work on developing local crisis response and interventions including development of crisis accommodation options.</li> <li>• Collaborate with the Intensive Support Team to restrict the use of seclusion, long term segregation and restraint.</li> <li>• Ensure the system complies with the 6–8-week quality visits for individuals placed out of county.</li> <li>• Collaborative planning of bespoke services for people with the highest needs.</li> </ul>	<ul style="list-style-type: none"> <li>• Crisis pathway - the community safe havens and crisis accommodation can sometimes lead to individuals staying longer than planned; there is a need to establish a rolling programme to provide these.</li> <li>• Improve the collaboration between adult LD services, adult mental health services and the Dorset Forensic Team.</li> <li>• Work with the LD /Autism provider Collaborative to build on existing provision and enhance the offer of the local forensic team in LD / Autism cases without the presence of SMI</li> <li>• Review local processes to ensure the system has good visibility of any use of restricted practices including seclusion, restraint and long-term segregation</li> <li>• Develop joint funding protocols to support interventions for those at risk of hospital admission or failure of exiting care packages</li> </ul>	<p><b>Dorset Health Care and CCG</b></p>
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<p>Where possible, people with a learning disability, autism or both will be enabled to have a Personal Health Budget (PHB)</p>	<ul style="list-style-type: none"> <li>• Expansion of PHB for those who are CHC or PHC eligible who have LD and / or Autism.</li> <li>• Reviewing current PHB model, to include the individual service funds to revise the current offer.</li> </ul>	<ul style="list-style-type: none"> <li>• This is not applicable as we have an offer in Dorset whereby if someone is CHC eligible and they have mental capacity they are offered a PHB. This isn't just for people with LD and / or autism it is for anyone who is CHC eligible.</li> <li>• This is not something the CCG in Dorset is currently looking to offer.</li> </ul>	<p>N/A but local link for Dorset will be our PHC Team</p>
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**Year: 2022 - 2023**

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<b>Year: 2023 – 2024</b>												
<p>By March 2023/24, inpatient provision will have reduced to less than half of 2015 levels (on a like for like basis and taking into account population growth) and, for every one million adults, there will be no more than 30 people with a learning disability and/or autism cared for in an inpatient unit. For children and young people, no more than 12 to 15 children with a learning disability, autism or both per million, will be cared for in an inpatient services.</p>		<p><b>Inpatient Trajectories 23/24</b></p> <table border="1"> <tr> <td>CCG Commissioned Adults</td> <td>8</td> </tr> <tr> <td>Specialist Commissioned Adults</td> <td>8</td> </tr> <tr> <td>Inpatient care for Children and Young People</td> <td>1</td> </tr> <tr> <td></td> <td></td> </tr> </table>	CCG Commissioned Adults	8	Specialist Commissioned Adults	8	Inpatient care for Children and Young People	1				
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LTP commitment	Objective(s)	How and what will be delivered	Timelines & lead
<b>Better start in life for Children and Young People</b>			
<b>Year: 2021 - 2022</b>			
<p>Embed a framework and practice guidance across the system for Care &amp; Education Treatment Reviews (CETRs) for children &amp; young people, develop system wide training to develop the workforce knowledge and understanding of CETRs.</p> <p>Embed a dynamic support process to identify children, young people and adults with a learning disability, autism or both who display, or are at risk of developing, behaviour that challenges or mental health conditions who were most likely to be at risk of admission.</p> <p>Develop and maintain registers (DSRs) and agree a system approach for managing risk.</p>	<ul style="list-style-type: none"> <li>• Increased knowledge about CETR framework for practitioners</li> <li>• Improved Practitioner competency</li> <li>• Good support and buy in from all agencies</li> <li>• Better understanding of those most at risk of admissions</li> <li>• Seeing a reduction in LAEP meetings</li> <li>• The Dynamic support system prevents admissions.</li> <li>• Improved effectiveness of CETRS and increase in hospital avoidance</li> <li>• Well embedded DSR system wide process</li> </ul>	<ul style="list-style-type: none"> <li>• On track for Spring launch for the CETR training.</li> <li>• Dynamic support system project being piloted with CYP colleagues. Supporting conversations and raising awareness of the new process across Education / SEND and Children’s Social Care to consider how we collectively identify risks.</li> <li>• Strengthen multi-agency risk planning and support for children with complex health/social care needs as part of the developing dynamic support registers.</li> <li>• Work with Dorset and BCP Council’s to support avoiding mental health inpatient admissions for children and young people with a learning disability and / or autism through respite care, short breaks and personalised approaches to support.</li> <li>• Enhance existing community-based provision, or where additional capacity / staff are required to support crisis situations safely in the community. This could be in residential respite care settings, day support provision, in home respite and short break, or activity respite and short break care.</li> </ul>	<p><b>Catherine Breakwell and Laura White</b></p> <p>April – June 2021</p> <p>2021</p>
<p>Designated Keyworker – initially provided to children and young people with a learning disability and / or autism who are inpatients or</p>	<ul style="list-style-type: none"> <li>• Develop CYP designated keyworker roles for those identified on the local Dynamic Support Register (DSR) including those who have complex</li> </ul>	<ul style="list-style-type: none"> <li>• Convene a dedicated project to group with clear terms of reference and governance and a remit to co-produce a local model for the CYP key worker function.</li> </ul>	<p><b>Project to commence April 2021</b></p>

<p>at risk of being admitted to hospital.</p>	<p>needs, at risk of harm and those with adverse childhood experiences.</p>	<ul style="list-style-type: none"> <li>• Membership of this group to include health (children’s and mental health/LD), social care and parent forum representatives.</li> <li>• Attend Community of Practice Event April 2021.</li> <li>• Use the insight gained from developing and refining local DSR processes to identify specific case examples of where the keyworker function can add value.</li> <li>• Identify current gaps within local systems and where the pilot could support this</li> <li>• Use case studies to trial the preferred approach</li> <li>• Build a robust communications plan to support the introduction of the pilot during 22/23.</li> </ul>	
<p>Work with key partners to bring hearing, sight and dental checks to children and young people with a learning disability and / or autism or both in special residential schools</p>	<ul style="list-style-type: none"> <li>• To support more responsive commissioning of services for hearing, sight and dental checks</li> </ul>	<ul style="list-style-type: none"> <li>• Convene a task and finish group via the multi-agency SEND Health Forum Group to understand current compliance levels.</li> <li>• Look at existing health review opportunities to incorporate routine questions around health screening, to also include the annual reviews undertaken by the Looked After Children Team.</li> <li>• Consider the wider opportunities to support this work with other vulnerable groups not just those within special residential schools.</li> <li>• Reach out to large residential school providers to see how they consider access for their pupils to these checks.</li> </ul>	
<p>Strengthening the focus on children and young people</p>	<ul style="list-style-type: none"> <li>• Improved effectiveness of joint commissioning</li> <li>• System working for CYP with complex health, social care and educational needs.</li> <li>• Improved satisfaction for CYP and their families/carers</li> </ul>	<ul style="list-style-type: none"> <li>• Strengthen and formalise strategic Joint Commissioning governance and arrangements</li> <li>• Map decision making and where the 'voice' of CYP and parent carers are part of commissioning</li> <li>• Continue to seek/evidence feedback and improve communication between health and social care teams</li> </ul>	<p><b>Charlotte Pascoe</b> – Deputy <b>Director of PHC</b> <b>Dorset CCG</b></p>

		<ul style="list-style-type: none"> <li>• Develop joint funding protocols to support interventions for those at risk of hospital admission or failure of existing care packages</li> <li>• Strengthen multi-agency risk planning and support for children with complex health/social care needs.</li> </ul>	
<b>Year: 2022 – 2023</b>			
Designated Keyworker		<ul style="list-style-type: none"> <li>• Launch pilot project</li> <li>• Set key points to review progress and impact.</li> <li>• Consider next steps and future roll out to a wider cohort of children and young people.</li> </ul>	
<b>Year: 2023 – 2024</b>			
Designated Keyworker – extended out to the most vulnerable children with a learning disability and/or autism, including those who face multiple vulnerabilities such as looked after and adopted children, and children and young people in transition between services.		<ul style="list-style-type: none"> <li>• Continue to improve and refine the function locally.</li> <li>• Attend future community of practice sharing events to learn from others</li> <li>• Move to business as usual</li> </ul>	

LTP commitment	Objective(s)	How and what will be delivered	Timelines & lead
<b>Autism Diagnosis for Children and Young People and Adults</b>			
<b>Year: 2021 - 2022</b>			
<p>Develop a clearer and more widespread focus on the needs of autistic people and their families</p> <p>Development of Autism care pathways for children, young people and adults.</p> <p>People have access to pre diagnostic support, opening up access to a wide range of services for people with Autism at the point of need</p> <p>People have an Autism Diagnosis that meets NICE guidelines and timeframes</p> <p>People have access to a full range of Post Diagnostic support based on need</p> <p>Autism community care pathway is strengthened.</p> <p>People are supported to access mainstream health services to reduce health inequality via reasonable adjustments</p>	<ul style="list-style-type: none"> <li>• Reducing the waiting times for the autism diagnostic assessment</li> <li>• Achieving more timely diagnostic assessments in line with best practice guidelines</li> <li>• To have enough skilled workforce to deliver the diagnostic pathway</li> <li>• To better understand what people need following a diagnosis and how this may be accessed via community settings with suitable support, reasonable adjustments and signposting</li> <li>• Ensure there is access to timely post assessment support including crisis and home treatment interventions</li> <li>• Ensure that CYP nearing adulthood are able to access ongoing support based on their level of need</li> <li>• To increase the number of people who maintain their own local accommodation because their housing and support services meet their needs</li> <li>• Develop packages jointly to support children with autism or other neurodevelopmental disorders</li> </ul>	<ul style="list-style-type: none"> <li>• Review of current provision to fully understand current position, gaps and trends. Service mapping and existing insights report.</li> <li>• Co-producing, designing and modelling a diagnostic pathway for children and adults with autism or other neurodevelopmental disorders</li> <li>• Create business plans and a case for change and look to test and implement the most effective ways to achieve this.</li> <li>• Make use of LDA LTP Transformation funding to support delivery of key areas of the project:</li> <li>• Engagement and view seeking expertise and delivery</li> <li>• External support around best practice, national models, innovation and change management support to the project team and/or local system</li> <li>• Support in multi-disciplinary education and training in the local system around new models of care and again, reinforcing change management</li> <li>• Access further transformational funding linked to autism during 21/22 to support testing of designs and ideas emerging from the summer 2021 Design and Modelling phase.</li> <li>• Forward planning for the release of the national autism strategy and aligning with the local project.</li> </ul>	<p><b>March 2021</b></p> <p><b>April-Aug 2021</b></p> <p><b>Autumn 2021</b></p> <p><b>March 21-Aug 21 delivery</b></p> <p><b>Project Team:</b> <b>Claire Lawrenson &amp; Laura White Dorset CCG</b></p>

<p>Mechanisms to ensure that people with a learning disability and/or autism get better support.</p> <p>Mandatory training in learning disabilities and autism awareness for all health and social care staff</p>	<ul style="list-style-type: none"> <li>• To co-produce a consistent Pan Dorset learning and development pathway that aligns with the Core Capabilities Framework for Supporting Autistic People.</li> <li>• Strengthen awareness, skills, capabilities and confidence within the workforce.</li> <li>• Developing a local workforce that is equipped to deliver the new pathway of care for autism.</li> <li>• To increase the support and training for local providers to be able to support people with complex needs.</li> </ul>	<p><b>Workforce Development Project</b> – Transformation funding received. Pan Dorset Project, led by Dorset Council.</p> <ul style="list-style-type: none"> <li>• Mapping existing training and insights into staff and workforce confidence in working with autistic people.</li> <li>• The pan-Dorset Partners will commission a specialist provider to design and co-produce an all-age learning and development pathway that aligns with the Core Capabilities Framework for Supporting Autistic People</li> <li>• The provider will also develop the workforce development strategy for the all age autism care pathway review alongside this.</li> </ul>	<p><b>Jan 2021 – Sept 2021</b></p> <p><b>Led by Dorset Council for the Dorset System (Karen Stephens)</b></p>
<p>Develop a clearer and more widespread focus on the needs of autistic people and their families</p>	<ul style="list-style-type: none"> <li>• Use of Assistive Technology tools for people with autism to use with frontline support staff, as well as health and social care professionals responsible for assessment, diagnosis and therapy.</li> <li>• Create a training programme to include an assessment of which patients/clients could benefit from assistive technology, both during the diagnosis process and post diagnosis.</li> <li>• Giving people control of their own care and providing a practical digital solution for the delivery of personalised care.</li> </ul>	<p><b>Brain in Hand Pilot Project:</b></p> <ul style="list-style-type: none"> <li>• The project will pilot the Brain in Hand app with different cohort of individuals from across the system. Phase 1 will be working with the Adults Asperger’s Team and the Preparing for Adulthood team.</li> <li>• The project seeks to empower young people and adults to easily access coping strategies that work for them from their phone or tablet, whenever it's needed, wherever they are.</li> <li>• People can be supported remotely, stay connected to their supporters, and live independently. With greater independence comes the ability to access fewer support services over time, saving money while improving outcomes.</li> </ul>	<p><b>Sept 2020 – Jan 2022</b></p> <p><b>Led by BCP Council for the Dorset system (Brian Langridge)</b></p>

		<ul style="list-style-type: none"> <li>• This Pan Dorset Project is being led by BCP Council using Transformation funding.</li> <li>• By trialling the app, services and service users can consider new and alternative personalised care and support approaches.</li> </ul>	
<b>Year: 2022 - 2023</b>			
		<p><b>All Age Autism Review Project:</b></p> <ul style="list-style-type: none"> <li>• Pending approval of business case, move into Business-as-Usual phase.</li> <li>• Consider the function of an all-age Autism forum or group to enable key stakeholders to come together and follow the journey and implementation of the outputs from the Review Project.</li> </ul>	
<b>Year: 2023 - 2024</b>			



		<p><b>Dorset Health Care:</b></p> <ul style="list-style-type: none"> <li>• Developed an LD Registered Nurse Degree Apprenticeship offer with Winchester University and the Open University.</li> <li>• Embedded the Trainee Nurse Associates as part of the Trust roll out.</li> <li>• Skill mix review of CTLDs, building on development posts and in-house pathway from support worker to registered nurse using the above programmes.</li> <li>• Use of HEE LD LNA Tool to develop priorities and inform allocation of CPD monies to develop skill mix.</li> </ul>	
<p>Integrated approach to supported employment</p>	<ul style="list-style-type: none"> <li>• Personalisation should form the basis of any work to develop supported employment with Dorset as a whole.</li> <li>• Supporting key drivers within the national strategies of Valuing People and the NHS Long Term Plan. As well as local strategies such as the pan Dorset Learning Disability Strategy – The Big Plan, BCP Corporate Strategy under Fulfilled Lives.</li> <li>• Identify all opportunities to integrate commissioning and create a meaningful pathway to all relevant support at both a local and national level as part of the wider offer.</li> <li>• Ensuring that all users of health and social care services that have a disability as defined under the Equalities Act 2010 can access support into employment.</li> </ul>	<ul style="list-style-type: none"> <li>• Review and redesign existing employment support which is framed around a mixture of sheltered work opportunities and supported employment services.</li> <li>• A phased approach will be taken with a long-term view of pulling together one pan Dorset Offer within the next three years.</li> <li>• Phase one will look to create services based on the shared principles above and the model of Place and Train. It will consider opportunities to influence or align services at the earliest stage and joint commission where possible and appropriate. Contracts end dates will be aligned to allow the achievement of the vision to have one offer through integrated contracts within the designated timeframe.</li> <li>• Phase Two: To work together to streamline and perfect the offer through co-production with an end target of having a Pan Dorset shared offer.</li> </ul>	<p><b>System piece of work</b></p>

		<p><b>Dorset Council:</b>          Developing its supported employment offer in two work phases: -</p> <ul style="list-style-type: none"> <li>• Phase One: Tender to open market to appoint a specialist provider who can support development of a local infrastructure to create employment opportunities and get employers disability confident</li> <li>• Phase Two: Work within the Council and health to ensure we as system leads can also offer work or apprenticeship opportunities.</li> </ul>	<p><b>Karen Stephens          Strategic          Commissioning          Lead Dorset          Council</b></p>
<b>Year: 2022 - 2023</b>			
<b>Year: 2023 - 2024</b>			

LTP commitment	Objective(s)	How and what will be delivered	Timelines & lead
<b>Improving Health Inequalities</b>			
<b>Year: 2021 - 2022</b>			
<p>Improving the uptake of Annual Health Checks for people aged 14+ years on GP LD Registers so that at least 75% of those eligible have a health check each year</p> <p>Improved health outcomes for people with a learning disability</p> <p>Reduced mortality</p> <p>Improved experience of care</p>	<ul style="list-style-type: none"> <li>• To improve ‘real time’ data about health check take up in Primary Care Network’s (PCN’s) and Practices</li> <li>• To increase the number of LD health checks being delivered in Dorset</li> <li>• To improve best practice resources to support consistency and quality of the health check process</li> <li>• relationships and trust to engage in the health check process.</li> <li>• To use innovative practice to change the way the LD AHC’s are offered.</li> <li>• To increase the quality of LD AHC’s.</li> <li>• To develop health action plans and the ‘what happens next’ offer.</li> </ul>	<p>Non-recurrent funding to support ‘call to action’ work will be used to enable the Community and Voluntary sector to deliver: -</p> <ul style="list-style-type: none"> <li>○ Best practice toolkits for each surgery, PCN and CLDT</li> <li>○ Films to support awareness and education</li> <li>○ Setting up the LD Champions network</li> <li>○ Parents / carers health resources and tools</li> <li>○ A young people’s project focusing on awareness campaigns, training and young people resources</li> <li>○ Training programme, launching initially for social prescribers</li> <li>○ Consultation around health records and health action plans.</li> </ul> <p>Sustaining momentum of the health check delivery:</p> <ul style="list-style-type: none"> <li>• Data dashboard to offer real time information to understand the distribution/uptake of health checks for those patients on the LD registrar across Dorset by PCN and GP practice.</li> <li>• To define and launch a programme of communication that increases the awareness of the LD Health Checks in Dorset</li> </ul> <p>Other planned work:</p> <ul style="list-style-type: none"> <li>• To trial non-clinical staff within practices offering support as part of the LD AHC process to target hard to reach LD patients and build</li> <li>• Create a channel of feedback to monitor improved quality of the health check experience</li> <li>• Further develop the data dashboard to include a more intelligent data set, suitable for wider stakeholder</li> </ul>	<p><b>Laura White Dorset CCG</b></p> <p><b>Jan-May 2021</b></p> <p><b>Ongoing</b></p> <p><b>Ongoing</b></p> <p><b>April 2021</b></p> <p><b>April 2021</b></p> <p><b>Ongoing</b></p>

		<p>groups. The dashboard will also include take up data of flu and covid vaccinations.</p> <p><b><u>Trajectory 21/22 – numbers are based on Register size at end of Q4 20/21 which is 4860</u></b></p> <p>Projected Number of Checks each Quarter:  Q1 – 400  Q2 – 800  Q3 – 1000  Q4 – 1200  Total end of year = 3400 (as a % of reg size = 70%)</p>	
<p>Taking action to prevent avoidable deaths through learning from death reviews (LeDer) to make improvements to the lives of people with a learning disability</p>	<ul style="list-style-type: none"> <li>• People with a learning disability are four times more likely to die of something which could have been prevented than the general population.</li> <li>• To run an effective LeDer programme in order to identify and address areas requiring service improvement across health and social care.</li> <li>• Increase number of LeDer notification made across Dorset</li> </ul>	<ul style="list-style-type: none"> <li>• To continue building relationships across the system, including with the Medical Examiner’s Office, to improve knowledge about LeDer and increase notification of LD deaths</li> <li>• Understand and implement the new LeDer policy within the local context. Take into account key changes around: inclusion of autistic people and the move to a more ICS model of oversight.</li> <li>• Development of a system wide Dorset LeDer Steering Group including representation from all local health and social care providers.</li> <li>• Issues identified in reviews to be discussed and addressed at Dorset LeDer Steering Group to support joined-up actions to improve services, reduce health inequalities and reduce premature mortality</li> <li>• Assurance from service providers that identified areas of improvement are addressed will be monitored at the Dorset LeDer Steering Group.</li> </ul>	<p><b>Katy Hall Dorset CCG Quality Team</b></p> <p>21/22</p>

		<ul style="list-style-type: none"> <li>• Produce an annual LeDeR report demonstrating action taken in response to the issues identified in LeDeR reviews and national findings.</li> <li>• To produce quarterly LeDeR reports that are public facing and actively shared with Health Action Group.</li> </ul>	
A Digital Flag in the patient record to ensure staff know a patient has a learning disability and / or autism.	<ul style="list-style-type: none"> <li>• To support reasonable adjustments for people with a learning disability and / or autism</li> <li>• To tackle health inequalities</li> </ul>	<ul style="list-style-type: none"> <li>• Monitor developments taking place at a national level.</li> <li>• Begin conversations with IT colleagues locally to share information about this and the rationale behind it.</li> <li>• Consider how this links to the Summary Care Record</li> <li>• Map existing Accessible Communication and Reasonable Adjustment modules within RIO and SystemOne developed by Dorset HealthCare. There is an opportunity to link these developments together.</li> </ul>	Ongoing  2021
<b>Year: 2022 - 2023</b>			
LD Annual Health Checks		<ul style="list-style-type: none"> <li>• Use the Health Checks Project / Steering group to be the check point to sustain momentum with the checks and ensure they stay on all the relevant health inequality agendas.</li> <li>• Continue to develop the data dashboard to ensure it remains functional and useful to all users.</li> <li>• Review project plan and introduce new pieces of development work to enhance the quality and uptake of the checks, through the following: <ul style="list-style-type: none"> <li>- Annual training offer to all stakeholder groups</li> <li>- Annual refresh of the Health Checks Toolkit contents to ensure best practice is shared</li> <li>- Robust and ongoing communications plan with all key stakeholder groups</li> <li>- Specific training for care and support providers</li> <li>- Awareness raising campaigns</li> </ul> </li> </ul>	

		<ul style="list-style-type: none"> <li>- Focus and targeted work at key points throughout the year to look for opportunities, such as the flu campaign, covid boosters, etc.</li> <li>• Target 22/23 is to sustain the 70% take up from 21/22 trajectories.</li> </ul>	
A Digital Flag in the patient record to ensure staff know a patient has a learning disability and / or autism.	<ul style="list-style-type: none"> <li>• To support reasonable adjustments for people with a learning disability and / or autism</li> <li>• To tackle health inequalities</li> </ul>	<ul style="list-style-type: none"> <li>• Set up IT working group to support the changes locally and outline timescales for implementation.</li> </ul>	2022
<b>Year: 2023 - 2024</b>			
A Digital Flag in the patient record to ensure staff know a patient has a learning disability and / or autism.	<ul style="list-style-type: none"> <li>• To support reasonable adjustments for people with a learning disability and / or autism</li> <li>• To tackle health inequalities</li> </ul>	<ul style="list-style-type: none"> <li>• Implementation, training and awareness project.</li> </ul>	2023

LTP commitment	Objective(s)	How and what will be delivered	Timelines & lead
<b>Improving Quality of Services</b>			
<b>Year: 2021 - 2022</b>			
<p>Ensure that all NHS Commissioned services are providing good quality health, care and treatment</p> <p>Implementation of the National Learning Disability Improvement Standards for all services funded by the NHS</p>	<ul style="list-style-type: none"> <li>• Quality Checkers Programme: to review how healthcare services meet the needs of people with LD.</li> <li>• Promoting greater consistency of health, care and treatment</li> <li>• Addressing themes such as rights, the workforce, specialise care and working more effectively with the patient and their family.</li> <li>• Audits enable action plans to create improvement measures for Trusts.</li> </ul>	<ul style="list-style-type: none"> <li>• A Quality Checkers programme is already in existence for adults and will restart once covid restrictions are lifted. This is delivered through our joint Self Advocacy contracts with the Local Authorities.</li> <li>• We will consider expanding this to include children's services and also within other LD and Autism Services locally.</li> <li>• Hospital LD Liaison Nurses identified locally and opportunities to share information, processes and good practice are underway.</li> <li>• Oversight of the National LD Improvement Standards by acute hospitals, community health trusts and mental health trusts.</li> <li>• All trusts have access to the online benchmarking portal and the first set of benchmarking reports were completed and submitted.</li> <li>• Executive sponsored action plan developed for the first wave.</li> <li>• The second phase of this work has been delayed due to covid.</li> <li>• Actions required from the Trusts: use of the benchmarking tool, peer review and annual data collection. National feedback from benchmarking to support local improvements.</li> <li>• Work required locally with Quality colleagues to establish what we gather through CCG contracts and how do we pull in the data on this.</li> </ul>	<p><b>This is part of the Pan Dorset Health Action Group work plan which reports into the LDPB's for Dorset and BCP</b></p> <p><b>Part of the Pan Dorset Joint Commissioning Steering Group work plan</b></p>

<p>Reducing over medication through: Stopping The Over-Medication Programme (STOMP) and Supporting Treatment and Appropriate Medication in Paediatrics (STAMP)</p>	<ul style="list-style-type: none"> <li>• Raise awareness of the programme with all relevant teams and services locally</li> <li>• Look for opportunities to pilot approaches to supporting this campaign</li> <li>• Highlights models of good practice and learning from other areas who have piloted this.</li> </ul>	<ul style="list-style-type: none"> <li>• The Dorset system has a medicines optimisation group which oversees polypharmacy and prescribing activity, including all patient groups.</li> <li>• The STOMP/STAMP campaign has been shared and publicised and there are a number of activities underway across the system to ensure that this patient group gets medication reviews.</li> <li>• Promote awareness within the structured medication review work, a 5-year plan</li> <li>• Attendance at the Polypharmacy working group to start forming links to consider opportunities for pilot projects and targeted work.</li> <li>• Consider ways to measure the impact of the campaign, learn from other pilot sites and use knowledge and experience from health professionals locally.</li> <li>• Continue to promote the of the STOMP self-audit</li> <li>• Continue to promote STOMP and STAMP principles which are embedded into existing LD / Autism service delivery.</li> <li>• Improve the connection between primary, secondary and specialist care overseeing this STAMP programme.</li> <li>• Consider opportunities to raise awareness and pilot approaches.</li> <li>• Attend national webinars and share learning with local colleagues.</li> </ul>	<p><b>Fiona Arnold, Primary and Community Care, Dorset CCG</b></p> <p>Ongoing work</p> <p>Planning 2021</p>
<p>NHS staff will be supported to make changes needed through <b>reasonable adjustments</b> to ensure</p>	<ul style="list-style-type: none"> <li>• Adhering to the Equality Act 2010 for public sector organisations to make changes to their approach or provision to ensure that services are accessible</li> </ul>	<ul style="list-style-type: none"> <li>• We will work with system partners to ensure reasonable adjustments are made as necessary for people with a learning disability and/or autism.</li> </ul>	<p><b>Part of the Pan Dorset Joint Commissioning</b></p>

<p>people with a learning disability and / or autistic people get equal access to, experience of and outcomes from care and treatment</p>	<p>to disabled people as well as everyone else.</p> <ul style="list-style-type: none"> <li>• All organisations that provide NHS or adult social care must follow the accessible information standard by law.</li> <li>• The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand with support so they can communicate effectively with health and social care services.</li> </ul>	<ul style="list-style-type: none"> <li>• This will build on existing developments such as the use of neurodevelopment workers in local CAMHS teams to ensure individuals' needs are addressed. It is recognised more needs to be done in other health settings (primary and secondary care).</li> <li>• Support a model whereby local specialist services collaborate with other services to offer advice and guidance on reasonable adjustments on a case-by-case basis.</li> <li>• Provide a programme of LD awareness training in wider health services as requested.</li> <li>• A key element of the LD Annual Health Check work programme.</li> </ul>	<p><b>Officers Group work plan</b></p>
<p>Making sure that people with a learning disability and/or people who are autistic are safe and are getting high quality inpatient care.</p> <p>Restricting the use of seclusion, long-term segregation and restraint for all patients in inpatient settings, particularly for children and young people.</p>	<ul style="list-style-type: none"> <li>• Commissioners to maintain good oversight of the care of patients in mental health inpatient settings,</li> <li>• Assuring commissioners that the patients they are responsible for are safe and their wellbeing is safeguarded remains the same</li> <li>• Have robust and effective systems in place to identify and promptly address any concerns relating to quality of care and individual safety at the earliest possible opportunity.</li> </ul>	<ul style="list-style-type: none"> <li>• Commissioner oversight visits continue using the covid guidance documents and the risk-based approach.</li> <li>• Strengthen the model and process for the 6-8 weekly monitoring visits for out of area placements.</li> <li>• Refresh and review of key documents to now include: Feedback Questionnaire for Families / Carers; My Commissioner Visit easy read; template letter to family members; refreshed audit tool; refreshed workflow.</li> <li>• Visits are prioritised and enhanced for those identified in services where quality concerns have been raised, or where the service has a Care Quality Commission rating of inadequate or requiring improvement.</li> <li>• Implementation of NHS Digital requirements for additional information collection for the Assuring Transformation Database for each inpatient.</li> </ul>	<p><b>Catherine Breakwell and Katy Hall Dorset CCG</b></p> <p>April 2021</p> <p>Ongoing</p> <p>April – June 2021 then ongoing</p>

		<ul style="list-style-type: none"> <li>Monthly intelligence sharing meeting to share information emerging from visits to support with strategic planning.</li> </ul>	
Host Commissioner	<ul style="list-style-type: none"> <li>Identify Host Commissioner</li> <li>Understand the role and responsibilities of the Host Commissioner</li> <li>Establish key commissioning and provider relationships</li> <li>Establishing local and relevant stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>Identified Host Commissioner role for Dorset in place</li> <li>Hold a list of other Host Commissioners from across the UK to support the process.</li> <li>Raise awareness of role and establishing a process and system locally to manage information coming into Dorset and lines of communication to ensure all colleagues are aware of quality issues which may arise.</li> <li>Oversight of Dorset patients, where they are placed and contact details of relevant CCG Host Commissioner.</li> <li>Establish links with the specific regions responsible for the national multi-site independent sector providers.</li> <li>Local CQC service contact is in place already.</li> <li>Understanding placing commissioner responsibilities.</li> </ul>	<b>Katy Hall Dorset CCG Quality Team</b>
<b>Year: 2022 - 2023</b>			
<b>Year: 2023 - 2024</b>			
By 2023/24, all care commissioned by the NHS will need to meet the Learning Disability Improvement Standards			