

Overview of our current system

South East London ICS is responsible for the health and care of and estimated 9,000 people with a Learning Disability and an estimated 21,000 Autistic people. Nationally and locally we know that life expectancy for people with a Learning Disability is lower than the general population and have higher rates of death from avoidable causes than for the general population - 49% vs 22%. Between 20-30% of Autistic people also have a Learning Disability and 70% of Autistic people also have a mental health condition and 40% have two or more mental health conditions. In March 2023, the number of people adults and children and young people per million receiving care in mental health hospitals, was higher than Long Term Plan ambitions of 30 and 15 per million and reflective of an increase in new identification and diagnoses of Autism in the SEL population. By March 2025 we anticipate that the numbers in hospital per million will be more in line with ambitions outlined in operational planning of 42 Adults and 6 children and young people given the small population increase.

Strengths / opportunities

Inpatient Reduction and Admission Prevention (all age)

- The rate of admission for adults has halved since 2019 from an average of eight (8) admissions per month to four (4). This has led to a significant reduction in non-secure and secure inpatients and the achievement of target. Intensive Support Teams and Autism Support Services have contributed to the reduction.
- Case Management and resources to undertake Care Education Treatment Reviews (CETRS) is well established. Work on Dynamic Support Registers (DSRs) and implementing a consistent offer across south east London is a further opportunity to prevent admissions.
- The SELECT Key Working Service is well implemented and supports admission prevention for children and young people.

Improving quality of life/care – whole population

- Well established SEL steering groups for Annual Health Check and LeDeR – (Learning from the lives and deaths of people with a Learning Disability and Autistic people)
- Specialist LDA Prescribing Advisors to stop over prescription of psychotropic medication in adults and children (STOMP and STAMP)
- Good quality oversight as placing commissioners and host commissioner for inpatient settings.

Challenges

Strategic response to Autism

- Significant variation in the development and implementation of place-based Autism Strategies.
- Significant waiting times for Autism Assessment for diagnosis and post diagnostic support across all ages.

Care, Support, and Housing

- Underdeveloped provider market for:
 - ☐ good quality housing and accommodation options within south east London.
 - ☐ delivery of good quality care and support packages.

Workforce

- Difficulty in recruiting and retaining good quality learning disability workforce for example Learning Disability Nurses and support staff.
- *Variable clinical confidence in embracing STOMP assessments in primary care*

What we've heard from the public

The key messages from our SEL LDA User, Parent, Carer Forum for Co-production is; the need to improve community services and alternatives to hospital admission; support for the expansion of Key Working and autism support services. We also heard from Learning Disability and Autism ambassadors as part of the ICS strategy development process that people need more support in the community around mental health and being safe – most people had experienced 'mate crime'. The issues of training and time that workers have available to support with talking about feelings, support to live healthily such as with cooking rather than microwave meals, support with attending and taking part in healthy activities and groups were seen as important to support with prevention. The need for confidence training for people and support from key workers as well as the health professional being seen was highlighted as important in accessing health services as was the rolling out of health passports with personal health profiles to support a more holistic approach to care and support without people having to tell their story many times.

Our vision and objectives

Our vision

South East London Learning Disability and Autism Programme **vision** is for people with a Learning Disability and Autistic people to achieve **equality of life chances**, **live** as **independently** as possible and to have the **right support** from mainstream health and care services.

Our key objectives – what we want to achieve over the next five years

The top things that we want to achieve over the next five years builds on achievements in the last four years where the objectives were to

- Reduce long term inpatient care by reducing the reliance on inpatient beds
- Improve quality of life and quality of care by delivering co-ordinated care
- Enable community living by commissioning to improve community services and capacity.

In the next five years:

1. In addition to further reducing the number of inpatients, the focus will be on ensuring appropriate admissions, reducing length of stay, repatriating people to south London and improving the quality of inpatient and community services.
2. Reducing health inequalities in terms of improving outcomes and access for people with a Learning Disability and Autistic people, in both hospital and community settings.
3. Significantly reduce the waiting times and the number of people of waiting lists for autism diagnostic assessment across all ages and develop post-diagnostic support for people with an autism only diagnosis.
4. Develop community alternatives to hospital admission to meet the needs of current inpatients as well as prevent admission by providing safe and effective care and support in the community.

Our priority actions

Our priority actions – what we will do

The Learning Disability and Autism Programme will set out a programme plan to deliver and achieve the objectives set out. Given the significant achievement made toward achieving the objectives in the Long Term plan, the LDA programme will continue to support and maintain priority actions that have been achieved and embedded. The first three (3) priority actions require a strategic response with ICS partners as these have challenged the system in previous years. All other actions fit broadly into reducing long term inpatient care by reducing the reliance on inpatient beds and improving quality of life and /care by delivering co-ordinated care and includes work in progress.

1

Implementation of the SEL LDA Strategic Response to Autism – includes significantly reducing the waiting times and the number of people of waiting lists for autism diagnostic assessment across all ages and develop post-diagnostic support for people with an autism only diagnosis.

2

Develop the SEL Care and Support offer in the community with ICS partners - local authorities, ICB and provider collaborative. Includes understanding the current costs within the ICS, developing the market, developing providers for inpatient secure, non-secure and community options, accommodation and housing

3

Develop the Learning Disability and Autism workforce to deliver quality services, care and support to people with a Learning Disability and Autistic people.

4

Reduce long term inpatient care by reducing the reliance on inpatient beds

5

Improve quality of life and /care by **delivering co-ordinated care**.

LDA priority action 1 – Strategic response to Autism

Name of priority action

Implementation of the SEL LDA Strategic Response to Autism – includes significantly reducing the waiting times and the number of people on waiting lists for Autism diagnostic assessment across all ages and development of post-diagnostic support for people with an Autism only diagnosis to prevent admission to mental health assessment and treatment units and suicide (risk)

How we will secure delivery

Actions
for
24/25

- Implementation of an SEL Autism Strategic Framework in support of the six (6) SEL Place-based Autism Strategies.
- Continue implementation of Adult Autism pathway with a focus on reducing variation and improving equity for diagnostic assessments across all six (6) boroughs.
- Development of the Autism Dashboard to understand SEL population/ prevalence and the health inequalities experienced by the autistic population .
- Monitor and evaluate clearance of waiting list and times for Autism Diagnosis with providers.
- Implementation of the SEL Core Offer for CYP Autism Assessment Pathway developed in 23/24 to intervene early and reduce variation across all six (6) boroughs.
- Implement the Partnership for Inclusion of Neurodiversity in Schools (PINS) programme and autism support via the Emotionally Based School Avoidance (EBSA) project.
- Work with each borough to ensure community services meets the needs of the LDA population

Actions
for
25/26

- Work with each borough to ensure provision of community services meets the needs of the LDA population and can be evaluated.

Intended outcomes in 5 years time

1. Waiting times for Autism Assessment and Diagnosis will be 12 weeks in all SEL boroughs for adults and children and young people.
2. Improved needs led Autism support services in each SEL borough including improved offer in boroughs to support neurodiverse children and young people
3. Fully functioning Autism Dashboard to understand need and trends in SEL.
4. Improved training opportunities focused on the needs of people with a Learning Disability and Autistic people are better understood and met within mainstream provisions.

LDA priority action 2 – SEL care and support offer

Name of priority action

Develop the SEL Care and Support offer in the community with ICS partners - local authorities, ICB and provider collaborative. Includes understanding the current costs within the ICS, developing the market, developing providers for inpatient secure, non-secure and community options, accommodation and housing

How we will secure delivery

Actions
for
24/25

- Fully implement the LDA Pathway Strategy and Panel in partnership with the Mental Health and Community Provider Collaborative (South London Partnership – SLP) who are responsible for secure inpatients and their discharge to the community as the least restrictive environment.
- Continue development of FIND - Forensic Intellectual and Neurodevelopmental Disabilities service to meet needs in the community.
- Recruitment of a SEL LDA housing lead to update and support implementation of a SEL housing plan across SEL boroughs – including alternatives to admission and scoping of crash pad/crisis offer of CYP especially those transitioning and where mental health is not primary factor.
- Build on the analysis of inpatient and community provision costs to inform commissioning decisions and future requirements across health and care.

Actions
for
25/26

- With ICS partners – local authorities, ICB and SLP provider collaborative implement community housing and accommodation options for secure and non-secure patients, including bespoke options required.

Intended outcomes in 5 years time

1. Adequate and timely community accommodation and support for people admitted to secure and non-secure settings.
2. Reduction in the number of Adults and Children and Young People in hospital over five (5) years to 30 and 15 per million respectively.

LDA priority action 3 – LDA Workforce

Name of priority action

Develop the Learning Disability and Autism workforce to deliver quality services, care and support to people with a Learning Disability and Autistic people.

How we will secure delivery

Actions
for
24/25

- Continue to build on develop and expand the SELECT Key Working Service to meet the need of children and young people and particularly those 18-25.
- Working collaboratively across ICS partners, as required to capture workforce needs into SEL Workforce transformation plans.
- Review of the workforce in community learning disability and autism services across SEL to identify gaps in services of staff/professions and models of working.
- Update and review the Learning Disability and Autism Workforce Baseline Data Collection information to understand gaps in services including vacancies.
- Develop and build on recruitment and retention plans for LDA services with partners in ICS.
- Utilise our Anchor institutions and partners in the ICS to encourage employment of people with a Learning Disabilities and Autistic people
- Delivery of Oliver Mc Gowan Mandatory Training (OMT) across SEL.
- Implement Care Education Treatment Reviews (CETRs) and Dynamic Support Registers (DSR) guidance and support for staff.

Actions
for
25/26

- Continue to implement mandatory training across SEL.
- Continue to implement workforce transformation plans with partners specifically recruitment and retention plans for LDA workforce and establishment/clarification of the minimum vacancy rate for LDA services.

Intended outcomes in 5 years time

1. Fully developed Key Working service for children and young people up to 25 with 100% of inpatients (blue rated) with and allocated keyworker and 90% of CYP rated red and amber on Dynamic Support Registers (DSRs) allocated within service.
2. Fully operational and effective Learning Disability and Autism services staffed at appropriate agreed level.
3. At least 75% of staff in ICS completed Oliver McGowan Training.
4. Increase the number of people with a Learning Disability and Autistic people employed in local anchor institutions with support and adjustments made within workplaces.

LDA priority action 4 – Reduce long term inpatient care

Name of priority action

Reduce long term inpatient care by reducing the reliance on inpatient beds with focus on admission prevention.

How we will secure delivery

Actions
for
24/25

- Support local areas to develop and improve Dynamic Support registers (DSRs) for all ages and implement operational procedures for the new DSR and CETR guidance.
- Fully implement Local LDA Steering groups in all six boroughs.
- Continue with business as usual Case Management for inpatients.
- Continue focused inpatient surgery and targeted work with people in assessment and treatment over five (5) years.
- Fully operationalise Dynamic Support Registers and place based steering groups that lead on admission prevention and discharges from hospital

Actions
for
25/26

- Ensure business as usual for Dynamic Support Registers and place based steering groups that lead on admission prevention and discharges from hospital.

Intended outcomes in 5 years time

Reduction in the number of adults and children and young people in hospital over five(5) years to 30 and 15 per million respectively.

LDA priority action 5 – Coordinated care

Name of priority action

Improve quality of life and /care by delivering co-ordinated care.

How we will secure delivery

Actions
for
24/25

- Implement identified projects to achieve Annual health Checks (AHCs) for people 14+ - for example LDA health Ambassador roles and AHC Co-Ordinator roles.
- Implement STOMP Clinics (Stopping the Overprescribing of Psychotropic Medication)
- Continue to implement the Learning from the lives and deaths of people with a learning disability and Autistic people. (LeDeR Programme)
- Host Commissioner oversight visits within all Learning Disability and Autism setting including mental health hospitals.
- Support implementation of a SEL Core Offer for Community Health services for SEND (Special Educational Needs and Disability) with the Community Provider Network and CYP Programme.

Actions
for
25/26

- Fully embed good quality effective AHCs and improve the capacity needed in primary care networks (PCNs).
- Implement learning from initial and focused LeDeR reviews across SEL within place and in primary care.
- Undertaking quality oversight of inpatient hospital setting by placing commissioners, using Host Commissioner framework and guidance.
- Embed SEND guidance and consistent Local Offers with the SEL SEND Group/Network.

Intended outcomes in 5 years time

1. Achievement of over 75% of people with a learning disability and autistic people having annual health checks.
2. Reduction in avoidable deaths for people with a Learning Disability and Autistic people to 20% (currently 49% nationally)
3. Reduction in treatment gap and improved equity of health and social care delivery, and preventable deaths based on themes identified by SEL LeDeR
4. Increased understanding of reasons for deaths of:
 - People from Black, Asian and Minority Ethnic communities.
 - The wider autistic community.

Enabler requirements

Workforce

- Collaborative working across ICS partners, as required to capture workforce needs into SEL Workforce transformation plans.
- Review of Learning Disability and Autism Workforce Baseline Data Collection information
- Anchor institutions to actively facilitate and encourage the employment of local people with a learning disability and autistic people.

Estates

- Access to advice from Estates Team to support the development of community options and bespoke developments.

Digital

- Access to acute and primary care systems for implementation National Reasonable Adjustment Digital Flag in support of Guy's and St. Thomas (GSTT) "Fast Follower" pilot work.

Data

- Operationalise Learning Disability and Autism Dashboards that were developed during 2022/23.