

# Learning Disability and Autism Programme

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Together we will work to make sure that  
people with a learning disability and  
autistic people have longer, happier,  
healthier lives.

NHS Long Term Plan

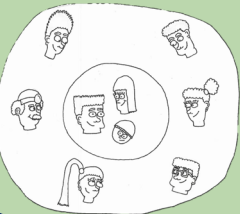
# Learning Disability and Autism Programme **NHS**



**Improving Quality of  
Care for those in  
hospital settings**



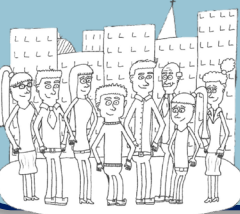
**Improving Health  
Outcomes and  
Access to Health Care**



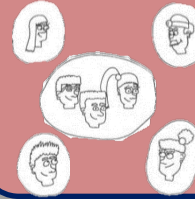
**A Better Start for  
Children & Young  
People**



**Building a Capable  
Workforce**



**Community Provision  
to Reduce the Number  
of People in Hospital**



**Improving Services  
and Outcomes for  
Autistic People**

NHS England and NHS Improvement



# NHS guidance for 2022/23: key areas



- Invest in our workforce
- Respond to COVID-19 ever more effectively
- Deliver significantly more elective care to tackle the elective backlog, reduce long waits and improve performance against cancer waiting times standards.
- Improve the responsiveness of urgent and emergency care (UEC) and build community care capacity
- Improve timely access to primary care
- **Improve mental health services and services for people with a learning disability and autistic people**
- Continue to develop our approach to population health management, prevent ill health and address health inequalities:
  - Exploit the potential of digital technologies to transform the delivery of care
  - Make the most effective use of our resources.
  - Establish Integrated Care Boards and collaborative system working

# The NHS Long Term Plan



- The NHS Long Term Plan (2019) set out major ambitions for improving patient outcomes and the delivery of care across the country.
- Since then, the NHS has faced the biggest public health challenge in its history. Our response to Covid-19 means we are now in a different position from where we were in 2019, and where we thought we would be in 2022.
- We are now looking to update the NHS Long Term Plan.
- In the run up to this publication we will work with a range of partners, patient and staff groups, NHS networks and the wider public to look at how the NHS Long Term Plan is being delivered and what actions we must take now to best assure delivery for the years ahead

# Health and social care working together



42 integrated care systems (ICSs) across England with four strategic purposes:

- improving outcomes in population health and healthcare
- tackling inequalities in outcomes, experience and access
- enhancing productivity and value for money
- supporting broader social and economic development
- The Health and Care Bill, will put ICSs on a statutory footing and create integrated care boards (ICBs) as new NHS bodies,
- New target date of 1 July 2022 has been agreed for new statutory arrangements to take effect and ICBs to be established.

## For the learning disability and autism programme

Pandemic has highlighted and exacerbated health inequalities experienced by people with a learning disability and autistic people so strengthened focus on health improvement and on our Long Term Plan commitments:

- Maintain the strong commitment to reducing reliance on mental health inpatient care and to develop community services to support admission avoidance/ timely discharge.
- Continue to tackle particular health inequalities experienced by autistic people: testing and implementing the most effective ways to reduce autism diagnosis waiting times.
- Renewed focus on learning disability annual health checks. Continue to improve the accuracy of GP learning disability registers, particularly for children and young people and people from ethnic minority groups
- Tackling inequalities across the NHS includes development of the Reasonable Adjustments Digital Flag
- Use the opportunity of health and social care reforms to improve collaborative work with social care, housing and other partners



## Identification and Support



- Dynamic Support Registers
- Care, Education and Treatment Reviews
- Developing Community Support and Services
- Keyworking





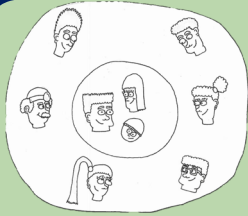
## Improving Quality

- Improving the Quality of Care Education and Treatment Reviews CETRs
- Reducing Restrictive practices
- Escalation and length of stay
- Improving quality of inpatient services
- “Purplebook”



## Improving Health

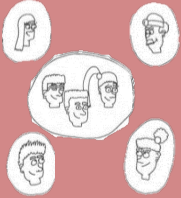
- Sensory Checks in Residential Special Schools (Hearing, Sight and Dental)
- Health Inequalities in the Long-Term Plan including; Annual Health Checks 14+, STOMP STAMP and LeDeR
- Equal access to, experience of and outcomes from NHS Services



## Special Educational Needs and Disability (SEND)



- Strategic development across government SEND review/ Green Paper
- SEND Inspections and Improvement
- Transition of statutory duties from CCG to ICBs
- Developing SEND leadership
- Clinical Nursing Teams in Education Settings
- Allied Health Professionals and SEND therapies

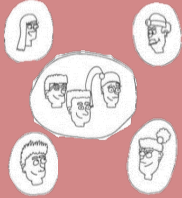


## Improving services and outcomes for autistic people



### **Improving access & quality of autism diagnosis, including pre- & post-assessment support:**

- Investment in best practice and innovative pathways
- Early findings report
- Workforce modelling, training and needs
- Developed Autism Research
- Improvement in data and developed informatics strategy
- Commissioned research to inform autism diagnostic pathway
- Engagement across government, families and carers, clinicians, VCS, NICE

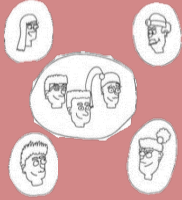


## Improving services and outcomes for autistic people



### Reducing Health Inequalities:

- Commissioned Newcastle University and Autistica to develop and pilot an Autism Specific Health Check
- Commissioned NAS to facilitate a consultation process for the introduction of an autism specific register to support health checks
- Inclusion of autistic people within the LeDeR programme
- Demand signalling priorities for research colleagues



## Improving services and outcomes for autistic people



### **Improving the quality of and access to mental health treatment and support for autistic people:**

- Improving sensory and social environments in hospital settings – principles, app and investment
- Improving clinical leadership and fostering a culture of improvement
- Embedding listening to people with lived experience
- Improving workforce training and professional development

# Thank you for your time

## Questions / Discussion



NHS England and NHS Improvement



# **New guidance on working with people and communities**

**National Network of Parent Carers forums ( NNPCF)  
March 2022**

NHS England and NHS Improvement





## Purpose of this session

- Introduce you to the draft guidance – purpose, ambitions / principles, timescales
- Discuss how it can support systems to work with people and communities
- Opportunities for further input and examples we can highlight

## Before we begin

- Lots of slides covering some things you may already know
- We won't cover them all and will use most of the time hearing from you

Item	Timings
Background to the legislation, system-working and the new guidance	10 mins
Discussion and questions	5 mins

# What do we mean by working with people and communities?

Engagement, participation, involvement, co-production, patient public voice, lived experience partner...

These words are used to mean different things (or the same thing!) by different people. More natural language such as “working in partnership with people and communities” works better.

When done well, working with people includes a range of activities including:

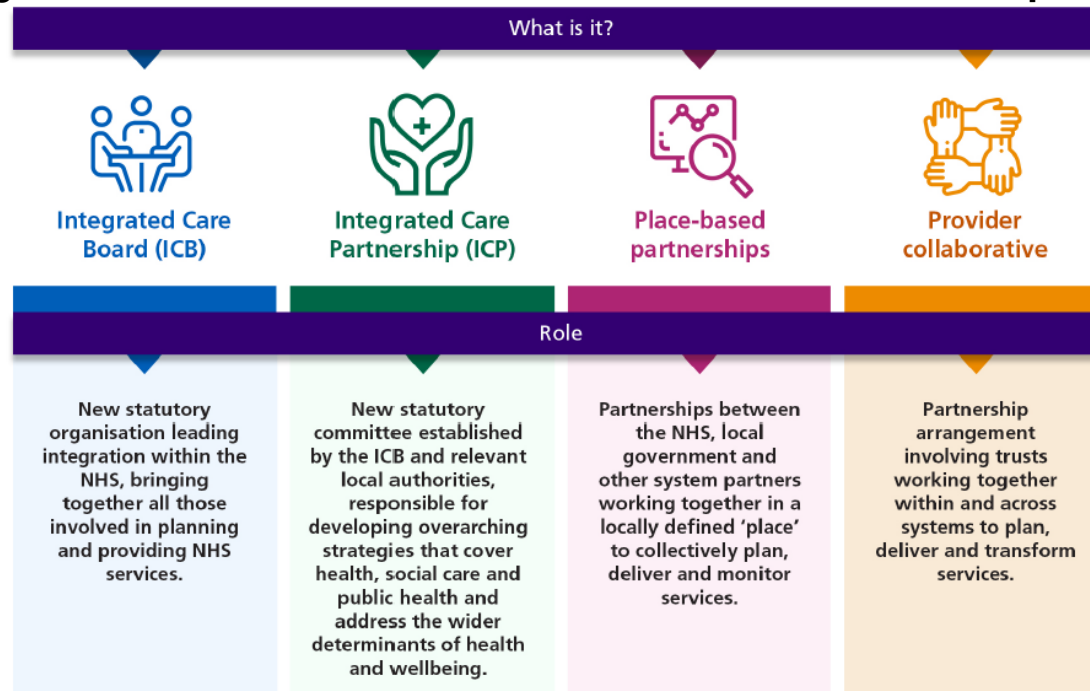


## Why work with people and communities?

- People have knowledge, skills and ideas to develop solutions that meet their needs and support their health and wellbeing. Without insight from people who use, or may use, services, it is impossible to make informed decisions about service design, delivery and improvement.
- By working with people, we can tailor services to meet their needs and preferences, so are designed and delivered more effectively. This ensures that locations, opening times, models of care, patient information are suitable for the communities they serve
- It helps prioritise resources to have the greatest impact and helps makes better decisions about changing services. Information from involvement activities can be used alongside financial or clinical information to inform cases for change
- It helps meet our legal duties and avoids the risks of judicial review, delays and reputational damage of not properly involving people.

## Reminder of the new legislation

- February 2021 White Paper proposed legislation to underpin the move towards integration, which was emphasised in the 2019 [Long Term Plan](#).
- The new Health and Care Act is now due to come into force in July 2022. The emphasis is on integration **within the NHS** and **between the NHS and other partners**.



## The new legislation continues the duty to involve...

...although the context will change as ICBs take on commissioning functions of CCGs and some that currently sit with NHS England.

The duties will refer to ‘carers and their representatives’ as well as individuals who use services.

### ICBs (Section 14Z44) and NHS England (Section 13Q) must involve the public...

“In the *planning* of the commissioning arrangements by the Board/Group.”

“In the development and consideration of *proposals* by the Board/Group *for changes* in the commissioning arrangements

“In *decisions* of the Board/Group affecting the *operation* of the commissioning arrangements.”

### Section 14Z57: Performance assessment of ICBs by NHS England

...to include public involvement and consultation

### Section 242 of the consolidated NHS Act 2006...

...a duty on NHS trusts to make arrangements to involve patients and the public in service planning and operation, and in the development of proposals for changes.

## What is it?



**Integrated Care Board (ICB)**



**Integrated Care Partnership (ICP)**



**Place-based partnerships**



**Provider collaborative**

## Participation responsibilities

Involve people and communities in the planning of services and proposals and decisions having an impact on services.

Demonstrate how legal duties have been met at different levels.

Develop integrated health plans with people and communities.

Create strategy on how the ICB will work with people and communities.

Develop integrated care strategies [see section XX] with people and communities.

Include community leaders and independent representatives of local people.

Local authority role in making connections to communities and democratic representatives.

Fully engage those affected by decisions.

Build on existing approaches to involve people in decision-making.

Support PCNs and neighbourhood teams to work with people and communities to strengthen health promotion and treatment.

Share and build on the good practice that exists in member organisations, such as co-production approaches and links to local communities.

Use insight and feedback from patient surveys, complaints data and partners like Healthwatch.

Trusts must meet their legal duties to involve people when planning and developing proposals for changes through the collaborative.

# Scope

- Statutory guidance for ICBs and NHS providers, replacing existing statutory guidance and the September 2021 Support Guidance
- Basis of NHS England's assurance of ICB's involvement duties
- It will be good practice guidance for other organisations within the ICS. Policy for NHSE to follow

Developing system-wide guidance on working in partnership with people and communities – update













## 10 principles for working with people and communities

- Based on the September Implementation Guidance for ICSs
- Basis of their ongoing engagement strategies
- Form the assessment framework for ICB's involvement duties

Developing system-wide guidance on working in partnership with people and communities – update

## Ten principles for how ICSs work with people and communities

The principles that follow have developed from work with systems and build on those that appear in the 'Working with people and communities' section of the ICS design framework. They should be considered in the preparation of ICB constitutions outlining arrangements for working with people and communities to create a golden thread running throughout the ICS, whether activity takes place within neighbourhoods, in places or across whole system geographies.

 <b>1.</b> Put the voices of people and communities at the centre of decision-making and governance, at every level of the ICS.	 <b>6.</b> Provide clear and accessible public information about vision, plans and progress, to build understanding and trust.
 <b>2.</b> Start engagement early when developing plans and feed back to people and communities how their engagement has influenced activities and decisions.	 <b>7.</b> Use community development approaches that empower people and communities, making connections to social action.
 <b>3.</b> Understand your community's needs, experience and aspirations for health and care, using engagement to find out if change is having the desired effect.	 <b>8.</b> Use co-production, insight and engagement to achieve accountable health and care services.
 <b>4.</b> Build relationships with excluded groups, especially those affected by inequalities.	 <b>9.</b> Co-produce and redesign services and tackle system priorities in partnership with people and communities.
 <b>5.</b> Work with Healthwatch and the voluntary, community and social enterprise (VCSE) sector as key partners.	 <b>10.</b> Learn from what works and build on the assets of all ICS partners - networks, relationships, activity in local places.

## Timescales

- Development of the guidance is being led by the NHS England and NHS Improvement Public Participation team working alongside a coproduction group of national partners
- Autumn 2021 / Winter 2022 - wider engagement has started.
- **Spring 2022 – public consultation on the draft guidance**
- Summer 2022 – publish, after the legislation (subject to approvals).

Developing system-wide guidance on working in partnership with people and communities – update

## Discussion points

- 1: What are the essentials we need to have in the guidance to make this truly system wide?
- 2: What examples do you have that could help to bring this guidance to life?

Questions?

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