Healthier Together
Improving health and care in Bristol, North Somerset and South Gloucestershire

NHS
Bristol, North Somerset and South Gloucestershire
Integrated Care Board

Reference: FOI.ICB-2627/069

Subject: Support for Autistic People Particularly those with Learning Disabilities

I can confirm that the ICB does hold some of the information requested; please see responses below:

QUESTION	RESPONSE
1. Please can you provide information about what has been done within BNSSG ICB to improve health and mental health support for people who have autism and learning disabilities? Please include information about what has been done to bring people out from long-term in-patient units and/or out-of-area placements under DOLs restrictions.	We want everyone with a Learning Disability and/or Autism (LD&A) to live longer, healthier and happier lives. This means we need to ensure people are supported to have more choice, control and independence; and to always be treated with dignity and respect. We believe it is important that these improvements are embedded via a rights-based approach, focusing on citizenship and belonging. This ambition is described in the Joint Forward Plan (JFP) link below: Bristol, North Somerset and South Gloucestershire Integrated Care System Joint Forward Plan 2025 to 2030 See Section 5 page 59 – 65 See also the Annual Report which is published here: Bristol, North Somerset and South Gloucestershire ICB Annual Report - 1 April 2024 to 31 March 2025 The LD&A Commissioning Plan enclosed (01) describes how we have been putting the JFP into action. And includes targets to support patients to step down from long term inpatient units.

	BNSSG ICB is committed to ending the practice of inappropriate out of area placements in line with the NHSE Medium Term plan by 2028. Additionally, BNSSG ICB has taken a number of steps to improve health and mental health support for people with a learning disability and autistic people. A key area of work is the delivery of the Oliver McGowan Mandatory Training on Learning Disability and Autism (OMMT). BNSSG ICB acts as the system host for this programme, with a dedicated training team based within the ICB. The training is: • Co-delivered by experts with lived experience, including autistic people and people with a learning disability • Designed to improve staff knowledge, confidence and skills to provide safe, compassionate and person-centred care • A response to national learning, including the need to address health inequalities experienced by these groups Training is delivered across the Bristol, North Somerset and South Gloucestershire (BNSSG) system to both: • Patient-facing staff (Tier 2) – who directly provide care or support • Non-patient-facing staff (Tier 1) – to build general awareness and understanding This ensures that all staff, regardless of role, understand:

	• How to make reasonable adjustments • How to communicate effectively • How to recognise and respond to the needs of people with a learning disability and autistic people This programme aims to improve access to care, reduce health inequalities, and ensure that people with a learning disability and autistic people receive appropriate, personalised and effective support.
2. Please provide an update on BNSSG ICB-commissioned progress in implementing the recommendations of Sir Stephen Bubb in his report published in 2021. The report 'Building Rights' recommended that Bristol (ICB and Council) establish: 1) a Charter of Rights; 2) a Right to Challenge; 3) an Independent Commissioner for people with learning disabilities and autism. The report was published at: https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.bristol.gov.uk%2Ffiles%2Fdocuments%2F1652-building-rights%2Ffile&data=05%7C02%7Cbnssg.customerservice%40nhs.net%7Ce2dd8bd40deb44f201f808deb289bc58%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C639144501860890543%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMiIsIkFOIjoiTWFpbCIsIldUIjoyfQ%3D%3D%7C0%7C%7C%7C&sdata	Charter of rights - The ICB has not been involved in the development of A Charter of Rights Right to challenge - The reduction of young people and adults in inpatient mental health beds is a priority for the ICB. Challenging reduction targets have been set by NHS England and the ICB is working to achieve them. Priority workstreams are in place to support this. Independent Commissioner - The ICB has not been involved in the appointment of an Independent Commissioner.

=Qmi%2BbkZSWYuaTcQEIiE9jO%2BaPJcbLWPT7LZaqfcG8Ag%3D&reserved=0	
3. Please also provide information about what has been done within BNSSG ICB regarding improvements recommended in 2021/since the Autism Act 2009 and any plans for a new autism strategy in view of the recent parliamentary report by the Select Committee on the Autism Act 2009 "Time to deliver: The Autism Act 2009 and the new autism strategy" Report of Session 2024-26 - published 23 November 2025 At: https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpublications.parliament.uk%2Fpa%2Fld5901%2Fldselect%2Fldautismact%2F205%2F20502.htm&data=05%7C02%7Cbnssg.customerservice%40nhs.net%7Ce2dd8bd40deb44f201f808deb289bc58%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C639144501860918358%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMiIsIkFOIjoiTWFpbCIsIldUIjoyfQ%3D%3D%7C0%7C%7C%7C&sdata=uuyE7HSaWM60K3MGWMJ4IKVDjjiDC4Zgi1NTtW%2BcpFI%3D&reserved=0 Particularly chapter 5: https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpublications.parliament.uk%2Fpa%2Fld590	**Strategy** The ICB is currently undergoing a major restructure including clustering with Gloucestershire, and the LDA programme governance may change. The current LD&A Programme governance has developed a draft Statement of Intent, which is enclosed (02), and supports our principles of working. The ICB working with its health system partners has a number of priority areas underway including: **Elizabeth Close** – new build one bedroom accommodation units for 6 people and with a learning disability and or autism designed to support discharge from hospital **The Kingfisher** - Provides specialist inpatient service for 10 people with a learning disability and autism whose care cannot be provided in a mainstream mental health ward. It will provide care closer to home in the southwest and reduce the number of people going out of area. It should reduce lengths of stay for people with a learning disability and/or autism who require specialist environment for inpatient care. The digital **Dynamic Support Register (DSR)** which we are currently developing to go live by the end of 2026 will provide:

1%2Fldselect%2Fldautismact%2F205%2F20509.htm%23_idTextAnchor183&data=05%7C02%7Cbnssg.customerservice%40nhs.net%7Ce2dd8bd40deb44f201f808deb289bc58%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C639144501860939998%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMiIsIkFOIjoiTWFpbCIsIldUIjoyfQ%3D%3D%7C0%7C%7C%7C&sdata=a7rTz%2FVcn%2F05qlzUhJKg2lpPnXu4U4dposnE3xqSPtE%3D&reserved=0 Chapter 5: Reducing health inequalities and building support in the community	• Proactive and improved pathway of support for autistic people and people with a learning disability to access appropriate support and care at the right time so that they can lead the lives they want to and meet their ambitions and aspirations; and can stay safely and healthily in the community or return to their preferred community as soon as possible. • Mobilisation of the right support to help prevent the person in or approaching a crisis point being admitted to a mental health hospital. • Avoidance of inappropriate admissions to mental health inpatient settings due to closer monitoring and pre-emptive intervention and support which will improve outcomes and quality of life for those that receive proactive support, including a reduction in the number of people who are at risk of becoming institutionalised, i.e. reliant on high-level care, due to intensive and more restrictive packages of care. The ICB is given challenging targets by NHS England to reduce the number of young people and adults in mental health inpatient beds, see enclosed LD&A Medium Term Plan MTP) Plans data (03). The ICB and local partners are working hard together to implement and already starting to achieve positive results. The enclosed document (04) shows the four core LD&A measure trajectories over the past year up to April 2026 that the ICB reports to NHS England on. The ICB and Parent Carer Forums have been co-leading a Neurodiversity workstream over the past 2 years, which firstly engaged with parent and children who have been diagnosed with autism and those families on the waiting list to understand their

	experiences to design a future approach to supporting children and their families, both before and after a diagnostic assessment and regardless of the outcome of the assessment. This has resulted in a "Needs Led Model" being agreed by the ICB Board in February. The model focusses on earlier identification of needs and accessing support regardless of a diagnosis. This model is currently starting to be implemented by Sirona on behalf of the system. The model is underpinned by a tool to identify a children's Neurodivergent needs being conducted in schools with the families and support then being put in place. By adopting an approach that brings the health and care system closer with education that focusses on the needs of the child, we anticipate this will reduce inequalities.

The information provided in this response is accurate as of 9 June 2026 and has been approved for release by Caroline Dawe, Deputy Director of Performance and Delivery, Acute and Integrated Care, MHLDA and EPRR for NHS Bristol, North Somerset and South Gloucestershire ICB.

Learning Disabilities and Autism: Strategic Commissioning Plan v4

27.01.2026

1. **Vision:**

   Our vision is for people with a learning disability and autistic people in BNSSG to have the same opportunities as anyone else to live healthy, satisfying, and valued lives. We will work with experts with lived experience to reshape health and care services, ensuring we meet people's needs and achieve our vision. This means we need to ensure people are supported to have more choice, control and independence; and to always be treated with dignity and respect. We believe it is important that these improvements are embedded via a rights-based approach, focusing on citizenship and belonging.

2. **Our commitment:**

   Health and social care partners are committed to making sure the voice of people with learning disabilities and autistic people help to inform, drive, develop, and deliver our strategy.

3. **What will we do and when?**

The intention is that a new commissioning approach for this population cohort and potentially the others of strategic importance will be ready for implementation in 2027/28. Our priorities for 2026/27 will include:

- Identify & reduce inequalities
- Make use of data and community insights
- Prioritise trauma-informed, relationship-based practice
- All people on the Learning Disability Register aged 14 years + to receive an Annual Health Check and Health Action Plan
- Improve the autism and ADHD assessment pathways
- Reduce the number of people with a learning disability and/or autism in inpatient beds
- We are ambitious to support people to play a meaningful part in their local communities; to secure their own accommodation and in the long term to benefit from education and gain meaningful employment.
- To develop robust engagement and co-productive ways of working
- To learn and improve following LeDeR reviews
- Embed the new Kingfisher specialist service into our care and support pathways
- To develop and implement an all-age Dynamic Support Register

4. **Workstreams:**

a) **Supporting people to move into their communities & thrive**

- To increase the number of people living in non-registered placements

- Increased personalisation within care packages to reduce gaps between basic and more specialised support
- Reduce reliance on inpatient care, while improving the quality of inpatient care
- Support national service model in collaboration with NHS Lead Provider Collaborative).
- Support people to stay living locally
- Offer greater community crisis support & intervention
- Develop strategies to reduce the likelihood of detention under the MH act where there is not a MH diagnosis and improve Section 117 aftercare
- Improve process for clinical supervision to support discharge on Section 37/41

b) Best start in life for c&yp

- Deliver bespoke neurodiversity support packages to 30 primary schools across BNSSG and embed support for the original 45 PINS primary schools
- Continue to develop our PINS programme in partnership with schools
- Deliver the Neurodiversity Transformation Project
- Expand the LD Positive Behaviour Support service

c) Improving healthcare for our LD&A population

- Improve the take up of Annual Health Checks and related Health Action Plans
- Complete timely LeDeR reviews and embed learning from LeDeR to drive local health improvement and reduce inequality
- Deliver the adult ADHD Transformation Project
- Develop the adult Autism Transformation Project

d) Improving engagement & co-production

- Continue to work closely with VCSE groups

Timelines for Delivery:

Key Transformation and Milestones	**Year 1**: 2026/27				**Year 2:** 2027/28	**Year 3:** 2028/29	**Year 4:** 2029/30	**Year 5:** 2030/31
	Q1	Q2	Q3	Q4				
Reduce by at least 10% year on year the number of adult inpatients who have a learning disability and/or autism	Q1 target = 27	Q2 target = 27	Q3 target = 27	Q4 Target = 26	Q4 Target = 23	Q4 Target = 20	Target = tbc	Target = tbc

Development of an all-age multi-agency Dynamic Support Register (DSR)	Workforce implementation training	Workforce implementation training	Phased implementation	Phased implementation	Phased implementation	All age digital DSR operational	All age digital DSR operational	All age digital DSR operational
Develop pathways to address the increased demand for neurodiversity assessments	C&YP – pupil profiling Adult ADHD assessments in Primary Care Adult autism – pathway transformation project.	C&YP – pupil profiling Adult ADHD assessments in Primary Care Adult autism – pathway transformation project.	C&YP – pupil profiling Adult ADHD assessments in Primary Care Adult autism – pathway transformation project.	C&YP – pupil profiling Adult ADHD assessments in Primary Care Adult autism – pathway transformation project.	C&YP – pupil profiling Adult ADHD assessments in Primary Care	C&YP – pupil profiling Adult ADHD assessments in Primary Care	C&YP – pupil profiling Adult ADHD assessments in Primary Care	C&YP – pupil profiling Adult ADHD assessments in Primary Care

How will we measure impact?

Key Measures	Baseline (2024/25) – **Where we are now**	Year 1 (2026/27)	Year 3 (2028/29)	Year 5 (2030/31) – **Where we want to be**
Number of adults with a learning disability or autistic in an inpatient mental health bed		26	20	14 tbc
Number of C&YP with a learning disability or autistic in an inpatient mental health bed		4	2	0 tbc
% of people with long length of stay		46.67	45.45	44.5 tbc
Admission rate: Adults		25.07	22.56	20.00 tbc
Admission rate: C&YP		82.00	76.88	71.50 tbc

% of young people and adults 14 years + who have an Annual Health Check and have a Health Action Plan		30.60	31.00	31.00 tbc

Learning Disability and Autism Programme 2026 – 2029 v3

A. Statement of Intent
B. Joint Forward Plan
C. Priorities – national. regional, local and personal

A. Statement of Intent

Our ambition for a healthier future for children and adults with a learning disability and autistic people in BNSSG.

1 Introduction:

BNSSG's Integrated Care System (known as Healthier Together) brings together all the organisations responsible for delivering health and care within our communities. These include health, social care, local government, the voluntary sector, and our service users, their family and carers. By working together, we can intervene quickly to keep people[1] well and offer more joined up care and support.

This is our Statement of Intent for the Learning Disability and Autism Programme. It illustrates our strategic direction, based on people's feedback and our current understanding of health and care needs across BNSSG. Our strategy and priorities will develop over time as we continue to work with our population to understand their needs.

2 Context

BNSSG is home to approximately a million people. Around 18,000 of these people live with a learning disability and an estimated 15 - 20,000 are autistic. The prevalence of autism is 29 times greater amongst those with learning disabilities and around 3 in 5 autistic people live with autism their entire life without ever getting a formal diagnosis.

3 Learning Disability and Autism

If someone has a learning disability, this may impact their ability to learn new skills, understand complex information and communicate. Autism is not a learning disability, but learning disabilities can co-occur at higher rates in autistic people compared to non-autistic people. If someone has a learning disability, they may need additional support to

[1] In this document the term people are children and adults with a learning disability and autistic children and adults

communicate, learn new skills and understand complex information. Just like how no two autistic people are the same, every person with a learning disability is different, with varying strengths and support needs. Many people with learning disabilities can live independently with the right support, while others may need full-time care.

Neurodivergent can be used to describe someone who has a neurodiverse condition, for example, autism. This means their brain processes information differently. An autistic young person could identify as neurodivergent but so could someone who has a diagnosis of ADHD or Dyslexia, for example. Autism is not a learning disability. However, learning disabilities are more common in autistic people than in non-autistic people.

Around 30% of people with a learning disability also have an autism diagnosis

Around 33% of autistic people have a learning disability, but numbers vary across different age groups

People with a learning disability are 26 times more likely to be diagnosed with autism than those without

4 Vision

Our vision is for people with a learning disability and autistic people in BNSSG to have the same opportunities as anyone else to live healthy, satisfying, and valued lives. Healthier Together will work with experts with lived experience to reshape health and care services, ensuring we meet people's needs and achieve our vision.

5 Our Commitments

- We will see the person, not the disability or diagnosis.
- We will champion and promote your voice.
- We will support you to live the best life you can.
- We will promote healthier lifestyles
- We will work with our partners to make your communities safer.
- We will listen to and support the people who matter to you.
- We will support the organisations who work with you to do the best job they can.
- We will learn and improve when things go wrong

Health and social care partners are committed to making sure the voice of people with learning disabilities and autistic people help to inform, drive, develop, and deliver our strategy. In return, we will develop systems and processes to enable people to hold us to account.

6 The Challenge

Many people have individual life experiences and support needs that share common characteristics. If left unsupported they may be especially vulnerable and more likely to experience poor physical and mental health. We know that for people with learning disabilities, autistic people, their families, and carers there are many factors that affect their lives such as age, genetic make-up, housing, education, work opportunities, life, poor health and the accessibility of services. All these issues create challenges that the health and care

system find difficult to resolve. Healthier Together knows we need to improve how we work together to provide the right services, at the right time. Working to overcome these challenges is central to our five-year plan.

7 Our Aims

To support you to live in and be part of your local community by:

- Promoting understanding and acceptance of people with learning disabilities and autistic people in BNSSG.
- Enabling you to have greater choice and control about where you live and who you live with.
- Improving your access to education.

To help prepare for all life transitions by:

- Supporting young people to prepare for adulthood.
- Supporting everyone to prepare for significant changes in their lives.
- Ensuring all health and care pathways consider the needs of people with a learning disability and autistic people.

To reduce health and care inequalities and improve access to services by:

- Supporting you to live a healthy life.
- Addressing discrimination.
- Promoting reasonable adjustments to access health and care services.

8 How We Will Achieve Our Aims

- The Learning Disability & Autism Operational Development Group (LD&AODG) will meet monthly to review progress against the Statement of Intent
- Engage and co-produce with system partners including “Users by Experience”
- Develop a Joint Forward Plan with realistic achievable actions and timelines
- Develop systems and processes to ensure we can measure the impact and effectiveness of the improvements we make
- Share outcomes to ensure that partners and services continue to learn and improve

9 Our Strategic Priorities

a. All people on the Learning Disability Register aged 14 years + to receive an Annual Health Check
b. Improve the autism and ADHD assessment pathways
c. Reduce the number of people waiting for and improve timeliness of autism and ADHD assessments
d. Reduce the number of people with a learning disability and/or autism in inpatient beds
e. We are ambitious to support people to play a meaningful part in their local communities; to secure their own accommodation and in the long term to benefit from education and gain meaningful employment.

f. We are ambitious for community solutions and driving forward a programme of cross-sector transformation to get to where we need to be.
g. To develop robust engagement and co-productive ways of working
h. To learn and improve following LeDeR reviews
i. To develop and implement an all-age Dynamic Support Register

10 Discovery & Insights

ICB's Transformation Hub has led three important pieces of discovery work aimed at understanding the barriers and opportunities to improving care for individuals with learning disabilities and/ or autism. These pieces of work have focused on:

- individuals requiring a higher level of support, often referred to as 'complex' cases
- children exhibiting behaviours associated with various levels of neurodiversity and
- adults with ADHD.

The insights and recommendations from these projects are crucial for shaping the future ambitions and initiatives of the LDA ODG portfolio. As the portfolio evolves, it is essential to integrate these findings to ensure that services are designed to meet the needs of these groups and the workforce supporting them effectively.

LDA ODG understands the importance of engagement and participation with a dedicated workstream aimed at embedding local patient and carer insights and a strong focus on co-production. This will be achieved through the development of a robust and inclusive co-production model for the system and the creation of a core group of Experts by Experience to help test and refine the end-to-end learning disability and autism pathway, ensuring it is responsive and effective across services.

B. Joint Forward Plan

Bristol, North Somerset and South Gloucestershire Integrated Care System Joint Forward Plan 2025 to 2030

See Learning disability & Autism section pages 59-65

C. Priorities

National Priorities	• Improve community-based support so that people can lead lives of their choosing in homes not hospitals • Develop a clearer and more widespread focus on the needs of autistic people and their families, starting with autistic children with the most complex needs • Make sure that all NHS commissioned services are providing good quality health, care and treatment.

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<td>NHS staff will be supported to make reasonable adjustments) to make sure people with a learning disability and autistic people get equal access to, experience of and outcomes from care and treatment
• Reduce health inequalities, improving uptake of annual health checks, reducing over-medication through the Stopping the Over-Medication of children and young People (STOMP) with a learning disability, autism or both and Supporting Treatment and Appropriate Medication in Paediatrics (STAMP) programmes and taking action to prevent avoidable deaths through learning from deaths reviews (LeDeR)
• Continue to champion the insight and strengths of people with lived experience and their families in all of our work and become a model employer of people with a learning disability and of autistic people
• Make sure that the whole NHS has an awareness of the needs of people with a learning disability and autistic people, working together to improve the way it cares, supports, listens to, works with and improves the health and wellbeing of them and their families.</td>
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<td>Southwest Regional Priorities
 
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<td>• Moving people into the community and reducing reliance on inpatient care
• A better start for children and young people
• Autism assessment & diagnosis waiting times for children and adults
• Improving health inequalities
• Improving the quality of services</td>
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Bristol, North Somerset and South Glos Priorities 	We understand the importance of recognising people with learning disabilities and autistic people and providing appropriate support for their needs. Whether children or adults, we want to ensure people can be assessed quickly, so personalised care can be implemented to support their education and daily lives. • All people on the Learning Disability Register aged 14 years + to receive an Annual Health Check • Improve the autism and ADHD assessment pathways • Reduce the number of people waiting for and improve timeliness of autism and ADHD assessments • Reduce the number of people with a learning disability and/or autism in inpatient mental health beds • We are ambitious to support people to play a meaningful part in their local communities; to secure their own accommodation and in the long term to benefit from education and gain meaningful employment. • We are ambitious for community solutions and driving forward a programme of cross-sector transformation to get to where we need to be. • To develop robust engagement and co-productive ways of working • To learn and improve following LeDeR reviews • To develop and implement an all-age Dynamic Support Register • To reducing health inequalities
Individual Priorities 	• All people on the Learning Disability Register aged 14 years + to receive an Annual Health Check • Improve the autism and ADHD assessment pathways • Reduce the number of people waiting for and improve timeliness of autism and ADHD assessments • Reduce the number of people with a learning disability and/or autism in inpatient beds • We are ambitious to support people to play a meaningful part in their local communities; to secure their own accommodation and in the long term to

	benefit from education and gain meaningful employment. • We are ambitious for community solutions and driving forward a programme of cross-sector transformation to get to where we need to be. • To develop robust engagement and co-productive ways of working • To learn and improve following LeDeR reviews • To develop and implement an all-age Dynamic Support Register which will support people to stay in their community of choice

Plans submitted for MTP

E.H.32 & E.H.33: Reliance on mental health inpatient care for Adults with a learning disability and autistic people

		26/27			
		Q1	Q2	Q3	Q4
E.H.32	LD inpatients	18	18	18	16
E.H.33	Autism inpatients	11	11	11	10

E.K.1c: Reliance on mental health inpatient care for children under 18 years with a learning disability and autistic people

	26/27			
	Q1	Q2	Q3	Q4
CYP LDA Inpatients	5	5	5	4

E.K.4: People with a learning disability and autistic people in mental health hospital with the longest lengths of stay

	26/27				27/28				28/29			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
No of people with longest LOS	16	16	16	14	14	14	14	12	12	12	12	10
Total LDA inpatients	34	34	34	30	30	30	30	26	26	26	26	22
% of people with long LOS	47.06	47.06	47.06	46.67	46.67	46.67	46.67	46.15	46.15	46.15	46.15	45.45

E.K.5a: 12-month admission rate for adults with a learning disability and autistic adults

	26/27				27/28				28/29			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
No of Admissions	21	21	21	20	20	20	20	19	19	19	19	18
Adult Population	797,821	797,821	797,821	797,821	797,821	797,821	797,821	797,821	797,821	797,821	797,821	797,821
Admissions Rate	26.32	26.32	26.32	25.07	25.07	25.07	25.07	23.81	23.81	23.81	23.81	22.56

E.K.5b: 12-month admission rate for under 18s with a learning disability and autistic under 18s

	26/27				27/28				28/29			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
No of Admissions	17	17	17	16	16	16	16	15	15	15	15	14
Under 18 Population	195,113	195,113	195,113	195,113	195,113	195,113	195,113	195,113	195,113	195,113	195,113	195,113
Admissions Rate	87.13	87.13	87.13	82.00	82.00	82.00	82.00	76.88	76.88	76.88	76.88	71.75

E.K.6: Percentage of people aged 14+ on the QOF Learning Disability Register with an annual health check and health action plan

EK6	26/27				27/28				28/29			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Number ACH & HAP	636	804	1099	1689	638	808	1105	1700	645	817	1118	1720
Register	5561	5561	5561	5561	5561	5561	5561	5561	5561	5561	5561	5561
% with ACH & HAP	11.4%	14.5%	19.8%	30.4%	11.5%	14.5%	19.9%	30.6%	11.6%	14.7%	20.1%	30.9%

LD&A - Core Measures

Reporting Month

Apr 26

NHS
Bristol, North Somerset and South Gloucestershire
Integrated Care Board

Reliance on inpatient care for adults with a learning disability - ICB

21

Missing Operational Plan of 19

by Month

Reliance on inpatient care for autistic adults - ICB

14

Missing Operational Plan of 11

by Month

Reliance on Inpatient Care LD&A - Children (< 18) in inpatient beds - ICB

4

Achieving Operational Plan of 5

by Month

LD Annual Health Checks 14+ - ICB

4,217

Achieving Operational Plan of 4,070

by Month