

Developing your project aim

Overall problem/area issue:	There is currently no documented process for how to engage a multiagency response for people with a learning disability and / or autism who attend A+E with a deterioration of their mental health. This leads to inconsistent outcomes for these individuals. This is evidenced through patient feedback from individuals, and through the experiences of staff who support these individuals. When individuals attend an emergency department due to physical or mental health issues, there are times when their needs are not fully assessed, or are not appreciated fully, due to their presentation, for example if factors create distress which increase behaviours that are challenging to those who are trying to care for them in acute services. There are also times national processes are not followed to enable appropriate support for example, MCA guidance, reasonable adjustments, use of C(E)TRs/LAEPs
Your purpose in wanting to improve this (WHY):	To ensure people, whether paediatric or adult, get the care and support they need, at a time they most need it, when requiring emergency intervention for either a physical or mental health need, to ensure that people's access to emergency healthcare is not adversely affected due to their diagnosis of LD or Autism.
Your proposed SMART aim statement:	To improve the experience of patients with a learning disability and / or autism in emergency departments in Birmingham a documented process will be created and disseminated to Birmingham Children's Hospital and Birmingham Heartlands Hospital which will improve inter and intra agency working and lead to better reported outcomes for these patients. By January 2026 the areas of improvement will defined across agencies utilising process mapping and seeking the experienced of those with lived experience, to co-produce an agreed multi-agency process and will have been trialled in pilot sites for 10 adult and 10 children. Improvements of outcomes will be utilised in relation to reasonable adjustments, mental capacity decision making, patient experience, user of DSR & CTRs/LAEPs, and delays in transfer from ED

What further scoping or tools will you use to understand the problem further:	Multi – agency Process Mapping exercise to collectively identify the problems from all perspectives and defined within the project work the specific value adding actions that can be taken to develop the multi-agency process. Collating lived experiences of people accessing ED – and mapping against the multi-agency process mapping exercise – identifying if the process defined by professionals is currently experienced by people with lived experience, and to cross reference potential areas of improvement with what matters to people who use the service. This information can then be collated to come together to co-produce the proposed solutions for improvement. Reviewing current data measures for baselines, and to identify if different data sources will need to be development to measure impact of project.
What scale are you operating at within the system? (micro, meso or macro) and list the areas involved in your project	Meso level – Acute ED and Vulnerabilities team (Heartlands and Birmingham Children Hospital) community services LD & MH Autism Psychiatric liaison Local authority People with LD or Autism and carers

Project Charter – July 2025

Problem Statement (what is the current problem & why does it need to be improved?)	Outcomes (what do you intend to achieve from this project, what are the outcomes? What will it improve? How will things be better? Evidence your outcomes)
No currently defined and agreed multi-agency response to supporting people with LD/Autistic people when accessing Emergency Departments (ED). This can lead to physical health needs being unmet, inappropriate admissions to psychiatric hospital and a poor experience for people during their time at ED and transfer.	- Improved multi-agency working – via the project and sharing skills/knowledge and considering how resources across services can better support people - Increasing awareness and confidence of ED staff – through mutual working processes that can be utilised to support staff training, and an awareness of how additional support can be accessed.
In Scope (what will be covered by the project)	Out of Scope (what will not be covered by the project)
Support for children, young people and adults with LD or who are	Environmental changes may not be able to be designed/made –
- Greater recognition of people with LD & Autistic people, with a multi-agency response to better meet their needs, whilst at ED, increasing support available to people and supporting adherence to statutory and	

autistic who are accessing ED in Birmingham Childrens hospital/UHB. NHS Community services for people registered with a Birmingham GP and local authority for residents of Birmingham will be involved for the multi-agency process.	however the project will support the consideration of the use of environments currently available, which may, in turn, support future change. Two hospital sites have been defined for project, however following project evaluation roll out across wider BSOL will be considered.	national guidance requirements in the care & treatment of people with LD & autistic people - Reduction in delayed transfers from ED and the need for escalation, utilising system processes available to identify people who need a greater level of community support and coordinating it.		
Quality Impact (How will the project improve patient: experience, safety, outcomes, care, services or reduce risk/harm to patients?)		Measurements (What data both qualitative and quantitative can you collect to show an improvement has been made?)		
		Description of Measure	Baselines (what are they currently at prior to the project?)	Target (Where do you want them to be?)
Improvement of ED staff confidence in supporting people with LD or autistic individuals, and awareness of contacts to seek additional multi-agency support		Survey	Baseline survey to be developed and completed during Jul/Aug	TBC from baseline
People with LD and autistic people to report an improved experience whilst accessing ED		Patient reporting	TBC	
Increased recognition of people with LD and autistic people when entering ED		TBC	TBC	
Evidence of reasonable adjustments being considered and recorded.		No. recorded in records/hospital passports	TBC	
Evidence of mental capacity decision making for people with LD/autistic people when accessing ED, and where appropriate supported across agencies.		Clinical records snapshot audit – pre/post	TBC	
Increased identification and registering on BSOL Dynamic support register (DSR) following access to ED where appropriate.		No. of people recorded on DSR & source of ref	TBC	
		No. of C(E)TRs/LAEPs recorded	TBC	

Fewer admissions to psychiatric hospital where people have not had C(E)TR or LAEP, prior to Mental Health Act recommendations. Reduction in number of people delayed in relation to delayed transfer from ED. Reduction in multi-agency director level escalation calls in relation to delayed transfer from ED. Greater multi-agency working to support people with LD or autistic people who are frequently attending ED due to unmet community support for needs.	Weekly system recording – audit pre/post project TBC TBC	TBC TBC TBC TBC	
Team (Who is your project team involved in the project?)	What are your key milestones		
- Lived experience representative - ED representatives from Birmingham Childrens Hospital and UHB - Community services reps – Birmingham Learning Disability Services & Birmingham MH services – Psychiatric Liaison, Autism Enhances support service and Disability Intensive Care Enhance team (CYP). - Local Authority representative - BSOL system representative – Clinical lead	- Form confirmed project team and build relationships – June 2025 - Develop aim of project, collectively agreeing areas of improvement for focus and agreeing measures – July 2025 - Develop an offer of bespoke shared ED staff training from resources of clinical expertise across agencies, and training offers developed by people with lived experience. - Hold multiagency process mapping of current process - Aug/Sept 2025 - Engage wider group of people with lived experience to map experiences of access to ED - Aug/Sept 2025 - Define specific focus of improvement - Co-produce solutions, identifying roles, responsibilities and defined response of each agency – Sept 2025 - Develop proposed improved process map, and share for support at BSOL Transformation Group and Executive Steering group – early Oct 2025 - Use PDSA approach to test process – Oct-Dec 2025 - Evaluate approach & outcomes – Jan 2026		