Helping people with a learning disability, at risk of behaviour that challenges, to avoid harm from psychotropic medicines

Joint system action planning report

Background

During 25/26, HIEM have been collaborating with both the Northamptonshire, and Leicester, Leicestershire and Rutland (LLR) Integrated Care Systems (ICS) on the national Medicines Safety Improvement Programme (MedSIP), which aims to help people with a learning disability, at risk of behaviour that challenges, to avoid harm from psychotropic medicines

Using a whole system approach to change, each ICS completed a whole system mapping exercise, involving individuals across health and social care, VCSFE, and lived experience. Where each system had chosen similar foci for improvement a joint system action planning process was undertaken so identify aligned areas of improvement that both systems would prefer to collaborate on to maximise the impact and learning.
A driver diagram showing the areas where both systems had independently chosen to work on is shown in Appendix 1.

What happened at the joint action planning event

Following event planning, HIEM facilitated and delivered a one and a half hour virtual, joint system action-planning event, held on Thursday 16th April 2026, with 16 people in attendance, 9 from Northamptonshire and 7 from LLR. Two breakout rooms were used to support conversations, and the event was structured into two phases:

1. **Collaboration or single system work**

This phase enabled attendees to discuss the aligned areas for improvement and decide whether the initial change ideas should be developed, and/or implemented, as joint- or single system work, and then plan which job role would take the lead. For change ideas that involved a development phase, as well as an implementation phase, this could be split into joint work for the development but single system work for implementation, as patient caseloads vary across the two ICBs
One breakout room discussed the change ideas around proactive care planning and psychosocial and environmental interventions; the other discussed the change ideas around prescribing and de-escalating after crisis.

2. **Timings for implementation**

In the second part of the session, participants discussed those ideas that had been agreed on for cross system collaboration and voted on how quickly they should be commenced. The

options were ‘immediate priority’, ‘medium priority’ and ‘long-term aim’. This allows for full and appropriate prioritisation and planning within the constraints of current staffing and funding.

Outcomes

The outcomes from the day were collated into a draft driver diagram (Image 1) that aligns to the MedSIP programme. Four change ideas were agreed upon to be collaboratively worked on, with the rest being deemed as better suited to individual workstreams at this current time. Four change ideas were also chosen as highest priorities, with two of these already in development.

What worked well

- Both systems demonstrated a strong, shared commitment to improving care and reducing medication-related harm.
- Both groups found common ground throughout the event, clearly wanting to collaborate where able.
- System members volunteered to drive the work forward, especially when connected to their area of expertise i.e. PBS specialists for the ‘lighter PBS option’.
- All attendees were encouraged to contribute, with respectful and constructive dialogue maintained throughout.

What was challenging

- Attendance was lower than anticipated, with 16 participants. Although their contributions were valuable, the limited representation may have influenced the job role allocated to each change idea, which may have restricted the options for participation.
- Despite being invited, children’s services were not represented in the room. This means that any change ideas involving children’s services will need further work to identify the correct job role to lead on. For example, the first draft of the prescribing guidelines has been sent to children’s prescribers for review.

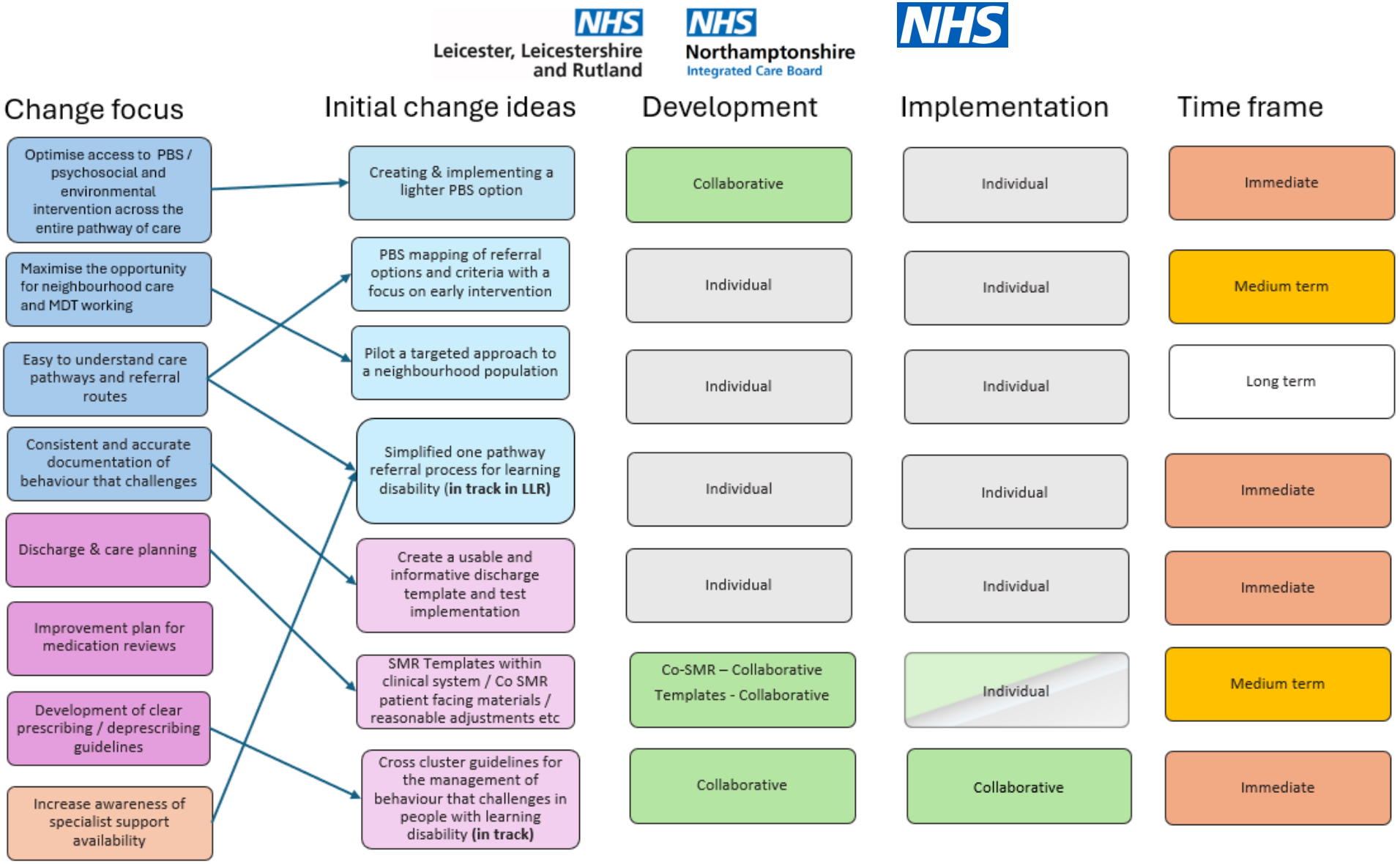

Image 1 - Driver Diagram of outcomes from the joint action planning event

Delivered by:
East Midlands **Patient Safety Collaborative**

Led by:
NHS England

Next steps

Two change ideas have already been commenced. A collaborative approach has been taken to develop guidelines for the prescribing and deprescribing of antipsychotics, led by both SROs and senior pharmacists from each system. A simplified one pathway referral process is also being worked on within the LLR system. This is an approach that the Northamptonshire system already has, but there is a desire to compare and contrast when LLR have produced their process.

For the other, immediate priority change ideas, task and finish groups, led by the suggested job role and volunteers will be set up to create, implement and measure success. Progress will be reviewed at agreed intervals through existing governance structures within the ICSs, with continued engagement from lived experience representatives to ensure improvements remain person-centred and outcome focused. However, even the change ideas given a high priority, change will only progress when there are stakeholders willing to support the improvement work.

Summary

During 2025/26, HIEM collaborated with Northamptonshire and LLR ICSs to deliver the national Medicines Safety Improvement Programme, applying a whole-system approach to reduce harm from psychotropic medicines for people with a learning disability who are at risk of behaviour that challenges.

This work culminated in a 90-minute joint virtual action-planning event held on 16 April 2026, attended by 16 system partners from both ICSs. Building on earlier system mapping, participants reviewed ten shared improvement ideas, agreed whether these should be progressed collaboratively or within individual systems, and prioritised actions based on feasibility and impact.

Four change ideas were collectively identified as the highest priorities. Two of these are already progressing: joint development of system-wide guidance for the prescribing and deprescribing of antipsychotic medicines, and work within LLR to implement a simplified referral pathway, informed by learning from Northamptonshire's existing model. The remaining priority actions will be taken forward through task-and-finish groups led by identified roles and supported by system volunteers.

Progress will be overseen through existing ICS governance arrangements, with continued involvement of people with lived experience to ensure that improvements remain person-centred, proportionate, and focused on meaningful outcomes. This joint action-planning approach has strengthened cross-system collaboration and established a clear, shared direction for improving medicines safety across both systems.

Appendix 1

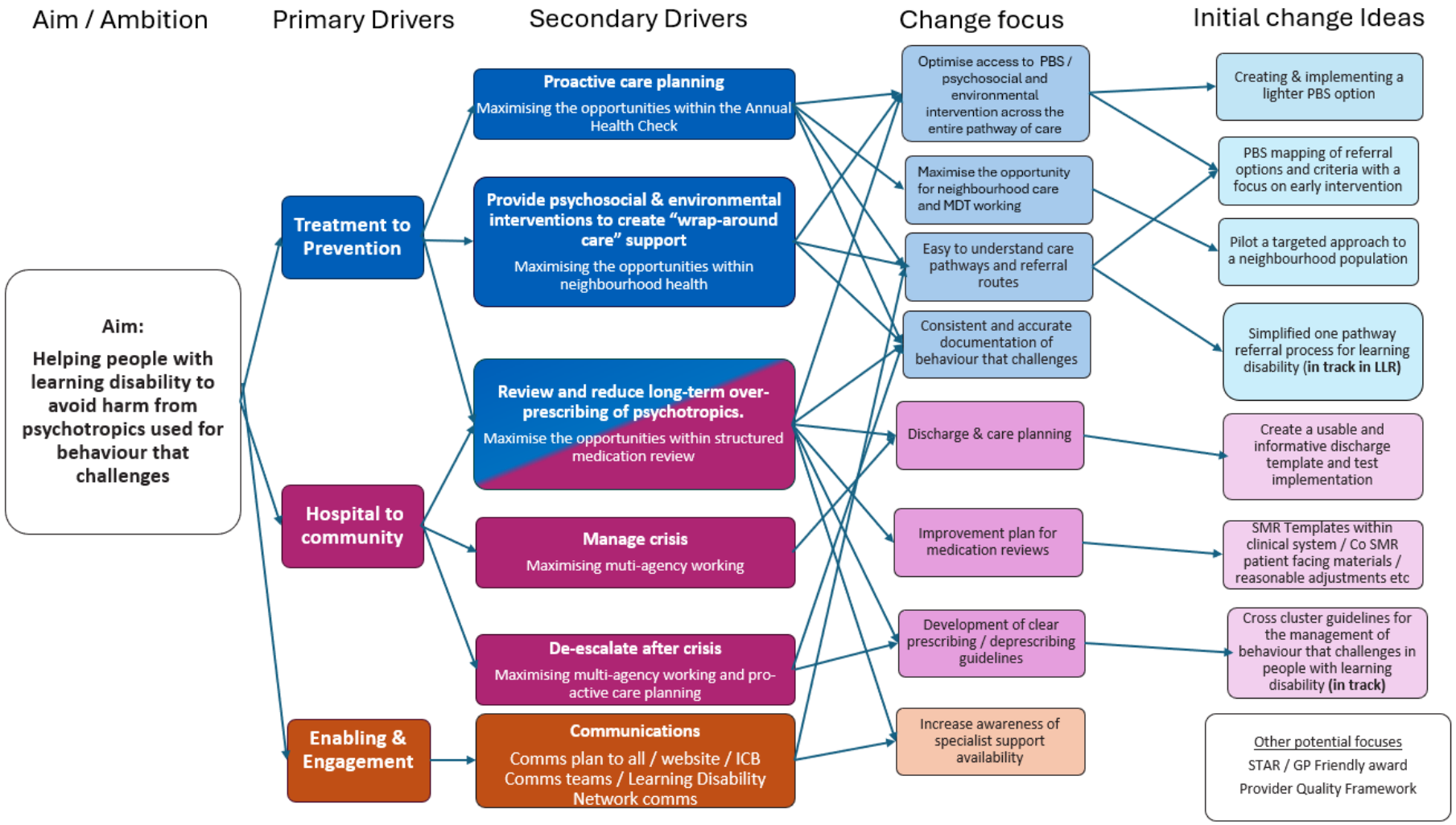

Image 2 – Joint Driver Diagram of outcomes from individual action planning events