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WEST YORKSHIRE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

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SUPPLEMENTARY PACK

AGENDA ITEM 9 – WEST YORKSHIRE AND HARROGATE HEALTH AND CARE PARTNERSHIP: MENTAL HEALTH PROGRAMME

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West Yorkshire and Harrogate Health and Care Partnership

West Yorkshire Joint Health and Overview Scrutiny Committee

Overview of the WY&H Mental Health, Learning Disability & Autism Programme

1. Purpose of the Paper

The purpose of this paper is to provide the WY JHOSC with a briefing on the West Yorkshire & Harrogate Health & Care Partnerships (WYH HCP) Mental Health, Learning Disability & Autism Programme.

2. Introduction and Background to the Programme

Mental Health, Learning Disabilities and Autism are all national priorities and a local WYH HCP priority. The recently published Long Term Plan reasserts the commitment to Mental Health (building on the improvements set out previously in the Mental Health Five Year Forward View (MH 5YFV)) and also sets out clearly for the first time a vision and improvements for people with Learning Disabilities and Autism.

Implementing the commitments of this plan will improve access to services and outcomes for people of all ages, deliver seven-day crisis services, reduce inequality and realise efficiencies across the local health and care economy and wider society. A common theme is that of building capacity within specialist community-based services to provide care closer to home and in the least restrictive environment.

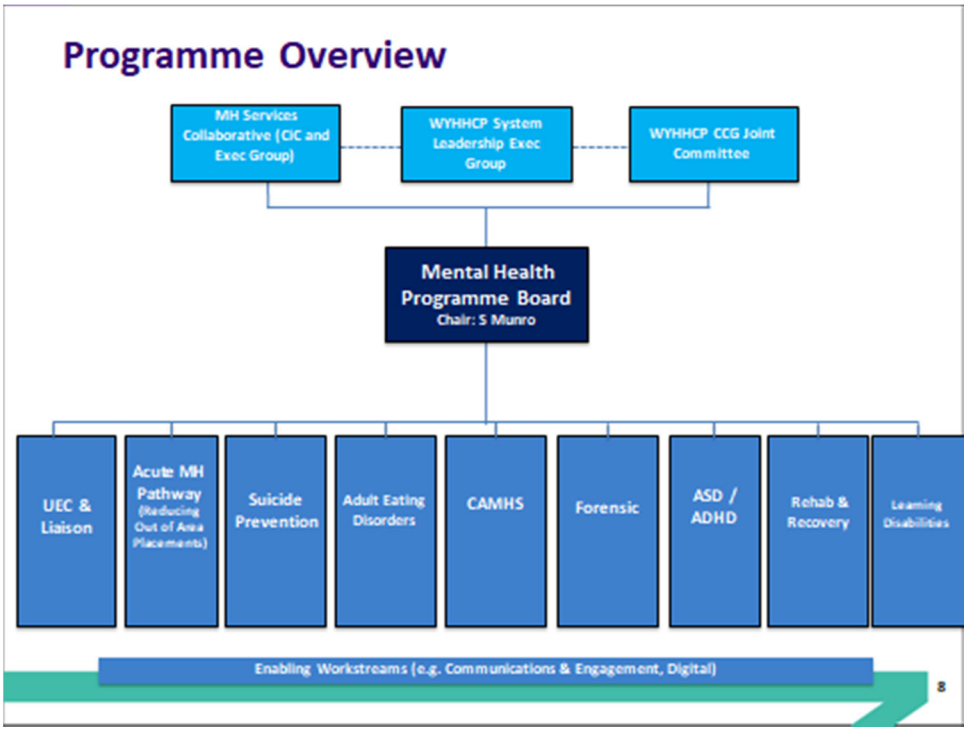
As a partnership we have agreed a number of priority service areas, mainly specialist/secondary care mental health and learning disability/autism services, where it makes sense to take a WYH HCP approach and undertake the transformation work once as part of the MH& LD Programme (see Figure 1 below). This has primarily been influenced by the scale of the service and where something is challenging all local places.

The programme is framed within the overarching principle of reducing local variation in the quality of services across the partnership and providing more consistent pathways for service users. It has the following objectives;

- Development of standard operating models for acute and specialist services; with care delivered in the least restrictive environment possible and more care in the community.
- Improved patient experience and access to services for the people of WY&H
- Reduction in A & E attendances (40% reduction in unnecessary A&E attendance)
- 50% reduction in number of section136/ Places of Safety
- A zero suicide approach to prevention (10% overall reduction in the population and 75% reduction in targeted service areas and suicide hotspots by 2020-21)
- Elimination of adult out of area placements for non-specialist acute care
- Development of new care models for CAMHs T4, Adult Eating Disorders and Forensic services
- Reduction in waiting times for autism assessments and development of future commissioning framework for ASD/ADHD.

The majority of mental health, learning disability and autism service transformation and delivery of the Long Term Plan and Five Year Forward View for mental health will be delivered in the WY&H 6 local places. To support this the WY&H programme is developing its approach to undertaking a strategic oversight role (alongside the direct delivery of transformation) for mental health, learning disabilities and autism across the WYH HCP. This will ensure we take a system perspective to ensuring we are the delivering all the change and improvements needed and investing in frontline mental health and learning disability services. It will also ensure we are spreading proven best practice and supporting each other through a process of peer review and mutual aid to improve services for the local population.

Figure 1: Programme Overview



3. West Yorkshire Mental Health Provider Collaborative

The NHS providers of secondary mental health services in WY (Bradford District Care Foundation Trust, Leeds and York Partnership Foundation Trust, Leeds Community Healthcare NHS Trust and South West Yorkshire Partnership Foundation Trust) have come together to form a provider collaborative (West Yorkshire Mental Health Services Collaborative) to ensure consistent outcomes for people accessing services based on integrated and standard operating models for acute/specialist mental health services. This will ensure services are planned and delivered according to needs of the population, through networked models of care and not individual organisation. Shared and aligned governance has been put in place that will allow the four trusts to make timely decisions together to support service delivery and change, within a robust and challenging governance framework. This includes a Committees in Common (C-I-C); where the Chair and Chief Executives of the four trusts meet quarterly to oversee and make decisions relating to the programme. The C-I-C does not undermine the statutory responsibilities of the trust Board and its directors who remain accountable for the services and the care provided by their trust to their local populations.

This joint approach supports relationships and conversations with the WY&H Joint CCG Committee.

By collaborating in this way and by working closely with commissioners it is anticipated that significant improvements can be made for people living in WY&H.

4. Overview of the Transformation Programme

Further detail relating to a number of the specific work streams within the programme is included below;

Suicide Prevention

The West Yorkshire and Harrogate Suicide Prevention Strategy launched in 2017 sets out an evidence based yet practical framework for suicide prevention across the partnership. By embedding strong working relationships and facilitating the sharing of resources and knowledge it is anticipated that we can reduce the frequency of suicide and minimise the associated consequences of such deaths.

Importantly the strategy is underpinned by the international recognised Zero Suicide Philosophy, which is based on two important assumptions:

i) Risk is proportionate to the level of intervention and support received by the person at risk; so if the risk is identified and the care, treatment and engagement provided is high quality, timely appropriate and matched to the individual's needs, then the risk is much lower.
ii) Suicide is not a terminal prognosis, or inevitable for any individual and can be prevented. It is not a foregone conclusion for anybody and there is always hope that things will improve.

The WY&H Suicide Prevention Advisory Network brings together all partners to oversee delivery of the strategy and share information across the wider network. Membership includes representation from NHS specialist mental health providers, public health, West Yorkshire Police, West Yorkshire Fire and Rescue services, HMP prisons, probation services, Care UK and Yorkshire Ambulance Services.

Work to date includes ensuring that people have the right skills to support people at risk of suicide by commissioning suicide prevention training for staff, establishing a network of experts by experience, developing a real time surveillance system to ensure partners capitalise on real time data on suspected suicides and ensuring there is postvention specialist support for those people bereaved by suicide.

New Care Models for CAMHs and Adult Eating Disorders

The mental health provider collaborative have been part of a national pilot of leading new models of care for tertiary mental health services in Children and Young Peoples Mental Health Services (CAMHS) and Adult Eating Disorders which sees the collaborative take responsibility for redesigning care pathways. This is about providing a population approach to services, ensuring we stop people having to travel long distances out of area for care and providing more care in the community. It enables the development of better integrated pathways of care that are often fragmented due to the different commissioning arrangements; NHS England commission in the inpatient services and Clinical Commissioning Groups commission the community services.

The new WY CONNECT service for adult eating disorder established in April 18 now provides a community service for the whole of WY&H supported by an inpatient unit in Leeds (previously there was no local services in many of the local places). This has enabled the repatriation of people placed in units outside of WY&H and critically enabled more care to be

provided closer to home in the community rather than hospital.

Similarly the CAMHs NCM is working to develop streamlined pathways across the region for community intensive services both to reduce the need for, and the length of, an inpatient stay, and/or as an alternative. The appointment of three care navigators across the West Yorkshire patch has been instrumental driving some of the change with clinical teams and acting as the advocate for the young person and the family to ensure that everything has been tried to provide care close to home before an admission takes place but that when it does need to happen it does so smoothly. This different way of working has enabled recent investment of c£500k in CAMHs community services across the partnership.

Autism and Attention Deficit Hyperactivity Disorder (ADHD)

Assessment and diagnosis of Autism and ADHD has been identified as priority area primarily due to the increase in demand (a national trend) for assessment and the consequential increase in waiting times. Waiting lists remain high as demand has continued to increase and there is significant variance across the patch depending on the stage of local initiatives. Current waiting times vary from 16 weeks to 2 years (for start of assessment) across the partnership.

Work has been undertaken with the provider collaborative to share current pathways, approaches to managing waiting lists and other service improvements. It is important to note that children and adult's services are set up in a different way across the partnership with the children's services being a more integrated service with mental health provision and paediatric services and with obvious key interfaces with education.

We have already started to see service improvements through better collaboration particularly in improved alignment between ADHD and Autism assessment so that people referred for one assessment but requiring the other (or both) does not have to be re-referred. Particular emphasis is also being given to ensuring that referrals have the relevant information contained with them to ensure that once the assessment commences a decision can be made by the multi-disciplinary team (MDT) as soon as possible. Information about this process has been shared between providers in an attempt to start standardising the approach across the region recognising that at the same time local initiative continue to be developed and waiting list initiatives undertaken. Through this work and the relationships established services that have been particularly challenged are now benefiting from peer support from others.

Through this work a draft proposal has just been developed setting how specific areas could be developed together as a WYH partnership to support the development of a sustainable model of service. This includes:

- Tackling the waiting list as one (particularly where activity is being outsourced to independent providers)
- Continuing the sharing of good practice, peer support, trial and feedback in relation to new initiatives (e.g. school based autism assessment)
- Awareness raising training resource for mainstream services
- Pre and post diagnosis support for parents/carers/siblings
- Strategic workforce planning to ensure there is resilience within current service provision and appropriately trained individuals can be recruited.

Assessment and Treatment Services for People with Learning Disabilities

The National Transforming Care Programme (TCP) aims to reduce the number of people with learning disabilities being admitted to hospital by providing more care in the community.

People that do require some specialist inpatient support (Assessment and Treatment Units (ATUs)) should see their length of stay reduced as more care provision and appropriate accommodation is developed within community settings.

In West Yorkshire there are currently three ATUs (Bradford, Leeds and Wakefield) all of which are required as part of the TCP to reduce the number of beds provided.

The three providers of the services have been working, collectively with commissioning colleagues, to determine i) what good ATU provision looks like and ii) to develop a WY collaborative sustainable service model.

The approach taken has included:

- Ensuring the national evidence base learning from other areas is incorporated
- Sharing best practice across the providers and three services and understanding the commonality and variance in current models
- Active staff engagement in the work
- Strong involvement of service users and carers in the work
- Developing consenus across the partnership on what good ATU provision should look like (currently it is felt that individuals are admitted due to lack of appropriate services/support in the community rather than a clinical need)
- Identification of risks to delivery of specific interdependencies (lack of respite, safe spaces, and experienced/skilled staff)

A detailed options appraisal looking at both the quality and financial components is currently being undertaken this will then go through the WYH HCP governance for review and sign off.

<u>WY Transforming Care Partnership and Programme</u>
There are currently three Transforming Care Partnerships and supporting programmes in WY (Bradford, Leeds and one for Calderdale, Kirklees and Barnsley). From April 2019 we will be moving to one WY partnership that will continue to ensure that people with learning disabilities and the most complex needs have the same rights to live fulfilling lives as everyone else. This collaborative approach will support the partnership to commission and provide the right care in local communities that is effective, efficient and sustainable for the local population.

Contact details

For further information on the above and other aspects of the programme please contact Emma Fraser (Programme Director) emma.fraser@nhs.net

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