

WEST YORKSHIRE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Meeting to be held in Civic Hall, Leeds, LS1 1UR on
Tuesday, 18th February, 2020 at 10.30 am

(Pre-meeting for all Committee Members at 10:00 am)

MEMBERSHIP

Councillors

| | | |
|-----------------------------|---|--------------------|
| Councillor V Greenwood | - | Bradford Council |
| Councillor R Hargreaves | - | Bradford Council |
| Councillor S Baines | - | Calderdale Council |
| Councillor C Hutchinson | - | Calderdale Council |
| Vacancy | - | Kirklees Council |
| Councillor E Smaje | - | Kirklees Council |
| Councillor H Hayden (Chair) | - | Leeds Council |
| Councillor G Latty | - | Leeds Council |
| Councillor B Rhodes | - | Wakefield Council |
| Councillor L Whitehouse | - | Wakefield Council |

Co-opted Members

Councillor J Clark – North Yorkshire County Council
Councillor A Solloway – North Yorkshire County Council

Please note: Certain or all items on this agenda may be recorded

Principal Scrutiny Adviser:
Steven Courtney
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Produced on Recycled Paper

A G E N D A

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|---------|--------------------------|---------------|--|---------|
| 1 | | | <p>APPEALS AGAINST REFUSAL OF INSPECTION OF DOCUMENTS</p> <p>To consider any appeals in accordance with Procedure Rule 25* of the Access to Information Procedure Rules (in the event of an Appeal the press and public will be excluded).</p> <p>(*In accordance with Procedure Rule 25, notice of an appeal must be received in writing by the Chief Democratic Services Officer at least 24 hours before the meeting.)</p> | |
| 2 | | | <p>EXEMPT INFORMATION - POSSIBLE EXCLUSION OF THE PRESS AND PUBLIC</p> <p>1 To highlight reports or appendices which officers have identified as containing exempt information, and where officers consider that the public interest in maintaining the exemption outweighs the public interest in disclosing the information, for the reasons outlined in the report.</p> <p>2 To consider whether or not to accept the officers recommendation in respect of the above information.</p> <p>3 If so, to formally pass the following resolution:-</p> <p>RESOLVED – That the press and public be excluded from the meeting during consideration of the following parts of the agenda designated as containing exempt information on the grounds that it is likely, in view of the nature of the business to be transacted or the nature of the proceedings, that if members of the press and public were present there would be disclosure to them of exempt information, as follows:</p> <p>No exempt items have been identified on this agenda.</p> | |

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| 3 | | | <p>LATE ITEMS</p> <p>To identify items which have been admitted to the agenda by the Chair for consideration.</p> <p>(The special circumstances shall be specified in the minutes.)</p> | |
| 4 | | | <p>DECLARATION OF DISCLOSABLE PECUNIARY INTERESTS</p> <p>To disclose or draw attention to any disclosable pecuniary interests for the purposes of Section 31 of the Localism Act 2011 and paragraphs 13-16 of the Members' Code of Conduct.</p> | |
| 5 | | | <p>APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTES</p> <p>To receive any apologies for absence and notification of substitutes.</p> | |
| 6 | | | <p>PUBLIC STATEMENTS</p> <p>At the discretion of the Chair, a period of up to 10 minutes may be allocated at each ordinary meeting for members of the public to make representations on matters within the terms of reference of the Joint Committee.</p> <p>No member of the public shall speak for more than three minutes, except by permission of the Chair.</p> <p>Due to the number and/or nature of comments it may not be possible to provide responses immediately at the meeting. If this is the case, the Joint Committee will indicate how the issue(s) raised will be progressed.</p> <p>If the Joint Committee runs out of time, comments may be submitted in writing at the meeting or by email (contact details on agenda front sheet).</p> | |

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| 7 | | | <p>MINUTES - 19 NOVEMBER 2019</p> <p>To confirm as a correct record, the minutes of the meeting held on 19 November 2019.</p> | 7 - 18 |
| 8 | | | <p>MENTAL HEALTH PROGRAMME</p> <p>To consider a report from Leeds City Council's Head of Democratic Services introducing an update on the West Yorkshire and Harrogate Health and Care Partnership's Mental Health, Learning Disabilities and Autism Programme; alongside the associated five year strategy.</p> | 19 - 80 |
| 9 | | | <p>WEST YORKSHIRE AND HARROGATE HEALTH AND CARE PARTNERSHIP: ASSESSMENT AND TREATMENT UNITS</p> <p>To consider a report from Leeds City Council's Head of Democratic Services introducing an update on West Yorkshire assessment and treatment units (ATU) for people with learning disabilities; and seeking the view of the Joint Committee on the proposals and the next steps including the presentation of the options, scope of further engagement/consultation and the decision-making process.</p> | 81 - 110 |
| 10 | | | <p>WORK SCHEDULE</p> <p>To consider a report from Leeds City Council's Head of Democratic Services providing an opportunity for the Joint Committee to consider its future priorities and work programme.</p> | 111 - 116 |
| 11 | | | <p>DATE AND TIME OF NEXT MEETING</p> <p><u>Tuesday 14th April 2020 at 10.30 am</u> (with a pre-meeting for all members of the Joint Committee at 10.00 am).</p> <p>The meeting will be held at the Civic Hall, Leeds.</p> | |

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| | | | <p>THIRD PARTY RECORDING</p> <p>Recording of this meeting is allowed to enable those not present to see or hear the proceedings either as they take place (or later) and to enable the reporting of those proceedings. A copy of the recording protocol is available from the contacts named on the front of this agenda.</p> <p>Use of Recordings by Third Parties– code of practice</p> <ul style="list-style-type: none"> a) Any published recording should be accompanied by a statement of when and where the recording was made, the context of the discussion that took place, and a clear identification of the main speakers and their role or title. b) Those making recordings must not edit the recording in a way that could lead to misinterpretation or misrepresentation of the proceedings or comments made by attendees. In particular there should be no internal editing of published extracts; recordings may start at any point and end at any point but the material between those points must be complete. | |

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WEST YORKSHIRE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

TUESDAY, 19TH NOVEMBER, 2019

PRESENT: Councillor H Hayden in the Chair

Councillors V Greenwood, R Hargreaves,
C Hutchinson, G Latty, B Rhodes, L Smaje
and A Solloway

15 Chair's Opening Remarks

The Chair welcomed all present to the meeting and noted that, due to the General Election scheduled for 12th December 2019, the meeting fell within the pre-election period. While noting the normal business of Local Authorities, the NHS and decision makers continues during this period, the Chair referenced the Code of Recommended Practice on Local Authority Publicity and Care during periods of heightened sensitivity; and directed Members of the Joint Committee to Section 33 of the Code, which stated:

“Local authorities should pay particular regard to the legislation governing publicity during the period of heightened sensitivity before elections and referendums. . . . It may be necessary to suspend the hosting of material produced by third parties, or to close public forums during this period to avoid breaching any legal restrictions.”

With these details in mind, the Joint Committee considered and agreed a motion to suspend the “Public Statements” agenda item.

Former Councillor M Walton

Councillor Smaje reported that former Councillor Molly Walton had recently passed away. Councillor Walton had previously championed health scrutiny and in her capacity as Chair of Health Scrutiny in Kirklees, she had been involved in previous Joint Health Scrutiny arrangements. The Joint Committee shared recollections of former Councillor Walton and expressed their sadness at her passing; extending condolences and best wishes to all her family and friends.

16 Appeals Against Refusal of Inspection of Documents

There were no appeals against the refusal of inspection of documents.

17 Exempt Information - Possible Exclusion of the Press and Public

The agenda contained no exempt information.

18 Late Items

There were no late items of business.

Draft minutes to be approved at the meeting
to be held on Tuesday, 18th February, 2020

19 Declaration of Disclosable Pecuniary Interests

No declarations of disclosable pecuniary interests were made.

20 Apologies for Absence and Notification of Substitutes

Apologies for absence were received from:

- Councillor S Baines (Calderdale Council)
- Councillor J Clark (North Yorkshire County Council)
- Councillor N Griffiths (Kirklees Council)

There were no substitute members in attendance.

Additionally, Councillor Smaje reported the resignation of Councillor N Griffiths from the Joint Committee. As such, the position was currently vacant and a nomination from Kirklees Council would be made in due course.

21 Public Statements

Having noted the implications of the Code of Recommended Practice on Local Authority Publicity and Care during periods of heightened sensitivity (minute 15 above refers) the Joint Committee agreed to withdraw this item from the agenda.

RESOLVED – To withdraw this item from the agenda.

22 Minutes - 10 September 2019

The Joint Committee noted a request to amend Minute No.10 West Yorkshire and Harrogate Health and Care Partnership Draft 5 Year Strategy to read as follows:

- ‘When addressing the first section of the NHS Long Term Plan on primary care networks, the Strategy should reflect *community care...*’

RESOLVED – That, subject to the amendment to Minute 10 outlined above, the minutes of the previous meeting held 10th September 2019 be agreed as a correct record.

23 West Yorkshire Association of Acute Trusts (WYAAT) - update

Further to minute 34 of the meeting held 5th December 2018, the Joint Committee received a report from Leeds City Council’s Head of Democratic Services introducing an update from the West Yorkshire Association of Acute Trusts (WYAAT).

The report included the WYAAT Annual Report 2019 which provided an outline of progress made since December 2018 alongside the ‘Our Progress and Achievements during 2018/2019’ document. An extract of the Joint Committee minutes of the meeting held 5th December 2018 was included for reference.

Draft minutes to be approved at the meeting
to be held on Tuesday, 18th February, 2020

The following were in attendance to present the report and contribute to discussions:

- Matt Graham – WYAAT Programme Director
- Helen Barker – Chief Operating Officer, Community Health Foundation Trust
- Debbie Graham – Head of Integration and Partnerships, Calderdale CCG
- Matt Walsh – Chief Officer Calderdale Clinical Commissioning Group.

In introducing the report, the following matters were raised:

Dermatology Services

At its previous meeting on 10 September 2019, the Joint Committee had briefly considered concerns raised by dermatology patients regarding changes to services; and requested an update for early consideration. A verbal update was provided at the meeting – specifically for the Calderdale and Huddersfield NHS Foundation Trust (CHFT) area. The main points raised included:

- A Community Dermatology Service had been commissioned and recently established to deal with primary care patients initially. The development of a new service model was dependant on recruitment to the second tier consultant led dermatology provision, which remained a challenge.
- CHFT was keen to utilise the support available through the West Yorkshire and Harrogate Health and Care Partnership (WYH HCP) approach of using West Yorkshire wide resources.
- In respect of waiting lists, data collected showed an increase in referrals from Calderdale to Leeds, with Calderdale patients amounting to 22% of overall waiting lists. Predominantly however, the demand in Leeds remained Leeds based. The Joint Committee welcomed the offer to share the data with Members.
- A national review of dermatology services had identified 100+ consultant vacancies. WYAAT had therefore determined to recruit an additional consultant to the Leeds team with the intention for that post-holder to also deliver services to CHFT.

The Joint Committee additionally discussed the following matters:

- The impact of previous service models on the uptake of training by potential consultant practitioners as a factor in the deficit of consultants.
- Concern that as Trusts struggle to recruit; services could be reconfigured and as a result, patients have to travel to the centralised service rather than practitioners delivering the service in areas of need. Alternatively, in those areas where staff do deliver service between Trusts, there was a need to assess any impact on the availability of clinical appointments at the substantive location.

- Acknowledgement that first point of contact practitioners were required to enable the service to balance the spread of specialist practitioners across the Trusts to ensure that service needs are met.
- The Joint Committee heard that the intended service model of making appointments to a Service Hub which would deliver across the WYH footprint would mirror the British Association of Dermatologists model of care. This would ensure that clinical consultants worked to the top of their specialism and clarified the roles of the supporting team to identify which tier provided which level of care. WYH HCP needed to create that scale of team to ensure the success of that service delivery model.
- Additionally any identified service gaps could be supported by those GPs, consultant Nurses and Clinician Associate roles keen to expand their role in dermatology, with training available to GPs to provide dermatology services and advance the case of the patient to get the right treatment. In response to comments over the availability of GP appointments and that a patient would need to be able to identify which, if any, GP in their practice had the specialism, it was reported that specialist GPs will work community wide using national criteria and technology to make the right referral but it was acknowledged that the new model still required a clinical consultant to ensure clinical governance.
- The future role of digital technology to support the service – for example, tele-medicine; whereby a patient can visit a local clinic and via video link connect to a practitioner based elsewhere.
- The structure of Dermatology Services in Bradford, and concern that although the team structure was reported to be stable, it was a vulnerable service and posed a significant risk due to it functioning under a single consultant.

The Joint Committee discussed the following issues in respect of the wider report.

WYAAT Annual Report and Programmes:

- The sustainability of the other specialisms referenced within the WYAAT Annual Report. It was noted that six programmes formed the 2 work-streams, defined by the level of challenge they represented (cardiology, urology and maxilla-facial surgery) or their willingness to trial networking (ophthalmology/gastroenterology/dermatology).
- The role of scrutiny and the Joint Committee in particular in the development of WYAAT service proposals and the mechanism to ensure an early overview of proposals. It was noted that the current WYAAT decision making model prevented an early opportunity for the Joint Committee to take an overview of any service development proposals and provide advice, if appropriate.

- The Joint Committee noted and welcomed the offer for WYAAT to report to the Joint Committee more regularly (six monthly being proposed) to help ensure proposals are presented in good time.
- Portability of staff working across the Trusts was beginning to happen where it could, such as within Vascular Services, but WYH HCP and WYAAT needed to agree the future models of care for all services. Although portability between Trusts provided staff with opportunities for training and experience, it could also alter the relationships established to ensure trust/good working practices within place based teams and this would form part of future discussions with staff.

RESOLVED –

- a) That the contents of the report and discussions held at the meeting be noted
- b) To note the intention for WYAAT to present update reports to the Joint Committee at six monthly intervals.
- c) To receive the statistical data relating to the Calderdale/Huddersfield and Leeds waiting lists for Dermatology Services.
- d) That the following be identified as matters for further scrutiny, with the requested information to be circulated to Members in advance of the next meeting:
 - I. an overview of the Networks
 - II. the timescales for delivery of the WYAAT priorities.

24 West Yorkshire and Harrogate Health and Care Partnership: Improving Planned Care Programme

The Joint Committee received a report from Leeds City Council's Head of Democratic Services introducing a report from the West Yorkshire and Harrogate Health and Care Partnership on the Improving Planned Care Programme.

The report included a copy of the West Yorkshire and Harrogate Improving Planned Care and Reducing Variation programme (Elective Care and Standardisation of Commissioning policies) at Appendix 1, which focussed on reducing the health inequalities evident across the West Yorkshire and Harrogate system and specifically clinical thresholds, clinical pathways and prescribing.

The following were in attendance to present the report and support discussions:

- Dr Matt Walsh – Chief Officer, Calderdale Clinical Commissioning Group and Senior Responsible Officer, Improving Planned Care Programme
- Catherine Thompson – Director, Improving Planned Care Programme

In presenting the report, the following work streams within the Programme and matters were highlighted:

- Discussions on the complexities of culture, values, place and system within the Improving Planned Care (IPC) Programme were being held at 'place' level, however there was a desire for these to include the Joint Committee to provide assurance that the right discussions were being held.
- The Joint Committee of CCGs provided governance for the workplan elements of the IPC Programme. The workplan currently covered 2 high volume services – Eye Care and Musculoskeletal. Standardised clinical policies had been established for both areas, such as commissioning policies and thresholds.
- The Programme sought to create equitable care, service provision and access to services across WYH with fully evidenced high quality pathways. How to apply each pathway would be determined by place to shape the delivery of services.

In terms of Programme implementation, it was recognised that in some workstreams, such as workforce, WYH was the appropriate level, and not place. The Programme included a review of clinics to ensure best practice and efficiencies, and equity audits to better understand variations of practice and quality in cataract and knee/hip surgery. Consideration was also being given to the creation of a single prescribing committee.

In terms of workforce development, it was reported that funding had been secured to support the Eye Care Programme, as follows:

- To establish 20 places for a first year cohort of 'First Contact' practitioners, the aim being to train 50 in total.
- To provide enhanced skills training for 60 optometrists which will enable them to undertake ophthalmologist's tasks
- To provide training to create Advanced Practice Nurses to enable nurses to undertake some eye care tasks where there is evidence that it is safe for them to do so.

The Joint Committee considered and discussed a range of matters relating to the Improving Planned Care Programme, including:

Pathways – The Joint Committee sought information relating to the monitoring of pathway delivery, whether pathways already established within WYH had been reviewed and how they were delivered for local needs. A Joint Committee member provided the meeting with his personal experience of receiving care for the same issue at both regional and local level. In response, the Joint Committee received assurance that the IPC Programme leaders intended to include the Joint Committee in discussions on care pathway delivery and the shape of provision at a local level, noting that successful delivery was dependent on having the scale of workforce necessary and able to deliver it.

Additionally, the Joint Committee was informed that a quarterly working group had been established to discuss progress and failure against the implementation framework with each area represented in the group. The working group provided partners with the opportunity for mutual accountability rather than formal regulation additional to that already in place throughout the NHS to ensure clinical and delivery quality.

Timeframe – The Joint Committee noted comments relating to the timeframe for implementation, specifically noting that an individual patients' care pathway may or may not fit within the designated timeframe for delivery of a specific aspect of care, depending on the complexity of their case.

Second wave of evidence base interventions policy– The Joint Committee noted that details had not yet been released, but would be subject to a national 8 week consultation period after the General Election 2019. The Joint Committee welcomed the offer to provide a link to the consultation, when available.

Equality of care – The challenge of achieving equality of care across WYH was recognised, acknowledging that different areas within WYH experienced different health challenges and risks; and not all partners wished to participate in the Programme. The Joint Committee expressed a desire to consider how equality could be achieved taking into account the differences that existed and how local Health and Wellbeing Boards will review care pathways to achieve equality.

The Joint Committee also requested the detail of the inequality data, noting with concern the reported 40% difference between the best and worst performing. The data would inform future discussions on the wider determinants of health and how to assist the IPC Programme. It was agreed that, following consultation with NHS England, appropriate data would be provided to Members of the Joint Committee.

Efficiencies – In response to discussions regarding the nature of the proposed system efficiencies and how these would impact on the workforce and patients, the Joint Committee noted that the efficiencies proposed would support the system processes, such as reviewing the best use of downtime between patient appointments and how some providers have designed their teams.

Progress – The Joint Committee identified that IPC Programme local plans had been drafted 18 months ago, and that development of the plans in response to system changes could be a matter where the Joint Committee provide an overview.

RESOLVED –

- a) That the contents of the report and discussions held at the meeting be noted;

- b) That the continuing development of the IPC Programme local plans be identified as an area where the Joint Committee could provide an overview;
- c) That to support its ongoing work, the following details referenced during the discussion be made available to the Joint Committee :
 - Inequality data that will inform future discussions on the wider determinants of health.
 - The national consultation on the second wave of NHS Evidence Based Interventions Policy.

(During consideration of the item, Councillor G Latty left the meeting at 1.00 pm)

25 West Yorkshire and Harrogate Health and Care Partnership Draft Five Year Strategy

Further to minute 10 of the meeting held 10th September 2019, Leeds City Council's Head of Democratic Services submitted a further report which provided the Joint Committee with an opportunity to review the work undertaken by the West Yorkshire and Harrogate Health and Care Partnership on developing the Draft 5 Year Strategy. The first iteration of the Strategy was considered by the West Yorkshire and Harrogate Health and Care Partnership Board (WYH Partnership Board) meeting on 3rd September 2019.

The Joint Committee noted that the final system narrative would be presented to the Partnership Board on 3rd December 2019; however, despite being requested, an updated iteration of the draft 5 year strategy had not been made available to the Joint Committee for review.

The report included a brief update provided by the Partnership Director, outlining the development of the draft five year strategy and next steps. The first iteration of the draft strategy and accompanying presentation previously considered by the Joint Committee in September 2019 were also included within the report.

The following were in attendance to present the report and contribute to discussions:

- Ian Holmes – Director, West Yorkshire and Harrogate Health and Care Partnership.
- Rachael Loftus - Head of Regional Partnerships, Health Partnerships Team

In presenting the report, it was highlighted that the next draft of the 5 Year Strategy would be made public on 26th November 2019 as part of the agenda papers for the Partnership Board meeting on 3rd December 2019.

The Joint Committee considered and discussed a range of matters regarding the development of the 5 Year Strategy, including:

- Concern that an updated iteration of the draft strategy, such as that submitted to NHS England on 27 September or 15 November, was not made available for the Joint Committee to review and receive assurance that comments made and issues raised at the September meeting had been addressed.
- The Joint Committee noted the response that the version submitted to NHS E had included comments made by the Joint Committee and also local Health and Wellbeing Boards which had met by that date. The Joint Committee was advised that none of the Local Authority Leaders or Health and Wellbeing Board Chairs had seen the revised Strategy as yet; and those who were members of the WYH Partnership Board would receive a copy on 26th November 2019
- The technical process for the submission of the updated draft document, noting that comments from partners and interested parties had been received throughout the consultation process.
- The implications of the General Election on 12th December 2019, noting that, due to the guidance issued surrounding the pre-election period and decisions on future strategy, the WYH Partnership Board on 3rd December 2019 may decide to postpone a decision on the 5 Year Strategy or to support the Strategy subject to the outcome of the election.
- While noting that the draft strategy and its contents had predominantly been prepared by NHS partners, the Joint Committee emphasised the role of scrutiny as a critical friend, empowered by legislation to take an overview of matters associated with the planning and provision of health care services, which included the development of strategies, plans and proposed service changes. The scrutiny function had parity with Health and Wellbeing Boards within Local Authority structures.

The Joint Committee expressed its dissatisfaction regarding the 5 Year Strategy development process and methodology, noting that the WYH Partnership Board was not a statutory body and that implementation of the strategy ultimately remained with the relevant statutory bodies. The Joint Committee discussed the view whether, having been deprived of an overview of the revised strategy, it may move to scrutinise the “signed off” document in the New Year. The Joint Committee also supported comments made by individual Members that the development process had not been conducive to good partnership working and that without the assurance of having collectively seen the revised strategy, the Joint Committee could not endorse the document.

In conclusion, the Joint Committee requested that the concerns highlighted during the discussions were relayed directly to the Partnership Board – a matter the Chair agreed to undertake – and additionally requested that Members of the Joint Committee be notified once the revised 5 Year Strategy

was publicly available as part of the agenda for the WYH Partnership Board meeting on 3rd December 2019.

RESOLVED –

- a) To note the contents of the report and the discussions held at the meeting;
- b) To note the updated information provided at the meeting and the current position regarding the development of the West Yorkshire and Harrogate Health and Care Partnership Board: Draft Five Year Strategy;
- c) That Members of the Joint Committee be notified once the revised 5 Year Strategy was publicly available as part of the agenda for the WYH Partnership Board meeting on 3rd December 2019;
- d) That officers be requested to draft a direct response to the WYH Partnership Board on the contents, development process and methodology of the Draft Five Year Strategy, based on the Joint Committee's comments made at the September and November 2019 Joint Committee meetings.

26 Work Programme

The Joint Committee received a report from Leeds City Council's Head of Democratic Services on the continuing development of the Joint Committee's future work programme.

The Principal Scrutiny Adviser highlighted the challenges of establishing the work programme as the Joint Committee's priorities and areas of interest changed throughout the year in response to emerging issues. The Principal Scrutiny Advisor also précised additional issues raised at this meeting as the basis for discussion.

The Joint Committee discussed the roles of and relationship between Health and Wellbeing Boards and Scrutiny Committees/ Boards at a local, place-based level.

The Joint Committee also identified the following work areas for further consideration:

- How to gain an oversight of service provider work programmes and link into the decision making group level such as the WYH Health and Care Partnership's System Oversight and Assurance Group (SOAG);
- How to raise the profile of the Joint Committee, particularly in terms of the overview function, with a view to seeking formal representation at the WYH Partnership Board.

RESOLVED –

- a) To note the report presented to the meeting and the contents of the discussions.
- b) That the specific matters highlighted at the meeting be prioritised for consideration by the Joint Committee.

27 Date and Time of Next Meeting

RESOLVED – To note the schedule of future meetings as

Tuesday 18th February 2020

Tuesday 14th April 2020

The formal meetings to commence at 10.30 am (with a pre-meeting for all members of the Joint committee at 10.00 am) to be held at the Civic Hall, Leeds.

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**WEST YORKSHIRE JOINT HEALTH OVERVIEW AND SCRUTINY
COMMITTEE**

**EXTRACT OF THE MINUTES OF THE MEETING HELD ON
MONDAY, 11TH FEBRUARY, 2019**

47 West Yorkshire and Harrogate Health and Care Partnership: Mental Health Programme

The Joint Committee received a report from West Yorkshire and Harrogate Health and Care Partnership presenting an outline of the activity taking place across the Partnership relating to the mental health programme and in particular the Learning Disability and Autism Programme.

The following were in attendance and contributed to the discussions:

- Sara Munro, Mental Health Programme Board Chair, West Yorkshire and Harrogate (WYH) Health and Care Partnership
- Ian Holmes, Director, West Yorkshire and Harrogate Health and Care Partnership

The Mental Health Programme Board Chair introduced the report, which identified 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 section 136/ 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.

It was noted that these objectives were framed within the overarching principles of reducing local variation in the quality of services across the partnership and providing more consistent pathways for service users.

The following specific work streams were detailed in the report and also highlighted at the meeting:

- Suicide prevention.
- New care models for children and adolescent mental health services and adult eating disorders.
- Autism and Attention Deficit Hyperactivity Disorder (ADHD)
- Assessment and treatment services for people with learning disabilities.
- West Yorkshire Transforming Care Partnership and Programme.

The Joint Committee considered the information provided and discussed a number of issues, including:

- Concerns regarding the significant variance in waiting times across the partnership for the assessment of autism and ADHD.
- Concern regarding the potential re-referral issues and alignment of autism and ADHD assessment pathways across the partnership.
- Clarification sought around 'tackling the waiting list as one' and outsourcing of autism and ADHD activity to independent providers.
- Recognising the new model of tertiary Child and Adolescent Mental Health Services (CAMHS), the JHOSC questioned the nature of the current referral system and the role of schools, academies and other places of learning.
- Consideration of whether there was a need for a more joined-up and consistent multi-agency approach regarding children and young people's mental health services – preceding secondary and tertiary care.
- How the West Yorkshire Mental Health Collaborative could work differently to address the general lower life expectancies of people with long-term mental health problems and learning disabilities
- Ensuring any reduction in the bed-base for mental health patients was accompanied with sufficient, effective and accessible community support in local areas.
- Assurance sought that real-time information sharing was available in relation to the suicide prevention work, and whether it was audited and resourced.
- Confirmation on no planned changes to the number of Assessment and Treatment Units (ATUs) – currently three – for people with learning disabilities requiring specialist inpatient support.

In conclusion the Joint Committee welcomed the recognition given to autism and ADHD and requested a further report to a future meeting in order to provide the Joint Committee with an update on the progress of the Programme and the specific matters identified during the discussion.

RESOLVED

- a) To note the contents of the report, the supplementary information and the discussions held at the meeting.
- b) To note the requests for the Joint Committee to receive further information on the matters identified during discussions in due course
- c) To receive a report to a future meeting of the Joint Committee, providing an update on the overall progress of the Mental Health Programme and the specific matters identified at the meeting.

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Mental Health, Learning Disability and Autism Programme

Update to Joint Health Overview & Scrutiny Committee

18 February 2020

1. Introduction

This paper provides the JHOSC with an update on the purpose, structure and work of the West Yorkshire & Harrogate; Mental Health, Learning Disability & Autism programme.

2. Purpose of the programme

Improving outcomes in Mental Health, Learning Disabilities and Autism is a priority for the West Yorkshire & Harrogate Health and Care Partnership. In our draft Partnership [Five Year Plan](#) we describe how one of our big ambitions is to achieve a 10% reduction in the gap in life expectancy between people with mental health conditions, learning disabilities and/or autism and the rest of the population by 2024.

Our specific [Mental Health, Learning Disability and Autism Strategy](#) describes in more detail the work taking place within our programme, and others, to deliver that ambition. This covers not just the provision of care but how we work collectively to address wider determinants of poor health. It has also been produced in [easy read](#).

3. Structure of the programme

Whilst our strategy describes the totality of work happening and the primacy of delivery within each place (Bradford District and Craven; Calderdale, Harrogate, Kirklees, Leeds and Wakefield), our programme currently has some specific priority workstreams where we focus our energy.

These priorities (more detail in Section 3) aim to do at least one of the following:

- Support our places to share good practice
- Help standardise how services are provided
- Consider configuration of services across WY&H

Our programme board meets monthly, chaired by Dr Sara Munro, CEO of Leeds & York Partnerships NHS Foundation Trust and has representation from NHS providers,

commissioners, local authorities, voluntary and community sector (VCS) groups, housing providers, NHS England/Improvement, other WY&H HCP [priority programmes](#) and the Yorkshire & Humber Academic Health Science Network (AHSN). We maintain strong relationships with both the Committees in Common of the Mental Health Provider Collaborative, the WY&H Joint Committee of CCGs and the WY&H System Leadership Executive.

4. Workstream update

We currently have eight priority workstreams, supported by three 'enabling' workstreams (digital, workforce, communications & engagement). A short update on each priority is provided below:

Autism/ADHD

Waiting times for autism/ADHD assessments are high in some areas and we recognise there are issues with the resilience of existing services and a need to improve support for people and their families both pre and post diagnosis. The workstream is exploring the development of a 'network' solution to autism provision which relies on the development of strong, inter-provider relationships yet retains the importance of locally informed decision making. We are also supporting work across all health and care settings to ensure all services become 'autism' informed with sufficiently trained and knowledgeable staff.

Utilising recent NHS England funding we are specifically researching the barriers people with autism face when accessing mental health crisis care, utilising VCS organisations to provide support classes for those on Autism diagnosis pathways who suffer from anxiety and working with the AHSN to develop a 'my needs' app for children and young people.

Improving Determinants of Health & Prevention

Working with our [Improving Population Health Programme](#) we are signing up as a system to the national Mental Health Prevention Concordat and developing the actions we will take to support resilience and positive mental health across the life course; from attachment and bonding to building resilience in childhood, supporting working age adults and promoting healthy ageing.

This includes promoting the good work of local housing providers (mental health and problem debt support for tenants), working with the local enterprise partnership to help employers understand the impact of poor mental health on people's ability to work and to support people with mental health conditions, learning disabilities and autism to enter and sustain employment. We are working with the WY&H Violence Reduction Unit to promote

a public health approach and with the Mental Health Provider Collaborative to increase access to smoking cessation in inpatient settings.

We also have a specific focus on Suicide Prevention, with an ambition to reduce suicide by 10% across West Yorkshire and Harrogate by 2020/21 and a 75% reduction in targeted areas by 2022. We have developed strong partnership working through our Suicide Prevention Advisory Network (SPAN) including links with Network Rail, British Transport Police, Highways England and the military and have engaged experts by experience, developed train-the-trainer packages for suicide awareness and a real-time surveillance model with West Yorkshire Police.

Using existing 'trailblazer' funding we are targeting support at males who are vulnerable including peer support programmes; postvention support across WY&H that builds on the Leeds Suicide Bereavement Service and are in the early stages of developing a targeted suicide prevention campaign for specific high-risk groups. We are also bidding for NHS England 'Wave 3' suicide prevention funding, with the aim of using a proportion of the funds at scale across WY&H and a proportion to support local, place-based initiatives.

Children & Young People

Utilising NHS England pilot funding we are seeking to understand current service provision for children and young people with mental health conditions, in order to develop more holistic 'whole pathway' approaches to preventing ill health and providing services when needed. This includes a focus on community crisis support, help for those in looked after care and for those with neurodiversity (learning disability and/ or autism, attention deficit hyperactivity disorder etc).

With the support of the NHS England regional team we are working across all places, health, care and voluntary sector organisations to understand current pathways, relationships and ways of working. Using the available intelligence, we will create case studies that identify the 'touchpoints' at which early intervention may have prevented escalation of mental illness for many young people. Over time we will bring this analysis together, working with a multidisciplinary group to propose, test and evaluate some new ways of working.

Learning Disabilities

Our aim is to ensure that people with learning disabilities are equal citizens in our communities who have access to the same opportunities and support as other members of society. This includes reducing the number of people within inpatient hospital settings (the Transforming Care Programme) by improving community infrastructure; ensuring we can intervene early and prevent people needing help from these services, shaping the market

so that there is enough supported accommodation, and developing the workforce. We are also working with partners such as Inclusion North and Bradford Talking Media (and also WY&H Health and Care Champions) to ensure the voice of people with learning disabilities shapes and influences every aspect of work within the Partnership.

The above includes work to reconfigure how we provide assessment and treatment units in line with the national specification and requirement to reduce beds and support all NHS Trusts to make the required reasonable adjustments in their services (delivering the Learning Disability Improvement Standards; respecting and protecting rights, inclusion and engagement, workforce and specialist provision).

Specialist Services

Across WY&H our Mental Health Provider Collaborative (Leeds Community Healthcare NHS Trust, Leeds & York Partnership NHS Foundation Trust, Bradford District Care NHS Foundation Trust and South West Yorkshire Partnership NHS Foundation Trust) delivers specialist services for people with mental illness, learning disabilities and autism.

In April 2020 the national award winning CONNECT Adult Eating Disorders service will gain 'lead provider' status from NHS England. This means that our collaborative will be responsible for commissioning and providing the service, giving us responsibility for the total funding envelope. We will be better able to invest in early intervention services and build on our new care model pilot that has successfully reduced the number of people going out of area for treatment.

During 20/21 we will finalise the business cases that gives us the same overall responsibility for commissioning and providing Tier 4 Child & Adolescent Mental Health Services (building on an existing pilot) and Forensic services. The collaborative is also now making concrete progress on the build for the new WY&H CAMHS unit which will hold 22 beds and is due to open in autumn 2021.

We will also respond to further NHS England invitations to become a lead provider of other services such as Perinatal Mental Health; building on existing good work we are doing in partnership with the WY&H [Local Maternity Service \(LMS\)](#).

Complex Rehabilitation

Many people with the most complex needs end up being treated outside of WY&H. Our aim is to develop a better understanding of the cohort of people currently cared for in long-term, restrictive rehabilitation inpatient settings and how they might be better supported closer to home and (where possible) in the community. To deliver this we have worked in collaboration across commissioners and providers to agree a clinical data set, undertaking



needs profiling, recruiting co-production leads and developing proposals for a seven-day intensive community service to facilitate discharge, manage community transition and avoid admission. The proposed staffing model for this service is being developed to ensure there is enough skill and experience in the team to manage the complexity of the service.

Secondary Care Pathways

Our aim is to eliminate out of area placements for adult inpatients, including for those within Psychiatric Intensive Care Units (PICU). We have undertaken some detailed modelling and scenario forecasting across the existing PICU units to understand which interventions (collaborative working, adherence to guidance, gender balance of units, target lengths of stay) would have the most impact on capacity and patient flow. This work is nearing completion and the programme board will be reviewing recommendations in the next couple of months.

We are investing significantly in local crisis provision, following successful award of funding by NHS England over the summer. This includes individual places increasing their capacity to 24/7 where this previously didn't exist and ensuring psychiatric liaison services are present in all hospital emergency departments. Pilot funding is also being used to test new community service models for those in 'transition' to adult services (14-25 year olds), evaluating these and proposing what should be rolled out comprehensively in future years.

More broadly we are sharing good practice between providers for the management of acute flow and will be working closely on how to adopt the right clinical and operational decisions at the right time. We are also working with West Yorkshire Police and the Police and Crime Commissioner to understand the impact on the police of current arrangements regarding Section 136 of the Mental Health Act (the power available to police to remove a person from a public place when they appear to be suffering from a mental disorder, to a place of safety).

Core Performance

With the support of the NHS England and Improvement locality team we are taking a greater collective responsibility across all programmes for supporting improvement against core performance standards. This includes joint working to improve IAPT (Improving Access to Psychological Therapies) access and outcomes, children and young people's access rates and physical health-checks for people with a severe mental illness amongst other standard measures.

Keir Shillaker
Programme Director
31 January 2020

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West Yorkshire and Harrogate
Health and Care Partnership

Mental Health, Learning Disability and Autism Strategy

2019/2024



Mental Health, Learning Disability and Autism Strategy

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Introduction

1. People with good mental wellbeing are more likely to have positive self-esteem, maintain good relationships, live and work productively and cope with the stresses of daily life¹. This is important for us all, but particularly so for people with a learning disability and/or autism who face many challenges to their resilience. Strong community infrastructure, a society that enhances rather than degrades mental wellbeing and high quality, accessible care services are extremely important in helping people maintain their mental wellbeing.
2. However; one in four people across West Yorkshire and Harrogate will suffer from poor mental health at some point during their lives and those with a severe illness can die up to 20 years early than the rest of the population. Having a learning disability increases the likelihood of experiencing deprivation and poverty, and having autism limits the chances of people being able to work and look after their own health.
3. Our health and care organisations are working together to reduce the variation in life expectancy for people with these conditions compared with the wider population. By using our collective expertise, money, staff and facilities we can improve outcomes; seeing fewer people in crisis, fewer people reliant on inpatient services and fewer people left behind without the support they need to lead a fulfilling life.
4. This strategy recognises that across West Yorkshire and Harrogate we have excellent areas of practice and innovation to be proud of, yet it also demonstrates to patients and service users, the public and health and care professionals where more work is needed. It describes why we are making the improvements to services in our local places and across the system, what will be different as a result, and how the partnership plays its role.

Why one strategy for mental health, learning disability and autism?

5. For many people, mental health problems begin in childhood but stay with them and their families for life. Poorer mental health is associated with higher rates of smoking and substance abuse, decreased social relationships and resilience. And people with autism and/or learning disabilities have much higher rates of mental health illness than the general population.
6. Bringing these distinct areas together under one strategy will help strengthen our understanding of common challenges for people with these conditions. This includes challenges faced by individuals and their carers, helping services make reasonable adjustments for people who need it, and ensuring access to physical health services, education and employment opportunities. Yet we must also continue to address the unique needs of individuals with mental health conditions, learning disability, autism or other neurodiversity. This strategy tries to be clear where appropriate on this distinction.

¹ <https://www.mind.org.uk/information-support/tips-for-everyday-living/wellbeing/#.XcBHMnkfy3A>

- We want to provide good healthcare. Mental health care is often disconnected from the wider health and care system, and as a result, people do not always receive coordinated support for their physical health, mental health and wider social needs. However, just as important is the need to promote good mental health, recognising social factors and the impact they have on keeping people with a mental illness, learning disability or autism well, particularly during transition or change within individual people’s lives. The Yorkshire and Humber Learning Disability and Autism Operational Delivery Network sets this relationship out here:



- There is also the need for the whole health and care system to address the stark health and social inequalities faced by those who suffer with mental illness, or those with learning disabilities and/or autism (as evidenced by the Learning Disability Mortality Review Programme (LeDer)). And some of this requires a conscious shift in how care is considered, away from traditional hospital settings and into the community where possible, where support can be provided more appropriately. This requires strong infrastructure, such as good quality housing, recreation opportunities and education. These ambitions underpin all the work described in our strategy and influences how we engage with other programmes of work within the Partnership.

What are we trying to achieve?

- A lot of work is needed by a lot of different organisations in partnership with service users to transform care. This is described in later chapters, however at its simplest over the next five years we want to:
 - Improve the mental health of our population; promoting good mental health for everyone, with a particular focus on those who we know might need more support to stay healthy.
 - Invest more money into mental health services; for people in crisis, mothers and partners post the birth of a child, children and young people, and for a range of common and severe mental illnesses.

- Eliminate the need for people with a mental health condition or learning disability needing to stay in hospital beds outside of West Yorkshire and Harrogate
- Reduce the number of people with a mental health condition, learning disability or autism who unnecessarily attend A&E or who must be taken to a 'place of safety' by police
- Reduce our suicide rates through a targeted approach to prevention
- Develop new ways of providing specialist services, such as eating disorders, specialist care for children and young people with emotional, behavioural or mental health difficulties or services for criminal offenders and those at risk of offending
- Reduce waiting times for Autism/ADHD assessments so that people get the support they need more quickly
- Increase the number of people with a learning disability who can live in the community with support, rather than in hospital settings
- Provide complex mental health care and rehabilitation in our communities so people no longer go far away from home for care
- Ensure that when people with a learning disability require hospital care and treatment that this care is based on their needs and of the highest standard
- Improve the physical health of people with mental health problems and people with a learning disability/autism; reducing the incidence of early death or poor health compared with the wider population

10. Annex A presents a high-level 'dashboard' of measures which we will use to assess overall success.

How does our partnership work now?

11. The partnership is made up of all the health and care organisations that support local people. It is not the boss of the partners; it is their servant. And this is crucial. It allows the power and energy to remain aligned to statutory accountabilities and to be given to the partnership when it matters. This means it is not our role to resolve immediate local issues within individual places, or to add another layer of performance management. But instead to support better local and system-wide decision-making that benefits the whole population of West Yorkshire and Harrogate.
12. Most of the transformation relating to mental health, learning disability and autism will be delivered by the 6 local places (Bradford and Airedale, Leeds, Harrogate, Wakefield, Calderdale, Kirklees); across health, local authority, voluntary sector services and other partners (i.e. education). Each place has their own local strategy and a Local Transformation Plan for Children and Young People's Mental Health which is overseen by the Health and Wellbeing Board and is accountable for service delivery.

13. West Yorkshire and Harrogate activity is overseen by the Mental Health, Learning Disability and Autism programme board, which links into both the MHLDA provider collaborative and the joint committee of CCGs. The programme board brings a variety of commissioners and providers together across health, care and the voluntary sector, enabling our system to speak with one voice and be clear about our collective ambition; sharing the load and responsibility across a range of different organisations.
14. For example, one role for the partnership is in providing assurance that commissioners are meeting their obligations on mental health investment. Since 2017/18 the proportion of funding to be spent on mental health services has been expected to increase. From 2019/20 there is a national expectation that all Clinical Commissioning Groups meet the Mental Health Investment Standard and we undertake analysis on this, reporting to the wider partnership and to NHS England.
15. Although each of our projects and each of our places work in different ways depending on the challenge to be tackled, we retain the same cross-cutting ambitions for our population:
 - i. To improve life expectancy
 - ii. Where possible, to prevent people from needing care
 - iii. When people do need care to make it accessible quickly and equitably
 - iv. To improve people's experience of care services, particularly for those in minority groups.
16. As a partnership we will learn from other systems, inquiring about best practice regionally, nationally and internationally. Using this knowledge, we will:
 - i. Support each place to share good practice, learn from one another and collaborate to strengthen most services at a local level;
 - ii. Broker collective agreement across all places on how they work together, so there is standardisation in how some services are provided for all people across West Yorkshire and Harrogate
 - iii. Lead the reconfiguration of care in unique cases, where it makes most sense to provide services across West Yorkshire and Harrogate, rather than in each place

17. For each of these three categories we have defined some important principles that guide our work:

| In sharing good practice we will: | To standardise some services, we will: | To reconfigure some services we will: |
|--|---|--|
| <ul style="list-style-type: none"> • Recognise the importance of local differences • Be a conduit for open and honest discussion, but leave the responsibility for action to local places • Support all areas of West Yorkshire and Harrogate to describe their local practice with clarity, informed by evidence and case studies where possible • Support local people to share their experiences of services and what works for them. | <ul style="list-style-type: none"> • Recognise current local difference, seeking to understand the benefits and disbenefits of these • Be a conduit for open and honest discussion, supporting local places to agree collective action • Support all areas of West Yorkshire and Harrogate to describe their local practice with clarity, bringing evidence of collective working and case studies from other systems where possible • Work with local people to co-produce which elements of care are standardised and which remain for local determination. | <ul style="list-style-type: none"> • Recognise the benefits and disbenefits of providing services in multiple places across West Yorkshire and Harrogate • Lead open and honest discussions, supporting local places to have their voice heard and agreeing action at a system level • Support all areas of West Yorkshire and Harrogate to describe their current ways of working with clarity, ensuring that any proposed changes are backed up with comprehensive evidence and engagement • Work with people across West Yorkshire and Harrogate to co-produce the reconfigured model of care, including the impact of any de-commissioning decisions on local provision. |

18. The partnership is committed to co-producing new ways of working with service users (individuals with lived experience and carers) and sets the expectation that each place should do the same. It also acts as the advocate for mental health, learning disability and autism across all other work in the partnership, acting as a champion for service users so that their needs are considered when other programmes of work are redesigning care.

19. We are also committed to the importance of evidence-based decision-making, not only in proposing service changes but subsequently evaluating and learning from the decisions that are taken. Across all our work we will adopt different methodological approaches to change (because there are many ways of solving particular challenges) but we will be clear what is being tried where, how and why, before establishing what worked and what didn't.

20. Much of this is about supporting a culture shift between and within providers; so that clinical challenge is deployed to help prevent inappropriate admissions, fast-track appropriate admission and ensure joined-up care pathways. Our new care models on Adult Eating Disorders and Tier 4 CAMHS are leading the way in this regard.
21. To support the transformation agenda the four main NHS providers of mental health, learning disability and autism services² have formed a collaborative to support closer working, including the establishment of a Committee-in-Common. This allows decisions to be taken collectively on reconfiguration, and ratified in organisational boards, which is critical when decisions result in changes to the services provided by each organisation.

How will our partnership evolve?

22. We want to lead the way in collaborative working across West Yorkshire and Harrogate so that other systems and other areas of health and care copy our approach. This means providers and commissioners working together to deliver meaningful, sustained investment for mental health, learning disability and autism. We will develop new models of collaboration and work in an 'alliance' approach both within our individual places and across the West Yorkshire and Harrogate footprint.
23. We will move away from the historic, transactional, commissioner/provider split. Instead commissioners and providers will take collective ownership for how funding is used and where it is targeted, including NHS, local authority and voluntary sector providers of care in the decision-making process. The Wakefield Mental Health Provider Alliance is an early example of this, and we will share learning, benefits and challenges with this approach.
24. Through the provider collaborative we are starting to blur the boundaries between individual statutory organisations, offering more peer support than ever before and moving to a model whereby we recognise 'one workforce' across West Yorkshire and Harrogate, making it easier to recruit and retain staff, sustaining services that were previously in competition with one another. But our ambition is that in time the provider collaborative and the joint committee of CCGs operates as one entity; a single alliance for decision making at West Yorkshire and Harrogate level, which has direct relationships to alliances making local decisions in each place.
25. Through this approach, we will propose which decisions should, in the future be scaled up, to be taken at a West Yorkshire and Harrogate level. And though this isn't a 'one to one' relationship these are likely to cover the areas where the partnership is seeking to either standardise ways of working or reconfigure services, rather than those services where we support the sharing of good practice.

² Leeds and York Partnership NHS Foundation Trust. South West Yorkshire Partnership NHS Foundation Trust, Bradford District Care NHS Foundation Trust, Leeds Community Healthcare NHS Trust.

26. In addition, NHS England is giving overall responsibility for commissioning specialised mental health services at a population level to provider collaboratives. This means that our partnership will have the means to transform care across the wider system for those services that are low in volume but high in complexity, like adult eating disorders, specialist children and young people’s care and specialist services for offenders. We will become clinically and financially responsible for this patient population, pooling risk across the partnership, becoming more resilient to changes in demand, and have the flexibility to make savings to reinvest in community services.
27. The outcomes of taking this new, collaborative approach will be:
- i. A streamlined, cohesive, strategic decision making ‘landscape’ for mental health, learning disability and autism services at two levels: place-based partnerships and system wide partnerships.
 - ii. Collective responsibility for the outcomes of the population; focusing on people and place, not organisations
 - iii. Multi-year investment to reduce demand on acute services and incentivise the ‘left shift’ towards community-based care, prevention and early intervention
28. In addition, the wider partnership (including mental health, learning disability and autism) is developing its role in relation to system-wide quality and performance, working with NHS England and Improvement to establish effective escalation, challenge and support mechanisms.
29. All of which means that the Mental Health, Learning Disability and Autism programme, our provider collaborative, joint committee of CCGs, our local places and the partnership are on a journey towards new ways of working. Relationships must be strong if we are to be successful. This requires trust and confidence in one another as we move from an era of competition and contracting, to one of collaboration and collective decision-making.
30. To support this, we will value the knowledge we have, being open and honest about what works and what doesn’t so we can learn lessons, doing so in partnership not just across organisations, but with service users and our local communities. This includes undertaking some collective Organisational Development work across commissioners and providers, supported by the partnership’s core team. We have already identified areas where co-production is vital to ensure effective transformation, but we need to do more. We will recruit individuals with lived experience to work alongside our clinical and operational teams, steering our programme of work over future years.

How is this strategy organised?

31. Mental health, learning disability and autism (or other neurodiversity) are all different. This strategy seeks to be clear when we are describing work related to each of these individual areas. However, if we had approached the strategy in three isolated parts, we might have missed some opportunities to describe common challenges or plans.

32. For this reason, the strategy is structured into two overarching chapters. Chapter 1 focuses on the support needed to keep people well, and Chapter 2 focuses on access to high quality care when people need it. And we cover mental health, learning disability and autism within each. We recognise the boundaries between the two are not black and white, and arguments could be made for moving some sections between each chapter. However, this approach helps balances the tension between separation and connection of work.
33. Within each chapter we reflect on the national expectations relating to mental health, learning disability and autism, and our own local plans. We take each topic area in turn, providing some national and local context. This is done by pulling data and intelligence from a variety of sources, such as local Healthwatch engagement, Public Health data and performance information at a point in time. For ease we aggregate and summarise this to give an overall picture and we know in some instances the data quality is patchy. So, whilst the thrust of the messages remains true the precision of the numbers should be viewed with caution.
34. We then establish what our partnership's role is for each topic; is it about supporting places to share best practice? Is it about helping to standardise services? Or is it about collective reconfiguration? Inevitably most relates to the first of these and there is a lot happening at place level that we allude to. However, we have deliberately stopped short of describing here all the separate activity happening in each place, as this is the role of Local Transformation Plans.
35. So, whilst we provide support to places to share good practice this is not where we focus most of our energy. We leave places to deliver in the way they see fit unless we can add value by tackling common challenges together. Standardising services does take more collective organisation to bring people together, so the partnership is more actively involved here. Reconfiguration of services requires big decisions to be made and absolutely could not be done without the active role of the partnership.
36. The table on page 9 provides a summary of each level and the topic areas within them.

| Supporting our places to share good practice | Helping standardise how services are provided | Considering how we configure services across West Yorkshire and Harrogate |
|--|---|--|
| <ul style="list-style-type: none"> • For children and young people with a learning disability • Mental Health Support Teams (MHSTs) in schools and colleges. • Support young carers • Children and Young People in Special Residential Schools. • Reasonable adjustments across all services for people with a learning disability and/or autism • Provide Individual Placement and Support • Provide mental health support for rough sleepers. • Provide smoking cessation support to those with mental health conditions. • Support those with mental health conditions, learning disability and/or autism to age well. • Support adult carers • Support improvements in both physical and mental health needs • Achieve Improving Access to Psychological Therapies (IAPT) standards • Undertake physical health checks for people with a severe mental illness • Provide specialist community perinatal mental health services | <ul style="list-style-type: none"> • For children and young people with autism or other neuro-diverse condition(s) • How learning disability and autism health-checks are undertaken • Reduce suicide and provide suicide bereavement support (informed by timely intelligence) • Deliver primary and community care for people with a severe mental illness • Provide a comprehensive 0-25 mental health service for children and young people (including a consistent approach to transition) • Share their hospital beds, reducing the amount of time people spend in hospital and preventing people from going outside of West Yorkshire and Harrogate for treatment • Targeted services for adults with autistic spectrum disorders and ADHD. | <ul style="list-style-type: none"> • Psychiatric intensive care • Rehabilitation for people with complex needs • Adult eating disorder services • Specialist hospital care for children and young people with emotional, behavioural or mental health difficulties • Forensic mental health services • Perinatal mental health services in hospital • Problem gambling services • Specialist services to align with the needs of veterans • Specialist services to align with sexual assault referral centers • Specialist services to align with Immigration Removal Centers • Community services for people with a learning disability to reduce our reliance on inpatient beds • Assessment and treatment beds for people with a learning disability. |

| | | |
|--|--|--|
| <ul style="list-style-type: none"> • Provide a comprehensive service for people in mental health crisis • Deliver early intervention for people suffering from psychosis • Provide comprehensive support for children and young people in a crisis • Provide appropriate services for children and young people with an eating disorder • Ensure appropriate medication for children and young people with a learning disability and or ADHD • Learn from the deaths of people with a learning disability. • Deliver personalised care for people with a mental health condition • Deliver personalised care for people with a learning disability • Take a preventative approach to mental ill-health through our local authority public health teams. | | |
|--|--|--|

What will enable the strategy to be implemented?

37. Whilst we focus primarily on specific areas of work relating to mental health, learning disability and autism it is important not to overlook the common issues which will help or hinder transformation. There are three areas of importance here; workforce, digital and engagement.

Workforce

38. Across mental health, learning disability and autism we have a significant sustainability challenge around our workforce, whether that be paid staff, carers or volunteers. For the West Yorkshire and Harrogate population of 2.4 million people we have roughly 8,700 people formally working in mental health or learning disability services; over 2,500 are nurses, nearly 500 medical staff, 500 allied health professionals (such as physiotherapists, occupational therapists and dietitians) and over 900 scientific and technical staff. And as investment increases, we need to recruit, train and retain as many people as possible to meet demand.
39. Our NHS provider collaborative, as one important part of the workforce jigsaw is intending to increase the overall direct care workforce by more than 8% over the next five years. We are placing particular attention on roles such as Assistant Psychologists (over 40% increase), psychotherapy staff (over 29% increase) and community learning disability nurses (over 19% increase).
40. However, at present the availability of the workforce, even with increased funding is limited. There are real challenges in terms of recruiting new health and care workers; limitations on university courses, availability of clinical supervision, narrow recruitment criteria for some clinical roles, limitation on provider capacity to offer placements, lack of financial support for mature students and a young workforce that is more likely to want to take a 'portfolio' career approach, rather than an NHS job for life. And there are challenges in retention too; an ageing workforce, current operational pressures and the pace of technological change leaving some people behind. Our assumptions in this strategy are based on recruiting the workforce we need. Yet we know, as do our partners in other areas of the health and care system that concerted national, regional and local work is needed to deliver this supply.
41. We also need to better recognise the skills and support that can be offered by Voluntary and Community Sector staff, often upstream of traditional care services but providing an important role in delivering services close to people's homes and in personalised, caring ways. The increased availability of social prescribing within Primary Care Networks will be a significant factor in access to VCS services over the coming years.
42. Wherever staff are employed they need to be the right people, with the right values, trained in the right way³. Our local Healthwatch engagement highlighted the importance of having compassionate and respectful staff, indicating how the wrong approach can make things worse.

³ <http://www.yhscn.nhs.uk/media/PDFs/children/CYP%20Involve/Stairways-Positivitree.pdf>

43. Nationally NHS England has identified for mental health (but not for learning disability or autism) expected increases in staffing numbers. However, working with Health Education England we are clear that some of our biggest risks are in nursing, and project that by 2021 we could have a 15% deficit in learning disability nursing, and a 10% deficit in mental health nursing. Likewise, there are limited numbers of individuals with specialist skills in assessment/diagnosis of autism or ADHD, or the skills in mainstream care services to make reasonable adjustments.
44. We are therefore working across West Yorkshire and Harrogate to better understand the common challenges across the system and tackle such risks:
- i. Recruitment – we are developing specific mental health and learning disability nursing campaigns, increasing the number of undergraduate training places, developing new roles in general practice (nursing and psychologists) and flexible employment across West Yorkshire and Harrogate rather than to specific individual organisations.
 - ii. Retention – we are developing better progression opportunities for junior staff, supporting the resilience of staff by increasing the availability of Mental Health First Aiders in care organisations and improving how teams’ function across organisational boundaries.
 - iii. Skill-mix – we are using the Partnership to upskill physical healthcare professionals on basic mental health training, training West Yorkshire Fire and Rescue professionals to support people in crisis and embedding peer support as a core component of the mental health workforce
45. There is also a real responsibility on individual organisations and leaders in each place. To ensure the culture of their organisation(s) is supportive, open and developmental; leading the way in providing flexibility for carers, working parents and those with additional needs. And actively seeking out and supporting leaders from BAME groups; providing role models for future generations and better reflecting the make-up of the communities we serve.
46. And as we reference in later sections, we also need to pay much closer attention to the role of unpaid carers (approximately 260,000 across West Yorkshire and Harrogate) as part of the workforce. Not just to give them support to help loved ones with mental health conditions or a learning disability, but to be able to access both psychological and wellbeing support to maintain their own personal resilience too.

Digital

47. Ensuring that transformation in mental health, learning disability and autism is underpinned by the broader NHS ambitions for digitally enabled care is a challenge across all West Yorkshire and Harrogate services. We are working through our provider collaborative in the first instance to develop a system-wide digital strategy by 21/22 that describes how this technology supports the transformation agenda and enables appropriate data sharing with the Mental Health Services Data Set.

48. We are starting from a reasonable base; though recognise more needs to be done in collaboration and across NHS, local authority and voluntary sector boundaries. As a provider collaborative we are consistent in the move to more mobile forms of working, with each organisation adopting newer technologies to enable this (through smartphones, virtual desktops and laptop use) at the point of care. And we recognise the potential benefits of closer digital integration, particularly in sharing real-time information on capacity and demand to support better use of beds and service expertise across West Yorkshire and Harrogate.
49. During 19/20 each organisation is finalising the replacement of existing Electronic Patient Record systems and whilst these differ by provider there are opportunities to share common configurations and to work together on training packages for bank staff so that they understand each system in each organisation. In terms of functionality this upgrade means each provider can implement digital flags relating to learning disability and autistic patients, allowing clinical staff to make reasonable adjustments at appointments. A consequence is that during 19/20 we anticipate a drop-in adherence to the Data Quality Maturity Index target of 90% but will be more confident of meeting the 20/21 onwards target of 95% following a year of operation with the new systems.
50. There are also opportunities to work collaboratively on future contracts and we are considering how best to combine resources to improve specialist input and drive more competitive deals on ICT infrastructure and services.
51. We are also considering the effective use of patient portals, allowing interactivity between patients and their clinician(s) via electronic means. Local Healthwatch engagement highlights this with views from patients such as 'I believe a text or email service for people wanting to reach out for help with their mental health would be beneficial to people who find a telephone call or appointment daunting'.
52. This sort of initiative may be particularly powerful for certain user groups (such as those with autism) and work will take place on a service by service basis regarding what information can be made available, linking into the wider work led by the Local Health and Care Record Exemplar programme. We will co-produce solutions to communication across West Yorkshire and Harrogate with people with mental health conditions, learning disability and autism, considering how digital technology can be best deployed. We expect to see significant advances in this field by 2022/23.
53. Where individual providers have innovated, we are learning from one another to share good practice. For example, Leeds and York Partnerships NHS Foundation Trust utilises Everbridge software for major incident alerts on staff smartphones and the other providers are considering the same to increase consistency at times of high service volatility. LYPFT has also deployed electronic prescribing in acute settings which can be mirrored across other providers and expanded into community care. Bradford District Care NHS Foundation Trust is adopting robotic process automation to reduce reliance on paper and South West Yorkshire Partnership NHS Foundation Trust is exploring being a pilot for 'software smartcards' to allow easier clinical access to necessary systems.

54. What is common across all providers in the collaborative and extends into local authority, voluntary and community sector organisations is the need to ensure adoption of digital technology is owned and understood by frontline staff. We need to get better at understanding how new technology is being used so we can target training requirements and use of digital champions within each organisation – particularly for the generation of staff we are seeking to retain for whom digital innovation is often perceived as a threat rather than an opportunity.

Communication, engagement and co-production

55. As a partnership we are committed to meaningful conversations with people (including staff), on the right issues at the right time. For mental health, learning disability and autism this is particularly important because people with these conditions can struggle to get their voice heard. The majority of the work to co-produce improvements will be undertaken in each place, however as a partnership we will ensure that all West Yorkshire and Harrogate wide work is designed and delivered with those people who have lived experience of services, with dedicated representation from service users. We will summarise our current engagement plans in a forthcoming communications and engagement strategy, to be published on the partnership web pages.
56. We are also working closely with identified learning disability health and care champions across the work of the Partnership, helping to bridge the divide that people experience with physical health services. For those specialist services that are being redeveloped across West Yorkshire and Harrogate such as adult eating disorders and inpatient children and young people’s mental health we have already undertaken extensive work and co-produced new care models in partnership with people with lived experience and other local voices. We will continue to use and improve these ways of working across other services too.
57. For those services where reconfiguration decisions will be taken, we will ensure that we not only involve service users and staff in the development of proposals, but also undertake formal consultation with those affected where appropriate, paying particular attention to marginalised groups, tailoring our communication to reach the broadest possible audience. Partly this means tailoring to those with complex needs and their carers. But it also means ensuring that we use our local expertise in each place to reach BAME (Black Asian and Minority Ethnic) groups.
58. We know for example that in certain places, such as Bradford, our percentage of BAME mental health service users is significantly higher than the England average (59.3% vs 11.2%) and at a system level we need to be conscious of the different demographics in each place. BAME groups are more likely to be diagnosed with mental health problems, be admitted to hospital, to experience poor outcomes and to disengage from services⁴.
59. This is why we are committed to taking account of the forthcoming NHS England patient and carers race equality framework, to ensure that we reflect this in everything we do.

⁴ <https://www.mentalhealth.org.uk/a-to-z/b/black-asian-and-minority-ethnic-bame-communities>

60. We also recognise the need to engage our population in research. By working together across West Yorkshire and Harrogate we can prevent duplication in research trials, enhance cohort sizes and pool collective resource. We are exploring how best to do this, including working with Yorkshire & Humber Academic Health Science Network to develop a Patient Safety Collaborative during 2020/21.

CHAPTER 1: Keeping people well

61. The risk of having poor mental health is affected by genetics, personal circumstances and the environment where people live. Poverty, living conditions and the quality of relationships all have a part to play in whether we lead happy, healthy and fulfilling lives. Across WYH there are large numbers of people living in environments that pose a high-risk of mental illness. Bradford, Kirklees and Leeds have higher than average numbers of people claiming Jobseeker's Allowance, and across West Yorkshire and Harrogate more people live in fuel poverty than the England average⁵. We are particularly conscious of the need to support specific population groups such as veterans, rough sleepers and those leaving the criminal justice system.
62. We want to build resilience and promote mental wellbeing; which means we need to be honest with the public about how they can look after their own health and how services are arranged to empower and support them. This will also mean services refocusing to deliver early interventions; enabling people to increase control over their mental health and wellbeing and improve their quality of life, including placing equal importance on the relationship between mental and physical health. To do this we need to work with the Improving Population Health Programme to get better at using data and intelligence; identifying at risk populations before they reach crisis point.
63. Vital support for this 'left shift' towards better self-care and better community provision will come from our partners in primary care, particularly through the development of Primary Care Networks. Yet our partnership is about much more than just health and care services. We work closely with other organisations such as West Yorkshire Police, the Police and Crime Commissioner's Office, West Yorkshire Violence Reduction Unit and local Community Safety Partnerships to support our communities. The networks, professional skills and reach of our partners help to amplify and strengthen our ambitions to keep people well.

Early support for all our children and young people

64. For a child born today across West Yorkshire and Harrogate there should be no reason why they can't achieve all that they want to achieve. Yet many of our young people find it hard to get the help they need to cope with the life they have been born into. We want to work with our families to prevent adverse childhood events where possible, or when these do occur to intervene early. This will reduce the risk that our young people develop mental health problems; preventing them from proceeding down a path to self-harm and contemplation of suicide, either as young people or once they reach adulthood.

⁵ PHE Fingertips Data: Fuel Poverty, Long Term Claimants of Jobseeker's Allowance

65. On average more of our young people have mental health disorders than the rest of the country and the same is true regarding school pupils with emotional and mental health needs. And we also have slightly more pupils with a learning disability. The extent of this differs across local areas; low prevalence of mental health disorders and learning disability in Harrogate but high prevalence of mental health disorders in Bradford and Wakefield and learning disability in Calderdale⁶.
66. Since 2015, each place across West Yorkshire and Harrogate has achieved real improvements in early help for children and young people with mental health conditions, delivered through the Future in Mind programme. These initiatives at place are vital in supporting the delivery of our ambitions as a partnership.
67. We want to ensure those with mental health conditions, or with complex developmental needs are given early intervention support in their homes, schools and communities to prevent them from requiring statutory care services. This requires multi-agency working and spans our programme, the Children and Young People programme and the Improving Population Health programme.
68. Our approach is not defined by diagnosis. We want to look at the range of wants and needs that each individual young person has and ensure that they are supported to keep themselves safe and well. By working with children and young people we will find out how to prevent emotional wellbeing issues (including at times of transition, a developing sense of identity and stressful life events such as exams and relationship development/breakdown) and provide early intervention and support.
69. That is why we are taking a 'whole pathway' approach to services for children and young people, making sure that we don't forget about significant causes of inequality such as the impact of mental health crisis, support for autism and other neuro-diverse conditions and those in looked after care. This means working with Local Authorities, education, the health and justice system, VCS organisations, sports providers etc and includes supporting parents, carers and siblings to look after those children and young people.
70. Yet it can sometimes be clearer and easier to describe the work being done by diagnosis, by age or by the type of service being provided, and we do so below. However, the logic remains the same; all these different pieces of the jigsaw must interlock to ensure we are providing a comprehensive offer to our children and young people.

⁶ PHE Fingertips Data; Estimated prevalence of MH disorders – 5-16, School age pupils with emotional and mental health needs, Pupils with learning disability.

We are: Supporting our places to share good practice in how they provide local services for children and young people with a learning disability

71. Nationally, there has been an increase in the number of children and young people with a learning disability being identified within mental health hospitals and across West Yorkshire and Harrogate we have seen a similar increase in children and young people with a learning disability or autism entering specialist mental health hospital services. We also know there has been an increase in the number of children and young people with behavioural challenges being excluded from schools, which correlates with increased use of mental health services.
72. Through the West Yorkshire and Harrogate Transforming Care Programme we are supporting places in early identification and intervention to prevent children and young people going into crisis and family breakdown by:
 - i. Developing real-time information on which individuals are at risk of admission to secure services
 - ii. Training the workforce to hold Care Education and Treatment Reviews for those at risk of admission, so that the right care can be provided, and to develop discharge plans for those who are admitted
 - iii. Focusing on high-risk areas such as transition, safeguarding cases and young offenders
 - iv. Engaging with schools and implementing exclusion avoidance plans where possible

We are: Helping standardise how our places provide local services for children and young people with autism or other neuro-diverse conditions

73. Conditions such as autism, Asperger syndrome and pervasive development disorders (known as Autistic Spectrum Conditions (ASCs)) affect social interaction, communication, interests and behaviour, affecting at least 1.1% of the population (equating to around 29,000 people across West Yorkshire and Harrogate), although this number is often considered too low. And we know that getting a diagnosis in early childhood can significantly help both the child and their family.
74. The interplay between ASCs and other conditions is complex. Half of people also have a learning disability, whilst 30% of people with a learning disability also have ASCs. And more than half of people with ASCs also have signs of Attention Deficit Hyperactivity Disorder (ADHD).
75. ADHD often presents in childhood but extends into adulthood, affecting up to 4% of the general population (roughly 100,000 people across West Yorkshire and Harrogate) and means that individuals have difficulty concentrating and can be impulsive and hyperactive which is often viewed as challenging behaviour.
76. If neurodiversity is not recognised then individuals are highly likely to end up being treated for other conditions instead later in life such as anxiety or depression, or personality disorders leading to psychosocial impairment and co-morbidities as a result.

77. There is variance in how providers across West Yorkshire and Harrogate currently deliver their services, including the range of professionals involved in assessment, different referral routes and interfaces with other services, limited support for families waiting for a diagnosis and wide variation in support post diagnosis between health and care services. Our ambition is to develop our own 'local service framework' for how autism/neurodiverse diagnosis and support should be provided.
78. We are committed to working with Primary Care Networks to identify and implement the most effective ways to reduce waiting times for specialist services, and for the period of waiting for and receiving a diagnosis to be supplemented by appropriate and timely support.
79. Across West Yorkshire and Harrogate we are focusing on:
- i. Making improvements to pre-diagnostic support, considering the needs of carers and family members; piloting work in Leeds, Wakefield and Bradford
 - ii. Raising awareness, including the use of digital technology to support wellbeing, working with Yorkshire and Humber Academic Health Science Network to scope a wellbeing app
 - iii. Standardising approaches to specific pathway challenges such as requests for second opinions, responses to private diagnoses and communication between services.
80. We are also conscious that nationally NHS England and Improvement are developing a more focused programme of work on ASC which may provide further direction and guidance from 2020/21 onwards. We will ensure we align our work to the national direction at the appropriate point.

We are: Supporting our places to share good practice in how they design and deliver Mental Health Support Teams (MHSTs) in schools and colleges.

81. Nationally, by 2023/24 Mental Health Support Teams will cover between a quarter and a fifth of the country. However, children and young people in Leeds, Bradford and North Kirklees are already starting to benefit having been awarded 'trailblazer' funding by NHS England. These teams provide support for mild and moderate mental health conditions to bridge the gap between what schools and colleges traditionally provide and NHS services.
82. Across West Yorkshire and Harrogate each of the trailblazer teams will operate under NHS supervision to support several schools and colleges, covering around 8,000 children and young people. The learning from these sites will be reviewed across the partnership to identify what should be sustained and what should be replicated elsewhere. North Kirklees has been operational since 2018/19 with Leeds and Bradford up and running by April 2020.

83. These initiatives supplement the work that happens to build greater resilience in children and young people (such as PHE's Whole School Approach), often delivered by the voluntary and community sector. Such as work across West Yorkshire and Harrogate by Northpoint Wellbeing to support transition from primary to secondary school, MindMate in Leeds, Young Lives Consortium providing specialist support for disabled LGBT and BAME young people and Sharing Voices in Bradford to address issues such as bullying, self-harm and abuse.

We are: Supporting our places to share good practice in how they support young carers.

84. Many carers, including children and young people are hidden; caring for a loved one with a long-term condition, disability or mental health condition and often providing most of the care without formal support and sacrificing their own health and wellbeing as a result. The 2018 GP Patient Survey showed how 21% of young adult carers (aged 16-24) in West Yorkshire and Harrogate are almost twice as likely to live with a long-term mental health condition, compared to 13% of non-carers within the same age group.

85. With the West Yorkshire and Harrogate Carers Programme we are using the 'Triangle of Care'⁷ model to underpin a new model of support for mental health and wellbeing of young carers. In 19/20 we have committed to the establishment of carers champions on each Mental Health Trust Board and are undertaking peer review understand the current levels of carer awareness.

86. From 2020/21 we will ensure that mental health, learning disability and autism providers routinely consider the impact on young carers as part of their Equality Impact Assessments of services. And, in conjunction with other programmes (such as Maternity on perinatal care) we will share learning on how both formal and informal carers can be better signposted to mental health support for themselves; so that by 2023/24 we have a comprehensive West Yorkshire and Harrogate offer for all families, preventing mental health decline in carers and providing swift intervention when necessary.

We are: Supporting our places to share good practice in how they provide support for children and young people in special residential schools.

87. Across West Yorkshire and Harrogate we have special residential schools for children and young people with a learning disability and/or autism, such as William Henry Smith school in Brighouse. As a partnership we recognise the importance of supporting specialist providers of education to improve the health and wellbeing of pupils and help their social and educational development.

88. We will support our local places to ensure that hearing, sight and dental checks are provided in a timely and high-quality way to all young people with a learning disability and/or autism in special residential schools across West Yorkshire and Harrogate.

Meaningful support for adults with a learning disability and/or autism

89. On average, adults in England with a learning disability or autism face significant health inequality, poorer access to healthcare and die 16 years earlier than the general population⁸⁹. Disability or diagnosis is not, in and of itself, the reason for this inequality; instead it is a result of services not meeting people's needs. For people with a learning disability and/or autism it can therefore be difficult to stay well and get help when it is needed.
90. Across all places in West Yorkshire and Harrogate we have consistently higher number of adults with learning disability receiving long term support from Local Authorities, when compared to the rest of England. Yet as a proportion, fewer have a health-check with their GP, and more are likely to be involved in safeguarding enquiries¹⁰.
91. Some of our places (Kirklees and Harrogate in particular) have comparatively high proportions of supported working age adults with a learning disability in paid employment, meaning they are more able to live a meaningful life. And across West Yorkshire and Harrogate we want to ensure that all adults with a learning disability, autism or both can live happier, healthier lives within their local communities.
92. This is not something that can be done solely through specialist learning disability and/or autism providers; we work closely with Primary Care Networks, care services and physical healthcare providers to tackle the historic inequity in care experienced by these individuals.

We are: Helping standardise how our places provide targeted services for adults with autistic spectrum disorders and ADHD

93. Across West Yorkshire and Harrogate each place has a different offer and service model in place for both assessment and diagnosis of ASC and ADHD, however we are committed to improve collaboration across the system, particularly to build resilience in the workforce, ensure the availability of appropriate post-diagnostic support and standardise certain approaches, such as developing shared care protocols with primary care for ADHD medication. Our ambition is to develop our own 'local service framework' for how autism diagnosis and support should be provided.

⁸ Independent Mental Health Taskforce to the NHS in England (2016) The Five Year Forward View for Mental Health. Available

⁹ <https://www.nhs.uk/news/neurology/people-with-autism-are-dying-younger-warns-study/>

¹⁰ PHE Fingertips Data; Adults with Learning Disability Getting Long-Term Support from Local Authorities, % of adults with learning disability having a GP health check, proportion of supported working age adults with LD in paid employment %, individuals with learning disability involved in Section 42 safeguarding enquiries.

94. To do this we are beginning in 19/20 to increase awareness of both ASC/ADHD with partners in the prison system, probation service and substance misuse services, supporting waiting list initiatives in specific places (such as Bradford) where services have been historically under high pressure and closed to new referrals and are researching the barriers to access for crisis services for people with ASCs.
95. We are also conscious that nationally NHS England and Improvement are developing a more focused programme of work on ASC which may provide further direction and guidance from 2020/21 onwards to support wider alignment and standardisation. We will ensure we align our work to the national direction at the appropriate point.

We are: Supporting our places to share good practice in how they make reasonable adjustments across all services for people with a learning disability and/or autism.

96. National Learning Disability Improvement Standards were published in 2018, following intelligence that some NHS Trusts were failing to support and respect people, sometimes with devastating consequences. Across West Yorkshire and Harrogate we are starting from the principle that if we get service provision right for people with a learning disability and/or autism then our services will also be appropriate for the rest of the population. We will review current delivery against the Improvement Standards across all service providers during 19/20 and 20/21 to identify what is needed to improve our service offer and share these findings.
97. From 20/21 onwards we will ensure all Trusts within West Yorkshire and Harrogate are publishing performance against the Improvement Standards on an annual basis, reporting this to the programme board and we will share the actions that organisations are taking to achieve these standards so requirements can be met by 23/24 at the latest.
98. This includes a requirement that all care providers have considered in their digital strategy how they will deploy a 'digital flag' to identify service users who have a learning disability and/or autism. At a system level we will monitor uptake of this and support continued adoption through shared local ICT platforms such as SystmOne.

We are: Helping standardise how learning disability and autism health-checks are undertaken.

99. The national expectation is that by 23/24 physical health checks for people with a learning disability will be undertaken annually for at least 75% of people aged over 14. We share this ambition and want to ensure the same applies for people with autism too.

100. We will work with Primary Care Networks to ensure that there is a common set of expectations regarding the requirements of a health check across West Yorkshire and Harrogate, so that by 23/24 all providers organise and perform health checks for people with learning disability and autism in line with the RCGP toolkit¹¹. We will also set appropriate trajectories for health checks for people with autism, following the conclusion of national pilots.
101. In 16/17 across West Yorkshire and Harrogate we undertook marginally fewer health checks (48.4%) than the England average of 48.9%, with highest performance in Bradford (58.4%) and lower performance presumed in Harrogate given the rate in North Yorkshire (42%). Our trajectory for improvement is to ensure a graduated, year-on-year improvement in the number of health checks undertaken for people with a learning disability. This means an increase from just under 8000 healthchecks in 18/19, to nearly 10,500 in 21/22 and nearly 10,700 by 23/24.
102. In line with our wider commitment to making reasonable adjustments for people with a learning disability or autism we will learn from the experiences across the system on increasing uptake of health checks to support other West Yorkshire and Harrogate programmes (such as Improving Planned Care and Cancer) better understanding how to communicate with and improve access for these individuals.

We are: Supporting our places to share good practice in how they deliver personalised care for people with a mental health condition or learning disability.

103. Giving more choice and control to service users is important for people with a mental health condition or learning disability because they are often dependent on others such as social workers to support their autonomy and independence¹². This means that care should be personalised and centred on the person so they can influence what services they use and have more influence over how these services improve.
104. During 19/20 we are working with the Personalised Care Programme to pilot work with a limited number of Primary Care Networks, identifying 'what good looks like' for people with a learning disability regarding personalised care. We will establish care quality markers which identify the difference made to people's experiences and share this impact across the wider system. In 20/21 we will build on this work to recommend actions to support each place to achieve the quality markers, connecting these to the wider learning disability improvement standards.

¹¹ <https://www.rcgp.org.uk/clinical-and-research/resources/toolkits/health-check-toolkit.aspx>

¹² <https://onlinelibrary.wiley.com/doi/full/10.1111/hsc.12048>

Multidisciplinary community action to reduce or prevent decline in people's mental health

105. Through our local Healthwatch analysis we know that people in West Yorkshire and Harrogate feel more needs to be done to prevent mental ill health where possible. Views include the need for 'support (for) people whose mental health is failing but is not yet an acute episode' and 'NHS direct involvement with all local community groups' to 'identify possible red flags and where to direct people'¹³.
106. We recognise that the partnership provides a unique opportunity for collaboration; to understand the causes of mental ill health, the impact on physical health and how to use our collective expertise to better tackle these causes at their source.
107. The statistics also show that compared to the England average more of our people suffer from common mental health disorders and that these conditions affect them over the long term. Yet there is variation across the system too. Calderdale (11.4%) and Leeds (10.9%) have larger numbers of people with a long-term mental health problem (above the England average of 9.1%), whereas Bradford (8.4%) and North Yorkshire (as a proxy for Harrogate – 7.7%) have lower numbers¹⁴. So, the action taken to address determinants of mental ill health needs to be absolutely rooted in the needs of each place.
108. We are also clear that the determinants of mental ill health are wide ranging and affect different groups in different ways and a particular role for the partnership is to champion the needs of minority groups; particularly those who have higher rates of mental illness such as Black, Asian and Minority Ethnic groups (BAME), the LGBTQI+ community and people with a learning disability. Action to address these cannot be taken by our programme alone which is why we work in close collaboration with the Improving Population Health, Primary Care and Unpaid Carers programmes, taking a unified approach to prevention.

We are: Supporting our places to share good practice in how they provide Individual Placement and Support to enable individuals who experience serious mental illness to find and retain employment.

109. Being in work is important for everyone's general health and well-being; it gives us a purpose and an income, promotes independence and allows us to develop social contacts. And for those with mental health problems, being employed can be an important step to recovery¹⁵. Across West Yorkshire and Harrogate we show a varied picture on employment for our mental health service users.

¹³ NHS Long Term Plan, #WhatWouldYouDo? People from West Yorkshire and Harrogate and Craven share their views, April 2019, Healthwatch Leeds and others.

¹⁴ PHE Fingertips data; Prevalence of common mental disorders 16+ %, Long Term Mental Health problems 18+ %

¹⁵ <https://www.mentalhealth.org.uk/blog/employment-vital-maintaining-good-mental-health>

110. The proportion of people with any form of mental health condition (or a learning disability) in employment is lower than the England average, with better rates in Leeds and lower rates in Kirklees. However, for those with more severe mental illness (on the Care Programme Approach¹⁶) our rates are broadly similar but with a swing of over 7.5% between the best (Harrogate) and the lowest performing (Bradford City).
111. Nationally, there is an expectation that 55,000 people with severe mental illness will access the Individual Placement and Support Programme (IPS) by 23/24; an evidence-based employment support service that aims to help people find and retain employment. For West Yorkshire and Harrogate this means that we are expanding our IPS provision from Bradford to Calderdale, Leeds and Harrogate. By 20/21 we will have another 1200 people accessing support, rising to over 1900 by 23/24.

We are: Helping standardise approaches to reduce suicide and provide suicide bereavement support (informed by timely intelligence).

112. Historically, suicide has been the biggest cause of premature death in men under 50 and the biggest killer of young people (male and female) aged under 35 in the UK. The rates of suicide are also steadily rising after many years of reduction and now most frequently affects people in their middle ages¹⁷. In 2015 Yorkshire and Humber had the highest suicide rates nationally, and across West Yorkshire and Harrogate we are consistently worse than the national average, with particularly high rates in Leeds¹⁸.
113. We know that there are characteristics of our population that partly explain the reasons for this high rate, such as the positive correlation between deprivation and suicide (for example Bradford has 42% of its population living in the most deprived 20% of the country). However, there is still much that can be done, and we have adopted a zero-suicide philosophy across West Yorkshire and Harrogate, where each and every death by suicide is seen as preventable and no longer viewed as inevitable. By 2020/21, we want to see a 10% reduction in suicides across West Yorkshire and Harrogate. And for a 75% reduction in targeted services (mental health services, custody suites) and suicide hotspots by 2022.
114. Our collaborative of mental health providers is committed to doing everything in their direct power to reduce suicide. In addition, we are working with the Improving Population Health programme and partners across health, police, fire services, councils, prison services, universities and voluntary community organisations to:
- a. Develop access to real-time information when there is a suspected suicide; help identify common areas for improvement and specific West Yorkshire and Harrogate risk factors.

16 <https://www.nhs.uk/conditions/social-care-and-support-guide/help-from-social-services-and-charities/care-for-people-with-mental-health-problems-care-programme-approach/>

17

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandwellbeing/articles/middleagedgenerationmostlikelytodiebysuicideanddrugpoisoning/2019-08-13>

18 PHE Fingertips; Suicide rate - persons

- b. Use 19/20 trailblazer funding in partnership with Leeds Mind to test services across West Yorkshire and Harrogate:
 - i. On prevention; for those at increased risk, such as men in the 35-50 age group and military veterans, providing support from pathfinder development workers to establish new pathways, facilitate peer support groups and publicise the range of support available
 - ii. On postvention, incorporating peer led support to reduce the risk of suicide in people who have themselves been bereaved in this manner
- c. We will evaluate these approaches and our approaches to collaboration to consider what models to commit to from 20/21 onwards, ensuring these are fully established by 23/24. Develop a tool to learn from previous suicides, helping identify those most at risk
- d. Ensure that the work on suicide prevention links to wider mental ill prevention activity in place, and work to improve community resilience.

We are: Supporting our places to share good practice in how they provide mental health support for rough sleepers.

- 115. Between 2017 and 2018, Yorkshire and the Humber experienced an increase in rough sleepers of 19%, with roughly 246 across the whole region¹⁹. The majority of these in West Yorkshire and Harrogate were from Bradford (24) and Leeds (33). Of the 3,060 households across West Yorkshire and Harrogate assessed as being owed a prevention duty (local authorities supporting people to secure accommodation when at risk of homelessness) or a relief duty (local authorities supporting people to secure accommodation once they become homeless), 680 had additional needs related to mental health and 120 additional needs related to a learning disability²⁰.
- 116. All our places have their own local strategies for supporting the mental health of rough sleepers and we have some good practice being adopted that can be replicated, such as Mental Health Navigators in Wakefield and a Housing Support Coordinator role developed at SWYPFT. In Leeds, funding has been awarded to test and evaluate models that improve access to health services for rough sleepers, including work with healthcare navigators to provide intensive support on the street, at accommodation providers, hostels and GP practices.
- 117. With expected NHS pilot funding from 20/21 we will work with the Improving Population Health programme across our places to share ways of working, learning and best practice. We will also set out a clear ambition for rough sleepers across West Yorkshire and Harrogate, ensuring that we work closely with Safeguarding Adults board in each place to develop and deliver the right interventions.

We are: Supporting our places to share good practice in how they provide smoking cessation support to those with mental health conditions.

¹⁹

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/781567/Rough_Sleeping_Statistics_2018_release.pdf

²⁰ MHCLG H-CLIC Homelessness returns, Jan-Mar 2019

118. In West Yorkshire and Harrogate we experience significant health inequalities. Those living in deprived areas are more likely to find it harder to recover from mental health conditions²¹, and people with a long-term mental health condition in West Yorkshire and Harrogate are over 13% more likely to smoke²².
And we also know that smoking remains a significant risk factor for disease, leading to premature death and is a priority for the Improving Population Health programme.
119. All our places have their own local strategies for smoking cessation. However, by working with the Improving Population Health programme we will help share ways of working, learning and best practice that is specific to those with mental health conditions, to help reduce this inequality. And each of our NHS providers of mental health, learning disability and autism services will be supported to provide smoking cessation for long-term service users.

We are: Supporting our places to share good practice in how they support those with mental health conditions, learning disability and/or autism to age well.

120. By 20/21 the Primary Care Networks (PCN) taking shape across all our places are expected to be able to assess their population for the risk of unwarranted health outcomes, particularly for those at risk of frailty as they get older. These assessments will help identify targeted physical and mental health support to help people remain as independent as possible for as long as possible.
121. All our places have their own local strategies and will identify through each PCN how best to integrate local physical and mental health support. However, by working with the Primary Care programme we will help share ways of working, learning and best practice.

We are: Supporting our places to share good practice in how they support adult carers.

122. Our local Healthwatch analysis emphasised how the families and carers of people with mental health issues need support too, including comments such as ‘The carer is put under a great deal of pressure during this time, which can make them unwell themselves’ and ‘the carer must be looked after too as their health is paramount in helping the sufferer to keep going when things get tough’. Carers felt that they were often not as involved as they would like in the care of the person they look after and wanted more information to be shared between carers and staff.
123. As with the previous section on young carers we are using the same ‘Triangle of Care’ model to underpin a new model of support and we expect the 19/20 commitment to establish carers’ champions on Mental Health Trust Boards to cover both adults and children and young people.

²¹ <https://digital.nhs.uk/news-and-events/news-archive/2016-news-archive/mental-illness-recovery-linked-with-deprivation-report-finds>

²² PHE Fingertips; Smoking prevalence in adults with LTC Mental Health vs Smoking prevalence in adults

124. From 2020/21 we will ensure that mental health, learning disability and autism providers routinely consider the impact on adult carers as part of their Equality Impact Assessments of services. And, in conjunction with other programmes (such as Maternity on perinatal care) we will share learning on how both formal and informal carers can be better signposted to mental health support for themselves; so that by 2023/24 we have a comprehensive West Yorkshire and Harrogate offer for all families, preventing mental health decline in carers and providing swift intervention when necessary.

We are: Supporting our places to share good practice in how they support improvements in both physical and mental health needs.

125. People using health and care services commonly find that their physical and mental health needs are addressed in a disconnected way despite the evidence that neglecting one can damage the other. We know the opportunities presented by integration of physical and mental health have not yet received enough attention and will work with other programmes to address this. Poor mental health is a major risk factor implicated in the development of diabetes, COPD, cardiovascular disease etc. As each place continues to identify other opportunities to work in collaboration we will support services to work together, share learning and standardise practice.
126. We will work with the Improving Population Health Programme, using data and intelligence to identify and target those instances of physical and mental health conditions that most significantly impact our population. Testing approaches during 19/20 and 20/21 in identified places, to evaluate and if successful, roll out more widely.

We are: Supporting our places to share good practice in how they deliver personalised care for people with a mental health condition.

127. NHS England is committed nationally to accelerating the roll out of Personal Health Budgets, giving people greater choice and control over how care is planned and delivered. This includes an expected expansion of this programme by the end of 19/20 to cover wider mental health services, including support for people leaving hospital who had previously been detained under the Mental Health Act. In addition, people with severe mental health conditions or more complex needs, covered by the Care Programme Approach will also benefit from personalised care planning, identifying what is important to them to achieve a good life and ensuring the support they receive is coordinated around what they want to achieve.
128. In primary care, more GPs, nurses and other professionals will be able to consider the personal needs of individuals with mental health conditions and refer people to a range of non-clinical services, such as arts activities, group learning, sports and befriending services. This will be led by Primary Care Networks as they develop their role from 20/21 benefitting approximately 15 in every 1000 people, meaning nearly 1000 people with mental health conditions across West Yorkshire and Harrogate will get social prescribing support from primary care at some point.

We are: Supporting our places to share good practice in taking a preventative approach to mental ill-health through our local authority public health teams.

129. We are working with the Improving Population Health Programme to work in a preventative way to promote good public mental health, including signing up to the Mental Health Prevention Concordat as a health and care partnership. This will be supported by an action plan communicating our commitment from senior leaders, prevention campaigns, shared use of intelligence, mental health needs assessments and engagement with local communities

130. We will support primary, secondary and tertiary prevention, promoting good mental health, allowing for earlier diagnosis and treatment of mental health conditions and helping people living with mental ill-health to stay as well as they can.

CHAPTER 2: Access to high quality care

131. One in 8 children between the ages of five and 19 has a mental health problem²³ and almost one in four adults experience a mental health problem in their lifetime. For some, mental health problems are treated and never return. However, for others, mental health problems last for many years, especially if not treated properly. And people with a learning disability and/or autism remain more susceptible to healthcare problems, both mental and physical.
132. Getting access to good quality care when it is needed is vital. Untreated, people with schizophrenia are more likely to die from heart disease or respiratory disease, and mental illness increases other risky behaviours such as smoking, drug and alcohol abuse. Notwithstanding the impact on the individual this has significant economic costs to the local and national economy, through lost working days and benefit claims.²⁴
133. We want to ensure that high quality health and care services across West Yorkshire and Harrogate are accessible as quickly as possible, for all population groups. This means we need to replicate what works well and invest in both core services and specialist models to do things differently, comprehensively and efficiently.

Mental health care in community settings

134. 82% of people approached by our local Healthwatch indicated that initial support for mental health conditions, or when trying to diagnose a learning disability and/or autism needed to be available quickly. Waiting lists were felt to be too long with initial assessments not as quick or easy as they could be. Linked to this was the importance that many people were concerned that long waiting lists would lead deterioration in people's mental health:
'Waiting lists for counselling are extremely long, a family member waited over 18 months which is totally unacceptable for someone struggling with mental health issues.'
135. A further 48% of people felt there was a need for more community mental health support, often delivered outside of statutory services: 'A lot of mental health could be improved with access to excellent local community support (via VCFS sector), social prescribing and nipping it in the bud before it becomes a bigger issue'.
136. We know these issues are important across West Yorkshire and Harrogate because we have greater numbers of people who suffer from anxiety and/or depression than the England average. Yet we also know there is large variation in access to services between our places.

²³ <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017>

²⁴ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/361648/mental-health-access.pdf

By December 2019, 5.6% of people in Calderdale who had anxiety or depression accessed psychological therapies (against an England average of 4.48%), whereas this was only 2.72% for North Kirklees²⁵.

137. We will work in partnership with the Primary Care programme to address these issues, ensuring that Primary Care Networks, Local Authorities and VCS groups come together with NHS Mental Health Trusts to redesign services in line with the national Community Mental Health Framework.

We are: Supporting our places to share good practice in how they achieve Improving Access to Psychological Therapies (IAPT) standards.

138. IAPT services provide evidence-based psychological therapies (often called talking therapies) to people with mild to moderate anxiety disorders and depression.
139. Nationally there are expectations that all areas of England meet IAPT referral to treatment times and recovery standards, meaning 1.9m adults accessing treatment by 23/24. West Yorkshire and Harrogate is no exception and each of our places is responsible for achieving these targets; our role as a partnership is to support learning and improvement.
140. The targets mean that all our places will ensure that 25% of people who have anxiety or depression access IAPT by March 2021 (up from an average of 4.72% across West Yorkshire and Harrogate in July 2019), 75% of people referred start IAPT services within 6 weeks and 95% within 19 weeks, with at least 50% of people commencing IAPT treatment entering recovery.
141. Our ambition is to have at least 77,500 people in West Yorkshire and Harrogate starting IAPT treatment by 21/22, rising to over 80,000 by 23/24. To deliver this improvement and to meet performance standards our places will recruit more psychotherapists so that there are nearly 50 more psychotherapists across West Yorkshire and Harrogate by 21/22, and over 130 by 23/24.

We are: Helping standardise approaches to how places deliver primary and community care for people with a severe mental illness.

142. In order to reduce our reliance on hospital beds we need to invest in community services, transforming how they are provided. This means integrating primary and community care so that people with eating disorders, a personality disorder diagnosis or rehabilitation needs get the support that they need, as close to home as possible. Across England there is an expectation that 370,000 people receive care in this integrated way by 23/24.

25 <https://mentalhealthwatch.rcpsych.ac.uk/indicators/access-to-iapt-services-for-people-with-depression-and-or-anxiety-disorders>

143. For West Yorkshire and Harrogate this means developing flexible and proactive care models that dissolves where possible the barriers between primary and secondary care, building on relationships between Primary Care Networks and Mental Health providers. And given our population we are particularly keen to develop early intervention initiatives for young adults, helping to create a comprehensive 0-25 service, and better 'complex' rehabilitation across all age ranges.
144. We will work across all our places to test new models, see what works and ensure all places work to agreed principles, reducing variation in how services are provided and better supporting service users to receive coordinated care across West Yorkshire and Harrogate.
145. These new community care models will also help ensure that each places delivers the Early Intervention in Psychosis (EIP) standards; meaning that West Yorkshire and Harrogate as a whole ensures 60% of people with first episode psychosis start treatment with a NICE-recommended package of care two weeks of referral by 2020/21, and reaches 70% NICE concordance by 21/22 and 95% by 23/24.
146. We expect that over 5,700 people across West Yorkshire and Harrogate will access these integrated services during 21/22, rising to over 16,600 by 23/24. To deliver this we will need to develop multidisciplinary teams, comprising psychologists, psychotherapists, support staff, social workers, peer support worker, pharmacists and more. By 21/22 we expect a growth in the West Yorkshire and Harrogate across these staff groups of around 140 people, rising to 400 by 23/24.

We are: Supporting our places to share good practice in how they undertake physical health checks for people with a severe mental illness.

147. Nationally, the Mental Health Foundation describes how people with mental health conditions are less likely to receive the physical healthcare that they are entitled to, particularly routine checks such as blood pressure, weight and cholesterol. This means it is harder to detect symptoms of physical illness, contributing to people with a mental health condition being more likely to die from cancer, heart disease and other conditions²⁶.
148. Therefore, it is important to increase access to physical health checks for people with a severe mental illness, and across England there is an expectation that 280,000 people access health checks in 19/20, rising to 390,000 by 23/24. For West Yorkshire and Harrogate this means approximately 13,000 people in 19/20, 16,000 by 22/23 and over 17,000 by 23/24.
149. Each of our places will deliver their own local requirements on health checks, increasing onward referral to recommended interventions, use of personalised care planning, engagement and psychosocial support. We will support our places to learn from one another about what works, making the appropriate links with the primary care programme to inform how Primary Care Networks work to achieve these trajectories.

²⁶ <https://www.mentalhealth.org.uk/a-to-z/p/physical-health-and-mental-health>

We are: Supporting our places to share good practice in how they provide specialist community perinatal mental health services.

150. Perinatal mental health problems occur during pregnancy or in the first year following the birth of a child and affect up to 20% of women. In West Yorkshire and Harrogate this means an estimated 47 women per year who suffer from postpartum psychosis, 708 who suffer from severe perinatal depression and up to 3500 with milder forms of perinatal depression or anxiety²⁷.
151. All our places in West Yorkshire and Harrogate are increasing access to specialist community perinatal mental health services, delivering care to women and their families, supporting parent and infant bonding and providing consultation and advice. We will support places to share what works for them, tracking achievement against trajectories and ensuring appropriate links are made with the Local Maternity System.
152. This is particularly important for mothers with a learning disability, as we recognise that the ante-natal and peri-natal experience for these mothers is often significantly worse than the general population, leading to concurrent mental health issues. This can be exacerbated by the knowledge that approximately half of these mothers have their children removed from their care due to being assessed as unable to provide an adequate standard of parenting.
153. This means that by 21/22 we will see an additional 2,700 women accessing services, rising to over 3,300 by 23/24. To deliver this we will recruit additional staff, meaning an increase in psychiatrists, pharmacists, nurses, psychologists, occupational therapists and others. In total we expect numbers of staff across West Yorkshire and Harrogate to increase by over 25 by 20/21 and over 40 by 23/24.
154. As part of the increase in the perinatal mental health service our places will meet the national requirement to deliver NICE concordant pathways, establish how to extend the period of care available from 12 to 24 months and consider how to better support partners of women accessing specialist community perinatal care, signposting them to other services where appropriate by 2023/24.
155. As a system we will also learn from the national pilots in Maternity Outreach Clinics and build on our local Healthwatch engagement. We will provide more support for mothers on understanding the interaction between medication and their pregnancy, and improve the opportunities for expectant mothers to discuss their mental health and get support; providing tailored services for women who experience mental health problems directly arising from their maternity experiences by 2023/24.

²⁷ PHE Fingertips: Postpartum psychosis estimated number of women, severe depressive illness in the perinatal period, mild-moderate depressive illness and anxiety in perinatal period

Mental health care in an emergency

156. People in mental health crisis often no longer feel able to cope or be in control of their situation, which can mean people consider taking their own life or seriously harming themselves; needing immediate medical attention. This means that everyone needs to know who to contact in these situations, be taken seriously and be supported quickly.
157. Yet our Healthwatch engagement across West Yorkshire and Harrogate indicates that some people do not receive the help they feel is needed in a crisis, particularly when attending A&E departments, but also that more work needs to be done in partnership between health and other care services to increase the range of services available.
158. We are not unique nationally in the need to improve these services. And as a comparison our system has very similar rates of psychosis compared with the England average (23.3 compared to 24.2 per 100,000 adults)²⁸. But there is variation between each place, one indicator for which is the percentage of people in contact with mental health services who have crisis plans in place. Across West Yorkshire and Harrogate this varies significantly from a low of 2.2% in Leeds to 41% in Wakefield and Calderdale, and 78% in Harrogate. So, there is room to learn from one another about what works to prepare for and support people in crisis²⁹.

We are: Supporting our places to share good practice in how they provide a comprehensive service for people in mental health crisis.

159. During 2019/20 all our places across West Yorkshire and Harrogate are continuing to invest in expanded crisis resolution and home treatment teams so that from 20/21 we have 100% coverage. To do this our places are expanding the range of multidisciplinary staff within each service, implementing 24/7 crisis lines, increasing the service to be appropriate for older adults and prioritising support for carers. This means that by 21/22 we expect an additional 60 nurses, paramedics, peer support workers and others will be employed across West Yorkshire and Harrogate, rising to nearly 150 by 23/24.
160. Some of our places already offer alternatives to A&E for people in crisis, often run by voluntary and community sector organisations, such as the Cellar Trust in Bradford and Airedale. Collectively by 20/21 we will see an expansion across West Yorkshire and Harrogate in crisis house/sanctuary models, peer support, employment, accommodation and community support services. As each place develops their own offer, we will share the learning across West Yorkshire and Harrogate.

²⁸ PHE Fingertips; new cases of psychosis per 100,000 (16-64) - 2011

²⁹ PHE Fingertips; service users with crisis plans as % of people in contact with mental health services

161. We are also committed to ensuring that crisis services are appropriate for people with autism, either through mainstream service provision or through specialist support across West Yorkshire and Harrogate. Working with people with lived experience and the Yorkshire and Humber Operational Delivery network we will review current crisis provision in 19/20 to ensure services are appropriately skilled in supporting people with autism, making reasonable adjustments where necessary for 20/21 onwards.
162. As a system we also conscious of the need to support better ways of working that are helpful to each place. During 19/20 and 20/21 we are focusing on understanding and improving data flows and quality, establishing consistency in how care planning is undertaken across multiple organisations, exploring new training options for ambulance staff and evaluating the role of mental health nurses within police control rooms.

Most acute hospitals across West Yorkshire and Harrogate already have established 24/7, 7 day per week mental health liaison teams who assess people in hospital beds or within the Emergency Department who are experiencing problems with their mental health. In 19/20 the liaison service at Harrogate NHS Foundation Trust will also move to a 24/7 model, meeting national 'core 24' standards.

We are: Supporting our places to share good practice in how they deliver early intervention for people suffering from psychosis.

163. Psychosis can cause considerable distress and disability for individuals, their families and carers, often resulting in hallucinations, delusions and a disturbed relationship with reality. Whilst it can take months or years for a final diagnosis it is possible to begin treatment as soon as a provisional diagnosis of first episode psychosis is made, making it important to ensure people can access services quickly and easily.
164. Across West Yorkshire and Harrogate our performance on early intervention (EIP) for people with psychosis has been varied. Performance recently has generally been above the 56% access standard across all places, though we know that we need to improve this to 60% from 20/21 and ensure all places meet Level 3 NICE guidelines by 23/24.
165. Achieving this means each place will ensure treatment starts quickly, families are involved as needed in psychological therapy and combined mental and physical health programmes are put in place for those who need them. We will continue to receive updates on EIP and as we get closer to the 20/21 target help to support improvements in performance where needed through sharing of ways of working in each place.

Diagnosis and care for children and young people

166. Services available to support children and young people's mental health across West Yorkshire and Harrogate are a key concern for our population, particularly regarding waiting times, referral criteria and staffing levels. Engagement via Healthwatch also highlights how individual experiences of care and treatment are not always positive ones, including inappropriate treatment suggestions, concerns over clinical lines of enquiry and a lack of provision for children with autism.

We are: Helping standardise approaches to how places provide a comprehensive 0-25 mental health service for children and young people (including a consistent approach to transition).

167. At the highest level of specialisation (Tier 4 CAMHS), England has seen a reduction in bed days of approximately 9% since 17/18, a reduction which is mirrored in the West Yorkshire and Harrogate figures. However there remains variation in each place, so whilst we continue to develop new care models across West Yorkshire and Harrogate that are beginning to reduce bed usage (see section on 'specialist mental health care provided across West Yorkshire and Harrogate') we also need to ensure each place is equipped to provide a more holistic range of care and treatment closer to people's homes and in community settings.
168. There are national ambitions to increase access for people under 18. For West Yorkshire and Harrogate this means approximately 18,000 people in 20/21, rising to 21,500 by 23/24. To deliver this ambition we will require a significant increase in our workforce and innovative service delivery, with numbers of professionals in our community services such as psychiatrists, psychologist, nurses, social workers and others increasing by over 100 by 2023/24.
169. And we also need to work differently between our places and across West Yorkshire and Harrogate, doing more to consider how we look after the holistic needs of individuals and their families. This is particularly important for those children and young people, who have experienced significant developmental trauma in their lives, are in looked after services or have complex mental health needs alongside a learning disability, autism or other neurodiversity.
170. This is why during 19/20 we are taking a 'whole pathway' approach to commissioning, learning how each place currently provides services across health, social care and the voluntary sector, so that we identify some specific, multidisciplinary action we can take, either in each place or across West Yorkshire and Harrogate. From 20/21 we will pilot new ways of working and evaluate these to implement a more substantive service by 23/24. We will also continue to work with Y&H Clinical Networks, benefitting from the important role they play in supporting the reduction of inequalities and improvements to children and young people's mental health services.

We are: Supporting our places to share good practice so that they each provide comprehensive support for children and young people in a crisis.

171. Our system performance on access for children and young people's crisis services has been consistently under the existing 32% national standard for, however in line with increased funding we expect to improve coverage to at least 89% by 21/22 and 100% by 23/24. By 20/21 only Calderdale will not have in place a comprehensive CYP crisis service (incorporating 24/7 assessment, brief response and intensive home treatment), but this will be in place by 2021/22.

172. Improvement here is a requirement for each place and some have a greater journey to go on than others. Co-production with young people in West Yorkshire and Harrogate has been important in understanding the issues and solutions here, both in the development of the new care model approach through CommonRoom but also local work in areas such as the TeenConnect helpline in Leeds and the Safer Space and WellBean café in Bradford.
173. Each place is approaching their crisis improvement depending on where their local gaps are and how services currently operate, and some of the service development will be linked to learning from the 'whole pathway' approach described above. And there are West Yorkshire and Harrogate wide developments through the Urgent and Emergency Care and Digital programmes and the Police and Crime Commissioner, such as the development of NHS111 as a single point of access, digital innovation pre and post crisis and increased places of safety.

We are: Supporting our places to share good practice so that they each provide appropriate services for children and young people with an eating disorder.

174. Eating disorders are serious mental health problems that can have severe psychological, physical and social consequences. Therefore, it is vital that children and young people, and their families and carers can access effective help quickly, in line with the national service specification.
175. Nationally, the performance of services for children and young people with an eating disorder has been improving. 69% of people started urgent treatment within one week in 16/17 and this now stands at 81% (against a target of 95% to be delivered in 2020/21). However, in West Yorkshire and Harrogate whilst our performance was historically better (76%) it has declined to around 74%. There is also wide variation; North Kirklees has increased its performance from 75% to 100%, whereas Harrogate is currently 29%. And we fare better for routine appointments, as a system delivering 85% access within four weeks which is on track to deliver national requirements of 95% by 2020/21³⁰.
176. As a partnership we will support those areas that are performing well to share their practice for the benefit of the wider system. This will include utilising the Y&H Children and Young People Eating Disorder Learning Collaborative.

We are: Supporting our places to share good practice in how they ensure appropriate medication for children and young people with a learning disability and/or ADHD.

177. Psychotropic medications are often used to treat anxiety, depression or psychosis but can be used to support people with challenging behaviours and side effects such as weight gain, feeling tired or 'drugged up' are not uncommon. Nationally, the experience of parents, carers, clinicians and young people indicate that medication prescribed in childhood is continued for longer than it should be, which means there is more chance that side effects become detrimental to health and wellbeing. Conversely, some young people do not receive the medication that they should do, meaning their condition is left

³⁰ <https://www.england.nhs.uk/statistics/statistical-work-areas/cyped-waiting-times/>

untreated.

178. Through the national STOMP (stopping over medication)-STAMP (supporting treatment and appropriate medication) campaign, NHS England and Improvement wants to improve the lives of children who are prescribed psychotropic medications, ensuring they get medication for the right reason, in the right amount for the shortest time possible and understand the reasons for their use.
179. All West Yorkshire and Harrogate places have strategies in place to ensure STOMP-STAMP reviews are undertaken, review medication as part of the Care Education Treatment Review process and report progress through general practice performance data.

We are: Supporting our places to share good practice in how they learn from the deaths of people with a learning disability.

180. We know that because people with a learning disability have poorer physical and mental health, they often die earlier than they should from conditions that could have been prevented, such as pneumonia, sepsis, constipation and epilepsy. Each of our places across West Yorkshire and Harrogate undertakes learning from death reviews (LeDeR) for people with a learning disability to help change how services are provided. Our role as a partnership is to share this practice to support learning and improvement.
181. Each place also makes links between the role of LeDeR and other national programmes to reduce avoidable deaths such as annual health checks, sepsis prevention and cancer screening.

Mental health care provided in each place by hospitals

182. Much of the transformation we want to see in Mental Health requires improved community provision and early intervention where possible, yet we also recognise the need to ensure that our mental health hospitals provide high quality, accessible care when they are needed. Mental Health admissions to hospital in West Yorkshire and Harrogate were less than the national average in 18/19, at 252.3 per 100,000 people against 267.1 per 100,000 people. However, there is wide variation across the system, with Bradford City having high admission numbers (410.1) and Airedale, Wharfedale and Craven comparatively low (175.4).
183. Across West Yorkshire and Harrogate we have three main providers of adult hospital mental health care at Leeds and York Partnerships NHS Foundation Trust, South West Yorkshire Partnerships NHS Foundation Trust and Bradford District Care NHS Foundation Trust. The mental health provider collaborative recognises the need for these organisations to work together more closely than they have in the past.

184. And we know from our Healthwatch engagement that people feel their needs to be better communication across care providers to prevent people from falling through the gaps. The opportunity at West Yorkshire and Harrogate level is to ensure that patients don't feel the barriers we often create between individual organisations, making their care feel as seamless as possible.
185. One marker of success for the partnership is how well rated each of our hospitals is by the Care Quality Commission. By October 2019, one provider (SWYPFT) was rated 'good', whereas the other two (Leeds and York Partnership Foundation Trust and Bradford District Care NHS Foundation Trust) were rated 'requires improvement' and by working together we intend to support each individual provider and West Yorkshire and Harrogate as a whole to improve.

We are: Helping standardise approaches to how places share their hospital beds, reducing the amount of time people spend in hospital and preventing people from going outside of West Yorkshire and Harrogate for treatment.

186. Nationally, there is a drive to improve the quality of all hospital mental health care, including reducing the length of time people spend in a hospital bed so that all providers are at or below the current national average of 32 days by 23/24. This is an ambition we share; however, we recognise that as more services are provided in the community only those who really need hospital care will be admitted, meaning they may be sicker and take more time to treat. So, we need to understand what this ambition really means for our system.
187. This includes developing a wider West Yorkshire and Harrogate understanding on Delayed Transfers of Care (DTOC). The chances of someone being delayed from being discharged home or to other services varied widely from approximately 1 person per day delayed at Bradford District Care NHS Foundation Trust or South West Yorkshire Partnership NHS Foundation Trust in June 2019, rising to 23 people per day at Leeds and York Partnership NHS Foundation Trust.³¹
188. Collectively we are also very clear that working together means we should be able to eliminate the number of people who leave West Yorkshire and Harrogate for their treatment. The collaborative has already had significant success, dropping from 6005 'out of area placements (OAPs) in September 2017, to just 1930 in February 2019, a reduction of 68%. Yet we still face challenges, this is not a smooth journey and often performance can worsen periodically before improving again for most providers.
189. There is weekly communication across the collaborative and regional NHSE/I support teams to discuss the OAP data. As such we have already seen initiatives such as criteria led discharge be adopted across each provider, new care models deployed including dedicated consultants on wards and pathway and patient flow reviews.

³¹ <https://www.england.nhs.uk/statistics/statistical-work-areas/delayed-transfers-of-care/delayed-transfers-of-care-data-2019-20/>

However, more needs to be done and in 19/20 we will be developing a strategic approach to collaboration between on acute bed flow to better understand and develop consistent clinical models of admittance, escalation and discharge. The aim is to eliminate all inappropriate OAP during 2020/21.

We are: Considering how we configure psychiatric intensive care across West Yorkshire and Harrogate.

190. Psychiatric Intensive Care Units (PICU) have higher levels of staffing than normal mental health wards and are designed to look after people who pose a high level of risk to themselves or others. Across West Yorkshire and Harrogate we had fewer people subject to the Mental Health Act per 100,000 people than the England average in 18/19, but both Bradford and Leeds as individual places had higher rates.
191. Across West Yorkshire and Harrogate we are therefore looking at the best way to configure our PICU services, particularly given anecdotal views that there is insufficient capacity across the 42 PICU beds we operate across the system. We are also conscious that utilisation is often ineffective due to the gender mix of patients, differentials in admission/discharge criteria and delayed transfers of care, resulting in the need to place people out of area more often than we would like.
192. During 19/20 we are undertaking further bed management analysis and simulation modelling of PICU capacity to provide all West Yorkshire and Harrogate providers with a shared view of the problems and opportunities. We will take the learning from this review to determine what good looks like for PICU provision, so that from 20/21 onwards we begin to develop the business case for new ways of working, ensuring this is up and running by 22/23.

We are: Considering how we configure rehabilitation for people with complex needs across West Yorkshire and Harrogate.

193. Nationally, there have been concerns raised that people with complex needs do not receive the care that they need with significant variation in how rehabilitation is delivered, and the outcomes achieved. Across West Yorkshire and Harrogate we currently have variability across our providers, with some significant outliers in length of stay (>10 years against an average of 30 months for complex cases), no complex provision for females and a high number of out of area placements (101 in 18/19).
194. We are working as a collaborative to redesign complex rehabilitation pathways across West Yorkshire and Harrogate, developing an inpatient and community model at a system level that links coherently to arrangements within each place. This requires close partnership working between health, social care and housing providers. These new pathways will encompass a range of provision from targeted support by community mental health teams, increased involvement from primary care, supported employment schemes and supported accommodation.

195. To date we have undertaken scoping work on clinical need, undertaken best practice and peer review exercises and have been successfully awarded £11m in capital funding to support the transformation needed. We will develop final proposals for the new service for approval in 2020, with services developing during 2020/21 and fully operational by 2021/22.

Specialist mental health care provided across West Yorkshire and Harrogate

196. Across West Yorkshire and Harrogate we provide several specialist mental health services. These cover a range of more unusual or complex conditions and have historically been arranged by NHS England rather than being the responsibility of local places. However, there is a national move to make provider collaboratives such as West Yorkshire and Harrogate more responsible for making decisions about these services, covering 100% of the country by 22/23. We are therefore working in partnership to develop arrangements for a 'first wave' of services that will become our responsibility and to create the infrastructure that allows us to take on more responsibility for other services over time.
197. We want to maximise access to specialist mental health care across West Yorkshire and Harrogate, ensuring there isn't a postcode lottery in terms of who can access which service, where and how quickly. And by providing these services on a West Yorkshire and Harrogate level, we can offer support as close to home as possible

We are: Considering how we configure adult eating disorder services across West Yorkshire and Harrogate.

198. Eating disorders (such as anorexia, bulimia and others) are serious mental disorders that often develop in adolescence when people are developmentally sensitive. These conditions mainly affect females (90%) and have major psychological, physical and social impact leading to poor quality of life, high health burden and can be fatal. However, the introduction of specialist eating disorder services appears to have improved survival rates.
199. Across West Yorkshire and Harrogate the CONNECT Adult Eating Disorder new care model (hosted by LYPFT) has been operational since 1st April 2018. The aim was to join up the approach to care and treatment across the system to improve patient outcomes and experience, including the transition from children and young people's services. Since the start of this service the number of admissions to a hospital bed has reduced by 22% and no patients have been sent outside of West Yorkshire and Harrogate for treatment unless they have chosen to. This means the average distance between home and care for service users is now 6 miles, rather than 40 miles (an 85% reduction).
200. To deliver these improvements a new community model and pathway was put in place with any financial savings reinvested in the new way of working. In 19/20 we are developing the model further to strengthen the offer to adolescents in transition, improve our reach to BAME groups, expand the psychological therapies provided and provide more targeted support, such as to those also suffering with substance misuse.

We are also considering plans for the model to expand beyond West Yorkshire and Harrogate to serve the larger Yorkshire and Humber population from 2020/21 onwards.

201. We expect to be responsible for commissioning and providing the CONNECT service from April 2020, following delegation of responsibility by NHSE/I.

We are: Considering how we configure specialist hospital care for children and young people with emotional, behavioural or mental health difficulties across West Yorkshire and Harrogate.

202. Sometimes our children and young people experience mental disorders, such as depression, psychosis, eating disorders, severe anxiety, or personality disorder that cause significant risk to themselves or others, and at the same time they may also have a learning disability and/or autism. These individuals often require specialist care delivered from or within hospital settings.
203. Our local Healthwatch engagement raised concerns about the damaging effects of having to travel outside of West Yorkshire and Harrogate for inpatient care, resulting in children and young people being isolated from friends, family and community: 'I have spoken to several families with experience of their children being admitted to out of area inpatient care. In every case their child was traumatized and further damaged by the environment and separation from their families'.
204. Preventing children going out of area is one of the main aims of our 'Tier 4 CAMHS' new care model, hosted by Leeds Community Healthcare NHS Trust. This service, and its equivalent delivered by Tees, Esk and Wear Valleys NHS Foundation Trust for North Yorkshire (including Harrogate) has developed new ways of working between health and local authority services, through the use of care navigators to help support children and young people in their community where possible. But when admission to hospital is needed this is done in West Yorkshire and Harrogate, is based on clinical need and is for the shortest time possible.
205. We have already seen some early success through the new care model; reducing admissions to 124 in 18/19 from 153 in 16/17, reducing the number of out of area placements to 93 from 128 and reducing the distance from home for children and young people to 25.7 miles from 37 miles. However, we want to go further reducing these numbers by 2022/23 to 100 admissions, 20 out of area placements and 25 miles respectively.
206. To support this service, a purpose built 22 bed West Yorkshire children's mental health unit will be built in Leeds, with work beginning in 2019 and the unit to be operational from 2021.

We are: Considering how we configure forensic mental health services across West Yorkshire and Harrogate.

- 207. Forensic Mental Health Services provide specialised mental health and learning disability services for people who may pose a risk to others or who have been involved in the criminal justice system. The Yorkshire Centre for Forensic Psychiatry, hosted by South West Yorkshire Partnerships NHS Foundation Trust currently provides medium secure forensic services across West Yorkshire and Harrogate and beyond.
- 208. Working together we are developing new ways of working for forensic services, including making better use of community provision where appropriate. This means improving efficient use of current capacity by reducing length of stay in hospital settings, minimising the number of 'transition' points for each service user, making their experience better and reducing out of area placements. This includes repatriating patients who are currently in a West Yorkshire and Harrogate forensic bed but who live in another area back to their local system, so that we in turn can create local capacity for the West Yorkshire and Harrogate population.
- 209. The changes we are making include creating a single point of access, inpatient capacity plan and bed management system across West Yorkshire and Harrogate, consistent Forensic Outreach and Liaison Services (FOLS) for those with mental health issues, and a similar service for those with learning disability. As a result, we will reduce overall inpatient capacity by up to 12% with the most change in male low secure pathways by 2023/24.

We are: Considering how we configure perinatal mental health services in hospital across West Yorkshire and Harrogate.

- 210. The Yorkshire and Humber Mother and Baby Unit (hosted by Leeds and York Partnerships NHS Foundation Trust) provides hospital services so that mothers across West Yorkshire and Harrogate and beyond experiencing severe mental health difficulties can receive treatment and support while continuing to care for their baby. In conjunction with the Local Maternity System we will ensure that pathways of care into and out of the MBU for mothers are effective and efficient, no matter where patients live in West Yorkshire and Harrogate.
- 211. As further mother and baby units develop across the wider region, and across the partnership as we better understand the impact of extended community support and maternity outreach, we will consider how to maximise the effectiveness and role of the mother and baby unit.

We are: Considering how we configure problem gambling services across West Yorkshire and Harrogate.

- 212. Nationally 0.9% of people are classified as problem gamblers but in areas such as Leeds this is circa 1.3%, or 13,000 people with up to a further 8% of people at risk. Problem gambling can lead to serious debt and family breakdown, people losing jobs and even turning to crime or suicide. Therefore, nationally the NHS is expecting to see 15 new clinics for specialist problem gambling treatment by 2023/24.

213. Since September 2019, the NHS Northern Gambling Clinic has been operational in Leeds as a partnership between Leeds and York Partnerships NHS Foundation Trust and GamCare. The clinic operates by promoting awareness of problem gambling amongst local professionals and community groups, providing open access support for people concerned about their (or another person's) gambling and structured treatment options for people with severe gambling disorder. There is a focus on reaching out into under-represented communities such as BAME groups, women and those in the criminal justice system.
214. As the service develops, we will evaluate its impact to learn what works, identify what doesn't and improve the service offer so it is well established and forms part of the core offer, alongside other services by 23/24.

We are: Considering how we configure specialist services to align with the needs of veterans across West Yorkshire and Harrogate.

215. In West Yorkshire and Harrogate there are nearly 90,000 veterans, who are entitled to priority access to NHS care for conditions associated with their time within the armed forces. However, we don't always understand the mental health needs of this population meaning that access rates to local community-based services for veterans transitioning out of the armed forces (TILS) are lower than they should be. These services are provided outside of West Yorkshire and Harrogate covering the North of England; however, it is important that we ensure our veteran population is supported to get the help they need when they need it so we will review how this currently happens.
216. For veterans with more complex problems (CTS), the service provided by Leeds and York Partnerships NHS Foundation Trust and Combat Stress provides therapies and advice, tailored to the culture and needs of ex-military personnel. We will continue to work with the armed forces to ensure this service meets the needs of its service users.

We are: Considering how we configure specialist services to align with sexual assault and referral centres across West Yorkshire and Harrogate.

217. The Hazlehurst Centre in Dewsbury provides support for survivors of sexual assault. As a system we will work together to ensure that by 2020/21 integrated therapeutic mental health support is provided both immediately after an incident and on a continuous basis where needed, including seamless referral into other mental health services.

We are: Considering how we configure specialist services to align with Immigration Removal Centres.

218. There are no Immigration Removal Centres (IRC) within West Yorkshire and Harrogate. However, we recognise that there will be residents within our system with mental health conditions (often caused by or exacerbated by torture, trauma or oppression in their country of origin) who end up being placed in IDCs. We will work with prison mental health teams and liaison and diversion services to ensure the necessary support is provided to any potential detainees before they enter IRCs and that this is continued during their detention, either within an IRC setting or 'remotely' within community settings.

Services for those with learning disabilities

219. In West Yorkshire and Harrogate we want more people with a learning disability (with or without autism) to live in the community, with the right support, and as close to home as possible. This also means providing equitable treatment and care; reducing how often people with a learning disability are treated differently, empowering them to lead a normal family life. For example the National Survey of Adults with Learning Disabilities estimates that between 40-60% of adults with a learning disability do not live with their children and we know that young people with a learning disability are at their most vulnerable as they transition from childhood into adulthood when increasingly challenging or risky behaviours impact on the individual and/or their family, making it difficult to cope.

We are: Considering how we configure community services for people with a learning disability to reduce our reliance on inpatient beds across West Yorkshire and Harrogate.

220. The West Yorkshire Transforming Care Programme (WYTCP) is leading work to reduce our reliance on inpatient beds in line with national targets; so that no more than 30 people, per million adults are cared for in an inpatient facility. To deliver this work we are focusing on several areas; improving early intervention and prevention (particularly for people aged 14-25 years), market development (including affordable housing) and increasing workforce capacity and capability. This means that we will reduce the number of people with a learning disability in locally commissioned inpatient settings from the 18/19 baseline of 55 to 32 by 21/22 and to 24 by 23/24 (12.31 per million population).

221. We are expanding the role of Intensive Support Teams during 19/20 to deliver earlier intervention, increasing their capacity so they can deal with increased complexity and support 8-10 individuals at any one time (up from 2-3 currently). These teams work across disciplines and comprise clinical psychologists, nurses, occupational therapists, speech and language professionals and psychiatrists.

222. In addition, we have developed Forensic Outreach and Liaison Services for people with a learning disability/autism. These services went live in April 2019 identifying those people across West Yorkshire and Harrogate with a learning disability/autism that are currently in secure services who could be cared for in the community where possible. From 20/21 the service will be fully operational, ensuring individuals are effectively supported post discharge or if they have been referred due to offending behaviour. Some of the interventions will include specialist risk assessment, early intervention, case management, vocational support and in-reach into secure settings.

223. Across West Yorkshire and Harrogate we are also seeking to develop the wider care market, so there is appropriate, high quality provision available for those who purchase care themselves and for state funded services. And we know nationally that making care choices can be difficult, particularly when the market is under pressure with increased cost pressures and restricted state funding. These choices are even more difficult for people with complex learning disability.

224.

225. The West Yorkshire and Harrogate Transforming Care Programme is working alongside the wider partnership and the Yorkshire and Humber Operational Delivery Network to ensure the needs of the whole population are taken into account so that communities, universal and statutory services actively enable people with a learning disability and/or autism to have a healthy and active life.

We are: Considering how we configure assessment and treatment beds for people with a learning disability across West Yorkshire and Harrogate

226. Adults with learning disabilities should be cared for in the least restrictive environment possible. Yet despite improving the availability of community support, we recognise that there will still be occasions when short-term, secure inpatient services are needed.

227. As a collaborative we are working together to specifically review the configuration of our Assessment and Treatment beds, to create a regional centre of excellence. We want to reduce the number of inappropriate admissions or when admissions are appropriate ensure this is based on clinical need, for as short a period as possible with a planned and effective transition back into the community and we reduce the number of individuals being placed out of the region.

228. This means that we are taking the best practice from each of our existing three sites (LYPFT, SWYPFT, BDCT) to consolidate provision, becoming one regional bed base. Work to reconfigure the hospital estate will take place during 2020/21, with the new way of working operational from 21/22. This improved way of working will help reduce length of stay so that those 75% of those individuals who are admitted are ready for discharge within 3 months, and 90% within 6 months.

229. We are reshaping the workforce to help with this, part of which is the creation of a Learning Disability regional care navigator role during 2019/20 that will be focused on understanding the needs of individuals at risk of inpatient admission or out of area placements. They will identify potential solutions to proactively support service users, highlighting where there are gaps in provision, including skill gaps, across the region

Conclusion

230. This strategy sets out the range of work that the Mental Health, Learning Disability and Autism programme and the wider partnership will take forward in the next five years. During this time our work will continue to evolve, and we will over this period place greater emphasis on some areas than others depending on need, capacity and opportunity.
231. The Mental Health, Learning Disability and Autism programme board considers this a live document. It sets our stall out for the changes we want to see, and it informs our measures of success. But we will continue to revisit both the words and the numbers we have committed to, to check our progress and change our workplans accordingly.
232. We also know that five years is a long time in the NHS. National policy and the political landscape will shift significantly over this time and may well have an impact on our ambitions. We will review, at least annually whether the strategy still holds true, reporting any significant variance to the programme board.

Annex A – Programme ‘Dashboard’

| What are we trying to achieve? | What is the measure? |
|--|--|
| Core Measure: 10% reduction in the gap in life expectancy between people with mental ill-health, learning disabilities and autism and the rest of the population by 2024. | Life expectancy across those groups |
| Invest more money into mental health services | All CCGs to meet the Mental Health Investment Standard |
| Eliminate people with a mental health condition or learning disability needing to stay outside of West Yorkshire and Harrogate | Number of people with a mental health condition inappropriately placed outside of West Yorkshire and Harrogate |
| | Number of people with a learning disability inappropriately placed outside of West Yorkshire and Harrogate |
| Reduce the number of people with a mental health condition, learning disability or autism who unnecessarily attend A&E, or who must be taken to a place of safety by police | Number of people in crisis attending A&E |
| | Number of people being taken to a place of safety by police |
| Reduce suicide by 10% across West Yorkshire and Harrogate by 2020/21 and 75% reduction in targeted areas by 2022. | Number of suicides across West Yorkshire and Harrogate |
| | Number of suicides in mental health services |
| | Number of suicides in suicide hotspots |
| Lead provider status for specialized services | AED service delivered as lead provider |
| | CAMHS Tier 4 delivered as lead provider |

| | |
|---|---|
| | Forensics delivered as lead provider |
| Waiting Times for Autism/ADHD assessment | Average West Yorkshire and Harrogate waiting times for autism assessment |
| | Average West Yorkshire and Harrogate waiting times for ADHD assessment |
| Increase the number of people with a learning disability who can live in the community with support | Number of people being cared for in inpatient settings vs in community settings |
| Increase the number of people who required complex rehabilitation being treated closer to home | Distance of all service users from home who are undergoing complex rehabilitation |
| Ensure that people with a learning disability receive hospital care of the highest standard, based on their needs | Number of hospitals achieving learning disability improvement standards |

This information is available
in EasyRead.

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Information accurate at November 2019.





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Report of the Head of Democratic Services

Report to West Yorkshire Joint Health Overview and Scrutiny Committee

Date: 18 February 2020

Subject: West Yorkshire and Harrogate Health and Care Partnership: Assessment and Treatment Centres

| | |
|--|---|
| Are specific electoral wards affected? If yes, name(s) of ward(s): | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Has consultation been carried out? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Are there implications for equality and diversity and cohesion and integration? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Is the decision eligible for call-in? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Does the report contain confidential or exempt information? If relevant, access to information procedure rule number: Appendix number: | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

1. Purpose of this report

- 1.1 The purpose of this report is to introduce a report from the West Yorkshire and Harrogate Health and Care Partnership (the Partnership) regarding Assessment and Treatment Centres across West Yorkshire. The Partnership report is attached as Appendix 1.
- 1.2 This report also sets out other matters that may be worthy of consideration around the significance of proposed service changes or developments; consultation and engagement and the establishment of mandatory joint committees.

2. Background information

- 2.1 The Mental Health, Learning Disabilities and Autism Programme is one of the local priority programmes of the Partnership.
- 2.2 The Joint Committee considered a report on the Mental Health, Learning Disabilities and Autism Programme at its meeting in February 2019. An extract of the minutes from that meeting are included elsewhere on the agenda. Assessment and Treatment Units formed part of the Joint Committee’s discussion at the February 2019 meeting.

3. Main issues

- 3.1 The Partnership report on the Assessment and Treatment Units is attached at Appendix 1.
- 3.2 The attached report seeks to give the Joint Committee :
- (a) An update on West Yorkshire assessment and treatment units (ATU) for people with learning disabilities and on how the Partnership is responding to the national Transforming Care Programme (TCP) trajectories to build the right support in the community and as a consequence reduce the number of beds required.
 - (b) Assurance that the development of the options has involved people who use the service and taken account of the needs of their families.
- 3.3 The attached report also seeks the views of the Joint Committee on the proposals and the next steps including the presentation of the options, scope of further engagement/consultation and the decision making process.
- 3.4 Appropriate representatives from the Partnership have been invited to the meeting to discuss the details presented in the attached report and address questions from the Joint Committee.

Other considerations

- 3.5 Part 4 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 (the Regulations) relate to the health scrutiny functions of local authorities and associated responsibilities. The Regulations are available [here](#).
- 3.6 The Regulations are supplemented by the Department of Health (now Department of Health and Social Care) guidance document – Local Authority Health Scrutiny (published June 2014). The guidance document is available here, and Section 4 specifically relates to consultation, including matters around timescales.
- 3.7 In relation to the attached update on Assessment and Treatment Centers, there are a number of potential issues to consider, including the significance of the proposed service change and the subsequent consultation and engagement and the potential establishment of a mandatory joint committee.

Significance of the proposed service change and the associated

- 3.8 It should be recognised there is no definition of what constitutes a ‘substantial’ service change or development. Nonetheless, the guidance suggests the early and on-going involvement of the relevant scrutiny body may assist a NHS body reach a view on the whether a proposal represents a substantial change or development of service.

Consultation and engagement

- 3.9 Where a NHS body has a substantial variation or development of service under consideration, it should formally advise the relevant local authority scrutiny body (Regulation 23) setting out:
- Details of the planned consultation (i.e. start and finish dates).

- The date by which commissioners (or relevant decision-making body) intend to make a decision as to whether or not to proceed with the proposal has not been set out.
- The date by which the relevant scrutiny body should provide comments on the proposals.

3.10 The NHS body should published these details, alongside any subsequent changes to the original timescales. Any changes to the original timescales should also be brought to the attention of the scrutiny body.

3.11 In determining the date by which the relevant scrutiny body should provide comments on the proposals, the guidance suggests health scrutiny should receive details about the outcome of public consultation before it makes a final response – so it can be informed by patient and public opinion – i.e. comments from the scrutiny body should be expected once it has had time to consider the outcome from any public consultation; with such matters being factored into the overall decision-making timetable.

Joint Committees

3.12 Where a NHS body consults more than one local authority on substantial service change / development proposals, such consultation must be undertaken through a (mandatory) Joint Committee (Regulation 30(5)). Upon appointment, only that Joint Committee can then respond to the proposals being consulted on.

3.13 In order to establish a Joint Committee, the relevant NHS body should advise all the relevant local authorities of the intention to consult on a substantial variation / development of service and therefore requiring those affected local authorities to establish a (mandatory) Joint Committee.

3.14 It is important to note that the footprint of the population covered by the proposed changes in ATUs does not match the footprint of the West Yorkshire and Harrogate Health and Care Partnership. Therefore, should a mandatory Joint Committee be required, this would most likely require a different Joint Committee configuration (i.e. West Yorkshire and Barnsley). It should also be noted that guidance provided by the Independent Reconfiguration Panel (IRP) states that, where required, mandatory Joint Committees should be established on the basis of patient flow rather than organisational boundaries.

3.15 It should be further noted that the current West Yorkshire Joint Health Overview and Scrutiny Committee (this Committee) operates as a discretionary joint committee; and has no formal delegated powers to act as a statutory body and respond to any NHS consultation on any substantial service change/ development proposals.

3.16 Each local authority required to form a mandatory JHOSC much agree those arrangements in line with its own governance arrangements. Such process may vary between different local authorities, however a high degree of collaboration and joint working is required between participating local authorities in order to develop matters such as standard terms of reference and the necessary support arrangements for any mandatory Joint Committee.

3.17 The overall process to establish a mandatory JHOSC may be lengthy and is likely to be determined by a number of factors, including the existing meeting arrangements of the necessary decision-making bodies within each participating local authority. However, it is the role of appropriate NHS bodies to provide formal notification of the need to establish a mandatory joint committee before the relevant local authorities can commence the formal processes to ensure the necessary arrangements are put in place.

- 3.18 It is reasonable to consider the time necessary to establish any formal arrangements will also need to be factored into the overall decision-making timetable.

Summary and next steps

- 3.19 The details set out above in paragraphs 3.5 to 3.18 are based on the attached report on Assessment and Treatment Units, which itself will be the subject of more detailed consideration by the Joint Committee at the meeting. Nonetheless, the above details set out some of the relevant matters that may also need to be considered during that discussion.
- 3.20 The next steps may involve the relevant NHS body providing formal notification to those local authorities affected by the proposed changes requesting the establishment of a mandatory joint committee to consider and respond to the proposals.
- 3.21 These matters have been brought to the attention of the NHS bodies considering the Assessment and Treatment Centres proposals; and independent advice on the issues raised may have been sought by the NHS bodies involved.

4. Corporate considerations

4.1 Consultation and engagement

- 4.1.1 Public and service user engagement and consultation are key considerations for the West Yorkshire and Harrogate Health and Care Partnership across all of its programme areas.
- 4.1.2 The attached report also presents an engagement and consultation mapping report in relation to Assessment and Treatment Centres.
- 4.1.3 This report sets out some of the consultation requirements when relevant NHS bodies have substantial service change and/or development proposals under consideration.
- 4.1.4 The Joint Committee may wish to give specific consideration to consultation and engagement aspects in the information provided, alongside any further specific engagement and consultation activity that may be required.

4.2 Equality and diversity / cohesion and integration

- 4.2.1 As set out in the attached report, Assessment and Treatment Centres provide in-patient mental health services to service users with learning disabilities, whose needs cannot be met in a community setting.
- 4.2.2 The Joint Committee may wish to give specific consideration to and explore any equality and diversity implications relevant to particular aspects of the proposals.

4.3 Council policies and best council plan

- 4.3.1 No specific implications have been identified as part of this report.
- 4.3.2 The Joint Committee may wish to give specific consideration to any specific policy issues relevant to any constituent local authority and associated with particular aspects of the proposals.

Climate emergency

- 4.3.3 No specific implications have been identified as part of this report.
- 4.3.4 The Joint Committee may wish to give specific consideration to any climate emergency implications relevant to particular aspects of the proposals.

4.4 Resources and value for money

- 4.4.1 No specific implications have been identified as part of this report.
- 4.4.2 The Joint Committee may wish to give specific consideration to any resource and value for money implications relevant to particular aspects of the proposals.

4.5 Legal implications, access to information, and call-in

- 4.5.1 There are no specific access to information implications arising from the report and decisions of external bodies are not eligible for Call In.
- 4.5.2 Some of the legal implications associated with substantial service change and/or development proposals and the forming of mandatory joint committees are set out in the body of this report.

4.6 Risk management

- 4.6.1 No specific implications have been identified as part of this report. .
- 4.6.2 The Joint Committee may wish to give specific consideration to any identified risks (and associated mitigations) relevant to particular aspects of the proposals.

5. Recommendations

- 5.1 The West Yorkshire Joint Health Overview and Scrutiny Committee is asked to consider the details presented in this covering report and the attached report on Assessment and Treatment Centres across West Yorkshire; and agree any specific recommendations and/or further scrutiny activity.

6. Background documents¹

- 6.1 None

¹ The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.

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West Yorkshire Joint Health and Overview Scrutiny Committee

West Yorkshire and Harrogate Health and Care Partnership Assessment and Treatment Units

February 2020

1. Purpose of the paper

The purpose of this paper is to:

- a) Give West Yorkshire Joint Health and Overview Scrutiny Committee (WY JHOSC) an update on West Yorkshire assessment and treatment units (ATU) for people with learning disabilities and on how West Yorkshire and Harrogate Health and Care Partnership (WY&H HCP) is responding to the national Transforming Care Programme (TCP) trajectories to build the right support in the community and as a consequence reduce the number of beds required. We also want to maximise the opportunity to build a resilient, high quality 'Centre of Excellence' for the area and continue work collaboratively across West Yorkshire and Barnsley to build the right infrastructure to enable people to live in their own home.
- b) Provide assurance that the development of the options has involved people who use the service and taken account of the needs of their families.
- c) Seek the JHOSC views on the proposals and the next steps including the presentation of the options, scope of further engagement/consultation and the decision making process.

2. Introduction

ATUs provide specialist hospital support for adults with learning disabilities, who also have mental health problems and/or behaviour that challenges. The care needs of people mean that they cannot always be supported appropriately at home, in the community or in other adult mental health wards.

It is important that people have the support they need to live how and where they want. Organising and developing services in the right way is the first step to making this happen.

ATUs are designed to be short-term specialist hospital placements for people with learning disabilities to receive specialist mental health treatment so they can return home as quickly as possible. This is a priority to us all.

As part of the National 'Building the Right Support Programme', NHS England agreed trajectories with each of the Transforming Care Programmes for a reduction in beds, the premise being that a bed reduction releases resources to invest in community based services.

The trajectory for West Yorkshire suggests a reduction in ATU beds from 22 to 15 in line with the recommended ATU beds/per population. It is one part of the much broader Transforming Care programme of work to support the transformation of care for children and adults with learning disabilities and/or autism and to ensure that people are supported fully in their own communities.

NHS England has produced a [national specification for ATUs](#) which sets out the expectation for local people of their ATU, which we also need to consider in our future plans.

There are currently three ATUs. These are in Wakefield, Leeds and Bradford. People from across West Yorkshire and Barnsley can be admitted to any ATU which has availability and in the past this has included ATUs outside of West Yorkshire. We currently have people from Bradford in both the Bradford and Leeds units. We have worked with a planning assumption of 18 beds for the last year - six in each unit.

We propose therefore to reduce the number of units and provide the proposed bed base across fewer units. The rest of this paper sets out the rationale for this proposal, the options considered and the engagement undertaken to inform the proposal.

3. Background

In October 2015 NHS England launched a national plan: [‘Transforming Care: Building the Right Support’](#) which focused on building the right community infrastructure to enable people with learning disabilities to live within their own home and/or close to their loved ones. It is also about better support for people who are at risk of experiencing a crisis and building the right systems and processes to keep people well and out of hospital.

As a consequence of this, and other national policies, which recognise the significant health inequalities that people with learning disabilities face, work is taking place to ensure outcomes are improved.

Winterbourne View (2012) and Whorlton Hall (2019) have clearly highlighted the vulnerability of this group of people, and the importance of ensuring systems are in place to support the delivery of safe, high quality and person centered care.

In November 2019, a national care review for thousands of people with learning disabilities and autism was launched by the [Department of Health and Social Care](#) (November 2019). The review comes after a report called for legislation to be overhauled and for more adults with learning disabilities to be supported in their own community. The move follows a report from the National Joint Committee on Human Rights. This found that many young adults with learning disabilities are being detained in long stay provision have been there for too long and that the quality of care is not always as it should be.

As part of the review, the government has committed to providing each person with a date for discharge, or where this is not appropriate, a clear explanation of why and a plan to move them closer towards being ready for discharge into the community.

On average people in West Yorkshire stay in ATUs between three to six months but individual stays can be much longer. Sometimes people are admitted without a clear clinical need, as a result of breakdown of their placement in the community, and without an identified place to return.

Recent policy has mandated clinical commissioning groups (CCGs) to carry out care reviews every two months for people with learning disabilities who remain placed out of area.

A wider programme of work is looking at the repatriation of people that have been historically placed a long way from their home.



A whole raft of initiatives are ensuring that a more proactive approach to supporting people with learning disabilities is taken; particularly around ensuring barriers to accessing services are removed and that opportunities to improve health outcomes are explored.

These include the introduction of physical health checks for adults with learning disabilities, the establishment of [The Learning Disability Improvement Standards](#) in all hospitals, and the [Learning Disability Mortality Review Programme](#) (amongst many others).

Addressing the known inequalities of people with learning disabilities is a key priority for WY&H HCP. Our work on personalised care, annual health checks and reducing the health inequalities of people with mental health and / or learning disabilities are key areas of work set out in WY&H HCP [Draft Five Year Plan](#) and the [Mental Health, Learning Disability and Autism Strategy](#). An easy read version is also available [here](#). One of our big [ambitions](#) is to achieve a 10% reduction in the gap in life expectancy between people with mental health, learning disabilities and /or autism and the rest of the population by 2024.

Putting people at the centre of their care, so they have choice and control over their life, is a priority to us all. It's about focusing on 'what really matters to people' not 'what is the matter with people'.

As one part of a broader programme of work to support the transformation of care to achieve these aims, a programme team including clinicians in association with NHS England has identified a need to reduce the number of West Yorkshire ATU beds from 22 beds to 15.

Much of the ATU work so far has been delivered in line with the 'Transforming Care Programme' (TCP). In West Yorkshire and Barnsley there were initially three TCPs

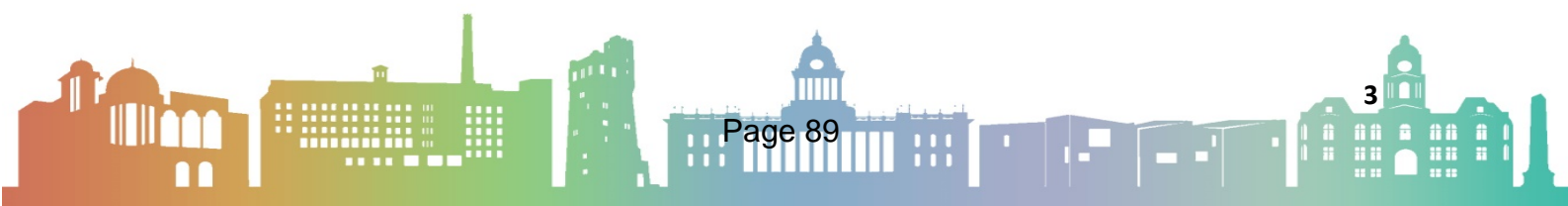
- Bradford district and Craven (Bradford TCP)
- Calderdale, Kirklees, Wakefield & Barnsley (CKWB TCP)
- Leeds (Leeds TCP).

Recognising the benefits from collaboration at scale, due to the size of the population being considered, and learning from the collaboration that has already started within the Integrated Care System, the three programmes were brought together as a West Yorkshire TCP in June 2019. This has national and regional oversight through NHS England.

Each of the three former TCPs still operates in some form leading local, place based transformation of learning disability community based services, whilst oversight is managed through the West Yorkshire Programme, which includes strategic partners from the NHS and local authorities from the different former TCPs.

Prior to the one TCP being established a number of developments, such as a collaborative commissioning framework for securing high quality community based support for people with complex needs, and the development of a regional forensic outreach liaison service for adults with learning disabilities and/or autism, had demonstrated how work could be progressed in collaboration across a wider footprint (please see appendix 1).

The West Yorkshire TCP is now monitoring all ATU bed usage across the three sites and recording any delayed transfers of care or admissions that could have been avoided by alternative community support. This is an important piece of work as we need to ensure people are receiving the 'right care and in the right place.'



A regional learning disability care navigator has been appointed. They will work closely with the ATU services to help meet new performance targets regarding the number of people discharged within six and nine months of admission in line with the new national service specification requirements.

Alongside this a regional quality assurance framework for ATU services is being developed. This will provide further transparency about the quality of services offered to people who access care /carer experiences and outcomes.

Examples of recent community developments to support adults with learning disabilities across the West Yorkshire and Barnsley footprint have been provided separately to members of the Joint Committee. Given the small cohort of service users and to protect the identity of individual service users and their families, this information is not being shared publicly.

This work involves creating new housing adaptations/developments, new and enhanced community based or 'in reach' roles/teams, as well as initiatives to proactively support people at risk of a break down in their current home. This includes a process to identify who the people at risk of admission are (prior to a crisis) so a proactive plan can be put in place with support for them agreed through care and treatment review (CTRs).

These initiatives have already led to a reduction in people requiring ATU beds. Importantly this has led to a reduction in the numbers of people that have been placed out of area as a result of no local bed provision. This was an area of concern highlighted in our engagement work for both the Partnership and people accessing care and their families / carers.

Leeds, Wakefield, Barnsley and Kirklees have had no new out of area placements for over 18 months.

4. People who access care and carer engagement

National TCP engagement activities with family and carers from across the country found that people with learning disabilities were being admitted to hospital for too long with many people 'living' in units for years rather than months.

Further engagement work led locally by [Inclusion North](#) identified that people who access care want to live in the community in a place they can call their 'home' with the appropriate community infrastructure to support them. If an urgent admission to hospital is required then they want this to be offered in a specialist service skilled to meet their needs where they feel safe and well looked after, preferably with continuity of staff and the ability to keep in contact with their families/carers.

Engagement has been key to the work undertaken so far and is critical to ensuring that the required reduction in beds is undertaken in a sensitive way that supports people who access care; their family and carer needs.

Key themes that emerged from [engagement activities](#) carried out in February and March 2019 and, in September 2018, Inclusion North were commissioned to run a workshop with people with learning disabilities and parent/carers; wider TCP engagement ('Ask, Listen, Do Workshops'); and an 'Experts on Tour' session: initial engagement in March 2019 were:

- All people with experience of ATU said their experience was 'good' or 'okay'
- Areas for improvement included 'activities', food options and physical environments
- The importance of communication with carers and people was important
- Having permanent staff (rather than agency) was identified as important, as relationships were built and there was continuity of communication.
- People feeling safe and comfortable, but also keeping busy.

A more detailed engagement mapping report from across the area is attached at Annex 1. You can also read the report [here](#).

It is important to note this is a highly specialist service for around 40-50 people in our population of 2.7m people per year. There is an expected level of admissions of around 30 people this year. Access in any given 12-month period and as a result of developments in community provision, means the need for admissions is reducing. To this end Leeds and Wakefield units are already running their units with a reduced bed base.

It is essential that we continue to put people who experience ATUs, their families and carers at the centre of the work we are doing, their views are vital. Staff views, including clinicians, have also been critical to the development of a future ATU model, and their experience will continue to inform the work. This is all about providing the best care possible for people, taking their views into account and delivering services to meet their needs in the most appropriate place.

Further engagement with those who access care, families and carers is recommended (as highlighted on page 13 of the engagement mapping report) to ensure we understand the impact of our preferred option on people's lives. This would need to be sensitively managed to ensure that as many people who access care, their families and carers are engaged. This will be carried out by [Inclusion North](#).

This activity would include having conversations with people who have experience of being in an ATU and their carers/families and those people who are currently receiving care in an ATU.

Proposals outlining what this engagement would look like are currently being developed and will be informed by the feedback from the JHOSC meeting and shared with a mandatory JHOSC as appropriate. A timeline for further engagement would need to take into account local elections set to take place in May.

5. Current ATU provision

There are three ATUs in West Yorkshire supporting people from the Yorkshire Dales in Craven across the M62 corridor and down to Barnsley. These are:

- Parkside Lodge (Armley, Leeds), operated by Leeds and York Partnership NHS Foundation Trust (LYPFT) are commissioned by Leeds CCG
- Lynfield Mount Hospital (Bradford), operated by Bradford District Care NHS Foundation Trust (BDCT) are commissioned by Bradford and Craven CCG
- Fieldhead Hospital (Wakefield), operated by South West Yorkshire Partnership NHS Foundation Trust (SWYFT) is commissioned by Barnsley, Kirklees and Wakefield CCG. Calderdale CCG spot purchase beds as required

The total number of people admitted across the three ATUs ranges from 40-50 per year (17/18, 18/19) and the trajectory for this financial year is around 30 admissions. All three units have seen a reduction in the number of admissions with two units running at a reduced bed base. However, this year there have been some particularly long stays in Bradford due to delays in transferring people to appropriate housing. This has resulted in the unit being full and people from Bradford being placed elsewhere. This is not acceptable and work is ongoing to address this as soon as possible and prevent this from happening again. A regional model would build some resilience to be able to better manage challenges like these.



From the data between 2017 and 2018 it was assessed that up to 30% of people admitted did not need ATU support. They had been admitted because there was no suitable alternative provision for them. This is changing although there is still work to be done.

In 2018 it was acknowledged that in West Yorkshire reducing the ATU bed numbers to the required number would be likely to make running three units unviable and would potentially have a negative impact on quality of care; primarily because the breadth of specialist multi-disciplinary care and support that is required could not be offered in very small units; nor could the guarantee of a resilient service offer. As a result, a specific working group of clinicians, commissioners, operational managers and a carers lead was established (under the umbrella of the West Yorkshire and Harrogate Mental Health, Learning Disability and Autism Programme Board) to explore the best potential future configuration of ATU delivery across West Yorkshire and Barnsley.

6. Case for change

Over the last 18 months, it has become apparent that there is opportunity to build on the different strengths of current service delivery (utilising the best of each unit) and create positive change for people who access care and carers in terms of both experience and health outcomes. This is what really matters to us. This has been increasingly articulated in the work of creating a 'Centre of Excellence' approach for the care and treatment of people with a learning disability who require acute hospital provision within an ATU setting and there is evidence that the recommendations developed here could and should achieve this. This would be in line with NHS England expectations and specifications – and most importantly better for people needing more appropriate care.

Utilising some key criteria (including quality of care, people who access care/carer experience, environment, workforce, finance and links to community provision); the regional ATU steering group leading the analysis has determined that two generic units providing a regional 'centre of excellence' was the only viable and safe option available.

This was because no one unit could accommodate the full bed base (and significant capital would be required to build a unit as well as an identified hospital based space) and three units would not be sustainably staffed or delivered in line with the NHS England specification.

There was a clinically informed discussion about whether units with different functions (single sex, high acuity etc.) would be beneficial; however due to the low numbers of beds this would not work and would potentially leave people at risk of being placed out of area. Personalised care to meet every individual's specific needs was required.

This proposal has been informed by people who access care and carer engagement. The preferred option is to move to two generic units, and this has been completed using a structured process of option development and analysis.

Following further analysis in relation to environment and key requirements of the national specification for ATUs the preferred two units identified are the Horizon unit at Fieldhead hospital in Wakefield and the Bradford unit at Lynfield Mount Hospital. This is primarily because the Leeds unit is a stand-alone provision and the national specification clearly states that units should be co-located on a hospital site or with other community mental health services.

A Quality and Equality Impact Assessment has been undertaken but this needs to be informed by further engagement work on the preferred option and mitigation of key risks will need to be included as part of the next steps in the development of this proposal.



It is important to note that this is not about a reduction in expenditure or about saving money, but it is about shifting resources to improve people's lives, including workforce and buildings, available across the area.

Further detail about the methodology and process can be shared as and when required.

7. Key principles

There are times when people with a learning disability who have complex mental health will, and do, require an acute hospital admission. When they do, these admissions need to provide the right level of support and be for as short a time as possible; ideally through well designed and resourced ATUs that have good connections to supporting services and also to the place where the person usually lives.

It is also important to recognise that by moving to a regional bed base there is greater opportunity to maximise the capacity available and better meet any peaks in demand. It is envisaged that the three units will start to work in collaboration, and standardise practice, from April 2020. Advice is being sought from NHSE England to allow any utilisation of ATU beds within West Yorkshire to be seen as 'in area' for the six places covered.

The quality and equality impact assessment that has already been undertaken, shows that the developments being made in community services, and the fact that people accessing ATU support are already receiving care in the community through both health and adult social care services should result in limited impact on community infrastructure.

8. Current work and next steps

A single operating model

The West Yorkshire and Harrogate Mental Health, Learning Disability and Autism Programme Board has agreed to take the next steps to develop firm and final proposals. The Committee in Common of the Provider Collaborative and The Joint Committee of CCGs have both agreed to do the work necessary to develop a single operating model and an appropriate financial framework to support this model.

Engagement

We have commissioned [The Consultation Institute](#) to assess the engagement completed so far. We are working with Inclusion North and [Bradford Talking Media](#) (BTM) specialist organisations who work with people with learning disabilities, for their advice and input to ensure our next steps around engagement is proportionate and appropriate

Our next steps will focus on the impact that the preferred option may have on those accessing care, their family, carers and staff and what this means for them. We will build on insight already gained from engagement to date. By understanding the potential impact on people it will mean that these can be specifically considered throughout any decision-making process.

In terms of staff communications, people across the three sites are aware of the preferred option being suggested and know that this will lead to further engagement before a recommendation could be worked up into a final business case.



Service Change Assurance Process

The ATU steering group is currently completing a self-assessment of the work undertaken against the '[Five Key Tests for the NHSE England Gateway Assurance Process](#)'. This will ensure service change proposals are subject to this process, and are proportionate to the scope and scale of the change.

Each place has updated their local Overview and Scrutiny representative on the JHOSC and/or Chair as part of ongoing discussions about the developments. Scrutiny officers have been asked to consider how a single approach to scrutiny could support discussions on the final proposal.

Decision making

[WY&H Joint Committee of the CCGs](#) has added the decision on the future configuration of ATUs to their work plan from April 2020. This is being delegated formally from each CCG to the Joint Committee. Barnsley CCG will become an associate member of the WYH joint committee for this item and prior to any final decisions will be required to formalise this through delegated authority.

9. Further information

For further information please contact:

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West Yorkshire & Harrogate Health and Care Partnership

Assessment and treatment units:
Engagement mapping report

January 2020

West Yorkshire Assessment and Treatment Units engagement and consultation mapping

January 2020

1. Purpose of the report

This engagement and consultation mapping report is a collation of insight for assessment and treatment units (ATUs) that have taken place across West Yorkshire and Harrogate Health and Care Partnership (WY&H HCP), also known as an Integrated Care System (ICS) over the past four years. It includes specific engagement around ATUs and the links to the Transforming Care Programme (TCP) in the context of wider engagement on mental health and learning disabilities. Because of the configuration of services Barnsley is included as part of the Calderdale, Kirklees, Wakefield and Barnsley TCP. The purpose of this report is to support the ATU transformation.

It pulls together information from previous WY&H HCP mapping documents and includes additional information not previously included in that mapping. The report captures intelligence collected from engagement and consultation activities and will support partners and colleagues to:

- Provide information on work which has already taken place or is underway to avoid duplication
- Highlight any gaps in activity across West Yorkshire in regard to ATU work
- Understand some of the emerging views gathered from local people across West Yorkshire
- Ensure that future plans have a baseline of engagement intelligence to support the ATU work.

In addition, the report can be a working document which is added to as the ATU work progresses. The intelligence collected will ensure we meet our legal requirements for public involvement as well as ensure we:

- Consider the views of people who access care and the public as part of any service redesign
- Ensure the feedback is considered in the development of any future options to change the way a current service is provided or delivered
- Highlight people who access services and public priorities and ensure these priorities are in line with current thinking and ensure commissioners can consider all public views.

2. A summary of themes from engagement

Issues are grouped based on frequency they were mentioned in reports. A number of common theme emerged and these are outlined below.

| Themes |
|---|
| <ul style="list-style-type: none"> • Communication • Access to services/support • Caring/qualified staff, continuity, champions/advocates • Carers, families and friends • Care close to home • Coordination/being in control • Awareness • Safe and comfortable environment • Crisis • Transition • Quality • Culturally sensitive |

Work included in this report is taken from the following report summaries.

| Local place | Date | Who/What | Link to report |
|--|------------------------------------|--|----------------------|
| Barnsley | September 2019 | Developing a new Children and Adolescent Mental Health Services for Barnsley | Here |
| Barnsley | December 2017-2019 | Future in MIND engagement in partnership with OASIS – supported by Chilypep | Here |
| Healthwatch for South Yorkshire and Bassetlaw ICS | June 2019 | NHS Long Term Plan – Engagement Programme Report | Here |
| Healthwatch in WY&H HCP | May 2019 | NHS Long Term Plan – What would you do? | Here |
| WY&H Mental Health & Learning Disabilities Collaborative | Work March 2019 Report May 2019 | Assessment and Treatment Units Engagement Report | Here |
| WY&H HCP | March 2019 | Mental health and Learning Disability Engagement Mapping | Here |
| | Sept 2017 | West Yorkshire and Harrogate Mental Health Engagement and Consultation Mapping | Here |
| Calderdale, Kirklees, Wakefield and Barnsley TCP | 2016 | Transforming Care Programme for People with Learning Disabilities Engagement Event | Here |
| Bradford | 2018 | Healthwatch Autistic Spectrum Disorder (ASD): access to support (included in Mental Health and Learning Disability mapping 2019) | Here |
| Kirklees | 2018 | Kirklees Mental Health Rehabilitation and Recovery Engagement and Equality Report | Here |

| | | | |
|-------------------------------------|--------------|--|--|
| | 2018 | Kirklees Mental Health Needs Assessment | Here |
| Leeds | | Included in Mental Health and Learning Disabilities Mapping | |
| Wakefield | 2019 2019 | Autistic Spectrum Disorder (ASD) Engagement Futures in Mind Transformation Plan | Here Here |
| Healthwatch Calderdale and Kirklees | 2017-2019 | Enter and view visits to Ashdale and Elmdale Ward Lyndhurst Hospital Ravensknowle Residential Home | |

3. Process

The information in this report was gained by requests to the West Yorkshire and Harrogate Health and Care Partnership engagement leads across clinical commissioning groups (CCGs), Healthwatch and care providers, and a review of existing mapping documents on West Yorkshire and Harrogate Health and Care Partnership (WY&H HCP) website.

Each document was reviewed, and the key themes and details were written up as part of this evidence summary. The majority of the reports provided had already been thematically analysed, and in those cases, the themes were copied. Some of the engagement and consultation reports that were reviewed had also been analysed to establish if there was any variation in the views expressed by people from protected groups. Any specific themes raised by protected groups are also included within this document.

After summarising all of the documents, the key themes from those documents were reviewed to allow an “at a glance” (**please see page 2**) view of relevant engagement. Consideration was given to how many pieces of work that theme had been mentioned in, how many people had taken part in the engagement activity that mentioned the theme, and how much discussion there had been around that theme by the people who had been involved in that engagement.

4. Findings from ATU engagement 2019

West Yorkshire and Harrogate Mental Health, Learning Disabilities and Autism Collaborative - Assessment and Treatment Units engagement and equality report – May 2019.

Work took place in spring 2019 to look at the way care is provided across the three ATUs and how as a region we make the best collective use of our services. The engagement process aimed to seek the views of people who access care, carers, families, staff and key stakeholders who have experience of ATUs across West Yorkshire and Barnsley to look at how to further improve ATU provision in the region. This will help to ensure maximum benefit for both people and the system. In total 17 people completed the survey, including 10 inpatients. It's important to note that 40 people every year are supported by the three ATUs.

The three ATUs in West Yorkshire are at:

- Parkside Lodge (Armley, Leeds), operated by Leeds and York Partnership NHS Foundation Trust (LYPFT)
- Lynfield Mount Hospital (Bradford), operated by Bradford District Care NHS Foundation Trust (BDCT)
- Fieldhead Hospital (Wakefield), operated by South West Yorkshire Partnership NHS Foundation Trust (SWYFT).

Key themes from the completed questionnaires are below:

People who access care

- Mix view of good and ok for their overall experience of staying in an ATU
- People said the good things about the ATU were that they felt staff were helping them to get better
- There were no comments about what were the bad things on an ATU
- People thought what could be improved was the activities and food choice
- Of the questions asked around what's important to them on an ATU the majority was either very important or quite important. People felt:
 - communication was important, to be able to be understood, for them to understand what's happening and be involved in their own care
 - being safe and comfortable in their environment was important and said staff were nice and friendly
 - activities were important and to be kept busy and learn new skills and be independent
 - family being able to visit and being close to home
 - having their own space was important to people
 - standard / type of food was also important

Staff

- Majority overall experience of working in an ATU is good
- Staff said the good things about the ATU is person centred care with caring and compassionate staff, good team work, staff have a wide range of skills and good family / carer involvement
- Staff said the things that are not so good about the ATU are staff shortages and high numbers of agency staff, injuries due to challenging behaviours of people. Things that would make it better more permanent staff
- Of the questions asked what's important to them on an ATU the majority was very important with some quite important. Staff felt:
 - It was important to have multi-disciplinary teams to ensure immediate input when needed
 - Therapeutic environments as sensory rooms, therapy kitchens, gardens and escalation / relaxation rooms. With more available skills and knowledge and a variety of assessments

The full report is available [here](#)

Inclusion North Hub

Inclusion North Hub delivered two focus groups in September 2018. One to ascertain what support people need to live well in supported accommodation (this is part of another piece of work around collaborative commissioning) and one specifically focused on the ATU piece of work.

This focused session included a group of adults with learning disabilities, some who have experience of ATU and carers on 14 September 2018. The results of this engagement are based on 10 respondents.

The main themes from this engagement activity are below:

- Right information needs to be shared (communication passports important). This along with the right support will ensure that the right choices are made by them and for them
- Understanding who to access and where it may prevent emergency situations
- Information, such as the care plan, needs to be easily accessible
- Information recorded/shared often focuses on what could be done to manage risk
- The right type of advocacy is key
- Feeling like you are going to get home and being communicated with about this is important (sense of pathway for different stages through ATU required).

People who access care and carer feedback

All three providers capture feedback from people who access care and carers through various mechanisms such as, friends and family test, carer's forums and questionnaires.

The main themes raised across all three providers via a variety of mechanism were:

- Having a place to call home is important to both people who access care /carers
- Maintaining contact with family/friends whilst an inpatient is vital
- People like to be able to have visits away from the unit
- Food options
- Not waiting a long time for discharge
- Being listened to and being involved in their multidisciplinary team plan.

5. Findings from other relevant engagement 2008-2019

Below each report relevant to the ATU programme is summarised; where possible links to the full report are included in the previous table (section 2).

NHS Long Term Plan – What would you do? – May 2019 (relevant feedback)

Mental health was a recurrent theme running throughout responses to many questions in the survey. The main findings were:

- People wanted mental health services to be more accessible for people of all ages, with shorter waiting times and easier and quicker assessments
- People felt that the waiting times for counselling and therapy was far too long, risking a detrimental effect on a person's mental health during the wait
- We were told that there needs to be better emergency support for people in mental health crisis, and current services are not working well
- Mental health services need to be more appropriate and accessible for people with autism, deaf people and speakers of other languages who may need an interpreter
- There should be more investment in community support before people reach crisis point
- People want to see more of a focus on prevention of poor mental health through raising awareness around looking after your mental health and how to help yourself (e.g.: running mental health first aid courses and general awareness sessions in schools and communities)
- Children and young people's mental health services were highlighted as an area of concern. Respondents said in particular that referral thresholds were too high and waiting lists too long and they also cited concerns about the detrimental effects of children having to travel to inpatient units out of area.

All are priorities for WY&H HCP.

Communication came up throughout the survey responses as key to good personalised care. Primarily people told us they wanted to be listened to and spoken to as individuals, as well as treated with dignity, care, compassion and respect. Particular communication issues were raised by people with sensory impairments around making information accessible and adhering to the Accessible Information Standard.

When people were asked if they could change one thing about the way the NHS works, the most common response was that people wanted it to be more efficient. People wanted to see a change in the structure so that there is less management, more efficient administration systems and more front-line staff that is well trained, supported, and have a good work environment.

- People with non-physical conditions are more likely to find ongoing support inaccessible and unsatisfactory.
- Having more than one condition often makes it harder to get initial support, especially if you have non-physical conditions.
- Ongoing support is most likely to be considered helpful when it involves reliable, regular person-to-person contact.
- Respondents feel that ongoing support could be improved if it were made more reliable and personalised and if it recognised their emotional needs.
- People with mental health conditions are particularly likely to feel their ongoing support is inadequate because they have been given the wrong diagnosis or therapy.
- Most people get around in their own car and are willing to travel slightly longer to see a specialist than to get a diagnosis.
- At the beginning of the care process, people prize speed over familiarity with health professionals, but once they are in a treatment routine they prefer familiarity over speed.

Mental Health and Learning Disabilities Engagement and Consultation Mapping - March 2019

Mental health – main themes and findings

- Acute mental health care - awareness of mental health; alternatives to inpatient/hospital care; crisis intervention; inpatient/hospital care; involvement in decisions; co-ordination of care.
- Autistic Spectrum Condition (ASC) and Attention Deficit Hyperactivity Disorder (ADHD) services (all age) – awareness of condition; assessment/waiting for diagnosis; diagnosis; support pre and post diagnosis; support for parent/carers; transitions; joined up approaches; education and employment; mental health; adults with autism; empathy and compassion.
- Child and Adolescent Mental Health Services – accessing services; assessments; support in school; ongoing support; crisis; transition; patient confidentiality; support for parents/carers.
- Eating disorders – patient experience; children and young people; support for families/carers.
- Primary care – information; access; quality.
- Community care – awareness; access to information/self-care; access; waiting times for services; contact/support whilst waiting; quality; changes to service; home-based treatment; rehabilitation and recovery (accommodation; staffing; quality).
- Older people’s services – satisfaction; waiting times; dedicated older people’s service; continuity of care; communication/partnership between services; logistics; memory assessments; intensive home support; isolation; information.
- Perinatal mental health
- Specific themes raised by protected groups – ethnic groups (including cultural sensitivity, access to interpreters); religion; disability (long term conditions, learning disabilities); Carers; lesbian, gay, bisexual and transgender; substance misuse and alcohol misuse.

Learning disabilities – main themes and findings

- Improving access to primary care – general; breast screening.
- Health inequalities – access; respect; communication; prescriptions; easy read; transport; links to community; listen; employment.
- Social isolation – identifying; break out of comfort zone; difficult to engage; preconceptions; how to communicate.
- Specific themes raised by protected groups – ethnic groups, carers (help and support; mental health; poor nutrition; poor general health; hygiene and dignity; pressure; impact; education; language.

The full report is available [here](#). We have also established a West Yorkshire and Harrogate Health and Care Champions Network which includes people with experience to help us tackle health inequalities. You can read more [here](#).

Developing a new Child and Adolescent Mental Health Service for Barnsley – Sept 2019

- Children and young people want to be more involved in their treatment and care planning
- Parents and carers would like more support when their child/young person is being seen by CAMHS
- The treatment environment should be child/young person friendly e.g. comfortable furniture and calming décor
- The service should provide technologically-based support tools such as online self-help and apps
- Increase awareness and training with regard to what support is available
- Offer more support outside of normal hours (not just crisis support)
- Re-model the Single Point of Access (SPA) to make sure people are seen quickly.

West Yorkshire and Harrogate mental health engagement and consultation mapping – September 2017

A review took place on mental health engagement and consultation activity between April 2014 and September across West Yorkshire and Harrogate.

The main themes raised from the documents reviewed in relation to learning disabilities from the engagement and consultation activities are below:

- When communications are poor, people with learning disabilities feel they are not listened to and not understood – their views are not taken into account and changes in care are being made ‘to them’
- There needs to be raised awareness at all levels of learning disability and autism
- Advocacy availability for all vulnerable people needs improving.

The full report can be found on WY&H HCP website [here](#).

Wakefield ASD Engagement May 2019 (relevant feedback)

- Organisations need to join up and communicate more effectively
- More early intervention is needed
- Was unsure on where to access information and services once being discharged
- More support for parents trying to deal with children with mental health issues as parents are affected too
- Parents asked if there could be more training for schools and even mentioned an already established training package called ‘nuts and bolts’ as an option
- Challenges in the transition as children are going to a much larger school.

Wakefield – Build our Futures Event May 2019 (taken from Future in Mind Local Transformation Plan 2019-2022).

Feedback includes:

- Speaking up can be hard for young people due to peer pressure
- Recognising how long it takes to help
- Raise awareness on social media and in schools
- More support for young men
- Hard to admit how serious mental health is
- Barriers to mental health support for vulnerable groups of people.

Kirklees Mental Health Rehabilitation and Recovery – November 2018

From those responding, we know that good accommodation needs to be:

- Flexible, safe, local and comfortable with 24 hour access
- Run by highly qualified staff
- Offering a range of facilities and therapies
- Culturally sensitive
- A service that welcomes family and friends
- Person centred with adapted facilities to meet physical disabilities and conditions.
- To have space for activities to help with life skills
- Able to signpost to support services.

The top four areas of support people receive now are from:

- Family and friends,
- Their GP,

- Mental health professionals and
- Voluntary and community groups.

People told us that the following works well in the community:

- 1 to1 support and support groups
- Community mental health teams
- Family, friends and carers
- Recovery College
- Psychological services
- Homecare team, floating support, counselling and GPs.

The top five themes on what makes a good community are:

- Feeling safe where I live
- Services closer to home
- Access to services when mental health gets worse
- The right support at home
- A clear pathway to recovery and having clear goals.

From those responding, people also want to see a community service which has:

- 24 hour care with fast access
- Continuity of staff
- Services close to home and culturally appropriate
- Early intervention and offer therapy
- A mental health hub for signposting and support.

The improvements respondents want to see or consider are:

- Specialist services for sexual violence
- Increased opportunities for 121 work and drop in
- Reduced waiting times need to ensure quicker access and early intervention, with access to support whilst waiting.
- Have a more joined up pathway with the voluntary and community sector and more investment to extend their range of service provision.
- Raise awareness of mental health support in BAME communities
- Provide local services with better facilities and different levels of provision
- Provide more support for families and carers to be involved.

From those responding people told us they received services from care co-ordinator and received support from a specialist team. However the majority responded 'other'.

Kirklees Mental Health and Wellbeing Needs Assessment - January 2018

- Ensuring good mental health within the population and throughout the life course is about more than just the absence of mental disorder, and is a major contributor to wellbeing within the population
- Mental health impacts on all aspects of people's lives and it is therefore the responsibility of not only the person, but also families, friends, employers and the wider community to enable people to develop and maintain good mental health
- There is a collective need to move resource further upstream, both in terms of raising awareness of mental health and supporting people to access help earlier
- People should be treated holistically, recognising the link between mental and physical health, which requires all services to work collaboratively
- There needs to be a shift in focus from services, to communities and how people can live emotionally well

- No one service can reduce the health inequalities associated with mental health; it has to be a core element of all our work.

NHS Leeds CCG - Parenting Support: Mental Health and Autism – 2018

A number of key findings emerged across the two components of the engagement, these can be summarised as follows:

- Participants highlighted diversity within the labels of mental health and autism, but also talked about common experiences of caring for children and young people with mental health and autism
- The term 'crisis' was defined in a variety of different ways, referencing the experiences of both the child/young person and wider family. In regard to parents and carers common themes emerged including 'struggling to cope', 'loss of control', 'a need to act quickly' and an 'absence of support'
- Triggers of crisis cited by participants in the engagement were varied. Parents and carers commonly talked about new and stressful situations triggering crises, but also suggested insufficient or inadequate support could inform the development of crises
- The engagement highlighted a deficit of support available to parents, carers and families in general. Participants emphasised the lack of early and routine support available, which may prevent crises occurring
- Participants talked about a continuing need to improve access to and quality of existing services and broader support. Child and adolescent mental health services and support through schools were highlighted as requiring particular improvement.

Healthwatch Calderdale and Kirklees Enter and View visits to Ashdale and Elmdale Ward, Lyndhurst Hospital and Ravensknowle Residential Home – 2017-19

People who access care and visitors interviewed felt that having good staff and a good environment were important to them. The majority of comments about staff were very positive especially at Ravensknowle. Elmdale received positive comments about the occupational therapists. Visitors also mentioned feeling welcome in all cases. There were varied comments about food although it was obviously important. There was some mention of lack of ability to be alone/private and about areas being noisy.

Transforming Care Partnership (CKW&B) Feedback from Engagement Events – June 2016 (included in the mental health and learning disability mapping 2019)

Communication and information

- Easy access to services and information that is easy to understand
- Using people's communication plans and person centred plans helps us understand what they want. It helps us make sure the Mental Capacity Act is being used affectively
- We need to get the voice of families in the Joint Strategic Needs Assessment
- Confusion of where to go for services/help and understanding what is available - no single point of access
- When communications are poor, people with learning disabilities feel they are not listened to and not understood – their views are not taken into account and changes in care are being made 'to them'
- More communication is needed with the people who use services, their families and carers. This needs to be ongoing genuine consultation resulting in recommendations that are acted upon and resourced.

Accommodation

- Care closer to home, but do not want homes turned into hospitals
- Bespoke housing- right housing/environment for the individual
- Hospital / bed based care does work for some people; it is often very much like a house or flat not like a ward – it is home for some people and should be recognised
- Still too many people in high cost placements out of district

- Landlord/housing issues – not responding to repairs quickly, chasing up responses from housing
- Too much investment in specialist services and high cost placements without understanding the quality of these placements
- Short breaks tend to be building based
- More facilities for good respite care
- There is a negative impression towards hospitals following the Winterbourne View abuse scandal, and other hospital scandals.

Early intervention and prevention

- We need to invest in prevention to prevent families breaking down
- Transitions are problematic (children's services to adults, hospitals to community, from one provider or funder to another)
- Local register needs to include all people with challenging behaviour
- Care plans are often not complete or up to date or well followed; reviews are often infrequent or not robust; health action plans in primary care not being used
- Not getting diagnosed early enough- underlying conditions or co-morbidities not being addressed in a holistic way.

Activities and social inclusion

- Accessible leisure activities, e.g. swimming, football, drama group and other groups are important to our wellbeing and support to be able to do these
- Keep our activity centre and have more groups
- People also find support in other ways such as community groups, voluntary organisations, friends and social groups
- Social connections and a sense of belonging is important to wellbeing and coping
- We need to make sure that people are not isolated. People need those who love them in their lives and support should be given to visit family and friends
- More supported work placements/job opportunities - we do not want to just walk round shopping centres all day
- Having access to the internet.

Accessing mainstream services/reasonable adjustments

- Learning disability champions who work in general hospitals to ensure the nursing staff understand our needs
- Reasonable adjustments should be included within all health and social care contracts
- Supporting people who use services is critical to maintaining their care / wellbeing
- Visits to doctors are helped if the doctor or nurse knows the individual and their history and has time to listen carefully, it is important that if referring to hospital the right information is passed on
- Access to mental health services is sometimes difficult
- Barriers to accessing universal services within the community
- Not all GP practices offer health checks

Support services

- Lack of hydrotherapy services – time limited/cost
- Withdrawal of service bus and general bus services reducing
- Independent support such as advocacy is highly valued by users and carers
- Speech and language therapy and support in school, needs resourcing
- We need to make sure people who are away from home get access to advocacy
- Not enough independent / advocacy support to help explain and challenge restrictions / out of area decisions that take the person far away from family
- Better support and help for carers.

Improved pathways

- Professional workloads / community teams have too broad a remit, support workers are isolated/ low wage based, specialist providers are few
- There is a lack of networking across the system to wrap care around people
- Professionals noted the lack of integration in systems, partnerships and funding leading to delayed decisions.

Kirklees Learning Disability Partnership Board Engagement - Our Vision 2008

Identified 10 themes:

- Daytime opportunities
- Keeping safe – feeling safe and secure
- Better housing – real choice
- Community – access and inclusion
- Relationships – respect and dignity
- Better health – equal rights, fair access
- Personalisation – being in control of life
- Carers – working in partnership with families
- Transition – getting it right the first time / Making change happen – how to make it happen.

6. Gaps to address in future public involvement

Future public involvement should take into account the recommendations already outlined in the previous ATU engagement report:

- Due to the small numbers involved it is recommended that possible further activity is carried out in order to reach a proportionate number of representative views from the following groups below:
 - People currently accessing care from (hospital) an ATU
 - People who have past experience of the ATUs
 - Family and carers of present and past people who accessed care from ATUs
 - Staff and health care professionals within the ATUs
 - Staff and health care professionals who visit the ATUs
 - Other stakeholders as determined, for example adult social care providers.
- Ensure all possible further activity is equality monitored to understand the views of those that may be affected giving due regard to all equality groups to understand any trends that may emerge.
- The Equality Impact Assessment (EQIA) needs to be further developed to reflect engagement findings and potential future consultation activities.

Other gaps that possible future activity should endeavour to fill:

- People currently in out of area placements from the West Yorkshire area
- People who have accessed out of area placement care within the past two years
- Family and carers of present and past people who have accessed care in out of area placements
- People who access care, their families and carers who are at risk of needing ATU services
- Ensure all people from all areas are represented
- Understanding of any patient complaints and themes.

ENDS.

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Report of the Head of Democratic Services

Report to West Yorkshire Joint Health Overview and Scrutiny Committee

Date: 18 February 2020

Subject: Work Programme (2019/20)

| | |
|--|---|
| Are specific electoral wards affected? If yes, name(s) of ward(s): | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Has consultation been carried out? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Are there implications for equality and diversity and cohesion and integration? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Is the decision eligible for call-in? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Does the report contain confidential or exempt information? If relevant, access to information procedure rule number: Appendix number: | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

1. Purpose of this report

1.1 This report provides an opportunity for members of the West Yorkshire Joint Health Overview and Scrutiny Committee (the Joint Committee) to consider and agree its priorities and future work programme.

2. Background information

Working arrangements

2.1 As outlined at the previous meeting, work continues around the review of current arrangements and development of proposals for the future operation of a discretionary Joint Health Overview and Scrutiny Committee. Appropriate officers from each of the six local authorities¹ within the West Yorkshire and Harrogate Health and Care Partnership footprint continue to contribute to the development of future arrangements.

2.2 Until such time that any future arrangements are in place, work continues to support the current joint scrutiny arrangements within existing resources.

¹ This refers to the six top-tier authorities across West Yorkshire and Harrogate with specific Health scrutiny functions/ powers.

Previous Work Programme

- 2.3 As outlined at the previous meeting, in developing its work programme the Joint Committee previously agreed to reflect the nine clinically based programme / priority areas identified by the West Yorkshire and Harrogate Health and Care Partnership (the Partnership). This also included how the 'enabler workstreams' and the work of any relevant collaborative forums that contribute to the delivery of the clinically based priority areas.
- 2.4 The Joint Committee also agreed that in considering the nine clinically based programme / priority areas, the Joint Committee would seek to consider how the work supports the following agreed aims and criteria for working jointly across the Partnership:
- To achieve a critical mass beyond local population level to achieve the best outcomes;
 - To share best practice and reduce variation; and
 - To achieve better outcomes for people overall by tackling 'wicked issues' (i.e., complex, intractable problems).
- 2.5 During the course of the previous municipal year (2018/19), the Joint Committee considered a range of matters, including:
- Development of an Integrated Care System for West Yorkshire and Harrogate
 - Specialised Stroke Care Programme
 - Financial Challenges
 - Access to Dentistry
 - Acute Care Collaboration and the West Yorkshire Association of Acute Trusts (WYAAT)
 - Workforce Development
 - Urgent and Emergency Care Programme
 - Mental Health Programme
 - Proposed changes to Specialist Vascular Services
 - West Yorkshire and Harrogate Cancer Alliance
- 2.6 At a previous meeting, Members of the Joint Committee agreed to highlight individual work programme priorities and interests to help inform a more detailed discussion at this meeting of the Joint Committee.

3. Main issues

- 3.1 The following clinical programme/ priority areas not previously considered by the Joint Committee, have been reflected in the proposed work programme:
- Maternity
 - Primary and Community Care
 - Standardisation of Commissioning

- Prevention at Scale

3.2 Members of the Joint Committee will also be aware that during 2019, the Partnership was engaged in developing a five year strategy, setting out the Partnership's ambitions alongside a refreshed set of priorities and programme areas, including the following new priorities:

- (a) Improving population health; and,
- (b) Children, young people and families.

3.3 The Joint Committee may wish to give more detailed consideration to the finalised five year strategy in order to help inform its future work programme.

Previous outcomes

3.4 At previous meetings the JHOSC have identified a number of future actions / activities to include on its future work programme, such as:

- Further details on the work of the West Yorkshire Association of Acute Trusts (WYAAT) and the programme areas that form the acute care collaboration priority – with (at least) 6-monthly updates.
- Details of the review of the expanded NHS 111/999 service and associated capacity.
- Future report on the Mental Health Programme, with a particular focus on the work around CAMHS, autism, ADHD and the development of sufficient effective and accessible community support services in local areas.
- Preventative dental services and the overall integration of dental services into the Partnerships priority areas.
- Cancer outcomes, diagnosis and treatment waiting times.

Workforce working group

3.5 Previously, the Joint Committee commenced some more detailed consideration on the workforce priority area. The Joint Committee may wish to take stock of the work / progress made, and agree any further activity in this area.

Service change proposals

3.6 Members of the Joint Committee are currently engaged in a mandatory joint committee considering proposals to reconfigure vascular services across west Yorkshire – that also impacts on some of the population in North Yorkshire. While the arrangements for the mandatory committee are separate from this Joint Committee, it nevertheless has an impact on the overall capacity to support scrutiny arrangements across the West Yorkshire and Harrogate footprint – be that through joint health overview and scrutiny committee arrangements or local, individual authority health scrutiny arrangements.

3.7 It should also be noted there may be, yet to be determined, service change and/or development proposals that either require mandatory Joint Committee arrangements or the discretionary Joint Committee identifies for more detailed consideration.

Developing the work programme

3.8 At its meeting in December 2018, the JHOSC also agreed the following guiding principles for the ongoing development of its work programme.

Good Practice

- Avoid duplication by having a full appreciation of any existing forums already having oversight of, or monitoring a particular issue.
- Ensure any Scrutiny activity has clarity and focus of purpose; adding value within an agreed time frame.
- Avoid pure “information items” except where that information is being received as part of an identified policy/scrutiny review.
- Seek advice about available resources and relevant timings, taking into consideration the overall workload of the JHOSC and the Health Overview and Scrutiny Committees across the constituent authorities.
- Build in sufficient flexibility to enable the consideration of urgent matters that may arise during the year.
- Have due regard for the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, which provides for local NHS bodies to consult with the appropriate health scrutiny committee where they have under consideration any proposed substantial developments or variations in the provisions of the health service in the area(s) of a local authority; alongside the associated good practice regarding the early engagement of appropriate health scrutiny committees.

3.9 In further developing its work programme, the Joint Committee is also asked to note the planned frequency of future meetings and also the level of resource available to support its work.

4. Corporate considerations

4.1 Consultation and engagement

4.1.1 This report provides an opportunity for members of the West Yorkshire Joint Health Overview and Scrutiny Committee to consider and agree its priorities and future work programme.

4.1.2 Any specific matters agreed will be reflected in an updated work programme presented to the next meeting of the Joint Committee.

4.2 Equality and diversity / cohesion and integration

4.2.1 There are no specific equality and diversity implications arising from this report.

4.2.2 Any specific equality and diversity implications associated with particular aspects of the Joint Committee’s work programme will be presented and considered at that time.

4.3 Council policies and best council plan

4.3.1 All aspects of the Joint Committees work programme are likely to align to the overall ambition of the West Yorkshire and Harrogate Health and Care Partnership; which in turn will contribute to aspects of the corporate priorities of each of the constituent local authorities.

4.3.2 Any specific implications associated with particular aspects of the Joint Committee’s work programme will be presented and considered at that time.

Climate emergency

4.3.3 There are no specific climate emergency implications arising from this report.

4.3.4 Any specific climate emergency implications associated with particular aspects of the Joint Committee's work programme will be presented and considered at that time.

4.4 Resources and value for money

4.4.1 There are no specific identifiable resource and value for money implications arising from this report. Nonetheless, the Joint Committee needs to be mindful of the availability and use of resources in delivering its future work programme.

4.5 Legal implications, access to information, and call-in

4.5.1 An update on the overall governance arrangements for the West Yorkshire Joint Health Overview and Scrutiny Committee are presented elsewhere on the agenda.

4.5.2 There are no specific access to information implications arising from the report and, as a council function, any decisions of the Joint Committee are not eligible for Call In.

4.6 Risk management

4.6.1 There are no specific risk management implications arising from this report.

4.6.2 Any specific risk management matters associated with particular aspects of the Joint Committee's work programme will be presented and considered at that time.

5. Recommendations

5.1 The Joint Committee is asked to note the overall matters set out in this report and agree any specific priorities for its future work programme.

6. Background documents²

6.1 None

² The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.

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