



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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