

**WEST YORKSHIRE JOINT HEALTH OVERVIEW AND SCRUTINY
COMMITTEE****EXTRACT OF THE MINUTES OF THE MEETING HELD ON
MONDAY, 11TH FEBRUARY, 2019****47 West Yorkshire and Harrogate Health and Care Partnership: Mental Health Programme**

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

The following were in attendance and contributed to the discussions:

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

The Mental Health Programme Board Chair introduced the report, which identified the following objectives:

- Development of standard operating models for acute and specialist services; with care delivered in the least restrictive environment possible and more care in the community.
- Improved patient experience and access to services for the people of WY&H
- Reduction in A & E attendances (40% reduction in unnecessary A&E attendance)
- 50% reduction in number of section 136/ Places of Safety
- A zero suicide approach to prevention (10% overall reduction in the population and 75% reduction in targeted service areas and suicide hotspots by 2020-21)
- Elimination of adult out of area placements for non-specialist acute care
- Development of new care models for CAMHs T4, Adult Eating Disorders and Forensic services
- Reduction in waiting times for autism assessments and development of future commissioning framework for ASD/ADHD.

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

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

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

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

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

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

RESOLVED

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