



Mental Health, Learning Disability and Autism Programme

Update to Joint Health Overview & Scrutiny Committee

18 February 2020

1. Introduction

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

2. Purpose of the programme

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

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

3. Structure of the programme

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

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

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

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



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

4. Workstream update

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

Autism/ADHD

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

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

Improving Determinants of Health & Prevention

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

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



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

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

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

Children & Young People

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

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

Learning Disabilities

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



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

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

Specialist Services

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

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

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

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

Complex Rehabilitation

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

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

Secondary Care Pathways

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

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

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

Core Performance

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

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