

Committees in Common
Mental Health, Learning Disability and Autism Collaborative
West Yorkshire and Harrogate Health and Care Partnership

21st January 2020

Paper Title: Update to Boards from the Committees in Common

Paper Author: Keir Shillaker

1. Introduction

This paper updates individual Trust boards on the discussions and decisions taken at the Committees in Common on 21 January 2020.

2. The Committees in Common noted:

- Approval of the West Yorkshire & Harrogate; Mental Health, Learning Disability and Autism strategy and its availability on the partnership web
pages: https://www.wyhpартnership.co.uk/application/files/6915/7486/5141/mental_health_learning_disability_and_autism_five_year_strategy.pdf
- That the collaborative has been successful in securing a range of recent funding bids through NHSE/I:
 - i. Community Mental Health transformation funding – circa £2.5m
 - ii. Pre-diagnostic support for people on Autism waiting lists - £100k
 - iii. Winter crisis funding – just under £1.5m.
- Summary updates from each of the programme workstreams; Secondary Care Pathways; Improving Determinants of Health; Children



& Young People; Adult Autism/ADHD; Learning Disabilities; Specialist services; Complex Rehabilitation and Core Performance.

- Recruitment to the programme team, with the full compliment of team members in post from mid-March 2020.
- The engagement work taking place with local authorities, overview and scrutiny committees and NHSE/I regarding the provision of Assessment & Treatment Units (ATU).
- The programme of improvement works taking place at Little Woodhouse Hall, following previous CQC inspections.
- The forthcoming milestones for the Adult Eating Disorders and Forensics steady state commissioning bids.
- Which services are likely to form part of the next phase of the steady state commissioning process; Adult Low and Medium Secure, Acquired Brain Injury, Secure Deaf and Women's Enhanced Medium Secure, Adult High Secure, Children's Medium Secure and Deaf services, Obsessive Compulsive Disorder, Body Dysmorphic Disorder, Tier 4 Personality Disorder, non-secure Adult Deaf services, Perinatal inpatient services.
- LYPFT bidding to host High Intensity Mental Health Services for Veterans on behalf on the North region.

3. The Committees in Common discussed and made decisions regarding:

- Expectations of the forthcoming planning guidance, acknowledging that because publication has been delayed, we don't yet have sight of the detail. It was agreed that any implications picked up from the planning guidance will be reviewed and considered at the next Committees in Common.
- The escalation of risks and performance issues. Agreeing an approach for escalation to the meeting, (to trial and review in 9 months) any risk that:



- i. Is 'red rated' on the programme risk register OR there is an NHSE/I escalated performance issue that affects more than one provider, and
 - ii. relates to the core business of 'care delivery' by a provider
 - iii. is either 'new', has been agreed by the Committee in Common to require extra vigilance OR hasn't seen a positive improvement in risk rating/performance over a six- month period.
 - iv. allows any member to raise a risk, or issue, in person during each meeting
- The timeframe for the submission of the CAMHS steady state commissioning bid. Requesting further information to be provided to allow discussion within individual provider boards.
 - The need to review the terms of reference outside of the meeting. Angela Monaghan, Cathy Elliott and Keir Shillaker will progress and formalise proposals at the April meeting. This will include both increasing the length of each meeting by 30 minutes and holding a broader 'strategic' meeting at least one per year.
 - Membership of the meeting; that it will remain as it is now for the time being. However, this will be reviewed once more work has been completed across the partnership of the future of commissioning.
 - The workplan; agreeing an outline proposal for the 'big ticket' items to discuss and approve in the coming months. This includes ATU provision, Psychiatric Intensive Care, Tier 4 CAMHS, Adult Eating Disorders and Forensics.
 - Programme metrics and dashboard. Agreeing that core performance measures should come to each meeting for discussion, but that more detailed metrics should be discussed only when they relate to a 'deep dive' topic area. However once per year the full suite of metrics should be made available for discussion and interrogation at the 'strategic meeting' (see above).
 - The development of a commissioning team to fulfil the requirements of steady state commissioning. It was agreed that following discussion at the Specialised Services Board and the February Collaborative Exec, a



proposal would need to be agreed 'virtually' by the Committees in Common, or through individual provider boards.

- Reporting on progress against specialised commissioning 'steady state' requirements, using the same highlight report that is being developed for the 'Specialised Services' workstream of the MHLDA programme board.

Keir Shillaker
Programme Director
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