



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

22 October 2020

Paper Title: Update to Boards from the Committees in Common

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1. Introduction

This paper updates individual Trust boards on the discussions and decisions taken at the Committees in Common on 22 October 2020.

2. The Committees in Common noted:

- An update on the work of the programme, focusing discussion on:
 - i. Work to invest transformation funding into Community Mental Health services and to map existing provision in each place support shared learning and 'levelling up'. This included how co-production is integral to the development of new models with service users and primary care networks and Voluntary and Community Sector partners.
 - ii. Health and wellbeing of staff; hearing about bids for non-recurrent funding to NHSE/I regarding a psychological health and wellbeing hub for West Yorkshire. The proposal is for this to be steered by psychology staff as part of a multi-disciplinary approach to curating guidance, enhancing training and communication; enhancing preventative support within all health and care providers and signposting to existing place-based and system-level services.
- The decision regarding the planned transfer of inpatient CAMHS services from Leeds Community Healthcare to Leeds & York Partnerships NHS Foundation Trust on 1 April 2021. It was also agreed to prepare a short



briefing on CAMHS for board members (see Annex A)

- That separate board papers would go through each organisation's boards regarding the draft business case submission for the Forensics lead provider collaborative ~~w.~~ With an update to come to Committees in Common in January.
- That future waves of specialised services to from part of the lead provider transfer from NHSE/I to collaboratives will include specialist perinatal mental health, Deaf CAMHS and children & young people's Forensics services.
- An update on work to develop collaborative working on Psychiatric Intensive Care Units; building on commissioned modelling work that indicates there is potential to reduce the use of out-of-area placements by developing clarity of clinical pathways for those potentially requiring intensive inpatient support (aligned to NAPICU guidance) and development of a future, more collaborative operating model across West Yorkshire.
- An update on work across the collaborative to understand different approaches to managing violence and aggression (PMVA) in inpatient settings. The Committee heard about good engagement across PMVA teams who have identified much shared practice, particularly on reducing the use of restrictive practice and de-escalation of challenging behaviours. The group agreed to focus on standardising approaches to risk assessment and expectations for staff on how to safely undertake those holds used to restrain service users in escalated scenarios. A final proposal on the extent of possible standardisation is expected back to CinC in January.
- An update on the capital funding position for Lynfield Mount Hospital (BDCT) and discussions on how the collaborative can continue to support this development and securing the necessary funds.

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

- The need to review the Memorandum of Understanding for the collaborative and to produce a summary version describing the role of the collaborative and the expected ways of working between partners. [Trust Chairs to co-ordinate the review, working with Trust Company Secretaries.](#)
- The establishment of a high-level 'cover sheet' for programme updates to summarise workstream progress and risks which are covered in detail by the



Mental Health, Learning Disability and Autism programme board.

- Agreement in principle to develop a 'provider collaborative' approach to the future model for Assessment and Treatment Units, with a developed risk share framework and identified lead provider for the model from one of the providers in the collaborative. This is subject to conclusion of the current engagement process with service users, reporting into the WY&H Joint Health Overview & Scrutiny Committee and final discussions at both Joint Committee of CCGs and the Committees in Common in January 2021. It was also agreed to prepare a short briefing on ATU for board members (see Annex A)
- Support for the lead provider of the WY CAMHS provider collaborative under specialised commissioning to transfer to Leeds & York Partnerships NHS Foundation Trust from Leeds Community Healthcare.
- Holding a second Committees in Common strategic meeting in February 2021 to discuss specialised commissioning, capital strategy and other areas of development, [building on the learning gained and benefits of the first session in September this year.](#)
- The agenda for the 27 November MHLDA Collaborative NED/Governor engagement session [which will be finalised with Trust Chairs.](#)

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22 October 2020

Annex A – ATU and CAMHS briefing

Assessment and Treatment Units (ATU)

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

In line with the national Transforming Care Programme (TCP) there is an expectation in West Yorkshire to reduce the number of ATU beds. Initial work in this area recognised that there were several challenges to facilitating this bed reduction within the current three-unit (LYPFT, BDCT, SWYPFT) configuration.

In October 2018, following detailed analysis of current service provision and the development of a preferred clinical model based on national guidance and best practice, an initial case for change was developed by a multi-agency, multi-disciplinary project group. This was supported by significant engagement with service user and carer representatives, with several potential options identified.

Following refinement of these options a preferred model was proposed and agreed; reducing to two units (BDCT and SWYPFT) and creating a single 'centre of excellence' model across the remaining 8 bedded units. At this point the West Yorkshire Joint Health Overview and Scrutiny Committee confirmed that formal consultation was not required on the proposal, but that further engagement was needed with people with lived experience of ATU access. This work will complete at the end of November.

Whilst engagement completes collective discussions have taken place across the CCGs to discuss and agree future commissioning arrangements; detailing the ambition to reduce the number of adults being admitted to ATU beds, reduce length of stay and further develop community support systems for people at risk of admission. The proposal is to commission the new model for ATU collectively at West Yorkshire level and to develop a 'new care model' approach in the future that includes the whole pathway of care (such as Intensive Support Teams), not just inpatient beds.

For the MHLDA collaborative, work is ongoing to develop the operational and delivery model, the clinical model and governance/performance/quality framework requirements. And the Committees in Common agreed in principle to the following, subject to conclusion of the engagement process and a final business case in January 2021:

- Developing a provider collaborative model
- Developing a risk share framework between partners
- Identifying a lead provider for the model



CAMHS Tier 4 Service & Provider Collaborative

Leeds Community Healthcare Trust currently provides inpatient CAMHS services for West Yorkshire (8 general adolescent beds) as well as all the out of hospital health services for children in Leeds. The inpatient services will significantly change in 2021 with the opening of a new 22 bedded unit comprising 16 general adolescent beds and 6 Psychiatric Intensive Care Unit (PICU) beds.

The provision of PICU services to a CAMHS population is a very specialist service, requiring specialist skills. The Board of LCH have looked at a range of evidence and, on balance, concluded the clinical risk of continuing to provide the inpatient service without the expertise from other PICU 'like' services would not be mitigated should LCH continue to provide the service.

Discussions have taken place with LYPFT (as an existing provider of inpatient Tier 4 CAMHS services in York and specialist adult mental health services in Leeds) to identify how appropriate clinical expertise can be provided to the new unit. Both organizations concluded that the new service would be best led by the specialist mental health provider – LYPFT.

Both boards have formally endorsed the decision to transfer the service in their respective board meetings and held a subsequent joint board to discuss governance, assurance, and oversight. SWYPFT and BDCT remain members of the project groups via relevant clinical and operational leads and LCH will continue to provide specialist children's services input into the new unit.

In addition, LCH has led a successful pilot of a new care model for specialist CAMHS for over 2 years and the Committees in Common also agreed that the lead provider function for this element should also transfer to LYPFT – keeping consistency with the approach taken for Adult Eating Disorders and Forensic Services.