

Escalation and Assurance Report

Report from: West Yorkshire & Harrogate (WY&H) Integrated Care System (ICS)
 Mental Health, Learning Disability & Autism (MHLDA) Committee-in-Common
Date of the meeting: 21/10/2021

Key discussion points and matters to be escalated from the discussion at the meeting:
Alert/Action:
<p>Lead Provider Collaboratives for CYPMH and Adult Secure are now live, with main risks including:</p> <ul style="list-style-type: none"> • Adult Secure - replacing clinical leadership, currently mitigated via a dispersed leadership model, and staffing pressures resulting in some difficulties in coproduction of the work • CYPMHs - ensuring community investment funding is deployed appropriately to reduce reliance on inpatient beds. <p>Workforce pressure across all services remains a challenge due to existing vacancies, sickness absence and difficulty in recruiting. The increasing emergence of private sector provision to deal with NHS backlogs also poses a workforce risk to core NHSE services.</p>
Advise:
<ul style="list-style-type: none"> • The Prevention and Management of Violence and Aggression workstream will be picking up discussions following conversations between LYPFT and the General Services Association, indicating they are unable to flex their curriculum to enable a common approach to restraint that is more in line with other collaborative partners. • The Staff Mental Health & Wellbeing Hub is seeing an increased number of referrals with high staff acuity. • The Assessment and Treatment Unit workstream has moved to new governance arrangements and continues to mobilise its implementation phase.
Assure:
<ul style="list-style-type: none"> • The CYPMH Plan is now an ICS requirement rather than Place, the key priority areas have been identified within a collaborative working group and the plan will be submitted to NHSE • The collaborative has responded to an NHSE consultation on leadership of transformation and deployment of the Mental Health Investment Standard, stating that it is important to balance the role of place and system working, and that at this time full responsibility for the totality of the MHIS should not sit with provider collaborative. Although provision needs to be made to enable 'do once' funding allocations where that makes sense. • Suicide reduction is set as one of the ten big ambitions for the ICS, and an updated Suicide Prevention Strategy for West Yorkshire has been developed. • The work on the LD Health Inequalities Challenge continues to progress, and we are making good progress on work to improve data flows and visibility of people with Learning Disability in all health services • The WY Virtual recruitment fair had positive feedback and good engagement with potential workforce candidates, stimulating interest from the future workforce

Report completed by: Keir Shillaker, WY MHLDA Programme Director **Date:** 2/11/21

Distribution: Chairs and Company Secretaries of Bradford District Care NHS Foundation Trust, Leeds Community Healthcare NHS Trust, Leeds & York Partnership NHS Foundation Trust, South West Yorkshire Partnership NHS Foundation Trust.