



Agenda Item No:

14

Report to:	Humber and North Yorkshire Integrated Care Board
Date of Meeting:	11 September 2024
Subject:	Mental Health, Learning Disabilities and Autism Collaborative Update Report
Director Sponsor:	Brent Kilmurray, Chief Executive and MH ICB Provider Representative Teresa Fenech, Executive Director of Nursing and Quality
Author:	Alison Flack, Programme Director, MHLDA Collaborative

STATUS OF THE REPORT:

Approve Discuss Assurance Information A Regulatory Requirement

SUMMARY OF REPORT:

This report provides a summary of the current work programmes and priorities being undertaken as part of the Mental Health, Learning Disabilities and Autism Collaborative and provides an update on performance across the Humber and North Yorkshire Integrated Care System.

Key Points include:

- The development of the future model for the MHLDA Collaborative is progressing and programme management arrangements have been put in place. An initial expression of interest has been received for the “host entity” and is progressing.
- Release of Service Development Funding (SDF) funding remains key to the success of a number of programmes, including out of area placements, children and young people and dementia to deliver against the NHS Long Term Plan.
- Strategic Plan refreshes have been completed for the Suicide Prevention programme, and are underway for UEC (MH) and CYP MH programmes. A draft 3 year plan for the National Inpatient Quality and Safety Programme was submitted at the end of March 2024.
- We continue to work on access to data and data quality. Progress has been made with the development of an out of area placement dashboard; development of a CYP Mental health dashboard; and primary care register cleansing for Dementia Diagnosis. We also have a dashboard in development for autism assessment waiting times; and Memory Assessment Service data will be added to our current Dementia dashboard in September. Access to data for SMI physical health checks remains a challenge following the closure of the RAIDR dashboard.
- There is a key focussed piece of work underway to assess current provision for intensive management of patients, following the Nottinghamshire CQC report.
- A revised maternal mental health service model is expected to be completed end September 2024.
- The development of an ICS programme of work for neurodiversity, autism and ADHD.

RECOMMENDATIONS:

Members are asked to:

- i) The Board is asked to note the information presented in the paper.

- ii) The Board is asked to consider the risk of delaying further the release of Service Development Funding (SDF) and the impact of non-achievement of national, regional and local targets.

ICB STRATEGIC OBJECTIVE

Leading for Excellence	<input checked="" type="checkbox"/>
Leading for Prevention	<input checked="" type="checkbox"/>
Leading for Sustainability	<input checked="" type="checkbox"/>
Voice at the Heart	<input checked="" type="checkbox"/>

IMPLICATIONS

Finance	Release of Service Development Funding (SDF)
Quality	N/A
HR	N/A
Legal / Regulatory	N/A
Data Protection / IG	N/A
Health inequality / equality	N/A
Conflict of Interest Aspects	N/A
Sustainability	N/A

ASSESSED RISK:

- Delays in release of SDF Funding and the impact on meeting national and regional targets.

MONITORING AND ASSURANCE:

The collaborative has a well established Executive Steering Group and appropriate governance in place.

ENGAGEMENT:

- Children and Young Peoples Coproduction
- Clinical Assemblies
- Dementia co-production
- HNY Strategic Coproduction group

REPORT EXEMPT FROM PUBLIC DISCLOSURE

No Yes

If yes, please detail the specific grounds for exemption.

Mental Health, Learning Disabilities and Autism Collaborative Update Report

This report provides an update on the current work programmes and priorities being undertaken as part of the Mental Health, Learning Disabilities and Autism Collaborative.

Our Key Priorities 2024/25

A Chief Executive has been identified as Senior Responsible Officer (SRO) to oversee delivery of our key priorities for 2024/25.

Key Priority	CEO SRO	PMO Lead
Strategy	Brent Kilmurray	Alison Flack
Core Offer / Variation and Performance	Michele Moran	Alison Flack
Children and Young People	Toby Lewis	Gail Teasdale
Autism	Jane Miller	Katy Marshall
Inpatient Transformation and Out of Area	Simon Beeton	Georgie Thrippleton
Older Adults	Brent Kilmurray	Gemma Willingham-Storr

Developing the Future Mental Health, Learning Disabilities and Autism Collaborative

Following the independent review by Carnall Farrar and the recommendations to move to a fully delegated budget arrangement via a contractual joint venture, work is continuing to be progressed. Programme management arrangements and governance have been established. An initial expression of interest has been received for the “host entity” and is progressing. A further update will be provided to the Board in October 2024.

Strategy

We are in the process of refreshing the Mental Health, Learning Disabilities and Autism Collaborative strategy, working with partners to ensure strategic alignment to the NHS Long Term Plan and HNY ICB blueprint and strategy. The refreshed strategy will encompass the outcomes which are seen as a priority to our populations, to support them to start well, live well, age well, and die well.

Children and Young People

The current Humber and North Yorkshire Children and Young People’s (CYP) Mental Health Strategic plan 2021 – 2024 aims to drive improvement across the Thrive Framework for CYP Mental Health and aligns with the workplan of the Child and Adolescent Mental Health (CAMHS’s) inpatient provider collaborative. Work is underway to produce a new 3 year forward plan that builds on this current work and addresses new, emerging issues, as well as aligning to the ICB strategy.

Progress continues to be made across all of our priorities:

- Additional Mental Health Support Teams (MHST’s) (Wave Nine) have been established in North Yorkshire, York, Hull and North East Lincolnshire and will be fully operational by the end of September 2024. Two additional teams have been confirmed for Wave 11 for North Lincolnshire and East Riding (1 team each) and will commence full delivery in September 2025.
- Work has been underway over the summer to map current mental health staffing across the system and to develop a Humber and North Yorkshire plan to deliver against the national NHSE Workforce plan.

- We are in the process of finalising the Engagement and Coproduction strategy which will support partners to provide a consistent and evidence-based approach to engagement and coproduction and avoid tokenism.
- We have established a core team of ten young volunteers, representing all six places and a range of communities, needs, and experiences. This will complement the wider Nothing About Us Without Us CYP MH advisory group which currently has over 220 children and young people aged 10-25.
- Our coproduced Nothing About Us Without Us summer event took place in York on 7th August. This brought together senior leaders and children and young people to coproduce solutions to the fifty recommendations from recent consultations to improve mental health support for children and young people.
- There is a system wide Eating Disorder whole pathway event planned for October which will develop improvements across the system and adaptations to address new emerging issues e.g. Avoidant restrictive food intake disorder (ARFID) and disordered eating which are increasing in presentations and require a different response and treatment to traditional eating disorders such as Anorexia.
- Work is underway to develop a CYP MH specific suicide prevention plan which will include work to pilot a “waiting well” offer to ensure those waiting for CAMHS are supported and issues do not escalate.
- Work is currently underway to improve pathways/access for vulnerable children and young people from inclusion health groups who are known to experience health inequalities and be at higher risk of poor mental health. We are specifically focusing on Looked after Children (LAC)/Care leavers and funding has been secured through the HNY ICB Health Inequalities funding for a 3-year project led by the six Directors of Children’s Services in partnership with the MHLDA collaborative. This will embed improved mental health support for care leavers in all six leaving care teams through a hub and spoke model of delivery. The HNY CYP lived experience advisory group (Nothing About Us Without Us) have also identified LGBT CYP and ethnic minoritised young people as a priority inclusion group. We are working with children and young people from these communities to produce animations capturing lived experience which can be used as a training resource for services to improve access and support for these CYP communities.
- A CYP Mental Health data dashboard has been developed with partners to embed routine performance reporting from place-based providers which builds on the current long term plan (LTP) performance targets and will information on outcomes and waiting times.

A challenge remains in that additional investment through SDF has not been made available over the last two years so it has not been possible to increase capacity and further develop effective early intervention pathways/services. Plans have been developed and submitted for additional investment subject to approval. However, at present there is not sufficient capacity to meet need and provide effective support for lower-level mental health presentations and reduce escalation/crisis/need for inpatient admissions.

Children and Young People Trauma Informed Care Programme

As one of 12 national vanguard sites we continue to progress this programme of work. North Lincolnshire is currently being established as our fourth Test and Learn site for the Programme. Progress has also taken place with our two non-Test and Learn sites, East Riding and York as our pilot projects.

The delivery of the multi-agency Attachment, Regulation and Competency (ARC) training across the ICS by our Framework of Trainers continues to be a success, and training

sessions have been well received so far. We are continuing to use the national ARC trainer, Kati Taunt to deliver the 2-day ARC Champions training and the 2-half day ARC training for Senior Leaders.

17 Community of Practice meetings have now taken place involving 127 people across forty-four organisations. Guest speakers have been invited to attend to support shared learning and professional development, and topics included Workplace Wellbeing, Therapeutic Endings, Lived Experience. Most recently a Speech and Language Therapist, and one of the founders of ARC from America, facilitated the session.

We are delighted that we have been shortlisted as a finalist in the Children and Young People Now Awards 2024 Youth Justice Category which will be taking place at the end of November.

Learning Disabilities and Autism

The unprecedented demand nationally and locally for neurodiverse services, autism and ADHD support requires a system wide response. We are continuing to review our Autism and ADHD Assessment pathways, criteria for an assessment and specifications. We are hosting two face to face sessions in October to create a draft HNY wide pathway for both CYP and Adults. In addition, we have been building a dashboard that will provide data on the number of individuals on the waiting list for an assessment and the length of time they have been waiting. The intention is to utilise this data, together with expected demand and capacity to support the creation of an options appraisal to address the demands on these services and the extended level of time that individuals are having to wait for an assessment. The priority for learning disability and autism, in addition to the above, is to work as a system to determine the inpatient capacity required to support those with a learning disability requiring inpatient care to receive this close to their home. The Oliver McGowan Mandatory Training for Learning Disability and Autism Project Group continues to increase capacity to deliver this training across health and social care in HNY, with initial pilot sessions taking place in September and October.

Serious Mental Illness (SMI)

The SMI Physical Health Care programme has continued to see an improvement in performance year on year, with 69.9% of people on the SMI register receiving a health check in 23/24, an increase of 12.7% against the previous year. The work of the steering group is now expanding to focus more broadly on the additional screening, interventions and support offered to people with severe mental illness, with a specific focus on cancer screening uptake, and access to smoking cessation interventions. We continue to work closely with partners in the Cancer Alliance to identify ways that cancer screening and care can be improved for people with an SMI, and are hosting a teaching session on severe mental illness aimed at cancer professionals in September with a view to encourage more consideration of the reasonable adjustments and additional support that may be required for this population group. We have been working closely with the Centre for Excellence in Tobacco Control on improving access to smoking cessation and intervention, including procurement of a 2 day course to train existing staff who deliver smoking cessation interventions in how best to engage with people with a severe mental illness. This collaboration has also helped us to identify an existing health inequality around access to smoking cessation for people on Psychotropic medication, and through creation of an Expert Working Group are working to address this health inequality with colleagues across the system.

National Inpatient Quality and Safety Programme

The draft 3-year plan for this programme of work was submitted at the end of March 2024. The initial focus has been on establishing agreed data on out of area placements and bed stock across providers; an out of area dashboard has been developed and regular data is now being received. Through this work it has been identified that mental health rehabilitation needs particular focus in terms of length of stay, appropriateness of initial placements level and quality of provision in Humber and North Yorkshire.

Dementia

HNY are now on an upward trajectory for dementia diagnosis rates (DDR) and are performing at their highest since November 2021.

The Primary care register cleansing quality improvement (QI) project continues to progress with more diagnoses discovered that are not being coded in primary care. The majority of these relate to people who have been diagnosed outside of memory assessment services.

Specific areas to focus on improving coding are:

- Neurology services
- Acute general inpatient
- Hospital Liaison Psychiatry
- Community Mental Health Teams
- Parkinson's Disease Clinics

The PCN leads are working with the MHLDA collaborative to pilot a primary care diagnosis model.

First HNY dementia research group is taking place on the 9th September in collaboration with IRIS. There are many research opportunities on the horizon which will bring resource into the system to deliver quality of life interventions to people post-diagnosis.

We are working with the ICB Comms team to develop accessible web content for the HNY Dementia Programme on the 'Let's Get Better' website.

Suicide Prevention

The Suicide Prevention programme recently launched its refreshed 2024-2026 strategic plan in collaboration with local Mental Health providers, VCSE and statutory services, aimed to help our communities build resilience, feel empowered and better their emotional wellbeing. Paired with the NHS Long Term Plan and the Government's Suicide Prevention 2023-2028 plan, the Humber and North Yorkshire programme has detailed key priorities that aim to tackle not only the rate of suicides in the region but also views associated with suicide and what surrounds it. Additionally, Hull and East Yorkshire MIND have continued to train local businesses such as hairdressers and barbers, leisure centres and gyms, and taxi and bus companies to improve their knowledge of suicide prevention and mental health. To date over 330 individuals have accessed this.

Urgent and Emergency Care (Mental Health)

The Urgent and Emergency Care (UEC MH) programme is currently refreshing the strategic plan as a result of achieving the key priorities in its existing plan. These accomplishments range from:

- Assisted in embedding Right Care Right Person as business as usual across the region.
- Sponsored the roll out of two mental health response vehicles (MHRV) in Hull and York, developing the MH paramedic workforce at the same time.
- Embedded a Crisis Coproduction group to aid conversations, ability to challenge and support decision making with regard to the strategic plan, and the wider UEC MH programme.
- Supported the soft launch of 111 MH option delivery across all Places within HNY, with strong evaluation and evidence illustrating the benefits of this.

The new objectives of the strategy will include –

- Service pathway improvements for Mental health liaison and Emergency Departments
- Ambulance service and crisis team connectivity
- High intensity user service development

Community Mental Health Team Transformation (CMHT)

We have achieved 98% of our access target for 23/24, which exceeded the national target, and both East Riding of Yorkshire and North East Lincolnshire fully met their target. There has been a decrease in access figures over recent months, and our community mental health programme lead is exploring the possible reasons for this with providers.

Nottinghamshire Intensive Case Management

Following the CQC Special review of mental health services at Nottinghamshire Healthcare NHS Foundation Trust we are following the key recommendations from the report and subsequent instruction from NHS England to undertake a review of intensive and assertive community treatment for people with severe mental health problems. This is to ensure that Trusts have appropriate governance, partnership working arrangements and monitoring systems in place to identify individuals in their communities that require intensive and assertive community care to meet their needs and to keep them and others safe. Identifying individuals who require intensive and assertive community care requires proactive identification across all services, recognising that people with the needs described above may be on caseloads of services that cannot adequately meet their needs.

The review will take the format of a self-assessment tool completed by a named lead within each Provider Trust. All Standard Operating Procedures are to be reviewed and assurances given to NHSE that the trust does not discharge due to disengagement. Once complete, the tool will be consolidated by the Mental Health, Learning Disabilities and Autism Collaborative programme lead and shared with senior executives for approval.

The deadline for completion of these reviews is 30th September, after which they will be presented at the October ICB Board meeting with an action plan on how we will implement the national guidance.

As an immediate action we have already received confirmation from all providers that DNAs (Did Not Attends) are never used as a reason to discharge from care in this vulnerable patient group and all have clarified that this is already reflected in existing standard operating procedures.

Clinical Assemblies

The MHLDA Collaborative Clinical Assemblies continue to be successful and the programme for 2024 has been based on feedback from clinicians, covering a range of topics relevant to mental health, learning disabilities and autism services, including:

- Improving access to mental health services for Children and Young People.
- Improving mental health care for people with a pre-existing cancer diagnosis and improving cancer screening and outcomes in people with severe mental illness.
- Improving the health status of people with a learning disability.
- Update on Community Mental Health Transformation, with a focus on rehabilitation.
- How to meet the unmet need in patients with alcohol and complex health problems – a system wide approach.
- Tobacco dependence, psychotropic medication, patient safety and planning.

Recommendations

Members are asked to:

- i) Note the information presented in the paper.
- ii) Consider the risk of delaying further the release of Service Development Funding (SDF) and the impact of non-achievement of national, regional and local targets.