

Board of Directors (public)

SUMMARY REPORT	Meeting Date:	22/05/24
	Agenda Item:	14

Report Title:	Systems and Partnerships Update	
Author(s):	Director of Strategy - James Drury	
Accountable Director:	Chief Executive – Salma Yasmeen Director of Strategy - James Drury	
Other meetings this paper has been presented to or previously agreed at:	Committee/Tier 2 Group/Tier 3 Group	EMT
	Date:	16/05/24
Key points/ recommendations from those meetings	No further changes made following EMT 16/5/24	

Summary of key points in report								
<p>This report summarises the aspects of our ongoing system working as part of the partnerships for Sheffield and for the South Yorkshire Integrated Care System.</p> <p>The Board is asked to note;</p> <ol style="list-style-type: none"> 1. Progress with the development of arrangements for Eating Disorders between the partners in the South Yorkshire MHLDA Provider Collaborative. (para 1.5) 2. The position statement and proposal received by the Provider Collaborative in relation to Neurodiversity assessment and support. (para 1.7) 3. The proposal received by the Provider Collaborative to enhance the provision of Health Based Places of Safety for South Yorkshire (para 1.6) 4. The Board will receive a verbal update on the outcome of the three areas above following the Provider Collaborative Board meeting which takes place on 15th May. 5. The agreement of revised terms of reference by the Specialised Commissioning Steering Group, strengthening its alignment with the Provider Collaborative. (para 1.10) 6. The market testing and procurement activity of the South Yorkshire ICS Learning Disability and Autism Programme regarding 'safe spaces' and 'specialist autism service' (paras 1.13 And 1.14) <p>The Board is also reminded that some elements referred to in this report are the subject of more detailed coverage under agenda item 36 of today's agenda.</p>								
Recommendation for the Board/Committee to consider:								
Consider for Action	X	Approval		Assurance		Information		X

Trust Board is recommended to:

1. Note the updates provided, as detailed above

Please identify which strategic priorities will be impacted by this report:

Effective Use of Resources	Yes	X	No	
Deliver Outstanding Care	Yes	X	No	
Great Place to Work	Yes	X	No	
Ensuring our services are inclusive	Yes	X	No	

Is this report relevant to compliance with any key standards ? State specific standard

Care Quality Commission Fundamental Standards	Yes		No	X	
Data Security and Protection Toolkit	Yes		No	X	
Any other specific standard?					

Have these areas been considered ? YES/NO

If Yes, what are the implications or the impact?
If no, please explain why

Service User and Carer Safety, Engagement and Experience	Yes	X	No		
Financial (revenue & capital)	Yes	X	No		
Organisational Development /Workforce	Yes	X	No		
Equality, Diversity & Inclusion	Yes	X	No		
Legal	Yes	X	No		
Environmental sustainability	Yes	X	No		

Section 1: Analysis and supporting detail

Purpose

- 1.1 This report is a standing item for the Trust Board, which aims to ensure that significant developments, opportunities and risks in the external environment are highlighted, and the Board is supported to make timely, well-informed decisions in relation to the Trust's engagement in external systems and partnerships. Key partnerships which are covered by the report include; South Yorkshire Integrated Care System (ICS); the Mental Health, Learning Disability and Autism Provider Collaborative of the ICS; the South Yorkshire and Bassetlaw Specialised Commissioning Provider Collaborative; and the Sheffield Health and Care Partnership (HCP).
- 1.2 In this edition of this regular report the focus is on five aspects:
 - 1.2.1 The work of the South Yorkshire Integrated Care System Mental Health Learning Disability and Autism Provider Collaborative. This includes progress with collaborative work on Eating Disorder services; Health Based Places of Safety, and neurodiversity assessment and support.
 - 1.2.2 The work of the South Yorkshire and Bassetlaw Specialised Commissioning Collaborative. This includes an update on the expression of interest process for community forensic services, previously reported to the Board. It also includes an update following a meeting of the Spec Com Steering Group on 7th May.
 - 1.2.3 The work of the South Yorkshire Integrated Care System mental health programme, and the Learning Disabilities and Autism programme. This includes the programme plan for the implementation of the national mental health inpatient quality transformation programme in South Yorkshire. This is shared with the Board for awareness. The update on the Learning Disabilities and Autism programme highlights opportunities under consideration for the provision of LD Safe Spaces, and for a South Yorkshire Specialist Autism Service.
 - 1.2.4 The work of the Sheffield Health and Care Partnership. This includes progress with definition of the Partnership's revised priorities which will be discussed at a workshop on 9th May. It also updates on progress with the Trust's input to the development of a ten-year ICS infrastructure strategy.
 - 1.2.5 Other local partnership work progressed in this period with the Sheffield Health and Wellbeing Board, local Primary Care Networks, the Voluntary and Community sector, Universities, and the local Creative Health Partnership.

South Yorkshire Integrated Care System Mental Health Learning Disability and Autism Provider Collaborative

- 1.3 The Board of the South Yorkshire Mental Health Learning Disability and Autism Provider Collaborative (SY MHLDA PC) met on 15th May 2024. The minutes of the meeting will be shared with the Board of Directors in private session when they are available.
- 1.4 The Provider Collaborative Board received papers regarding Eating Disorders, Health Based Places of Safety, and pathways for ADHD and ASD diagnosis, treatment and support. The Provider Collaborative also received updates from the SY ICS planning process for the Mental Health Investment Standard in 2024/25, and the work of the SYB specialist commissioning collaborative.

- 1.5 The Eating Disorders paper described collaborative work on the whole pathway of care, including proposals for the approach to be taken in the next year. This is described in full in Item 36 on today's agenda.
- 1.6 The Health Based Places of Safety (HBPOS) paper presented the conclusions of a joint project by the Collaborative, which had reviewed the future needs for such places of safety across South Yorkshire and proposed a solution involving the creation of additional capacity within the network. Further details are included in the paper for agenda item 36 of the confidential agenda.
- 1.7 The Neurodiversity Assessment Review paper provided a review of the current position for neurodiversity (Autism and ADHD) assessments across South Yorkshire and an appraisal of the likelihood of meeting the agreed aim of <52 week waits by April 2025. The paper then presented the Provider Collaborative Board with recommendations for next steps. The paper concluded that there is significant variation across South Yorkshire but that it is unlikely that the <52 week wait targets will be achieved under present arrangements. The Sheffield performance and trajectory is amongst the most challenged. The proposal for future collaborative work is: *i) Work with ICB to develop a robust oversight governance framework so ADHD and Autism activity is visible and transparent, ii) Work with ICB to develop a new sustainable funding model for 25/26, iii) Prioritise work on reducing waits in ADHD to ensure access to treatment – with a system wide focus on shared care arrangements, iv) Continue system work on a need led approach to autism, v) Providers continue to contribute to improvement in ADHD and Autism assessment pathways at place level but alongside continue to work with the Collaborative on system learning and innovation, particularly around waiting well and innovation/research opportunities. There will be a shared learning summit in Autumn 2024.*
- 1.8 The Provider Collaborative also reported on the work it has undertaken to secure clarity on the use of the Mental Health Investment Standard within the South Yorkshire ICS plans for 2024/25. While recognising the challenging financial and operational environment facing the whole health and care system, the Provider Collaborative has championed the need for transparency and parity of investment into mental health on behalf of the people of South Yorkshire. Alongside the need for involvement of the Provider Collaborative members in helping the ICB to direct this investment effectively.

South Yorkshire and Bassetlaw Specialised Commissioning Collaborative

- 1.9 The Board has previously received information regarding the process led by the NHS England Specialised Commissioning Hub for South Yorkshire and Bassetlaw to seek expressions of interest in the provision of specialist community forensic mental health services for South Yorkshire and Bassetlaw. Further information is included in the paper for agenda item 36.
- 1.10 The Specialised Commissioning Steering Group for South Yorkshire and Bassetlaw met on 7th May. The Group approved changes to its terms of reference which confirm the alignment of its work with the strategy agreed by the South Yorkshire ICS Provider Collaborative Board and establishes reporting arrangements from the Specialised Commissioning Steering Group to the Provider Collaborative Board.
- 1.11 The meeting on the 7th May also received an update on the provision of secure inpatient mental health care at Cheswold Park Hospital in Doncaster. This is the subject of a fuller report provided as a separate agenda item in the private section of today's Board meeting (Agenda Item 36).

South Yorkshire Integrated Care System – Programmes for Mental Health, Learning Disabilities and Autism

- 1.12 The ICS Mental Health Programme has made progress with the clarification of the local programme plan for the delivery of the national [mental health, learning disability and autism inpatient quality transformation programme](#) was initiated to support cultural change and introduce a bold, radical, reimagined model of care

for the future across all NHS-funded mental health, learning disability and autism inpatient settings. The draft programme plan is included at Appendix A for the awareness of the Board. It is noted that the Trust has contributed to the formulation of the programme plan through a self-assessment process.

- 1.13 The ICS Learning Disability and Autism Programme has recently developed a specification for a South Yorkshire LD Safe Space service. The ICB has issued an invitation to tender for the provision of this service. The service will seek to reduce reliance on inpatient care for people who have a learning disability and/or autism, by offering crisis intervention accommodation and support and by providing up to 12 weeks of supervision and support in a self-contained, risk-reduced environment for those not requiring acute hospital admission. The Trust is currently considering its position regarding this opportunity.
- 1.14 The Learning Disability and Autism programme is also undertaking market engagement (prior to procurement) for a South Yorkshire Specialist Autism Service. The service is being commissioned to address the increasing demand for autism support, particularly focusing on individuals (age 14 and over) with autism without a learning disability in South Yorkshire. The service aims to provide intensive support for complex cases; advice, consultation, and training for other teams; and clinical supervision specifically to the South Yorkshire C&YP Key-working Service. The Trust will participate in the market engagement event on 15th May and will form a view on the opportunity thereafter.

Sheffield Health and Care Partnership

- 1.15 Sheffield Health and Care Partnership (HCP) is the place based partnership of health and care partners which forms part of the South Yorkshire Integrated Care System. It informs the way the that the Sheffield place elements of the South Yorkshire ICB budget are used and provides the focus for the work of the Sheffield Place team of the South Yorkshire ICB.
- 1.16 Sheffield HCP Board will hold a development session on 9th May to progress the definition of the Partnership's Priorities for 2024/25. This will build upon the recent prioritisation exercise previously reported to this Board. The priorities of the HCP will inform the deployment of the ICB's Sheffield place team resources. The priorities are:
 - Discharge Home First
 - Same Day Urgent Care
 - Neurodevelopment
 - Mental Health Crisis
 - Model Neighbourhood
 - Medicines
 - Estates
- 1.17 The Board is also reminded that the Trust is participating in work at Place and across South Yorkshire towards the development of an ICS ten year infrastructure strategy. These high level documents will provide an important guide for future capital investment nationally and regionally. In support of this the Trust will host a visit by ICS estates leads to our in-patient environments on 10th May to demonstrate the impact of our current estate on quality and effectiveness, and our capability to deliver high quality schemes such as the Health Based Place of Safety and Stanage Ward.

Other notable local partnership activity

- 1.18 The Trust is participating in the refresh of the Sheffield Joint Health and Wellbeing Strategy, including through a workshop of the Health and Wellbeing Board which will take place on 23rd May. The revised health and wellbeing

strategy focused on 8 themes adapted from the work of Sir Michael Marmot and the Institute for Health Equity, and 4 radical shifts in attitudes and balance of investment. This emphasis on tackling inequality and health creation is welcomed and is instructive for the Trust's own strategy refresh later this year. It will build upon the work described under agenda item 20 'population health and inequalities'. For example; 1) collaborating with community partners (Flourish and SACMHA) to fund innovative ways of increasing take up on cancer screening amongst people with mental health needs. 2) SHSC participation in the work of Sheffield Health and Care Partnership on the North East Model Neighbourhood to empower and connect communities, build VCSE strength, and devolve investment power to communities.

- 1.19 Recent progress has also been made with the strengthening of relationships with the voluntary and community sector, with Primary Care Networks, and with local universities. Greater connectivity has now been established with the Sheffield Creative Health Partnership and we anticipate being able to share more details soon.

Section 2: Risks

- 2.1 The situations described in this report are relevant to our BAF risk 0027:
- 2.2 **BAF risk 0027:** *There is a risk of failure to engage effectively with system partners as new system arrangements are developed caused by non-participation in partnership forums, capacity issues (focus on Trust), difficulty in meeting increased requirement to provide evidence/data potentially at pace and volume, lack of clarity around governance and decision making arrangements resulting in poorer quality of services, missed opportunities to participate or lead on elements of system change and potential increase in costs*
- 2.3 It is noted that the Trust is actively participating in many partnership activities, and leading in some (e.g. through Senior Responsible Officer (SRO) roles). The implementation of actions in response to the recent Stakeholder Review will be important in further mitigating this strategic risk.

Section 3: Assurance

- 3.1 The Business Planning Group (BPG) oversees the coordination of bid teams responding to business development opportunities. BPG will provide multi-disciplinary guidance and support. It will report to EMT on progress, ensuring EMT is able to take well informed and timely decisions.
- 3.2 Assurance on the overall range of systems and partnerships activity will continue to be provided to the Board of Directors via this report.

Section 4: Implications

Strategic Priorities

- 4.1 **Effective Use of Resources:** The proposals described in this report have potential to contribute to the financial sustainability of the Trust. Achievement of them will require the application of our clinical and supporting capabilities working together effectively.
- 4.2 **Deliver Outstanding Care:** These proposals relate to areas of care where SHSC is recognised as having significant expertise and experience, and these

opportunities offer a chance to enhance the access of the South Yorkshire population to them.

- 4.3 Great Place to Work: These proposals offer highly rewarding opportunities for our colleagues to further develop their skills and careers in pursuit of delivering outstanding care.
- 4.4 Ensure our services are inclusive: These proposals have significant potential to enhance access to care for many across South Yorkshire. In so doing we will take care to consider any potential inequalities and tackle them in the design of service solutions.

Equalities, diversity and inclusion

- 4.5 The developments described in this paper will be evaluated in full to maximise their potential to positively impact on inclusion and reducing inequalities, and to avoid or mitigate any negative consequences. This will be described in full once detailed proposals are available for consideration.

Culture and People

- 4.6 There will be a need for organisational development (OD) support to enable teams in the Trust and those in partner organisations to effectively deliver the changes described in this report. This requirement and options to address it will be described in full when detailed proposals are brought forward.

Integration and system thinking

- 4.7 All of the content of this report relates to the Trust's role in relation to place based and regional systems, and has the potential to enhance services, access and outcomes for Sheffield and South Yorkshire residents.

Financial

- 4.8 The regional development of partnership solutions for service needs has potential to positively contribute to income growth for the Trust. Similarly place based initiatives and national programmes offer growth opportunities.

Compliance - Legal/Regulatory

- 4.9 At the present time no decisions are required, but as work develops the appropriate legal and regulatory advice will be sought and will inform recommendations made to the Board.

Environmental sustainability

- 4.10 The environmental impact of the developments referred to above will be considered in full once detailed proposals are available. It is noted that much of the work across South Yorkshire contains an element of 'care closer to home' and therefore may reduce the travel associated with the current mode of provision. In relation to the Sheffield Health and Care Partnerships intention to focus collaboratively on estates efficiencies, this has significant potential to improve the environmental impact of the collective health and care estate in the City.

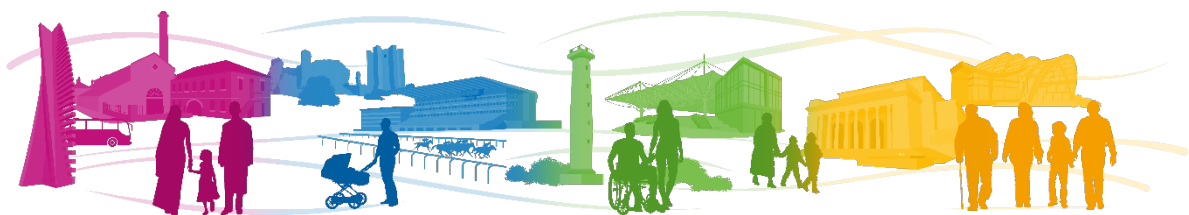
Section 5: List of Appendices

Appendix 1: Draft Programme Plan for the South Yorkshire ICS MHLDA In-patient Quality Transformation Programme.



South Yorkshire Integrated Care Board DRAFT Inpatient Quality Transformation Plan

March 2024





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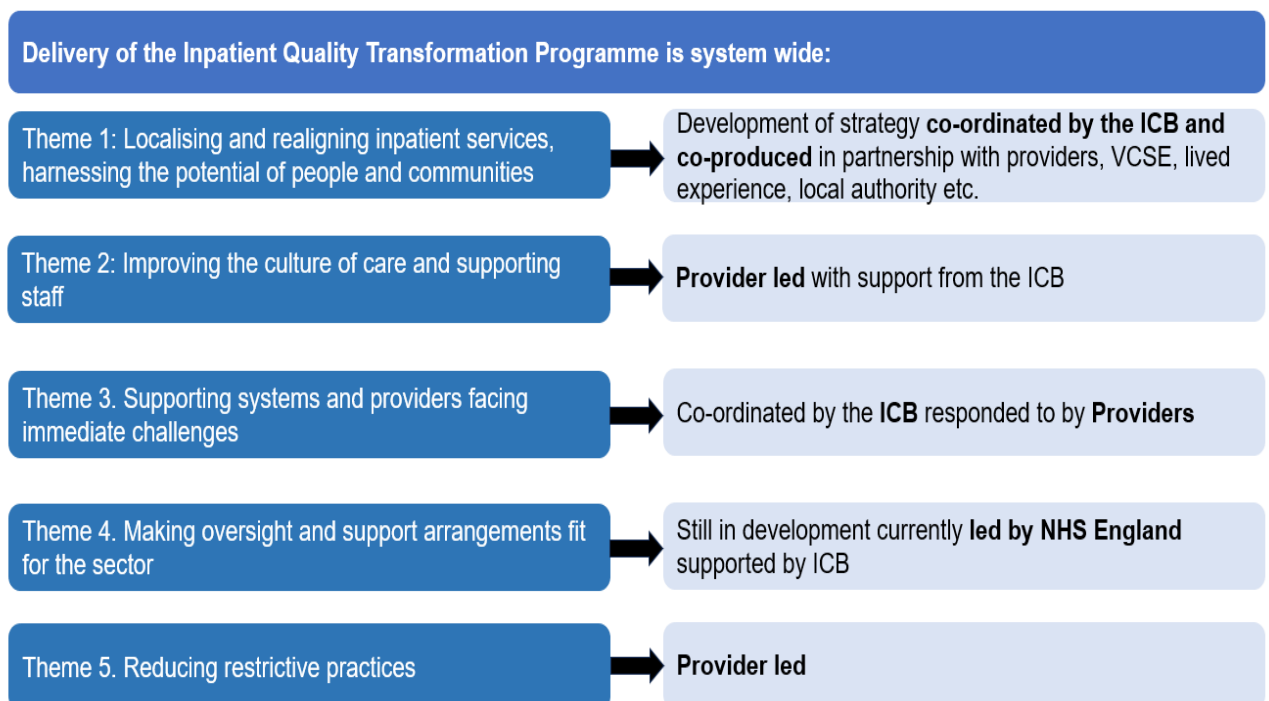
1. Introduction

The Inpatient Quality Transformation Programme is a national programme, which in partnership with people and families, clinicians, systems, providers, partners and building on existing positive practice, is intended to improve the quality and safety of care people experience in mental health, learning disability and autism services.

The programme challenges Integrated Care Boards (ICBs) to develop visionary reimagined models of care for mental health, learning disability and autism inpatient services. The purpose of this is to ensure the people who need care within our system have access to services that are inclusive, deliver safe, personalised, therapeutic care in the least restrictive setting, and that those who need our care can access it close to people who know and care for them.

To deliver this ambition we need to work collectively across South Yorkshire to firstly recognise the high standard of innovative and inclusive work already underway across our providers, but secondly explore and accelerate different therapeutic offers, including enhanced community-based alternatives to admission. We need to enhance and support a strong culture of care within our inpatient settings that allows our patients and our staff to thrive, and we need to have clear oversight and support structures in place to identify issues as early as possible and work collectively to co-ordinate recovery support.

The programme incorporates 5 workstreams and how these will be delivered across South Yorkshire is outlined below:





To know we have delivered on the ambitions of this programme the following national success measures will be applied:



2. Our South Yorkshire Approach to the Inpatient Quality Transformation Programme

Our approach to developing inpatient quality transformation across South Yorkshire is to focus on doing this in a collaborative way, working with partners and providers of services including our Independent Sector partners, people with lived experience and their significant others, commissioners, voluntary and community sector enterprises (VCSE), Local Authorities, Healthwatch and other key stakeholders such as NHS England. In South Yorkshire we embrace the principle of citizenship and recognise that for us to counter the risk factors that can lead to closed cultures, people with mental health, learning disability or autism needs have to be treated as equal citizens in their own community. This prevents the ‘othering’ that so often leads to abuse.

It is important to acknowledge the inpatient quality transformation programme is not the start of the journey to improvement in South Yorkshire but builds upon work already underway. Both prior to, but certainly since, the launch of the NHS Mental Health Implementation Plan in 2019/20 our providers have concentrated effort on improving the therapeutic offer within inpatient settings to enhance patient outcomes and experience of care in line with the ambitions outlined in the plan. In 2022/23 providers and the system undertook and published “could it happen here” reviews, have worked to strengthen the voice of lived experience in inpatient settings and are participating in culture of care and leadership initiatives. A summary of the current progress made is available in Appendix A.

Building on the work already underway we formally launched our system-wide programme in November 2023. We benefited from attendance of key stakeholders including the ICB, Provider Collaboratives, Local Authority, VCSE partners, people with Lived Experience, Healthwatch, Providers and many others.

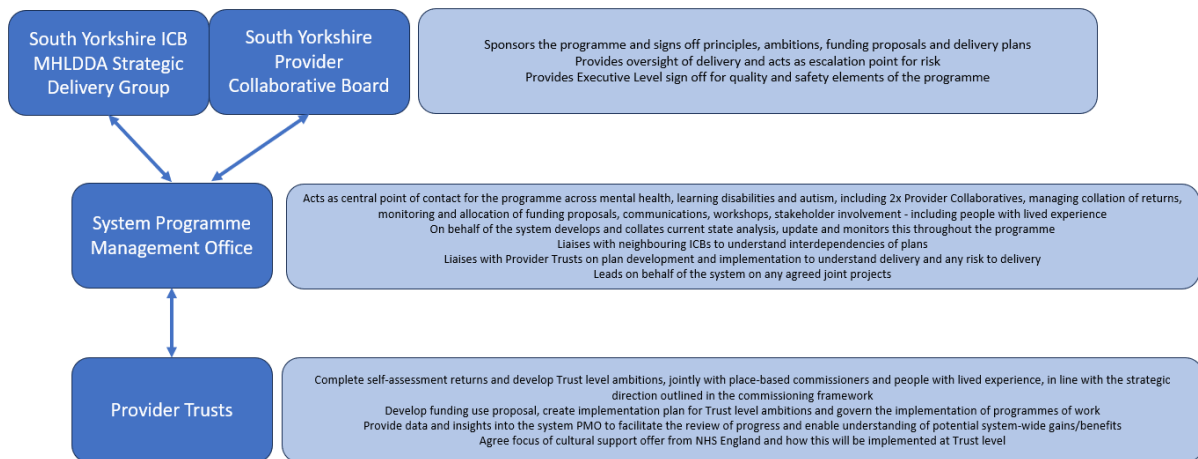


We set out to deliver the programme in a collaborative way and this is how we intend to continue.

Our programme is sponsored by the ICB Executive Lead for Mental Health, Learning Disabilities and Autism, Wendy Lowder, who is also the Place Health and Adult Social Care Executive Director for Barnsley, bringing vital insights from social care and local authority partners as well as health. The delivery of the programme is facilitated by dedicated programme management support from the ICB Mental Health Team.

Governance of the programme is still in discussion across the system, but the diagram below provides an overview of the intended governance structure and roles of each constituent part of the system. A version of this is also available to view at Appendix B.

Proposed Governance Structure and Roles for South Yorkshire Inpatient Quality Transformation Programme



The high-level timeline for the programme is detailed below:

- 22 November 2023 – System-wide launch event for the Inpatient Quality Transformation Programme
- 15 January 2024 – Review of the Inpatient Quality Transformation Programme and Agreement on Next Steps at NHS South Yorkshire Mental Health, Learning Disabilities, Dementia and Autism Strategic Delivery Group (MHLDDA SDG)
- 22 January 2024 – 16 February 2024 – Completion of self-assessment by Provider Trusts
- 19 February 2024 – 8 March 2024 – Review and consolidation by system programme management of self-assessment outputs
- 13 March 2024 – Discuss Inpatient Quality Transformation Programme at South Yorkshire Provider Collaborative Board
- 15 March 2024 – Children and Young People’s Inpatient Quality Transformation Programme Event



- 18 March 2024 – Discuss Inpatient Quality Transformation Programme at NHS South Yorkshire Mental Health, Learning Disabilities, Dementia and Autism Strategic Delivery Group (MHLDDA SDG)
- 28 March 2024 – Submission of draft plans for adults and children and young people
- April 2024 – June 2024 – Workshops as required to review lived experience involvement, commissioner engagement, development of financial plan, review of data.
- 8 April 2024 – Discuss draft and required developments with Mental Health, Learning Disabilities and Autism Provider Chief Executive Officers
- 15 May 2024 – Discuss Inpatient Quality Transformation Programme at South Yorkshire Provider Collaborative Board
- 20 May 2024 – Discuss Inpatient Quality Transformation Programme at NHS South Yorkshire Mental Health, Learning Disabilities, Dementia and Autism Strategic Delivery Group (MHLDDA SDG)
- 7 June 2024 – Discuss Inpatient Quality Transformation Programme at NHS South Yorkshire Mental Health, Learning Disabilities, Dementia and Autism Housing Group – Chaired by Local Authority
- 10 June 2024 – Discuss finalisation of draft with Mental Health, Learning Disabilities and Autism Provider Chief Executive Officers and ICB Executive Lead
- 17 June 2024 – 21 June 2024 – Final conversations agreement of plan
- 28 June 2024 – Submit plan and proceed to implementation

3. Summary of the South Yorkshire System and Services in Scope

South Yorkshire Overview

Across South Yorkshire we want to see the people in all our communities live healthier and longer lives, have fairer outcomes and timely equitable access to quality health and care services and support. We want to measure our achievements by narrowing the gap in Healthy Life Expectancy (HLE), between the most and least deprived groups, eliminating inequalities in access and experience, and reducing unwarranted variation. Our vision and goals around this are reflected in our Place and System Health and Wellbeing Strategies and support the life stages of starting well, living well and ageing well.



The South Yorkshire system is made up of:



South Yorkshire Citizen Involvement

One of the core components of the way we work in South Yorkshire is to Start With People and proactively involve our citizens to make services the best they can be. We engage with our citizens via a range of methods including email, online surveys and meetings, face to face drop-in sessions and working with VCSE partners to go directly into our communities who are known to suffer worse outcomes. This mixed methods approach has meant we have heard from many of our underserved communities including, but not limited to, people facing multiple disadvantage and people living in areas of multiple deprivation, the LGBTQ+ and trans community, Asian women and Roma women, the Chinese and West Indian communities, those who are digitally excluded, social housing tenants, children and young people and young people facing substance abuse challenges.

Our citizens have told us there are three things that matter the most and need to be considered in any transformative programmes of work. These are:



- **Accessibility** - Being able to access care services in a timely and convenient way was the most commonly mentioned concern because it affects the quality of a patient's experience. Removing barriers to accessing information, support and services were mentioned by all.
- **Affordability** - The costs of transport, parking, medication, treatments, as well as being able to live more healthily, were also mentioned universally.
- **Agency** - Many people want to be in control of their own care and want better access to the information, tools and capacity to manage this.

We will ensure these are guiding principles of our inpatient quality transformation.

NHS South Yorkshire ICB Mental Health and Learning Disabilities and Autism Work Programmes

Mental Health

The ICB Mental Health Team comprises a small core of staff who aim to provide connectivity between the component parts of the system to support the delivery of the aim to expand and transform mental health services, in line with the NHS Mental Health Implementation Plan 2019/20 - 2023/24. The team also supports the delivery of Operational Planning requirements.

The team provide direct project support to a number of focus areas. Examples of the work include Health Inequalities and Suicide Prevention, NHS 111, Mental Health Support Teams in Schools, Inpatient Quality Transformation, NHS Talking Therapies Employment Advisors, Maternal Mental Health Services and Urgent and Emergency Mental Health Care including Mental Health Response Vehicles.

Learning Disabilities and Autism (LDA)

The LDA programme delivers the Assuring Transformation work programme and has a bold programme of work in place, which will help to inform the development of the inpatient quality transformation programme. The key areas of focus for the LDA programme are:

1. Redesign and reconfigure pathways around specialist services, crisis support, inpatient provision and enhanced community provision:
 - Safe Space/Crisis Beds
 - Autism Only Team
 - Housing Needs Assessment
2. Improving Autism Pathways and focus on early intervention and support:
 - Expansion of CYP Keyworker Programme
 - Expansion of Pre and Post Diagnostic Support – VCSE
 - Strengthen CETR/DSR Protocols
 - Partnership for inclusion of Neurodiversity in Schools



3. Improving Health Inequalities and tackling the causes of morbidity and preventable deaths
 - LeDeR ECHO Programme
 - Increase AHC's and Access to screening
 - Rollout of Oliver McGowan Mandatory Training

South Yorkshire Provider Collaboratives

The system has two provider collaboratives: the South Yorkshire Mental Health, Learning Disabilities and Autism Provider Collaborative and the South Yorkshire and Bassetlaw Specialised Provider Collaborative.

South Yorkshire Mental Health, Learning Disabilities and Autism Provider Collaborative

The provider collaborative is a partnership driven by a commitment to improve health and care outcomes and experience of mental health, learning disabilities and autism services for the population in South Yorkshire. It is leading on:

- Health based place of safety arrangements (S136) in South Yorkshire to resolve issues with all age provision, environment, waits and processes
- Neurodiversity assessment (ASD/ADHD) for adults and children and young people
- Learning disabilities – STOMP – ensure an embedded, consistent and high-quality standard of care adhering to STOMP principles and implement STOMP healthcare pledge
- All Age Eating Disorders – reshaping the care model and commissioning approach
- Reducing the number of people in placements outside the South Yorkshire boundary by ensuring best use of existing capacity and developing new services where this provides quality and financial benefit. The scope includes provision for people of all ages where there is no in system provision, but demand indicates that development of suitable quality alternatives might be feasible in medium term.

South Yorkshire and Bassetlaw Specialised Provider Collaborative

The specialised provider collaborative is leading on all adult secure, Tier 4 child and adolescent mental health services (CAMHS) and adult eating disorders services across South Yorkshire and Bassetlaw. There are specific areas of focus for each of the services delivered, but across all of them the following are undertaken:

- Review commissioning arrangements to ensure flexibility in the system
- Regular bed capacity reviews across all service lines
- Provider workforce development work



- Health inequalities engagement utilising Experts by Experience
- Use of Experts by Experience to inform service developments
- Clinical Transformation work

Provider Services

Within South Yorkshire there are three NHS Trusts providing mental health, learning disabilities and autism services. One Trust sits solely within the South Yorkshire footprint and the other two Trusts provide services into the neighbouring ICBs of Humber and North Yorkshire (HNY) and West Yorkshire (WY). As such the development of plans within South Yorkshire will have interdependencies with those developed across HNY and WY. We also have a number of Independent Sector Providers.

The type of wards in scope for the 3-year plan are adult acute mental health inpatient services, including services for people with learning disabilities and autism, psychiatric intensive care units (PICU), mental health rehabilitation inpatient services, including services for people with learning disabilities and autism, open and “locked”. Children and Young People's (CYP) services are also in scope and the approach to this is referenced in Section 6.

NHS Trust Provision in South Yorkshire

Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH)

RDaSH sits at the heart of many neighbourhoods across Doncaster, Rotherham and North Lincolnshire. Service offer varies in form and type across those communities. RDaSH are committed to work with citizens of all ages to offer child health and mental health services to young people, as well as care to older adults, people with learning disabilities and those who have acute care needs.

Bed Provision: For the purposes of the inpatient quality transformation programme, and *specifically to Doncaster and Rotherham* not the wider RDaSH footprint the following units for mental health, learning disabilities and autism are in-scope:

Doncaster - Cusworth ward and Brodsworth ward, serving as acute inpatient wards for patients aged 18 to 65. The Skelbrooke ward mixed-gender unit offering intensive psychiatric care for patients facing mental health challenges at risk and Emerald Lodge inpatient rehabilitation and recovery unit.

Rotherham – Sandpiper and Osprey wards located within Swallownest court, both wards provide sectorised beds for patients aged 16 to 65 years old and the Kingfisher psychiatric intensive care unit, situated at Swallownest court.

Sheffield Health and Social Care NHS Foundation Trust (SHSC)

There are various inpatient services in provided by SHSC. These include beds for patients requiring admission during an acute phase of mental illness, wards for older adults, rehabilitation services, and a number of specialist beds, alongside those requiring in-patient medically assisted withdrawal from drug or alcohol misuse.



Bed Provision: For the purposes of the inpatient quality transformation programme the in-scope beds are 62 adult acute beds and 10 PICU beds and 30 rehabilitation beds.

South West Yorkshire Partnership NHS Foundation Trust (SWYPFT)

SWYPFT are a specialist NHS Foundation Trust that provides community, mental health and learning disability services to the people of Barnsley, Calderdale, Kirklees and Wakefield. This also includes provision of some medium secure (forensic) services to the whole of Yorkshire and the Humber.

Bed Provision: For the purposes of the inpatient quality transformation programme, and *specifically to Barnsley* not the wider SWYPFT footprint, the in-scope beds are 38 adult acute beds and 6 PICU beds.

Independent Sector Provision in South Yorkshire

The ICB has two independent sector hospitals within the scope of this programme of work.

Cygnets Aspen (provision from Cygnets Health)

Bed Provision: 20 bed service specialising in high support inpatient rehabilitation (level 2) for women who have severe and enduring mental illness.

Cygnets Oaks (provision from Cygnets Health)

Bed Provision: Cygnets Oaks is a 35 bed service specialising in high support inpatient rehabilitation (level 2) for men, providing a multi-disciplinary treatment programme designed to assist individuals with their return to independent living.

4. Localising and Realigning Care: The self-assessment, our emerging vision and initial reflections against the “what good looks” like framework

The Self-Assessment

Following the launch of our programme in November 2023 we discussed how best to approach the self-assessment element of the programme at the South Yorkshire MHLDDA SDG, Chaired by our Executive Lead Wendy Lowder. The SDG has representation from place, provider, provider collaboratives, local authority, VCSE colleagues, ambulance service and police. It was noted the self-assessment tool is intended to prompt and promote local discussion with the intention of supporting plans for change for any in scope services. The tool is a dynamic and iterative document, which helps to reflect the current local position and what could be different to ensure our services are local, inclusive, and delivering safe, personalised and therapeutic care.

The consensus from the membership was the preferred approach would be for the self-assessment to be shared directly with Provider Trusts to work collaboratively with clinical, quality, finance and commissioner leads for completion. This approach



also aligned to the approach being taken in neighbouring ICBs and was welcome for the Trusts that cross ICB geographical boundaries.

It was acknowledged that NHS Trust and Place information forms only one part of the self-assessment and that co-production, including people with lived experience, should form part of the co-authored document. It was also noted that between the draft submission at the end of March 2024 and the final submission in June 2024 there is scope for wider consultation on any proposed plans.

RDaSH

As at the time this paper was produced RDaSH colleagues were continuing to work through the self-assessment document and associated plan. However, the RDaSH 28 Promises (<https://www.rdash.nhs.uk/about-us/our-28-promises/>) outline their people and community centred ambitions for the next 3 years. In relation to inpatient quality transformation Promises 18-23 are most pertinent in outlining the high-level programme ambitions to deliver improved services to the population of Doncaster, Rotherham and North Lincolnshire:

18. From 2023 invest, support and research the best models of therapeutic multi-disciplinary inpatient care, increasingly involving those with lived experience and expert carers in supporting our patients' recovery.
19. End out of area placements in 2024, as part of supporting people to be cared for as close to home as is safely possible.
20. Deliver virtual care models in our mental and physical health services by 2025, providing a high quality alternative to prolonged admission.
21. Actively support local primary care networks and voluntary sector representatives to improve the coordination of care provided to local residents, developing services on a hyper local basis.
22. Develop consistent seven day a week service models across our intermediate care, mental health wards and hospice models from 2025 in order to improve quality of care.
23. Invest in residential care projects and programmes that support long-term care outside our wards, specifically supporting expansion of community forensic, step-down and step-up services.

SHSC

SHSC colleagues completed and returned the self-assessment in full with the following scoring noted for the respective areas:

- Adult Mental Health = 28
- Rehabilitation = 29
- Learning Disability = 28
- Autism = 27

SHSC colleagues have a detailed vision for each element of the programme and associated planned steps to deliver their vision over the next 3 years.



The self-assessment document can be viewed in Appendix C.

SWYPFT

SWYPFT colleagues completed and returned the self-assessment with the following scoring noted for the areas completed:

- Adult Mental Health = 26
- Rehabilitation = 28

Noting that SWYPFT work across both South Yorkshire and West Yorkshire ICBs further work is underway to develop the local vision for the programme and a more detailed plan.

The self-assessment document can be viewed in Appendix C.

Our Emerging Vision

We will build on the strong partnerships between our communities, people with lived experience, ICB, Specialised Provider Collaborative, MHLDA Provider Collaborative, Mental Health Trusts, Local Authorities and VCSE organisations, to deliver services that are inclusive, safe, personalised and therapeutic.

Services will be offered in the least restrictive setting and for those who need our care they will access it close to people who know and care for them.

We will support individuals with mental health, learning disabilities or autism who access our services to have an experience that is person centred, hopeful and brings belief to their recovery journey.

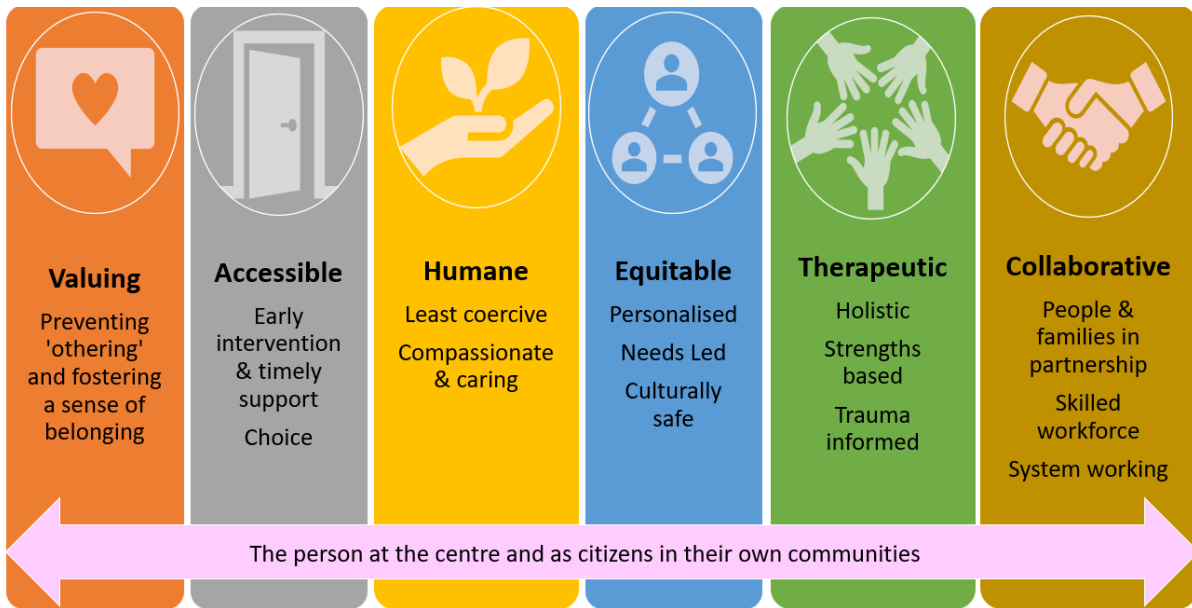
We will embrace the principle of citizenship and recognise that for us to counter the risk factors that can lead to closed cultures, people with mental health needs have to be treated as equal citizens in their own community.

We will provide help to the people who use our services, but also to their family and friends, so they can support their loved ones to recover whilst also looking after their own wellbeing.

We will do this by providing care that is equitable, evidence based, clinically led and patient informed.



Our Initial Reflections Against the “What Good Looks Like” Framework



a. Valuing

There is a strong commitment to working in partnership with people with lived experience, creating a sense of belonging and ensuring lived experience underpins any development of plans. There are excellent examples across South Yorkshire of ways in which those who are at heightened risk of “othering” and exclusion are being included in the programme development, including community, faith and advocacy approaches. All providers and the ICB are also committed to the implementation of the Patient and Carer Racial Equality Framework (PCREF). There is more to be achieved as we develop our plans including a strengthened advocacy offer, more inclusion activities, strengthening lived experience within governance processes and ensuring all involvement work is accessible in a range of formats.

b. Accessible

Early intervention and timely support are the bedrock of the development of transformative plans. We want to ensure people access care in the least restrictive setting, within the communities in which they live, and to be close to people who know and care for them. There are clear interdependencies of delivering transformation of inpatient settings with the implementation of many of the ambitions of the NHS Long Term Plan. For example, fully embedded community mental health teams and a 24/7 robust offer of crisis alternatives for people with mental health, learning disabilities and autism. There is also system-wide commitment to eliminate out of area placements with significant work underway to understand where our patients are, what we need to do to bring them back to local communities and how we meet their specific personal and cultural needs. Further improvements are needed on this element of the plan to clearly articulate how this will be achieved.

c. Humane



The care of people who use our services is delivered in a compassionate and caring manner and learning has already been implemented in the system regarding coercion, with a focus on reducing restrictive practices, promoting human rights and utilising learning from the HOPEs model to reduce seclusion. There are reflections on creating a good environment for our patients, being person centred, trauma informed and needs led. Admissions avoidance is a focus, community support, such as crisis provision, is either in place or proposed to be in place, such as the learning disabilities and autism safe space proposal. All providers are drawing up plans around the culture of care programme. Further system-wide work is required on understanding what more can be achieved collectively.

d. Equitable

Our services are working on person centred approaches to ensure care is provided in line with people's unique needs, reasonable adjustments and strengths. There is commitment to working in a trauma informed way and adjusting environments to meet sensory and cultural needs. Services are curious about each person's culture and individual needs. Specifically on PCREF all services are committed to improving feedback from ethnically marginalised people with protected characteristics accessing our services. There is further work to be done to ensure that patient voice is fully embedded into care plans.

e. Therapeutic

There are workforce plans developed to provide a skilled workforce to support the people who use our services. The workforce is also offered support through leadership programmes and restorative supervision. Services feel they are strong at developing therapeutic relationships with patients and carers providing a range of therapeutic interventions including trauma informed care, recovery focussed and strengths-based care, CBT approach, harm reduction and least restrictive practice. There is also some focus on physical healthcare, diet and exercise. There is scope for further development around holistic care.

f. Collaborative

As noted throughout this document our approach to developing inpatient quality transformation across South Yorkshire is to focus on doing this in a collaborative way, working with partners and providers of services including our Independent Sector partners, people with lived experience and their significant others, commissioners, voluntary and community sector enterprises (VCSE), Local Authorities, Healthwatch and other key stakeholders such as NHS England. Across the system we have strong partnerships between providers and the VCSE and we have strong and visible leadership for mental health, learning disabilities and autism.

g. Supporting People As Citizens

In South Yorkshire we embrace the principle of citizenship and recognise that for us to counter the risk factors that can lead to closed cultures, people with mental health, learning disability or autism needs have to be treated as equal citizens in their own community. This prevents the 'othering' that so often leads to abuse. Our plans



highlight engagement with local communities and in some areas cultural advocacy is offered to support people from ethnic backgrounds to maintain connections with their communities. Access in the community is supported via local colleges, music groups, art groups and social groups, much of which is delivered by VCSE partners. However, on social inclusion, active participation, and employment support there is development work required.

h. Embedding Co-production and Lived Experience

Listening to, involving and co-producing with lived experience is a core part of transformation. Our services have identified a range of mechanisms and examples of ways that they engage with people with lived experience. This includes having peer support workers; paid roles for people with lived experience, people with lived experience co-chairing board meetings, involvement via transformation engagement events and involvement via groups such as a Lived Experience and Co-Production Assurance Group. Further developments are needed to expand lived experience in our workforce.

5. Our Key Actions for Year 1, 2 and 3

Our key actions for Year 1 are to continue with and strengthen the following:

- **Reviewing and refining our data** – significant work is underway in terms of data. The ICB LDA Assuring Transformation programme has a core dataset with detailed information of each person placed out of area and we are in the process of replicating this for mental health patients. Additionally, we are including Local Authority data into this to ensure we fully understand the whole system position. Providers either have in place, or are establishing, core datasets that allow them to understand the people that use their services by protected characteristics. Further system-wide work is also underway on data development to better understand interfaces/interdependencies with flow/discharge/UEC pathways etc. Additionally, work is underway regarding linking data terminology, so all parts of the system are recording in a consistent way.
- **Better understanding of our population needs** – building on above we will be implementing our new South Yorkshire Digital Dynamic Support Register and CETR Protocols which has been under development for the last 9 months. This will enable us to identify people who are at risk of admission and provide a graduated response based on presenting risk and whilst enabling a more proactive approach for planned admission if required. The ability for us to automate the outputs to provide data insights will also provide a strategic approach to identifying both gaps in provision and service improvement requirements for South Yorkshire collectively.
- **Strengthening programme governance** – we will review and refine the programme governance outlining roles, remit and programme interdependencies. We will also look to strengthen lived experience voice in the governance.



- **Funding** – following the ongoing work around data review, strengthened programme governance and further refinement of provider level plans we will be in a position to make clear investment decisions.
- **Working across the system to learn together** – some areas are trialling things that we will roll out across the system if successful e.g., Safe2Share. Alongside colleagues in West Yorkshire, we are in the process of establishing communities of practice led by the Directors of Nursing to look at areas where there are particular challenges, such as women’s inpatients and concerns around the changing nature of self-harm. We are working with Local Authority Leads to develop a thematic analysis to help support decision making around changes required in the system.
- **Quality of care and assurance processes** – we have established processes for our learning disability and autistic individuals who are in an inpatient setting utilising care education and treatment reviews and 6-8 week quality and oversight checks. These are being further strengthened as part of our DSR/CETR protocols and an ICB Oversight Board has been established. The Specialist Provider Collaborative have already implemented 6-8 week oversight visits for all patients including mental health and there is a commitment to review the potential to roll this out for all ICB mental health inpatients should resources be available. We want to build on what is already in place where possible to allow us to move at pace on an important aspect of this programme.
- **Collectively working on out of area placements** – the Provider Collaborative is leading a piece of work on OAPs and with system partners we are exploring alternatives that could be provided in South Yorkshire. This work includes the potential for a local HOPES model to reduce seclusion and restrictive practice and embedding community alternatives to inpatient settings. There is also an ambition to eliminate use of acute spot purchased beds.
- **Learning Disabilities and Autism Safe Space** – we are taking forwards the procurement of a Learning Disability and Autism Safe Space, to build additional capacity in the crisis pathway to prevent admission where possible. We have recognised that whilst some people do require an inpatient stay, there are many who require a safe space to allow a short period to stabilise, assess and reformulate care plans to enable a quick return back to their homes. We will be piloting this for two years to evaluate the effectiveness of this provision.
- **Specialist Autism Team** – we recognise that as a system we have significant challenges with increasing admissions for autistic people and it can be challenging to meet their needs from an environmental and workforce perspective. We are working on developing a Specialist Autism Team that will



provide a three-pronged approach to provide intensive interventions for people at risk of admission, clinical supervision and advice to our specialist teams/CYP Keyworker team as well as rolling out the Anna Freud Training to all staff over a 3-year period. It is important that we upskill our workforce and provide the right resources to allow them to effectively care for our autistic population. Alongside this we are still midway through the Sensory environmental project that RDASH are leading on via the LDA SDF funding. Learning from this will be implemented across South Yorkshire to ensure we can make our inpatient settings sensory friendly.

- **Working on our MHLDA Housing Needs** – we have a programme lead in place hosted by a Local Authority to help us collectively understand our accommodation and develop a strategy to ensure there is the right accommodation available for our population. The LDA market position statement is being refreshed and a similar market position statement for mental health accommodation is being developed.
- **Valuing and supporting our staff** – we will continue with leadership programmes, Restorative Resilience Supervision and post incident reviews, team-based formulation, reflective practice and safety huddles.
- **Co-production and lived experience** – we are coproducing outcome measures across specialised commissioned services focussed on what is meaningful for patients but need to continue with strengthening our co-production and lived experience work across the whole programme.
- **Culture of Care and PCREF** – we will continue with work focussed on driving up the quality of patient and staff experience, including participating in the culture of care workstream, moving towards a trauma informed approach and implementing the PCREF across the system.
- **Improving transitions** – we will continue to work on improving the experience of patients who need to transition from children and young people's inpatient services to adult inpatient services, working with our VCSE partner Chilypep, to understand what matters most to our children and young people.

Our key actions for Year 2 and 3 will be:

- A continuation of work undertaken in Year 1 and further refinement of planned activity.
- A specific focus on single gendered PICU provision
- A review of rehabilitation beds and working towards accreditation.
- A continuation of therapeutic environment programmes focusing on upgrades of the inpatient estate.
- A continuation of enhancing community-based services for people with learning disabilities and autism in order to reduce the delivery of restrictive, hospital-based, care.



6. A Note on the Approach to Children and Young People's (CYP) Inpatient Quality Transformation

It has been recognised nationally that alongside realignment and reconfiguration of adult and older adult inpatient settings local systems also need to address the needs of children and young people (CYP). At the end of 2023 draft Commissioner Guidance was released to support the system in the planning and commissioning of CYP mental health, learning disability and autism inpatient services to ensure these services are inclusive and deliver safe, personalised, local therapeutic care.

The guidance is a result of a substantial piece of work that has involved CYP, their families, front line staff, providers and commissioners and key stakeholders across health, social care, and education and builds on the extensive evidence base, which has shown us that CYP with mental health, learning disabilities and autism needs should be supported in the community, in the least restrictive setting, close to people who know and care for them.

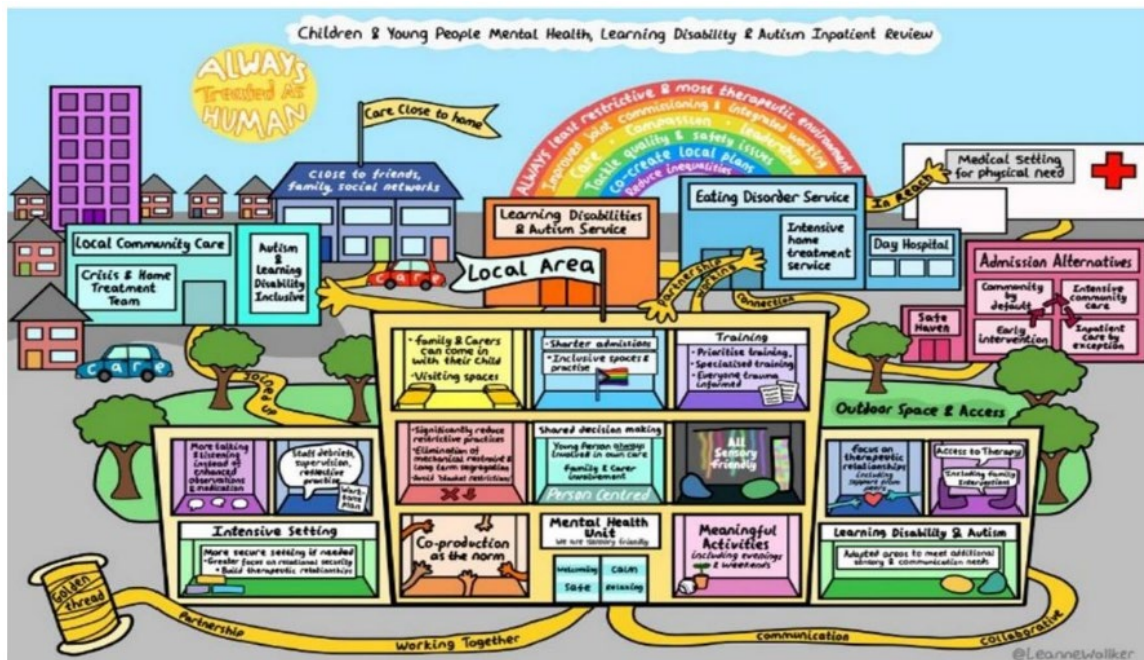
In South Yorkshire, with the support of local voluntary and community sector enterprise (VCSE) Chilypep, which is a young people's empowerment charity dedicated to raising the voices of young people, a focussed piece of involvement work with CYP was undertaken throughout 2023/24. This highlighted and amplified many of the findings reflected in the commissioning guidance. Our CYP told us about the barriers they faced accessing services, their experiences of age-based transitions, their experience of community settings and of inpatient settings. Their feedback and ongoing involvement in developing our visionary plan is vital.

Our approach to developing the plan to realign and reconfigure CYP inpatient settings is to focus on doing this in a coproduced way, working with partners and providers of services including our Independent Sector partners, CYP and their significant others, and all key stakeholders.

We held an event in mid-March 2024 to kick start the development of our visionary plan. On the day we heard from CYP and focussed our discussions around themed areas of inpatient settings, community settings and the whole care pathway – including prevention. We discussed where we are now, what needs to happen in our system to make the future vision a reality and how we collectively take the next steps to achieve this.



The information received on the day will help to inform the development of our initial self-assessment. Our key next steps are further engagement events throughout 2024, working with partners to plan how we reconfigure and realign our services across South Yorkshire. We want to ensure our CYP wherever possible (and acknowledging that for some an inpatient stay is the right thing), are supported in the community, in the least restrictive setting, close to people who know and care for them. We aim to co-produce our visionary plan in line with the December 2024 deadline.





Appendices

Appendix A – Summary of current progress made



SY MHLDA Inpatient
Quality Transformati

Appendix B – Proposed governance diagram



20240325 SY ICB MH
Programme Governar

Appendix C – SWYPFT and SHSC Self-Assessments



20240215 SWYPFT
Self Assessment & Pla



20240216 SHSC ICB
Self Assessment Plan