



*Whitby*

## **Humber and North Yorkshire Specialised Provider Collaborative**



*Ryedale*



*Bridlington*



*Beverley*

## **Mental Health, Learning Disability and Autsim Annual Report 2023/24**



*North Yorkshire*

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## Introduction from the Chief Executive

Welcome to the 2023 Humber and North Yorkshire Specialised Provider Collaborative Annual Report. This report encapsulates our achievements and identifies areas where continued collaboration could foster further improvements in 2024 and beyond.

As a Collaborative we continue to place the person at the heart of all our endeavours. Our primary objectives are enhancing patient experience, developing seamless care pathways, and addressing health inequalities to ensure equity for the Humber and North Yorkshire population who access specialised mental health, learning disability and autism care.

Undoubtedly, 2023 presented its share of challenges notably an increase in individuals presenting with eating disorders requiring specialised in-patient provision. Additionally, there was a continued rise in referrals to Child and Adolescent Mental Health Services. However, despite these challenges, the past year has also been marked by numerous successes, which are detailed within this report.

We attribute all achievements in 2023 to the power of collaboration. Feedback from service users and partners alike affirms the positive impact of our collaborative efforts. We are privileged and grateful for the unwavering support and strong partnerships with our NHS, independent sector, and social enterprise partners.

None of our achievements would be possible without the dedicated staff teams delivering specialised services across Humber and North Yorkshire. Without their unwavering commitment, the accomplishments highlighted in this report would not have been possible.

As we reflect on the accomplishments of 2023, we invite your valuable feedback and suggestions for further refinement. Your input is vital as we strive for continuous development and evolution as a Specialised Provider Collaborative.

Thank you for your commitment to our shared mission.

**Michele Moran**  
**Chief Executive**  
**Humber Teaching NHS Foundation Trust**

**Humber and North Yorkshire Mental Health and Learning Disability Lead/ICB Board Partner**

## 1. Introduction

Humber and North Yorkshire (HNY) Specialised Provider Collaborative went live in October 2021 and is a partnership made up of NHS, Independent Sector and Social Enterprise care providers. We all work together to improve patient care, experience, and outcomes. Our partners are:

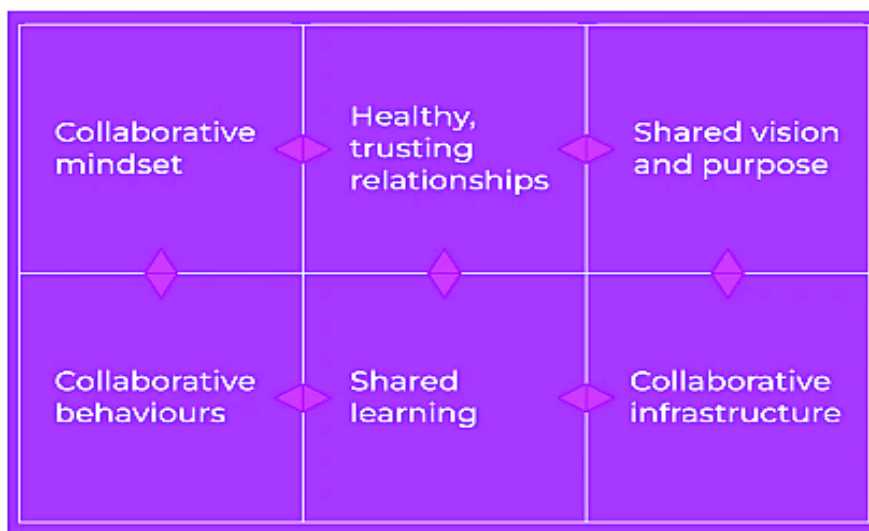
- ❖ Humber Teaching NHS Foundation Trust as Lead Provider within the Collaborative
- ❖ Leeds and York Partnership NHS Foundation Trust
- ❖ NAViGO CiC
- ❖ Schoen Clinic
- ❖ Priory Hospital Stockton Hall

The collaborative is clinically led, with dedicated clinical lead posts in each of our areas of responsibility, which are as follows:

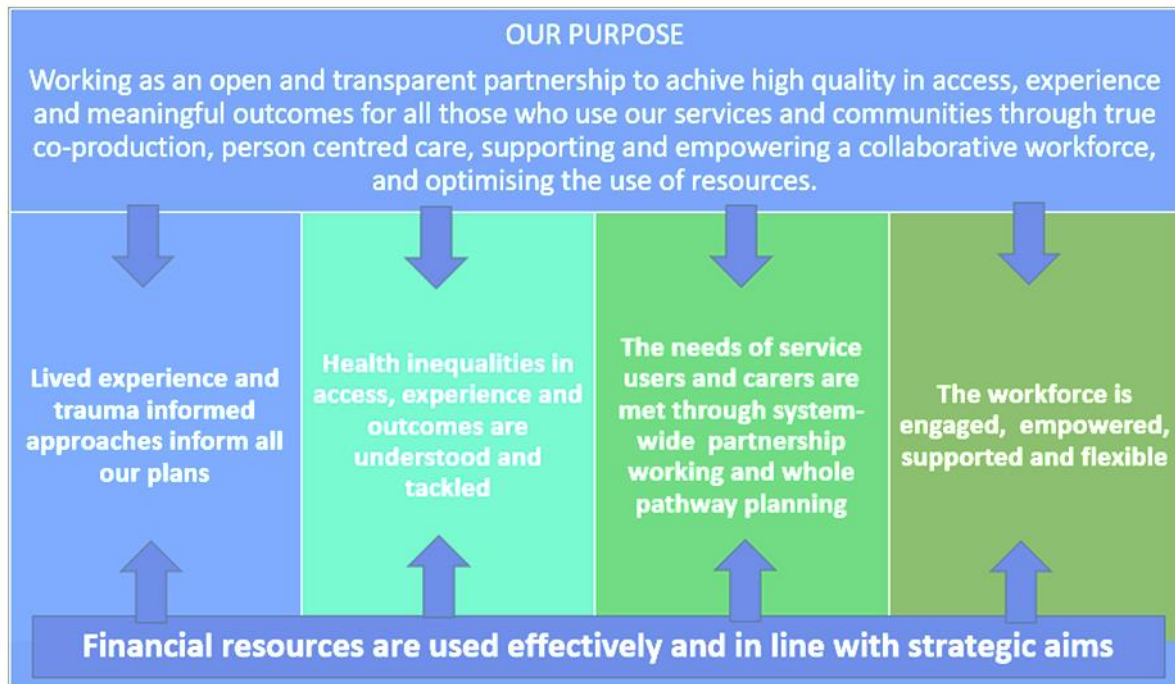
- Adult Secure: Adult Low and Medium Secure Mental Illness, Personality Disorder, Learning Disability and Autism Services.
- CYPMHS: General Adolescent and General Adolescent Learning Disability Services, Psychiatric Intensive Care Units (PICU), Specialist CYPMHS Eating Disorders Units, CYPMHS Low Secure and CYPMHS Low Secure Learning Disability and Autism Services.
- Adult Eating Disorders: Specialist inpatient services and associated teams (e.g., day services, outreach).

A Partnership Agreement underpins our governance process and outlines how we work together to ensure best use of resources available and optimise outcomes for people who receive care from specialised services. As a collaborative we work to adhere to the 6 foundations of collaboration:

## Six Foundations of Collaboration



These 6 key foundations align with the HNY PC strategic priorities which were developed by all members of the Collaborative in 2023:



The Collaborative also recognises the importance of working in close partnership with wider Humber and North Yorkshire health and care services to support a system wide approach to service delivery and improvement. This ensures shared understanding of the challenges, increasing pressure and complexity that services are facing and ensures the collaborative can contribute to prevention of admission and reducing length of stay in hospital.

This includes new services being commissioned by the Specialised Provider Collaborative which provide alternatives to admission and care outside of hospital. Examples include:

- ✓ Intensive community treatment for children and young people with eating disorders.
- ✓ New day care for adults with eating disorders.
- ✓ Expansion of secure community forensic services.

It is through working together that we are starting to make a difference in relation to our main goals:



## 2. Involvement and Lived Experience

### 2.1 Yorkshire and Humber Involvement Network

The Yorkshire and Humber Involvement Network is an independent service which works within a number of HNY PC service; Adult Secure, Adult Eating Disorder and CAMHS services, in the Yorkshire and Humber Region. The team work with HNY PC to amplify the service user voice to support continuous improvement and pathway development within secure services.

Workshop events, within Adult Secure Services, are held throughout the year in person and virtually for the adult secure population, involvement good practice is shared through round robin feedback, together the group problem solve creatively and share experiences together with an emphasis on hope. Accessible newsletters capture all activity and are shared via our distribution lists, as well as made available on our website.

Topics that have been highlighted through the year include:

- Service users successfully being involved in recruitment panels at Stockton Hall.
- Dining experiences for service users being improved at the Humber Centre through working together with catering on theme nights, taster sessions and room decoration.
- A relaunch of patients' council at Clifton House and representative roles.
- Health inequalities workshops highlighted a variance in access to primary care and a need to ensure everyone had access to GP's, Dentists, Opticians and Screening.

The Secure Quality Involvement (SeQuIn) Tool is completed quarterly by all adult secure services and is a co-produced, co-completed benchmarking tool. The aim is that service users and staff can identify and jointly problem solve areas in need of improvement. In 2023/24 Reducing Restrictive Practice and Technology were key topics rated with averages for both in the green at 3.5 and 3.7 out of five respectively for HNY, offering assurance in both areas.

A deeper dive was taken into understanding modern meaningful activity with many service users looking for more educational and vocational opportunities. This topic will continue into the new year with a focus on how we capture meaningful activity data and myth bust who can undertake activity with service users.

Feedback from service users included:

- 'Having something to break up the day is really important.'
- 'Activities should be more modern; the checklists are out of date.'
- 'I had a job before I came into hospital, I want one again.'

A highlight for 2023/24 was 'Welly Fest' bringing together of 180 adult secure service users and staff to enjoy a music festival and give thanks to everyone for their hard work in involvement throughout the year. All HNY Adult Secure Services attended with enthusiasm, the Humber Centre needing a coach to bring its many supporters! One service user stated: 'This was the best day I have had in hospital in 8 years.' Whilst another added: 'This has given me the motivation to move on and live my life, do things someone my age should be doing.'

Stockton Hall also helped create our National Service User Award entry video reflecting back on their experiences of day, highlighting the importance of networking and connecting to the outside world. Welly Fest was shortlisted as a finalist at the awards, great national recognition for the 'Network.' A service user from Stockton Hall went on to win, sharing his story, the importance of good staff support and opportunities to keep himself busy.

The Yorkshire and Humber Involvement Team also offer support to Children and Young Peoples services and Adult Eating Disorder services in HNY around involvement systems and processes, ensuring multiple opportunities are given for people to have their voice heard. Gathering of service user and staff experiences and themes supports change. Both areas have highlighted the need for outward facing solutions, that improved community and day support could reduce admissions.

Within 2023/24 the team supported the 'alternatives to admission project' for Children and Young People. This project highlighted the need for clearer admission pathway's, more joined up working and having multiple alternative options that young people and their families are involved in, to reduce the need and reliance on in-patient services.

The Yorkshire and Humber Team also represent at key Provider Collaborative meetings, workstreams and quality reviews to ensure the service user and staff voice is central to all decision making and assurance processes.

Going forward, the Involvement Network will continue to support the HNY PC, including seeking the service user voice in relation to the workstream priorities and ensuring high quality care.

## 2.2. Lived Experience

During 2023/2024 the Provider Collaborative recruited to a one-year secondment, Head of Lived Experience and Engagement post. This was a strategic post, and the main focus had been around the development of the role and 3 main objectives:

### Objective 1

To develop a Lived Experience and Involvement Joint Strategic Plan for HNY PC.

This was achieved through the development of a strategy and action plan called, 'With Passion, Purpose and Pride: A Commitment to Sharing Power Through Lived Experience and Involvement.'

This HNY PC document sets out a vision to embedding, improving, and sustaining involvement in commissioning practices and decisions, and has a strong relational aspect within it to truly start to share power for meaningful coproduction. Work started on the following objectives:

- To build relationships with key stakeholders
- Scoping opportunities for involvement – Developing a stakeholder map for involvement of who and what happens where across the system with:
  - Areas of good practice to share
  - Barriers and potential solutions
- Gap analysis – how we can strategically work together to improve lived experiences and involvement processes
- Aim – To develop shared values and a mission statement and to reach a consensus on a shared definition of involvement is for us and to sign up to this across the system, using an Involvement framework to support it
- To influence, recommend and embed sustainable lived experience and involvement structures and activity across the PC: developing future strategic priorities with all stakeholders and partners

The resulting action plan sets out a set of 3 main objectives – involvement processes and structures, lived experience roles and workforce, and culture. In those, different elements are broken down to cover aspects such as leadership, safety, health inequalities, service improvement; along with features such as equity, diversity, and inclusion; and the different lived experience roles that will support the whole system in quality assurance and improvement.

The strategic plan will be available in different formats for accessibility.

Other areas of work in this first development year of the role have been to:

#### Objective 2

To influence and embed lived experience and involvement structures and activity and developing future strategic priorities with all stakeholders and partners.

This objective has been achieved through:

- Representing the PC at national forums and becoming the co-chair of the National Expert by Experience Network with NHSE provider collaboratives and other areas for progressing the lived experience and involvement agendas (e.g. with peer support work)
- Being a champion for service user and carer interests in commissioning
- To be a physical conscience and influence to shape discussions which may be contentious involving power imbalances
- To become a head judge at the National Service User Awards

#### Objective 3

To advise on lived experience and involvement in commissioning functions and decisions.

This objective has been achieved through:

- Offering expert lived experience guidance informed by voices of key stakeholders
- Influencing and supporting CPaQT in maintaining the focus and highlighting opportunities for better experience for service users, families and staff
- Being involved in learning and listening systems in serious incident reviews

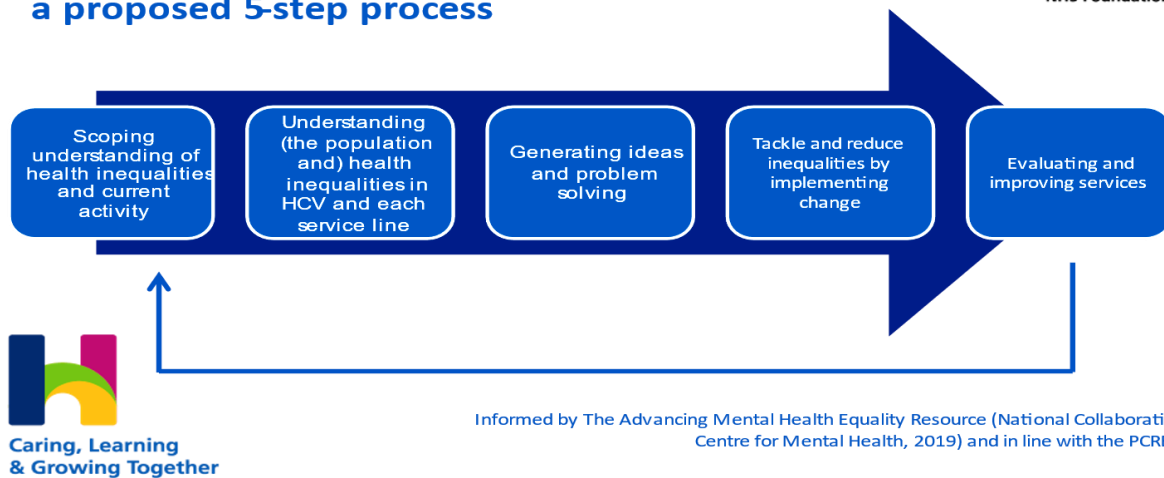
The next year of work will focus on the delivery and implementation of the strategy and action plan.

### 3. Our work to reduce Health Inequalities

The NHS defines health inequalities as: "...preventable, unfair and unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental and economic conditions within societies, which determine the risk of people getting ill, their ability to prevent sickness, or opportunities to take action and access treatment when ill health occurs". NHS - Advancing mental health equalities strategy: September 2020.

In October 2021 a five-staged framework was approved by the Provider Collaborative Oversight Group (PCOG) to understand and tackle health inequalities.

## Addressing health inequalities in HNY: a proposed 5-step process



As a Provider Collaborative during 2023/2024, greater understanding, problem solving and addressing health inequalities in each of the workstreams, has been paramount. There has been considerable progress made in trying to tackle and reduce inequalities and improving services.

Within each of the workstreams, there are a series of objectives and priorities identified by the groups. Within these priorities they are interconnected with addressing unwarranted variance and reducing health inequalities. The health inequalities within the HNY area include, but are not limited to, the following:

- Increased length of stay
- Service users being cared for out of area
- Delayed discharges and transfers
- Variation in access and experience to services
- Increased waiting times access services
- Restrictive and blanket restrictions
- Lack of meaningful activity
- Lack of access to technology
- Lack of access to primary care and physical health services
- Lack of access to public health screenings and vaccinations
- Variation in access and experience for autistic individuals and those with a learning disability
- Groups reported to be at most risk of experiencing health inequalities based on social economic status and deprivation, vulnerable or inclusion health groups, protected characteristics under the Equality Act 2010, and geography

### 3.1 Secure Care

The review of pathways within secure care has led to the development of pathway groups and a bed modelling exercise which enabled the Provider Collaborative to ensure we were meeting the needs of the service users within our locality. This exercise indicated that although there were areas of potential growth, it was agreed at the current time the Provider Collaborative did not need to develop any further secure inpatient provisions. This work has enabled the Provider Collaborative to ensure individuals were being supported as close to home as possible, whilst reducing length of stay and delayed discharges.

To reduce variance in access and experience the Provider Collaborative has focused on establishing quality outcome measures and robust reporting systems.

Investment into the community forensic teams has enabled the Provider Collaborative to reduce delayed discharge and length of stay and ensure robust access for service users being cared for closer to home in the least restrictive environments.

The Provider Collaborative is working towards alignment of LD FOLS (Learning Disability Forensic Outreach Liaison Service) and SCFT (Specialist Community Forencics Team) across the Humber area with the aim to reduce unnecessary variation in access and experience for people with a learning disability or autism diagnosis.

The clinically led, Single Point of Access (SPA) team is the central point of access for all inpatient and community forensic referrals across the HNY region, this service is helping to reduce waiting times to access services and ensure more consistency around the referral process and criteria.

### 3.2 Adult Eating Disorders

To ensure access that is proportionate and least restrictive for all service users, day care models as alternatives to hospital admission are now being delivered across the HNY region. The day care models ensure provision of care closer to home and is helping to prevent admissions and offer service users the facility to stay in their community as an alternative to admission. The day care model also enables a step up/step down facility to reduce length of stay and enable a transition period back to the community where appropriate.

The development of a weekly referral meeting across inpatient and community AED providers has helped to reduce variation, improve access, and reduce waiting times.

It was identified that there was variation across the HNY region in gaining access to early intervention for adults in the community whose needs related to eating disorders. This has been addressed through the roll out of FREED champions across the Hull and Northeast Lincolnshire areas.

### 3.3 CAMHS

Due to the increased presentation of children and young people requiring admission for eating disorders, the Provider Collaborative has focused on improving the eating disorder pathway. This has included the development of skills, knowledge, and expertise of staff on the inpatient units in relation to eating disorders and NG tube feeding, with both providers now offering care to children and young people with eating disorders who also may require NG tube feeding. This has resulted in a reduction in the waiting list for children and young people requiring admission to Specialist Eating Disorder Units (SEDUs), being able to provide care closer to home and reduce length of stay on paediatric wards.

To reduce inpatient admission the CAMHS workstream has developed alternatives to admissions project proposals that are being supported through the Provider Collaborative.

The development of a weekly referral meeting across inpatient and community CYP providers has helped to reduce variation, improve access, and reduce waiting times.

### 3.5 2024/25

Health inequalities will be explicitly woven through each workstream's priorities and work plan. These will be monitored through the workstreams and also through a Provider Collaborative objective review group, which ensures that all of the objectives of the provider collaborative are being considered and focused on within the workstreams. Outcomes and updates will be provided to the PCOG.

Many of the areas of work moving forward need to be addressed as an entire system and cannot be accurately understood or tackled by commissioners or providers of inpatient services alone. It is therefore necessary that the wider MH collaborative and wider ICS to work together on specific areas of work.

### 3.6 The Patient and Carer Race Equality Framework

In October 2023, the Patient and Carer Race Equality Framework (PCREF) was published. The PCREF will act as an anti-racism, race equity and accountability framework, supporting Mental Health Trusts to demonstrate how they are meeting their core legislative requirements and how they can improve the cultural competence of their organisation. This cultural shift will aid improved access, experience, and outcomes for racialised and ethnically and culturally diverse communities. It will also help Trusts move towards becoming an anti-racism organisation. At its core the PCREF is a participatory anti racism framework to drive service improvements for racialised communities. The Quality Assurance and Improvement groups (QA and QI) are working with partners in relation to the implementation of PCREF in their organisations.

## 4. Quality Assurance and Improvement

### 4.1 Quality Assurance and Improvement

Building on the foundations of the HNY PC Quality Governance Framework, the Provider Collaborative has been able to provide quality assurance and development at the individual, service, regional and national level. This has been through the clinical outcomes; service user experience and how safe services are. The Provider Collaborative has also provided support to services to further improve quality care provision through several systems and processes. These have been through participation of commissioned providers working alongside each other through work stream, Quality Assurance and Quality Improvement Groups, the Incident review group, and identified task and finish groups. Through these processes, facilitated by the Provider Collaborative, services have been able to show case best practice, lessons learnt and provide cross service support.

### 4.2 Quality Assurance and Quality Improvement Group

The Quality Assurance and Improvement Group (QA and QI) has been operational throughout the year to ensure transparency and system wide collaboration in supporting system learning in the safe delivery of high quality and continuously improving services. Through this group, several regional and national assurance work streams have been developed including:

Edenfield Panorama Program: Following the BBC Panorama programme in 2022, which showed patients being abused while in the care of an NHS Trust, the CPaQT have gained assurance from each provider to outline their current safeguarding arrangements ensure high quality care. This is in partnership with the ICB assurance framework and with regional

safeguarding leads. Imminent issues have been responded to and all submissions have been discussed in the Quarterly Contact and Quality meeting and the QA and QI group. HNY PC have submitted to NHSE commissioning actions and self-assessment following the recommendations within commissioning and quality oversight.

Following the publication of the Independent Review of Greater Manchester Mental Health NHS Foundation Trust Final Report in January 2024, the QA and QI Group are currently gathering additional quality assurance from providers and sharing best practice.

Patient and Carer Race Equality Framework: NHSE has launched its first ever anti-racism framework: the Patient and carer race equality framework (PCREF), for all NHS mental health trusts and mental health service providers to embed across England. This mandatory framework will support trusts and providers on their journeys to becoming actively anti-racist organisations by ensuring that they are responsible for co-producing and implementing concrete actions to reduce racial inequalities within their services. It will become part of Care Quality Commission (CQC) inspections. The PCREF will support improvement in three main domains:

- Leadership and governance: trusts' boards will be leading on establishing and monitoring concrete plans of action to reduce health inequalities.
- Data: new data set on improvements in reducing health inequalities will need to be published, as well as details on ethnicity in all existing core data sets.
- Feedback mechanisms: visible and effective ways for patients and carers to feedback will be established, as well as clear processes to act and report on that feedback.

Since the PCREF launch, the CPaQT team have been working with providers to support their implementation plans and share best practice. This work will continue into 2024-25 through the QA and QI Groups.

#### Safeguarding: Adult and Children

Safeguarding remains an integral part of providing high-quality health care. Through the QA and QI Group, Providers assurance and scrutiny, the HNY PC have been able to show best practice, share learning and enhance care further through self-assessment against several national reports including:

- Labour exploitation in health and care settings update and next steps
- Safeguarding Adults Review into Whorlton Hall
- Safeguarding children with disabilities and complex health needs in residential settings (Hesley Reports)
- Norfolk Safeguarding Adults Board (NSAB) Safeguarding Adults Review (SAR): (Cawston Park Hospital).

The CPaQT have also strengthened further links with the ICB Strategic Lead, and PLACE based Safeguarding leaders. This has enhanced knowledge and experience within the CPaQT Team.

### 4.3 Serious Incident reporting and management

#### Serious Incident Framework: Oversight and Assurance

Replacing NHSE overview and monitoring of serious incidents, the HNY PC Strategic Executive Information System (StEIS) and Serious Incident Groups have been operational

over the last 2 years. These assurance and lessons learnt groups have been able to provide scrutiny and seek assurance of lessons learnt and quality improvements, supported by the QA and QI Group.

### The Patient Safety Incident Response Framework (PSIRF)

Following the publication of the (PSIRF) the CPaQT has liaised with all providers about the move to PSIRF and to support system learning. The role out of the PSIRF continues to be coordinated through the QA and QI Group with liaison with the wider ICS to ensure system wide alignment. During 2023-24, Humber Teaching NHS Foundation Trust, Schoen Clinic York, Stockton Hall Hospital (Priory Group) and NAViGO have completed the formal sign off for their readiness to move over to PSIRF. HNY PC have agreed assurance and lessons learnt meetings starting in May 2024 onwards:

- PSIRF Provider Implementation Support Group
- Provider Collaborative Patient Safety and Learning Group

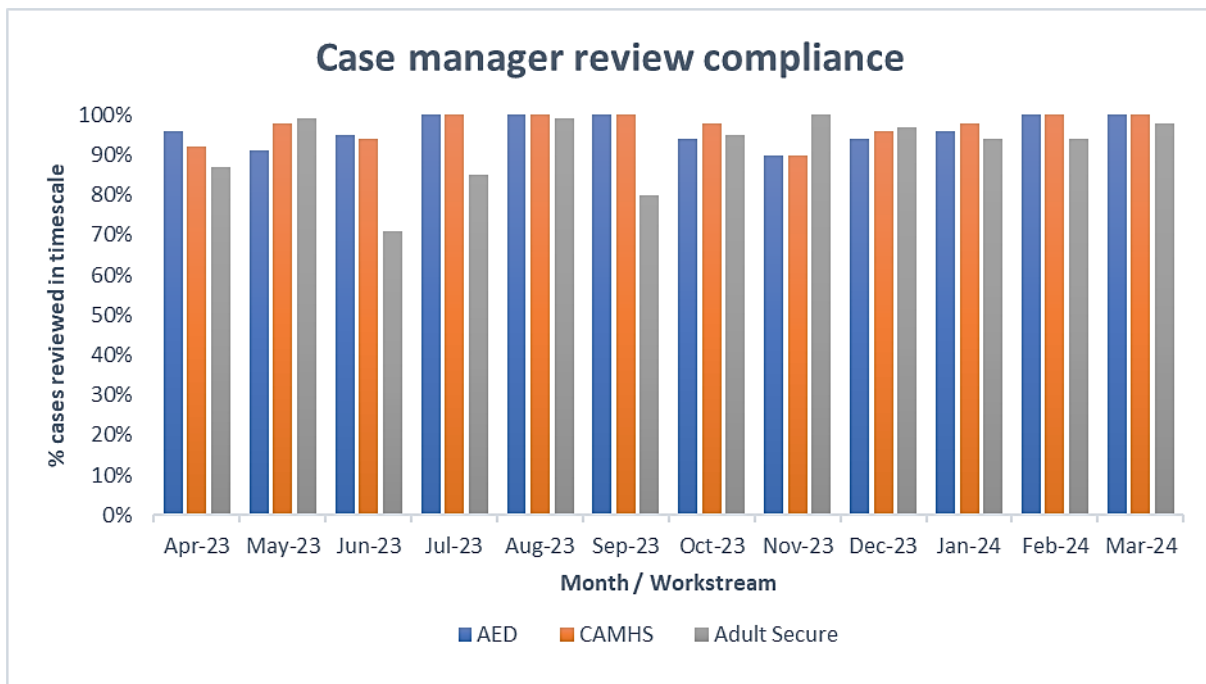
Both groups will be embedded into the current Quality Governance Framework.

### 4.4 Clinical Strategy and Reference Group

During 2023, this group has been reviewed and relaunched and will form an advisory group to the workstreams meetings, QA and QI group, and PCOG.

### 4.5 Case Management and Reviews

In line with the NHSE Case Management Operating Procedure, the Case Management 6–8-week reviews have continued to maintain high levels of compliance during 2023-24. This has meant close monitoring and support for service users and enabled effective pathway movement and escalation when needed.



## 4.6 Case Management and Clinical Annual Quality Review

The 6 and 12 monthly CPaQT Quality Reviews for 2023-24 have been completed with support from the Involvement Leads. Robust levels of assurance have been gained from clinical areas, with resulting action plans where clinical practice can be made further. No issues noted within any of reviews requiring escalation. Provider action plans have been reviewed through monthly Quality Meetings and emerging themes and trends have been reviewed and progressed through the Quality Assurance and Improvement Group.

To enhance learning further, the CPaQT have also created individual reports for providers based upon:

- Themes and trend by work stream
- Themes and trends by provider
- Overall themes and trends for 2023-24

Thematic action plans will be developed and rolled out through QA and QI Groups during Q1 and Q2 2024-25.

## 4.7 Review and scrutiny of KPI Submission data

Throughout the year, the CPaQT have reviewed the national Key Performance Indicators submitted by Providers and provided scrutiny through the Quarterly Quality and Contract meetings. This process has enabled services to highlight areas for improvement and areas of excellence. This in turn has enabled the sharing of best practices between all providers, and not limited through the individual work streams.

## 4.8 Support and Oversight Level

Following the review of providers submitted Key Performance Indicators (KPI's) and Specialist Services Quality Dashboards (SSQD) and all other data sources, both quantitative and qualitative, at the end of Q4 2023-24 all providers have been categorised of the level of Support and Oversight for each provider into one of four categories:

Support and Oversight Level	Routine	Routine Plus	Enhanced	Enhanced Plus
In response to	No/Low Level Quality Concern(s)	Moderate level Quality Concern(s)	High level Quality Concern(s)	Severe level Quality Concern(s)

This process has enabled robust assurance and support throughout the year. At the time of the report, all services were categorised as [routine](#).

## 4.9 Care Quality Commission published ratings – HNY PC

Provider	CQC Rating Overall	HNY Specialist Services Work Stream	CQC Rating
Humber Teaching NHS Foundation Trust	Good	CAMHS - Inspire	Not Yet Inspected
		Adult Secure – Humber Centre	Requires Improvement

Leeds and York Partnership NHS Foundation Trust	Good	CAMHS – Mill Lodge	Good
		Adult Secure – Clifton House	Good
Stockton Hall Hospital (Priory Group)	Requires Improvement	Adult Secure – Stockton Hall Hospital	
NAVIGO – Rharian Fields	Outstanding	Adult Eating Disorders	
Schoen Clinic - York	Good	Adult Eating Disorders	

#### 4.10 Quality Assurance oversight by NHSE

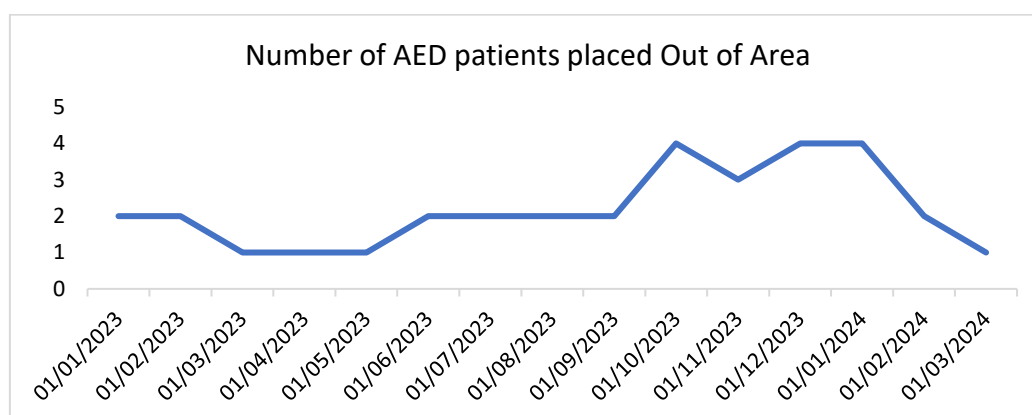
From Quarter 2 (2023-24), Yorkshire and Humber NHSE enhanced and introduced a new oversight group for regional Provider Collaboratives. These meetings are for NHSE to gain assurance of the qualitative and quantitative data and information each Provider Collaborative gather, assess, review, and carry out the delegated quality assurance and improvement process. NHSE have reported that they are assured on the HNY PC oversight of the providers and praised the robustness of the various approaches we use and information we presented.

### 5. Workstream Performance and Priorities

#### 5.1 Adult Eating Disorders

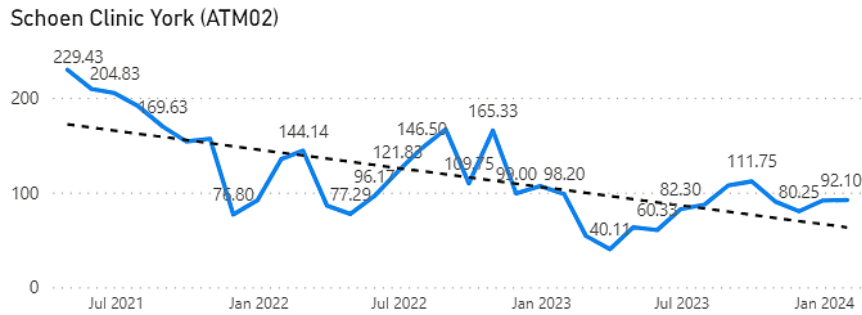
#### Let's Celebrate! Achievements over the year

- ✓ Since December 2022, there have been no delayed discharges in HNY Adult Eating Disorder inpatients (in-area or out of area).
- ✓ Overall, out of area referrals are low; in the 14-month period between January 2023 and March 2024 the average number of HNY Patients in out of area beds per month was two.

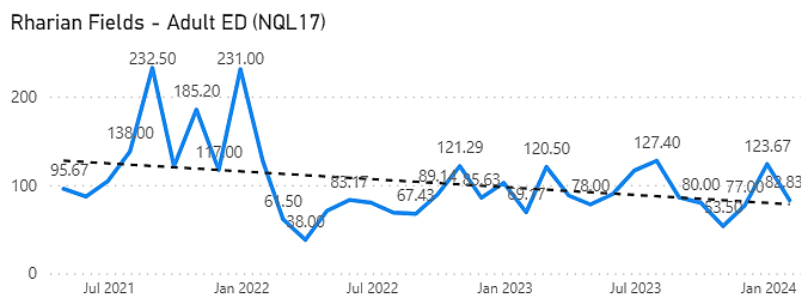


- ✓ Overall the average length of stay has reduced

## Schoen Clinic - AED Inpatient



## Rharian Fields - AED Inpatient



- ✓ A day Service is being offered by both Rharian Fields and Schoen Clinic. A standardised referral process has been agreed and day service patients are reviewed weekly.
- ✓ Both Inpatient Units meet on a Friday morning, together with the Case Manager. The meetings are now well established and enable discussions around pathways for patients requiring repatriation and transitions from CAMHS ED Inpatient units. Both inpatient units now do joint assessments where appropriate.
- ✓ The Provider collaborative continues to fund FREED champion roles which are proving very successful in relation to preventing more serious eating disorders from developing. Positive feedback from people using the service is often provided as follows:

*"I accessed Evolve on the FREED pathway and the team caught my eating disorder at the right time, I was seen very quickly. The support I have had has been so helpful and for the long term. I have had therapy in different places before and at Evolve everything was extremely thorough and helpful, the flexibility with appointments allowing them to be on the phone has made it extremely easier for me and a lot more comfortable. Charlie checking in aside from appointments has kept me on track. A massive thank you to Charlie and the Evolve team for helping me get to a really positive place in life. I have no comments for improvements."*

## National Work

Members of the CPaQT and the CAMHS and AED inpatient clinical lead are actively involved in the national meetings that are being hosted by NHSE.

The national capacity and demand workstream recently undertook a capacity and demand exercise in which all AED provider collaboratives were required to submit data (a snapshot as at 30/11/23). This included information on capacity and availability of beds, average length of

stay, where referrals are coming from and admission/discharge BMI. This data is being used by NHSE to try and establish the national trends and inform future planning.

There is also a national workstream group looking at complex comorbid presentations in SEDUs. This group undertook a data collection exercise regarding the complexity that is currently on AED inpatient wards. This looked at the level of NG feeding under restraint, the need for higher staffing ratios, severe self-harm, severe physical health issues as well as environmental indicators such as staffing levels, and incidents of self-harm. The national team is using this to gain a better understanding of the level of challenges that inpatient units are facing.

Historically adult eating disorder inpatient services have predominantly received care in HNY and use of out of area has been minimal. In 2023/24 there was an increase in patients presenting with complex co-morbid presentations that require higher levels of restraint for NG tube feeding and management of risk. This has been seen nationally and we are working alongside NHSE. A local working group is being established to review options for maximising use of in-patient beds in HNY and reduce out of area placements.

Due to the increase in out of area admissions there was a financial pressure within the adult eating disorder budget for the first time. We are already seeing this financial pressure improve but will continue to monitor closely and work with the system to consider options for preventing admission.

Historically and currently there continues to be variation in community adult eating disorder services, this in turn results in some areas having higher levels of admission. We continue to work at place and with HNY ICS to support new service developments with the aim of increasing care in the community and reducing hospital admission.

### **AED Work Stream agreed priorities for 2024/2025**

These priorities have been developed with all adult eating disorder key partners and reflect best practice guidance and support development to further improve patient outcomes during 2024 and beyond.

The priorities are summarised as follows:

- To ensure effective management of cases where complexity and co-morbidity are present.
- To ensure equitable access to inpatient services based on clinical need.
- Undertake a bed modelling exercise to better understand bed usage in order to support future planning.
- Work with the ICB/ICS to better understand how the AED whole pathway can be improved and put joint plans in place to improve this pathway

## Service user story - from The Schoen Clinic York

*Patient X was admitted in April 2022 with Anorexia Nervosa. They had a history of admissions to Mental Health facilities with 2 previous admissions; however this was the first admission for an eating disorder, and was detained under section 3 of the mental health act.*

*Patient X has a history of being a victim of grooming, sexual assault and physical violence, as well as growing up with parent who abused substances.*

*Patient X restored weight slowly during admission and also required support from NG feeding at times also but was able to be discharge after 9 months into the day service, utilising a local hotel for accommodation as their home address was 1.5 hours away.*

*Patient X soon deteriorated and agreed to a further inpatient stay informally. After making significant progress and with discharge date set, it was identified that patient X did not have an ED specialist team in their home area therefore the team at Schoen Clinic York worked closely with the Provider Collaborative to create a pilot outpatient package of care to support discharge. This individualised and tailored package of care has enabled patient X to remain in the community, they have now weight restored and they continue to make recovery focussed choices.*

### ***Patient X provided the following feedback on their care:***

*I have found the support from Schoen clinic extremely helpful since my discharge as it's given me a safe space to talk and receive support in many aspects. I believe this extended support has kept me on track and in times that I've not been 100% on track, the sessions I have has helped me to sort myself out in a much quicker time frame than I was able to do before I was receiving support from Schoen. Without this support, I doubt that I would have managed in the community as well as I have done so it has proved to be useful.*

## A former inpatient contacted Rharian Fields to thank them for their support:

*I was with you at the beginning of 2023 for 4 months. I just wanted to contact to say how life changing my experience at Rharian Fields was. It has not only allowed to me live, but to go on my first holiday in 7 years. This holiday was more than incredible. Recovering from an eating disorder is so hard, but when things like this come around you remember why you are doing it. Thanks to your team, I was not only able to eat out at restaurants, try new foods, not panic about what I was going to have or where we were going, enjoy being able to sit and relax and even get some of my fear foods whilst we were out there and not be scared, but I could get holiday insurance that wasn't the same price as the entire holiday, I felt okay about flying, I enjoyed quality family time and I actually felt almost 'normal'. For me, turning 21 has been one of the strangest feelings. I have had to learn about myself as a 21-year-old, rather than discovering it earlier. I missed out on my teenage years, but I am learning to live life to the fullest now. I have done some amazing things since leaving you and I have got lots planned, including New York this Christmas with a friend, and I have recently just got back from Dubai with my family.*

*Dubai was one of the greatest holidays that I have ever been on. I swam with sharks, I went up the Burj Khalifa, I rode horses on the beach at sunset, I saw Micheal Macintyre and went on a speed boat. We flew Business class and had champagne on the plane. It was an experience that I will never forget. This could never have happened if I hadn't worked with you earlier last year. You really have changed my life and so many others.*

*Please feel free to tell any patients that are with you know about this email. I would love it to help someone, even if it is just through one meal. I never thought that I would be saying that I went on holiday and have got so much more planned, but here I am. I am learning to live my life outside of an eating disorder. I am far from recovered, but I am certainly learning to take back my own control.*

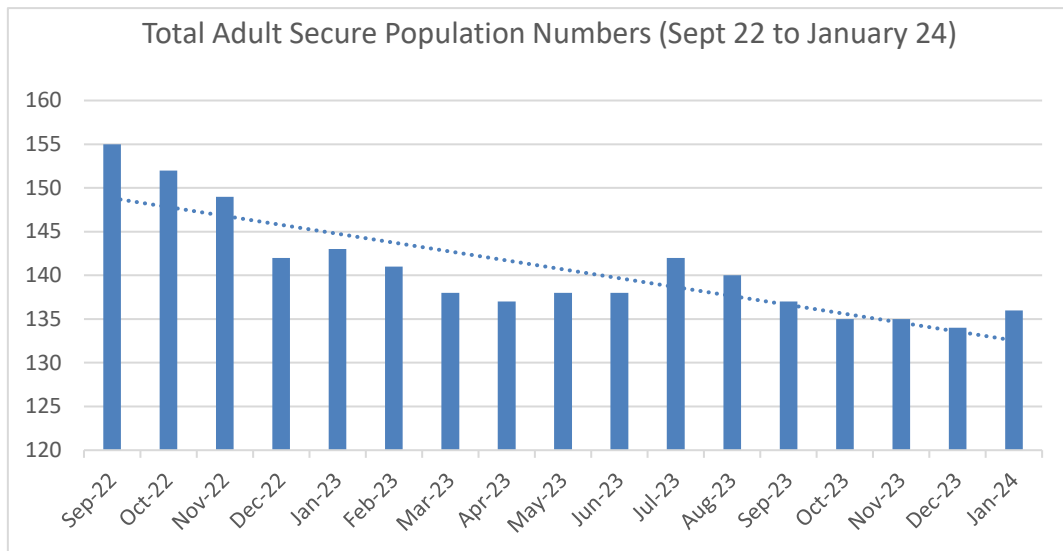
*Thank you again from the bottom of my heart. I could never have done this without all of you and everyone who helped me through the darkest times. I am living proof that you can move on, it might take time but there is a light at the end of the tunnel, and you will not regret it. Please see the images that I have attached to see what an incredible job that you have done. You have saved me, and my family.*

*Thank you again.*

## 5.2 Adult Secure

### Let's Celebrate! Achievements over the year

The Adult Secure workstream continued focus on pathway/service development, with the completion of the HNY Medium and Low Secure Bed Modelling Review and the introduction of our new Clinical Lead has allowed us to really focus on working in Collaboration with our partners across in-patient and community at place and across ICS and this has resulted in a total reduction of medium and low secure patient population to 136.

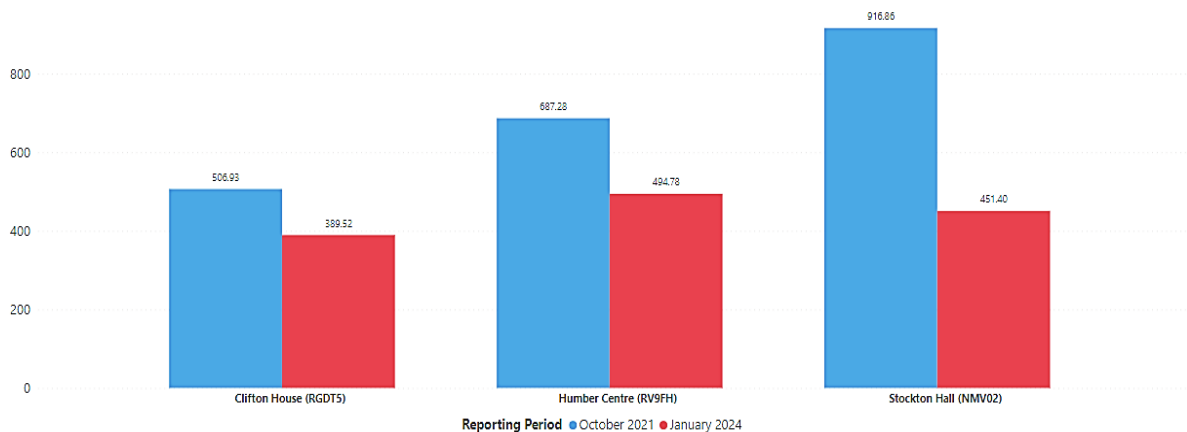


- 39 HNY service users discharged from low secure services into the community
- 15 medium secure patients discharged directly out of secure services into a community setting

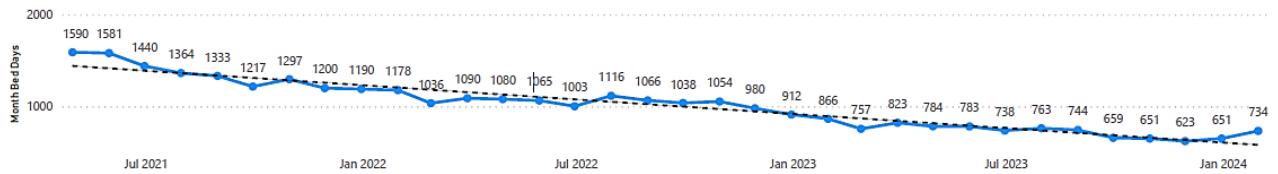
✓ The HNY adult secure SPA now reviews and process all adult inpatient and community forensic referrals.

✓ The work around bed modelling, pathway development, supporting the integrity of thresholds for referral to inpatient, community consultations and quality oversight has also had a positive impact on the adult secure average Length of Stay within HNY provider services and also our need for beds Outside Natural Clinical Flow.

Average Length of stay in Adult Secure Services from October 2021 - January 2024



Total Outside Natural Clinical Bed Usage from September 2021 to January 2024



✓ From March 2024 the CPaQT will lead the commissioning of the Yorkshire and Humber Involvement team. The Provider Collaborative will continue to work with our neighbouring Collaborative partners across Yorkshire to ensure that service user voices are heard both from an inpatient and community forensic perspective.

Our challenges over the last 12 months have been in relation to the success of HNY providers reducing the length of stay within services and increasing in a short space of time the volume of service users within our Community Forensic teams seeing some teams reaching capacity quickly.

Stockton Hall was the winner in the National Service User award for Community and Collaboration. This was a short animation made in collaboration with the Yorkshire and Humber Involvement team and service user at Stockton Hall in relation to their story. It outlined both good and bad times – and was very powerful at telling a story which improves as the journey of recovery does. The video won this award due to the authenticity and vulnerability which came through of what it is like in hospital throughout the pathway – and how hard it is for someone, and also how helpful relationships with staff are to support people to move on and hold hope in difficult times.



**Adult Secure Work Stream agreed priorities for 2024/2025**

These priorities have been developed with all key adult secure partners and support our aims to improve patient outcomes and make best use of the resources available across HNY.

The priorities are summarised as follows:

1. Improve clinical representation across pathway development.
2. To identify and address Health Inequalities for Adult Secure service users.
3. Clinical service development and transformation of HNY Adult Secure pathways.
4. Demonstrate HNY Adult Secure providers contribution to the delivery of high-quality pathways of care.
5. Support the development of people and culture across HNY Adult Secure providers.

## Service User Story

*My story of hope and influence through involvement:*

*I have been in high secure prison and hospital before moving to medium secure. The differences are very different. Everyone is told what to do in high secure but not why you need to do things on a day-to-day basis. In medium secure the focus is on building relationships and engaging in therapy which helps learn lessons for life. This has influenced my drive to make things different.*

*Besides any treatment I have had I have got fully involved in what is happening in the hospital to help improve and make service user experience better for everyone.*

*When I first got involved in interviews for new staff, I thought it may be a tick box exercise – until I realised how important and influential my input is in the process. I feel as service users we are listened to and can help get the right staff to support us in our recovery.*

*After becoming involved in the Patient's Council I have learnt about the difficulties that are in place in making improvement happen quickly. So many barriers and challenges are there, and I can help explain some of this with my peers. I believe through my involvement anything is possible and I have been helping with the development of different proposals and business plans for holding an open event at the hospital for families to help break down stigma and getting a family ambassador role for the hospital.*

*Through my persistence I have already proven that so much can be done from a service user perspective. I have developed my skills and understanding around negotiation to make sure everyone is happy with solutions that then make ideas a success. I have also given talks to students at the local university and volunteer at a charity - which has helped me to shift people's ideas of stigma and how we contribute our talents back in the community. Everyone has so many skills to offer.*

*I am waiting for housing now so getting involved in different things is helping me and helping shift the culture in our hospital and local community. I have helped inspire others on the ward to get in to volunteering, get back into education and attend the Patient's Council to make differences themselves.*

*I have a passion to become an expert by experience when I leave hospital. To do this, roles need to be developed to give regular hours to ensure the benefits agency and housing association are happy with my income. I want to continue to make a big impact to change the system and help shift culture even further following my discharge.*

## 5.3 CAMHS

### Let's Celebrate! Achievements over the year

✓ Significant work has taken place over the last year to develop alternatives to hospital admission for children and young people with eating disorders.

Covering the Humber area, a one-year pilot funded by NHSE has commenced, known as the Eating Disorder Intensive Home Treatment Team (EDITT). This service is already achieving some of its aims of preventing admissions both in and out of area.

Willow View, a new day service attached to Mill Lodge in York, opened on 8 April 2024. Its focus will be on preventing admissions and reducing length of stay in hospital.

The Yorkshire and Humber Involvement Network gathered the views of young people with lived experience at both Mill Lodge and Inspire to feed into these service developments.

Below is an example of the EDIT Team's work.

*Patient X is a 17-year-old girl who has worked with the eating disorder team since July 2021 due to severe food and drink restrictions. This was following an admission in hospital where she was NG tube feed. She has made lots of progress over the past 2 years with her relationship with food and started college, taking driving lessons. Up until recently it was identified that patient X was starting to miss meals and suddenly severely restrict, and this started to impact on college/driving lessons and socially. The risk of patient X slipping back into previous restrictive behaviours and ultimately a hospital admission was identified by the ED keyworker, parents, and patient X. The EDITT became involved to offer intensive support during the half term holidays, to reintroduce a regular meal pattern and empower Mum to regain her confidence in supporting Patient X to eat well again. Following a week intensive support from the EDIT team a meal plan is now followed which consists of 3 meals a day, along with snacks and Patient X is reaching her goal which was set at the beginning of the intervention. She has also returned back to college and has started her driving lessons again and is due to be discharged from the ED service.*

The EDIT Team received a card from Patient X and her family, thanking them for their support:

A photograph of a handwritten note on a piece of paper. The text reads: "To everyone in the EDITT Team, thank you for all of your help and support this week, we really appreciate it,"

✓ Both Mill Lodge and Inspire staff meet weekly with case managers, clinical leads and the planning lead, with the aim of forward planning admissions and discharges, repatriation of out of area patients, and managing acuity between units. This bed management meeting ensures integrated working within the collaborative and is an opportunity to share and develop best practise.

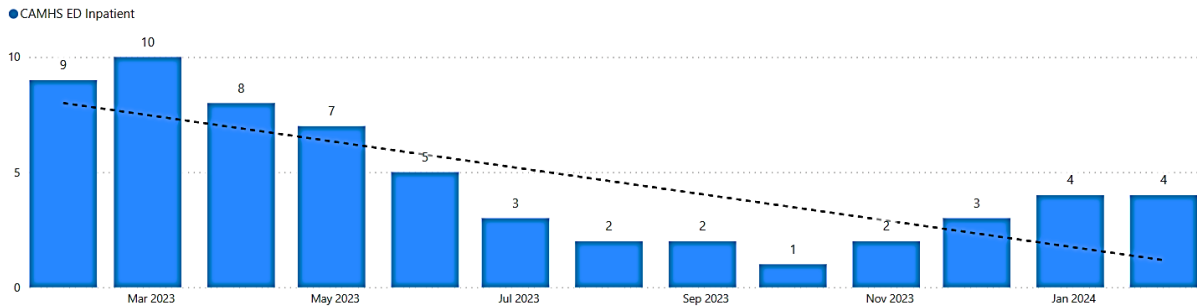
✓ Mill Lodge have conducted a sensory environmental audit with a view to making the unit as autism friendly and supportive as possible. An action plan has been produced following the audit and includes, for example:

- Some easy fixes such as labelling of draws.
- Training and awareness (which will be rolled out in spring 2024).
- Larger pieces of work with estates thinking about longer term solutions to things such as the alarms.

Inspire are currently liaising with Mill Lodge in order to replicate the environmental sensory audit.

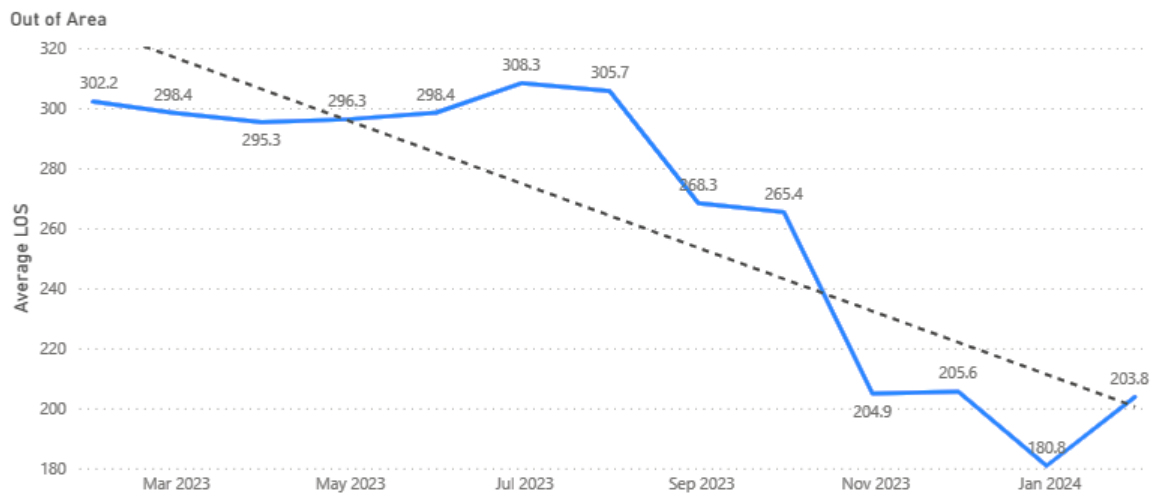
✓ The graph below shows that out of area referrals for young people with an eating disorder have fallen steadily over the last 12 months.

HNY Out of Area Patient Numbers by Service



Inspire are now well established with being able to admit young people with an eating disorder and staff are fully trained in delivering NG tube feeding. This has had a positive impact on reducing out of area bed usage for eating disorders.

✓ The graph below shows that the average length of stay in out of area beds usage has fallen across all CAMHS services.



✓ NHSE are developing a new CAMHS inpatient service specification, which will see significant service transformation. We have worked across the ICS to ensure both community and inpatient services have had the opportunity to contribute to the self-evaluation process required by NHSE. We have also attended several consultation events and the new draft specification, expected to go live in April 2025 will be ready for wider consultation in May 2024.

Although there has been some very positive work taking place there also continues to be some challenges especially in relation to finding appropriate settings to meet CYP’s complex needs. We continue to need to place CYP in an out of area inpatient setting for eating disorders, and we are hoping over time that this will reduce due to the new alternatives to admission projects. Out of area placements can be expensive creating additional cost pressures and unfortunately a delayed discharge can further increase this cost pressure, as well as having a significant impact on the young person’s wellbeing. Although the amount of CYP classed as clinically ready for discharge (CRFD) has reduced there are still some CYP for who the local authority really struggles to find a suitable placement for. We continue to work hard with partners to plan for discharge at the earliest possible stage of a young person’s admission and pro-active case management is taking place. The priorities below have been developed by the CAMHS workstream partners with the aim of addressing the key challenges.

## CAMHS Work Stream agreed priorities for 2024/2025

The CAMHS work stream priorities have been developed in partnership with key stakeholders and have taken into consideration historic and current referral trends and also the NHSE draft CAMHS commissioning guidance.

The priorities are summarised as follows:

- Implement a quality improvement project regarding naso-gastric tube (NGT) feeding to include reducing frequency and use of restraint.
- Understand if the needs of the Learning Disability and Autism (LDA) population are being met within inpatients units and address un-met needs.
- Understand how the system works together to improve the whole pathway and identify gaps and barriers to admission prevention and shorter length of stay.
- Reduce inappropriate referrals to inpatient units.
- Review discharge planning processes in order to reduce the number of CYP who are Clinically Ready for Discharge.
- Review how inpatient units support families/carers to be part of a young person's journey ensuring their participation in the most beneficial way where appropriate.
- Review current workforce challenges and develop a shared plan across Mill Lodge and Inspire to address workforce needs.

### A look at what has been happening on the units!

The young people and staff at Inspire had a great Easter making buns, Easter bonnets, and taking part in Easter egg hunts and quizzes galore. here are some photos to show you just a glimpse of what they got up to...



Core CAMHS have been offering individual aromatherapy sessions for young people at Inspire covering a range of activities including sampling different essential oils, making up personalised scent sprays to support with self-regulation and relaxation as well as hand and hot stone massages!

One of the young people kindly wrote a review of their experiences of the aromatherapy sessions.

*“I enjoy the aromatherapy sessions because they make me feel relaxed. The hot stones are good because they help me think and feel soothed. I was able to make my own blend by picking out which smells I liked the best.”*



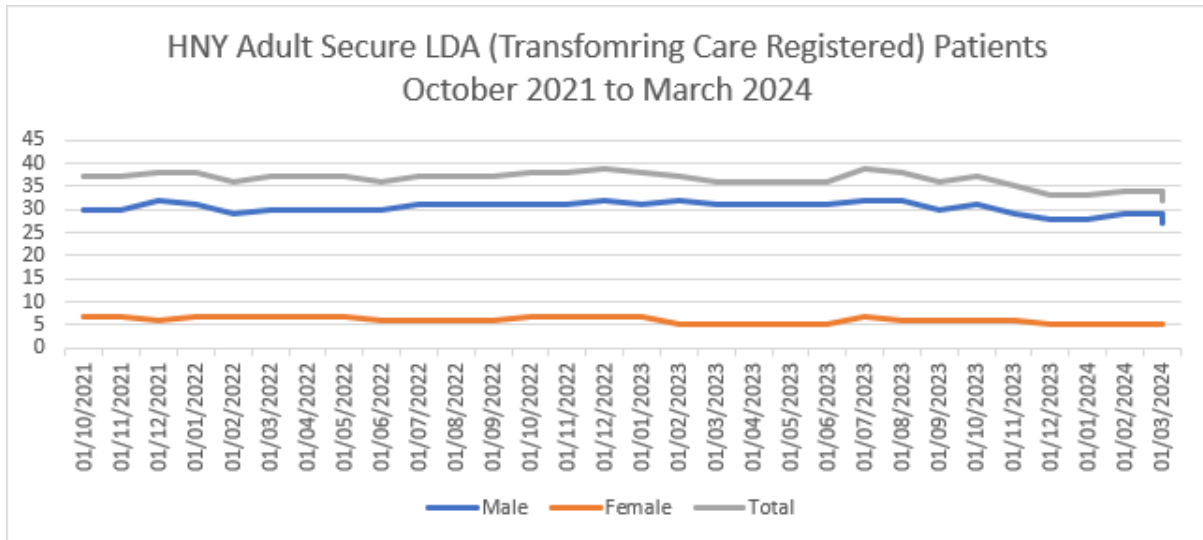
Young people at Mill Lodge worked together to create a sensory mural, which now hangs proudly on the wall at the unit.



## 6. Learning Disabilities and Autism Pathway Panel

The funding for adults with learning disability and or autism in secure care was passed from NHSE to HNY Specialised Provider Collaboratives from 1 October 2021. This marked the end of the Funding Transfer Arrangements (FTAs) and the creation of the new Pathway Funds. The ambition for specialised provider collaboratives is to generate new ways of working and flexibility to make savings which can be reinvested in community and step-down services to improve the whole pathway and reduce reliance on the most specialised and restrictive services.

During 2023 quarterly updates have been shared with both Transforming Care Partnership (TCP) Boards quarterly to ensure transparency of financial information of funding held in the Learning Disability and Autism Pathway Fund.




As of 31 March 2024, there are a total of **32** patients in Low and Medium Adult Secure inpatient services of which:

- **27** patients or **84%** have been in hospital 0-5 years
- **5** patients or **16%** have been in hospital 5-10 years

Since Go Live on 1 October 2021 **27** adults with Learning Disability and or autism have been discharged from adult secure services

Each discharge represents an important step in the recovery for each service user moving closer to their communities, families and hopes for the future.

HUMBER AND NORTH YORKSHIRE SPECIALISED MENTAL HEALTH, LEARNING DISABILITY AND AUTISM PROVIDER COLLABORATIVE						
LEARNING DISABILITY AND AUTISM PATHWAY PANEL FUNDING						
						
Calculation Date	31 March 2024					
Discharges						
Service	ICB	Unit	Bed Day Price	Discharge Date	No of Days Discharged	Financial Saving
Medium Secure Male LD	Hull	Humber Centre	Block Bed	03/08/2023	241	£0
Low Secure Male LD	North Yorkshire	Heath Unit - Newhaven	£601	15/08/2023	229	£137,597
Medium Secure Male LD	North Lincs	Stockton Hall	£590	04/09/2023	209	£123,310
Medium Secure Male LD	East Riding	Stockton Hall	£590	04/10/2023	179	£105,610
Low Secure Male LD	North Lincs	Heath Unit - Newhaven	£601	11/10/2023	172	£103,348
Low Secure Female MI	North Lincs	Cygnets Woking	£563	15/11/2023	137	£77,082
Low Secure Male LD	Hull	Amber Lodge	£587	25/03/2024	6	£3,524
<b>Total</b>					<b>1173</b>	<b>£550,471</b>
Admissions						
Service	ICB	Unit	Bed Day Price	Admission Date	No of Bed Days	Financial Impact
Medium Secure MI	Vale of York	Stockton Hall	£590	26/09/2023	188	£110,920
Med Secure Female LD	Hull	Thornford Park	£844	13/06/2023	293	£247,228
Med Secure Male LD	Hull	Humber Centre	Block Bed	22/06/2023	284	£0
Low Secure Male LD	Hull	Heath Unit - Newhaven	£601	27/03/2024	5	£3,004
<b>Total</b>					<b>770</b>	<b>£361,152</b>
<b>Net Savings</b>						<b>£189,319</b>
<small>Note - Pathway Panel funding replaces the old Financial Transfer Agreement (FTA) and is funding which is allocated to support/prevent/improve care for people with a LD and/or Autism. Finances are monitored in year and information shared with both HNY ICS Transforming Care Boards. Any funding which is available for investment at the end of the year is a NET saving - admissions / discharges.</small>						

During 2022 workshops were held with Transforming Care Partnership Board partners and it was agreed the HNY Key priorities for the Pathway Fund are:

**Thriving** – using all the resources we have available across HNY to support people with a learning disability and or autism to THRIVE.

**Continuity** - all patients should expect and receive continuity of care and support through collaboration between all services.

Agreed priorities for Future Investment include:

- ❖ Transitions
- ❖ Activities
- ❖ Advocacy
- ❖ System wide working

In April 2024 HNY Integrated Care System (ICS) will develop a new single TCP Board our intention is to further reduce unnecessary specialist hospital placements, however the ability to discharge people in a timely way is often delayed by a lack of community health and social care accommodation and care. Therefore, it is imperative we continue to work with the TCP Board and the HNY ICS to ensure a whole pathway approach to supporting people with Learning Disability and/or autism.

## 7. Overall HNY Provider Collaborative Financial position

This summary gives an overview of the HNY Provider Collaborate for the financial year 23-24.

Against an annual budget of £62.4m expenditure is £62.3m resulting in a variance of £0.1m as illustrated by workstream in the table below.

	Adult Eating Disorder	Adult Secure	CAMHS	Enhanced Packages	Infrastructure	Contingency	Total
Budget	2,883	39,484	13,984	2,890	1,180	1,975	62,396
Actual	3,163	38,948	14,209	4,735	1,197		62,252
Variance	(280)	536	(225)	(1,845)	(17)	1,975	144

**Adult Eating Disorders** is £0.3m overspent with a pressure due to the demand for beds. 378 more bed days have been used than planned resulting in a pressure of £206k, the out of area beds used at Priory and Cygnet are also more expensive, consequently there is price pressure of £114k.

**Adult Secure** is £0.5m underspent, there are volume savings are on cost per case beds because 1658 fewer beds days have been used than planned (£961k saving). But the beds we have used are more expensive because of the uplifts awarded to the independent sector (£725k pressure). There is a benefit on income (£357k) as more HNY beds have been recharged for out of area patients than anticipated.

**CAMHS** is £0.2m overspent. The largest variance is a pressure of £693k on out of area income due to the low number of out of area patients in Inspire and Mill Lodge. This is largely offset by a favourable variance from the delay in implementation of the alternatives to hospital investment. Cost per case beds have a volume saving of £722k as 780 less bed days have been used than planned, but this is offset by a price pressure of £745k because of the specialist beds that have been required.

**Enhanced Packages** of care are the biggest area of financial pressure this financial year with an overspend of £1.8m. The demand for enhanced packages is considerably greater than in previous years, particularly on children and young people where costs have tripled from 2022-23. There are also enhanced packages for AED for the first time due to the complexity of the patients.

**Contingency** for prior financial years is held by NAVIGO and totals £1.6m, in addition to this there is the saving against 22-23 accruals that have not materialised (£634k) and the 23-24 underspend (£144k). This makes the total contingency value going into 24-25 £2.374m.

**Reporting to NHSE** is against the contract value for each workstream. The financial split is notably different to the way the budget is allocated and a summary for 23-24 is shown below for information.

	Adult Eating Disorder	Adult Secure	CAMHS	Total
<b>NHS E Funding</b>	<b>2,913</b>	<b>46,785</b>	<b>12,699</b>	<b>62,396</b>
Workstream Cost	3,163	38,948	14,209	56,320
Enhanced Packages	176	1,877	2,682	4,735
Infrastructure	54	964	180	1,197
<b>Total Cost</b>	<b>3,393</b>	<b>41,789</b>	<b>17,070</b>	<b>62,252</b>
Variance	(480)	4,995	(4,371)	144

Against the contract values there is a significant pressure on CAMHS of £4.4m and £5m of savings on adult secure.

## 8. Collaborative Planning and Quality Team

During the last 12 months there have been some changes in the CPaQT. Dr David Harvey, Clinical and Quality Director, left the team to commence a new role as Head of Psychology in Gibraltar, Laura Sheriff, Case Manager, has commenced Maternity Leave, Tizza Dowuona left the team to work as a Senior Contracts Manager for a neighbouring Provider Collaborative and following a 1-year secondment as Head of Lived Experience and Engagement, Jo Harris has returned to her substantive role in the Involvement Network.



Dr Clare Whitton joined the team in August 2023 as Clinical and Quality Director, and Helen Rutherford joined the team in April 2024 as Case Manager covering Laura’s maternity leave.

The team were fortunate to receive a nomination for the work undertaken in Adult Secure and Dr Nicola Green, Clinical Lead for CAMHS and AED is busy submitting nominations for our work in CAMHS and AED to the Annual Health Service Journal awards – watch this space!



## 9. 2024/2025 Onwards


Looking forward to our priorities in 2024/25 our primary focus remains on ensuring that every person accessing our services receives the best possible individualised care tailored to meet their needs. We are committed to reducing health inequalities and will work alongside system wide partners to ensure pathways are easy to access and understand. We will maximise the value of our allocated budget and utilise all available resources to enhance care pathways and patient experience. We will listen to people using our services and ensure their experiences guide us as we continue to plan and improve.

Our priorities in 2024/25 reflect those within the 2024 NHS England Operating Plan and the NHS England Regional team priorities shared at the HNY Mental Health, Learning Disabilities and Autism Inpatient Quality and Safety Programme Workshop workshop in April 2024:

### Quality Transformation Priorities

Localising and realigning inpatient services, harnessing the potential of people and communities

Risk Factors	Aims	How we will get there
<ul style="list-style-type: none"><li>Isolated Units</li><li>People stay in hospital for months and years</li><li>People unable to leave</li></ul>	<ul style="list-style-type: none"><li><b>All means All:</b> Know your people</li><li><b>Localise:</b> Bring them Home</li><li><b>Continuity of Care:</b> Keep them Close</li><li><b>Citizenship:</b> Value everyone</li></ul>	<ul style="list-style-type: none"><li>Oversight of and report on use of inpatient settings for their population and understand inequalities within this</li><li>Localise and realign inpatient care in line with the Commissioning Framework, with 3-year plans due July 2024</li><li>Pilot new approaches in the community which help to keep people close to home and promote people's citizenship</li></ul>



4

Our contribution to NHS England national agenda's will ensure that specialised services provided and commissioned for people from HNY are underpinned by best practice, and the most recent clinical and commissioning guidance.

Since our inception, we have closely collaborated with our neighbouring Provider Collaboratives in West Yorkshire and South Yorkshire. In 2024, we will enter a new phase of this collaboration as the three regional areas work together in the quality assurance, planning and financial oversight of Perinatal in-patient and Forensic Community CAMHS, with West Yorkshire leading the initiative. While we are still in the process of developing our new governance and planning arrangements, all three regions recognise the benefits of working within a broader system to address health inequalities, ensure contractual compliance and quality assurance, and explore avenues for enhancing care pathways and patient outcomes.

Thank you to everyone involved in this journey so far. HNY PC look forward to continuing our progress with all our partners and we look forward with optimism and positivity to 2024 and beyond.